2018

Christina Lynch

ASB-A1 JAN 13

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ning Room and Living Ro	OM	140	×	I D	Slear Y	lo and Mastic			404.00	-	1_	_	_
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reehold, NJ	N.V.					Disposal Date 19/23/2018	City.	itata reis ville	PA				-
mpleted By (Print or Type)	Title		-			Signature							

Vice President of Operations

Date

10.18/18

<sup>&</sup>quot; Do not use this form for esbestos liconsure exempted act titles,

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(V 110409	NO.	TIFICATION (	F ASBE	STOS ABATEMENT		g-ingryph physical participants	C. C. Carlotte	and the same of th	the same of the	rations we
Date of Notification (1)	(Purs	suant to NJA	C 8:60	-7 and 12:120-	7)			ENS		
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10/18/2018		Kevin		гĀ		i i i i i i i i i i i i i i i i i i i		₩.		
Agencies Notified Type Notific	ation	Street Ad	dress			1611	2018	£ 7	100	
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[ ]DEP Notific	cation	City, Sta	te, Zir	Code						
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Name of Facility Where Abatement	is Tak	ing Place (	3)	INFORMATION	I man of Fee	474 to - 141				
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_					[ ]School					
Street Addres					[X]Other	apter 8 (Oth (i.e., priv	er tha ate &	comme	12) er-	
		9			cial	buildings,	homes,	etc	.)	
City (5					Square Feet				Age	
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Bloomfield		_	(5)	TALE USE UNLY)	Current Use	(Prior if be	eing d	emoli	shed	)
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Name of Monitoring Firm hired by 1	Buildir	ng ASCM No.		Name of Abate						
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Street Address				Street Addres	s					
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ity, State, Zip Code				City, State,	Zin Code					1/5
					r, NJ 070	042				
roject Manager for Monitoring Fir	rm me	lephone Num	bor	11						
		/A	per	Telephone Numb (973)744		F	Cicens		ber	
cheduled Start Date (10)   Sched							003	/ 1		
11 26 18 11		letion Date		Name of OSHA N	Monitor					
Month Day Year Mon		28 18		N/A						
ccupancy Status During Abatement	(Check	Day Yea: only one)		Street Address	•					
[X] Facility Closed/Vacated Durof Abatement	ring Er	tire Period	L	Corec Madress	•					
[ ]Abatement Performed Outside	e of No	rmal Facili	tv							
Hours - Describe: «OffHours	Descri	.pt»	-y	City, State, Z	ip Code					
[ ]other - Describe: «Other Occ		Descript»								
cope of Work (Check all that appl	y)			H						
[X]>3 sf or >3 lf		X]Renovation	28	[ ]Full (	Containment w	ith Negative	Press	ure		
[]\geq160 sf or \geq260 lf	9.3	Demolition ]			Enclosure Dag Procedure		24			
					ciable Procedu	ure				
Location of	L	Is ocation					Ab	ateme	ent T	ype
Asbestos-Containing	N	ormally Used		Description Asbestos-Cont		Amount	R		E	E
Material (ACM)		Solely		Material (A		(Specify	E	K	C	C
TO BE ABATED In Facility	t	y Main- enance/		(i.e., thermal		SF or	0	E P A	A P	O
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Date of Notification (1)					Nam	e of Buildir	ng Ow	/ner/	Operator (	2)	- 11						
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Agencies Notified		cation			-	et Address					the way.	7.					- 1
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☑ DOLWD					City,	State, Zip	Code				-				SIIV		- CI
DCA			dina		Edisc	n, NJ 08	817							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Chambel - C -	THE PROPERTY OF
(NJAC 5:23-8)	justificat	tion)				e of Conta					Te	lephone	Numb	er			
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ter in the second	batement is	Taking P	ace	(3)						Type of Facility	y (4)						
Private house										School (K-1	12)						
Street Address										Subchapter Other (i.e.,	privat	her than h e and cor	(-12) nmerc	al bu	ilding	js,	
City (5)										homes, etc Square Feet		of Floors		TRI	dg. A	ge.	
Edison, NJ 08817										oquaio i cct	"	01 1 10013		Di	ug. A	ge	
County (6)					Cour	nty Code (7)	(STAT	TE U	SE ONLY)	Current Use (F	Prior if	being de	molish	ed)	-		
Middlesex										V.				,			
Name of Monitoring Firm	Hired by Buil	ding Owr	er (	8)	ASCM	No.	Na	me c	of Abateme	nt Contractor (9	9)			-	-	-	-
							Gr '	Tecl	h LLC								
Street Address							Stre	eet A	Address								
Cib. Ctata 7:- O. I									lley Rd#								
City, State, Zip Code							City	y, Sta	ate, Zip Co	ode						mest/ide	
Project Manager for Monit	oring Firm			T-1-	-1				NJ 0747	0							
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Start Date (10)	1	Schedule						0.0000000000000000000000000000000000000	f OSHA M	onitor		1.127		-			
						18	Env	irov	ision Co	nsultants,Inc							
					, se				ddress								
Abatement Performed	a During Enti Outside of N	ormal Fa	of A	Abate	ment	ariba	20-2	21 V	Vagaraw	Road, Bldg .#	35E						
Time of Abatement:	AM-	PM/_	- inty	PM_	3 - DE:	AM	- 37		ate, Zip Co								
Scope of Work (Check all	that annly)		-				Fair	Lav	wn, NJ 07								
	triat apply)							H		and decontami ainment with Ne				oress	ure		
>3 sf or >3 If 2 160 sf or 260 If		×		novati					Mini-Encl	osure					2122		
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	e Hauler			NJD	EP Waste	Hauler ID No.	Cubi	c Yar	ds of Waste	Name of Regi	stered	Landfill					
Fr Tech LLC				0	03378	35	-	ГВГ		T.R.R.F. Inc							
City, State	otified   Type Notification   Amended   Amended   Amended   Amended   Emergency (in justification)   Cancellation   Cancellati						Disp	osal	Date	City, State			10000				
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Date of Notification (1) Oct-19-2018 Ch	aal: #2270					Owner/Operato	or (2)	L	I III	UC	1 23	201	8	
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Agencies Notified	Type Notification	ļ.			Address ookline A	VODULO			1	ASBEST	ros co	NTR	OI 8	4
EPA	Initial		-							L	ICENS	NG	~	
DEP DOL	Amended Amendmen	t#			ate, Zip Coo y, NJ 071								44-74-6-40	200.5140.44
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DOH DCA	justification Cancellation				seph Ferr	ara			0.50	ephone 1 3-667-				
					ILITY INFO				31	3-007-	0020			
Name of Facility Where A	batement is Takir	ng Place (	3)	170	ILIT I INTO	KWATION	Ty	pe of Facility (4	1)					
Holy Family Church-	-Boiler Room							School (K-1	2)					
Street Address								Subchapter	8 (Oth	er than K	(-12)			
28 Brookline Avenue	9						X	Other (i.e. pretc.)	ivate 8	& comme	rcial bui	dings,	hom	es,
City (5)							S	quare Feet	# of	Floors	18	Bldg. A	Age	-
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County (6)					Code (7)		C	urrent Use (Prio	r if bei	ng demo	lished)			
ESSEX				(STATE	USE ONLY)	(	C	hurch						
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASC	ЛNo.	1.0		Abatement Cont						
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Street Address						Stree								
0: 0: 7: 0 :								th Street						
City, State, Zip Code								e, Zip Code						
Drainet Manager for Marit							0.000	perg, NJ 070	93					
Project Manager for Monit	oring Firm			Telepho		3	-29	5-1700		License 01074				
Start Date (10)				npletion	Date (11)	Name	e of C	OSHA Monitor						
10/22/18		10/24/				San	ne a	is above						
Occupancy Status During	Abatement (Che	ck Only O	ne)			Stree	t Add	iress						
Facility Closed/Vacat Abatement Performe Other – Describe:	ed During Entire d Outside of Norr	Period of nal Facility	Abaten y Hours	nent S		City, S	State	, Zip Code						
Scope of Work (Check All	That Apply)													-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	21.47	(comment)	Renova Demolit				1000 1000	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure					
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Asbestos-Containing N	Material (ACM)		ed Sole			s Containing I	Mate		Αı	nount			т	
TO BE ABA			todial S		(i.e. ti	hermal system surfacing, VA				pecify	Rer	Re	Encapsulate	Enclosure
(13)			(12)			other miscella			55	or LF)	Remova	Repair	psul	uso
Survey Mar		Yes	No	N/A							2	7	late	lre
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Doller Roo	om	X		-		Boiler Brea	cnir	ig	80	) SF	X			
Name of Registered Waste	Hauler		1 22	JDEP W auler ID	(7)(7)(7)(1) (4)	Cubic Yards of Waste		Name of R	egiste	red Land	fill			
ri-State Transfer Ass	5		10 20	9551		tbd		Minerva	Ente	rprises	Inc			
City, State						Disposal Date	9	City, State	9			<u> </u>		
Bronx, NY						tbd	249	Waynes	burg.	ОН				
Completed by		Title				Signatur	e /	11 /			Date			
Gina Betances		Offic	e Mar	nager			16	Vunt			10/19/	18		

CK7258	PA	NOTIF (F	ICATIO	tate of Ne N OF ASB t to NJAC	w Jersey SESTOS AE 8:60 and 1	BATE 12:12(	MENT	American state of the assert MES Acids repaired			C CT	E 1	2018	L)	intFo
Date of Notification (1) 10/19/18			Name o	of Building	Owner/Ope	erator	(2)	-			101	60	7010		herana
Agencies Notified  Type Notification  EPA  DEP  Initial  Amended			City, St	Address ate, Zip Co				agenty observe, in an analysis	a to the recognition to	ASEE	STO L/C	S CO ENSI	NTAC IG	3. J.C	Adle Editoria
Emergency justification	(including	,		vood, NJ of Contact					17	Telepho	ne Nu	ımber			
DCA Cancellatio	n		F40	U ITV INC											
Name of Facility Where Abatement is Taki	ng Place (	3)	FAC	ILITY INFO	ORMATION	N .	Туре	of Facility	(4)						
Street Address							×	School (K Subchapt Other (i.e. etc.)	er 8 (C	other that e & cor	an K-1 mmerc	2) ial buil	dings,	hom	es,
City (5) Ringwood							Squa	are Feet	#	of Floo	ors	E	ildg. A	ge	
County (6) Passaic			County (STATE	Code (7) USE ONLY)	)		Curre	ent Use (P	rior if b	peing de	emolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	M No.	N A	lame AAA	of Aba	atement Co D PROF	ontract	or (9) ONAL	_S				
Street Address					1000		Addre	ss DOVE C	OUF	RT					
City, State, Zip Code								ip Code OD, NJ	0870	1		3-27			
Project Manager for Monitoring Firm			Telepho	ne No.	- 1		one N 668-9			120	ense N	10.			
Start Date (10) 10/29/18	11/1/1	8	npletion	Date (11)				HA Monito D PROF		ONAL	S				
Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of	Abaten	nent		6	ity, Si	tate, Z	ss DOVE C ip Code OD, NJ							
Scope of Work (Check All That Apply)   ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	province .	Renova Demolit	33,000 U		1	×	Fu Mir Glo	II Containn ni-Enclosu ovebag Pro n-Exempte	nent w re ocedur	ith Neg					
Location of	1	Locati	ly		Descri	ption	of						Abate Typ		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	Asbest (i.e.	tos Containi thermal sys surfacing other misc	ing M stems g, VA	aterial insula T, or	I (ACM) ation,		Amour (Specif SF or L	ý	Remova	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A		PIPE INS	111. ^	TION	.1		901 5		<u> </u>		ate	re
					II L INS	ULA	1101			80LF		X			
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP W auler ID 1509		Cubic Yar of Waste 5	ds		Name of	Regis	tered L	andfill	L		i	
City, State NEWARK, NJ					Disposal E 11/1/18	Date		City, Sta		M PA	7				
Completed by JOSEPH PERLSTEIN	Title	IER			Signa	ature					Da 10	ite 0/19/1	8		



Date of Notification (1)			Nar	ne of Buildi	ng Owner/Operator	. (2)					
	18	-			erties, LLC	(2)	CY	3 3	51	7	8
Agencies Notified Type Notifi	cation		Stre	et Address							
<ul><li>☑ EPA</li><li>☑ Initial</li><li>☑ DOLWD</li><li>☐ Amende</li></ul>	nego:		20	33 West	field Avenue		DEG	F	n n	// Fr	23 pro-
☑ DOLWD   ☐ Amende     ☑ DOH   Amende			City	State, Zip	Code		111155	IC	11 /	1 1	3
□ DCA □ Emerge		dina	S	cotch Pla	ins, NJ 07076		15			-	Market Company
(NJAC 5:23-8) justifica	tion)	ung		ne of Conta			Telephone Num	nkhr)	00	10	The same of
☐ Cancella	ation		N	ck Novel	lo		908-963-28		20	18	
			F	ACILITY I	NFORMATION		Limenu mineral			25 72 24 27 28	
Name of Facility Where Abatement is	Taking P	lace (3)				Type of Facilit	y (4) ASPESTO	S CC ENSI	HITE	OLE	1
Residence						School (K-	12)	MITATOR CHARGE	IVG	tar wellsten	- Ten European
Street Address						☐ Subchapte ☐ Other (i.e., homes, etc	r 8 (Other than K-12 private and comme	?) rcial t	ouildir	ıgs,	
City (5)						Square Feet	# of Floors	1 5	Olda	۸	
Westfield						2500 sf	2		3ldg. / <b>100</b>		
County (6)			Cou	inty Code (	7)(STATE USE ONLY)	L. Strikersking of the	Prior if being demoli	1			
Union					· NOTHIE GOL ONET	Residence		snea)			
Name of Monitoring Firm Hired by Bui	lding Own	er (8)	ASCN	1 No.	Name of Abatem						
Guardian Contracting, Inc.					The control of the co	ontracting, Inc	,				
Street Address					Street Address	muacting, inc					
1889 Rte. 9, Unit 61					1889 Route S	9 Unit 61					
City, State, Zip Code			-		City, State, Zip C						
Toms River, New Jersey 08755	5					New Jersey 0	07 <i>EE</i>				
Project Manager for Monitoring Firm		Te	lephone	. No	Telephone No.	New Jersey U					
Nicholas Fernicola		10.0		9-9932	732-349-9932	2	License No.				
Start Date (10)	Scheduled	40 804			Name of OSHA N	_	00624				
11 /02 /18			)5 /		E.M.S.L. Ana						
Occupancy Status During Abatement (			_			nyticai					
☐ Facility Closed/Vacated During Enti	re Period	of Abat	ement		Street Address						
☐ Abatement Performed Outside of N	ormal Fac	ility Ho	urs - De	scribe	1056 Stelton						
Time of Abatement:AM	PM/	PN	Λ	_AM	City, State, Zip Co		2054				
Scope of Work (Check all that apply)						New Jersey 08					
$\boxtimes$ $\geq$ 3 sf or $\geq$ 3 if $\square$ $\geq$ 160 sf or $\geq$ 260 if		Renova Demolit				g Procedure					
		Is Loca	ation	T	☐ Non-Exe	mpted (*) and No	on-Friable Procedur	е			
Location of		Norm			Donorinting		4)	Ab	atem	ent T	уре
Asbestos-Containing Material (ACN	) L	Ised So	lely by	Asbe	Description o stos Containing Ma	terial (ACM)	Amount	Re	Re	m	E
TO BE ABATED IN Facility	, c	Mainten ustodia	ance/	(i.e	, thermal systems	insulation.	(Specify	Removal	Repair	cap	clos
(13)		(12			surfacing, VAT, other miscellane	, or	SF or LF)	<u>a</u>		Encapsulate	Enclosure
	Ye	s No	N/A		ourse missonanc	ous)				te	
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Name of Registered Waste Hauler			NJDEP '	Naste	Cubic Yards of	Nome (D)				Ш	Ш
Guardian Contracting, Inc.		1.0	Hauler II	O No.	Waste	Name of Regis	stered Landfill				
City, State			20223	)	3 Disposal Date	City, State					
Toms River, New Jersey					11/02/18		Pennsylvania				
Completed By (Print or Type)	Title				Signature	- anytown,		+			
Nicholas Fernicola		ct Man	ager		Signature		Dat	e	1	4_	
CD 44	] -		~901				1 110	119	11 3	3	

Date of Notification (1)			Nam	e of Buildir	ng Owner/Operator	(2)					
	18			icy Banu		(2)	OV.	35	51	7	7
Agencies Notified Type Notifie  ☐ EPA ☐ Initial	cation		Stree	et Address					1		
☑ DOLWD ☐ Amende	he						Free 17-	@ E	1 17	7.7	
☑ DOH Amendr			1 30	State, Zip			ING	CE		W/-	E
☐ DCA ☐ Emerge	The second secon	ing		ckson, nj			HUI		and a	MATERIAL STATES	
(NJAC 5:23-8) justifica	tion)		Nam	e of Contac	ct		Telephone Nu	ımber			City Lay
☐ Cancella	ation		Lu	cy Banue	elos			2	3	2018	Marzons
Name of English Whose Abeternation	T.I. DI	151	FA	CILITY	NFORMATION		ANIEL L				2000
Name of Facility Where Abatement is Residence	Taking Pla	ce (3)				Type of Facility (4		STOS	CON	TRO	1.8
Street Address						School (K-12) Subchapter 8		LICEN			ent to the total
Street / tudiess						Other (i.e., prinhomes, etc.)	vate and comn	nercial b	uildir	gs,	
City (5)						Square Feet	# of Floors	Te	Bldg. /	100	
Jackson						2,000 sf	2		70	-ge	
County (6)			Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Prio	r if being demo	olished)	-		
Ocean						Residence					
Name of Monitoring Firm Hired by Bui	ding Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor (9)				_	
N/A					Guardian Co	ntracting, Inc.					
Street Address			-		Street Address						
					1889 Route 9	, Unit 61					
City, State, Zip Code					City, State, Zip Co						_
					Toms River,	New Jersey 087	55				
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License No.				_
					732-349-9932		00624				
Start Date (10)	Scheduled				Name of OSHA M	Ionitor					
			7_/	18_	E.M.S.L. Anal	lytical					
Occupancy Status During Abatement (					Street Address						
☐ Facility Closed/Vacated During Enti	re Period o	f Abate	ement		1056 Stelton						
Abatement Performed Outside of N	ormal Facil	ity Hou	ırs - Des	cribe	City, State, Zip Co	ode					
Time of Abatement:AM	PIVI/	PIV		AM	Piscataway, N	New Jersey 0885	54				
Scope of Work (Check all that apply)						70×1001-1001 201001488 W					
≥3 sf or ≥3 lf	□R	enova	tion		☐ Full Cont ☐ Mini-Encl	ainment with Negat	tive Pressure				
≥160 sf or ≥260 lf	⊠ D	emoliti	ion		☐ Glovebag	Procedure					
					Non-Exer     Non-Exer	mpted (*) and Non-	Friable Proced	ure			
Location of	1	s Loca Norma						At	atem	ent T	уре
Asbestos-Containing Material (ACM		ed Sol	ely by	Ashes	Description of stos Containing Mat		A	R	R	Ш	Щ
TO BE ABATED		aintena	ance/ Staff?	(i.e.	., thermal systems i	nsulation,	Amount (Specify	Remova	Repair	cap	nclo
IN Facility (13)	Cu	(12)			surfacing, VAT,	or	SF or LF)	Va.	7	Encapsulate	Enclosure
V7/	Yes	No	N/A	1	other miscellaned	ous)				ate	
exterior		$\boxtimes$		asbesto	s siding		2150 sf		$\Box$	П	
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			Tin .								
Name of Registered Waste Hauler			JUEP V	Vaste	Cubic Yards of	Name of David	- d 1 c - deu			Ш	
Guardian Contracting, Inc.		11 333	Hauler IE		Waste	Name of Register	red Landfill				
City, State			20223		3	T.R.R.F.					
Toms River, New Jersey					Disposal Date 11/07/18	City, State					
Completed By (Print or Type)	Title					Tullytown, Po	-7				
Nicholas Fernicola	Projec	t Man	2005		Signature	11 /		ate	1	1	. 7
SD 44	riojec	r IVIdil	ayer		1	+ ent		10	119	1/0	

