

State of NJ

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

2 0 0 0,0,1									Check	# 8654				_		
Date of Notification (1)	111	lame of	Building Ow	ner/Operator (2	2)		T	I M S	2 1 5	\ <i>1</i> 1 [6	= -	-			
1 10 1/12 10 1	117	11		en & Mari		-/		IID	EGI		<u> </u>		1			
The second secon	Type Notifica	tion S	treet Ad		-			H	1			₩	+			
☐ DEP	X Initial			7: 0 !				Ш	OCT	2 3 20)17	Transment of	1			
X DOL	Amend			e, Zip Code _awn, NJ (07410							_	Total State of the Land			
▼ DOH			ame of (07-10			-	ASBESTOS L Telephrot	S CONT		2	-			
□ DCA	Cancel				rio Tolon			Lancons	1 CIGDIDA	TO TO THE P	-	По мар чару		É		
			Stepi	hen & Mai					= -							
				FAG	CILITY INFORM	MATIO	N									
Name of facility where	e abatement	is taking pla	ice (3)						pe of Facility	(4) of (K - 12)						
Stephen & Maria	a Tolep									apter 8 (0		han k	(-12)			
Street Address							10	11	X Other	(Private/C	omme					
								1-		/Homes, e		В	ldg. A	Age		
City (5)		Cour	ity (6)			Co	unty Code (7)	-	cquare r cet	# 011100	13		ug. ,	.90		
Fair Lawn, NJ (77410	Ess	: AV			(St	ate use only)	1 1	Current Use (P	rior if beir	ng den	nolish	ed)			
Name of Monitoring F			0.00036000	ASCM No.	١.,	Iesidential Name of Abatement Contractor (9)										
Name of Montoning I	iiiii iiiled by	blug. Owne	1 (0)		n/a											
Street Address						-	B & G Resto	ration	inc.							
							105 Ryerson	n Roa	t e							
City, State, Zip Code							City, State, Zip Co		No. of the contract of the con					-		
							Lincoln Par		07035	-						
Project Manager for M	onitoring Firm	1		Phone Num	ber		Telephone Number (973)696-6			License	Numb 378	рег				
Scheduled Start Date ((10)	ICabad	Compl	etion Date (1	11\		Name of OSHA M					-				
11/01/2017	(10)		i i		11)		B & G Resto	ratior	Inc.							
200			2/2017	(Street Address		1							
Occupancy Status Dur Facility closed/va				atement			105 Ryerson		(
Abatement perfo							City, State, Zip Co	ae								
Describe: Other-Describe:						=	Lincoln Park	, NJ (07035							
Scope of Work (check	all that apply	y)							-					-		
☐ Demolition	X	Renovation	1			X	Full Containment w/	negati	ve pressure	Glove	oag pr	ocedı	ıre			
\times >3 sf or >3 If		≥160 sf or ≥	260 If				Mini-enclosure			Non-f	iable p	oroce	dure			
Location of	20	Is location by mainter		ly used solel	У						R	R	·E	E		
asbestos-contain material to be	ning	staff(12)	Tarroc/C	ustoulai	Descripti material		sbestos-containing		Amount (Specify S	For	m	р	n c	n		
abated in facility	(13)	Yes	No	N/A	material	(/ tolvi)			ĹF)		o v	i	a p	Ľ		
ground floor family	room			×	VAT & ma	astic			200 sf		e	r	П	+		
9	100111				1	20110	CONTRACTOR OF THE STATE OF THE		200 31					盲		
														坦		
Registered Waste Haul	Or.	INJEC	P Haule	- ID# 12	Cubic Yards of	Macto	Name of Register	od I c	4611				Ц			
B & G Restoration			9563	I IU#	4	vvasie			source & Re	covery	Cent	er				
City, State Lincoln Park, NJ				Disposal I	Date 02/2017		City, State Tullytow									
Completed by (Print or	Type) T	Title			Signature		1			Date			,			
Gordana Luna	7,5-7/	Secretar	y/Trea	surer			Gordana Luni	2		10/20	0/201	7				

PAID	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)													
Date of Notification (1) 10/18/17				of Building mit Oaks			r (2)	M	0C	T 2 3	2017	7	IIU	\parallel
Agencies Notified Type Notification	1			Address				U LL		0	2017			
EPA Initial			19 P	rospect S	Street		ı	leuen .		*** and and the chapter				The same of the sa
DEP Amended			City, S	State, Zip C	ode			——-A		TOS CO		DL&		+
DOL Amendmen		200	Sum	mit, NJ 0	7902		<u>i</u>	Acceptance make		IOCIAO	HACI	LOS PATRICIS D		LÎ.
DOH justification		19	Name	of Contact					1 7-1-	A	1			
DCA Cancellatio	n		Kris	- 0., .,					1					
Name of Facility Where Abatement is Takin	na Diana	(2)	FA	CILITY INF	ORMATI	ON						-		
Summit Oaks Hospital	ng Place	(3)					Type of I	acility (4)					
Street Address								ool (K-12						
19 Prospect Street							X Oth	chapter 8 er (i.e. pr	3 (Othe	r than K-	-12)	ildina	s hon	~~~
City (5)							etc.)	ivate e	COMMINE	Clai Du	iiuii igi	5, 11011	les,
Summit							Square F	eet		Floors		Bldg.	Age	
County (6)			County	C=== /7\			45,000		3			50÷		
Union			(STATE	Code (7))		Current L		if bein	g demoli	ished)			
Name of Monitoring Firm Hired by Building	Owner /	81		M No.		N	Hospita							4100.000
S & S Environmental Sciences, Inc	CWITET (I	o)	ASC	IVI NO.			of Abatem							
Street Address							Constru	iction 8	: Kest	oration	i, inc.			
98 Sand Park Road							Address Route 46	Quit-	20					
City, State, Zip Code							tate, Zip C		3 <i>U</i>					
Cedar Grove, NJ 07009							va, NJ 0							
Project Manager for Monitoring Firm		Т	Telepho	one No.	-		one No.	1012	17	License	51.			
Prakash Khaitan				57 7188			256 7010)	188	00666	140.			
Start Date (10)	Schedu	iled Co		Date (11)			of OSHA M					Colon III	11100000	
11/04/17	11/05	/17			-		Constru		Resto	oration	Inc			
Occupancy Status During Abatement (Chec	k Only C	ne)			-		Address		71000		, 1110.			
Facility Closed/Vacated During Entire F	Period of	Abater	ment		265 F	Route 46	Suite 3	BD						
Abatement Performed Outside of Norm	al Facili	V Hour	City Charles 71, O. I.											
torial torial	am Sun.	9am-1p	m		-		va, NJ 0							
Scope of Work (Check All That Apply)				office or sextend when										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	COMPANIES.	Renova Demoli				X	Mini-En Gloveba	ntainment closum og Proced empted (*	dure				~	
	1	s Locat	ion					1	7 0110 1	10111110	510 1 10		emeni	,
Location of		Normal	lly		Desc	ription o	-S						pe	
Asbestos-Containing Material (ACM)		ed Sole aintena			os Contai	ning Ma	aterial (ACI		Amo	ount			m	
TO BE ABATED In Facility		todial S		(i.e. t		ystems	insulation,		(Spe		70	70	Encapsulate	Enclosure
(13)		(12)			other mis				SF or	(LF)	Remova	Repair	psu	lost
	Yes	No	N/A								2	7	late	l'e
Mechanical Room MU-4							S		35	LF	X			
								_						
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic Ya	ards	Mar	ne of Reg	nistere	l l andfil				
Bako Construction & Restoration, Inc	c.	Н	auler ID 0889	No.	of Waste		1	llytovn	5.0			ery F	acili	ty
City, State		Disposal	Date	City	, State				-					
Totowa, NJ				100	TBD		Tu	llytown	PA					
Completed by Title						nature;	4520	5-		Da	ite			
Goran Kojic									Te	17.5	0/18/	17		

State of NJ Notification of Asbestos Abatement 2017-144 PAI (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: (Heck# 8653n Date of Notification (1) Name of Building Owner/Operator (2) 1 10 1/12 10 1/11 17 1 Joan Ferrary Agencies Notified Type Notification Street Address ☐ EPA X Initial DEP ASSESTOS CONTROL & City, State, Zip Code LICENSING DOL Amendment Woodland Park, NJ 07424 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Joan Ferrary **FACILITY INFORMATION** Name of facility where abatement is taking place (3) ype of Facility (4) School (K - 12) Joan Ferrary Subchapter 8 (Other than K-12) Street Address X Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Woodland Park, NJ 07424 Passaic residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number Phone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 10/31/2017 11/01/2017 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ ()7035 Other-Describe: Scope of Work (check all that apply) ☐ Demolition X Renovation Full Containment w/negati /e pressure × >3 sf or >3 lf ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely F Location of E by maintenance/custodial е asbestos-containing n Amount Description of asbestos-containing staff(12) m n p C material to be (Specify SF or material (ACM) 0 a abated in facility (13) a Yes No N/A V p basement pipe insulation 132 If X NJDEP Hauler ID# 19563 Registered Waste Hauler Name of Registered Lar dfill Cubic Yards of Waste

Disposal Date

Secretary/Treasurer

11/01/2017

Signature

Tullytown Resource & Recovery Center

Date

10/20/2017

City, State

Gordana Luna

Tullytown, PA

B & G Restoration, Inc.

Completed by (Print or Type)

Lincoln Park, NJ

Gordana Luna

City, State

F 18 15 14 1	Otate of No
LARMID	Notification of Asbestos Abatement
	(Pursuant to NJAC 8:60-7 and 12:120-

B & G proj. #:	2017-148		(nt to NJAC 8	3:60-	7 and 12:120-7)	Check	# 8652				_
Date of Notification	18 V= 18		Name of Bui		er/Operator (2)		g kynninga i i primanaya, manapaka a manaba ad	D) E	GEI		y) [1
Agencies Notified EPA DEP	Type Notifica		Street Addre	ss dison Av				00	CT 23	201	7	-	#
X DOL	Amend	ment		wn, NJ	07960			ASBES	TOS CON	ITR	01.8		
DOH DCA	Cancell		Michae	lle DiGa	ngi			==	e Number	j.		-	
				FAC	ILITY INFORM	ATIO	N						
Name of facility who		is taking p	lace (3)						(4) ol (K - 12) apter 8 (Oth	ner ti	han K	-12)	
Street Address 97 West Park	way							Other (Bldgs./	(Private/Cor Homes, etc	nme	ercial	dg. Ag	ge
City (5) Pompton Plai	ns N.I 0744		inty (6) orris				unty Code (7) ate use only)	Current Use (P	rior if being	dem	nolish	<u>∍</u> d)	7.0
Name of Monitoring	AND CONTRACTOR OF THE PROPERTY		200000000		ASCM No.		Name of Abatement	Hospital (nor	n sub 8)				
T&M Associa					0145		B & G Restorat	50 - 2000 57 - 2000					
Street Address 11 Tindall Ro							Street Address 105 Ryerson F						
City, State, Zip Code Middletown, N	NJ 07748						City, State, Zip Code Lincoln Park,	N.I 07035					
Project Manager for Kevin Burns	70000		73	one Numb 2-676-40	000		Telephone Number (973)696-686 Name of OSHA Mon		License N 003		er		
Scheduled Start Date 10/30/2017	e (10)		d. Completio 31/2017	n Date (11)		B & G Restorat						
Occupancy Status D					1		105 Ryerson R	oe d					
Abatement per	/vacated during rformed outside	of normal	facility hours	s-			City, State, Zip Code LincolnPark, N	1.07025					
	e: work shift	Months and the	- 12:30am	1			LINCOINFAIK, IN			_			_
Scope of Work (che Demolition 3 sf or >3 lf	X	// Renovation ≥160 sf or					ull Containment w/neg	gat ve pressure	Gloveba				
Location of			n normally u	sed solely		_		_T		R	R	E	I -
asbestos-cont material to be abated in facili	-	by maint staff(12) Yes	enance/custo	odial N/A	Descriptio material (A		sbestos-containing	Amount (Specify S LF)	For	e m o v	e p a i	n c a p	n c L
Blood Bank				X	pipe fittings	S		14 fittings		e X			
Blood Bank	THE STATE OF THE S			X	ACM sheetr		offit	10 sf		X			
									[긔	믜		
Registered Waste Ha B & G Restoration			EP Hauler II 19563)# Ci	ubic Yards of W	/aste	Name of Registered	Landfill Resource & Re	covery C	ente	Ц] er	<u>L</u> .	
City, State Lincoln Park, N				Disposal D 10/31			City, State Tullytown,		, 0			V.	
Completed by (Print Gordana Luna	or Type)	Title Secreta	ry/Treasu	rer	Signature		Gordana Luna		Date 10/20/2	201	7		



ΔCR.//1



State of NJ
Notification of Asbestos Abatement

Das Proj.	#: 17-287			(Purs	uant to NJA	U 8:6	0 and 12:120)		NEC	E		E	1	J
Date of Notification	/1\	- т	Name of	Building Ow	ner/Operator (2	7)					עו	4	\parallel	
1 10 1/1 16						.)		A CONTRACTOR OF THE PERSON OF	nc	23	0045	Wilder Chees	$\parallel \parallel$	ll
Agencies Notified	Type Notifica	ation	Street Ad	t-project m	lanager			-4	Ш	<u> </u>	201/	- 1		4
∐ EPA	Initial Amended		155 w	ildwood av	anua			-Million (Maria				-		
☐ DEP	Amendment #	.		e, Zip Code	citue	-		+	ASBEST			1.8		\vdash
DOL	M Emergency		100	lair, nj 070	142			L.,	LI	CENSIN	VG.		-	1
☑ DOH	(including	11	Name of C		J42				Telephor	e Numb	er			
☐ DCA	justification	´ 11	rob mi	st project:					L		•			
	Cancellatio	n	100 10	st-project r					= ,					
Name of facility wh	ere shatement	ie takina r	place (3)	FAC	ILITY INFORM	AHOI	N	1 77	upo of Facility	(4)				
		is taking p	nace (5)						ype of Facility ((4) I (K - 12	2)			
residential build	ing								Subch	apter 8 (Other t	han k	(-12)	
Street Address									Other Bldgs	(Private/ Homes,	Comme	ercial		
155 wildwood a	venue									# of Flo		В	dg. A	\ge
City (5)		Co	unty (6)				unty Code (7)							
montclair		es	sex			(518	ate use only)		Current Use (P	rior if bei	ng den	nolish	ed)	
Name of Monitoring	Firm Hired by	Bldg. Ow	ner (8)		ASCM No.	\Box	Name of Abateme	nt Con	tractor (9)				_	
						_	D & S RESTO	RATI	ON, INC.					
Street Address							Street Address	10						
City, State, Zip Code						_	20 California . City, State, Zip Coo	THE OWNER OF TAXABLE PARTY.						
ony, orato, zip oodo	·						Paterson, NJ (
Project Manager for	Monitoring Firm	i	[]	Phone Numb	per	-	Telephone Number			License	e Numi	per		
							973-345-802	.0			01169			
Start Date (10)		Sche	d. Comple	tion Date (1	1)	-	Name of OSHA Mo							
10/17/17		10/3	31/17				D & S Restora	tion,	Inc.	_				
Occupancy Status D	uring Abateme				N		20 California A	Venu	ie.					
Facility closed	vacated during	entire pe	riod of aba	tement.			City, State, Zip Coo					-		
Abatement per Describe:			I facility ho	ours-			William Ed 52							
Other-Describe						_	Paterson, NJ (7503						
Scope of Work (che		y)						===	Containment w	/negative	e press	ure		
>3 sf or >3 lf		Renovati	on				R	_	enclosure ebag procedur					
≥160 sf or ≥26	0 If	Demolitio	n						-Exempted (*)		-friable	proc	edure	3
Location of			on normall tenance/cu	y used solely	/					7.00	R	R	Е	E
asbestos-cont material (acm)		staff(12)		istoulai			sbestos-containing		Amount (Specify S	E or	m	e p	n	n
abated in facili		Yes	No	N/A	material (ACIVI)			(Specify S LF)	F 01	0 V	a	а	L
ICT FLOOD (1											е	r	р	1_
1ST FLOOR 6 loc	cations		LX		duct insulat	ion			40 sq ft				님	뷰
3rd floor 2 loc. dr	iveway side			+	duct insulati	ion		_	16 sq ft			H	H	ዙ
3rd floor 3 loc. in-			X	1	duct insulat	ALC: U		THE REAL PROPERTY.	18 sq ft			H	H	旹
														同
Registered Waste Ha D & S RESTORA			EP Haule 506		ubic Yards of V 2 yds	Vaste	Name of Registere TULLYTOWN			COVE	RV			
City, State				Disposal D			City, State	, ILL	JOURCE RE	COVE	X I			-
PATERSON, NJ				10/18/1			TULLYTOWN	N, PA		-				
Completed by (Print of BOGDAN JOLD		Title	NENT		Signature					Date				
POODAN JOED	ZIC	PRESI	JEN I							10/16	/1720	17		

* Do not use this form for ashestos licensure exempted activities

PAID

)	Date of Notification (1) 10/17/17				of Building Owner	/Operato	or (2)	ME	CEI	W	E	R	1			
	Agencies Notified Type Notification			PSE(Address			WE.								
	☐ EPA ☐ Initial				Hadley Road				OCT 23	2017	e 5		D'ANAMAN DE			
	DEP X Amended Amendment	t # <u>1</u>		City, S	tate, Zip Code h Plainfield, N	J 07086	6	шш	001 - 0	2017						
	DOH Emergency justification)		g	Name	of Contact			ASF	ERTOP CO	The Park	<u> </u>		-			
-	DCA Cancellation	1		La Contraction	Neville		L	Manager and			-	-	_]			
1	Name of Facility Where Abatement is Takin	g Place	(3)	FAC	ILITY INFORMAT	TION	Type of	Facili y (4)								
	PSEG Garfield Place Substation Street Address						☐ Sch	nool (IC-12)								
	99 Garfield Place						Sub X Oth	bchapter 8 (Other than K-	(2) cial bu	ildinas	s hon	291			
ŀ	City (5)						Square F	.)	# of Floors		.1870					
	South Hackensack, NJ 07606						N/A		N/A		Bldg. N/A	Age				
	County (6) Bergen			County (STATE	Code (7) USE ONLY)		Current I		f being demolis	hed)			50/00/2000			
f	Name of Monitoring Firm Hired by Building	Owner (8	3)	ASCI	M No.	Name		nent Contra	ctor (9)							
L	N/A Street Address			N/A					Services , In	C.						
	N/A						Address Id Dock	Road	- 2							
	City, State, Zip Code					City, S	State, Zip C	Code					-			
H	N/A Project Manager for Monitoring Firm			Talaaba	N-	2		Y 11980								
	N/A		Telepho N/A	orie No.		none No. 924-811	1	License N 01136	lo.							
	Start Date (10) 10-16-2017	led Cor -2017	npletion	Date (11)		of OSHA I										
	Occupancy Status During Abatement (Chec	k Only O	ne)				Address									
	Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of	Abaten	nent			e as abo									
	Other – Describe: Work performed in el	ectrical c	ircuit ca	binet			itate, Zip C e as abo									
	Scope of Work (Check All That Apply)															
send fundad	≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				Full Co	ntain nent v	with Negative F	Pressu	re					
						×	Gloveb Non-Fa	ag Procedu	ire and Non-Friat	ie Pro	cedin	-0				
		Is	Locati	on			11011 4	1	and Non-i Hat	1	Abat	emen	t			
	Location of Asbestos-Containing Material (ACM)		Normali ed Sole		De Ashastas Carl	scription	of			-	Ty	/pe	Т—			
	TO BE ABATED In Facility		intenar todial S		Asbestos Cont (i.e. thermal	systems	insulation	i,	Amount (Specify	Re	70	Enc	Ē			
	(13)		(12)		other n	cing, VA niscellan	i, or eous)		SF or LF)	Remova	Repair	Encapsulate	Enclosure			
		Yes	No	N/A						<u>a</u>		ate	Гe			
	Switching yard			Х	Transi	te duct	bank		16 LF	X						
	Control house			X	Yello	ow Stud	cco		768 SF	X						
	Control house			Х	Trans	site Par	nels		90 SF	X						
. A	Control house			X		Caulk			15 LF	X						
	Name of Registered Waste Hauler Vaste Management Services			JDEP Wauler ID					stered Landfill							
_	City, State		17	273	TBD				andfill North							
	lewark, NJ 07114		Dispos TBD	al Date		ty, State orris /ille	PA 19067	,								
	Completed by manda Vallone	Title	n O-	Me		ignature		7	7 _A Da	te						
-	andrida vallotte	Admi	n Ops	Mana	ger	Am	ande !	Vall	10	/17/1	7					

13	-				_				
- 0	0	rı	n	t	١.	\sim	20	m	١



Date of Notification (1)					of Building Owne	/Operato	or (2)			007	T 2	3	2017			
Agencies Notified	Type Notification	l		Street A	Address							0	4017		1	
□ EPA	☐ Initial								L	-	-	W Bright				
DEP DOL	Amended Amendmen			City, Sta	ate, Zip Code				A	SBEST LI	CEN	NIS	ПНС G	1.8		
DOH DCA	Emergency justification Cancellation)		Name o	f Contact				Te	lephone	Numb	er			- THEOREM	
				FAC	ILITY INFORMA	TION		-					100000			
Name of Facility Where	Abatement is Takir	ng Place (3)				Тур	e of Facilit /	(4)							
Street Address								School (k Subchapter Other (i.e. p	r 8 (Oth			buile	dings	hom	es,	
City (5)							Squ	etc.) iare Feet	# 0	f Floors		Е	Bldg. A	ge		
County (6)					Code (7) USE ONLY)		Cur	rent Use (F'ri	or if be	ing demo	olishe	d)				
Name of Monitoring Firn	n Hired by Building	Owner (8)		ASCN	И No.	Name	of Ab	patement Cor	ntractor	(9)						
Street Address						Street	t Addr	ess			-w					
City, State, Zip Code						City, S	State,	Zip Code				1955-70				
Project Manager for Mor	Project Manager for Monitoring Firm					Telep	hone	No.		Licens	e No.			11 - 22		
Start Date (10)	ed Con	npletion	Date (11)	Name	of OS	SHA Monitor										
Occupancy Status Durin		1010														
Occupancy Status Durin						Street	Addr	ess								
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	Period of A	Abaten Hours	nent		City, S	State,	Zip Code	e							
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				M G	lini-Enclosure	e cedure	th Negative Pressure e nd Non-Friable Procedure Abatement						
						L	N	on-Exempted	d (*) an	d Non-Fr	riable					
1	6		Locati Normal		_									pe		
Asbestos-Containing <u>TO BE AB.</u> In Facil					Asbestos Co (i.e. therm surf	escription ntaining M al system acing, VA miscellar	Materia s insu AT, or	lation,	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A										le		
Manhole				Х	ARC 1	ape Wi	rappi	ng	1	5 LF	2	2				
												-				
5- 17-47-2				JDEP W auler ID		Yards aste		Name cf	Registe	ered Land	dfill					
City, State					Disp	sal Date		City, State	e							
Completed by				Signature	e	No.	U	Л	Date) - (7-	17				

DUOL Asbestos Page 2 of 4			2017	7-10-13 14	:07:28 (G	MT)					Fr	om: E	Elone S
ED\$17-257		KŌŢ	FICATIO	State of Ne ON OF ASB nt to NJAC	ESTOS AF	BATE 12:12(MENT	Page 1	#2863	E	C		
Date of Notification (1) 10/12/17			Name	of Building	Owner/Ope	Srator Catio	(2)				ICT	2	3 201
Agencies Notified Type Notification	in.		Street	Address Main Stre				 -	1 -	Acod	(
DEP Amended Amended Amendme	nt #		City, S	state, Zip Co	de				1	- CODE	STO	SC	ONTRO ING
E DOH Justification DCA Cancellation	n)	ng	Name	of Contact stopher M		-	1	<u> </u>	1446	_	Č£,	_ !	
				CILITY INFO								_	
Name of Facility Where Abatement is Tak Emerson Junior-Senior High Scho	ing Place	(3)		SIGIT HAT	SICHA ROIL		Type of F	eclity (4)			-		
Street Address 131 Main Street					•	\dashv	Subc Othe	ool (K-12) chapter 8 (O) r (i.e. private	her than K & comme	-12) rdal bu	ilalng	s, hon	nes,
City (5) Emerson						7	Square Fe 40,000 +	el #	of Floors		Bldg.		_
County (6) Bergen			County (STATE	Code (7)		_	Carrie Name	se (Prior if b	ing demoi	- 1			-
Name of Monitoring Firm Hired by Building Westchester Environmental	Owner (B)	ASC 001	M No. 27	N: G	ame o		ant Contracto	r (9)		a		
Street Address 307 North Walnut Street					St	regt A	Address lamburg				_		
City, Stale, Zip Code West Chester, PA 19380			-		Cit	ty. St	ate, Zip Co	1030 500					
Project Manager for Monitoring Firm Philip Conteh				one No. 31-7545	Te	lepho	ne No. 710-9725		License 01084	No.	_		
Start Date (10) 10/13/17 at 3.30 pm	10/16	/17	250	Date (11)	Na	me o	OSHA MO	onitar	01064			_	
Occupancy Status During Absternant (Cher					Str	eet A	ddress				-		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other - Describe: Building is occupied	mal Enalli	Abster ty Hour	nen!		City	y, Sta	amburg te, Zip Coo	de					
Scope of Work (Check All That Apply)					- B	loom	ningdale,	NJ 07403					
23 sfor≥3 lf ≥160 sfor≥260 lf		Renova				×	Mini-Enci	airment with losure d Procedure mpted (*) at (
		s Locati								T	Abat	emen	1
Location of Asbestos-Containing Meterial (ACM) 10 BE ABATED	Uat Ma	Norme! ed Sole sintenar	ly by	Asbesto	Descript e Containin	Mail	terrial /ACN	D 4:	Troun(-	1	/pe	
in Facility (13)		(12)			ermal syste surfacing, other misce	VAT.	Or	Sil	pecify or LF)	Removal	Repair	Encapsulak	Endosure
Shower Room	Yes	No	NIA		pipe Insu	lati-		:		L		₹6 3	Ġ.
Shower Roam	1	X		pipe in	sulation (200	19167		LF	X	_		
	4												_
ame of Registered Waste Hauler		N.	DEL M	asta in	Cubic Yards		I Nine	a of Deci-1	nd I 'F''				
L Group, Inc		H	33034	No.	of Waste BD			e of Register erva	ed Landfill	l,			
			_										-
ity, State comingdale, NJ completed by					Disposal De BD	de		State /nesburg,	OH _				