ASB-41 JAN 13

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

#### PAID

Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)			1		
				Par	nela Kin	g		1K3	518	0		
Agencies Notified Type Not	fication	1		Street	Address							
☑ EPA   ☑ Initial     ☑ DOLWD   ☐ Amen	led											
	leu Iment #	#		0.000	State, Zip (			Park F	@ F	П	nn	P
☐ DCA ☐ Emerg		ncluding	3		ıxhall, N.				CE		$\mathbb{V}$	
(NJAC 5:23-8) justific				10.000	of Contac			Telephone Nu	mber			27
Cance	llation			100000	nela King	,			OCT 2		2018	7,000
Name of Facility 18th and About	<b>-</b>		(0)	FA	CILITY IN	IFORMATION		find tool f	UU1 Z	3	2010	Total Control
Name of Facility Where Abatement Residence	s lakır	ng Place	(3)				Type of Facility (4	CONTROL (8)		-7.45.2	care carace	
Street Address							School (K-12) Subchapter 8	Other than K-	ESTOS	CON	ITRO	11.8
Street Address							Other (i.e., priv	vate and comm	nercial bu	ilding	S;	twelvola fem
City (5)							Square Feet	# of Floors	Blo	lg. Ag	ge	
Toms River							700 sf	1	6	55		
County (6)				Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Prio	r if being demo	olished)			
Ocean							Residence					
Name of Monitoring Firm Hired by B	uilding	Owner (	(8)	ASCM	No.	Name of Abateme						
N/A						Guardian Co	ntracting, Inc.					
Street Address						Street Address						
0: 0: -			15			1889 Route 9						
City, State, Zip Code						City, State, Zip Co						
Droiget Manager for Manifester City			T= .			080	New Jersey 087					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				
Start Date (10)	Soho	duled C	omolo	tion Do	to (11)	732-349-9932	17	00624				
		11_ /				Name of OSHA N E.M.S.L. Ana						
Occupancy Status During Abatemen	t (Chec	ck only o	one)			Street Address						
☐ Facility Closed/Vacated During E						1056 Stelton						
Abatement Performed Outside of Time of Abatement:AM						City, State, Zip Co	ode					
	445	101/	_PIVI-		AIVI	Piscataway, I	New Jersey 088	54				
Scope of Work (Check all that apply						□ Full Conf	taines and with No.	D				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			novati molitic			☐ Mini-Enc ☐ Glovebag	g Procedure					
		T lo	1 000	ion			mpted (*) and Non-	-Friable Proced				
Location of		0.000	Locat Norma			Description o	,f			ateme		
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TO BE ABATED IN Facility			todial		(i.e	<ul> <li>thermal systems surfacing, VAT,</li> </ul>		(Specify SF or LF)	SVOL	ar	aps	losu
(13)			(12)			other miscellane	ous)	SF ULLE)	2		ulate	Гe
		Yes	No	N/A							(b	
exterior			$\boxtimes$		asbesto	os siding		700 sf				
									П	П	П	П
		Tn -	П	П								
Name of Registered Waste Hauler				JDEP \	Vaste	Cubic Yards of	Name of Registe	ered Landfill				
Guardian Contracting, Inc.			34933	auler II 20223	O No.	Waste 3	T.R.R.F.					
City, State				LULL		Disposal Date	City, State				-	-
Toms River, New Jersey						11/01/18		Pennsylvania	3			
Completed By (Print or Type)	Titl	le				Signature	1/1	7	Date	1		
Nicholas Fernicola	F	Project	Man	ager		M	· +	7	70 Jt	91	18	



10 /				Nan	ne of Buildir	ng Owner/Operator	(2)		311-62		
	19 /	18				construction	(-)	(W2	5	1 5	1
Agencies Notified	ype Notification	n		Stre	et Address					10	1
N	☑ Initial				8 Bartlett	Avenue		117) [ (	GE	3 [	NA
	Amended				State, Zip			1147-3		: U	17
□ DCA [	Amendment	_	-			, NJ 08092					
(NJAC 5:23-8)	Emergency justification)	includir	ng		e of Contac			111111 00	mber o	2	2010
	Cancellation			1				Telephone Nur	nber	U 1	2018
	_ Cancellation				yce Corli			609-296-07			
Name of Facility Where Aba	atement is Taki	na Plac	o (3)	FA	ACILITY IN	NFORMATION		ASBES	708 (	ON	THO
Residence	tomone is Tak	ilg i lac	e (3)				Type of Facility (	4)	- CALTE	SHV/	1
Street Address							School (K-12) Subchapter 8	Other than K 1	2)		
							Other (i.e., pr	ivate and comme	ercial b	ouildir	ıgs,
City (5)		S-1-112-1					Square Feet	# of Floors	IF	Bldg. /	^ ~
LB Twp.							2000 sf	2		70	rye
County (6)				Cou	inty Code (7	)(STATE USE ONLY)		1		-	
Ocean					inty odde (i	MOTATE USE UNLT)	Current Use (Price	or if being demol	ished)		
Name of Monitoring Firm Hi	red by Building	Owner	(8) T	ASCN	l No	Name - CA:	Residence				
N/A	a by building	OWITE	(0)	MOUN	I NO.	Name of Abateme					
Street Address							ntracting, Inc.				
						Street Address					
City Chata 71- 0						1889 Route 9	, Unit 61				
City, State, Zip Code						City, State, Zip Co	ode				
						Toms River, I	New Jersey 087	55			
Project Manager for Monitor	ng Firm		Tele	phone	No.	Telephone No.	,	License No.			
						732-349-9932		00624			
Start Date (10)	Sche	duled C	omple	tion Da	ate (11)	Name of OSHA M		00024			
11 /05 /					18	E.M.S.L. Anal					
Occupancy Status During At						Street Address					
□ Facility Closed/Vacated D	ouring Entire Pe	eriod of	Abate	ment		1056 Stelton					
Abatement Performed Output     Description	tside of Norma	I Facilit	v Hour	s - Des	scribe						
Time of Abatement:	AM- F	M/	PM-		AM	City, State, Zip Co		20.49	3-4-7		
	_				50	Piscataway, N	lew Jersey 088	F 4			
Scope of Work (Check all the								54			
Scope of Work (Check all that											
☐ ≥3 sf or >3 lf		☐ Re	novati			☐ Full Conta	ainment with Nega				
☐ ≥3 sf or >3 lf		☐ Re				☐ Full Conta	ainment with Nega osure Procedure	tive Pressure			
] ≥3 sf or >3 lf		□ Re	novati molitic	n		☐ Full Conta	ainment with Nega	tive Pressure	re		
≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf		☐ Re ☑ De	novati molitic	n		☐ Full Conta ☐ Mini-Encla ☐ Glovebag ☑ Non-Exen	ainment with Nega osure Procedure npted (*) and Non-	tive Pressure	1	patem	ent T
≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf Location of	at apply)	☐ Re ☑ De	novati molitic Locat lormal d Sole	on ly ly by	Asha-	☐ Full Conta	ainment with Nega osure Procedure npted (*) and Non-	tive Pressure Friable Procedu	Ab	_	_
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mation TO BE ABATE IN Facility (13)  xterior	erial (ACM)	Is I	Locat Normal d Sole intena codial S (12)	on lly lly by nce/ staff?	asbestos	Full Conta	ainment with Negalosure Procedure Inpted (*) and Non- Perial (ACM) Insulation,	Friable Procedu  Amount (Specify SF or LF)	A Removal	_	_
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATET IN Facility (13)  xterior  ame of Registered Waste H Guardian Contracting,	erial (ACM)	Is I	Locat Normal d Sole intena codial \$ (12) No	on lly lly by nce/ staff?	asbesto:	□ Full Conta □ Mini-Enclusion Glovebag □ Non-Exem  Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo  s siding  Cubic Yards of Waste 3	ainment with Negalosure Procedure Inpted (*) and Non- Perial (ACM) Insulation, Insulation, Insulation	Amount (Specify SF or LF)	A Removal	_	_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATE! IN Facility (13)  xterior  ame of Registered Waste H Guardian Contracting, ty, State	erial (ACM)	Is Is Use Ma Cusi	Locat Normal d Sole intena codial \$ (12) No	on ly ly by noc/Staff?  N/A  D  D  D  D  D  D  D  D  D  D  D  D  D	asbesto:	□ Full Conta □ Mini-Enclor □ Glovebag □ Non-Exen  Description of tos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo  s siding  Cubic Yards of Waste 3 Disposal Date	ainment with Negalosure Procedure Inpted (*) and Non- Insulation, Insulation, Insulation, Insulation (Insulation) Insulation (	Amount (Specify SF or LF)	A Removal	_	_
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mation TO BE ABATEL IN Facility (13)	erial (ACM)	Is Per Is Man Cust Yes	Locat Normal d Sole intena codial \$ (12) No	on ly ly by noc/Staff?  N/A  D  D  D  D  D  D  D  D  D  D  D  D  D	asbesto:	□ Full Conta □ Mini-Enclor □ Glovebag □ Non-Exen  Description of tos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo  s siding  Cubic Yards of Waste 3 Disposal Date	ainment with Negalosure Procedure Inpted (*) and Non- Berial (ACM) Insulation,	Amount (Specify SF or LF)  2200 sf	Removal	_	_

initial one had all Date of Notification (1) Name of Building Owner/Operator (2) 1 10 19 18 Disantis Contracting, LLC Agencies Notified Type Notification Street Address ☐ Initial 313 Halyard Road □ DOLWD ☐ Amended City, State, Zip Code □ DOH Amendment # Ortley Beach, NJ 08751 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number 3 □ Cancellation Frank Disantis 732-749-6009 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LICENSING Residence School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Lavallette 800 sf 1 65 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 23 / 18 \_\_10\_\_ / \_\_25\_\_ / \_\_18 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_ PM/ PM- AM Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Mini-Enclosure
☐ Glovebag Proce ☐ Renovation ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Removal Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A exterior  $\boxtimes$ asbestos siding 800 sf  $\boxtimes$ П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Guardian Contracting, Inc. T.R.R.F. 20223 3 City, State Disposal Date City, State Toms River, New Jersey 10/25/18 Tullytown, Pennsylvania Completed By (Print or Type) Title Signature Nicholas Fernicola **Project Manager** 10

			event street					THE THE PERSON OF THE PERSON O					Print Fo
CKLOE	55	PA	NOT	UFICATI (Pursua	State of Nev ON OF ASBI ant to NJAC	w Jersey ESTOS ABAT 8:60 and 12:1	EMENT 20)		EC		M		To the second se
Date of Notification (1) October 19, 2018				Name	e of Building (	Owner/Operat	or (2)	And the second s	OCT	2.3	2012	- 1	
	ype Notificatio	n			t Address	unity Colle	ge ———		UCI		2010	9 80 4 1	
X EDA	47				Paramus F	Road		decision of the same of the sa			and the second		4
IX DEP ☐	Amended				State, Zip Coo				ASBESTO	IS COL		L či	-
	Amendment Emergency		na	Para	amus, NJ 0	7852		To the second second	The second secon			* \* - ++ t++	
X DOH	justification Cancellation	1)	9	Mike	of Contact Glander				Telephone 973-376	Numbe -6116	Г		
Name of Facility Where Aba	tement is Taki	ng Place	(3)	FA	CILITY INFO	RMATION	T =						
Bergen Community Co	ollege, Third	Floor,	Office	es 327	and 335			f Facility (4)					
Street Address							X St	chool (K-12) ubchapter 8	(Other than	K-12\			
400 Paramus Road								ther (i.e. priv	ate & comm	nercial b	uildings	s, hor	nes,
City (5) Paramus							Square	c.) Feet	# of Floors		Bldg.	Age	
County (6) Bergen				County (STATE	y Code (7) E USE ONLY)		Current	Use (Prior i	f being dem	olished)			
Name of Monitoring Firm Hire Hillman Consulting LLC	ed by Building C	Owner (	8)	ASC	CM No.	Name	of Abate	ment Contra	ctor (9)				
Street Address 1600 Route 22 East, S	uite 107						Address Main St	reet, #261	1				
City, State, Zip Code Union, NJ 07083						City, S	State, Zip						
Project Manager for Monitorir Vojlislav Tesic	ng Firm				one No. 888-7800	Telepi	none No. 400-871		Licens 01373				
Start Date (10) 11/05/2018		11/21	/2018	mpletion	Date (11)		of OSHA neider La	Monitor aboratorie					
Occupancy Status During Aba						Street	Address						
Facility Closed/Vacated   Abatement Performed O Other – Describe: Occup	utside of Norm	Period of nal Facilit	Abater ty Hour	nent s		City, S	tate, Zip C		t				_
Scope of Work (Check All Tha						Rich	mond, V	/A 23220					
≥3 sf or ≥3 lf	ас Арріу)	x	D			EZ.	1						
× ≥160 sf or ≥260 lf		-	Renova Demolii			×	Mini-E Glovet	ontainment vinclosure bag Procedu	ire				
		Is	Locati	on		- Indian	THOTTE	xempted (*)	and Non-Fi	lable Pro	Abate		
Location of Ashestos Containing Mate	-1-1 / 6 0 5	He	Normal ed Sole	ly ly by		Description	of					ре	
Asbestos-Containing Mate TO BE ABATED	rial (ACM)	Ma	aintena	nce/	Asbestos	Containing Mermal systems	aterial (A	CM)	Amount			Ш	
In Facility (13)		Cus	todial S (12)	Staff?	:	surfacing, VA	r, or	1,	(Specify SF or LF)	Rem	Repair	ncap	encl
(10)		Yes	No	N/A	ot	her miscelland	eous)			Removal	pair	Encapsulate	Enclosure
Offices 327 and 3	335		Х		Jo	oint Compo	und		1,830SF	X		-	
ame of Registered Waste Har	uler		N.	JDEP W	aste C	ubic Yards	No	ame of Regis	tered I and	SII .			
entury Waste Services I	LLC		1000000	auler ID	100	Waste		airless La		III.			
ity, State izabeth, NJ				ALTERNATION PARTY	Di	sposal Date		ty, State orrisville,	PA				
ompleted by		Title				Signature				ate			
arol Bradford		Presi	dent			Care	VE.	Level		0/19/2	018		

#### State of New Jersey ATION OF ASBESTOS ABATEMENT MO#25131062316 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) OCT 23 2018 10 20 / 18 Hugo Dezio Agencies Notified Type Notification Street Address □ EPA M Initial ASBESTOS CONTROL & **⊠** DOLWD Amended City, State, Zip Code X DHSS Amendment # ☐ Emergency (including Netcong, NJ 07857 ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Gary Toriello **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Netcong, NJ 07857 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_10\_\_ / \_\_30\_\_ / \_\_18 \_\_10\_\_ / \_\_31\_\_ / \_\_18 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ☒ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_PM\_\_\_AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If = 160 sf or 260 If □ Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally Location of Description of Repair Asbestos-Containing Material (ACM) Used Solely by Encapsulate Removal Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Garage X Pipe insulation 80 LF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date ewic wenad N.Jevtic Owner 10/20/18 ASB-41

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Name of Monitoring Firm His ENVIRONMETAL HEALTH IN	red by Bui IVESTIGAT	Iding C	wner	(8)				CM No. 104	Nam	e of Abate	ment Cont	racto	r (9)			
Street Address 655 WEST SHORE TRAIL									Stree	et Address						
City, State, Zip Code	-									State, Zip	OCK ROAD					
SF	PARTA, NE	WJER	SEY	07871							W YORK 10	901				
Project Manager for Monitoring	g Firm		Tele	phone	e Numb	per				phone Num			ense l	Numb	er	
WILLIAM S. KERBEL, CIH Expected State Date (10)		10.1		-729-5						369-7500		110	1			
10 / 22	/18 Year			omple 5 /	etion D	30		19 Year	24.54	e of OSHA RISCI LAB	Monitor SORATORIE	SINC	0	#	11480	)
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ROOF LOWER EAST/WEST S	SIDE			х	ROOF	RTAR	& FL	ASHING			1,100 SF		Х			
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Name of Registered Waste Ha	uler	NJD	EP W	aste	Cubic	Yards	of W	aste I	Name	of Registe	ered Landfill					
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		Haul	er ID 15939	No.	2.0.0		20	541101.541	LYCC	MING CO	UNTY RES	OURC		ANAG	EME	IT SE
City, State FREEHOLD, NEW JERSEY					Dispos 10/22-	sal Date 5/30/19			City S	State	, PA 17752			1		;
Completed by (Print or Type) BENJAMIN SANCHEZ	Titl DIF	e RECTO	R OF	OPER	RATION	NS Si	ignatı		4			Date	0,	110	7/	1

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September   Sept										VEN	NUE	, P.O.	ВОХ	( 2000, RY28	-414		0	CT	23	40	118
Name of Facility Where Abatement is Taking Place (3)							City,	State	e, Zip Coo	de						1		-		4	
Name of Facility Where Abatement is Taking Place (3)   PATRICIA JOHNSON   Telephone Number   Tayle 94-7746				fication	on		RAH	WAY	, NEW JE	ERS	EY (	07065				1	* *** ** ** *** **		SECTOR	:  -	aol
Substitution   Facility   School (K-12)   Substitution   School (K-12)   School (K-12)   Substitution   School (K-12)   Substitution   School (K-12)   School (K-1	X DOH O	n Hold				1	Nam	e of (	Contact					Telephone N	li imala e		257	110	12.01		1000
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Street Address 128 EAST LINCOLN AVENUE - BUILDING 80 M City (5) County (6) UNION County (7) RAHWAY County (8) UNION COUNTY (8) COUNTY (9) COUNTY (19) COUNTY (	MERCK SHARP & DOHME CORP	ORATIO	N							-					12 4	0)					
Square Feet	Ctrast Address									X		Other	(ie. i	orivate & com	an K-1 Imcl	2) oldas	: h	omes	etc )		
City (5) RAHWAY  Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  ASCM No. Street Address 655 WEST SHORE TRAIL  City, State, Zip Code  SPARTA, NEW JERSEY 07871  Project Manager for Monitoring Firm  Telephone Number  Telephone Number  WILLIAM S. KERBEL, CIH  973-729-5649  845-389-7800  City, State, Zip Code  SPARTA, NEW JERSEY 07871  Froject Manager for Monitoring Firm  Telephone Number  WILLIAM S. KERBEL, CIH  973-729-5649  845-389-7800  1101  Sched. Completion Date (11) Nonth  Day  Year  Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours - Describe:  City, State, Zip Code  NEW YORK, NEW YORK 10016  Full Containment with Negative Pressure  Mini Enclo.  Glovebag Procedure  X. Non-Friable Procedure  X. Non-Friable Procedure  Containing Material (ACM)  TO BE ABATED  in Facility (13)  Maint/Custodial  Staff (12)  Yes No N/A  ROOR TAR & FLASHING  Name of Registered Waste Hauler  ROOF LOWER EAST/WEST SIDE  Name of Registered Waste Hauler  RAMAGEMENT SE  Cubic Yards of Waste  Name of Registered Landfill  LYCOMING COUNTY RESOURCE MANAGEMENT SE  Completed that Apply in Facility (13)  Name of Registered Landfill  LYCOMING COUNTY RESOURCE MANAGEMENT SE		III DING	80 1	M							Squ	are Fe	eet	# of Floor	s	rage	Blo	lg. Ag	je	1	
RAHWAY UNION (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  Street Address STSHORE TRAIL  SPARTA, NEW JERSEY 07871  Telephone Number STeet Manager for Monitoring Firm WILLIAM S. KERBEL, CIH  STATE USE ONLY) Project Manager for Monitoring Firm  Telephone Number WILLIAM S. KERBEL, CIH  STORE Monitoring Firm  Telephone Number WILLIAM S. KERBEL, CIH  STORE Monitoring Firm  Telephone Number WILLIAM S. KERBEL, CIH  STORE Monitoring Firm  Telephone Number WILLIAM S. KERBEL, CIH  STORE Monitoring Firm  Telephone Number WILLIAM S. KERBEL, CIH  STORE Monitoring Firm  Telephone Number WILLIAM S. KERBEL, CIH  STORE Monitoring Firm  Telephone Number WILLIAM S. KERBEL, CIH  STORE Monitoring Firm  Telephone Number WILLIAM S. KERBEL, CIH  STORE Monitoring Firm  Telephone Number WILLIAM S. KERBEL, CIH  STORE Monitoring Firm  Telephone Number  Telephone Number  Holl Containing Adars of OSHA Monitor  Americal CALBORATORIES INC  #11480  Docupancy Status During Abatement (Check only one)  Street Address  117 EAST 30TH STREET  City, State, Zip Code  NEW YORK, NEW YORK 10016  NEW YORK				Aı			`oun	tu Co	d= (7)	1				2				54			
Name of Monitroring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  Streat Address STEAR ADDRESS STANDRE TRAIL  City, State, Zip Code  SPARTA, NEW JERSEY 07871  Project Manager for Monitoring Firm  Telephone Number WILLIAM S. KERBEL, Cith  10 / 22 /18	RAHWAY	NION				(\$1	TATE	USE	ONLY)	R	ESF	nt Use	(Pri	or if being de	Molisi	ned)	ICE	EACI			
Street Address 655 WEST SHORE TRAIL CITY STATE TOWNS, INV.  SPARTA, NEW JERSEY 07871  Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH 1973-729-5649  Sched. Completion Date (11) 10 / 22 / 18 Month Day Year    Sched. Completion Date (11)   Sched. Completion Date (11)   Address (11)	Name of Monitoring Firm Hired b	y Buildin	ng C	wne	r (8)				SCM No.	N	ame	of Ab	oater	ment Contra	ctor (	9)		raul	LI	-	
State   Table   State   Table   State   Stat	Street Address	IIGATIO	NS,	INC.					104	IP.	AR E	ENVIR	ON	MENTAL CO	RPOR	ÁTIC	NC				
SPARTA, NEW JERSEY 07871  Project Manager for Monitoring Firm  Telephone Number 973-729-5649  WILLIAM S. KERBEL, CIH 10 / 22 /18 Month Day Year  Occupancy Status During Abatement (Check only one)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:  WONDAY -FRIDAY 7AM-3:30 PM  Scope of Work (Check all that apply) Demolition Sarper of SSF OR LF X > 160 SF OR 260 LF  Renovation  Asbestos-containing Material (ACM) TO BE ABATED Maint/Custodial in Facility (13)  Staff (12) Yes No N/A  ROOR TAR & FLASHING  Name of Registered Waste Hauler REEEHOLD CARTAGE, INC.  VICIN State, Zip Code SUrfs Renovation  Telephone Number 1   Stress Address 1   Tress T30TH STREET    Stress Address 1   Tress T30TH STREET   Stress Address 1   Tress T30TH STREET   Stress Address 1   Tress T30TH STREET   Stress Address 1   Tress T30TH STREET   Stress Address 1   Tress T30TH STREET   Stress Address 1   Tress T30TH STREET   Stress Address 1   Tress T30TH STREET   Stress Address 1   Tress T30TH STREET   Stress Address 1   Tress T30TH STREET   Stress Address 1   Tress T30TH STREET   Stress Address 1   Tress T30TH STREET   Stress Address 1   Tress T30TH STREET   Stress Address 1   Tress T30TH STREET   Stress Address 1   Tress T30TH STREET   Stress Address 1   Tress T30TH STREET   Stress Address 1   Tress T30TH STREET   Stress Address 1   Tress T30TH STREET   Stress Address 1   Tress T30TH STREET   Stress Address 1   Tress T30TH STREET   Stress Address 1   Tr					1									CK BOAD						7	
Project Manager for Monitoring Firm															-		+	-		4	
WILLIAM S. KERBEL, CIH  Expected State Date (10)  10 / 22 /18  Month  Day  Year  Occupancy Status During Abatement (Check only one)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:  X Other - Describe:  MONDAY - FRIDAY 7AM-3:30 PM  Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >10 SF OR 260 LF  Location of Abbestos-containing Material (ACM) TO BE ABATED in Facility (13)  Material (ACM) To BE ABATED in Facility (13)  Maint/Custodial in Facility (13)  RROOF LOWER EAST/WEST SIDE  NAME of OSHA Monitor AMERISCI LABORATORIES INC #11480  Street Address 117 EAST 30TH STREET  City, State, Zip Code NEW YORK, NEW YORK 10016  Full Containment with Negative Pressure Mini Enclo. Glovebag Procedure Non-Friable Procedure  Containing Material (ACM) Amount (Specify Specify Specify Specify Street)  Waint/Custodial insulation, surfacing, VAT, or other miscellaneous)  RROOF LOWER EAST/WEST SIDE  NAME of Registered Waste Hauler RREEHOLD CARTAGE, INC.  NAME of OSHA Monitor AMERISCI LABORATORIES INC #11480  Maring of OSHA Monitor AMERISCI LABORATORIES INC #11480  Maring of OSHA Monitor AMERISCI LABORATORIES INC #11480  Material (ABORATORIES INC #11480  Street Address 117 EAST 30TH STREET  City, State, Zip Code NEW YORK, NEW YORK 10016  NEW YORK, NEW YORK 10016  In Facility (13)  Staff (12)  Occupancy Status During Material (ACM) Amount (Specify Specify	Project Manager for Monitoring Firm	A, NEW	JER			Nime				S	UFF	ERN, I	NEV	V YORK 1090							
Expected State Date (10)  10 / 22 / 18		1					er			1						e Nu	ımb	er		7	
Month   Day   Year   Month   Day   Month   Day	Expected State Date (10)		Sch	ed. C	omple	tion D	ate (	11)						Monitor	1101						
Occupancy Status During Abatement (Check only one)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM  Scope of Work (Check all that apply) Demolition 33SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) TO BE ABATED in Facility (13)  Renovation Street Address 117 EAST 30TH STREET  City, State, Zip Code NEW YORK, NEW YORK 10016  Full Containment with Negative Pressure Mini Enclo , Glovebag Procedure Normally used Solely by (i.e. Thermal systems (Specify Specify Described) (i.e. Thermal systems (Specify Specify S		3			5 /				/19	Al	MER	RISCIL	ABO	DRATORIES	INC		#	1148	n		
Scope of Work (Check all that apply)		nt (Check	Mo	onth	,,	Day	/		Year								**	1140	U		
Abatement Performed Outside of Normal Facility Hours - Describe:    X	X   Facility Closed/Vacated I	During Fr	ntire	Perio	nd of A	bateme	ent							STREET		435-0				1	
Scope of Work (Check all that apply)  Demolition   Demolition   X   Renovation   Full Containment with Negative Pressure   Mini Enclo ,   Glovebag Procedure   X   Non-Friable Procedure   X   Non-Fri	Abatement Performed Ou	utside of	Non	mal F	acility	Hours -	Des	cribe													
Demolition   Sast OR LF   X   Secondarion   Sast OR LF   Sast O	Other - Describe. MC	JNDAY -	FKIL	JAY I	/AM-3:	30 PM				Ci	ty, S									1	
SasFor LF   SasF		)					Γ		Full Conta	 ainm	nent	with N	lEVV enai	YORK, NEW	YOR	K 10	016	102			
Solution of Asbestos-containing Material (ACM)		X	Reno	ovatio	n				Mini Encl	Ο,			cga	ave i lessule							
Location of Asbestos-containing Material (ACM) Material (ACM) TO BE ABATED Maint/Custodial Staff (12) Yes No N/A  ROOF LOWER EAST/WEST SIDE  Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A  ROOR TAR & FLASHING  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.  Is Location Description of Asbestos-Containing Material (ACM) (ie. Thermal systems (Specify SF or LF)) (in Facility (13)  Abatement Type ROOF LOWER (ACM) (ie. Thermal systems (Specify SF or LF)) (in Facility (13)  New York (ACM) (ie. Thermal systems (Specify SF or LF)) (in Facility (13)  Namount (Specify SF or LF)  NAMOUNT							5		Glovebag	Pro	ced	ure								1	
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TO BE ABATED in Facility (13)  ROOF LOWER EAST/WEST SIDE  X  ROOR TAR & FLASHING  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.  NOTE OF SIDE Solely by Maint/Custodial Staff (12) or other miscellaneous  (Specify SF or LF)  SF or LF)  Note of Note of Registered Waste Hauler FREEHOLD CARTAGE, INC.  Name of Registered Waste Hauler ID No.  Solely by Maint/Custodial insulation, surfacing, VAT, or other miscellaneous  NAT ROOR TAR & FLASHING  1,100 SF  X  Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE			norr	nally	used		Cor	ntaini	ng Materi	ial (A	ACM	)		Amount	-					-	
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ROOF LOWER EAST/WEST SIDE  X ROOR TAR & FLASHING  1,100 SF  X  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.  NJDEP Waste Hauler ID No.  20  LYCOMING COUNTY RESOURCE MANAGEMENT SE	and the second of the second o				_		UI	oute	miscena	ineo	us)				P	2		SUL	SUF		
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Hauler ID No.   20   LYCOMING COUNTY RESOURCE MANAGEMENT SE	Name of Registered Waste Hauler	N	JDE	P Wa	aste (	Cubic Y			aste	Nar	me c	of Regi	ster	ed Landfill		+					
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City, State Disposal Date City State	City, State			3535		Disposa	I Dat	e		447	ALI	EXANI	#R	DRIVE/ROU	TE 15	5					
FREEHOLD, NEW JERSEY 10/22-5/30/19 MONTGOMERY, PA 17752		I					/30/1	9		MO	NTC	SOME	RY.	PA 17752		1		,			
BENJAMIN SANCHEZ  Title DIRECTOR OF OPERATIONS  Signature Date Director Of Operations	BENJAMIN SANCHEZ		TOF	OF	OPER	MOITA	S	ignati	ure /	1	4	V	-		ife (	/11	11	10			

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Date of Notification (1)					h (100mm) (100mm)		Building C TAL FINA		Operator (	2)					
10 / 19	/18				Stre	et Ado	ress			1	111	0	CT	2 3	2016.
Agencies Notified Type	Notification	1			751	BROA	D STREE	Т		a-distrib					-010
EPA DEP X	Initial Notif Amended I Cancellation	Notifica		2			, Zip Code NEW JEF		07102	The state of the state of	Ā	SHEE	TOS JOEN	COL	TROL
X DOH	On Hold	**************************************					ontact			Telepho	ne Num	ber	-	and the same of	harden and and the state of the
DCA L	EMERGEN	ICY N	OTIFI							973-802	-4072				
Name of Facility Where Abates	ment in Tak	ing DI	200/3		ACILITY I	NFOR	MATION	Typ	e of Facility	(4)					
PRUDENTIAL BUILDING	Helit is Tar	ang Fi	ace (	"					School (K-	12) er 8 (Othe					
Street Address								X	Other (ie.		Floors	i. blag:		nes, e	
751 BROAD STREET - 6TH FLO	OOR								785,000		27			58	
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NEWARK	ESSEX				(STAT		ONLY)		MERCIAL			(0)			
Name of Monitoring Firm Hire ACCREDITED ENVIRONMENT	d by Buildi	ng Ow	ner (8	3)		AS	SCM No.		ne of Abate				ON		
Street Address	AL ILCIIN	JLOGI	LOTIV						et Address	VILIVITAL	. 00111	510111	011		$\overline{}$
28 NORTH PENNELL ROAD					ulo-luo-ma-uro			1	SPOOK RO		AD.				
City, State, Zip Code			122						, State, Zip		10001				
Project Manager for Monitoring	MEDIA, I			one	Number	1 1 1 1 1 1			FERN, NEV			ense N	lumbe	r	
RONALD KHACHADOURIAN	E31L011	- 1	610-89						-369-7500	DCI	110		dillo	**	
Expected State Date (10)					tion Date	(11)			ne of OSHA	Monitor	1.1.				
10 / 16/18		19539	3 /		30		/19	QUA	ALITY						
Month Day Y Occupancy Status During Abate	ear ment (Chec	Mor k only			Day		Year	Stre	et Address						-
Facility Closed/Vaca	ted During E	Intire F	eriod					137	6 ROUTE 9						
Abatement Performe						escribe	e:	City	, State, Zip	Codo					
X Other - Describe:	MONDAY SATURDA							City	WAPPIN		ALLS, N	EW YO	DRK 1	2590	
Scope of Work (Check all that a						х	Full Cont		ent						
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>3SF OR LF X >160 SF OR 260	I F					-	Glovebag Non-Friat								
Location of		Isl	ocatio	n l		Descr	iption of As					A	batem	ent T	ype
Asbestos-containing			ally u	33.50	(		ning Mater		1.5	1 3355	nount	R	교	E	E
Material (ACM)		100000000000000000000000000000000000000	lely b	1/00/05/20			Thermal sy			0.000000	ecify	NO.	REPA	ENCA	ENCL
TO BE ABATED in Facility (13)			/Custo aff (12	23.400.300.00	1		on, surfaci er miscella			55	or LF)	REMOVAL	Ŕ	PSUL	OSUR
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6TH FLOOR -ENTIRE			1	X	FLOOR 1	TILE &	MASTIC			18,000	SF	x			
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Name of Registered Waste Hau	lor	NIDE	P Wa	ctc	Cubic Ya	rde of	Masta	Man	ne of Regis	ered Lar	dfill				-
NEWARK CARTING			er ID N 913			120		GR	AND CENT						
City, State NEWARK, NEW JERSEY					Disposal 10/15-03		/	City	State	HZNWC	IP. PA	. 7	1	1	5
Completed by (Print or Type)	Title					Sign	ature	1	/\		Da	te )	10	11	1
BENJAMIN SANCHEZ	DIR	ECTOR	R OF (	OPER	RATIONS		11	24				7	4	//	0

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Date of Notification (1)				1	lame o	of Building	g Own	er/Operator	(2)		(6)	15	11 1
10 / 12 /18				S	Street A	ddress			1111	-	Or I	0.0	004
Agencies Notified Type Notific	ation					OAD STRE	EET			į	UCI	2 3	201
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DCA On Ho		Y NO	TIFICA			Contact MCCAULE	= ~		Telephone Nu 973-802-4072	mber	Free Company	Care Servings a	
						RMATION			973-002-4072				
Name of Facility Where Abatement is	Taking	g Plac	ce (3)					pe of Facilit	y (4)				
PRUDENTIAL BUILDING								School (K Subchapt	er 8 (Other than	K-12)	)		
Street Address							X	Square Feet	private & comm	icl. blo	igs., h	omes.	etc.)
751 BROAD STREET - 6TH FLOOR  City (5)   ICounty	(0)							785,000	27		DIC	dg. Ag 58	е
NEWARK County NEWARK ESSEX Name of Monitoring Firm Hired by Bui	• •	0	- (0)		ATE US	ode (7) SE ONLY)	ICO	MMERCIAL	ior if being dem			arm. L	.ab.
ACCREDITED ENVIRONMENTAL TECH	HNOLO	OWNE	3 INC		1	ASCM No.		me of Abate	ment Contract MENTAL CORF	or (9)	TION		
Street Address 28 NORTH PENNELL ROAD							Str	eet Address		ORA	HON		
City, State, Zip Code								SPOOK RO					
MEDIA	A, PA						SU	y, State, Zip	Code V YORK 10901				
Project Manager for Monitoring Firm		0.000		e Number				ephone Num		cense	Numb	er	
RONALD KHACHADOURIAN  Expected State Date (10)	Isol		0-891-0		(4.4)			-369-7500	11	01			
10 / 16/18	30		3 /	etion Dat	ie (11) 30	/19		me of OSHA ALITY	Monitor				
Month Day Year Occupancy Status During Abatement (Ch	N	1onth	- \	Day		Year		ALITY					
Facility Closed/Vacated During	Entire	e Peri	nd of A	Abatemen	it			eet Address 6 ROUTE 9					
Abatement Performed Outside X Other - Describe: MONDA	of No	rmal F	acility	Hours - F	Describ	e:							
	II -FIX	IDAT	O PIVI-	2 AIVI			City	, State, Zip (	Code	E10/1/	0.014		
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TO BE ABATED in Facility (13)			stodial		insulati	on, surfaci	ing, V	AT,	SF or LF)	Ì	All	A A	
in admy (15)		Staff (	N/A		or oth	er miscella	aneous	s)		AL.	1~	ENCAPSUL	OSUR
TH FLOOR -ENTIRE				FLOOR	TILE &	MASTIC			18,000 SF	-	+-	-	ZI.
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EWARK CARTING -	_	er ID 913	No.	Oubic Ta	120	vasie	GRA	e of Register ND CENTRA	ed Landfill L SANITARY				
ity, State EWARK , NEW JERSEY		010		Disposal 10/15-03/			City,	State NFIELD TO	May =				
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ompleted by (Print or Type)   Title				ATIONS	Signa	ature	1	/	Date	1.	-	_	