EDS17-257

PAIN

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

Fage 1 of 1

Check # 2863 Date of Notification (1) Name of Building Owner/Operator (2) Emerson Board of Education 10/12/17 Agencies Notified Street Address Type Notification 133 Main Street **EPA** Initial City, State, Zip Code DEP Amended × DOL Amendment # Emerson, NJ 07630 Emergency (including Name of Contact DOH justification) Christopher McQuade DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Emerson Junior-Senior High School School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 131 Main Street etc.) City (5) Square Feet # of Floors Bldg. Age Emerson 40,000 + 2 40+ County (6) Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Bergen School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Westchester Environmental 00127 GL Group, Inc. Street Address Street Address 307 North Walnut Street 140 Hamburg Tpke City, State, Zip Code City, State, Zip Code West Chester, PA 19380 Bloomingdale, NJ 07403 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Philip Conteh 610-431-7545 (201)710-9725 01084 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/13/17 at 3.30 pm 10/16/17 GL Group, Inc Occupancy Status During Abatement (Check Only One) Street Address 140 Hamburg Tpke Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Building is occupied Bloomingdale, NJ 37403 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Repair Custodial Staff? surfacing, VAT, or In Facility SF or LF) (12)(13)other miscellaneous) Yes No N/A Shower Room X X pipe insulation 6 LF X Shower Room pipe insulation (Wrap & Cut) 2 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. GL Group, Inc Minerva. 0033034 TBD Disposal Date City, State City, State TBD Waynesburg, OH Bloomingdale, NJ Completed by Title Signature Date Elena Solakov President Long Silvella 10/12/17



1C#4841	N		CATION	te of New OF ASBE o NJAC 8	STOS A	ABATE		NT TOTAL	IF (C	7 E J	WI	Contraction of the Contraction o	Section forms of property	
Date of Notification (1) 10/18/2017				Building Cerating I		perator	(2)		- VL	T 2 32	408	and the second	Temania gration make	Total Control of the
Agencies Notified Type Notification			Street Ad 112 W.:	dress 34th Str	eet			- A	ALIEN ALIENSAL SILV					
EPA Initial Amended Amendment #				e, Zip Coo ork, NY				agontaasinanjantaisen kunsusta koku	ť					3.
DOH Emergency (in justification)	ncluaing		Name of Jack Jack						1					
DCA Cancellation				ITY INFO	RMATIC	ON								
Name of Facility Where Abatement is Taking Market Halsey BldgFuture Seven)				Ty	ype of Facility (School (K-1	2)	or than V 1) \			
Street Address 165 Halsey Street						and the second	7	Subchapter Other (i.e. p	rivate 8	commerci	al build	ings,	home	s,
City (5) Newark								etc.) quare Feet 000SF	# of	Floors	0.5530	dg. A	ge	
County (6) Essex			County C	ode (7) SE ONLY)				urrent Use (Printer)		ng demolish	ned)			
Name of Monitoring Firm Hired by Building C			ASCM				of a	Abatement Cor Construction	itractor		Ino			
RK Occupational &Environmental A Street Address	marysis	, INC	0090			Street	Ad	dress		storation,	1110			
401 St. James Avenue City, State, Zip Code			***************************************			City, S	State	Rt. 46 Suite	3U			in week to be		
Phillipsburg, NJ 08865			Telephon	a No		Telepi	0.000	, NJ 07512		License N	io			
Project Manager for Monitoring Firm Jon Gilbert			908-43	4-6316		973-	25	6-7010		0666				
Start Date (10) 10/27/2017	ed Con 2017)17 Ba					OSHA Moni or Construction	& Res	storation,	Inc				
Occupancy Status During Abatement (Check	Only On	e)	265 A Rt. 46						3D					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: store is unoccupied v	al Facility	Hours	ement Urs City State Zin Code											
Scope of Work (Check All That Apply)			eta e relativamente di articolo	entimientui se cristi Sauli								The state of the s		
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Bernard	tenova emolit				¥		Full Contai im Mini-Enclosium Glovebag Fro Non-Exempte	e cedure				5	
	le	Locat	ion					Non-Exem Re	u () an	d Non-I-trac	-	Abate	men	t
Location of	1	Normal d Sole	lly		De	scription	n of	£8			-	Ту	pe [
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena todial ((12)	nce/		thermal surfa		ns ir AT,		(8	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	and the same of th									Ø	
Seven Eleven store main level	Х	-		Ceili	ing pla	iste	ər —————	3	12 SF	Х				
Name of Registered Waste Hauler			JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Landfi	1			<u> </u>
Bako Construction & Restoration, Ir	nc	1	Hauler ID 10889		of Wa				2000	esource F		ery I	acil	ity
City, State Totowa, NJ						sal Date 0/2017		City, Sta Tully to		Α				
Completed by Damir Valjevac	Title Proje	ect M	anager	ger Signature				- lain	·-		ate 0/18/	2017	•	
ASB-41 (R-06-08)					t	/		use this form for	r asbes	itos licensu	re exer	npted	activ	ities.

Pluk	H	32	81
	m	i	1

Date of Notification (1)		Name of Building Owner/Operator (2)						B (charge)				
	17		E.I.	duPont	de Nemours		MEG		W				
Agencies Notified Type Notifica	ation		Street	Address		- Constitution	113	10 seed			Service of the servic		
☐ EPA ☐ Initial			250	Cheese	quake Road		III OCT	23.	2017	1	MATERIAL STATES		
□ DOLWD □ Amended			City, S	state, Zip C	Code					1	Uji		
☑ DHSS Amendment ☐ DCA ☐ Emergen		,	Par	lin, NJ 08	8859		By				Martin St.		
(NJAC 5:23-8) justification		3	Name	of Contac	t		Telephone Numb	eī			100		
☐ Cancellat	ion		Nic	hol Reinl	hold								
			FAC	CILITY IN	IFORMATION		-						
Name of Facility Where Abatement is T		(3)				Type of Facility							
DuPont Parlin Facility - Bldg. 4	25					School (K-12	2 8 (Other than K-12)						
Street Address							r vate and commerc		ilding	S,			
250 Cheesequake Road				um upenana na manana		homes, etc.))			- 10			
City (5)						Square Feet	# of Floors	Blo	lg. A	ge			
Parlin													
County (6)			Coun	ity Code (7)(STATE USE ONLY)	Current Use (Pr	for if being demolish	ned)					
Middlesex													
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Cardno ATC					BRISTOL EN	VIRONMENTA	I., INC.						
Street Address					Street Address								
3 Terri Lane					1123 BEAVE	R STREET							
City, State, Zip Code					City, State, Zip Co								
Burlington, NJ 08016					BRISTOL, PA	19007							
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.						
John Lutz		13.00	9-386		215-788-6040		00509						
Start Date (10) Start Date (10	Scheduled C				Name of OSHA N	lonitor VIRONMENTA	I INC						
			_ : -		Street Address	VII COMMENTA							
Occupancy Status During Abatement (mont			D CTDEET							
☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of No.				cribe	1123 BEAVE	-							
Time of Abatement: 7:00AM-3:30F					City, State, Zip Co								
Scope of Work (Check all that apply)													
≥3 sf or ≥3 If	⊠ Re	enovati	on		☐ Full Con	tainment with Ne	gative Pressure						
☐ ≥160 sf or ≥260 lf		emolitic			⊠ Gloveba	g Procedure							
					☐ Non-Exe	mpted (*) and No	n-Friable Procedur	_					
	100	s Locat Norma				•		Ab	atem	ent T	ype		
Location of Asbestos-Containing Material (ACN	n Use	ed Sole	ely by	Ashe	Description of stos Containing Ma		Amount	Rer	Repair	Enc	Enc		
TO BE ABATED	Ma	intena todial			., thermal systems	insulation,	(Specify	Removal	air	Encapsulate	Enclosure		
IN Facility (13)	Cus	(12)	Olaii!		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		ulat	Гe		
(.0)	Yes	No	N/A	1	out of moderation	000)				O			
Exterior of Building				Pipe In:	sulation		42 LF						
				·					П				
Name of Registered Waste Hauler			JDEP \	Maste	Cubic Yards of	Name of Regis	s ered Landfill			ш	ш		
Bristol Environmental Inc.		1.53	lauler II	O No.	Waste	Fairless L							
City, State			18706)	1 Cu Yd Disposal Date	City, State							
Bristol, PA					11/7/17		PA 19067						
Completed By (Print or Type)	Title				Signature	0	Da						
Gino Pizzigoni	Estima	tor			Lino	lingigon	i/on 11	0-1	19-	1	7		

CMK#3821	
Paid	0

Date of Notification (1)			Name	of Buildin	g Owner/Operator (2)	INEG	Dist.	17 1		1
	17		E.I.	. duPont	de Nemours			Store 15	U U	El controller	Contraction of the
Agencies Notified Type Notifica	ation		Stree	t Address				234		15	
☐ EPA ☐ Initial			250	Cheese	quake Road		1			in d	
☑ DOLWD ☐ Amended ☑ DHSS Amendment			City,	State, Zip (Code		TBy				
□ DCA □ Emergence		na	Pai	rlin, NJ 0	3859		And the residence designations	selecta general est con en el			
(NJAC 5:23-8) justification		.5	Name	of Contac	t		Telephone N	umber			
☐ Cancellat	ion		Nic	hol Rein	hold		•		·		
11 (5 10) 110			FA	CILITY IN	FORMATION	T =					
Name of Facility Where Abatement is T	- 5	ce (3)				Type of Facility					
DuPont Parlin Facility - Bldg. 2	004					School (K-1:	2) {} (Other than K	-12)			
Street Address						Other (i.e., p	ivate and com		uilding	js,	
250 Cheesequake Road						homes, etc.					
City (5)						Square Feet	# of Floors	BI	dg. A	ge	
Parlin											
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	r or if being dem	olished)			
Middlesex					<u> </u>		-				
Name of Monitoring Firm Hired by Build	ling Owne	r (8)	ASCM	No.	Name of Abateme						
Cardno ATC					BRISTOL EN	VIRONMENTA	_, INC.				
Street Address					Street Address						
3 Terri Lane					1123 BEAVE	R STREET					
City, State, Zip Code					City, State, Zip C	ode					
Burlington, NJ 08016				BRISTOL, PA 19007							
Project Manager for Monitoring Firm		Te	ephone	No.	Telephone No.	License No.					
John Lutz			09-386		215-788-6040)	00509				
	cheduled	Compl	etion Da	ate (11)	Name of OSHA N	Monitor					
11/_7_/_17	11	/_{	3 /	17	BRISTOL EN	VIRONMENTA	I., INC.				
Occupancy Status During Abatement (0	Check only	one)			Street Address		-			7	
☐ Facility Closed/Vacated During Entire	e Period o	f Abat	ement		1123 BEAVE	R STREET					
Abatement Performed Outside of No					City, State, Zip Co	ode					
Time of Abatement: 7:00AM-3:30F	'M/	РМ	AM		BRISTOL, PA	19007					
Scope of Work (Check all that apply)											
⊠ >3 sf or >3 lf	M	Renova	tion		☐ Full Con	tainment with Ne	ç ative Pressure				
☐ ≥160 sf or ≥260 lf		emolit			☐ Gloveba	g Procedure					
					Non-Exe	mpted (*) and No	n-Friable Proce	edure			
		Is Loca Norm						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACM	, U		lely by	Ashe	Description of stos Containing Ma		Amount	Re	Re	田田	E
TO BE ABATED	N	lainten			., thermal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)	01	(12	Staff?		surfacing, VAT other miscellane		SF or LF)	<u> </u>		Encapsulate	ure
(13)	Yes	No.	N/A		other imacenane	ous)				ਰਿ	
Exterior of Building				ACM pa	int debris		100 SF				
	П	\vdash_{\Box}					-		П	П	
		+-									
		무		-							
Name of Pagistared Wests Hauts		14	NJDEP	Mosts	Cubic Yards of	Name of De-	stored Landell			Ш	Ш
Name of Registered Waste Hauler Bristol Environmental Inc.		1,5	Hauler I		Waste	Fairless L	stered Landfill				
City, State			1870	6	1 Cu Yd Disposal Date	City, State					
Bristol, PA					11/8/17	1	PA 19067				
Completed By (Print or Type)	Title				Signature			Date			
Gino Pizzigoni	Estim	ator			Mana	Pennigon-	10h	10-	101	1-	7
Jillo i izzigolii	Louill	ator			LUVU.	MARKING	10	10	((L	(

wid.	
Lann	0

UK# DD'	12	r	TOP					FOS ABAT 60 and 5:16		MEGE		WI	ET.	1
Date of Notification (1)		Name	of Building	a Own	er/Operator (
	18 /	17				or Danding	9 0 1111	en operator (-,	OCT 2	32	The state of the s		
Agencies Notified	Type Notifica	tion			Street	Address			9			(5°0)/2	Gerri	7
⊠ EPA	☐ Initial				601	Hambur	g Tur	npike, Suit	e 300	Ву	Action (Security	alanian men	nedayet na bea	**
⊠ DOLWD	Amended			İ	City, S	state, Zip C	Code							
☑ DOH □ DCA	Amendme		ludina	1	Wa	yne, NJ 0	7470							
(NJAC 5:23-8)	justification		iuuiiig	Ì	Name	of Contact	t			Telephone Numb	er			
	☐ Cancellati				Lou	is March	, Sr.							
		F		-	FΔC	CILITY IN	FORI	MATION			8	-		
Name of Facility Where A	Abatement is T	aking	Place	(3)		, , , , , , , , , , , , , , , , , , ,	-	III/TIOIT	Type of Facility	(4.)				_
Residential		-		·-/					School (K-12					
Street Address									☐ Subchapter t	(Other than K-12)		2002		
									Other (i.e., p homes, etc.)	ri rate and commerc	ial bu	ilding	s,	
City (5)									Square Feet	# of Floors	Ble	dg. Ag	10	-
Wayne						6				" 61 1 16616		-9	,0	
County (6)					Coun	tv Code (7	VSTAT	E USE ONLY)	Current Use (Pr	_ I icr if being demolisl	ned)			-
Passaic						., (.	Λ ΟΙ	2 002 011217	ourion coo (i i	ier ii being demonsi	icuj			
Name of Monitoring Firm	Hired by Build	ling Ov	vner (8) [/	ASCM	No	Nam	e of Abateme	ent Contractor (9)					
Bio Terra Solutions		9		,					NAGEMENT L					
Street Address								et Address	WACEINERY E				-	
P.O. Box 1224								Outwater I	lano					
City, State, Zip Code					State, Zip Co		_			72.75				
Union, NJ								- 1						
Project Manager for Moni	toring Firm			Tele	ohone l	No		ohone No.	01020	License No.	2.15			-
Rick Eustaquio					3-494			3-928-4888		1188				
Start Date (10)			te (11)		e of OSHA M		1 1100				\dashv			
10 / _19_ /	The second secon				_ / _	A 100 CO	Company of		NAGEMENT L	LC				
Occupancy Status During							Stree	et Address		_				
☐ Facility Closed/Vacate							27	Outwater I	Lane					
Abatement Performed							City,	State, Zip Co	ode	-				
Time of Abatement:	AM	PM		_PM-		AM	Ga	arfield, NJ	07026					
Scope of Work (Check all	that apply)										71000			_
☐ ≥3 sf or ≥3 lf		ī	□ Pai	novatio	nn.			☐ Full Cont	ainment with Neg	gative Pressure				1
⊠ ≥160 sf or ≥260 lf				molitio				Glovebag	Procedure					
								Non-Exe Non-Exe	mpted (*) and No	n-Friable Procedur	е			
				Locati Iormal							Ab	ateme	ent T	уре
Location Asbestos-Containing I	COSTAN AND ADMINISTRATION	,	Use	d Sole	ly by	Ashe		Description o ontaining Ma		Amount	Re	Re	En	m
TO BE ABA	TED	´		intenai odial S			., then	mal systems i	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facilit (13)	ty		Cusi	(12)	otan !			rfacing, VAT, er miscellane		SF or LF)	a la		Encapsulate	ure
(10)			Yes	No	N/A		Othe	ei miscellane	ous)				te	
Basement Room Wes	st					VAT				1,000 SF				
				П								П	П	
Name of Registered Was	te Hauler			N	JDEP \	Vaste Vaste	Cubi	c Yards of	Name of Regis	stered Landfill			_	
All Pro Managemen	nt, LLC			0.68140	auler II		Wast	575		elnem Landfill				
City, State					00348	UOU		Needed osal Date	City, State					
Garfield, NJ							TE	30	Bethlehem	ı, PA				
Completed By (Print or Ty	ype)	Title						\$ignature /	/ /	Da	te Î		-	
Allen Monchik		Pr	oject	Mana	ager			USA	1	- k	ol	19/	17	

CY#9644



	20 1 1									117 772	19 Y	int.	Las bid to	-
Date of Notification (1)	19 /	17	,		1	e of Buildi	ng O	wner/Operator	(2) 10-5230 Check	#9644	U L	U	W	
					15.50			7 300 #17	10-5230 Check	#9044	MT 9	22	017	Acceptant Controls
Agencies Notified EPA	Type Notific	cation			100000000000000000000000000000000000000	et Address					ru i W	€ 6-	超目录法	Tables Tables Tables
☑ DOLWD	☐ Amende	he				South Je	-			200				
⊠ DHSS	Amenda					State, Zip				The Control of the Co	Man delication of the same	March Control	COLUMN TUNE	Management of the last of the
☐ DCA	☐ Emerge	ncy (in	cludin	- ng		Isom, NJ		037						
(NJAC 5:23-8)	justificat	tion)			10000000	e of Conta				Telephone N	Viimher			
	☐ Cancella	ation			Ca	itlin Bast	t							
N 65 W 100					FA	CILITY	VFO	RMATION						
Name of Facility Where A	batement is	laking	Place	e (3)					Type of Facility (☐ School (K-12)	200				
Street Address									Subchapter 8		K-12)			
Officer Address									Other (i.e., pri			buildi	ngs,	
City (5)		-							homes, etc.) Square Feet	# of Floors	2 1	Bldg.	Λαο	
Glassboro, NJ									Square Feet	# 01 F10015		blug.	Age	
County (6)					Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (Pri	or if being den	nolished)		
Gloucester									Residential					
Name of Monitoring Firm	- A	ding O	wner	(8)	ASCM	No.			ent Contractor (9)					
Health & Safety Ser	vices						100	AbateTech, Ir	nc.					
Street Address							1	reet Address						
PO Box 365							_	30 Maple Ave						
City, State, Zip Code								ty, State, Zip Co						
Berlin, NJ 08009				T= .			-	Lumberton, N	IJ 08048	T				
Project Manager for Monit	oring Firm			1	phone		0.000	lephone No.		License No).			
Jim Proctor Start Date (10)	1 6	Cabad.	1-10	- //×	SELECTIVE OF	!-1311		609-265-2107		00529				
11/_20/				0.0		ite (11) 17	945	me of OSHA M						
								EMSL Analyti						
Occupancy Status During								eet Address						
☐ Abatement Performed						cribe		200 Route 130	Manager and the second					
Time of Abatement:								y, State, Zip Co						
			0)		200		-	Cinnaminson	, NJ 08077					
Scope of Work (Check all t	tnat apply)							☐ Full Conta	ainment with Nega	tive Pressure	9			
☐ ≥3 sf or ≥3 lf			Re	novati	on			☐ Mini-Encl	osure					
≥160 sf or ≥260 If			⊠ De	molitic	n			☐ Glovebag	Procedure	Friable Proce	edure			
		T	Is	Locat	ion			Z Holl Excl	iptod () dila itali	1 114515 1 1001		hater	nent T	vne
Location o	f		1	Norma	ly			Description of				1	_	
Asbestos-Containing M)		d Sole intena				Containing Mat		Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility		İ		odial S		(i.e		ermal systems in surfacing, VAT,		(Specify SF or LF)	ova	=	psu	unsc
(13)		-		(12)		1		her miscellaned		, , , , ,	-		late	e,
			Yes	No	N/A		- 11						1.0	
Under Capping					\boxtimes	Caulk				700 LF				
2 nd Floor					\boxtimes	Linoleu	m			125 SF				
				, 🗆										
							10000							
Name of Registered Waste	Hauler				JDEP V			oic Yards of	Name of Regist	ered Landfill				
AbateTech, Inc.					auler II 18750	6	Wa 2	ste 0	G.R.O.W.S.	Landfill				
City, State					.0.00			posal Date	City, State					
Lumberton, NJ							1	1/30/17	Tullytown, I	A				
Completed By (Print or Typ	e)	Title						Signature	1 -		Date		20	\neg
Gwendolyn Trumbett	ti	Op	erati	ons (oordi	nator		1 / M	115		10	110	111	-j

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT OC# 9643 (Pursuant to NJAC 8:60 and 5:16)

Phid

Date of Notification (1)					Nam	e of Buildi	ng O	wner/Operator	(2)		7		7 0	
10 /	19 /	17				J Gas		/ Job #17	10-5230 Chec	k #9643		ĪW		
Agencies Notified	Type Notific	cation			Stree	et Address	į.			117				STATE OF THE STATE
⊠ EPA					1 :	South Je	rsey	/ Plaza		100 00	T2:	201		
⊠ DOLWD	☐ Amende				City,	State, Zip	Cod	e		11			201	371
☑ DHSS	Amenda					Isom, N.				y ro			5	
DCA (NJAC 5:23-8)	☐ Emerge justificat		uding	g		e of Conta				Telephone N	lumber	T (1111 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Press.
(140/10 0.20-0)	☐ Cancella	100 miles				itlin Bas	98			1 TORSON III				
					-	2010 0 1000 0000				,-			_	
Name of Facility Where Al	natament is	Toking I	Diana	(2)	FA	CILITY	NFC	RMATION	Tona of Facility	(4)				
Residential	Datement is	raking r	Tace	(3)					Type of Facility School (K-12	!)				
Street Address									☐ Subchapter ☐ Subchapter ☐ Other (i.e., p			buildin	gs,	
City (5)							_		homes, etc.)	1,, 5,50				
Glassboro, NJ									Square Feet	# of Floors		Bldg. A	ige	
A CONTRACTOR OF THE CONTRACTOR							7) /07							
County (6)					Cou	nty Code (7)(\$1.	ATE USE ONLY)	Current Use (Pr	or if being den	nolished)		
Gloucester									Residential					
Name of Monitoring Firm F		ding Ow	mer ((8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)					
Health & Safety Serv	rices						1	AbateTech, li	nc.					
Street Address							St	reet Address						
PO Box 365							;	30 Maple Ave	. PO Box 25					
City, State, Zip Code							Cit	ty, State, Zip Co	ode					
Berlin, NJ 08009							1	Lumberton, N	J 08048					
Project Manager for Monito	ring Firm			Tele	phone	No.	Te	lephone No.		License No.				
Jim Proctor				85	6-452	-1311	(609-265-2107		00529				
Start Date (10)		Schedule	ed Co	omple	tion Da	te (11)	Na	me of OSHA M	onitor			-		
11 /20 /				300		17		EMSL Analyti						
Occupancy Status During A	Abatement (100					eet Address						_
Facility Closed/Vacated					ment		1	200 Route 13	0 North					
☐ Abatement Performed C						cribe	100	y, State, Zip Co	200000000000000000000000000000000000000					
Time of Abatement:							10							
Scope of Work (Check all the	nat apply)		Messive	=====		20		Cinnaminson	, NJ 00077					
✓ >3 of or >2 If		_	1 Day						ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				novati nolitio				☐ Mini-Encl						
			, 50,						npted (*) and Noi	1-Friable Proce	dure			
				Locat							A	batem	ent T	уре
Location of		.		ormal d Sole				Description of			R	Z	ш	m
Asbestos-Containing Ma TO BE ABATE)		ntena				Containing Mat ermal systems in		Amount (Specify	Remova	Repair	nca	nclo
IN Facility		(Custo	odial S	Staff?	(1.0		surfacing, VAT,		SF or LF)	ova	=	Encapsulate	Enclosure
(13)		-		(12)		-	ot	her miscellaned	ous)				ate	0
		Y	'es	No	N/A									
Living Room					\boxtimes	Linoleu	m			150 SF	×			
]											
		Г	7	П								П	П	П
Name of Registered Waste	Hauler				JDEP V	Vaste	Cut	oic Yards of	Name of Regist	ered Landfill		- -		-
AbateTech, Inc.				H	auler (C	No.	Wa	ste	G.R.O.W.S.					
City, State				1	18750			0 nonal Data						
							100	posal Date	City, State	DA				
Lumberton, NJ							1	1/30/17	Tullytown,	PA				
Completed By (Print or Type	15	Title				0.00		Signature	A		Date	<u> </u>		
Gwendolyn Trumbetti		Ope	ratio	ons C	oordi	nator		I (M	ΛIJ		101	19	1	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT



UN # 9100	4		NO					ESTOS ABA 8:60 and 5:		ru	1 <u>U</u>	925		
Date of Notification (1)	*				Nan	ne of Build	ing (Owner/Operator	(2)	TE G L	11 11	1 100	Control of the contro	
		17				J Gas		/ Job #17	710-5230 Check	#9604	3 201		All to language	AND THE PROPERTY OF THE PARTY O
The state of the s	pe Notific	cation				et Address		800.000	and an arrangement	991			11	
	Initial Amende	od.			1:	South Je			1.	ILA Bar	165		CHARGE STA	100
	Amendm				City	State, Zip	Coc	de	6	The second secon	Security and and the lands of the	WANTER AL		
	Emerger			na	F	olsom, N.	J 08	8037		Œ				
(NJAC 5:23-8)	justificati	tion)		0	Nam	ne of Conta	ct			Telephone No	umber			
	Cancella	ation			C	aitlin Bas	t							
					F	ACILITY I	NFC	ORMATION			(4)			
Name of Facility Where Abate	ement is	Taking	g Plac	e (3)					Type of Facility (4)				
Residential									School (K-12)					
Street Address									Subchapter 8					
									Other (i.e., pri	vate and comn	nercial t	IIDIIU	ngs,	
City (5)									Square Feet	# of Floors	TE	Ildg.	Age	
Glassboro, NJ												3.	.5-	
County (6)					Cou	inty Code (7)(S7	TATE USE ONLY)	Current Use (Price	or if being demo	olished)			
Gloucester								,	Residential	a a bomig dom	Jiloniou)			
Name of Monitoring Firm Hired	d by Build	ding C)wner	(8)	ASCN	l No.	N	ame of Abatem	ent Contractor (9)					
Health & Safety Service				, ,				AbateTech, I	355					
Street Address								treet Address						
PO Box 365							1	30 Maple Ave	PO Box 25					
City, State, Zip Code								ity, State, Zip Co					- 1	
Berlin, NJ 08009							1 :	Lumberton, N						
Project Manager for Monitoring	Firm			Tele	ephone	No	-	elephone No.		License No.				
Jim Proctor				2-1311	1	609-265-2107	,	00529						
Start Date (10)	S	Schedu	ıled C			ate (11)	1	ame of OSHA M		00323		_		
11/1/17	_	_1	1_ /	_ 30		17	100000	EMSL Analyt						
Occupancy Status During Abat							Str	reet Address	-					
Facility Closed/Vacated Dur	ring Entire	e Peri	od of	Abate	ment		1	200 Route 13	0 North					
Abatement Performed Outsi Time of Abatement:							Cit	ty, State, Zip Co	ode					
						AW	(Cinnaminson	, NJ 08077					
Scope of Work (Check all that a	apply)								W (2)					
≥3 sf or >3 lf		1	ПRe	novati	on				ainment with Nega	tive Pressure				
≥160 sf or ≥260 lf				molitic				☐ Glovebag	Procedure					
								Non-Exer Non-Exer	mpted (*) and Non-	Friable Proced	ure			
l continue of				Locat Norma				_			At	atem	ent T	уре
Location of Asbestos-Containing Materi	al (ACM))		d Sole		Ashe	stos	Description of Containing Mat		Amount	Re	Re	四	四
TO BE ABATED	,			intena todial		(i.e	., the	ermal-systems i	nsulation,	(Specify	Remova	Repair	cap	Enclosure
IN Facility (13)			Cusi	(12)	olaii!			surfacing, VAT, ther miscellaned		SF or LF)	/al	1000	Encapsulate	ure
(10)			Yes	No	N/A	1	OL	riei miscellanec	ous)				ite	
Exterior						Plaster	1		-	3,000 SF				
Exterior						Window	/ Ca	ıulk		500 LF				
Den						Linoleu	m			150 SF			П	
		1											П	
Name of Registered Waste Hau	ller			N	JDEP V	Vaste	Cub	bic Yards of	Name of Registe	red Landfill				
AbateTech, Inc.				Н	auler II 18750		Wa 4	ste 0	G.R.O.W.S. L					
City, State				XI				posal Date	City, State					
Lumberton, NJ							1	1/30/17	Tullytown, P.	Α				
Completed By (Print or Type)		Title						Signature	^ /	To	ate	-		
Gwendolyn Trumbetti		Ор	erati	ons C	oordi	nator		On	11/1		1011	9	1-1	

9			
	1	80	
H 67	1	V Alles	

0x#9605	١	IOTI				SBESTOS ABA AC 8:60 and 5:		KOU!	<u>C</u>	19.77	Fig. 1	
Date of Notification (1)				Nam	ne of Buildi	ng Owner/Operator	(2)	HALE UE	P	19/	S part of	5
	17	_			J Gas		710-5230 Chec	k#9605 OCT	23	201		CONTRACTOR AND AND AND AND AND AND AND AND AND AND
Agencies Notified Type Notif	ication			Stre	et Address			1.41				7
☑ EPA ☑ Initial				1 :	South Je	rsey Plaza		5347				
☑ DOLWD ☐ Amend ☑ DHSS Amend			ı	City,	State, Zip	Code				rentur a.e.	AND DESCRIPTION OF	areas (
□ DCA □ Emerge	_	ıdina		Fo	Isom, NJ	08037						
(NJAC 5:23-8) justifica		dirig		Nam	e of Conta	ct		Telephone Nu	mher			
☐ Cancell	ation			Ca	itlin Bas	t						
				FA	CILITY	NFORMATION						
Name of Facility Where Abatement is	Taking P	lace (3)				Type of Facility	(4)				
Residential							School (K-1:		01			
Street Address							Other (i.e., pr	3 (Other than K-1		uildin	as	
							homes, etc.		., ., .,		5-,	
City (5)							Square Feet	# of Floors	В	ldg. A	\ge	
Glassboro, NJ			-									
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)			
Gloucester							Residential					
Name of Monitoring Firm Hired by Bui	lding Owr	ner (8)) A	SCM	No.	Name of Abatem	ent Contractor (9)					
NA						AbateTech, I	nc.					
Street Address						Street Address						
						30 Maple Ave						
City, State, Zip Code						City, State, Zip Co	ode					
						Lumberton, N	NJ 08048					
Project Manager for Monitoring Firm		1	Teleph	none	No.	Telephone No.		License No.				
						609-265-2107		00529				
	Schedule				0.500 0.5	Name of OSHA M	lonitor		7	27.		
10 /30 /17				_ / .	17	EMSL Analyt	ical					
Occupancy Status During Abatement (Street Address						-
Facility Closed/Vacated During Enti	re Period	of Ab	ateme	ent		200 Route 13	0 North					
Abatement Performed Outside of N	ormal Fac	cility H	lours -	- Des	cribe	City, State, Zip Co	ode					
Time of Abatement:AM	PIVI/	r			AIVI	Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply)												
≥3 sf or ≥3 lf	П	Reno	vation			☐ Full Cont	ainment with Negr	ative Pressure				
≥160 sf or ≥260 lf		Demo				Glovebag	Procedure					
							mpted (*) and Non	-Friable Procedu	ıre			
Location of			catior mally						Ab	atem	ent Ty	уре
Location of Asbestos-Containing Material (ACM		Ised S	Solely	by	Ashes	Description of stos Containing Mat		Amount	Re	Re	四	Ē
TO BE ABATED		Mainte ustod		572		, thermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)			12)	all:		surfacing, VAT, other miscellaned		SF or LF)	al		Encapsulate	ure
(10)	Ye	s N	No	N/A		otrier miscellanet	ous)				te	
Exterior] [X	Transite	Siding		2,500 SF				
			7 [П	П	П	П
									-	-		
		-	-					,		Ш	Ш	
] [[
Name of Registered Waste Hauler					Vaste	Cubic Yards of	Name of Regist	ered Landfill				
AbateTech, Inc.			100000000000000000000000000000000000000	ler ID 3 750		Waste 40	G.R.O.W.S.	Landfill				
City, State						Disposal Date	City, State					
Lumberton, NJ						11/3/17	Tullytown,	PA				
Completed By (Print or Type)	Title	202				Signature			ate	1.6		
Gwendolyn Trumbetti	Opera	ation	s Co	ordi	nator	CAMA	8		011	a l	1	1

			17.5	
Prin	4.7	-	-	
Prin	F. 4		rn	4

	te of Notification (1) 0/18/17					Building Ov Hamdan	vner/Ope	erator (2)	T I I		6	<u>L</u>		<u> </u>		
Age	encies Notified	Type Notification		S	treet Add	dress						OCT	23	20	117	-	IJII
F	EPA DEP	Initial Amended		C	ity, State	e, Zip Code	9				lad I			~ (112		4
×	DOL	Amendment		_ F	aterso	on, NJ 07	7501			1	AS	BESTO	SCC	NT	POL	2	
×	DOH DCA	Emergency (injustification) Cancellation	ncluding	N	ame of (Contact				Landing on	Tele	phone	erebe	NG		W.	
					FACIL	ITY INFOR	RMATIO										_
С	me of Facility Where ommercial Bldg eet Address	Abatement is Taking	Place (3)					_	Sc Su	Facility (4 hool (K-12 bchapter 8 her (i.e. pr	2) B (Othe	er than K-	-12)	uildir	age h	omas	
20	0-22 Genesse Av	re							etc		ivate o	Comme	Clai	unun	igs, i	Omc	,,
Cit	y (5)								Square	Feet	1000000	Floors		100000	lg. Ag	е	
P	aterson								2500		1			50)+ 		_
1	ounty (6)				County C	ode (7) SE ONLY)		_	Comr	Use (Prio nercial E	Bldg		ished)			
1 225	me of Monitoring Firm	n Hired by Building (Owner (8)		ASCM	No.				ment Con							
fraga de	/a				n/a					ontracti	ng Ind	;					
Str	reet Address								Address								
n.	/a			1						de Ave							
1000	ty, State, Zip Code								tate, Zip	J 07026							
2,000	/a					N1-		1,000,000,000,000	one No.			License	No.				-
10000	oject Manager for Mo /a	nitoring Firm			elephon n/a	ie ivo.			60.602			01255					
	art Date (10)		Schedule			Date (11)		Name	of OSHA	A Monitor							
	0/27/17		11/15/1					Harn	nony C	Contracti	ng Ind						
00	ocupancy Status Duri	ng Abatement (Chec	k Only One	e)					Address								
	Facility Closed/Va	cated During Entire	Period of A	batem	ent					de Ave							
×	Abatement Perform	med Outside of Norm Scheduled for Demo	nal Facility	Hours		Z	_		tate, Zip ield, N	Code J 07023							
Sc	cope of Work (Check	All That Apply)														100	
L X	≥3 sf or ≥3 lf	,	National Control	enovat emoliti				×	Mini Glov	Containme -Enclosu e rebag Prod -Exempted	e cedure					9	
-				-					2 14011	Lxcmpex	4 /) (11)	4 1101111			Abate	ment	
	Location Asbestos-Containin TO BE A In Fac (13)	ng Material (ACM) BATED cility	Use Mai	Location lormall d Sole intenar odial S (12)	y ly by nce/	Asbesto (i.e. 1	os Conta thermal surfac	scription aining N system cing, VA niscellar	/laterial of sinsulated at the second at the	(ACM) tion,	(Amount Specify F or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
			Yes	No	N/A									-			
	Ro	of			х		Roofin	ng Ma	terial		2,	500 SF		K			
N	lame of Registered W	aste Hauler		1 1 2 2 2	JDEP W			Yards		Name of			ndfill				
H	larmony Contract	ting Inc		10.000	33058		of Was			GROV		ndfill					
1	city, State Barfield, NJ						TBD	sal Date	3	City, Sta Morris		PA					
	Completed by		Title					Signatur					Date	mismoto n			
	ina Caporino		Seci	retary			U	ina (ape	rure			10	/18/	17		

		rm	

PAID	NO		ATION O		ersey FOS ABATE 0 and 12:12		T		传。	00	3	1	
Date of Notification (1) 10/18/17			ame of B		ner/Operato	or (2)			<u> </u>	\ <u>\</u>	5		MANAGEMENT OF THE PARTY OF THE
Agencies Notified Type Notification			reet Add					00	T 23	2017	Bayeson		
EPA DEP DOL Amended Amendment: Emergency (justification) Cancellation		N	ity, State Milford, ame of C				The second secon	ACRES	TOS CO	NTRO	L &		and a second
			FACILI	TY INFOR	MATION								
Name of Facility Where Abatement is Taking Commercial Building Street Address 1 Wiebel Plaza City (5)	g Place (3)					×	School (K-12 Subchapter of Other (i.e. pretc.) uare Feet	2) 3 (Other	commercia	l buildir	ngs, h		>,
Sussex						10	0,000	2		50)+		
County (6) Sussex	(0)		STATE US	SE ONLY)	Nom	C	ommercia E	Building	3	ed)			
Name of Monitoring Firm Hired by Building on/a	Jwner (8)		ASCIVI	NO.			ny Contracti						
Street Address					Stre	et Ado	dress						
n/a					1		lisade Ave						
City, State, Zip Code					10000		, Zip Code						
n/a			alaabaa	o No		phone	d, NJ 07026		License No)			-
Project Manager for Monitoring Firm n/a			elephon n/a		97	3460	.6026	11.5	01255				
Start Date (10)	Scheduled		pletion D	ate (11)	1 100000000		OSHA Monitor ny Contracti	na Inc					
10/27/17 Occupancy Status During Abatement (Chec	11/20/1	200				et Ado		ng mo					
			ont		36	0 Pa	lisade Ave						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	nal Facility	Hours	eni				e, Zip Code d, NJ 07026						
Scope of Work (Check All That Apply)						Q11101	<u> </u>						\neg
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	TOWNST	enovat emoliti				×	Full Contain no Mini-Enclosure Glovebag Prod Non-Exemple	e cedure				е	
	Is	Location	on									ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	ormall d Solel ntenar odial S (12)	y ly by nce/		Description Containing hermal systems surfacing, other misce	g Mate ems in VAT,	erial (ACM) sulation, or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Laura Doof	100	110	1		Roof Fla	ashin	ia –	60	0 SF	×			
Lower Roof	-				VA		.5		00 SF	K			
Interior Office Area	-		-		***			-,-					
			-						25-2-2-2-1				
Name of Registered Waste Hauler		TN	JDEP W	/aste	Cubic Yard	ds	Name of	Registe	red Landfi				
Harmony Contracting Inc		H	lauler ID 33058	No.	of Waste TBD	N-4-		VS Lar	dfill				
City, State					Disposal D	Jale	City, Sta Morris	ville, P	Α				
Garfield, NJ Completed by	Title				Signa				D	ate			
Tina Caporino		etary			lù	va C	apoins			0/18/	/17		

	PAL	(Pu	rsu	ant t	o <u>N.</u>	J.A.C.	8:60 and 12:1	20)	(CHECK :	# 110	75		_
Date of Notification	(1)			Na	mo o	F Duildi	ing Owner / Ope		FIE		N/I E	3 -	7	
	10-17-17			Fn	viro	men	tal Liability Tr	rator (2)	I) E t	7 5 1	W E	- 11	111	
Agencies Notified	Type Notific	cation		Str	eet A	ddress	tal Liability II	alisiei				111	#	
							res Road, Suit	e 306	II no	T 23	2017	111	111	
DEP		al					ip Code	1000	11 00	1 20	2017	l be	4	
□ DOL	☐ Ame	ended					ssouri 63131					No.	1	
□ DOH	☐ Eme	rgency		Nai	me of	Conta	nct		ASRES	TOS CON	Palan	hono	Nilan	- h - r
☐ DCA	☐ Can	cellation		Ad	am F	eetz			1,0000	TCEL	4 I MOLEUM	MOHE	INEILI	mer
				F	ACIL	I YTI	NFORMATION	1	HOSE IN OUR PROPERTY OF THE PARTY OF THE PAR	Ornoubus				-
Name of Facility Wh Building #8, Pertl	ere Abatem	ent is Taking F	lace	(3)			Type of Fa							
Street Address		,							41	46)				
1160 State Street							Othor	liapter o (O	ther than K-	.12)				
							Square Fe	(i.e. private	e & commer	cial build	-		, etc.))
City (5)		County (6)	10	Count		- /7\			of Floors		Bldg. A	ge		
Perth Amboy		10 (0.00)			y Cod	e (/)	N/		NA		NA			
r crui Alliboy		Middlesex	l,	1A			Current Us	se (Prior if b	eing demol	ished)			THE PERSON	
Nome of Manianian						-	Vacant/N							
Name of Monitoring	-irm Hired b	y Building Owr	ier (3)	Α	SCM N	70.000.000	batement (Contractor (9)				
Street Address							Enterpris	e Networ	k Resoluti	ons Co	ntractir	ng, I	LC	
Sireet Address							Street Add	ress						
City, State & Zip Cod	-						874 Piney	/ Hollow F	Road, PO	Box 70				
City, State & Zip Cod	е					6		& Zip Code						
Droinet Manager for B	4 11 1 =						Winslow,		5					
Project Manager for I	vionitoring F	irm	Tele	phon	e Nui	mber	Telephone			License	Number			
Cobodulad Ctart Date	(10)						609-567-0				012	63		
Scheduled Start Date 10-27-17	(10)	Scheduled Con			ate (1	1)	Name of O							
			2-2	8-18			EMSL An	alytical, Ir	nc.					
Occupancy Status Du X Facility Close	Iring Abaten	nent (Check on	ly or	ne)			Street Addr							
Abatament De	urvacated L	ouring Entire Pe	erioa	IA TO	oatem	ent	200 Route							
Describe:	enormed Ou	tside of Norma	I Ho	ours -	- 7am	to 3pr								
	i.dD						Cinnamin	son NJ 08	3077					
Facility Occup	pled During /	Abatement												
Scope of Work (Chec	k all that app	oly)												
X ≥3 sf or ≥3 lf					000000000000000000000000000000000000000			Fu	II Containm	ent with N	Vegative	Pre	ssure	9
	ıe		Ш.		novat			Mi	ni-Enclosure	Э				
X ≥160 sf ≥260	П		X	De	moliti	on		Glo	ove Bag Pro	cedures				
1	-41							No	n Exempte	d and No	n-Friable	e Pro	cedu	ire
	ation of -Containing			Locat mally			Description		F	mount	Aba	atem	ent T	уре
Materi	al (ACM)			Solely			Asbestos-Co		(Specify				<u> </u>
	ABATED		Mair	ntenan	ce or		Material (A	ACM)	SI	F or LF)	Z	_	Encapsulate	ш
	acility		Cust	odial	Staff?	1	(i.e., thermal insulation, surfa	systems			Removal	Repair	ap	Enclsoure
(13)	,	Yes	(12)	NI/A	4	or other misce	llaneous)			ova	air	sula	our
			163	No	N/A			200)			_		ite	0
Roof (Upper & Low	er Levels)				X	Blac	k Tar Material		35.00	0 s. f.	X	П	П	П
Building Exterior					Х	Tran	site Siding Pa	anels	15,00		X	Ħ	Ħ	H
Building Interior					X		Pipe Insulation				X	H	Ħ	님
				П					3001.			H	H	片
												Η	H	Η
			71	П	IT							H	H	Η
Name of Registered W	aste Hauler	1		NJ	DEP	Waste	Cubic Yards	Name of	Registered	l andfill				
						O No.	of Waste	rame of	r registered	Latiuilli				
Bull Waste & Recyc	ling, Inc.			1255-275	435		60	Salem C	cunty Lai	ndfill				
City, State							Disposal Date	City, State				_		
Berlin, NJ							2-28-18							
	Tyne			T:0			REFERENCE STANK	Alloway	vew Jers	sey		100		
Completed By (Print or Type) Theodore S. Budzynski Pre						4	Signature		/ /		Date			
Joudie o. Dudzy	IJVI			Pre	eside	111	/			2-5	10-27	-17		
								(1						
							//							

			OT1-		Otate Of	New Jersey						
M		N	OTIF	ICAT (Pure	ION OF A	ASBESTOS AB JAC 8:60 and 5	ATEMENT	DE/B	# 11	2 100	7-7	farm.
Date of Notification (1)								DECK ?	# IF	524	6	
	19 /	17				ding Owner/Operate		M	The state of the s	alon Disampua	Vinena	71
				-		ommunications		Ш ост.	2.5	2017		- contegue
Agencies Notified ⊠ EPA (466 a	Type Notifica ⊠ Initial	tion		1	reet Addres			1 001		ZUI/	_	#
DOLWD 6459	☐ Amended					ect Street	1					
Ø DOH6435	Amendme	nt #			ty, State, Zi		1	ASBESTOS	CON	THO	L&	9
☐ DCA	☐ Emergence		ding	-	Passaic, N		£	LICE	NSIN	G	TO CHANGE	
(NJAC 5:23-8)	justificatio			-	me of Conta	70.00	(V-103 prilled crists—10.	Telephone M		-		
	Cancellatio	on			Alex Baylo	or						
Name of Facility 188				- 1	ACILITY	INFORMATION						
Name of Facility Where A Verizon Passaic Ce	Abatement is Ta	iking Pl	ace (3)				Type of Faci	ity (4)				_
Street Address	ntral Office						School (k	-12)				
					W		Subchapt	er 8 (Other than K- , private and comr	-12)			
133 Prospect Street City (5)	E						homes, e	tc.)	nercia	Dulla	ings,	
Passaic							Square Feet	# of Floors		Bldg.	Age	
County (6)							88,125	6		+-5		
Passaic				Co	ounty Code	(7)(STATE USE ONLY)	Current Use	Prior if being demo	olished	3)		
	Libert L. D. V. II											
Name of Monitoring Firm I USA Environmental		ig Owne	er (8)	ASC	M No.	Name of Abaten						_
Street Address	inc.					BRISTOL EI	VIRONMENT	AL, INC.				
8346 Enterprise Ave						Street Address						- 1
City, State, Zip Code						1123 BEAVE						
Philadelphia, PA, 19	452					City, State, Zip C						-
Project Manager for Monito						BRISTOL, PA	A 19007					
Mark Jenkins	oring Firm		4 9	ephon		Telephone No.		License No.				
tart Date (10)	10-1				5-5810	215-788-6040		00509				
10 /4 / _					ate (11)	Name of OSHA N			-11/4			_
				/		BRISTOL EN	VIRONMENT,	AL, INC				
Ccupancy Status During A	Abatement (Che	ck only	one)			Street Address						_
Facility Closed/Vacated Abatement Performed C	During Entire P	eriod o	f Abate	ment		1123 BEAVE	R STREET					
A TOTAL OF CHICKING	ratiside of 1401111	al racii	NDM 2	rs - De :00AM	scribe	City, State, Zip Co					-	
Time of Abatement:	AM-	PM/5:0		100, 110	'	DDIOTO: -	19007					
Time of Abatement:	AM	PM/ <u>5:0</u>	01 101-2			BRISTOL, PA	15007					_
Time of Abatement:	AM	PM/ <u>5:0</u>										
cope of Work (Check all the base of >3 if	AM	⊠R	enovat				ainment with Ne	gative Pressure				
cope of Work (Check all the	AM	⊠R				☐ Full Cont☐ Mini-Enc☐ Glovebac	ainment with Ne					
cope of Work (Check all the base of >3 if	AM	⊠ R	enovat emolitio	n		☐ Full Cont☐ Mini-Enc☐ Glovebac	ainment with Ne	gative Pressure	ıre			
cope of Work (Check all the least of Abatement:	AMi	⊠ R	enovati emolition s Locat Norma	ion lly		□ Full Cont □ Mini-Enc □ Glovebag □ Non-Exer	ainment with Ne losure p Procedure mpted (*) and No			patem	ent 1	у
cope of Work (Check all the least of Abatement:	AMI hat apply)	⊠ R □ D	enovati emolition s Locat Norma ed Sole	ion lly ly by	Asbes	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exer Description of tos Containing Mat	ainment with Ne losure procedure apted (*) and No f erial (ACM)	on-Friable Procedu	At	_	1	-
rime of Abatement: cope of Work (Check all the ≥3 sf or ≥3 if ≥160 sf or ≥260 if	AMI hat apply)	⊠ R □ D □	enovati emolition s Locat Norma	ion lly ly by	Asbes (i.e.,	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exer Description of tos Containing Mat thermal systems in	ainment with Ne losure p Procedure mpted (*) and No erial (ACM) nsulation,	n-Friable Procedu Amount (Specify	At	_	1	-
cope of Work (Check all the second of Asbestos-Containing Ma	AMI hat apply)	⊠ R □ D □	enovati emolition s Locat Norma ed Sole	ion lly ly by	Asbes (i.e.,	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exer Description of tos Containing Mat thermal systems is surfacing, VAT,	ainment with Ne losure procedure mpted (*) and No erial (ACM) nsulation, or	on-Friable Procedu		patem Repair	1	-
cope of Work (Check all the second of Asbestos-Containing Ma TO BE ABATE IN Facility (13)	hat apply) aterial (ACM)	⊠ R □ D □	enovati emolition s Locati Norma ed Sole aintena	ion lly ly by	Asbes (i.e.,	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exer Description of tos Containing Mat thermal systems in	ainment with Ne losure procedure mpted (*) and No erial (ACM) nsulation, or	n-Friable Procedu Amount (Specify	At	_	t Encapsulate	Гу
cope of Work (Check all the least of Abatement:	hat apply) aterial (ACM)	⊠ R □ D Use Ma Cus	enovati emolition s Locati Norma ed Sole aintena todial (12)	ion lly lly by nce/ Staff?	(i.e.,	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exer Description of tos Containing Mat thermal systems is surfacing, VAT,	ainment with Ne losure procedure mpted (*) and No erial (ACM) nsulation, or	Amount (Specify SF or LF)	A Removal	Repair	1	-
Cope of Work (Check all the least of Abatement: ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Manual Holds IN Facility (13) sement Plant "C" Sto	hat apply) aterial (ACM)	⊠ R □ D □ D □ Use Ma Cus	enovatemolitics Locate Norma ed Sole intenational (12)	ion lly lly by nce/ Staff? N/A	9x9 Vat a	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exer Description of tos Containing Mat thermal systems is surfacing, VAT, other miscellaneo	ainment with Ne losure procedure mpted (*) and No erial (ACM) nsulation, or	Amount (Specify SF or LF)	At Removal	_	1	-
Cope of Work (Check all the c	hat apply) Interial (ACM) Description	☐ R Cus	enovatiemolitics Locati Norma ed Sole aintena itodial (12)	ion illy illy by nce/ Staff? N/A	9x9 Vat a	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exer Description of tos Containing Mat thermal systems is surfacing, VAT, other miscellaned and Mastic Ing Insulation	ainment with Ne losure procedure mpted (*) and No erial (ACM) nsulation, or	Amount (Specify SF or LF)	At Removal	Repair	1	-
Cope of Work (Check all the state of Abatement:	hat apply) aterial (ACM) preroom trance Door	Use Ma Cus	enovatiemolitics Locat Norma ed Sole intena todial (12)	ion lly lly by nce/ Staff? N/A	9x9 Vat a Pipe Fitti	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exer Description of tos Containing Mat thermal systems in surfacing, VAT, other miscellaned and Mastic ing Insulation	ainment with Ne losure procedure mpted (*) and No erial (ACM) nsulation, or	Amount (Specify SF or LF)	At Removal	Repair	1	-
Cope of Work (Check all the c	hat apply) Interial (ACM) Description Trance Door Trance Door	☐ R Cus	enovatiemolitions Locatinos ion lly lly by nce/ Staff? N/A	9x9 Vat a Pipe Fitti Pipe Fitti	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exer Description of tos Containing Mat thermal systems is surfacing, VAT, other miscellaned and Mastic ing Insulation	ainment with Ne losure procedure mpted (*) and No erial (ACM) insulation, or ous)	Amount (Specify SF or LF) 170 SF 30 LF 2 LF 85 LF	At Removal	Repair	1	-	
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) sement Plant "C" Sto Floor AC Fan Room Floor Near Room Ent sement Storeroom / Fine of Registered Waste H	hat apply) aterial (ACM) preroom trance Door Fan Room Hauler	☐ R Cush Cush Cush Cush Cush Cush Cush Cush	enovatiemolitics Locatinos	ion lly lly by nce/ Staff? N/A DEP V	9x9 Vat a Pipe Fitti Pipe Fitti Pipe Insu	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exer Description of tos Containing Mat thermal systems in surfacing, VAT, other miscellaned and Mastic ing Insulation Cubic Yards of	ainment with Ne losure procedure mpted (*) and No erial (ACM) nsulation, or	Amount (Specify SF or LF) 170 SF 30 LF 2 LF 85 LF	Removal 🛛	Repair	1	-
Cope of Work (Check all the cope of Work (Check all the cope of Work (Check all the cope of Work (Check all the cope of Work (Check all the cope of Work (Check all the cope of Sement 260 of Floor of Sement Plant "C" Sto	hat apply) aterial (ACM) preroom trance Door Fan Room Hauler	☐ R Cush Cush Cush Cush Cush Cush Cush Cush	enovatiemolitions Locating S Loca	ion lly lly by nce/ Staff? N/A	9x9 Vat a Pipe Fitti Pipe Insu	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exer Description of tos Containing Mat thermal systems is surfacing, VAT, other miscellaned and Mastic ing Insulation	ainment with Ne losure procedure mpted (*) and No erial (ACM) insulation, or ous)	Amount (Specify SF or LF) 170 SF 30 LF 2 LF 85 LF	Removal 🛛	Repair	1	-
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) Sement Plant "C" Sto Floor AC Fan Room Floor Near Room Ent sement Storeroom / F ne of Registered Waste H ERVICE TRANSPORT (C) Stopped (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	hat apply) aterial (ACM) preroom trance Door Fan Room Hauler	☐ R Cush Cush Cush Cush Cush Cush Cush Cush	enovatiemolitions Locating S Loca	ion lly lly by nce/ Staff? N/A DEP V uler ID	9x9 Vat a Pipe Fitti Pipe Fitti Pipe Insu	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exer Description of tos Containing Mat thermal systems in surfacing, VAT, other miscellaned and Mastic ing Insulation Cubic Yards of	ainment with Ne losure procedure mpted (*) and No ferial (ACM) insulation, or ous)	Amount (Specify SF or LF) 170 SF 30 LF 2 LF 85 LF	Removal 🛛	Repair	1	-
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) Seement Plant "C" Sto Floor AC Fan Room Floor Near Room Ent Seement Storeroom / Fine of Registered Waste H ERVICE TRANSPORT State EW CASTLE, DE	nat apply) aterial (ACM) preroom trance Door an Room dauler GROUP, INC	☐ R Cush Cush Cush Cush Cush Cush Cush Cush	enovatiemolitions Locating S Loca	ion lly lly by nce/ Staff? N/A DEP V uler ID	9x9 Vat a Pipe Fitti Pipe Fitti Pipe Insu	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exer Description of tos Containing Mat thermal systems if surfacing, VAT, other miscellaned and Mastic ing Insulation Ing Insulation Cubic Yards of Naste	ainment with Ne losure procedure mpted (*) and No ferial (ACM) insulation, or ous) Name of Regis	Amount (Specify SF or LF) 170 SF 30 LF 2 LF 85 LF ered Landfill	Removal 🛛	Repair	1	-
Cope of Work (Check all the co	nat apply) aterial (ACM) preroom trance Door an Room dauler GROUP, INC	⊠ R □ D □ Use Ma Cus Yes □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	enovatiemolitions Locating S Loca	ion lly lly by nce/ Staff? N/A DEP V uler ID	9x9 Vat a Pipe Fitti Pipe Fitti Pipe Insu	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exer Description of tos Containing Mat thermal systems in surfacing, VAT, other miscellaned and Mastic ing Insulation Ing Insulation Cubic Yards of Waste Disposal Date	ainment with Ne losure procedure mpted (*) and No ferial (ACM) insulation, or ous) Name of Regis MINERVA I	Amount (Specify SF or LF) 170 SF 30 LF 2 LF 85 LF ered Landfill	Removal 🛛 🖂	Repair	1	-

ASB-41 JAN 13 B 517074

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



Date of Notification (1)			Name	e of Buildin	g Owner/Operato	r (2)	Beer	n n		Production of the last of the	7
9 / 19 /	17		Ve	rizon Cor	nmunications		ECEI	\mathbb{V}		M	
Agencies Notified Type Notifica	ation		Stree	t Address			1200 0 12		The same	111	n n
☐ EPA ☐ Initial				3 Prospec		ШЦ	OCT 23 2	017	Selfferen	IJ	
☑ DOLWD ☒ Amended ☒ DOH Amended	ı ent # <u>1-10/</u>	18/1	City,	State, Zip (Code		5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		-	-	
□ DCA □ Emergen			Pa	ssaic, NJ	07055		ACCECATO				1
(NJAC 5:23-8) justification		3	Name	e of Contac	t		ASSESTOS	12621	^	100	
☐ Cancellat	ion		Ale	x Baylor		bearing the			-		
N			FA	CILITY IN	IFORMATION						
Name of Facility Where Abatement is T Verizon Passaic Central Office		e (3)				Type of Facilit					
Street Address	<u> </u>						r 8 (Other than K-12)				
133 Prospect Street						Other (i.e., homes, etc	private and commerc	cial bu	ilding	ļS,	
City (5)						Square Feet	# of Floors	BI	dg. A	ne en	_
Passaic						88,125	6		+-50	90	
County (6)			Cou	nty Code (7)(STATE USE ONL		Prior if being demolish				
Passaic					A	,		,			
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abate	ment Contractor (9)		6 8		
USA Environmental Inc.	3				FI	NVIRONMENT	TO				
Street Address					Street Address						
8346 Enterprise Ave					1123 BEAV	ER STREET					
City, State, Zip Code					City, State, Zip	Code			====		
Philadelphia, PA, 19153					BRISTOL, I	PA 19007					
Project Manager for Monitoring Firm		Te	elephone	No.	Telephone No.		License No.		V 12.		
Mark Jenkins			215-365	5-5810	215-788-60	40	00509				
1	Scheduled (35 35	Name of OSHA		and the Company of th				
10 /4 /17	10			17	BRISTOL E	NVIRONMENT	AL, INC				
Occupancy Status During Abatement (0				木	Street Address						
☐ Facility Closed/Vacated During Entir					1123 BEAV	ER STREET					
Abatement Performed Outside of Notice Time of Abatement:AM					City, State, Zip BRISTOL, I						
Scope of Work (Check all that apply)											-
	⊠R				Mini-E	ontainment with N nclosure pag Procedure	egative Pressure				
		0111011					Ion-Friable Procedure	е			
		s Loc Norn	ation		* *			Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACM	100		olely by	Asha	Description stos Containing I		Amount	Re	Re	En	四
TO BE ABATED	′ M	aintei	nance/		., thermal system		(Specify	Removal	Repair	cap	Enclosure
IN Facility	Cus	stoaia (1:	al Staff? 2)		surfacing, VA		SF or LF)	/al		Encapsulate	ure
(13)	Yes	T .		1	other miscella	ieous)				ite	
Basement Plant "C" Storeroom			\boxtimes	9x9 Vat	and Mastic		170 SF				
3 rd Floor AC Fan Room			\boxtimes	Pipe Fit	ting Insulation	1	30 LF	\boxtimes			
4th Floor Near Room Entrance Do	or 🗌		\boxtimes	Pipe Fit	ting Insulation	1	2 LF				
Basement Storeroom / Fan Room	1 🗆			Pipe Ins	sulation		85 LF				
Name of Registered Waste Hauler		1	NJDEP		Cubic Yards of	Name of Reg	istered Landfill				
SERVICE TRANSPORT GROUP	, INC.		20990		Waste	MINERVA	LANDFILL				
City, State				74	Disposal Date	City, State					
NEW CASTLE, DE					TBD	WAYNES	BURG, OH				
Completed By (Print or Type)	Title				Signature	,	Dat			5	
Brian Scafiro	Estima	tor			Bric	m scape	20/ Mr 1	0 -	18-	17)

ASB-41 JAN 13 BS 17074 *Do not use this form for asbestos licensure exempted activities.

14 2000 05:25AM NJ Asbestos	Control 609	,633,066	54	pag	e 1	Solven and the second s	Name and	034		-
10/19/2317 10:52 2012	520321		AMA	C		INE	C	E	1	W2/
PAT	n		1.5			IKI.	San S		00	
		PROATECH	Mar wall to claim OTES BEATO	GARATUM			OCT	2	9	997
	1	Pumtaant	to NJAC 8:50 a	nd 12:134		-POLT 10	DAY	Y :) , , (1	JU
10/18/17		Nome o	Building Owner	/Opender (20 T	ASB	270	0.0	201	
Agrescion Halling Type Medicule		Street A	BREW	16	THOMAS	<u> </u>	40	ENS	ING	HOL
						406		V		
Amended Amended			m, Zip Code		- 14		100	100		-
	of Guesting	Materia ed	Contract	100	<u>U.D. V</u>	34 37 APF	CONTRACTOR OF THE PARTY.)	
DCA Companies	iche .	В	RENDOG -	THOM	20	Telegramo S		,		
Name of Facility Vision Abelorated & To	Hally Panage (25)	FAR	TIVE TO BE	PARIS	Type of Facilit					
(CS N BOOCE				la la	Autout &					
Condition Addition					- Quindrant	or 8 (Charten III				
City (th)	*				color Fend	S			Section.	740,
County 60			4,	_ 1	8-350	#OFFIces	-	Ball	SON SON	4
36467		County C	ode (f)	- 0		vier i belleg despul	ded)			
Manna of Monthstrag Firm Hilland by Buildin	Denter (5)	ASCM		I Name of	Athenine C	EZID ONCE				
Stroni Address		<u> </u>		AMAC	Contraction	â ga F				
		N.		Ettroot Ad	illinas malami Assa	**************************************	t t		····	
Cilip, Bhoto, Zip Code				City, Shall	a, Zie Code					
Project Manager for Manifoling Flore		Telephon		Midlan	d Pearls, NU				-	-
		(comfratOil)	a both	7elephor (201)24	in No. 82-5841	Usume 00156	MA.			
94017 Date (148) 10/19/1-)	Beheduled Cor	roledon D	eta (11)	Name of	OSHA Monito	F				
Occuparate Status Daying Abatement Com	rok Omir Orm)	28/1	7	Ormegs		antal Services t	nc.			444
Feedilly Classed/Assessed Daylog Sinder Aballoward Performed Chalatte of Her	Period of Abelica	antorsit	*	A con section . Acre	ylor Street					
Other - Describe:	- Facility Moore	1			a, Zip Codia				-	·
Scope of Work (Check All Yhat Apply)				4, March 1960	wack, NJ 0	/ OUR				
2d ad or 2d F 2100 af or 2d F	Ramova Damasa	Micera Jenny		d	Minir Englosus Olovedana Pro	condin m			T.	
	lis Lincosti	THE .	***************************************		THE COURSE	d (*) jud Hon-Frau	Perre	Abel		1
Anthorston-Containing Material (ACM)	Mintengil Lingsi Spelet Mahabunyan	y by	Anthrodico Confe	icaption of	and districts	Marine Land	-	11	ipe.	
TO DE ADATED In Panily	Cattriodies 8	m67	CAL BURITING	systems in ing. VAT, o	substion.	(Openily	3	D	E TO	¥
(18)			other m	âticestar appe	m) .	war ur tary	parament.	August	mospadad	Englopers
Hawara 157 FC	Ymm, Mo	MA			147	-			2	
Harriso 157 FL	++%	10]	9456	1			
		10		1			Ш			
	1 18	TE T					\vdash			
Name of Registered Water Huster Vowank Carting Inc.	1111				Neme of	legis ared Landin	لبا			Ч
and the second s	04	900	ofWest	1	Grand C	Central Santtary	Land	报		-
City, Stala Newsork, NJ 07105	703.000		Dispose		City, State		-			-
Conspising by	Tibles		10/1	Paline	n Pen Ang	M. FA 08702	NO. O. Physical Property	-		
oseph Vocaturo	Vice Preside	ent	1 54	V /	Voration	254	10/18	1		

Por

Date of Notification (1) 10/19/17					f Building				Manage	E C	唐世	V	E	n	
Agencies Notified EPA	Type Notification X Initial			Street A 15 E U	ddress Jwchlan	Aven					2 3	2017			
DEP × DOL	Amended Amendment Emergency		_		ate, Zip Co , PA 19					AGGCOTO	20.00	ITO	N 0		The state of the s
DOH DCA	justification) Cancellation			Name of Kevin	f Contact				- orospositiva	ASPERIE	AN AN	y Pac	/L &:	a Principalita	
Name of Facility Where	Abatamant is Takin	a Place /2	\	FACI	LITY INFO	ORMAT	TION	Typo	of Facility (4)					
McDonald's	Abatement is Takin	y riace (5	,					personal	School (K-1						
Street Address 6048 Harding High	wav							×	Sub chapter Other (i.e. p	8 (Other th			dings,	home	es,
City (5)									etc.) re Feet	# of Flo	ors	В	ldg. A	ge	
Mays Landing								4,20		1			5		
County (6) Atlantic					Code (7) USE ONLY)				ent L se (Prio focd rest		emolish	ied)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.				tement Cor ron nenta		s. LLC				
Street Address								Addre							
City, State, Zip Code						H==1020			83, 4 E G ip Code	ate Drive					
Only, State, Zip Gode									l, NJ 074	18					
Project Manager for Mon	itoring Firm		Telepho	ne No.			hone N -764-2		Lic 70	ense N	0.				
Start Date (10) 11/2/17		Schedule		npletion	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During	g Abatement (Chec						Street	Addres	SS						
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire I ed Outside of Norn	Period of A nal Facility	baten	nent			City, S	State, Z	ip Code						
Scope of Work (Check A	Il That Apply)														
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	enova emolit					Mir Glo	Il Containme ni-Enclosure ovebag Prod n-Exempted	edure				e	
			Locati							17			Abate		t
Location Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED	Use Mai Cust	d Sole ntena odial S (12)	ly by nce/ Staff?		tos Cor therma surfa	escription ntaining for al system acing, VA miscellar	Material s insula NT, or		Amou (Spec SF or l	ify	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A X								-			
	Roof						of flash	ing		780 5		X	ļ		
Roof				X			tar			200 S	SF 	×			
Name of Registered Was	ste Hauler		T N	IJDEP W	laste	Cubi	Yards		Name of	Registered	Landfill				
Freehold Cartage	no Haulel		H	lauler ID 5959		of Wa	aste		NUMBER OF STREET	n Berks L					
City, State Freehold NJ				anderse z 2001			sal Date		City, State Birdsbo						
Completed by A. Scott Higgins				Signatur	e A	1~	_	Da 10	ite 0/19/	17	-				

EGGLWEN		NOTIF		tate of N N OF AS			MENT					F	rin
	1)			t to NJAC				eal	17	00	36	7	
Date of Notification (1)7 10/9/17 & 10/16/17				of Building							<u> </u>		
Aganaiaa Natified Turk Natification				Address	/9, LLC								
ASSESTOS CONTROL&				Kuser F	Road								
DEP X Amended		İ		ate, Zip C									
X DOL Amendment Emergency (Iton NJ				- r					
X DOH justification) DCA Cancellation				of Contact Chelcho	1			Telephor	ne Nium	her			
				ILITY INF		ION		-			-		
Name of Facility Where Abatement is Taking El at Marlboro 79	g Place ((3)					Type of Facility	(4)			-		
Street Address							School (K		- 17 400				
103 South Main Street								er 8 (Other tha private & com			dings,	hor	ne
City (5)							etc. Square Feet	# of Floor	rs	Te	ldg. A	\ae	-
Marlboro							2100	1 1/2	10-755	1000	7	J-	
County (6)				Code (7)			Current Use (P	100.000000 7 1 (200.0	molishe	d)	01-21-20		
Monmouth Name of Monitoring Firm Hired by Building (Dunar 10		1	M No.	′′	N	fast food res						
Name of Montoring Firm Filted by Building C	Jwilei (o)	ASC	WI INO.		1000000	of Abatement Co Environment	4.5	HC				
Street Address							Address						-
						PO E	Box 483, 4 E	Gate Drive					
City, State, Zip Code						F	tate, Zip Code						
Project Manager for Monitoring Firm			Telepho	ne No			wood, NJ 07		nan Na				
oject manager ter Merintering Firm			reieblic	nie ivo.			764-2273	703	nse No.				
Start Date (10)			mpletion	Date (11)		of OSHA Monito						
10/20/17	11/30/												
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of	, Abaten	ment s				Address ate, Zip Code					-	
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolii				×	Mini-Enclosu Glovebag Pro					e	
	1110 222	s Locat	0.0007100								Abate	emei	nt
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Acho		scription			}		ı y	ре	T
TO BE ABATED		aintena todial S			. thermal	systems	aterial (ACM) insulation,	Amount (Specify	,	Re	æ	Enca	
In Facility (13)	000	(12)	otan.			cing, VAT		SF or LF)	Remova	Repair	Encapsulate	1
	Yes	No	N/A				/		1	<u>(a)</u>	7	late	
Interior			X		wa	ll pane	<u> </u>	120 SF	= -	×			+
	-		X			all tiles							
	-							2,182 S	-	X			+
			X			coveri		22 SF		X			-
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic	insulat		5 LF Registered La	- 1	X			1
Freehold Cartage		Н	lauler ID 5959		of Was			rn Berks La					
City, State Freehold NJ	Title		.1100-		Dispos TBD	al Date	Ci y, Sta B rdsb	te oro, PA					
Completed by A. Scott Higgins		S	ignature	2		Date 10/	16/1	7	*******				