Date of Notification (1)  10				ATION		SBEST	ersey ΓOS ABA1 7 and 12:1			30	国	PW	
Agencies Notified    PA	Date of Notification (1)				Nam	e of B	uilding O	wner/Operator	(2)	OCT	0.0	0016	
Agencies Notified Type Notification FPA Amended Notification Name of Pacification OCA	10 / 4 /18				Stree	et Add	ress			UUI	40	2010	5
EPA NOTE OF PARTIES NOTIFICATION JASON MCCAULEY PT-802-4072    Street Address		ification			751 E	BROA	D STREE	Т	1				
Name of Facility Where Abatement is Taking Place (3)   FACILITY INFORMATION   School (K-12)   Subchapite 8 (Other than K-12)   Sub	EPA X Initi	al Notification							AS	BEST	78 OC Ek:8)	NTRI NG	)]. 8
Name of Facility Where Abatement is Taking Place (3)  PRUDENTIAL BUILDING  PRUDENTIAL BUILDING  Streat Address 25 Name Feet 25 North PENNELL ROAD  ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC  Streat Address 25 NORTH PENNELL ROAD  ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC  Streat Address 25 NORTH PENNELL ROAD  ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC  STREAT Address 27 North PENNELL ROAD  ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC  STREAT Address 28 NORTH PENNELL ROAD  ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC  STREAT Address 313 SPOOK ROCK ROAD  City, State, 2ip Code  MEDIA, PA 1963  Project Manager for Monitoring Firm  Telephone Number  Folked State Date (10)  10 1 15/18  Month Day Year  Month Day Year  Month Day Year  Occupancy Status During Abatement (Check only one)  Featily Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:  Abatement Performed Outside of Normal Facility Hours - Describe:  Abatement Performed Outside of Normal Facility Hours - Describe:  Abatement Performed Outside of Normal Facility Hours - Describe:  Abatement Performed Outside of Normal Facility Hours - Describe:  Abatement Performed Outside of Normal Facility Hours - Describe:  Abatement Performed Outside of Normal Facility Hours - Describe:  Abatement Performed Outside of Normal Facility Hours - Describe:  Abatement Performed Outside of Normal Facility Hours - Describe:  Abatement Performed Outside of Normal Facility Hours - Describe:  Abatement Performed Outside of Normal Facility Hours - Describe:  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 12590  Abatement Type.  Facility (13)  First Address  Arbatement Performed Outside of Normal Facility Hours - Describe:  Normal Facility (13)  First Address  Arbatement Performed Outside of Normal Facility Hours - Describe:  Order Abatement Performed Outside of Normal Facility Hours - Describe:  Order Abatement Performed Outside of Normal Facility Hours - Describe:  Order Abatement Performed Outside of Normal Facility Hours - Des	X DOH On	Hold	NOTIFIC	ATION				8		mber			
School (K-12)				FACI	LITY IN	FORM	MATION						
Square Feet   # of Floors   Bidg, Age   751 BROAD STREET - 6TH FLOOR   755 BROAD STREET - 6TH FLOOR STREET	Name of Facility Where Abatement PRUDENTIAL BUILDING	is Taking	Place (3)					School (I	<-12) ter 8 (Other than		s hor	nes ei	tc.)
City (5)	Street Address 751 BROAD STREET - 6TH FLOOR							Square Feet	# of Floors	01. 2.49	Bldg	. Age	,
Name of Monitoring Firm Hired by Building Owner (8) ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC  Street Address 28 NORTH PENNELL ROAD  City, State, 215 Code  MEDIA, PA 19063 Project Manager for Monitoring Firm Fleiphone Number Fl	City (5)	unty (6)								olished	) Phar	m. Lat	).
Street Address 313 SPOOK ROCK ROAD  City, State, Zip Code  MEDIA, PA 19063  Project Manager for Monitoring Firm  Telephone Number RONALD KHACHADOURIAN  810-891-0114  Expected State Date (10) 10 / 15/18  Month Day  Year  Month Day  Year  Occupancy Status During Abatement (Check only one)  Abatement Perioded Outside of Normal Facility Hours - Describe:  Abatement Performed Outside of Normal Facility Hours - Describe:  Abatement Performed Outside of Normal Facility Hours - Describe:  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 10901  Street Address 1376 ROUTE 9  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 12590  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 12590  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 12590  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 12590  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 12590  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 12590  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 12590  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 12590  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 12590  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 12590  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 12590  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 12590  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 12590  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 12590  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 12590  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 12590  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 12590  City, State, Zip Code  WAPPINGERS FALLS, NEW YORK 12590  City, State  Name of Registered Landfill  GRAND CENTRAL SANITARY  PLANTALL ADDRESSEY  Completed by (Print or Type)  Title  Disposal Date  10/15-03/30/19  PLANTALL ADDRESSEY  Completed by (Print or Type)  Title  Date (JUL) 1/10  City, State  10/15-03/30/19  PLANTALL ADDRESSEY  Completed by (Print or Type)  Title	Name of Monitoring Firm Hired by		-				Name of Abat	ement Contract		ION			
MEDIA, PA 19063   SUFFERN, NEW YORK 10901   Telephone Number   Telep	Street Address												
RONALD KHACHADOURIAN   610-891-0114   845-369-7500   1101     Expected State Date (10)	14	EDIA, PA 1	9063										
10 / 15/18								E. W. S. L. Commercial			lumbe	г	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:			3 /	pletion					A Monitor				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:    City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590					Day		Year	Charact Address					
Scope of Work (Check all that apply)  Demolition  >3SF OR LF X >160 SF OR  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  Staff (12) Yes No N/A  6TH FLOOR -ENTIRE  Name of Registered Waste Hauler NEWARK CARTING  Name of Registered Waste Hauler NEWARK CARTING  Name of Registered Waste Hauler NEWARK, NEW JERSEY  Completed by (Print or Type)  Title  Type No N/A  Full Containment Mini-Enclo, Glovebag Procedure  Non-Friable Proce	Facility Closed/Vacated D Abatement Performed Out	ouring Entire	e Period o	lity Hou	ırs - De	scribe	:	1376 ROUTE City, State, Zip	9 Code				
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  Name of Registered Waste Hauler NEWARK CARTING  NIDEP Waste Hauler ID No. 913  Disposal Date NEWARK, NEW JERSEY  Containing Material (ACM) (ie. Thermal systems (ie. Thermal s	Demolition >3SF OR LF		novation			X	Mini-Encl Glovebag	ainment o , Procedure	NGERS FALLS, I	NEW Y	ORK 1	2590	
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  Name of Registered Waste Hauler NEWARK CARTING  NIDEP Waste Hauler ID No. 913  Disposal Date NEWARK, NEW JERSEY  Containing Material (ACM) (ie. Thermal systems (ie. Thermal s	Location of	15	Location	1		Descri	ption of As	sbestos-		A	batem	ent Ty	ре
Name of Registered Waste Hauler NEWARK CARTING  City, State NEWARK, NEW JERSEY  Completed by (Print or Type)  Title  K FLOOR TILE & MASTIC  18,000 SF  X  FLOOR TILE & MASTIC  18,000 SF  X  Rame of Registered Landfill GRAND CENTRAL SANITARY  City, State PLAMFIELD TOWNSHIP, PA  Date 10/15-03/30/19  Signature  Date 10/11/CC	Material (ACM) TO BE ABATED	Mai	solely by int/Custo Staff (12)	dial	in	(ie. T Isulatio	hermal sy on, surfaci	stems ng, VAT,	(Specify	REMOV		ENCAP	ENCLO
NEWARK CARTING  Hauler ID No. 120  GRAND CENTRAL SANITARY  913  City, State  NEWARK, NEW JERSEY  Completed by (Print or Type)  Title  GRAND CENTRAL SANITARY  City, State  PLAIMFIELD TOWNSHIP, PA  Completed by (Print or Type)  Title  Signature	6TH FLOOR -ENTIRE	Yes			OOR TI	ILE &	MASTIC		18,000 SF	x	T		~
NEWARK CARTING  Hauler ID No. 120  GRAND CENTRAL SANITARY  913  City, State  NEWARK, NEW JERSEY  Completed by (Print or Type)  Title  GRAND CENTRAL SANITARY  City, State  PLAIMFIELD TOWNSHIP, PA  Completed by (Print or Type)  Title  Signature													
NEWARK CARTING  Hauler ID No. 120  GRAND CENTRAL SANITARY  913  City, State  NEWARK, NEW JERSEY  Completed by (Print or Type)  Title  GRAND CENTRAL SANITARY  City, State  PLAIMFIELD TOWNSHIP, PA  Completed by (Print or Type)  Title  Signature													
City, State  NEWARK, NEW JERSEY  Completed by (Print or Type)  Disposal Date  10/15-03/30/19  Completed by (Print or Type)  Title  Disposal Date  PLAIMFIELD TOWNSHIP, PA  Date  Dat			uler ID No		bic Yar		Waste			,	1_		
Completed by (Print or Type) Title Signature   Date 10/11/19			913				-	City, State	FONNESID DA				
	Completed by (Print or Type)		OR OF O				ature	PLANFIELD		ate / C	/4	//8	/

N 3338 P	AINO	(Purs	ATION C	e of New of ASBES NJAC 8:0	STOS ABA	:120)			The second second	E	G				7 0 0	A CONTRACTOR OF THE CONTRACTOR
Date of Notification (1) 10-9-18		10.00	ame of E Cevin R	Building Ov Reilley	wner/Oper	ator (	2)	peak years to access years		TEL BALLET	OCT	2	3 20	18	unturnament)	1
Agencies Notified Type Notification		St	reet Add	dress				on American		L	BEST(		STANIT	201	S).	and the section
EPA Initial		Ci	tv State	e, Zip Code	e				da in transportation	rioi	N 2.0	O PER L	3/NG	i i i i i i i i i i i i i i i i i i i	CL CONTRACTOR	
▼ EPA		1000		IJ 08723												
X  Emergency (	including		ame of C							Tele	ohone	Numl	per			
DOH justification)  DCA Cancellation		K	evin R	Reilley ITY INFOR	OMATION.					-						
Name of Facility Where Abatement is Taking	g Place (3)		FACILI	II T INFOR	KIVIATION		Туре	e of Facili	ty (4)							
Street Address								School ( Subchar Other (i. etc.)	ter 8	(Other ate &	r than l	K-12) ercial	buildi	ngs, h	omes	<b>&gt;</b> ,
City (5)								are Feet		# of	Floors		13.55	lg. Ag		
Brick			ounty Co	ode (7)		_	2,1	95 ent Use (	Prior i	f bein	a dem	olishe		yea	113	-
County (6) Ocean				SE ONLY)		-	Re	sidentia	ıl							
Name of Monitoring Firm Hired by Building Almonte Environmental Services L	Owner (8) LC		ASCM	No.	1 100			atement ce Envi				;				
Street Address						treet										
2200 Paterson Plank Rd.								rdentow		e.						_
City, State, Zip Code North Bergen, NJ 07047					7.0			Zip Code J, 0885								
Project Manager for Monitoring Firm			elephon			eleph					Licens 0135					
Carmelo Altomonte	Scheduled		76	7-4056				-2900 SHA Mon	itor		0150					-
Start Date (10) 10-13-18	10-15-1		Dietion D	ale (11)				te Envir		ental	Serv	ices	LLC			
Occupancy Status During Abatement (Che	ck Only One	)			1 7	treet		ess terson f	Dlank	D4						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of At nal Facility I	ateme Hours	ent		C	City, S	tate,	Zip Code ergen, N	)		<u></u>					
Scope of Work (Check All That Apply)						NOLL	II De	ergen, r	13 07	047						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	parameter and the same of the	enovat emolitio				×	I N	Full Conta Mini-Enclo Glovebag Non-Exem	sure Proce	dure					9	
	le l	ocatio	n I											Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ormally Solel ntenan odial S (12)	y y by ce/	Asbest (i.e.	Descr os Contain thermal sy surfacin other mis	ning N stem ng, VA	Nater s ins T, or	ulation,	)	(5	mount Specify or LF		Removal	Ty Repair	Encapsulate	Enclosure
	Yes	No	N/A												CD.	
Upper Floor			X	Floor	r Tile an	d Ma	astic	(VAT)	-	2	16 SF	:	Х			
									+							
No. of Design and March Harden		NI	JDEP W	/aste	Cubic Y	ards		Nam	e of R	eaiste	ered La	andfill				
Name of Registered Waste Hauler		Н	auler ID		of Waste			200000000000000000000000000000000000000	.R.F							
Century Waste City, State		N	J-860		.33 Disposa	l Date	9		State						13 E   E	
Elizabeth, NJ					10-15-			Tul	lytow	n, P	A	_				
Completed by Thomas Re	Title Presi	dent			Sig	natur	3/	. /	17	0		175000	ate 0-9-1	8		
ASR-41 (R-06-08)					,	Don	not us	se this for	m for	asbes	tos lice	ensur	e exer	npted	activ	ities.

Print Form

Date of Notification (1)		-			Nam	e of Ruildin	α Οι	wner/Operator	(3)	FRE	7 7	7 FE	3 1902	-
8/	22 /	18	_						Miltary & Vete	rans 6 6 1	1 //	/ <u> </u> [	principal and	-
Agencies Notified  ⊠ EPA  ⊠ DOLWD	Type Notific  ☑ Initial  ☑ Amende			il	10	et Address  1 Eggerts  State, Zip (		ossing Road	Section (Control of Control of Co	OCT 23	20	18	Supplemental Commence	1
☑ DOH	Amenda				1	wrencevi			648	Supplied the state of the state			-	0.111.00
□ DCA     (NJAC 5:23-8)	☐ Emerger justificat	ncy (incl	uding	E.		e of Contac	-	145 00	046	ASSESTOS O		iol.	4	_
(140/10 3.23-8)	☐ Cancella				120000000000000000000000000000000000000	lliam McE	9300	•	Larran	Telephone Numb	- Accessor	بالوطائب دراوي	galligas (San.	menend.
										609 530-713	<i>d</i>		-	
Name of Facility Where A	hatament is	Takina I	21	(0)	FA	CILITY IN	IFO	RMATION						
WOODBURY ARMO		raking r	race	(3)					Type of Facility  School (K-1	2)				
Street Address 658 NORTH EVERG	REEN AVE	NUE							Subchapter Other (i.e., phomes, etc.)	8 (Other than K-12) private and commer )	cial b	uildin	js,	
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
WOODBURY									66000	2		68		
County (6) GLOUCESTER					Cou	nty Code (7	)(ST/	ATE USE ONLY)	Current Use (P	rior if being demolis	hed)			
Name of Monitoring Firm	Hired by Buil	ding Ow	mer (8	B)	ASCM	No.	Na	me of Abateme	ent Contractor (9	)			_	
TTI Environmental,	Inc						1 100	DELTA/BJDS	A CAN DE LA CONTRACTOR DE	• 11				
Street Address							Str	reet Address						
1253 North Church	Street						1	1345 INDUST	RIAL BLVD.					
City, State, Zip Code							Cit	y, State, Zip Co	ode				_	
Moorestown, NJ 080	057-1136						5	SOUTHAMPT	ON PA 18966					
Project Manager for Monit	toring Firm			1000	phone 56 840	No. -8800	1000	lephone No. 215 322-2900		License No.				
Start Date (10)		Schedule 11		(2)		ite (11) 18		me of OSHA M	onitor	33.00				
Occupancy Status During	Abatement (		-				Str	eet Address						
☐ Facility Closed/Vacate					ment		. 65	V/A						
Abatement Performed Time of Abatement: 7/	Outside of N	ormal Fa	acility	Hour	s - Des	scribe	City	y, State, Zip Co	ode					
Scope of Work (Check all	that apply)						1							
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			Ren Den					☐ Mini-Encl	Procedure	gative Pressure on-Friable Procedure	9			
				Locat							_	atem	ent T	vpe
Location of Asbestos-Containing N	All comes and the second and the	1		ormal I Sole	lly ely by	Ashaa		Description of			-	-		-
TO BE ABAT	TED	*	Mair	ntena	nce/	(i.e.	, the	Containing Matermal systems i	nsulation.	Amount (Specify	Removal	Repair	nca	nclc
IN Facility (13)	1		Custo	(12)	Staff?		S	surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)		Y	/es	No	N/A		Oti	her miscellaned	ous)				ate	W .
BOILER RM		D	3			BOILER	LA	GGING		250 SF				
BOILER RM		D				PIPE IN	SUL	ATION		15 LF				
BOILER RM		D	3			JOINTS	A/V	V PIPE INSUI	_ATION	4 LF				
BOILER RM		D				PLASTE	RC	EILING		380 SF		П	П	
Name of Registered Waste	e Hauler			N.	JDEP V	Vaste	Cub	oic Yards of	Name of Regis	tered Landfill	_			_
SERVICE TRANSPO	RT GROUP	•			auler II <b>2099</b> 0		Was	ste	MINERVA					
City, State 58 PYLES LANE NEV	N CASTI E	DE					Disp	posal Date	City, State					
									WAYNESB	URG, OHIO				
Completed By (Print or Type CHRISTINE DEL VIS		Title	ST. A	DMI	NISTR	ATOR		Signature	- XC	Date		12	.7/	218
		100000000000000000000000000000000000000						11 / Was	Marco IDA	VILLOUL II	110	1-12	-0	-10