200

Agencies Notified Type Notification Street Address DOL Amended parended	Date of Notification (1) 10/19/17				Name	of Buildir	ng Owner	/Operator	(2)				DI I		
EPA Initial Amenda # Amenda # Amenda # Amenda # Amenda # Amenda # Amenda # Amenda # Amenda # Amenda # Amenda # Amenda # Amenda # Amenda # Amenda # Amenda # Amenda # Amenda # Exton, PA 19341 Exton PA 19341		Type Notification			Dagi	it Group	/Action	Constr	uction Manag	gement	inc.	1	WL		
DEP		12 <u>20 20 20 20 20 20 20 20 20 20 20 20 20 2</u>	n				- · · · · ·	<u> </u>		113	OCT 9	22	017"	Ш	
Exton, PA 19341 Some DCA	- ' / '	-						iue, Sui	te 404	[3 6	C'T	NΠ	P	Process
Second Control Concellation Name of Contact Note: Appendix	DOL		nt#							111	5 0		M	5	1
DCA	X DON	Emergency	(including							mil	de la responsación de la companya de	MICHIEL COM			
Name of Facility Where Abstement is Taking Place (3) Type of Facility (4) ASBESTOS CONTROL & McDonald's Street Address School McL32 LiCENSING	Contract						<i>3</i> 1		overnos	ITA	ienhoon N	li imbai			111
Name of Facility Where Abatement is Taking Place (3) McDonald's Street Address 6048 Harding Highway Cliry (5) All antic Name of Monitoring Firm Hired by Building Owner (8) Street Address Clurry Code (7) All antic Rame of Monitoring Firm Hired by Building Owner (8) ASCM No.					1162.30		FORMA	TION							languari Interquari
School (k.12) LICENSING School (k.12) LI	Name of Facility Where	Abatement is Taki	ng Place (3)		oletti ili	ORMA	IION	Type of Facility	/(4)		Manager trans	On the State of th		
Subchapler 8 (Other than K.T.) Sold Harding Highway Subchapler 8 (Other than K.T.) Sold Harding Highway Subchapler 8 (Other than K.T.) Sold Harding Highway Sold Harding									1	AC	BESTO	S COI	NTRO	18	2),
Superior County Code County Cou									Subchapt	er 8 (Oth	er than K-	12)	retown/uhrea	enconarra,	Difference of a
Mays Landing County (6) Atlantic County (7) Atlantic Rame of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Froiject Manager for Monitoring Firm Telephone No. 973-764-2276 City, State, Zip Code City, State, Zip C		nway							X Other (i.e.	. private a	& commer	cial bu	ilding	s, hor	nes,
Mays Landing County (6) Atlantic County (7) Atlantic Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address City, State, Zip Code Street Address Facility Closed/vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, St	M 100 100 100 100 100 100 100 100 100 10									# 01	f Floors	T	Blda	Δαρ	
Atlantic Name of Monitoring Firm Hired by Building Owner (8) ASCM No. ASCM No. ASCM No. ASC Mon. ASC										9				rigo	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatemint Contractor (9)									Current Use (P	rior if bei	ng demoli	shed)			
ABS Environmental Services. LLC Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/2/17 Occupancy Status During Abatement (Check Only One) Street Address City, State, Zip Code City					(STATE	USE ONL	.Y)		fast food res	stauran	t				
Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Glemwood, N. 07418 Telephone No. 973-764-2276 Name of OSHA Monitor 11/2/17 Street Address City, State, Zip Code Scheduled Completion Date (11) 11/2/17 Street Address City, State, Zip Code City, State, Zip Code Scheduled Completion Date (11) 11/2/17 Street Address City, State, Zip Code City, State City, State, Zip Code City, State	Name of Monitoring Firr	n Hired by Building	Owner (8)		ASC	M No.									
City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Glemwood, N. 07418 Telephone No. 973-764-2276 703 Start Date (10) 11/2/17 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Title City, State Name of Registered Landfill Vestern Berks Landfill City, State Freehold NJ Completed by A Scott Hingrips Pacident City, State Freehold NJ Completed by A Scott Hingrips City, State Find Containing Adarated (ACM) (i.e. thermal systems insulation, Specify other miscellaneous) City, State Freehold NJ Completed by A Scott Hingrips City, State Freehold NJ Completed by A Scott Hingrips City, State Find Completed by A Scott Hingrips City, State Find Completed by A Scott Hingrips City, State Find Completed by A Scott Hingrips City, State Find Completed by A Scott Hingrips City, State Find Completed by A Scott Hingrips City, State Find Completed by A Scott Hingrips City, State Find Completed by A Scott Hingrips City, State Find Completed by A Scott Hingrips City, State Find Completed by A Scott Hingrips City, State Find Completed by A Scott Hingrips City, State Find Completed by A Scott Hingrips City, State Find Completed by A Scott Hingr	Stroot Address							ABS	Environment	al Serv	ices. LL	С			
City, State, Zip Code City, State, Zip Code Glenwood, N. 07418 Project Manager for Monitoring Firm Telephone No. Start Date (10) 11/2/17 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other Describe: Scope of Work (Check All That Apply) 23 sf or 23 if 2160 sf or 2260 if Scope of Work (Check All That Apply) 10 BE ABATED In Facility (13) Renovation Demolition Street Address Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Sevebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Sevebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Several Non-Exempted (*) and Non-Friable Procedure No	Sireet Address													-	A 20 9 11 .
Project Manager for Monitoring Firm Telephone No. Telephone No. 973-764-2276 Togs Telephone No. 973-764-2276 Togs Telephone No. 973-764-2276 Togs Telephone No. 973-764-2276 Togs Togs Telephone No. 973-764-2276 Togs Togs Togs Telephone No. 973-764-2276 Togs To	City State Zin Code									Gate Di	rive				
Project Manager for Monitoring Firm	ony, otate, zip code									/////				-	
Start Date (10) Start Date (10) 11/2/17 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) 23 sf or ≥3 if Els Location Of Asbestos-Containing Material (ACM) In Facility (13) Location of In Facility (13) Renovation Demolition Street Address City, State, Zip Code City, State, Zip	Project Manager for Mor	aitorina Firm		_	T-IL					418					
Start Date (10)	Jeer manager for Will	mornig i iiii			i elepno	one No.						No.			
11/2/17 12/2/17 12/2	Start Date (10)		Scheduler	d Con	nhletion	Date /11	\				703				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code					ipietion	Date (11	,	Name (OSHA Monito	r					
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	Occupancy Status Durin	g Abatement (Che	ck Only One	9)				Street	Address						
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State,			- 23	200	ant			Olicoty	rudi ess						
Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if □ Demolition □ Description of Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscella	Abatement Perform	ed Outside of Norr	nal Facility I	Hours	i			City St	ate Zin Code					-	
Sality Sality								- 3, -	,p						
Secretary Demolition Demo	Scope of Work (Check A	ll That Apply)												-	
Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Roof X roof flashing 780 SF X Tar 200 SF X Roof X tar 200 SF X Name of Registered Waste Hauler Freehold Cartage Name of Registered Landfill Vestern Berks Landfill Name of Registered Waste Hauler Freehold NJ City, State Freehold NJ Completed by Asbestos-Containing Material (ACM) Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Name of Registered Waste Hauler Freehold Cartage Disposal Date TBD Signature Date			× Re	nova	tion			×	Full Containm	ent with	Negativo	Drocci	ıro		
Substitute Non-Exempted (*) and Non-Friable Procedure	≥160 sf or ≥260 lf		De	moliti	ion				Mini-Enclosur	e	rvegative	F1622(пе		
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Roof								×			Non-Eria	hla Dr	acadu.	.0	
Location of Asbestos-Containing Material (ACM) Location of Asbestos-Containing Material (ACM) Location of Asbestos-Containing Material (ACM) Location of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Location of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Location of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Location of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Location of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Location of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Location of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Location of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Location of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Location of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Location of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Location of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Location of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Location of Asbestos Containing Material (ACM) Location of As			ls L	ocati	on		D-1) and	11011-1 1181	JIG FIL			t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Roof X roof flashing 780 SF X Roof X tar 200 SF X Name of Registered Waste Hauler Freehold Cartage City, State Freehold NJ Completed by A sbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) A specify SF or LF) Roof A shestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) A specify SF or LF) Roof A shestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) A specify SF or LF) Roof A mount (Specify SF or LF) Roof Roof Table Signature Date							Des	scription o	vf						
Custodial Staff? (12) Yes No N/A Roof Roof X roof flashing X tar Name of Registered Waste Hauler Freehold Cartage City, State Freehold NJ Completed by A. Scott Higgins Custodial Staff? (12) Custodial Staff? (12) Custodial Staff? (12) Custodial Staff? (12) Surfacing, VAT, or other miscellaneous) Separate Surfacing, VAT, or other miscellaneous NATION SET IN TOO SET IN	Asbestos-Containing	Material (ACM)				Asbes	stos Cont	aining Ma	iterial (ACM)	An	nount			rn	
Roof X roof flashing 780 SF X Roof X tar 200 SF X Name of Registered Waste Hauler Freehold Cartage NJDEP Waste Hauler ID No. 15959 TBD We stern Berks Landfill City, State Freehold NJ Completed by A. Scott Higgins Precident					taff?	(I.e	. thermal surfac	systems	insulation,			Ren	R	nca	LI JO
Roof X roof flashing 780 SF X Roof X tar 200 SF X Name of Registered Waste Hauler Freehold Cartage NJDEP Waste Hauler ID No. 15959 TBD We stern Berks Landfill City, State Freehold NJ Completed by A. Scott Higgins Precident	(13)			(12)			other n	niscellane	ous)	51	or LF)	von	epai	psu	Enclosure
Roof X tar Z00 SF X Name of Registered Waste Hauler Freehold Cartage City, State Freehold NJ Completed by A. Scott Higgins Roof X Tar Z00 SF X Name of Registered Landfill We stern Berks Landfill Disposal Date TBD Signature Signature Date			Yes	No	N/A							<u>n</u>		ate	re
Name of Registered Waste Hauler Freehold Cartage City, State Freehold NJ Completed by A. Scott Higgins A. Scott Higgi	Roof	N.			x		root	f flashin		700	205	-	-		
Name of Registered Waste Hauler Freehold Cartage City, State Freehold NJ Completed by A. Scott Higgins A. Scott Higgins Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 15959 Cubic Yards of Waste TBD Disposal Date TBD Signature Date Date	Roof			-			1001		9			X	-		
Freehold Cartage City, State Freehold NJ Completed by A. Scott Higgins Hauler ID No. 15959 TBD Disposal Date TBD Disposal Date TBD Signature Signature Date	11001		+		X			tar		200) SF	Х			
Freehold Cartage City, State Freehold NJ Completed by A. Scott Higgins Freehold Cartage Hauler ID No. 15959 TBD Disposal Date TBD Disposal Date TBD Signature Signature Date															
Freehold Cartage City, State Freehold NJ Completed by A. Scott Higgins Freehold Cartage Hauler ID No. 15959 TBD Disposal Date TBD Disposal Date TBD Signature Signature Date														- weeken and con-	-
City, State Freehold NJ Completed by A. Scott Higgins TBD TBD Disposal Date TBD Disposal Date TBD Signature Signature Date		te Hauler		101 (497.07)					Nanie of	Registere	ed Landfill				-
City, State Freehold NJ Completed by A. Scott Higgins Disposal Date TBD Disposal Date Birdsboro, PA Signature Disposal Date Birdsboro, PA Date	Freehold Cartage			1995		NO.		te	Wester	n Berks	s Landfil	ſ			
Freehold NJ Completed by A. Scott Higgins Provident Date	City, State							al Date				-			
Completed by A. Scott Higgins Date Date								a. Dute							
A. SCOTT Higgins			Title					gnature		,, , , A	D-	to			
10/19/17	A. Scott Higgins		Preside	ent					1-		0.745000		7		

State of NJ

	Otate of 140
No	tification of Asbestos Abatement
(Pursi	uant to NJAC 8:60-7 and 12:120-7

B & G proj. #:	2017-145		(F	Pursuan	t to NJAC 8	:60-7	and 12:120-7)	Villame Company or	Check	# 8640		W//	(F)	
Date of Notification (1.1	ame of Build John Chr		er/Operator (2)			A STATE OF THE PARTY OF THE PAR		OCT 2	3 2	017		
Agencies Notified EPA DEP	Type Notification		reet Addres						ASB		011	7	. &	
X DOL	Amendm	nent	West Or	ange, N	J 07052				Telephon	e Number			THE PARTY	
DOH DCA	Cancella Cancella	11	John Ch)				releption	e Number			_	
				FACI	LITY INFORM	ATION								
Name of facility whe		taking pla	ce (3)						Subch	(4) of (K - 12) apter 8 (Ot (Private/Co			12)	
Street Address									Other Bldgs.	/Homes, et	C.		lg. Ag	je
City (5)	NI 107050		ity (6)			1111100000	nty Code (7) te use only)			rior if being	dem	olishe	d)	
West Orange, Name of Monitoring		Ess Bldg Owne			ASCM No.		Name of Abatement		dential tor (9)					
Name of Montoring	1				n/a		B & G Restora	tic n, In	c.					
Street Address				-lain and l			Street Address 105 Ryerson I	Road						
City, State, Zip Code							City, State, Zip Code Lincoln Park,		035					
Project Manager for	Monitoring Firm		Pho	one Numb	per		Telephone Number (973)696-686			License 00	Numb 378	er		
Scheduled Start Date	e (10)	Sched	. Completio	n Date (1	1)		Name of OSHA Mor B & G Restora		iC.					
10/19/2017			20/2017			COMMISSION.	Street Address							
Occupancy Status D Facility closed Abatement pe Describe: Other-Describ	/vacated during rformed outside	entire peri	od of abater	nent. s-		_	105 Ryerson F City, State, Zip Code Lincoln Park, I	-	35					
Scope of Work (che Demolition 3 sf or >3 If	X	Renovation					full Containment w/ne	egative p	ressure	Gloveb				
Location of asbestos-con material to be abated in facil	taining	Is location	n normally usenance/cust	sed solely odial			sbestos-containing		Amount (Specify: LF)	SF or	R e m o v e	Repair	Encap	EncL
basement				×	pipe insul	ation			80 lf		X	片	片	卄
					1									
						-								
Registered Waste H			EP Hauler II	D# C	Cubic Yards of	Waste	Name of Registere	d I andfil	I P		Con	<u> </u>	Ш	
B & G Restorat	ion, Inc.		19563	Disposal [Tullytowr City, State	-	urce & R	ecovery	CEIII	CI		
Lincoln Park, N	or Type)	Title			20/2017 Signature		Tullytown Gordana Luna	, F'A ———		Date 10/19	2/204	7		
Gordana Luna		Secreta	ry/Treasu	irer			zowana Luna			10/18	0/20	/		

Feb 14 2000 12:44AM NJ Asbestos Control 609,633.0664

page 1

Dr		C	E		\mathbb{V}		M
	()ÇI		3-2	017	1	
) A	SBE	STEE	0.8	40	18	1	
-	- distribut	-	ENS	-	100	1	

B & G proj. #:	2017-145		. (P	ursuant	State of Asbition of Asbition NJAC 8:	estos :60-7	Abatement and 12:120-7)	AS	SBELL TEL	2-3-2(083407	3	K	ש	
					The state of the s	-		-	LICE	NSING	THE	5		
Date of Notification		1.1			r/Operator (2)			1	MAT	VED A	ppn	200	=	
1 10 1/11 18	1/11/1	11	lohn Chris						VIII.			·	=	
Agencies Notified	Type Notification	Str	est Address				59							
□ DEP	initial [2]				Market Company									
Land	☐ Amendm		y, State, Zip West Ora		07052									
B DOL	L Milesans	1.1	me of Conta		01002	-	The state of the s	-	Talaphor	ne Number			-	
E BOH	Cancellat								L					
□ DCA	Land Garante		John Chr	istoloro				==	-			remail-		_
				FACIL	ITY INFORM	ATION				- Contract Total		_	-	madica.
Name of facility wh	ere abatement is	taking plan	ze (3)	,				Typ	e of Facility	(4) of (K - 12)				
John Christofe									San San San San San San San San San San	napter 8 (C	ther th	an K-1	2)	
	JI LI					entered .			M Other	(Private/C	ammer	cial		
Street Address	**							-	Blags	Hores, c		Bld	a. Age	_
		Coun	- 701			Can	inty Cade (7)	50	dare Lear	# 011 104				-
City (5)		Coun	(A fo)				te use only)	C	urrant Use (I	rior if bein	g demo	lishe	1)	
Wast Orange	NJ 07052	Ess	θX						sidentlal	Make The Control of t		_		
Name of Monitorin	g Firm Hired by S	ldg. Owne	r (8)		ASCM No.	\neg	Name of Abatemen				55			
	, , , , , , , , , , , , , , , , , , ,				n/a		B & G Restors	ation,	inc.			3-2	26.	
Svee! Address							Street Address 105 Ryerson	Ruad			Y-1			
		Men at			- Apaphagasana		City, State, Zip Code	_				CONTRACT OF THE PARTY OF THE PA	72.4	مضموي
City, State, Ap Coo	ic						Lincoln Park	, NJC	7035					
Project Manager fo	- Monitorina Pirm		Pho	ne Numb	er	CALLED BY STREET	Telephone Number	00		Lipanse	Numb 1378	21		
(P) BC Mariaga. 15						- 1	(973)696-68	ARM STREET		U	1310	-	140	
Scheduled Start Da	ita (10)	Sched	Completion	Data (1	7)	mindelf.	Name of OSHA Mo B & G Restore		Inc.				000	¥.
10/19/2017	10 %	10/2	0/2017				Street Address	-			-			
Occupancy Status	During Abatemen	it (Check o	nly one)				105 Ryerson	Relad						
MT Facility close	grinub betagevib	entire perio	od of abatem	rent.			City, State, Zip Cod	ig desire			-			
Abatentent p	eformed outside	of normal	facility hours	-		_	Lincoln Park,	N.I O	7035					
Other-Descr						-	LINCOM F WINI							
Scope of Work (c							Full Containment w/n	wer aftiv	e pressure	IX Glove	bed of	ncedu	ra	
☐ Demoiltion		Renovatio					Mini-enclosure	.eg en	4 (01000010	☐ Non-				
图 >3 时 pr >3 1	Ц	≥160 sf of	>250 if	ead saleh	ul .		Milit Strategic	-7			TR	R	Ė	E
Location of asbestes-co	ntelning	by mainti	mance/custo	dial		lan of	asbestos-containing	1	Amount	OP	m	P	n c	п
material to b	e	sigf(12)		Γ	material				(Specify	SP 01	0 0	2		L
abated in fa	citity (13)	Yes	No	N/A	1						0	i.	P	-
basement				X	pipe insu	lation			80 lf		X	H	님	1
						esta esta esta esta esta esta esta esta					1	片	片	븜
										-	岩	H	H	冒
					-			THE REAL PROPERTY.		and of the last of	卡	F		百
Registered Wests	Haular	INJD	EP Hauler II	× 10	ubic Yards of	Wast	Name of Register	ed Lar	dfil					-
B & G Restora	ation, Inc.		19563		1.		Tullytow City, State	n Re	source & i	recover	Cen	(8)	-	and the same of
Lincoln Park,	NI		1	Disposal I	20/2017		Tullytown	n, PA		TRACE AND THE PROPERTY.				
Completed by (Pri		Title			Signature		- 1			Date		_		
Gordana Lun	a	Secreta	ry/Treasu	rør			Gerdana Iana	-	-	10/1	8/20	17		

PAID	NOTIFIC	ATION	to N.JAC	BESTOS AB 8:60 and 1	2:120)	L		3 F	0 1/7 0	2 [1	_	
						, In	16		I W	5	Total Control of the		
	N	lame o	f Buildin	g Owner/Opi	rch	114	\[$\parallel \parallel$	11-	_	
Check # 3070				lenan one			11 0	CT i	3 2017	IIU			
Type Notification	5	Street A	Address	1all				01 .	- 3 2011	limpus	+	-	
Initial									weeks a wear promise the		1		
Amended	1	Sprin	afield.	NJ 07081			AS 3	STO	CONTRO	L&_	-		
Amendment #_							and the same of th	Talldink	NAME OF THE PARTY OF		gave).		
iustification)		Mr F	Russel	Werner			1			_			
Cancellation					N	= -fF0	cility (A)				19-2-3182		
Abstament is Taking P	lace (3)												
Church-Basement	18 B		eriote en la maria			School	ol (K-1∠) hapter i} (Other	than K-12)		home	20	
Olidion 25						Other	r (i.e. priv	ate & c	commercial b	ullaings,	HOITI	,0,	
			= 7 02 7 2 2 2 2			etc.)	et T	# of F	loors		ge		
								2		50+			
						Current U	se (Prior	if being	demolished)			
		Coun	ty Code	(7) NLY)									+
					Name	of Abatem	ent Contr	actor (9)	1000			
irm Hired by Building Ov	wner (8)	AS	SCM No.		EA	Services	Corpora	ation					+
26 SE SE SE SE SE SE SE SE SE SE SE SE SE					Stree	t Address							1
					426	69th Sti							-
					City,	State, Zip (Code						
							MJ 07 J	3	Lisanco No				7
		Tele	enhone N	No.	Tele	phone No.	20			*			
Monitoring Firm									010.			1500	
	Scheduled (Comple	tion Dat	e (11)	Nam	ne of OSHA	Monitor						
	10/30/20	17		-									
. Abstament (Chec					Stre	et Address							
- ·	Dariad of ADA	atemen	t		0'1	Ctata Zin	Code						
Nacated During Entire I	nal Facility H	ours			City	, State, Zip	0000						
be:													
						T Full	Containn	ent wi	th Negative F	Pressure			
301.	ズ Re	novatio	n			Min	i-Enclosiu	e ,					
30 If	De	molitio	n			× Glo	vebag Pro	ceaur ed (*) a	e and Non-Fria	ble Proc	edure	<u> </u>	_
						LI NOI	EXEMPLE () and Her			1	Abatome		
								1		1 /		,,,	_
	ls l	ocatio	n							-	Ty		
	N	ormally		ero rossuta a	Contain	ption of	(ACM)		Amount		Ту		<u></u>
ocation of	Used Mair	ormally Solely	by ce/	/i a the	Contain	ing Material stems insula	(ACM)		(Specify		Ту		Liloto
taining Material (ACM) BE ABATED	Used Mair	ormally Solely ntenand odial St	by ce/	(i.e. the	Containi rmal sys	ing Material stems insula a. VAT, or	ation,			Removal			Licioce
taining Material (ACM) BE ABATED In Facility	Used Mair	ormally Solely	by ce/	(i.e. the	Containi rmal sys	ing Material stems insula	ation,		(Specify		Ту	Encapsulate	Eliciosaro
taining Material (ACM) BE ABATED	Used Mair	ormally Solely ntenand odial St	by ce/	(i.e. the	Containi rmal sys surfacing ther miso	ing Material stems insula g, VAT, or cellaneous)	ation,		(Specify SF or LF)		Ту		Eliciosai e
taining Material (ACM) BE ABATED In Facility (13)	Vised Main Custo	ormally Solely ntenandodial St (12)	y by ce/ taff?	(i.e. the	Containi rmal sys surfacing ther miso	ing Material stems insula a. VAT, or	ation,		(Specify	Removal	Ту		Elicioadio
taining Material (ACM) BE ABATED In Facility	Vised Main Custo	ormally I Solely ntenand odial St (12)	y by ce/ taff?	(i.e. the	Containi rmal sys surfacing ther miso	ing Material stems insula g, VAT, or cellaneous)	ation,		(Specify SF or LF)	Removal	Ту		Ellowanic
taining Material (ACM) BE ABATED In Facility (13)	Vised Main Custo	ormally Solely ntenandodial St (12)	y by ce/ taff?	(i.e. the	Containi rmal sys surfacing ther miso	ing Material stems insula g, VAT, or cellaneous)	ation,		(Specify SF or LF)	Removal	Ту		Elicinania
taining Material (ACM) BE ABATED In Facility (13)	Vised Main Custo	ormally I Solely ntenano odial St (12)	y by ce/ taff?	(i.e. the	Containi rmal sys surfacing ther miso	ing Material stems insula g, VAT, or cellaneous)			(Specify SF or LF)	Removal	Ту		Elicioanic
taining Material (ACM) BE ABATED In Facility (13)	Vised Main Custo	ormally Solely ntenanodial St (12)	/ by ce/ taff?	(i.e. the	Containing and system of the containing and system of the containing and the containing a	ing Material stems insula g, VAT, or cellaneous)		e of Re	(Specify SF or LF)	Removal	Ту		Liciosara
taining Material (ACM) BE ABATED In Facility (13) ent-Boiler Room	Vised Main Custo	ormally Solely ntenanodial St (12)	v by ce/ taff?	(i.e. the	Containi rmal sys surfacing ther miso	ing Material stems insularly (NAT, or cellaneous)	Naine	e of Re	(Specify SF or LF) 52 LF	Removal	Ту		
taining Material (ACM) BE ABATED In Facility (13) ent-Boiler Room ered Waste Hauler	Vised Main Custo	ormally Solely ntenanodial Si (12) No X	v by ce/ taff?	(i.e. the	Containing Containing	ing Material stems insularly (NAT, or cellaneous)	Name Min	erva ((Specify SF or LF)	Removal	Ту		ET COSCI C
taining Material (ACM) BE ABATED In Facility (13) ent-Boiler Room	Vised Main Custo	ormally Solely ntenanodial Si (12) No X	v by ce/ taff?	(i.e. the	Containing and a system of the containing and a system of the	ing Material stems insulated by VAT, or cellaneous) asulation	Naine Min	erva l State	(Specify SF or LF) 52 LF gistered Lan Enterprise	Removal	Ту		Elicinadio
taining Material (ACM) BE ABATED In Facility (13) ent-Boiler Room	Vised Main Custo	ormally Solely ntenanodial Si (12) No X	v by ce/ taff?	(i.e. the	Containing and system of the containing and s	ing Material stems insula g, VAT, or cellaneous) asulation ards e	Naine Min	erva l State	(Specify SF or LF) 52 LF	Removal X dfill s Inc	Repair	Encapsulate	Enclosure
taining Material (ACM) BE ABATED In Facility (13) ent-Boiler Room	Vised Main Custo	ormally is Solely international States (12) No X	v by ce/ taff?	(i.e. the	Containing and system of the containing and s	ing Material stems insulated by VAT, or cellaneous) asulation	Naine Min	erva l State	(Specify SF or LF) 52 LF gistered Lan Enterprise	Removal X	Repair	Encapsulate	Eliotoprix
i	Initial Amended Amendment #_ Emergency (including injustification) Cancellation Abatement is Taking P Church-Basement Image: Taking P Image: Taking P	Type Notification Initial	Type Notification Type Notification Initial Amended Amendment # Sprin Name Justification) Cancellation Abatement is Taking Place (3) Church-Basement Coun (STA) Image: Sprin Name of Sprin Name o	Type Notification Type Notification Initial Amended Amendment # Springfield, Name of Contagustification) Cancellation Abatement is Taking Place (3) Church-Basement County Code (STATE USE Contague) Facility II County Code (STATE USE Contague) AscM No. Scheduled Completion Dat 10/30/2017 Ouring Abatement (Check Only One) Vacated During Entire Period of Abatement formed Outside of Normal Facility Hours be: eck All That Apply) Renovation Renovation Pemolition	Type Notification Type Notification Initial Amended Amendment # City, State, Zip Code Springfield, NJ 07081 Emergency (including justification) Cancellation Abatement is Taking Place (3) Church-Basement County Code (7) (STATE USE ONLY) Imm Hired by Building Owner (8) ASCM No. County Code (7) (STATE USE ONLY) ASCM No. Scheduled Completion Date (11) 10/30/2017 Ouring Abatement (Check Only One) Vacated During Entire Period of Abatement formed Outside of Normal Facility Hours be: eck All That Apply) Renovation Permolition	Type Notification Type Notification Initial Amended Amendment # City, State, Zip Code Springfield, NJ 07081 Emergency (including justification) Cancellation Abatement is Taking Place (3) Church-Basement County Code (7) (STATE USE ONLY) Imm Hired by Building Owner (8) ASCM No. Name of Contact Mr. Russel Werner FACILITY INFORMATION Name of Contact Mr. Russel Werner FACILITY INFORMATION Name of Contact Mr. Russel Werner FACILITY INFORMATION Street Address 37 Church Mall City, State, Zip Code Springfield, NJ 07081 Name of Contact Mr. Russel Werner FACILITY INFORMATION Street Address 37 Church Mall City, State, Zip Code Springfield, NJ 07081 Name of Contact Mr. Russel Werner FACILITY INFORMATION Take Only One Street Address 37 Church Mall City, State, Zip Code Springfield, NJ 07081 Name of Contact Mr. Russel Werner FACILITY INFORMATION Take Only One Street Address 37 Church Mall City, State, Zip Code Springfield, NJ 07081 Name of Contact Mr. Russel Werner FACILITY INFORMATION In The County Code (7) (STATE USE ONLY) Street Address 37 Church Mall City, State, Zip Code Springfield, NJ 07081 Name of Contact Mr. Russel Werner FACILITY INFORMATION In The County Code (7) (STATE USE ONLY) Street Address 37 Church Mall City, State, Zip Code Springfield, NJ 07081 Name of Contact Mr. Russel Werner FACILITY INFORMATION In The County Code (7) (STATE USE ONLY) Street Address 37 Church Mall City, State, Zip Code Springfield, NJ 07081 Name of Contact Mr. Russel Werner FACILITY INFORMATION In The County Code (7) (STATE USE ONLY) Street Address 37 Church Mall City, State, Zip Code Springfield, NJ 07081 Name of Contact Mr. Russel Werner FACILITY INFORMATION In The County Code (7) (STATE USE ONLY) Street Address 37 Church Mall In The County Code (7) (STATE USE ONLY) Street Address 37 Church Mall In The County Code (7) (STATE USE ONLY) In The County Code (7) (STATE USE ONLY) Street Address 37 Church Mall In The County Code (7) (STATE USE ONLY) Street Address 37 Church Mall In The C	Type Notification Initial Amended Amendment #	Type Notification Type Notification Type Notification Street Address 37 Church Mall City, State, Zip Code Springfield, NJ 07081 Name of Contact Mr. Russel Werner FACILITY INFORMATION Abatement is Taking Place (3) Church-Basement County Code (7) (STATE USE ONLY) Telephone No. City, State, Zip Code Springfield, NJ 07081 AS33 Church Mall City, State, Zip Code Springfield, NJ 07081 Name of Contact Mr. Russel Werner FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter i3 (0) Other (i.e. pilvietc.) Square Feet 20,000 Current Use (Prior Church Church Church Street Address 426 69th Street City, State, Zip Code Gutenberg, NJ 07 05 Telephone No. 201-295-1700 Name of OSHA Monitor Same as above Street Address City, State, Zip Code Gutenberg, NJ 07 05 Street Address City, State, Zip Code Street Address City, State, Zip Code Current Use (Prior Church Church Church Street Address 426 69th Street City, State, Zip Code Gutenberg, NJ 07 05 Street Address City, State, Zip Code City, State,	Type Notification Type Notification Street Address 37 Church Mall City, State, Zip Code Springfield, NJ 07081 Amendment # Emergency (including justification) Cancellation Abatement is Taking Place (3) Church-Basement County Code (7) (STATE USE ONLY) Type of Facility (4) School (K-12) Subchapter 3 (Other Other (i.e. private & c. etc.) Square Feet 20,000 Current Use (Prior if being Church Street Address 426 69th Street City, State, Zip Code Gutenberg, NJ 07)93 Telephone No. Scheduled Completion Date (11) 10/30/2017 Scheduled Completion Date (11) 10/30/2017 Street Address City, State, Zip Code Gutenberg, NJ 07)93 Telephone No. Scheduled Completion Date (11) 10/30/2017 Street Address City, State, Zip Code Gutenberg, NJ 07)93 Telephone No. Scheduled Completion Date (11) 10/30/2017 Street Address City, State, Zip Code Gutenberg, NJ 07)93 Telephone No. Col1-295-1700 Name of OSHA Monitor Same as above Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code	Type Notification Type Notification Street Address 37 Church Mall City, State, Zip Code Springfield, NJ 07081 As 3ESTOS CONTRO As 3ESTOS CONTRO As 3ESTOS CONTRO Type of Facility (4) School (K-12) Subchapter 3 (Other than K-12) Outher (i.e. private & commercial better) County Code (7) (STATE USE ONLY) Monitoring Firm Cancellation Telephone No. Scheduled Completion Date (11) 10/30/2017 Scheduled Completion Date (11) 10/30/2017 Street Address City, State, Zip Code Gutenberg, NJ 07 J93 Full Contai ment with Negative for the contract of the con	Type Notification Street Address 37 Church Mall Amended Ame	Type Notification Street Address 37 Church Mall Amended Ame	Type Notification Initial

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

\\ PAI	n	07151			lew Jersey							
(0)	N				BESTOS ABA AC 8:60 and 5:1		MEG			7 [2 [
Date of Notification (1)			Nam	ne of Buildir	ng Owner/Operator	(2)					-111	
	/17	_	Ne	ew Jersey	Schools Develo	opment Author	ity III oct	4 3	20	17		
Agencies Notified Type No	tification		Stre	et Address		50 777. 34-24-34-	1111 001	J	20	17	box	
☑ EPA ☑ Initia			100000000000000000000000000000000000000	E. Front	St.		The state of the s		-			
□ DOLWD □ Ame			City,	State, Zip	Code		ASBEST	OS CI	THE	SOF	2	
	ndment #		1 200	/	08625-0991		L	CENS	ING		Dark mary mark	
	rgency (incluication)	aing		e of Contac	Control of the Contro		Telephone Num	ber				
Cand	ellation		ıA	ndrew Oal	kley							
			FA	ACILITY IN	NFORMATION							
Name of Facility Where Abatemen	t is Taking P	lace (3)				Type of Facil ty	(4)					
Former Camden High Scho	ol					School (K-1						
Street Address	7777						8 (Other than K-12		on an a	0.04		
1700 Park Blvd.						homes, e.c.	orivate and comme	rcial bi	ullain	gs,		
City (5)						Square Feet	# of Floors	В	ldg. A	ge		
Camden						72000	2		+/- 5	0		
County (6)			Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (P	rior if being demoli	shed)				
Camden						Vacant						
Name of Monitoring Firm Hired by			ASCN	I No.	Name of Abatem	ent Contractor (9)					
Brinkerhoff Environmental	Services I	nc.			USA Environ	mental Manag	ement, Inc.					
Street Address					Street Address							
1805 Atlantic Avenue					8436 Enterpr	ise Avenue						
City, State, Zip Code					City, State, Zip Co							
Manasquan NJ 08736					Philadelphia,	PA 19153						
Project Manager for Monitoring Fire	n		elephone		Telephone No.		License No.					
Gary Fleming	10111		732-22		215-365-5810							
Start Date (10)10 /26 /17	Schedule		oletion D 26 /		Name of OSHA M	onmental Management, Inc.						
	_					mental Manag	ement, Inc.					
Occupancy Status During Abateme					Street Address							
☐ Abatement Performed Outside of				scribe	8436 Entperp							
Time of Abatement: 7:00 AM-5		PM	A		City, State, Zip Co							
Scope of Work (Check all that apply	/\	-			Philadelphia,	PA 19153		v.				
	()				☐ Full Conf	tainment with Ne	gative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Renov			Mini-Enc							
24 E 100 31 01 E 200 11		Demoi	IuOH			g Procedure mpted (*) and No	n-Friable Procedu	re				
		Is Loc	cation					Ab	atem	ent Ty	уре	
Location of		Norn Used S		1	Description o			D.	Z,	Ш	Ш	
Asbestos-Containing Material (A	(Olvi)	Mainte	nance/		stos Containing Ma ., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
IN Facility			al Staff?	(surfacing, VAT,	or	SF or LF)	val	-	bsul	sure	
(13)		es N	1	-	other miscellane	ous)				ate	(D	
Annex Building 3 rd Floor			-	1	ile and Mastic		13,000 SF		П	П	П	
Annex Building 2 nd Floor	IF			Floor Ti	ile and Mastic							
				W.500000000000			7,000 SF	-				
Annex Building 1st Floor				Floor Ti	ile and Mastic		10,000 SF	\boxtimes	Ш	Ш	Ш	
								\boxtimes				
Name of Registered Waste Hauler			NJDEP Hauler I	그렇게 해결됐어면요~ 그림	Cubic Yards of Waste	Name of Regis						
Service Transport Group			riauler I	D NO.	300	Minerva La	andfill					
City, State					Disposal Date	City, State						
New Castle, DE					1/26/18	-Minerva, O	Н					
Completed By (Print or Type)	Title				Signature	1/1/1	Da					
kevin Meldrum	Proi	ect Ma	nager		-Ko	Mula.		100	17	. /	7	

(1)	AFE	8					lew Jersey				water open to the later of					
0	All	J	NOT				BESTOS ABA AC 8:60 and 5:1		NEC	E	\mathbb{V}	E	M			
Date of Notification (1)					Nam	e of Buildir	g Owner/Operator	(2)	KI			-				
	17 /	17			100000000000000000000000000000000000000		Schools Develo	11	oct	2 3	2017		11			
Agencies Notified	Type Notific	cation			Stree	t Address		1	7 5/1				2			
⊠ EPA					32	E. Front	St.		<u></u>	-0000	17536	VI 0	A			
☑ DOLWD	☐ Amende				City,	State, Zip	Code	-	ASBEST	ICENSIN	G	/ <u> </u> Ot	-			
☑ DHSS □ DCA	Amendm Emerger			22	Tre	enton, NJ	08625-0991	L	land	OLIVOIT	-	- PARISON	risconstruction (Al-			
(NJAC 5:23-8)	justificat	ion)	ciuain	9	-	e of Contac			Telephone N	lumber						
	Cancella				An	drew Oal	klev		1 volopilotto i	i di mooi						
							NFORMATION		_	T.						
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility	(4)							
Former Camden Hig				. ,				School (F:-1) i i							
Street Address								Subchap er	8 (Other than K							
1700 Park Blvd.								Other (i.e., phomes, etc.	orivate and com)	mercial b	uildin	gs,				
City (5)								Square Feet	# of Floors	В	ldg. A	ge				
Camden								72000	2		+/- 5	0				
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	.								
Camden								Vacant								
Name of Monitoring Firm				(8)	ASCM	No.	Name of Abatem	ment Contractor (9)								
Brinkerhoff Environ	mental Ser	rvices	s Inc.													
Street Address		7.5	200			USA Environmental Management, Inc. Street Address										
1805 Atlantic Avenu	e					8436 Enterprise Avenue										
City, State, Zip Code							City, State, Zip Co	ode					- NASA			
Manasquan NJ 0873							Philadelphia,	PA 19153								
Project Manager for Monit	oring Firm			Tel	ephone	No.	Telephone No.		License No							
Gary Fleming					32-223		215-365-5810)	001156							
Start Date (10)	11000000					ate (11)	Name of OSHA M	Monitor	-							
		0			6_ /	18_	USA Environ	mental Manag	ement, Inc.							
Occupancy Status During	The second secon						Street Address									
☐ Facility Closed/Vacated							8436 Entperp	rise Avenue								
Abatement Performed Time of Abatement: 7:	Outside of No	ormal DM/	Facility	y Hou	rs - Des	scribe	City, State, Zip Co	ode								
		1 1011		141-		la .	Philadelphia,	PA 19153								
Scope of Work (Check all	that apply)						☐ Full Cont	tainment with Ne	gative Pressure							
≥3 sf or ≥3 lf≥160 sf or >260 lf			☐ Re ☑ De				Mini-Enc	losure								
△ ≥ 100 St 01 ≥200 II			⊠ De	monu	on		☐ Glovebag	g Procedure mpted (*) and No	n-Friable Proce	edure						
			ls	Loca	tion	T		()			atem	ent T	vne			
Location of				Norma	*		Description of	of			_	_	1			
Asbestos-Containing N TO BE ABAT		1)			ely by ance/		stos Containing Ma		Amount	em	Repair	nca	nclo			
IN Facility			Cus		Staff?	(1.6	 thermal systems surfacing, VAT, 		(Specify SF or LF)	Removal	≒ ·	psu	Enclosure			
(13)			2000	(12)	C-200-	-	other miscellane		0, 0, 1,	-		Encapsulate	6			
Gym Building			Yes	No	N/A	NA4i-					_					
						Mastic			12,000 SF			Ш				
Gym Offices			Ц			Floor T	ile and Mastic		1,900 SF							
Exterior					\boxtimes	Caulk			1200 LF							
Name of Registered Waste				- 77	NJDEP V	11.00000000000000000000000000000000000	Cubic Yards of	Name of Regis	stered Landfill							
Service Transport G	roup			1	lauler II	J 100.	Waste 300	Minerva La	andfill							
City, State							Disposal Date	City, State								
New Castle, DE							1/26/18	Minerva C	Н							
Completed By (Print or Typ	oe)	Title			-		Signature	1. 11		Date						
kevin Meldrum		Pr	oject	Man	ager		1	Mulh 10-17								

100	- 201		Contract of	SECTION AND ADDRESS.	
· Prop.		2.40	-	2010	
النا	20.00	77		m	
	E-E-E	2.0	40.00	FF.3.5:1>	

PAID	3	NOTI	FICATIO	State of N N OF AS It to NJA	BESTOS	ABATE	MENT 0)	c	The same of the sa	n	E ()	3 [E 11	N	/ F		
Date of Notification (1)			Name	of Buildin	g Owner	/Operator	r (2)		-11	HI				1.			
10/19/17				ert & Lo							00	T ,					
Agencies Notified Type Notification			Street	Address					+	-	<u> </u>	L.	3	201	7		
⊠ EPA ⊠ Initial									1								
DEP Amended			City, S	tate, Zip C	Code				+	AS	BEST	00	COA	Tres			
DOL Amendmen				Egg H		IJ 0808	37		L	-	LI	CEI	VSIN	11H(DL&		
DOH justification		y		of Contac	t				Te	lephone		****		-	-		
DCA Cancellation	1		Robe														
Name of Facility Where Abatement is Takir	or Place	(2)	FAC	ILITY IN	ORMAT	ION							1				
Robert & Loriann Maccarone	ig i lace	(3)					Туре	of Facility (4))								
Street Address						40		School (K-12 Subchapter 3 Other (i.e. pri etc.)	(Oth	er than & comm	K-12) ercial l	ouild	ings,	hom	es,		
City (5)				3				re Feet	#0	f Floors	,	BI	dg. Ag	je			
Little Egg Harbor NJ 08087							100	0+	1			3	35+				
County (6) Ocean				Code (7)	n			ent Use (Prior	if be	ing dem	olished)					
Name of Monitoring Firm Hired by Building	0				·/		house										
N/A	Owner (8	5)	ASC	M No.		P. 10000	ne of Abatement Contractor (9)										
Street Address	_																
		Street Address PO Box 329															
City, State, Zip Code			City, State, Zip Code														
								in NJ 0809	11								
Project Manager for Monitoring Firm			Telephone No. Teleph							Licens	e No						
			· ·					66-753-9800 00727									
Start Date (10)	Schedu	led Cor	npletion	Date (11)		Name	of OSI	HA Monitor	e satisficação								
10/30/17	11/3/					Sam	е										
Occupancy Status During Abatement (Chec	k Only O	ne)		SS	3												
Facility Closed/Vacated During Entire	Period of	Abaten	nent							٠					1		
Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hours				City, St	tate, Zi	p Code									
Scope of Work (Check All That Apply)															_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Distance	Renova Demolit	page 1					Full Containment with Negative Pressur Mini-Enclosure Glovebag Procedure Non-Exempted * and Non-Friable Proc									
	1	s Locati	on			-	1401	PEXCHIPTED) and	J NOII-FI	lable F		bater	nent	\dashv		
Location of		Normal	ly		Dec	scription	OF.						Тур				
Asbestos-Containing Material (ACM)		ed Sole aintena		Asbes	tos Cont	aining M	aterial	(ACM)	A	mount				m			
TO BE ABATED In Facility	Cus	todial S	Staff?	(i.e.	thermal	systems cing, VAT	insula	tion,		pecify or LF)	1	0	R	nca	Enc		
(13)		(12)			other n	niscellane	eous)		31	UI LF)	Vellove		Repair	Encapsulate	Enclosure		
	Yes	No	N/A								2	2	`	ate	ē		
Exterior Siding			х		Exte	rior Sid	ing		110	00 SF	x	1	1				
									0.00			1					
												\dagger	\top	1	\neg		
											+	+	+	-	-		
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic `	Yards		Name of Re	nister	red Land	len	_			_		
United Roll Off		1 0 0 0 0	auler ID 2459	No.	of Was			G.R.O.W		cu Lanc	41111						
City, State					200000000000000000000000000000000000000	al Date		City, State					O 10. ST		-		
Elm NJ				/ <u></u>	11/3/	17		Morrisville	e PA	1906	7						
Completed by Anthony T Perna	Title Pres	ident			Si	ignature	Q	-			Date 10/19	9/17	7				

PAID	1		CATH	ON OF AS	BESTOS ABATE		B		NE NEW TRANSPORTE		E	The Auditorian Comment	The second second
Date of Notification (1)			Nan	ne of Buildi	ng Owner/Operat	or (2)	ITRAC	TORS	23	2017	7		7
	ation		Stre		1 1 .0	T	9	ASBEST	OS CO	NTR	OL 8	-	- Anna Carlo
□ DEP □ Amende	nent#		City.	State, Zip	Code OF IM	M L/	NI.	T 1	820	V		Two bridges	
DOH Emerger	tion)	ng	Nam	ne of Conta	ct		147						_
			F#										
Name of Facility Where Abatement is	Taking Place	e (3)											
	NCE					- Fis	ubchapter	8 (Other t	han K-12	2)			
Street Address						1 ' 1	nomes, etc.)					
CAPE M	HY					115	500	7		.	50		
County (6)	Ay .				7) (STATE	Cuir				shed)			
Name of Monitoring Firm Hired by Buik			ASCN	No.					<i>(</i>)				
Street Address					Street Address			×	M	E			
Chi Shto 7in Code						Code		-	70		•	_	=
City, State, 21p code						LE	244		AL.	0	000))	2
Project Manager for Monitoring Firm		_			856-77			Licens (504	44			_
Didit Date (10)				ate (11)	Name of OSHA	Monitor	NIA						
Occupancy Status During Abatement (Check only	one)	-		Street Address								323 - 1AV
Facility Closed/Vacated During Entir	e Period of	Abate	ment rs		City, State, Zip (Code							=
					D Eut Co	ntainn e	ent with Ner	native Pre-	ssure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf					☐ Mini-En	closure ag Prod	edure			e			
											bater Typ		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Used Mair Cu	Soleh ntenan istodia staff?	y by œ/		os Containing Ma thermal systems surfacing, VAT	terial (A insulatio , or		(Spec	ify	Remov	Repair	Encapsulate	Enclosure
(13)	Yes	(12) No	N/A		Other Hasserian	σω,				al		ale	10
SIDING			X		RANSIT	E		1500	SE	X			
											-	\dashv	-
		_				=				\vdash		-	
Date of Notification (1) Same of Studing Owner Operators (2) Street Address Street		iΛ											
KLTMCO INC			79	170	Disposal Date	City	State -	1. (-	V.			_
City, State MAPLE SHADE	WIT				Signature	_=	Woo	OBI	UE Date		gina e		=
Completed By	Title S	0			Ju. L	UTH	<u></u>		10-	18	1	7_	



Date of Notification (1) Agencies Notified Type Notification BPA Initial Amendment # Emergency (including justification) DCA Name of Building Owner/Operator (2) EARTHTECH CONTRACTINGE ASBESTICS ANNIHOLE ASBESTICS ANNIHOLE City, State, Zip Code FACILITY INFORMATION		September of the septem
DEP Amended Amended Amendment # Emergency (including justification) Cancellation C		
DEP Amended Amendment # City, State, Zip Code City, State, Zip Code Amendment # CHRELING ELD IN. TO 8230 DOH		_
Amendment # GREENGED N.T 08230 St. DOH Emergency (including justification) Name of Contact Telephone Number		
DOH justification Name of Contact Telephone Number		
DCA Cancellation BRUCE FACILITY INFORMATION		-
FACILITY INFORMATION		
Name of Eacility Where Abatement is Taking Place (3) Type of Facility (4)		_
Name of Facility Where Abatement is Taking Place (3) RESIDENCE School (K-12)		
Sut chapter 8 (Other than K-12)		
Street Address Other (i.e., private & commercial buildings hornes, etc.)	•	
City (5) Square Feet # of Floors Bidg. A		
OCHAM CITY 2000 2 50)+	
County (6) County Code (7) (STATE Current Use (Prior if being demolished)		
CAPE MAY USE ONLY) VACANT	_	
Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Con ractor (9)		
(8) N/A CLEMCE INC	_	
Street Address Street Address		
City State, Zip Code City, State, Zip Code	=	_
City, State, Zip Code City, State, Zip Code MAPLE SHADE NL. J 0805	2	
Bright April 1 Telephone No. Telephone No. License No.		
856-779-0472 00444		
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor		
10-78-17 11-5-17 NIA		
Occupancy Status During Abatement (Check only one) Street Address		701
Separation of Abatement Separated During Entire Period of Abatement Separated During Entire Period of Abatement Separated During Entire Period of Abatement Separated		
TAL FACILITY CLOSED VACAGED DUING CITATE I CITAT		_
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	=	_
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe:	_	_
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State, Zip Code		_
Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure	_	=
Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: ☐ City, State, Zip Code ☐ Other - Describe: ☐ Full Containment with Negative Pressure ☐ So of or ≥3 If ☐ Renovation ☐ Mini-Enclosure ☐ Glovebag Procedure		_
Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demotition City, State, Zip Code □ Full Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure	men	it
Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Stocetion Normally City, State, Zip Code □ Hours □ Full Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure □ Shon-Exempted (*) and Non-Friable Procedure □ Abate □ Tyr		it
Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Glovebag Procedure ☐ St. Demolition ☐ Is Location Normally ☐ Location of ☐ Used Solely by ☐ Description of Description of ☐ Description of Description of Description of Description of Description of Description of Description of Description of Description of Description of Description of Description of Description of Description of Description Des	ре	T
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	ре	T
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	ре	T
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code		T
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	ре	T
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe:	ре	T
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	ре	T
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	ре	T
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	ре	T
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	ре	T
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	ре	T
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	ре	T
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	ре	T
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	ре	T

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

KK	4349														
	PAID		NOTIF	TCAT ursua	nt to !	NJAC 8	60 and 12:12	.0)	D.	EG		V		A	- Contraction of the last
	Date of Notification (1)	.17		Na	me of I	Building E AR	Owner/Operato	or (2)	CONT	NACTI	and G	17	#	y	and the second
A	Agencies Notified Type	Notification		Str	eet Ad	dress	5 R	Г	50 -	SPESTOS	CUBIT	SOI (_	
	DEPA DE	nitial vmended vmendment#		Cit	y, State	e Zip Co	th Fil	tic	17	-08	NSING) OL (
		Emergency (inclination)	uding	Na	ame of	Contact	UCE			Telephone N	lumber				
	J DCA L L	Cancellation			FACIL		RMATION		pe of Facility (4	\					1
	Name of Facility Where Abate	ment is Taking	Place (3)					School (K-12)	Other than	K-12)				
-	Street Address	710618					-	120	Other (i.e., privalent homes, etc.)	rate & comm	nercial bi	uilding Bldg.			1
-	City (5)							1 1	uare Feet	# of Floor	50				
	WAU	CHATE		7	County USE O	Code (7) (STATE	r if being de AMT	eing demolished)						
	Name of Monitoring Firm Hire	d by Building O	wner	_	CM No		Name of Abatement Contractor (9)								
	(8) N 1.1	A				-	Street Addres	ss	S. SPRUCE ALL						
	Street Address					-	City, State, Zi	p Code			IT	08	2		
	City, State, Zip Code			Talent	none N	0.	Telephone No	IPLI		Tliconce	No				
T	Project Manager for Monitorin						856 -	Name of OSHA Monitor							-
	Start Date (10) 10-28-17 Occupancy Status During At	1 1	O - C	-	7	. (11)		Street Address							
	Facility Closed/Vacated D				ent		City, State, Zip Code								=
	Other - Describe: Scope of Work (Check all the	at apply)					Full	Full Containment with Negative Pressure Mini-Enclosure							
	□>3 sf or >3 lf		☐ Ren	ovation	n			1	closure ig Procedure empted (*)and Non-Friable Procedu			2	ont	-	
	≥160 sf or ≥260 lf			ocation mally	1							AL	Type		
	Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)	erial (ACM)	Used Main Cu S		æ/	Asbe (i,e	Description of the male system of the male system of the miscel of the m	Material (ACM) ems insulation. VAT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A		TRAN	T 12	F	1750	050	X			
	SIDING		+-		X		TICKING	21.				-			
	Name of Registered Waste	Hauler	-		UDEP		Cubic Yard	Is	Name of Re	gistered Lar	ndfill 4	5.71			
	KLTMCO	INC			auter II	04_	Disposal D	ate	City, Sitate	ASHU	TV 11	16			
	City, State MAPLE SH	HADE Y	1.5				Signat	ture.	1/27	MY (M		- 18	-\´)	
	Completed By	LEMM _	te 50	P.			-	Lev	010		1-10				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT



0K#389	19	140		(Pu	rsuan	t to NJA	C 8:	60 and 5:16	6)	t	dic				
Date of Notification (1)					Name	of Building	Owr	ner/Operator (2	2)	Participate pare					
	19 / _	17				ough of	Ocea	anport	1		国 U VI强	AM/	9		
Agencies Notified	Type Notifica	tion			Street	Address			\$	DIT.	5 5 95157	Silver Si			
⊠ EPA					315	East Ma	in St	reet		ULI	2 3 2017				1
⊠ DOLWD	☐ Amended			Ī	City, S	tate, Zip C	ode								
⊠ DOH	Amendme		e .		Oce	anport, I	NJ 0	7757		of Helmanno Milaban					
DCA (NJAC 5:23-8)	☐ Emergeno justificatio	cy (includ in)	aing	t		of Contact		10-10-10-10		weenstall and weenstall	Telephone Nu	mhor			
(10/10/00/20/0)	☐ Cancellati				Will	iam Whit	te				16				
	-				FAC	CILITY IN	FOR	MATION							
Name of Facility Where A	Abatement is T	aking Pl	ace	(3)					Тур	pe of Facility ((4)				
Former Barracks										School (F:-12					
Street Address											(Other than K-1		ildina		
914 Murphy Drive										homes, etc.)	rivate and comm	erciai bu	liuliig	>,	
City (5)										uare Feet	# of Floors	Blo	ig. Ag	e	
Oceanport									1000000	1500 sf	2		30		
County (6)					Coun	ty Code (7)(STA	TE USE ONLY)	Cui	rrent Use (Pri	or if being demo	lished)			
Monmouth										ormer Barr	89.50	58			
Name of Monitoring Firm	Hired by Build	ina Own	er (8	3) [ASCM	No.	Nan	ne of Abateme		The state of the s					-
Maser Consulting				, I,				uardian Co		50.5					
Street Address								et Address			117 117 1				-
400 Valley Road, St	uite 304						0.000	889 Route 9	. Ur	nit 61					
City, State, Zip Code									50				027 12		-
Mt. Arlington, NJ 0	7856	City, State, Zip Code Toms River, New Jersey 08755													
Project Manager for Mon				Teler	ohone l	No		ephone No.			License No.				-
Joseph Torlucci	itoring i iiiii				3-398		0.655	32-349-9932	,		00624				
Start Date (10)		chedule	4 00	1000000			100	ne of OSHA M		tor	00024				_
					/			.M.S.L. Ana							
									Tytic						
Occupancy Status During	5						1	eet Address							
□ Facility Closed/Vacate □ Abatement Performed						cribe		056 Stelton							
Time of Abatement:								, State, Zip Co		1 000	0.5.4				
							Р	iscataway, I	New	v Jersey 08	854				
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	i that apply)			novatio nolitio				☐ Mini-Enc ☐ Glovebag	closu g Pro	re ocedure	pative Pressure	dure			
			ls	Locati	ion							Ab	atem	ent T	уре
Location				lormal				Description of				Z	D	Ш	m
Asbestos-Containing TO BE ABA)		d Sole ntena	-			Containing Ma rmal systems			Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facili		(Cust	odial S	Staff?	(1.6		urfacing, VAT		nation,	SF or LF)	oval	=	nsq	Sun
(13)				(12)	T	1	oth	ner miscellane	eous))				ate	(D
st nd	Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Sa		es	No	N/A								_	_	_
1 st & 2 nd floor		_				asbesto				4200 sf					
		_L	_			vent ins	sulat	tion			25 sf		Ш	Ш	Ш
		□													
]												
Name of Registered Was	ste Hauler			1 313	JDEP \		110000000	oic Yards of	N	lame of Regis	stered Landfill			,,	
Guardian Contracti	ng, Inc.			H	auler II 20223		Was			T.R.R.F.					
City, State								posal Date	C	City, State					
Toms River, New J	ersey						1	2/1/17		Tullytown,	Pennsylvania	a			
Completed By (Print or T	ype)	Title			115 (115 (175 (175 (175 (175 (175 (175 (Signature		/ -	1	Date		1	
Nicholas Fernicola		Proj	ect	Mana	ager				-		4	(0)	19/	7	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT



CK#30	10 H 3 2 9 6 (Pursuant to NJAC 8:60 and 5:16)													
Date of Notification (1)	100				Name	of Building	g Ow	ner/Operator (2		WEML		/-	2	
10 /	19 / _	17	_		Bor	ough of	Oce	anport	ACTON	nn 1113)	90	17	5
Agencies Notified	Type Notifica	tion			Street	Address	W.	2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VU 1 4 3	4011				
⊠ EPA					315	East Ma	in S	treet		1				
⊠ DOLWD	☐ Amended				City, S	State, Zip C	ode	7	Control of the second s	Action and the second s				200
⊠ DOH	Amendme		ludina		Oce	eanport,	NJ 0	7757						
DCA (NJAC 5:23-8)	☐ Emergend justification		luaing		Name	of Contact	t			Telephone Num	her			
	☐ Cancellat				Will	liam Whi	te			d.				
					FAC	CILITY IN	FOF	RMATION						
Name of Facility Where A	batement is T	aking	Place	(3)					Type of Facility	(4)				
Former Barracks									School (K-12		2)			
Street Address						100 0-210				B (Other than K-12 rivate and comme		ildina	S.	
917 Murphy Drive									homes, e.c.)				70777	
City (5)								A Name William Vol.	Square Feet	# of Floors	1 9,	ig. Ag	e	
Oceanport									4500 sf	2		30		
County (6)					Coun	ity Code (7)(STA	TE USE ONLY)		ior if being demoli	shed)			
Monmouth	11: 11 5 1		,,	0)	10011				Foremer Ba					
Name of Monitoring Firm Maser Consulting	Hirea by Build	ling Ov	wner (8)	ASCM	No.			ent Contractor (9)					
Street Address							-	eet Address	——————————————————————————————————————					
400 Valley Road, St	uite 304						10000000	889 Route 9	. Unit 61					
City, State, Zip Code	1000	-		-		neral e		_	-					
Mt. Arlington, NJ 07	7856	City, State, Zip Code Toms River, New Jersey 08755												
Project Manager for Moni	toring Firm			Tele	phone	No.	Tel	ephone No.		License No.				
Joseph Torlucci				9	73-398	-3110	7	32-349-9932		00624				
Start Date (10)	S	chedu	led Co	omple	tion Da	te (11)	Nar	me of OSHA N	lonitor					
10 /30 /		11	/	3(_ / _	17	E	.M.S.L. Ana	lytical					
Occupancy Status During			950	22			Stre	eet Address						
☐ Facility Closed/Vacate	275					eren ere	1	056 Stelton						
Abatement Performed Time of Abatement: _								y, State, Zip Co						
						7 (14)	P	iscataway, I	New Jersey 08	854				
Scope of Work (Check al	that apply)							⊠ Full Cont	tainment with Ne	native Pressure				
≥3 sf or ≥3 lf		[novat				☐ Mini-Enc	losure	gativo i rossaro				
≥160 sf or ≥260 lf			⊠ Der	moliti	on				g Procedure moted (*) and No	n-Friable Procedu	ure			
			Is	Loca	tion	T			mptod () dira i i i		1	atem	ent T	vpe
Location	of			lorma				Description of	of		1		1000	
Asbestos-Containing TO BE ABA)			ely by ince/			Containing Ma ermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facili			Cust		Staff?	(1.0		surfacing, VAT		SF or LF)	oval	=	nsc	Sure
(13)		+	V	(12)	N1/A		ot	her miscellane	ous)				ate	(0
1 st & 2 nd floor			Yes	No	N/A	aabaat	FI	4:1-		4200 -6			П	
	== /	-				asbesto				4200 sf				
exterior		_				transite				30 If				
						vent ins	sula	tion		25 sf			Ш	Ш
Name of Registered Was				1 38	IJDEP I lauler II		Cut	bic Yards of	Name of Regis	stered Landfill				
Guardian Contracti	ng, Inc.			1	20223		1	0	T.R.R.F					
City, State								posal Date	City, State					
Toms River, New Je	**************************************						1	2/1/17	Lullytown	, Pennsylvania				
Completed By (Print or T	ype)	Title						Signature	_/	/([ate	. 1		
Nicholas Fernicola		Pr	oject	Man	ager				1-12-		101	9/		

NO

TIFICATION	OF ASBESTOS ABATEMENT t to NJAC 8:60 and 5:16)	77	id
Mana	- (D 1) (C) (C)		

Date of Notification (1) 10 /	19 /	17				g Owner/Operator () Oceanport	2)	The state of the s	~	6	10	1
Agencies Notified	Type Notifica	tion		Stree	t Address					17	TE I	77
⊠ EPA				31	5 E Main	Street		113		Sangt	122	
⊠ DOLWD	☐ Amended			City,	State, Zip (Code		-HH - OCT 2	37	ni i	- 11	
□ DOH	Amendme					NJ 07757		1411	0 0	W 2 2	Cales (
DCA (NJAC 5:23-8)	☐ Emergeno justificatio		g	_	e of Contac			Telephone Numb	or		-	1
(113AC 3.23-8)	☐ Cancellation				lliam Whi	000		reseptione recition	eı	-	Notae la cons	i
				FA	CILITY IN	IFORMATION						
Name of Facility Where A	batement is Ta	aking Place	(3)	500000			Type of Facility	(4)				
Borough Hall							School (K-1					
Street Address								8 (Other than K-12) private and commerce	ial hi	ilding	10	
222 Monmouth Blvd	d.						homes, etc.		iai be	maning	,,	
City (5)							Square Feet	# of Floors	Ble	dg. A	ge	
Oceanport							10,000 sf	1		60		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolish	ned)			
Monmouth						30	Borough H	all				
Name of Monitoring Firm	Hired by Buildi	ing Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
Maser Consulting						Guardian Cor	ntracting, Inc.					
Street Address						Street Address						
400 Valley Road, St	lite 304					1889 Route 9	·					
City, State, Zip Code	70EC					City, State, Zip Co						
Mt. Arlington, NJ 07			Tal		Na	Toms River, I	New Jersey U					
Project Manager for Moni Joseph Torlucci	toring Firm		2000	ephone	No. 3-3110	Telephone No.		License No.				
Start Date (10)	0.	cheduled C				732-349-9932	<u> </u>	00624				
		11 /			100	Name of OSHA M E.M.S.L. Anal						
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate	8	2500	0.5	ement		1056 Stelton						
☐ Abatement Performed	Outside of No	rmal Facilit	y Hou	rs - Des		City, State, Zip Co	nde			_		-
Time of Abatement: _	AM	PM/	PM		_AM	Piscataway, N		3854				
Scope of Work (Check all	that apply)					N Full Coat						
≥3 sf or ≥3 lf		☐ Re	enovat	tion		☐ Mini-Enc		gative Pressure				
≥160 sf or ≥260 lf		⊠ De	emoliti	on		☐ Glovebag	Procedure					
		10		tion	1	☐ Non-Exe	mpted (*) and N	on-Friable Procedure	r			
Location	of	1000	s Loca Norma			Description o	f		Ab	atem	ent T	ype
Asbestos-Containing I	76			ely by	Asbe	stos Containing Ma		Amount	Rer	Repair	E	Enc
TO BE ABA		43.000		ance/ Staff?		., thermal systems i	nsulation,	(Specify	Removal	air	ap	Enclosure
IN Facilit (13)	У	Cus	(12)			surfacing, VAT, other miscellane		SF or LF)	a		Encapsulate	ure
(10)		Yes	No	N/A		other miscellane	Jusy				e	
throughout					asbesto	os floor tile/mast	ic	5500 sf/2000 sf				
basement					asbesto	os pipe insulatio	n	20 If				
exterior					roof fla	shing		100 sf	\boxtimes			
exterior			\boxtimes		window	/ caulk		30 windows	\boxtimes			П
Name of Registered Wast	e Hauler	1000000	1	NJDEP	Waste	Cubic Yards of	Name of Regi	stered Landfill				
Guardian Contraction	ng, Inc.		ŀ	Hauler I		Waste	T.R.R.F.					
City, State				2022	3	10 Disposal Date	City, State					-
Toms River, New Je	ersey					12/1/17		, Pennsylvania				
Completed By (Print or Ty	rpe)	Title				Signature	1	// Dat	e	i		_
Nicholas Fernicola	S. 450	Project	Mar	ager					(0	116	://-	7
ACD 44						- D	K-	-/	10	117	11	1

State of New Jersey

NO

	FION OF ASBESTOS ABATEMENT suant to NJAC 8:60 and 5:16)	Pai	C
1	Name of Building Owner/Operator (2)	i dilina	-

CK#35	990)	NOT					STOS ABAT 3:60 and 5:1			hi	N				
Date of Notification (1) 10 /	19 /	17				e of Buildir		wner/Operator (170		-0	9	2		
Agencies Notified	Type Notific				Stree	t Address 5 East Ma			OCT 2 3	201	1 100) 4	ĺ	1		
□ DOLWD	☐ Amende	-			1	State, Zip	2000		001 10 0	2407.6	10)		_			
⊠ DOH	Amendm					eanport,					-					
DCA (NJAC 5:23-8)	☐ Emerger justificati		luding	9	-	e of Contac		w.			Telephone N	Number				
	Cancella				-	lliam Wh	250				r_cicphone i	Number				
								RMATION	1	_				-		
Name of Facility Where A	batement is	Taking	Place	(3)	- ' ^	OILII II	41 0	KWATION	Type of Facil	tr. (4)			-			
Former Barracks		3		(-)					School (K		la la la la la la la la la la la la la l					
Street Address				-	<u> </u>				☐ Subchapt	er 8 (Other than I	K-12)				
915 Murphy Drive									Other (i.e homes, e		ate and con	nmercia	bu	ilding	js,	
City (5)									Square Feet		# of Floors		Blo	lg. A	00	
Oceanport									4500 sf		2			9. A 80	ge	
County (6)					Cour	ntv Code (7	7)(ST)	ATE USE ONLY)	Current Use	Prior	(474)	molishe	- 7			
Monmouth					1000000000	., (.	ησ	= 002 0/12/	Former B		- 5	HOUSTICE	"/			
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCM	No.	Na	me of Abateme			CNS					
Maser Consulting	11.50		8				1	Guardian Co								
Street Address							-	reet Address		-			_	_		
400 Valley Road, Su	ite 304							1889 Route 9	. Unit 61							
City, State, Zip Code			-					y, State, Zip Co								
Mt. Arlington, NJ 07	856						1	Toms River, I		0875	55					
Project Manager for Monit	oring Firm			Tele	phone	No.	_	lephone No.			License No	0.				
Joseph Torlucci				9	73-398	3-3110	7	32-349-9932			00624					
Start Date (10)		Schedu	led C	omple	tion Da	ite (11)	Na	me of OSHA M	onitor							
10 / _30_ /	17	11	_ /	_ 30	_ / _	17	E	E.M.S.L. Anal	lytical							
Occupancy Status During							Str	eet Address	315							
☐ Facility Closed/Vacated	d During Enti	re Perio	od of	Abate	ment		1	056 Stelton								
Abatement Performed Time of Abatement:	Outside of No	ormal F	acility	Hou DM	rs - Des	scribe	Cit	y, State, Zip Co	ode							
				-PIVI		Alvi	F	Piscataway, N	New Jersey)885	4					
Scope of Work (Check all	that apply)	772						☐ Full Cont	ainment with N	legati	ive Pressure	e				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		-	Re		1000			☐ Mini-Encl		ā						
			△ DC	THO HEI	211				mpted (*) and	Von-F	riable Proc	edure				
				Loca						T			Aba	teme	ent T	ype
Location of Asbestos-Containing N	100 (lorma d Sole	lly ely by			Description of				-				_
TO BE ABAT		"	Mai	intena	nce/			Containing Mar ermal systems i			Amount (Specify		Removal	Repair	nca	nclo
IN Facility	/		Cust	odial (12)	Staff?	(5	surfacing, VAT,	or		SF or LF))	Va	Ξ.	Encapsulate	Enclosure
(13)			Yes	No.	N/A	-	ot	her miscellaned	ous)						late	Ф
1 st & 2 nd floor				N ₀	IN/A	asbesto	os fl	oor tile		+-	4200 sf		3		П	
exterior		-		\boxtimes		transite	chi	mnev		+	30 If		3			
			_			vent ins	_			+-	25 sf		-			
						VOITETING	ouia	LIOIT		+	25 SI	-	3	П		
Name of Registered Waste	e Hauler				JDEP V	Naste	Cuk	oic Yards of	Name of Re	rictor	nd Landfill			ш		ш
Guardian Contractin				11/26	auler II 20223	O No.	Wa		T.R.R.F.	Jistei	eu Langilli					
City, State				-				posal Date	City, State	-						
Toms River, New Jer	rsey						1	2/1/17	Tullytow	n, Pe	ennsylvan	nia				
Completed By (Print or Type	oe)	Title					-	Signature	1		A -	Date	i		1	- 5-555
Nicholas Fernicola		Pro	ject	Man	ager				7-1	1	V	10	Walter Street	41	-	

State of New Jersey

UC#32	921	r	NOI	(P	ursuai	nt to NJA	AC 8:60 and 5:10	6) NENE 15	The state of the s	And the second of the second o			
Date of Notification (1) 10 /	19 /	17					g Owner/Operator (Oceanport	2) 1 0 7	2 3 2011	491	19	2/	1
Agencies Notified EPA	Type Notifica					t Address 5 East Ma	ain Street					1	
□ DOLWD □ DOH □	Amended Amendme				1	State, Zip							
□ DCA	☐ Emergen		uding	ı			NJ 07757						
(NJAC 5:23-8)	justification Cancellat	2.5			127403042000	of Contact			Telephone Nu	mber			
					1000000								
Name of Facility Where A	Abatement is T	Taking	Place	(3)	FA	CILITY	NFORMATION	Type of Faci ity	(4)				
Former Barracks	iodiomoni io i	diting	1400	(0)				School (k-1)	JR 10				
Street Address								Subchapter	8 (Other than K-1				
916 Murphy Drive								Other (i.e , p	private and comm	ercial bu	uilding	js,	
City (5)								Square Feet	# of Floors	BI	dg. A	ae	
Oceanport							36	4500 sf	2		80		
County (6)					Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	rior if being demo	lished)			
Monmouth							200	Former Ear	racks				
Name of Monitoring Firm	Hired by Build	ding Ov	vner (8)	ASCM	No.	Name of Abateme	ent Contractor (9))				
Maser Consulting							Guardian Co	ntracting, Ir c.					
Street Address							Street Address						
400 Valley Road, St	uite 304						1889 Route 9	<u> </u>			1/		
City, State, Zip Code Mt. Arlington, NJ 07	70.50						City, State, Zip Co						
Project Manager for Moni				Tal		NI-		New Jersey 08					
Joseph Torlucci	toning Firm			2.00	ephone 73-398		Telephone No.	Į.	License No.				
Start Date (10)		Schedu	led C		etion Da		732-349-9932 Name of OSHA M		00624				
10 /30 /	17	_11	_ /	_3	0 /	102 15	E.M.S.L. Anal						
Occupancy Status During				5.5			Street Address		4				
☐ Facility Closed/Vacate☐ Abatement Performed						cribe	1056 Stelton						
Time of Abatement: _						AM	City, State, Zip Co		054				
Scope of Work (Check all	that apply)						Piscataway, i	New Jersey 08	854				
 ≥3 sf or ≥3 lf ≥160 sf or >260 lf 			☐ Re				☐ Mini-Enc	tainment with Ne losure Procedure	gative Pressure				
						_			on-Friable Proced	ure			
1 0				Loca						Ab	atem	ent T	уре
Location Asbestos-Containing I		1)	Use	d Sol	ely by	Asbe	Description o stos Containing Ma		Amount	Re	Re	En	En
TO BE ABA	TED				ance/ Staff?		e., thermal systems i	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit (13)	.y			(12)			surfacing, VAT, other miscellane		SF or LF)	<u>n</u>		sulat	ure
			Yes	No	N/A			/				6	
1 st & 2 nd floor]		\boxtimes		asbesto	os floor tile		4200 sf				
		[
		1								П	П	П	П
· · · · · · · · · · · · · · · · · · ·			7	П									
Name of Registered Wast	te Hauler				NJDEP \	Vaste	Cubic Yards of	Name of Regis	stered Landfill				
Guardian Contraction					Hauler II	D No.	Waste	T.R.R.F.	Edildilli				
City, State	1616				20223		10 Disposal Date	City, State					_
Toms River, New Je	rsey						12/1/17		Pennsylvania				
Completed By (Print or Ty	rpe)	Title					Signature	1	A	Date	1	1	
Nicholas Fernicola	51.05		iect	Man	ager				()	- 4.0	16	1 -	

Project Manager

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMEN
(Pursuant to NJAC 8:69 and 12:128)

Paid.

Do not use this fulm for asbestos licensure exempted activities.