				Nan	ne of Buildi	ng Owner/Operator	(2)					
	19 /	18			iane Goe		/ Job #1810	2364 Chk.	#516	7		
	Type Notification	on		Stre	et Address							
	☑ Initial											
☑ DOLWD [	Amended			City	State, Zip	Code				John Strate Company	y-ir-	
	Amendment  Emergency		-		amilton, N		- purch	EGE	n n			
(NJAC 5:23-8)	justification)		ig	-	ne of Conta			E G E	D 1:	Lance Lance		11
	Cancellation			Di	ane	5.70	1131	relephone Nul	nber		Andread A state	17.00
				F/	ACILITYII	NFORMATION		OCT 2 3	20	18	111	1
Name of Facility Where Aba	atement is Tak	ing Plac	e (3)	- '	COLLITTI	VI ORWATION	Type of Facility		, 10		1 4-1	mart.
Residential			, ,				Type of Facility (  School (K-12			A-1-1-1-1-1	ALME II	
Street Address							☐ Subchapter 8	(Other than K-1	2)			
							Other (i.e., pr	ivate and comme	ercial l	ouildin	igs,	ed total
City (5)							homes, etc.) Square Feet	4 (5)				
Trenton						4	1542	# of Floors	E	Bldg. A		
County (6)				Cou	inty Code (	7)(STATE USE ONLY)				100	+	
Mercer					, 0:40 (	MOTATE OUE ONET)	Current Use (Price Residential	or it being demoi	ished)			
Name of Monitoring Firm Hir	red by Building	Owner	(8)	ASCN	1 No	Name of Abateme						
Criterion Labs						The second secon	d Mold Services					
Street Address						Street Address	a word Services	s, corp.				
400 STreet Road						3859 Sylon B	oulovard					
City, State, Zip Code						City, State, Zip Co						
Bensalem, PA						Hainesport, N						
Project Manager for Monitori	ng Firm		Tel	ephone	No.	Telephone No.	13 08036	T1: N				
Mike Panepresso			1 100		1-1300	609-702-0400		License No.				
Start Date (10)	Sche	duled (	- 33		ate (11)	Name of OSHA M	onitor	00862				
10 /22 /1	18	10				EMSL Analyti						
Occupancy Status During Ab	atement (Che	ck only	one)			Street Address	our, 1110.					
□ Facility Closed/Vacated D	uring Entire P	eriod of	Abate	ment		200 U.S. Rout	a 120 North					
Abatement Performed Ou	tside of Norma	al Facilit	v Hou	rs - Des	scribe	City, State, Zip Co						
Time of Abatement:	AM- F		,									
		PM/	PM		AM							
Scope of Work (Check all tha		PM/	PM		AM	Cinnaminson,						
Scope of Work (Check all tha			PM		AM	Cinnaminson,	, NJ 08077	tive Pressure				
		⊠ Re	PM	on	AM	Cinnaminson,  Full Conta	ainment with Nega	tive Pressure				
Scope of Work (Check all that $\square \ge 3$ sf or $> 3$ If		⊠ Re	PM	on	AM	Cinnaminson,  Full Conta  Mini-Encle  Glovebag	ainment with Nega		re			
Scope of Work (Check all that  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		⊠ Re	PM	on on ion	AM	Cinnaminson,  Full Conta  Mini-Encle  Glovebag	ainment with Nega			atem	ent T	Vine
Scope of Work (Check all that  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of	it apply)	⊠ Re	PM	on on ion		Cinnaminson,  Full Conta Mini-Encle Glovebag Non-Exen	ainment with Nega osure Procedure npted (*) and Non-		Ab	eateme		1
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Scope of Work (Check all that  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate  TO BE ABATED IN Facility	erial (ACM)	⊠ Re □ De	enovate Morma de Sole intena	ion liy ely by	Asbes	Cinnaminson,    Full Conta     Mini-Enclo     Glovebag     Non-Exen     Description of stos Containing Mate   , thermal systems in surfacing, VAT,	ainment with Nega osure Procedure npted (*) and Non- erial (ACM) issulation,	Friable Procedu	Ab	Repair		1
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Scope of Work (Check all that  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate  TO BE ABATED IN Facility	erial (ACM)	☑ Re ☐ De	Local Norma d Sole intena (12)	ion iiy ely by nce/ Staff?	Asbes	Cinnaminson,  Full Conta Mini-Encle Glovebag Non-Exen  Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo	ainment with Nega osure Procedure npted (*) and Non- erial (ACM) issulation,	Friable Procedu  Amount (Specify	Ab	1		1
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Scope of Work (Check all that	erial (ACM)	☑ Re ☐ De	PM  enovate  control  Locate Normal  d Sole intenat  todial  (12)  No	ion iiy ely by nce/ Staff?	Asbes (i.e.	Cinnaminson,  Full Conta Mini-Encle Glovebag Non-Exen  Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo	ainment with Nega osure Procedure npted (*) and Non- erial (ACM) issulation,	Amount (Specify SF or LF)	Ab Removal	Repair	Encapsulate	Enclosure
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Scope of Work (Check all that	erial (ACM)	⊠ Re □ De  Is i Use Ma Cus  Yes □	PM  Innovation  Location  Location  Location  No  No  No  No  No  No  No  No  No	on ion liy by nce/ Staff?	Asbes (i.e.	Cinnaminson,  Full Conta Mini-Encle Glovebag Non-Exen  Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo  Cubic Yards of Waste  5	ainment with Negatosure Procedure Inpted (*) and Non- erial (ACM) Insulation, or us)  Name of Registe Grand Centr	Amount (Specify SF or LF)  208 LF	Removal	Repair	Encapsulate	Eliciosure
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Date of Notification (1)			Na	me of Build	ding Owner/Operator	(2)					
	18	8		ledford L		/ Job #1810-	2361 Chk.	#516	66		
Agencies Notified Type Notific	ation		Str	eet Addres	S						_
☐ EPA ☐ Initial ☐ Amende	121		(	ne Medfe	ord Leas Way			77.	117		
				, State, Zip		11111	EGE		W 1	14	
					NJ 08055		T			1	
DCA Emerger (NJAC 5:23-8) Emerger justificati	icy (includ	ling		ne of Conta		115	7				1
☐ Cancella			1000	teve Mira		A company	Telephone Nu 215-539-9	mber	018	1 1	
			F	ACILITY	INFORMATION	1	210-009-9	124		-	
Name of Facility Where Abatement is	Faking Pla	ace (3)				Type of Facility (	4) SBLS ( L. )		PIC.	. či	_
Medford Leas - PHASE 1						School (K-12	) LICES	ISMO	<u>.</u>	hi and	41.5000
Street Address						☐ Subchapter 8	(Other than K-1	12)			
One Medford Leas Way						Other (i.e., pr homes, etc.)	ivate and comm	ercial	buildi	ngs,	
City (5)						Square Feet	4-65				
Medford						Oquare Feet	# of Floors		Bldg.	Age	
County (6)		THE REAL PROPERTY.	Co	unty Code	(7)(STATE USE ONLY)						
Gloucester			00	unity Code	(1)(STATE USE UNLY)	The state of the s	or if being demo	lished	)		
Name of Monitoring Firm Hired by Build	ling Own	r (0)	1000	4.51		Residential					
Criterion Labs	ing Owne	1 (0)	ASCI	VI No.	Name of Abateme						
Street Address					Asbestos an	d Mold Services	s, Corp.				
400 Street Road					Street Address				2752		_
					3859 Sylon B	oulevard					
City, State, Zip Code					City, State, Zip Co	ode					
Bensalem, PA 19020					Hainesport, N	IJ 08036					
Project Manager for Monitoring Firm		Te	ephone	No.	Telephone No.		License No.				
Mike Panepresso		2	15-24	4-1300	609-702-0400		00862				
Start Date (10) So	cheduled			(8)	Name of OSHA M		00062				_
<u></u>			2 /	18	EMSL Analyti	cal, Inc.					
Occupancy Status During Abatement (C	heck only	one)			Street Address						
Facility Closed/Vacated During Entire	Period o	f Abate	ement		200 U.S. Rout	e 130 North					
Abatement Performed Outside of Nor Time of Abatement:AM	mal Facil	ity Hou	rs - De	scribe	City, State, Zip Co						-
	PIVI/	PIV	_	_AM	Cinnaminson						
Scope of Work (Check all that apply)											
≥3 sf or ≥3 if	MB	enovat	ion		☐ Full Conta	inment with Nega	tive Pressure				
≥160 sf or ≥260 If		emoliti			☐ Mini-Encle	osure Procedure					
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	1	s Loca				1 ( ) = ( )	Thable I Toceda				
Location of	110	Norma			Description of	8		A	atem	ent I	ype
Asbestos-Containing Material (ACM)  TO BE ABATED	M	ed Sole aintena	nce/	Asbe	stos Containing Mate	erial (ACM)	Amount	Re	Repair	En	I
IN Facility	Cus	stodial	Staff?	(ı.e	., thermal systems in	sulation,	(Specify	Removal	oair	cap	Cios
(13)		(12)			surfacing, VAT, other miscellaneo	or or	SF or LF)	la la		Encapsulate	Enclosure
	Yes	No	N/A			,				ite	
Res. Svs. Offices & Closet				2x4 Cei	lings		264 SF				-
							20101				
		П						14	Ш	П	Ц
			-								
lome of Device 1100			JDEP V								
affle of Registered Waste Hauler			auler I		Cubic Yards of Waste	Name of Register					
						Grand Centra	.1				
Waste Management			17273		5		li .				
Waste Management			17273		Disposal Date	City, State					
Waste Management ity, State Lafayette, NJ	iitla		17273		Disposal Date 11/2/18						
Waste Management ity, State Lafayette, NJ ompleted By (Print or Type)	itle				Disposal Date	City, State		te			
ity, State Lafayette, NJ	itle Office (				Disposal Date 11/2/18	City, State	PA Dat	te - 18	-1X		

Date of Notification (1) Name of Building Owner/Operator (2) 3 / Rutgers University / Job #1807-2328 Chk. #NA Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 33 Knightsbridge Road **⊠** DOLWD **⊠** DHSS City, State, Zip Code Amendment #3 Piscataway, NJ 08854 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Joan Stanton, PE 848-445-2419 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Building #3084 - Kreeger Learning Annex School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) 151 College Avenue Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Piscataway Bldg. Age 14000 1 County (6) 40 County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Middlesex Vacant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Criterion Laboratories Asbestos and Mold Services, Corp. Street Address Street Address 400 Street Road 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Bensalem, PA 19020 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mike Panepresso 215-244-1300 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 24 / 18 11 / 26 / 18 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_AM City, State, Zip Code Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure  $\square \ge 3$  sf or  $\ge 3$  If Renovation ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Location of Normally Abatement Type Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Repair Encapsulate Remova TO BE ABATED Maintenance/ Amount (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or (13)(12)SF or LF) other miscellaneous) Yes No N/A Exterior П X Cement Board Siding 1500 SF П Exterior  $\boxtimes$ Black Tar Paper Vapor Barrier 4500 SF X П Exterior X Roofing 14,000 SF П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Champion Hauler ID No. Waste **Grand Central** 32707 City, State 5 Disposal Date City, State Hainesport, NJ 11/26/18 Penn Argyle, PA Completed By (Print or Type) Title Signature Kimberly Trumbetti Office Coordinator ASB-41

\* Do not use this form for ashestes license

**MAY 11** 

Date of Notification (1)					Nam	e of Buildi	ing Owner/Operator	(2)					
/	24 /	18	_		Ha	arvey Ste	ernberg	/ Job #1	809-2356 C	hk. #N	۱A		
Agencies Notified  ☐ EPA  ☐ DOLWD  ☐ DHSS ☐ DCA	Type Notifi Initial Amenda Amenda	ed ment # <u>5</u> ency (inclu	ıding		City,	et Address State, Zip oucester		B081	<u>Б</u> СП	2.3	2018		A commendate of the comment of the c
(NJAC 5:23-8)	justifica					e of Conta			Telephone Nu		2010	0,00	tond
	☐ Cancella	ation					Icher, Demo	-	· ACOMO SE	na umayan i			e E
Name of Facility Where A	hatament is	Taking D	laas /	21	FΑ	CILITY	NFORMATION			ikoni Ikoni	unu G	L. Ct	
Residential	batement is	raking P	race (.	3)				Type of Facility	* * * * * * * * * * * * * * * * * * *	- mark as in - may a	Control (Control (Con	to Artista	Eatherman
Street Address								School (K-1 Subchapter Other (i.e.,	8 (Other than K-1 private and comm	l 2) ercial t	ouildin	gs,	
City (5)								Square Feet	# of Floors	E	Bldg. A	ge	
Gloucester Townsh	ip							2500	1		45		
County (6) Gloucester					Cou	nty Code	(7)(STATE USE ONLY)	(.	rior if being demo	lished)			
Name of Monitoring Firm	Hired by Bui	Idina Owi	ner (8)	ΙΔ	SCM	l No	Name of Abatama	Residentia					
Finog Environmenta		iding Own	101 (0)		OCIVI	INO.	Name of Abateme	- 10	50				
Street Address	3=0						Street Address	a Wiola Servic	es, corp.				
671 Stoke Road Sui	te 4-318						3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co						
Medford, NJ 08055							Hainesport, N	1J 08036					
Project Manager for Monit	oring Firm			Teleph			Telephone No.		License No.			5 <del>1111</del>	
Rebecca Rubnitz Start Date (10)		0-1-1-1	10			5-2211	609-702-0400		00862				
10 /3/		Schedule 10				ate (11) 18	Name of OSHA M						
Occupancy Status During					_ ′ .	10	EMSL Analyti	ical, inc.					
☐ Facility Closed/Vacated	During Enti	ire Period	of Ab	:) ateme	ent		Street Address	- 400 N . II			123		
☐ Abatement Performed	Outside of N	ormal Fa	cility H	lours -	- Des	scribe	200 U.S. Rout City, State, Zip Co						
Time of Abatement:	AM	PM/_	F	PM		AM	Cinnaminson						
Scope of Work (Check all	that apply)												
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Reno				☐ Mini-Encl ☐ Glovebag	Procedure	gative Pressure on-Friable Procedu	ure			
00 800 80				cation							patem	ent T	vpe
Location of Asbestos-Containing M TO BE ABAT IN Facility (13)	laterial (ACM ED	.,	Jsed S Mainte Sustod	enanc ial Sta 12)	by e/ aff?	Asbe (i.e	Description of estos Containing Mat e., thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Roofing					X	Roofing	g		3040 SF				
					$\boxtimes$								
				] [									
				] [							П	П	
Name of Registered Waste Waste Management	Hauler			Hau		Waste No.	Cubic Yards of Waste 5	Name of Regis					
City, State				11	213		Disposal Date	City, State					_
Lafayette, NJ							10/18/18	Penn Argy	le, PA				
Completed By (Print or Typ		Title	7-204				Signature			ate		4	-
Kimberly A. Trumbet	ti	Offic	e Cod	ordin	ator		CIDA II			1	1/-	8	
OD***							1 12 1				1.75	2.0	

100	1	î	ITON				BESTOS ABAT C 8:60 and 5:10							
Date of Notification (1)	28 /	17			717.755		g Owner/Operator ( n Corporation	2)	/ Jo	b #1609-211	6 CI	hk. #	NA	
Agencies Notified  ☑ EPA  ☑ DOLWD  ☑ DHSS  ☐ DCA  (NJAC 5:23-8)	Type Notifica  Initial  Amended  Amendme  Emergence justificatio  Cancellati	ent # <u>2</u> cy (inc			336 City, S Birr Name	Address O Grando State, Zip C mingham of Contact cabeth Ma	t AL	uite 200		Telephone Nu 205-970-78		E	The second state of the se	The state of the s
	1				FAC	CILITY IN	FORMATION	1	1	SEESTOR	or commented	- CONTRACT		-
Name of Facility Where A HealthSouth Rehalt Street Address 14 Hospital Drive								Other home:	acility (4 I (K-12) apter 8 ( (i.e., priv s, etc.)	(Other than K- vate and comm	12) nercial bu	uilding		
City (5)								Square F		# of Floors	i	dg. Ag	-	
Toms River					10-	. 0 1 7	VOTATE LIGE ON 10	84,619		3		over	30	
County (6) Ocean					Coun	ity Code (/	)(STATE USE ONLY)		Hospi	r if being demo	ilisnea)			
Name of Monitoring Firm	Hirad by Ruild	ina O	wner (	8) T	ASCM	No	Name of Abateme	A STATE OF THE STA		tai				
Horizon	Trilled by build	ing O	wilei (	٠,	AGGIVI	NO.	Asbestos and			Corn				
Street Address			-				Street Address	a mora o	CI VICES	, оогр.				
PO Box 316							3859 Sylon B	oulevard	I					
City, State, Zip Code							City, State, Zip Co							
Thorofare, NJ 0808	6						Hainesport, N							
Project Manager for Mon				Tele	phone	No.	Telephone No.			License No.	H.V	_	-	
Dave or Steve Flan	1.70			0.000	56-848		609-702-0400	) ·		00862				
Start Date (10)	S	chedu	ıled C	omple	tion Da	te (11)	Name of OSHA M	onitor						
_10_ / _1_ /				15	1 /		EMSL Analyt	ical, Inc.						
Occupancy Status During	g Abatement (C	Check	only c	ne)			Street Address		*******				-	
☐ Facility Closed/Vacate	72				ment		200 U.S. Rou	te 130 No	orth					
☐ Abatement Performed							City, State, Zip Co	ode				25		
Time of Abatement: _	AM	PM	I/	_PM		AM	Cinnaminsor	n, NJ 080	77					
Scope of Work (Check a	ll that apply)		⊠ Re ∐ De	novat molitic			☐ Mini-End ☐ Gloveba	losure g Procedur	e .	ative Pressure	dure			
	721			Loca Norma				85			Ab	atem	ent T	ype
Asbestos-Containing TO BE ABA IN Facil (13)	Material (ACM)	)	Use Ma	d Sol	ely by ance/ Staff?		Description of stos Containing Ma s., thermal systems surfacing, VAT other miscellane	iterial (ACN insulation, , or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Approx. Nine Rooms	& Hallway			П		Poncor	n Ceiling			2,000 SF	$\boxtimes$	$\vdash$		$\Box$
Approx. Mile Rooms	- Crianway	-			12000	1 opcor	ii deiiiig		-	2,000 01		무	무	분
				Ш									Ш	
Name of Registered Was Waste Managemen					NJDEP N Hauler II	D No.	Cubic Yards of Waste 5	100-100-1-100-1-100-1-100	f Registe d Cent	ered Landfill ral				
City, State					1121		Disposal Date	City, Sta	ate					
Lafayette, NJ							11/14/2018	Penn	Argyle	e, PA				
Completed By (Print or T Kimberly A. Trumb	741. (A)	Title Of		Coor	dinato	r	Signature	<u></u>			Date   0 - 1	8-1	8	1
ASR-41							UK 1	/				THE STATE OF		

Date of Notification (1)			Nar	ne of Build	ling Owner/Operato	r/2\					
	18				y Developers		b #1810-2362	С	hk. #	5165	5
Agencies Notified Type Notifie	cation		3500000	et Addres			The sales have sometiment to the sales and the sales are sales and the sales are sales and the sales are s				
☐ EPA ☐ Initial ☐ Amende	d		1.	400 Gran	d Central Avenu	e	JE C	E	1 11/7	[E	F
☑ DHSS Amenda			City	, State, Zip	Code	1.		1- I	18/	Įį.	
☐ DCA ☐ Emerge		ing		avalette,		17.					Phones.
(NJAC 5:23-8) justificat			Nan	ne of Conta	act		Telephone Nu	mber	2019	)	
☐ Cancella	ation			hris Coo			732-580-36	554	2010	P	l lorens
Name of Facility Where Abatement is	Taking Di-	(2)	F	ACILITY	INFORMATION	Í	Land Commence			er er er er er	0.2
Residential	raking Pla	ce (3)				Type of Facility		1196	G	C	
Street Address		-10-				Other (i.e., p	2) 8 (Other than K-1 private and comm	2)	William Prop. J. L.	ngs,	1 - 400 - 4
City (5)						homes, etc.				5000,00	
Ortley Beach						Square Feet	# of Floors		Bldg.	Age	
County (6)			Cor	inty Code	(7)(STATE USE ONLY)	2000	1		30		
Ocean				inty Code	(1)(STATE USE UNLY)	Vacant	rior if being demol	ished	)		
Name of Monitoring Firm Hired by Build	ding Owne	r (8)	ASCN	I No.	Name of Abatem	ent Contractor (9)					
NA						d Mold Service					
Street Address					Street Address		,				
					3859 Sylon E	Boulevard					
City, State, Zip Code					City, State, Zip C			-			
					Hainesport,						
Project Manager for Monitoring Firm		Tel	lephone	No.	Telephone No.		License No.				
					609-702-0400	)	00862				
Start Date (10)	Scheduled	Compl	etion Da	ate (11)	Name of OSHA N	Monitor	33332				_
10 /18 /18	10		2 /	18	EMSL Analyt	ical, Inc.					
Occupancy Status During Abatement (C	Check only	one)			Street Address						
Facility Closed/Vacated During Entir	e Period o	Abate	ement		200 U.S. Rou	te 130 North					
Abatement Performed Outside of No	rmal Facil	ty Hou	ırs - Des	scribe	City, State, Zip Co						
Time of Abatement:AM	PM/	PM	l	_AM	Cinnaminson						
Scope of Work (Check all that apply)											
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	-	enovat emoliti			☐ Mini-Enc ☐ Glovebag	ainment with Neg losure g Procedure mpted (*) and Nor		re			
process state		s Loca				. ,,	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1	batem	ont T	F
Location of Asbestos-Containing Material (ACM)		Norma			Description of	f					-
TO BE ABATED	Ma	aintena	ance/	Asbe	stos Containing Mai	terial (ACM)	Amount	l em	Repair	nc	nc
IN Facility	Cus	todial		(1.0	surfacing, VAT,		(Specify SF or LF)	Remova	a:	apsi	Enclosure
(13)	Yes	(12) No	N/A	-	other miscellaned		0. 0. 1.)	-		Encapsulate	ē
Exterior				Siding			200 SF			П	П
							200 01				
								1-			
		П						12	1	ш	П
lame of Registered Waste Hauler		N	JDEP V	Vaste	Cubio Vorde of	IN-					
Waste Management		1000	auler ID	No.	Cubic Yards of Waste	Name of Registe					
city, State			17273		5	Grand Cent	rai				
Lafayette, NJ					Disposal Date	City, State	We will				
Secretary 15 (5)	Tial -				2/22/18	Penn Argyle	, PA				
Kimberly A. Trumbetti	Title Office (	`	lim - 4 -		Signature	1	Dat	e			
B-41	Onice (	Joord	inator		JAKA I	- Contraction	1999	)-15	(18		
					1 1 1 11	R.	111	2.5	. 10		



40				10000	and	ding Owner/Operator	(2)					
		18				la Excavating Co		11/2	551	4	1	
Agencies Notified Typ  ⊠ EPA	e Notificati	on			reet Addres				) - (	-	/	
	Initial				549 East 3	3 <sup>rd</sup> Street						
	Amended				y, State, Zi			Second .	E O	IP	П	חח
	Amendmen Emergency		—	15 6		NJ 07060			EG		U	W
(NJAC 5:23-8)	ustification	(meiue )	ing		me of Cont			112			And the second	Enterprise
	Cancellation					Messercola		Telephone I				
				-		INFORMATION		908-561	-42 <b>43</b> U	1 2	3 2	2018
Name of Facility Where Abater	ment is Tak	ing Pla	ace (3)		AOILITI	INTORNATION	Typo of Facility					
Residence							Type of Facilit  School (K-		ASBEST	ros (	CONT	FRC
Street Address				1000			Subchapte	r 8 (Other than I	1	ICEN	SING	il il
							○ Other (i.e., )	private and com	nmercial	buildi	ngs.	
City (5)							nomes, etc	D.)			5 /	
Seaside Park							Square Feet	# of Floors		Bldg.	Age	
County (6)				Co	unty Code	(7)(STATE USE ONLY)	1500 sf	1		65		
Ocean				00	and code	(I)(STATE USE UNLY)		Prior if being den	nolished	)		
Name of Monitoring Firm Hired	by Building	Owne	r (8)	ASC	M No.	Mona (5.5)	Residence					
			(0)	7.00	W NO.	Name of Abateme						
Street Address							ntracting, Inc.	•				
						Street Address						
City, State, Zip Code						1889 Route 9						
						City, State, Zip Co						
Project Manager for Monitoring I	Firm		T			Toms River, I	New Jersey 08	8755				
o	CHILL		Tel	ephon	e No.	Telephone No.		License No.				
Start Date (10)	Soho	dulad	Ca=	-A:- =		732-349-9932		00624				
The American Control of the Control					ate (11)	Name of OSHA M	onitor	00624				
11 /01 /18	-   _	11_	/ _ 0		ate (11)		onitor	00624				
	ment (Chec	11_ck only	/ _0	2_ /		Name of OSHA M	onitor	00624				
	ment (Chec	11 ck only	one)	2 /	18	Name of OSHA M E.M.S.L. Anal	onitor	00624	-		-15 28	
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Occupancy Status During Abates  Facility Closed/Vacated Durin  Abatement Performed Outsid  Time of Abatement:  Al  Scope of Work (Check all that ap	ment (Cheong Entire Pere of Norma	11 ck only eriod of	one) f Abate	2 / ement		Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co- Piscataway, N	onitor ytical de lew Jersey 08	854				
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11 / 01 / 18  Occupancy Status During Abater  Facility Closed/Vacated During Abatement Performed Outsid Time of Abatement:Al  Scope of Work (Check all that ap  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)  xterior	ment (Checong Entire Pere of Normal MP	List Marcus Yes	one) f Abate ty Hou PM enovate emolitie s Locat Norma ed Sole intena todial (12) No	ement rs - De ion ion lly ely by nce/ Staff?	scribe _AMAsbes (i.e.	Name of OSHA M  E.M.S.L. Anal  Street Address  1056 Stelton  City, State, Zip Co- Piscataway, N  Full Conta  Mini-Enclo  Glovebag  Non-Exem  Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	de lew Jersey 08 ainment with Negosure Procedure npted (*) and No	gative Pressure on-Friable Proced Amount (Specify SF or LF)	At Removal	Repair		
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11 / 01 / 18  Occupancy Status During Abate  Facility Closed/Vacated Durin  Abatement Performed Outsid  Time of Abatement:Al  Scope of Work (Check all that ap  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of  Asbestos-Containing Material  TO BE ABATED  IN Facility  (13)  xterior  ame of Registered Waste Hauler  Guardian Contracting, Inc.	ment (Checong Entire Pere of Normal MP	Lse Ma Cus	one) f Abate ty Hou PM enovate enovate enovate Norma ed Sole intena todial (12) No	ement rs - De ion lly elly by nce/ Staff?	Asbes (i.e. asbesto	Name of OSHA M  E.M.S.L. Anal  Street Address  1056 Stelton  City, State, Zip Co-  Piscataway, N  Full Conta  Mini-Enclo  Glovebag  Non-Exem  Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous siding  Siding  Cubic Yards of Waste	de lew Jersey 08 sinment with Negosure Procedure npted (*) and No erial (ACM) isulation, or us)  Name of Registi	gative Pressure n-Friable Proced Amount (Specify SF or LF)	At Removal	Repair		
11 / 01 / 18  Occupancy Status During Abate  Facility Closed/Vacated Durin  Abatement Performed Outsid  Time of Abatement:Al  Scope of Work (Check all that ap  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of  Asbestos-Containing Material  TO BE ABATED  IN Facility  (13)  xterior  ABATED  ABATED  IN Facility  (13)  xterior	ment (Checong Entire Pere of Normal MP	Lse Ma Cus	one) f Abate ty Hou PM enovate enovate enovate Norma ed Sole intena todial (12) No	ement rs - De ion lly elly by nce/Staff?	Asbesto Vaste No.	Name of OSHA M  E.M.S.L. Anal  Street Address  1056 Stelton  City, State, Zip Cor  Piscataway, N  Full Conta  Mini-Enclo  Glovebag  Non-Exem  Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous siding  Cubic Yards of Waste  3	de lew Jersey 08 sinment with Negosure Procedure apted (*) and No sulation, or us)	gative Pressure n-Friable Proced Amount (Specify SF or LF)	At Removal	Repair		
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	ment (Checong Entire Pere of Normal MP	Lse Ma Cus	one) f Abate ty Hou PM enovate enovate enovate Norma ed Sole intena todial (12) No	ement rs - De ion lly elly by nce/ Staff?	Asbesto Vaste No.	Name of OSHA M  E.M.S.L. Anal  Street Address  1056 Stelton  City, State, Zip Cor  Piscataway, N  Full Conta  Mini-Enclo  Glovebag  Non-Exem  Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous siding  Cubic Yards of Waste  3	de lew Jersey 08 ainment with Negosure Procedure ented (*) and No erial (ACM) sulation, or us)  Name of Registre T.R.R.F.	gative Pressure n-Friable Proced Amount (Specify SF or LF)	At Removal	Repair		

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



Date of Notification (1)			Na	me of Buildi	ing Ov	vner/Operator	(2)					
	18		,	V Rose Ex	cavat	ting, LLC	$\wedge$	K35	1-7	6		
Agencies Notified Type Notified	cation		Str	eet Address	5		0		1 1	9-		
⊠ EPA ⊠ Initial			1	30 Wood H	laven	Road						
☑ DOLWD ☐ Amende			Cit	y, State, Zip	Code	•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 1	-	11//	T-
☑ DOH   Amendm     ☐ DCA   ☐ Emerger			100	Toms Rive					o E		M	
DCA Emerger (NJAC 5:23-8)		aing		me of Conta				Telephone Nun	obor			
Cancella				/ic Rose				848-992-98	110000000000000000000000000000000000000	2 '	018	of Wells principles
				ACILITY I	NFO	RMATION		11 11 01	1		UIO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Facility Where Abatement is	Taking Pl	ace (3)					Type of Facility (4	) L	- Lynna - Lynna	man yangan	+ - 0 494 044	-12.00
Residence							☐ School (K-12)	ASBES				L &
Street Address							Subchapter 8 Other (i.e., priv	Other than K-1. vate and comme	2) ercial b	uildin	js,	THE STATE
City (5)							homes, etc.)					
City (5)							Square Feet	# of Floors	E	Bldg. A	ge	
Jackson (2)							1800 sf	1		80		
County (6)			C	ounty Code	(7)(STA	ATE USE ONLY)	Current Use (Prio	r if being demol	ished)			
Ocean							Residence					
Name of Monitoring Firm Hired by Buil	ding Own	er (8)	ASC	M No.	Na	me of Abateme	ent Contractor (9)					
N/A					(	Guardian Co	ntracting, Inc.					
Street Address					Str	eet Address						
					1	1889 Route 9	), Unit 61					
City, State, Zip Code					City	y, State, Zip Co	ode					
					Т	oms River,	New Jersey 087	55				
Project Manager for Monitoring Firm		Te	elepho	ne No.	_	lephone No.	•	License No.				
					1	32-349-9932		00624				
Start Date (10)	Scheduled	d Comp	oletion	Date (11)	Nar	me of OSHA N	lonitor	00021				
11 /01 /18	11_	/ _	05	/18		.M.S.L. Ana						
Occupancy Status During Abatement (					Stre	eet Address	W. (11) 12 2-12 (11) 2-12 (11) 2-12 (11) 2-12 (11) 2-12 (11) 2-12 (11) 2-12 (11) 2-12 (11) 2-12 (11) 2-12 (11)					
☐ Facility Closed/Vacated During Enti	re Period	of Aba	tement		1	056 Stelton						
Abatement Performed Outside of No	ormal Fac	cility Ho	ours - D	escribe)	City	y, State, Zip Co	ode					
Time of Abatement:AM	PIVI/_	P	IVI	AM	P	Piscataway, N	New Jersey 088	54				
Scope of Work (Check all that apply)						Пено	V 100 44				11.000	
≥3 sf or ≥3 if		Renov	ation			☐ Mini-Enc	tainment with Nega	tive Pressure				
≥160 sf or ≥260 lf	$\boxtimes$	Demol	ition			Glovebag	Procedure					
							mpted (*) and Non-	Friable Procedu	ire			
Location of		Is Loc				_			Al	batem	ent T	уре
Asbestos-Containing Material (ACM	) L	Jsed S	olely by	/ Ash	estos (	Description o Containing Ma		Amount	Re	Re	m	m
TO BE ABATED			nance/ al Staff	/i /	e., the	rmal systems i	insulation,	(Specify	Removal	Repair	cap	clos
IN Facility (13)		ustoaia (12		·		surfacing, VAT,		SF or LF)	\sigma	-	Encapsulate	Enclosure
(10)	Ye			A	Ott	her miscellaned	ous)				ate	
exterior				asbest	os si	ding		1800 sf		$\Box$		П
	П	П			W/1				10	H		
									붐			
Name of Registered Waste Hauler			7	P Waste	Cub	oic Yards of	Name of Registe	rod Landfill	1		ш	Ш
Guardian Contracting, Inc.			Haule	ID No.	Was	ste	T.R.R.F.	red Landilli				
City, State			202	23	Disr.	posal Date	City, State					
Toms River, New Jersey					1	1/05/18	Tullytown, P	ennsylvania				
Completed By (Print or Type)	Title		7 10		1	Signature	1		ate i		-1111	
Nicholas Fernicola	Proje	ct Ma	nager			M	-to-	1	0/1	8/1	5	

ASB-41 JAN 13

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



Date of Notification (1)				Na	ame	of Building	g Ow	ner/Operator (	2)					
	_ / _	18			V R	ose Exc	avat	ing, LLC		CK	3	51	75	3
	Notifica	ation		St	reet	Address				<b>V</b>				
⊠ EPA ⊠ In					30 \	Wood Ha	ven	Road						general control
	mended mendme			Ci	ty, S	State, Zip C	Code			MEC	E		7 1	7 7 7
		cy (includ	ina		Ton	ns River,	NJ	08753		5	[L	[] [:	/ [	7
	stification		5	Na	ame	of Contac	t			Teléphone Num	ber			1
□с	ancellat	ion			Vic	Rose				848-992-98	26 0 0	20	18	Aller and
					FAG	CILITY IN	FOF	RMATION						4
Name of Facility Where Abatem	ent is T	aking Pla	ace (3)						Type of Facility (			OVERTE	eni	I.
Residence									School (K-12	Other than K-12	CENS	IIIG	i barina	Ca
Street Address									Other (i.e., pr	ivate and comme	rcial bu	ilding	S,	n, nation to
City (5)									Square Feet	# of Floors	Blo	dg. A	ae .	-
Jackson									500 sf	1	1,000	80		
County (6)				10	our	ty Code (7	)(STA	TE USE ONLY)	Current Use (Pri	or if being demoli	shed)	22/20/2		
Ocean									Garage	<del>-</del>				
Name of Monitoring Firm Hired	by Build	ling Own	er (8)	AS	СМ	No.	Nai	me of Abateme	ent Contractor (9)		-			
N/A							0	Guardian Co	ntracting, Inc.					
Street Address				-			Stre	eet Address						
							1	889 Route 9	, Unit 61					
City, State, Zip Code							City	y, State, Zip Co	ode					
							Т	oms River,	New Jersey 08	755				
Project Manager for Monitoring	Firm		T	elepho	one	No.	Tel	ephone No.		License No.		-32		
							7	32-349-9932		00624				
Start Date (10)		cheduled						me of OSHA N						
//	-		. / _	05	/ -	18	E	.M.S.L. Ana	lytical					
Occupancy Status During Abate			· · · · · · · · · · · · · · · · · · ·				Stre	eet Address						
<ul> <li>         □ Facility Closed/Vacated Duri</li> <li>         □ Abatement Performed Outsi</li> </ul>								056 Stelton				100.00		
Time of Abatement:							1	y, State, Zip Co						
Scope of Work (Check all that a							P	iscataway, l	New Jersey 088	854				
	ppiy)							☐ Full Conf	tainment with Neg	ative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Renov					☐ Mini-Enc	losure					
△ ≥100 SI 01 ≥200 II		M	Demol	ILION					g Procedure mpted (*) and No:	n-Friable Procedu	ıre			
				cation							T	atem	ent T	уре
Location of	1/4014	.   1	Norr Jsed S	nally	av.			Description of		2021 Dec 20 - 20 200 Dec	D.	Z	ш	ш
Asbestos-Containing Materi TO BE ABATED	ai (ACIVI	,	Mainte	nance	e/			Containing Ma ermal systems		Amount (Specify	Removal	Repair	ncap	nclo
IN Facility		0	ustodi	al Sta 2)	ff?		S	surfacing, VAT	, or	SF or LF)	val	7	Encapsulate	Enclosure
(13)		Ye			N/A	1	ot	her miscellane	ous)				ate	
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			L											
Name of Registered Waste Hau				1 St. 2 1 St. 2 1 1	202 3	Naste D No.	Cut	oic Yards of	Name of Regis	tered Landfill				
Guardian Contracting, In	c.			1256.2	223		3		T.R.R.F.		Se pro-			
City, State							1 6	posal Date	City, State	2000 VA-V				
Toms River, New Jersey								1/05/18	Tullytown,	Pennsylvania				
Completed By (Print or Type)		Title	958419454		200			Signature	1	/ D	ate /	1		
Nicholas Fernicola		Proje	ect Ma	anage	er			10	4.1		10/1	8/1	8	



Date of Notification (1)				Nam	e of Buildin	ng O	wner/Operator (	(2)					
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Agencies Notified Type Not	ification		5345	Stre	et Address				IN IS	1	2 1	no	7 17
☐ EPA ☐ Initial ☐ Amen				9	Treeside	Lan	е		1101,4	5	5 []	$\mathbb{M}$	
	aea dment#			City,	State, Zip	Code	е		1181				-
□ DCA □ Emerg			1	La	kewood,	NJ	08701			CT '	2 2	0000	
(NJAC 5:23-8) justific	cation)	oluumig	,	Nam	e of Conta	ct			Telephone Nur		- 3	2016	
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				FA	CILITY II	NFO	RMATION		ASBE	STOS	CON	TRO	)L&
Name of Facility Where Abatement	is Taking	Place	(3)					Type of Facility		LICE	VSAV	<u> </u>	Jan Branch
Residence								School (K-12	2)				
Street Address								☐ Subchapter 8 ☐ Other (i.e., potential) homes, etc.)	3 (Other than K-1 rivate and comme	2) ercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	Гр	ldg. A	90	
Lakewood								1000 sf	1		70	ge	
County (6)				Cou	nty Code (	7\/\$T	ATE USE ONLY)	Current Use (Pri			70		
Ocean					, 0000 (	- ДОТ	THE GOL GIVE I	Residence	or it being demoi	isnea)			
Name of Monitoring Firm Hired by B	uilding C	wner (	8)	ASCN	l No.	Na	ame of Ahateme	ent Contractor (9)		-			
N/A	•	•				- 1		ntracting, Inc.					
Street Address						_	reet Address	inducting, inc.					
						1	1889 Route 9	Unit 61					
City, State, Zip Code							ty, State, Zip Co	3/					
						1	Time and the control of the control of the	New Jersey 08	755				
Project Manager for Monitoring Firm			Te	lephone	No.		lephone No.	tow ociscy oo	License No.				
100 m						10	732-349-9932		00624				
Start Date (10)	Schedi	uled Co	ompl	etion Da	ate (11)	Na	ame of OSHA M	lonitor	00024	-			
10 /29 /18					18		E.M.S.L. Anal						
Occupancy Status During Abatemen	1						reet Address	7					
☐ Facility Closed/Vacated During E	ntire Peri	iod of A	Abate	ement			1056 Stelton						
☐ Abatement Performed Outside of	Normal I	Facility	Hou	ırs - De	scribe	- //	y, State, Zip Co	do					
Time of Abatement:AM	PM	1/	_PM	1	_AM			lew Jersey 088	254				
Scope of Work (Check all that apply)						Τ.							_
≥3 sf or ≥3 If		Rer	nova	tion			☐ Full Cont	ainment with Neg	ative Pressure				
⊠ ≥160 sf or ≥260 lf		□ Der					☐ Glovebag	Procedure					
							Non-Exer	mpted (*) and Nor	n-Friable Procedu	ıre			
Location of			Loca	ation ally			_			Ab	atem	ent T	уре
Asbestos-Containing Material (A)	CM)	Used	Sol	lely by	Ashe	stos	Description of Containing Mat		Amount	Re	Re	Щ	ū
TO BE ABATED				ance/ Staff?	(i.e	e., the	ermal systems i	nsulation,	(Specify	Removal	Repair	cap	clos
IN Facility (13)		Cusio	(12)				surfacing, VAT, ther miscellaned		SF or LF)	Val	7	Encapsulate	Enclosure
		Yes	No	N/A			ner miscellanec	ous)				ate	
exterior			$\boxtimes$		asbesto	os s	iding		1000 sf				
										ПП	П	П	П
		$\Box$	П	П						+=		1	
Name of Registered Waste Hauler			7	NJDEP '		Cul	bic Yards of	Name of Regist	ered Landfil			Ш	
Guardian Contracting, Inc.			8.0	Hauler I	D No.	Wa	ste	T.R.R.F.	ered Landilli				
City, State				2022	3	Dis.		7436287000000					
Toms River, New Jersey						- 33	posal Date 0/31/18	City, State	D				
Completed By (Print or Type)	Title					-		Tullytown,	Pennsylvania				
Nicholas Fernicola		nioné !	Mar.	2000		-	Signature		Da	ate	1		,
SB-41	FIG	oject I	vidíl	ayer				1. 10	1	10	118	115	