Date of Notification (1) Name of Building Owner/Operator (2) 16 Agencies Notified Type Notification Street Address Initial City, State. Zip Code DEP Amended DOL Amendment # Emergency (including Name of Contact Telephone Number DOH (ustification) DCA Cancellation 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 Square Fire! # of Floors Bldg. Age County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Ace insulation Co., inc Street Address Street Address 95 Montrose Rd City, State, Zip Code City, State, Zip Cride Colts Neck, New Jersey Project Manager for Efenitoring Firm: Telephone No. Telephone No. License No. 732 294 1757 00029 Start Date (10) Scheduled Completion Date (11) Name of OSHA & lonitor Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: City, State, Zip Code Other - Describe: _ Scope of Work (Check All That Apply) ≥3 sfor ≥3 # Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Endosure Gloveb: ig Procedure Non-Exempted (*) and Non-Friable Procedure Abatement is Location Type Normally Location of Description of Used Solely by Asbastos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance! Encapsulate TO BE ABATED (i.e. thermal systems insulation Enclosure (Specify Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13) other miscellaneous) Yes No NIA Name of Registered Waste Hauler NJOEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste -Ace Insulation Co., Inc. Chrins Landfill 12086 City. State City, State Disposal Date Colts Neck, New Jersey Easton Completed by Tille Signature Rata Bree McGuire Secretary Treasurer



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) PAL JOB# 17-1620 Name of Building Owner/Operator (2) 10/17/2017 Seritage SRC Finance LLC Agencies Notified Type Notification Street Address 489 Fifth Avenue 18th Floor **EPA** Initial City, State, Zip Code DEP Amended Amendment # New York, NY 10017 X DOL Emergency (including Name of Contact Telephone Number DOH justification) Colin Stirrat × DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Sears Auto Center Unit#6434 School (k-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 50 Route 46 etc.) Square Feet City (5) # of Floors Bldg. Age Wayne 80,000 50+ County (6) County Code (7) Current Use (F'rior if being demolished) (STATE USE ONLY) Passaic Commercial Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Omega Environmental Services 00120 PAL Environmental Services Street Address Street Address 11-02 Queens Plaza South 280 Huyler Street City, State, Zip Code City, State, Zip Code South Hackensack, NJ 07606 Long Island City, NY 11101 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Veronica Kero 201-489-8700 718-349-0900 28675 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/30/2017 03/30/2018 Martin McRea Occupancy Status During Abatement (Check Only One) Street Address 714 Kennedy Blvd. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Bayonne, NJ 07002 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Contain nent with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ (i.e. thermal systems insulation, TO BE ABATED (Specify Removal Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)(13)other miscellaneous) No Yes N/A Please see attached material breakdown Name of Registered Waste Hauler Name of Registered Landfill NJDEP Waste Cubic Yards Hauler ID No. of Waste ATC Miner/a Enterprises 50 Yards 24310 City, State Disposal Date State Shirley, NY 11967 11/02/2017 ayn esburg, OH 44688 Completed by Signature Date Ann A. Ali Compliance Admin 10/17/2017

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

LOCATION	DESCRIPTION	QUANTITY	
		SF	LF
ROOF	EXHAUST FLASHING	92	
ROOF	PITCH POCKET	39	
EXTERIOR	EXPANSION JOINTS		3,200
BASEMENT	PIPE FITTINGS		430
BASEMENT	HOLDING TANK INSULATION	85	
BASEMENT	BOILER INSULATION	350	
BASEMENT	BOILER FLUE INSULATION	160	
GROUND	PIPE INSULATION		100
GROUND	MASTIC	9210	
TOTAL		9936	3730



Or#1180		NOTIF (F	ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE	MENT	H	4			W		-
Date of Notification (1) 10-17-2017				of Building M Salte			r (2)		A CONTRACTOR	OCT	2 3		2	Manufacture Action
Agencies Notified Type Notification			Street A	Address									Jan	1
× EPA × Initial		L							40.0	Control Colombia	a paragraphy in	ant bayment the	management of the second	
DEP Amended Amendmen Emergency		_		ate, Zip C wood, N		31								
DOH justification Cancellation				of Contact M Salte:		ker			Tel	lephone Nu	mber			
Name of Facility Where Abatement is Takin	na Place (3	2)	FAC	ILITY INF	ORMAT	ION	Tuna	-6 F:!!	(4)					
Former Used Car Dealer	ig riace (c)						of Facility						
Street Address 1010 Saint Georges Ave					-		×	Other (i.e.	r 8 (Oth	er than K-1 & commerc	2) ial bui	ldings	, hom	es,
City (5) Colonia								etc.) ire Feet 5	# 0	f Floors		3ldg. /	Age	
County (6) Middlesex			County (STATE	Code (7) USE ONL	0			ent Use (Pr		ing demo <mark>l</mark> is Dealer				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASC	M No.			of Aba	tement Co	ntractor				-	-
Street Address						Street	Addre							
City, State, Zip Code						City, S	tate, Z	ip Code	050					
Project Manager for Monitoring Firm		Т	Telepho	ne No.		Teleph		k, NJ 070 o.	J58	License N	10.			
Start Date (10)	Schodule	nd Con	anlation	Date (11)			276-0			01317				
10-28-2017	11-13-2	2017	ripietion	Date (11)		Unite	ed Sa	HA Monitor fety LLC						
Occupancy Status During Abatement (Chec						Street		ss Ave #F2						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Anal Facility	Hours	nent			City, S	tate, Z	ip Code	250					
Scope of Work (Check All That Apply)						Pine	BLOO	k, NJ 070	J58 ———					
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	-	enova emolit				×	Mir Glo	ni-Enclosure vebag Pro	e cedure	Negative F				
	le	Locati	on				1 140	II-LXeIIIple	u () ain	I NOII-FIIAL	T		ement	
Location of	N	lormal	ly		De	scription	of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai Cust	d Sole intenar odial S (12)	nce/ Staff?				s insula T, or		(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Office	Yes	No	N/A) /A T							LD.	
Pitched Roof		X	-			VAT				51 SF	X			
Pilcried Roof	+ +	Х			Gree	en Shin	igle		1,8	00 SF	X			
Name of Registered Waste Hauler			JDEP W auler ID		Cubic of Was					red Landfill				
United Safety LLC			36820		TBD			GROW		dfill				
City, State Pine Brook, NJ					Dispos TBD	al Date		City, State Tullytov						

Completed by

Vanco Petkov

Title

Project Manager

Date

10-17-2017

Signature

CK#2416

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

Date of Notification (1) 10-17-2017					Building (r Manaç			(2)		NII.	i m re	275 100	Jan San San San San San San San San San S		
Agencies Notified	Type Notification			Street Ad	dress 5 Pine S	Street			and the property of the control of t		- U L	Carry	/ IE	Market Chan	Ti ve conseque
EPA DEP DOL	Initial Amended Amendment			City, Stat	te, Zip Co City, No	de	4				UCT 2	3 201	1	A STATE OF THE STA	
DOH DCA	Emergency justification) Cancellation	• • • • • • • • • • • • • • • • • • •		Name of Gerald	Contact Eglento	owicz				V	Al	ahar		eron.	
				FACIL	ITY INFO	RMATI	ON								
Name of Facility Where A	Abatement is Takin	g Place (3))					Тур	School (K-12))	41 1/ 1/2				
Street Address								×	Subchapter 8 Other (i.e. pri etc.)				lings,	home	s,
City (5) Jersey City, NJ 073	304							Squ 22	uare Feet 50	# of 3	Floors	- 1	ldg. A 29	ge	
County (6) Hudson			24	County C	ode (7) ISE ONLY)		_	Cur	rrent Use (Prior	if bei	ng demolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				batement Contr nvironmenta			.C			
Street Address							Street 235		ress inia Avenue						
City, State, Zip Code							City, S	State,	Zip Code City, NJ 0730)4					
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telep	hone			License N 01174	0.	3095		
Start Date (10) 10-27-2017		Schedule 10-27-2		mpletion [Date (11)		Control of the Control		SHA Monitor s above						
Occupancy Status Durin	g Abatement (Che	ck Only On	e)				Street	Add	ress				2		
Facility Closed/Vac Abatement Perform	ated During Entire ned Outside of Norr	Period of A	Abater				City, S	State,	, Zip Code						
Other – Describe:															
Scope of Work (Check A	III That Apply)						_	_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenov emol						Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure				e	
		Is	Loca	tion					Ton Exempted	() () (4 11011 1 1145		Abate	ement	
Locatio	n of	1	Vorma	ally		De	scription	n of				-	Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) ATED lity	Ma Cusi	intena todial (12)	Staff?		tos Con thermal surfa	taining I	Mater ns ins AT, o		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							20.05	-	-	_	
3rd floor living r	oom-Kitchen	X			L	inoleu	m		20	00 SF	x				
Name of Registered War Green Environment				NJDEP W Hauler ID 0034889	No.	of Wa	: Yards iste				ered Landfil North land				
City, State Jersey City, NJ 073	04					100000000000000000000000000000000000000	sal Date 7-2017		City, State Morrisvil		Α /				
Completed by Liliana Serrano		Title Offic	anager			Signatu	re	4 100	NT/		ate 0-17-	2017	,		

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

MOCK			NOT		97030500000			TOS ABAT :60 and 5:1		1 10 mg	F124 - 1515 - 1	office of the	Proc 190	Table 1	- Control of the Cont
Date of Notification (1)					Name	of Duildin	- 0	1011	(0)	1101			W		7
	17 /	17				n Taylor		ner/Operator ((2)		OCT;	9 9	9017		A CONTRACTOR
Agencies Notified	Type Notific	cation			Stree	t Address					001	9 0	5011	9113	
⊠ EPA	☐ Initial														
⊠ DOLWD		1991	4		City,	State, Zip 0	Code			74 5-7-14			ry a (and and) fry a fi	******	
☑ DOH ☐ DCA	Amendm Emerger	-	-	~	Wi	ldwood C	rest.	, NJ 08260							
(NJAC 5:23-8)	justificat		Cidalii	J	-	of Contac				Teleph	one Numb	er			
,	Cancella	2200 mag			Jol	nn Taylor	•			il session		1,35,5,			
			- Die Vervier					RMATION					5==		
Name of Facility Where A	batement is	Takino	Place	(3)					Type of Facility	(4)					
Taylor Residence									School (K-12						
Street Address									☐ Subchapter 8	(Other					
									Other (i.e., p		d commer	cial b	uilding	js,	
City (5)									homes, etc.)	# of F	1	To	al = 0		
Wildwood Crest									Square Feet		loors		dg. A	ge	
County (6)					Com	-t C d /7	7\/OT4	TE LIGE ON LA	1,700	2			80		
Cape May					Coul	ity Code (/)(S1A	TE USE ONLY)	Current Use (Pr	or if bein	ig demolis	hed)			
Name of Monitoring Firm	Lliend hu Duil	dia - C		(O) T	10014		L		Residence						
Management & Env		(4.75.0)		21 20	ASCM	NO.	0.000		ent Contractor (9)						
Street Address	iro. Consul	iung .	Servi	ces					onmental, LLC			Single 11			
PO Box 341								et Address							
The latter and the la								23 Cutler Av							
Charterfield N. I. 085	4.5							, State, Zip Co							
Chesterfield, NJ 085				1			-	laple Shade	, NJ 08052						
Project Manager for Monit	oring Firm			2000	phone		1000	ephone No.			se No.				
Bill Weisgarber				27.07		-4070		56-755-0099		008	342				
Start Date (10)				170		te (11)	7,000	ne of OSHA M	2 27.027						
10 /12 /	17	_1	0_ /	_2/	_ /	17	E	MSL Analyti	ical, Inc.						
Occupancy Status During							Stre	et Address		11 1000					
☐ Facility Closed/Vacated							20	00 Route 13	0 North						
Abatement Performed							City,	, State, Zip Co	ode						
Time of Abatement:	AIVI	PIV	··/	_PIVI-		AM	Ci	innaminson	, NJ 08077						
Scope of Work (Check all	that apply)								3 Ho	2000					
			⊠ Re	novati	on				ainment with Neg	ative Pre	essure				
≥160 sf or ≥260 lf				molitic					Procedure						
								☐ Non-Exer	mpted (*) and No	n-Friable	Procedure	Э			
2. 628	330	70,00		Locat Jorma					10			Ab	atem	ent Ty	/ре
Location of Asbestos-Containing N		4)		d Sole		Achor		Description of Containing Mat		Λ		Re	Re	m	m
TO BE ABAT		''	Ma	intena	nce/			mal systems i			ount ecify	Removal	Repair	cap	clos
IN Facility	/		Cust	odial (12)	Staff?	******	SL	urfacing, VAT,	or		or LF)	val	~	Encapsulate	Enclosure
(13)		-	Yes	No.	N/A	1	oth	er miscellaned	ous)					ate	
Utility Room and Bath	room			NO	N/A	Drywall				241	2 SF				
Wall b/w House and G						Drywall				Marie Para) SF				
Truit 2711 Floudou una C	uruge					Diywaii				100	JOF				
														뷔	
Name of Posistand 181-1	Lleule -				IDED	Nt-	0	- 1 .	TN. 15		1eu		Ш	Ш	Ц
Name of Registered Waste	Hauler			10000	JDEP V auler IE	45.53	Cubi	c Yards of	Name of Regist						
Freehold Cartage				03753	15939		1	1	Cape May	Jounty	Landfill				
City, State								osal Date	City, State						
Freehold, NJ							10	/27/2017	Woodbine,	NJ					
Completed By (Print or Typ	oe)	Title				,,		Signature (7		Dat	е			
Christina Lynch		Vi	ce Pr	eside	nt of C	Operation	is	(mx)	(a)	acousting.	10	11:	71	7	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N IAC 8:50 and 12:120)

NO CK			(P	ursuant	to NJAC	8:60 an	d 12:12	0)		100	13		Li	W L	
Date of Notification (1) 10/17/17					of Building ral Aviat				n	The state of		CT 2	321	The same	The Development of the Control of th
1 2	pe Notification			Street A		e Toch	nical C	`ont	ter, 4th Floo	or Die	Dy 200	Witness Committee Committe	Manager and Street	Non-Real Property lies	
X EPA X DEP X DOL	Initial Amended		L		ate, Zip Co		nicai C	em	er, 4th Floo	or, Bio	ig. 300			territoria de la compansión de la compan	Witness I
DOL DOL	Amendment			17.	tic City,		-05								
☑ DOH ☐	Emergency justification)				of Contact					Tel	ephone N	umber			
☐ DCA 🛛				Grego	ory Fray										
Name of Facility Where Abat	concert in Takin	a Diana (2	,,	FAC	ILITY INF	ORMATI	ON	-							
Atlantic City Internation								l y	pe of Facility (21.5					
Street Address	. iai / iii poi i z	,,ug. 000						H	School (K-1 Subchapter		er than K-	12)			
Building 303								X	Other (i.e. petc.)	orivate a	& commer	cial bui		} 	es,
City (5) Egg Harbor Township									uare Feet 0,000	# o	f Floors		3ldg. / Unkr		
County (6) Atlantic					Code (7) USE ONLY				rrent Use (Pri echanical r		ng demoli	shed)			
Name of Monitoring Firm Hire	ed by Building	Owner (8)		ASCN	/I No.		Name		batement Cor		(9)				
Environmental Testing	Consultant	S		n/a					estos Abat						
Street Address							Street		0100000						
413 N. Black Horse Pil	ke								ederal Stree	et					
City, State, Zip Code Runnemede, NJ 08078	R						The state of the s		Zip Code n, NJ 0810	=					
Project Manager for Monitoria				Telepho	ne No		Teleph)	License	No			
Howard Zenobi					82 1311				3288		01303	140.			
Start Date (10)		Schedule	ed Con	pletion	Date (11)		Name	of O	SHA Monitor			100-10-			
09/18/17		10/20/					Self	moi	nitor						
Occupancy Status During Ab	atement (Chec	k Only On	ie)				Street	Addı	ress						
Facility Closed/Vacated Abatement Performed C Other – Describe: Build	Outside of Norm	nal Facility	Hours		of		City, S	tate,	Zip Code						
Scope of Work (Check All Th													1000		
≥3 sf or ≥3 lf	acappiy)	⊠ R	enova	tion				F	Full Containme	ent with	Negative	Pressu	re		
≥160 sf or ≥260 lf			emoliti	ion			-	A	Mini-Enclosure Glovebag Prod	3	9				
							X		Non-Exempted	d (*) and	d Non-Fria	ble Pro	cedur	e	
			Locati											ement	
Location of Asbestos-Containing Mate	orial (ACMA)		Iormall d Solel		A - b		scription			120	555-000 1 50	-	1)	ре	\vdash
TO BE ABATEI			intenar odial S			thermal			ial (ACM) ulation,		mount Specify	R	71	Enc	四
In Facility (13)		Oust	(12)	itan:			cing, VA			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A		0110111	noochar.	000	,			/al	=	liate	ure
Roof			×		Pitch	n pocke	ets		8	8 SF	x				
							-								
Name of Desistant 114			1												
Name of Registered Waste H	auler		10000000	JDEP W auler ID	100 E C C C C C C C C C C C C C C C C C C	Cubic of Was			Name of I						
Champion Disposal			32	2707		.55	v.s/c //		Atlantic	Cour	nty Utiliti	es Au	thorit	У	
City, State Hainsport, NJ					- W	Dispos 10/2/	al Date 17		City, State		ownship	n N.I			
Completed by		Title					ignature	Λ	1 -39 . 10			ate			
Jeff Yekenchik		Owne	er						1		1	0/17/	17		

Brick Industries Inc. Hauler ID No. 21602 of Waste 2 GROWS Inc.	UC# 2822		State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)					г	KC 1000	UC IE G E	Consumary Consumary		Page telepaper		
DOP Amendad Amendent # Emergency (including institution) in the process of Contact Emergency (including institution) in the Plackis Telephone Number of Contact Emergency (including institution) in the Plackis Telephone Number of Contact Emergency (including institution) in the Plackis Telephone Number of Contact Emergency (including institution) in the Plackis Telephone Number of Contact Emergency (including institution) in the Plackis Telephone Number of Number	Agencies Notified Type Notification			Anna Garelich OCT 2 32017											
Type of Facility (4) School (K-12) Schoo	DEP X DOL Amended Amendment Emergency justification)	Amended Amendment #_ Emergency (including justification)						- South Plain Ricky NT 07080 Name of Contact Telephone Number							
Street Address City (5) Subchalpter 6 (Other than K-12) Subch	Name of Facility Where Abatement is Takin	g Place (3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility	v (4)			å.		
County (6) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. (732)899-7499 O1196 Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Facility Closed/Acateat During Entire Period of Abatement Abatement Performed During Entire Period of Abatement Abatement Performed During Entire Period of Abatement Abatement Performed During Entire Period of Abatement Abatement Performed During Entire Period of Abatement Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Contractor (9) Brick Industries Inc. Street Address City, State, Zip Code Tell Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Street Address							School (K Subchapt Other (i.e	chool (K-12) ubchapter 8 (Other than K-12) ther (i.e. private & commercial buildings, homes,							
Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Start Date (10) Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Appty) Scope of Work (Check All That Appty) Scope of Work (Check All That Appty) Scope of Work (Check All That Appty) Scope of Work (Check All That Appty) Asbestos-Containing Material (ACM) In Facility (13) Name of Registered Waste Hauler Nume of Registered Waste Hauler Nume of Registered Landfill Name of Registered Landfill Scope Of Work (Check All That Appty) Asbestos Containing Material (ACM) (13) Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Scope Of Work (Inc.) Asbestos Containing Material (ACM) (12) Yes No N/A Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill ROWS Inc.	City (5) Solution Plains	pld							are Feet	# of Floors			A N		
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brick Industries Inc. Street Address Street Address P.O. Box 915 City, State, Zip Code City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. (732)899-7499 City, State, Zip Code Brick, New Jersey 08723 Telephone No. (732)899-7499 City, State, Zip Code Brick, New Jersey 08723 Telephone No. (732)899-7499 City, State, Zip Code Start Date (10) Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Telephone No. City, State, Zip Code City, State, Zip Code City, State, Zip Code Telephone No. City, State, Zip Code City, State, Zip	County (6) M. C. D. C. V.	CIC						Curre	ent Use (F						
Street Address Street Address P.O. Box 915 City, State, Zip Code City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State, Zip Code Street Address Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Street Address Scope of Work (Check All That Apply) 23 sf or ≥3 if Street Address Scope of Work (Check All That Apply) Description of Asbestos-Containing Material (ACM) In Facility (13) Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A N/A N/A N/A N/A N/A N/A	Name of Monitoring Firm Hired by Building (Owner (8))				Name	e of Abatement Contractor (9)							
City, State, Zip Code City, State, Zip Code	Ctroot Address		Bric					ck Industries Inc.							
Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 Other Describe: Scope of Work (Check All That Apply) 23 sf or 23 lf 2160 sf or 2260 lf Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauler Nume of Registered Waste Hauler Name of Registered Landfill Relick Industries Inc. Relick Industries Inc. Telephone No. (732)899-7499 Clicense No. (732)899-7499 City. State Address City. State, Zip Code City. State, Zip Code Clicense No. (732)899-7499 City. State, Zip Code Clicense No. (732)89-7499 Clicense No. (742)89-7498 Clicense No. (742)89-7498 Clicense No. (742)89-7498 Clicense No. (742)89-7498 Clicense	Street Address														
Project Manager for Monitoring Firm	City, State, Zip Code	in constitution					State, Zip Code								
Start Date (10) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) 3 sf or ≥3 if ≥160 sf or ≥260 if City. State, Zip Code Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, Specify other miscellaneous) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A N/A N/A N/A N/A N/A N/A	Project Manager for Monitoring Firm		- 1												
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Normally Yes No N/A Normally Yes No N/A Normally Yes No N/A Normally Yes No N/A Normally Yes No N/A Normally Closed/Vacated During Entire Period of Abatement Abatement With Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Ex	, and the state of		тегерпоне но.												
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City Call Code City, State, Zip Code City Call Code City, State, Zip Code City Call Code C	10/19/17	10		Date (11)		Name of OSHA Monitor									
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State,				4			Street	Addre	SS						
≥3 sf or ≥3 lf	Abatement Performed Outside of Norm	Abaten / Hours					State, Zip Code								
Demolition Demolition Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Absestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Normally Used Solely by Maintenance/ (Specify SF or LF) Normally Used Solely by Maintenanc	Scope of Work (Check All That Apply)									-					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler Brick Industries Inc. Is Location Normally Used Solely by Maintenance/Custodial Staff? Normally Used Solely by Maintenance/Custodial Staff? (12) Per No N/A Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Per No N/A Abottement Type Abottement Type Amount (Specify SF or LF) Apoil C (Specify SF or LF) Per No N/A Apoil C (Specify SF or LF) Name of Registered Landfill GROWS Inc.		-						Mir Glo	ni-Enclosu ovebag Pro	re ocedure				e	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler Brick Industries Inc. Location of Asbestos-Containing Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Amount (Specify SF or LF) The Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Repair The Containing Material (ACM) (Specify SF or LF) Repair The Containing Material (A		1000						and the second second second			Abatement				
Name of Registered Waste Hauler Brick Industries Inc. No INA Hoile(Insulation 15 Linft. 8) Name of Registered Waste Hauler Registered Waste Hauler ID No. 21602 Registered Landfill GROWS Inc.	Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Use Ma	d Sole intenai todial S	ly by nce/	Asbestos Containing Market (i.e. thermal system surfacing, VA other miscellar			aining Material (ACM) systems insulation, sing, VAT, or			(Specify				Enclosu
Name of Registered Waste Hauler Brick Industries Inc. NJDEP Waste Hauler ID No. 21602 Name of Registered Landfill GROWS Inc.		Yes	No	N/A										ate	re
Name of Registered Waste Hauler Brick Industries Inc. NJDEP Waste Hauler ID No. 21602 Name of Registered Landfill GROWS Inc.					boil	es il	1Sul	lah	ation 15 Linft		inft.	X			
Brick Industries Inc. Hauler ID No. 21602 of Waste 2 GROWS Inc.															
Brick Industries Inc. Hauler ID No. 21602 of Waste 2 GROWS Inc.															
21602 GROVVS IIIC.	Name of Registered Waste Hauler										red Landfill				
	Brick Industries Inc.		21602 of Wast			ے ت	GROWS								

Eric Plackis

Title

President

Disposal Date

Signature

City, State PA

Date 10/18/17

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

1	
	hid
	MU
	Section of the same of the sam

Or#1113		NOTIF	FICATIO Pursuan	n of ASBES t to NJAC 8:	STOS AE 60 and 1	BATEMEN 12:120)	T W			Transmission of the Control of the C	April 1 march	12 PA TO A COLOR DO					
Date of Notification (1) 10/17/17		Name of Building Owner/Operator (2) GAIL REILLY								And the second	And Change of the Control of the Con						
Agencies Notified Type Notification		Street	Address	100	- III VU 2 3 2017 - 1411 -												
EPA Initial		By									1						
DEP Amended DOL Amendment		City, State, Zip Code BERGENFIELD NJ. 07621															
DOH justificatio	y (including		Name of Contact Jelephone Number														
DCA Cancellati			GIL F	REILLLY				*0.500	,								
Name of Facility Where Abatement is Tal	ring Place	31	FAC	ILITY INFOR	MATION		e of Facility	(4)									
PRIVATE	J)																
Street Address				12) r 8 (Othe	8 (Other than K-12)												
		Other (i.e. private & commercial buildings, homes, etc.)															
City (5) BERGENFIELD NJ. 07621						100000000000000000000000000000000000000	Square Feet # of Floors Bldg. Age										
County (6)			0	0.1.70			972		1		91						
			County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) N/A										
Name of Monitoring Firm Hired by Buildin	ASCI	VI No.			ne of Abatement Contractor (9) ORTH EAST ENVIRONMENTAL LLC.												
Street Address			Street Address														
Cit. Cl. L. T. O. I.						1126 - 5											
City, State, Zip Code			City, State, Zip Code NORTH BERGEN NJ. 07047														
Project Manager for Monitoring Firm	NAC ALCOHOLOGICA	T	Telepho	ne No.	Telephone No. License No.												
N/A		Siologicallia		201-776-	-776-0642 01300												
Start Date (10) 10/20/2017								Name of OSHA Monitor ENVIRO PROBE INC									
Occupancy Status During Abatement (Che	eck Only O	ne)				Street Address											
Facility Closed/Vacated During Entire	Abaten	ment 108 LIBERTY ST.															
Abatement Performed Outside of No Other – Describe:	:		City, State, Zip Code METUCHEN NJ.														
Scope of Work (Check All That Apply)			-		1 11	VIL I OCI	ILIVIVO.										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	88	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure															
	Locati	ition									Abatement						
Location of	Normal ed Sole				escription of taining Material (ACM) Il systems insulation,			÷		Туре							
Asbestos-Containing Material (ACM) TO BE ABATED	intenar	nce/	Asbestos (i.e. the	Containi rmal sys				Amount (Specify			Enc	щ					
In Facility (13)	(12)	otdii!	\$	surfacing	, VAT, or ellaneous)	SF	Remova	Repair	Encapsulate	Enclosure							
, ,	Yes	No	N/A		nor miss	miscenarieous)						Jate	ure				
BASEMENT X				PIF	PE INSI	ULATIO	v	92	92 LF.								
										-							
Name of Registered Waste Hauler		N	IJDEP Waste Cubic Yards				Name of Registered Landfill										
TRI - STATE - ASSOCC INC	H	Hauler ID No. of Waste 19951 TBD				MINERVA ENTERPRSE INC											
City, State		Di	isposal D	Date	e City, State												
BRONX NY Completed by	110000			WAYNESBURG, OHIO													
CARLOS ESQUIVEL	MANAG	SER	Signa	ature)	mugh	ufle	0 Da		17								
					10/17/17												