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

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Date of Notification (1) 10/18/2018		T		of Building Bomba		Operator	(2)		K		W. F. Harry C.	Marie Walled	The Property of the Party	PRATIRE	A STATE OF THE PARTY OF T
Agencies Notified Type Notifi	cation	-		Address	ideili					STATE OF THE PERSON NAMED IN COLUMN NAMED IN C	OCT	2 3	20	18	dental de la constanta de la c
☐ EPA 🗵 Initial								Diading							Distance of the last of the la
DEP Amer	ded dment #			ate, Zip C y City N		17		DC angulary.		ASB	EST			ROL	Si.
Emer	gency (including cation)	_		of Contact		,,	3	į.	Te	lepho	TAL AND DRIVE	DENS mber	ING		
10000	ellation			Bomba											
Name of Facility Where Abatement is	Taking Place (3	)	FAC	ILITY INF	ORMAT	ION	Type	of Facility (	'A)						
Odair Bombardelli 's Residen		1					1.5.4.00	School (K-1	ero <b>e</b>						
Street Address								Subchapter Other (i.e. p	8 (Oth				dinas	ham	
City (5)								etc.)					1700 		es,
Jersey City							Squa	re Feet	# 0	of Floo	rs	E	Bldg. A	Age	
County (6) Hudson County			County (STATE	Code (7) USE ONLY	)		Curre	ent Use (Pri	(Prior if being demolished)						
Name of Monitoring Firm Hired by Bu	ilding Owner (8)		ASCN	VI No.	50				Contractor (9)  Maintenance LLC						
Street Address						Street									
City, State, Zip Code						1		Riper Ave							
*								ip Code 07011							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201-				Lice 013	nse N	0.			
Start Date (10) 11/10/2018	Schedule 11/17/2		npletion	Date (11)		Name	of OSI	HA Monitor							
Occupancy Status During Abatement	(Check Only One	e)				Street	Addres	SS					<u> </u>		
Facility Closed/Vacated During B Abatement Performed Outside o Other – Describe:	Entire Period of A f Normal Facility	batem Hours	ent			City, St	tate, Z	ip Code							
Scope of Work (Check All That Apply															
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Re	enovat emoliti	70 Table 10			×	Mir Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	edure					e	
	ls l	ocatio	on										Abate	emen	t
Location of Asbestos-Containing Material (AC	M) Used	ormali Solei	y by	Achac		scription		(ACM)				-	l y	ре	
TO BE ABATED In Facility (13)	iviair	ntenan odial S (12)		(i.e.	thermal surfa	taining M systems cing, VA niscelland	insula T, or	ition,	Amount (Specify SF or LF)			Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									=		ate	e,
Exterior		Х		Sic	ling Tra	ansite	Mate	rial	14	85 S	F	X			
											*	-		_	
No. of D. Co. of															
Name of Registered Waste Hauler TBD		Ha	JDEP W auler ID RD		of Was			Name of F Keyston	5550			Ifill			
City, State	112	TBD YD Disposal Date					City, State	)							
Completed by Darko Raloski	Title	L B A	Signature					Dunmor	e Pel	шзу	Da	te			
Daino Italoski	Projec	i ivia	nager								/18/2	2018		1	

State of New Jersey

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Date of Notification (1)		din dilantinosis	diesi'		ne of Build				110) <sub>F</sub>	EC			$\mathbb{V}$	
10/16/2018				Mil	ke Golar	ning Owne	nOperati	or (2)						Alberton
Agencies Notified	Type Notificat	ion		Stre	et Addres	S			1111	OC1	2	3 20	718	- Aller
EPA	× Initial								and the same of th					1
DEP × DOL	Amended				State, Zip				1 6	SBEST	200	ONT	201	
	Amendm Emergen	ent # cv (includi	ina		ingston		39		-	LI	CENS	SING	JUL	Či.
DOH DCA	justification	on)	9		e of Conta				Tele	ephone N	- party contract	APPLICATION AND D	MOVE LAND	DANIE SERVICE
	L Cancellat	ion			e Golar									
Name of Facility Where A	batement is Ta	king Place	e (3)	F	ACILITY I	NFORMA	TION	1 = = = =						
Mike Golan's Reside	ential		,					Type of Facilit	5-3050-50					
Street Address								School (F	(-12)	- 41 16	400			
								Other (i.e	ter 8 (Othe . private &	comme	-12) cial b	uilding	s ho	me
City (5)								etc.) Square Feet						
Livingston								Square Feet	# 01	Floors		Bldg.	Age	
County (6)				Coun	ty Code (7	7)		Current Use (Prior if being demolished)						
Essex County				(STAT	'É USE ON	LY)		— (Prior if being demolished)						
Name of Monitoring Firm I	lired by Buildin	g Owner (	(8)	AS	CM No.		Name	of Abatement C	ontractor (	9)				
Ctroot Add							MKE	Property Ma	aintenand	ce LLC				
Street Address								Address						_
City, State, Zip Code							105	Van Riper Av	e ·					
ony, orace, zip code								tate, Zip Code				- V		
Project Manager for Monito	ring Firm							on NJ 07011						
	ning rum			Teleph	none No.			Telephone No. License No.						
Start Date (10)		Schod	ulad Ca		5			201-899-9008 01336						
10/30/2018		11/5/2	alea Co 2018	mpietio	n Date (11	1)	Name	Name of OSHA Monitor						
Occupancy Status During A	Abatement (Che						-							
× Facility Closed/Vacate							Street	Address						
Abatement Performed Other – Describe:	Outside of Nor	mal Facili	ty Hou	ment rs			City, St	ate, Zip Code						
Scope of Work (Check All T	hat Apply)													
23 sf or ≥3 lf	nat Apply)							12						_
≥160 sf or ≥260 lf			Renova Demoli				2	Full Containm	ent with N	egative f	Pressi	ıre		
			Demon	IUON			×	Mini-Enclosur Glovebag Pro	e	•				
								Non-Exempte	d (*) and N	lon-Friat	le Pro	ocedur	e	
			s Locat								T	77.5	emen	t
Location of Asbestos-Containing Ma	iterial (ACM)		Norma ed Sole			Des	scription of	of				Ту	ре	
TO BE ABATE	ED (ACIVI)	Ma	aintena	nce/	Asbe	stos Cont	aining Ma	aterial (ACM) insulation,	Amo				т	١.
In Facility (13)		Cus	stodial (12)	Staff?	(1.0	surfac	cing, VAT	. or	(Spe SF or		Ren	Re	nca	
(10)			, · - /		-	other m	niscellane	ous)	0. 0.	_, ,	Remova	Repair	Encapsulate	Eliciosure
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Basement			X		Joint C	ompou	nd Dryv	vall Material	322	X			-	
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	and the second s													
Name of Registered Waste H	lauler		N	JDFP \^	/aste	Cubia	/arda							
ΓBD	H	Hauler ID No. of V			i vvaste			f Registered Landfill						
City, State	TBD YD				Keystone Sanitary Lndfill									
,,	Disposal Date													
Completed by					Dunmore Pennsylvania									
Parko Raloski		Title Proje	ct Ma	Manager Sign			Signature Date							
		i Toje	ot ivia	nager			10/16/2018							

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Date of Notification (1)	Na	me of I	Building ameza	Owner/Opera	ator (2	)	0(	CT 23 201	8	1	$\exists$	
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Agencies Notified Type Notification	1						ASBE	STOS CONTI	10L a		1	
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DEP Amendment#			NJ 07				Tele	phone Number				
DOL Emergency (including justification)	N	ame o	Ramez	ani								
□ DOH     □ Cancellation		FAC	ILITY IN	FORMATION	4	Type of Faci	ity (4)					
Name of Facility Where Abatement is Taking Place (5 M.R. Ramezani's Residential	3)					School Subcha	(K-12)	er than K-12) & commercial bu	uildings, h	nomes	s, \	
Street Address						Other (etc.)  Square Fee		f Floors	Bldg. Ag	ge		
City (5)						C t list	(Prior if be	eing demolished	)			
Clifton		Count	y Code	(7) NI Y)							_	
County (6)		-25.000			Nam	e of Abateme	nt Contracto	or (9)				
Passaic County  Name of Monitoring Firm Hired by Building Owner	8)	AS	CM No.		MK	D Property	Mainten	ance LLC				
Name of Worldoning					Stre	et Address 5 Van Ripe	r Ave					1
Street Address					10	, State, Zip Ci	ode					
					City	ifton NJ 07	011					+
City, State, Zip Code		-	1 N	io	Tel	ephone No.		License No 01336	).			
Project Manager for Monitoring Firm		Tele	phone N	NO.	20	01-899-900		01330				7
Project Warrager	aduled C	comple	tion Date	e (11)	Na	me of OSHA	Vionitor					1
Start Date (10)	7/2018	3			Ct	reet Address						
11/2/2018 Occupancy Status During Abatement (Check On					Si	leet / taares						$\dashv$
Facility Closed/Vacated During Entire Pend	d of Aba acility Ho	itemen ours	nt		C	ity, State, Zip	Code					1
Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	× Rei	novatio molitio	on in			X  Mini	Enclosure	nt with Negative				
≥3 \$1 01 ≥3 11 ≥160 sf or ≥260 lf		1110				Non	-Exempted	edure (*) and Non-Fria	J.			
		tio							-	Typ	)e	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used Mai	ocation ormally Solely ntenanodial Solely (12)	y y by ncel	(i.e. the	Conta ermal s	cription of ining Material systems insula ing, VAT, or iiscellaneous)	(ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Attic		X	-	Verin	Cunt					+	-	+
7										-	+	+
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	1				Cubic	c Yards	Name	of Registered La	indfill			
Name of Registered Waste Hauler			NJDEP Hauler	Waste ID No.	of Wa	aste	Keys	tone Sanitary	Lndfill			
Name of Registered Waste Fisher	Section and the		TBD		YD	osal Date	014.0	tota				
City, State							Dunr	nore Pennsy	Date			(C) (C) (C)
City, State	Title	<u> </u>				Signature			10/1	7/20	118	
Completed by	Pre	oject	Manag	ger		1/					tod or	ctiviti
Darko Raloski						* Do not u	se this form	n for asbestos li	censure e	exemp	neu ac	MINITIN

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entire Noticed Type Addition		Division .	A.dalous a	Selection - Harrant Science Springer	Marie - parameter	ASBES	ioq	00	NTR	DL E
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y, Aleria, 23¢ Gada			•	City, Rises, Zie C Midland Pari						Manchant
oject Manager for Montkering Prim		Telep	ions No.	Tatephone No. 201-202-684	* process becomes	Unariso No 00156	).		- دومالينسف	
ert Date (IJR)	Sanadalad .	Sorrendo	p Date (11)	Mama of Call-Ma			gaspama)	Virgoria	perete	
10/18/18	Only One)	2-0-/1	•	Street Address	PET:MITE	d Services in	D4	ALC: NAME OF THE OWNER,		_
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Other - Despite:	The second of the			Hackeneack		806	- السائدة		-	
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Asbeddes-Combining Statistics (ACRG ID HE ASAIND IN Federal (18)	Mains Custod	No Nu	othe	el système insulgijo filolog, VAT: or r prisocellansous)	T I Grant Land		×			8
ADDRESS COMMING SALES (ACM) ID HE ARAIND IN FACILITY (18)	Mains Custod	Tel Stanfor	08340	ed systems insulation factors, VAT. or respondence out.)	F1 Growth begann	360 25				58
ICHE MAJER H FARRY (18)  CRAWLSPACE # 12-	Mains Custod	Tel Stanfor	Venns Cul	ad systems insulate flores, VAT. or release.  PE  Ng Yards   National American States   National Ameri	ne FR	360 LA				56
IQ HE ARATED	Mains Custod	Tel showers 12]	Venne Cul	and symbolisms immulation flooring, VAT, or a reflectal amount)  PE_  ING Yerds   ING Yerds   Indiana    India	merk	360 LA				

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Date of Notification (1)  10 /	19 /	1	8					Owner/Operator Custom Build	(7) 2).	111111 00	T 2	3 2	n1g	O STATES OF THE PERSON NAMED IN
Agencies Notified	Type Notif							Custom Buna	ers		11 4	0 4	010	" Reddy
⊠ EPA	I ype Notin	rication	1		V 2000	et Address				Training and the second				-
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⊠ DOH	Amend		#		City	. State, Zip	Co	de			JOEN	Silve	Page 1 - 14	Verwigns
☐ DCA	☐ Emerge			ng	C	hester, P	A 1	9013						
(NJAC 5:23-8)	justifica	ation)		0.223	Nan	ne of Conta	ect			Telephone No	ımber		-	
	☐ Cancel	lation			Jo	on Hanse	n			609-352-4	620			
			200000000000000000000000000000000000000	SE 7010 11400	F	ACILITY	NF	ORMATION					1	
Name of Facility Where A	batement is	s Takin	ig Plac	ce (3)					Type of Facility	(4)				-
Vacant Residence									School (K-1)	2)				
Street Address									Subchapter	8 (Other than K-	12)			
125 E. Atlantic Boul	levard								homes, etc.	private and comm	nercial	buildi	ngs,	
City (5)									Square Feet	# of Floors	-	Bldg.	Λαο	
Ocean City									2,672	2		80	Age	
County (6)					Cou	unty Code	(7)(S	TATE USE ONLY)	Current Use (Pr		liahad	1000		
Cape May						*	1.05	e ooz onzij	Residence	ior ii beilig demo	olisnea	)		
Name of Monitoring Firm	Hired by Bu	ilding (	Owner	(8)	ASCA	I No.	TN	Jame of Ahatem	ent Contractor (9)			_		
Management & Envi					0.0000000000000000000000000000000000000				onmental, LLC					
Street Address							10	Street Address	onnental, LLC					
PO Box 341							1	623 Cutler A						
City, State, Zip Code							10							
Chesterfield, NJ 085	15				·			City, State, Zip Co						
Project Manager for Monit				Tel	ephone	No	+	Maple Shade	, NJ 08052	1	<u> </u>	214:31:31		
Bill Weisgarber						8-4070	1	elephone No. 856-755-0099		License No. 00842				
Start Date (10)		Scheo	luled (	Compl	etion D	ate (11)	N	ame of OSHA M	lonitor					
					9_ /	18		EMSL Analyti	ical, Inc.					
Occupancy Status During	Abatement	(Check	only	one)			S	treet Address						
☐ Facility Closed/Vacated	During Ent	tire Per	riod of	Abate	ment			200 Route 13	0 North					
Abatement Performed (	Outside of N	Normal	Facili	ty Hou	rs - De	scribe		ity, State, Zip Co						-
Time of Abatement:	AM	PN	Л/	PM		_AM		Cinnaminson						
Scope of Work (Check all t	hat apply)								,					
≥3 sf or ≥3 If				enovat				☐ Full Cont	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf				emoliti				☐ Mini-Encl ☐ Glovebag						
								Non-Exer     Non-Exer	npted (*) and Nor	n-Friable Proced	ure			
				Loca								batem	ent T	vne
Location of Asbestos-Containing M.		#\		Norma ed Sole				Description of		W		_	_	-
TO BE ABAT	ateriai (ACN ED	VI)		intena				Containing Mat ermal systems in		Amount	em	Repair	nca	nc
IN Facility			Cus	todial		(1.0		surfacing, VAT,		(Specify SF or LF)	Removal	¥:	psu	Enclosure
(13)		1		(12)	T	-	0	ther miscellaned	ous)	0. 0. 2. )	-		Encapsulate	ē
Exterior			Yes	No	N/A						1		(D	
Exterior			<u> </u>		Щ.	Transit	e Si	ding		2,672 SF				
											To	П	П	
		8									1	Ī		
Name of Registered Waste	Hauler			N	JDEP V	Vaste	Cu	bic Yards of	Name of Registe	ered Landfill	1	1_		
Freehold Cartage				Н	auler II 1 <b>593</b> 9		Wa	iste 10	The same of the sa	ounty Landfil	1			
City, State								posal Date	City, State			and the same		
Freehold, NJ							1	1/09/2018	Woodbine, I	NJ				
Completed By (Print or Type	e)	Title						Signature			ate			
Christina Lynch		Vio	e Pr	eside	nt of C	peration	IS	Omera		1	19	11		

1 V E 1/	)( Y	NO	MA	JON OF	ASBESTOS AI	BATEMENT	Final E	P F	<b>¬</b> n	D II	7
Date of Notification (1)	14		(Pu	rsuant to	NJAC 8:60 and	5:16)	10) 6	G		W	
	50 10 10 10			Name of Bu	ilding Owner/Opera	tor (2)	1131				and the
		8		Pinnacle	Construction N	lanagement		CT 2	) )	2010	2
Agencies Notified Typ  ⊠ EPA	e Notification	1		Street Addre	ess	goment	144	01 2	. J	2010	5
Magazine	Initial Amended				t Avenue		Trace and the second				
	Amended Amendment :	4	t	City, State, 2			ASBE	STOS	COA	TRO	II.
☐ DCA	Emergency (i	ncluding			ity, NJ 08226			LICE	VSHVI	G	
(110/10/0.25-6)	ustification)	ricidaling	+	Name of Cor	ntact						
	Cancellation			Danielle			Telephone	Numb	er		
							609-399	9-0428	3		
Name of Facility Where Abaten	ment is Takin	g Place	(3)	PACILITY	/ INFORMATION						-
vacant Residence		0	(0)			Type of Fac	ility (4)				
Street Address						School (F	K-12)				
5316 West Avenue						Subchap	ter 8 (Other than	K-12)			
City (5)						homes, e	e., private and cor	mmerci	al bui	lding:	s,
Ocean City						Square Feet	# of Floors		Dia		
County (6)					w	1.625	2	,		g. Ag	je
Cape May				County Code	(7)(STATE USE ONLY		(Prior if being der		8	U	_
	- B "					Residenc	(i flor if being der	molishe	ed)		
Name of Monitoring Firm Hired to	by Building C	wner (8	) AS	CM No.	Name of Abater	ment Contractor	(0)				
Management & Enviro. Co Street Address	onsulting S	Service	s		Shade Fnyi	ronmental, LL	(9)				
					Street Address	ionnental, LL	.C				
PO Box 341											
City, State, Zip Code					623 Cutler A						
Chesterfield, NJ 08515					City, State, Zip C						-
Project Manager for Monitoring F	irm	1-	Felenho	ne No.	Maple Shade	e, NJ 08052					
Bill Weisgarber				298-4070	Telephone No.		License No.				
Start Date (10)	Schedu	led Com	005-2	Date (11)	856-755-0099		00842				
			Dietion	Date (11)							
10 / 31 / 18	11	/	00	/ 10	Name of OSHA N					-	-
	11	1	09	/ 18	Name of OSHA M EMSL Analyt						
Occupancy Status During Abatem    Facility Closed Vacated During	nent (Check o	only one	09	/ _18							_
Occupancy Status During Abatem  ☐ Facility Closed/Vacated During ☐ Abatement Performed Outside	nent (Check of Entire Perio	only one d of Aba	09 ) itement	/18	EMSL Analyt Street Address	ical, Inc.					
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State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) 10/17/2018 Peter Bunda Agencies Notified Notification Type Street Address **⊠** EPA City, State, Zip Code □ DCA ☐ Amended # ASSESTOS CONTROL & Caldwell NJ 07006 ⊠ DOL ☐ Emergency notification (including □ DEP Name of Contact Telephane Number justification) Peter Bunda **XDOH** ☐ Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private House ☐ School (K-12) Street Address ☐ Subchapter 8 (other than K-12) xOther (i.e. private & commercial buildings., homes, etc.) Sq. Feet: #7000 of Floors:3 Bldg. Age: 66 years old City (5) County (6) County Code (7) Current Use (prior if being demolished): Caldwell, NJ Moriss (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) BL Contracting Inc. Street Address Street Address 5 Marguerite Lane City, State, Zip Code City State, Zip Code Towaco NJ 07082 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 973-901-0153 01265 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitoring 10/27/18 11/10/18 **BL** Contracting Inc Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 5 Marguerite Lane □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Towaco NJ 07082 ☑Other - Describe: Monday-Sunday 8AM-4;30 PM Source of Work (Check all that apply)  $\geq$  3 sf or > 3 lf ☐ Renovation ☐ Mini-Enclosure ≥ 160 sf or ≥ 260 if □ Demolition □Glove-bag Procedure Non-Friable Procedure Location of Asbestos-Description of Asbestos Containing Material Is Location Normally Amount Abatement Type Containing Material (ACM) in Used Solely by (ACM) (i.e. thermal systems insulation, (Specify SF or Facility (13) Maint./Custodial Staff? surfacing, VAT, or other misc.) LF) Remove Repair Encap Enclose (12)YES NO First Floor X Remove Plaster Walls 1,240 SF X First, Second floor X Floor Tile 703 SF X Exterior walls X Transite Siding 5,950 X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Registered Landfill 0036784 T.R.R.F **BL** Contracting Inc Disposal Date City, State Tullytown, PA 11/08/2018 Completed by (Print or Type) Signature Date11/17/2018 Nedo Vasilio Project Manager Neda Vasi Lic



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



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	Yes	No	N/A		0.1.5.55		1000:00			ite	е —
SIDING	_		X	14	PANSITE		10002c	X		-	
							<del></del>	$\vdash$	-	-	-
								$\vdash$	$\dashv$	-	
Name of Registered Waste Hauler  KLEWCO JWC		H:	JDEP V	No.	Cubic Yards of Waste	Name of Regi	stered Landfill M (- M, V	A			
City, State MAPLE SHAWE W. J					Disposal Date	City, State :	OBINE	N	.5		
Completed By Title	RES	`			Signature N. 01	n	Date -	-2	_ 1	18	

# CK412510 PA

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

1 MA COLO		(Pt	rsuan	t to NJAC	38:60 and 12:12	.0)	1 11 OCT 2	3 2	018	-	
Date of Notification (1)		H- 2-1-	Nam	ne of Buildin	owner/Operato	r(2)	LICHOLS			The second	
Agencies Notified Type Notification	1		Stre	et Address	23	KING	ST LICEN	SEIG	FIU	. či	_
DEP Amended Amendment		<del></del>	City,	State, Zip	Code 210 GRA	WDE I	U.T 0	521	12		
DOH justification    DCA   Cancellation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'3	Nam	e of Conta	AME		Telephone Numb	er			
			FA		ORMATION						
Name of Facility Where Abatement is Takir	ng Plac	e (3)				Type of Facil					
Street Address			1				er 8 (Other than K-12 , private & commercia tc.)		fings,		
City (5) OCTAN C	IT			a		Square Feet	# of Floors	0.000	dg. A		
COUNTY (6) CLAPE MAY			Cou	inty Code (	7) (STATE	Current Use	Prior if being demolis	hed)			
Name of Monitoring Firm Hired by Building (8)	Owner		ASCM	No.		nent Contractor	(9)				
Street Address		<u></u> _L	_		Street Address		PRUCE A	1F			=
City, State, Zip Code	1				City, State, Zip C	Code	HADE NI	_			
Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone No.	9-047	License No.	<u>-</u> ۲ ر			
Start Date (10) Sched	duled C	omple	etion Da	ate (11)	Name of OSHA						7
	<b>b</b> -	4 -	-18	72.	Street Address	W/	Α				$\dashv$
☐ Facility Closed/Vacated During Entire Pe	riod of	Abate	ment							_	=
Abatement Performed Outside of Norma  Other - Describe:	I Facilit	y Hou	rs		City, State, Zip C						_
Scope of Work (Check all that apply)					☐ Full Co	ntainment with N	legative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Re De	enovat emolitic			☐ Mini-En ☐ Gloveb ☑ Non-Ex	ag Procedure	Non-Friable Procedu	e			
	100000	ocatio							bater Typ		
Location of	Used	ormally Solel	y by		Description of os Containing Ma		Amount				$\dashv$
Asbestos-Containing Material (ACM) TO BE ABATED	Ct	ntenan ustodia		(i.e.,	thermal systems i	insulation,	(Specify	Rei	<sub>R</sub>	nca	Encl
IN Facility (13)		Staff? (12)		L. V	surfacing, VAT, other miscellane		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A							ite	9
SIDING			X		TRAWSI	TE	1500 SF	X		-	$\dashv$
-							-	-		-	$\dashv$
							-	-	-	-	$\dashv$
		T A	UDEP V	Nacto I	Cubic Yards	Name of Re	gistered Landfill				$\dashv$
Name of Registered Waste Hauler			auter IC	Na.	of Waste	C,	щ. С. щ.	U.	A		=
City, State WARLE SHARE Y	(,)	`			Disposal Date	City, State:	OUBINE	VI	7.	_	_
Completed By MICHAEL CLOUD	Su	P.			Signature	uln	Date	-1	)-1	8	

#### CK41256

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

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Comments to see the second	OCT	2 3	2018	######################################	IJ

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Date of Notification (1)	17-18			Name	e of Buildin	ng Owner/Operator	S CON	STRUCTIO	14	iol.	S.	
Agencies Notified	Type Notification	n		Stree	t Address		- TH CT	And the second s	- Co	904 (4 70)		_
D. BPA	M Initial					300 7	71- 21.		-		=	=
DE DE	Amended Amendment	#		City,	State, Zip	Code ISUE	CITY	NIT OF	32	43		
-	Emergency (		ng	Name	of Conta			Telephone Number		<u> </u>	7	=
Ø DOH □ DCA	Cancellation			Nearik		EANIC_						_
				FA	CILITY IN	FORMATION						
Name of Facility Where			e (3)				Type of Facility					
	ESIDEMI	E					School (K-1	<ol> <li>(Other than K-12)</li> </ol>				
Street Address	1	225	12 3	N TRUES			homes, etc					
City (5)	0-111	1+0	<u></u>				Square Feet	# of Floors	1100000	ig. Ag	je -	
	CTAN C	11	<u></u>	I Cou	nty Code (	7) (STATE		rior if being demolish		_		=-
County (6) ( AP (	= WWY			USE	ONLY)		VI	ACHRIT	VII.			_
Name of Monitoring Firm		Owner	T	ASCM	No.	1 1 1 .	nent Contractor (9					
(8)	LA					Street Address	CMCO	INC		_	_	=
Street Address	,					369		PUCE AUG				_
City, State, Zip Code	•					City, State, Zip C	CE SH	ADE M.J	0	80	152	>
Project Manager for Mor	nitoring Firm		Tele	ephone	No.	Telephone No.	9 01100	License No.	7	i		
,			-				9-0472	1 012	), [,			_
Start Date (10)		duted 0	Comple	etion Da	ite (11)	Name of OSHA	Monitor /	4				_
Occupancy Status Durin	g Abatement (Che	eck only	one)			Street Address						
Facility Closed/Vacate  Abatement Performed	ed During Entire P	eriod of	Abate tv Hou	ment rs		City, State, Zip C	code	i i		//		_
Dther - Describe:	J Outside of Norma							11 F				=
Scope of Work (Check a	ill that apply)					Full Cor	ntainment with Ne	egative Pressure				
			enovat			☐ Mini-En	closure ag Procedure					
≥160 sf or ≥260 lf		XIU	emolitic	ж1		Non-Ex	empted (*) and N	on-Friable Procedure		L -1-F		_
			Location						^	baten Typ		
. Location (	of	Used	d Solel	y by		Description of tos Containing Mat	ferial (ACM)	Amount	П		m	
Asbestos-Containing N TO BE ABAT	Material (ACM)		ntenar ustodia		Asbes (i.e.,	thermal systems i	nsulation,	(Specify	Re	R	nca	Encl
IN Facility			Staff? (12)			surfacing, VAT, other miscellaned	or ous)	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A					=		ate	е
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		-	_	-								
Name of Registered Was	ste Hauler			UDEP I		Cubic Yards	Name of Reg	istered Landfill				
KLEMCO	- 6			179	24	of Waste	CM.	CMU.A.				_
City, State		ul (	Т	18	052	Disposal Date-	City, State	DBINE A	1.7			
Completed By	SHAUF	11.	1_		000	Signature -		Date	-10	)-	18	,
WICHACI 1	Cloud	S	UP			- Hu	wn		_		0	_

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

OCT 2 3 2018

1 1/4	MULL	V							-		9
Date of Notification (1)	-17-18		Name of	Building Owner/O		2) S COA	15TRUCT	OA	ITRO IG	3 JL	į.
Agencies Notified	Type Notificati	ion	Street Ad	dress 300	7-	774 57	T Company of the Comp	Mark deliberate	p11497-0-1		A./#1
D-BPA D-BP	☑ Initial   Amended		City State	, Zip Code		-	<del></del>			-10	=
₩ DOL	Amendmer			EA ISU	E	CITY	N.J. C	580	148	5	
Ø DOH □ DCA	Emergency justification	n)	Name of 0				Telephone Nun			., 1	
			FACILI	Y INFORMATION					_		_
Name of Facility Where	Abatement is Tal	king Place (3)				Type of Facilit	y (4)				- 1
	ESIDEN					School (K-					
Street Address							r 8 (Other than K-1 private & commerce		ldings	5,	
City (5)						Square Feet	# of Floors		Bldg. A		
00	LAW C	ITY_				1500	_	_   _	50	+	
County (6) CAPE			County C	ode (7) (STATE Y)			Prior if being demot	shed)			
Name of Monitoring Firm		Owner	ASCM No.	Name of A	Abatem	ent Contractor (					-
(8)	V/A				KL	CMCO	INC				
Street Address				Street Add	dress	SSPI	RUCE AU	·-			
O't Other 7's Code				City, State							_
City, State, Zip Code	•			_ W	AP	LE SH	HOE N.	J	380	22	2_
Project Manager for Mo	nitoring Firm	Te	ephone No.	Telephone & 56-	77	3-0472	License No.	37	.1		
	T Coch	eduled Compl	etion Date (11				1				
Start Date (10)	8 1	1-9	-18	.		N	4	_	_	_	
Occupancy Status Durin	ng Abatement (Ch	eck only one)		Street Add	iress	*					
Facility Closed/Vacat	ed During Entire F	eriod of Abate	ement rrs	City, State,	Zin Co	yde			_		_
Abatement Performer  Other - Describe:	d Outside of Norm	a Facility Frot		. January, State,							_
Scope of Work (Check a	ill that apply)			□ Fu	ut Cont	ainment with Ne	gative Pressure				
		Renova		□ M	ini-Encl	∞sure					
≥160 sf or ≥260 lf		Demotitic	on	[] GI	lovebaç on-Exer	g Procedure moted (*) and No	on-Friable Procedu	re			
42		Is Locati	on	<u> </u>					Abater		
		Normali	4	Descript	tion of				Typ	ж ——	
Location		Used Sole Maintenar	roe/ As	bestos Containin	g Mate	rial (ACM)	Amount			Щ	
Asbestos-Containing N TO BE ABAT		Custodia	3i	i.e., thermal syst	tems in:	sulation,	(Specify SF or LF)	Rer	Ra	TEST 1	nck
IN Facility		Staff? (12)		surfacing, other misce			37 04 12 7	Removal	Repair	Encapsulate	Enclosure
(13)		-						B		ale	9
		Yes No	N/A			-		17	$\vdash$		-
SIDIW	G-		X	TRAN	211	ξ		X			-
0,0,10								-			-
								_			_
											_
Name of Registered Was	te Hauler		JDEP Waste	Cubic Yard	s	•	stered Landfill				
		H	19904	of Waste		- The state of the	C.MU.A.				_
1CLEMCO	JAL.			Disposal Da	ate-	City, State			ASSESSED N		
City, State WAHLE	SHADE	MI. J	08052	-		Wood	OBINIE 1	J. J	_	_	_
Completed By	/ Title	· · · · · ·		Signatu		W	Sate - 0	17	-18		
WICHALL K	Long	SUP.								_	_

CK# 4657

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

OCT 2 3 2018

Date of Notification (1)			Name	of Buildin	ng Owner/Operato	EXCAUR	TING	۷ ،			- 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
Agencies Notified Type Notified	cation		Stree	Address		AN TRA	ASAESI	CER	grivi Grivi	3	paga paga
DEP Amende Amende Company	nent#	_	City, S	State, Zip	Code		HOUSE N.	7 (	 )δ	21	O
	tion)	a	Name	of Conta	ct		Telephone Numi				
	<u> </u>		FAC		FORMATION				2/5/50		_
Name of Facility Where Abatement is						Type of Facility					
Street Address					r:		r 8 (Other than K-12 private & commerci )		dings	•	
City (5) W. WIL	DWOO	D				Square Feet	# of Floors	1 1	idg. A		
COUNTY (6)				ty Code ( ONLY)	7) (STATE		Prior if being demolis	shed)			
Name of Monitoring Firm Hired by Buik	ding Owner	7	ASCM I	No.		nent Contractor (	9)				
(8) N/A					Street Address	O INC.					=
Street Address					369 S.	SPRUCE	AUE				_
City, State, Zip Code					City, State, Zip C		W.J 080	570			
Project Manager for Monitoring Firm		Telep	hone N	<b>√</b> 0.	Telephone No.	9-0472	License No.	71			
Start Date (10) Start Date (10)	Scheduled C	ompletion - &-	on Dat		Name of OSHA I	Monitor W/K	1				
Occupancy Status During Abatement (	(Check only				Street Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of No				1	City, State, Zip C	ode					-
Other - Describe:						5336738444	1				
Scope of Work (Check all that apply)	-				☐ Full Cor	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ✓=≥160 sf or ≥260 lf		enovation emolition			☐ Mini-End	closure ag Procedure	on-Friable Procedu	re			
•	100 550000	ocation						7	bate		
Location of	Used	ormally   Solely			Description of	Nacional Company of the Company of t	*	-	.,,		-
Asbestos-Containing Material (ACM)  TO BE ABATED	Cu	stodial	e/		os Containing Mat thermal systems it	nsulation,	Amount (Specify	Re	R	Enca	Enc
IN Facility (13)	14 (14)	Staff? (12)			surfacing, VAT, other miscellaned		SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					_		ate	е
510ING			χ.		PRAWSIT	E	12503c	X			
		_						-		-	
	=	$\rightarrow$	-+-					-			
Name of Registered Waste Hauler		NJC	DEP W	aste	Cubic Yards	Name of Regi	stered Landfill				
KLEMCO INC		Hau	aler ID I	¥0. 4	of Waste	C. M	. C. M.L	1. #	1		
City, State WAPLE SHAVE	NL.5	-			Disposal Date	City, State	BINE M	٦.٦	Г		
	Title				Signature	/	Date	-17	ー	8	
MicHAEL KLENN	71	p.			<u>  M. 10</u>			1		Q	

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#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT OCT 2 3 2018 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) EARTHTECH CONTRACTING Street Address Type Notification Agencies Notified M Initial City, State, Zip Code Amended Amendment #\_ DOL. GREENFIEL Emergency (including Telephone Number DOH DCA Name of Contact justification) Cancellation BRUCE FACILITY INFORMATION ype of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) RESIDENCE Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings. homes, etc.) Square Feet Bldg. Age # of Floors City (5) 2000 County Code (7) (STATE Current Use (Prior if being demolished County (6) MACAMI USE ONLY) APE Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. KLEMCO Street Address Street Address 369 City, State, Zip Code City, State, Zip Code MAPLE 08050 License No Telephone No. Telephone No. Project Manager for Monitoring Firm 856-779-0 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 79-1 Street Address Occupancy Status During Abatement (Check only one) K Facility Closed/Vacated During Entire Period of Abatement 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 Renovation \_\_ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf Glovebag Procedure Demolition Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Used Solely by Location of Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Remova Custodial TO BE ABATED SF or LF) Staff? surfacing, VAT, or IN Facility other miscellaneous) (12)(13)N/A Yes No X 1750 50 TRANS SIDING Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste 1(1tm City, State Disposal Date City, State MAPLE

Completed By

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Signature

#### CK# 4657

#### State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	N	lame of Buildin	ng Owner/Operator	-MATION		ONT	aci	. &	
Agencies Notified Type Notification	S	treet Address			AMDING W	20			
☐ PA	_	ity State 7in			N. J	08	21	8	
DOH justification)  Cancellation	N	lame of Conta	tom		Telephone Number		149	8	
		FACILITY IN	ORMATION		6				
Name of Facility Where Abatement is Taking Place RES ID LN LE  Street Address	: (3)			Type of Facility  School (K-1: Subchapter  Other (i.e., p		l buildi	ngs,		
				homes, etc. Square Feet		Bld	g. Ag	ge	-
City (5) M. WILDWOOD		0-1-7	7) /87475	1500	for if being demolish	-	00	+	_
COUNTY (6) CAPE MAY	_	County Code ( USE ONLY)		VAC	CANIT			_	_
Name of Monitoring Firm Hired by Building Owner	AS	CM No.		ment Contractor (9	.a. C.				_
Street Address			Street Address	S. Spru					
Oi: Other Tim Code			City, State, Zip C	Code		^6	25		=
City, State, Zip Code	~		Telephone No.	LE SHAI	DE W.J.	80	0)		=
Project Manager for Monitoring Firm	Telepho		856-77		F 013	37			_
Start Date (10) Scheduled C	ompletion	Date (11)	Name of OSHA	Monitor N IA					
Occupancy Status During Abatement (Check only	one)		Street Address						
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other - Describe:	Abateme	ent 	City, State, Zip C	Code					
Scope of Work (Check all that apply)    Scope of Work (Check all that apply)	novation motition		☐ Mini-En	an Procedure	gative Pressure on-Friable Procedur	e			
∑≥160 sf or ≥260 lf	ocation		⊠ Nor-Ex	empleo ( ) and 14	A P T NADOR T TOCCOO.	A	bater		
Location of Asbestos-Containing Material (ACM) TO BE ABATED  No. Co. Co. Co. Co. Co. Co. Co. Co. Co. C	Solely by solely by ntenance/ stodial staff? (12)	Asbes	Description of tos Containing Mai thermal systems in surfacing, VAT other miscellaneo	terial (ACM) insulation; , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Yes		N/A	= A . / S / Y	-15	1250 SE	X	_	$\vdash$	_
SIDING	-+	X	TRAWS 17		16)03-				
							_		_
			Cubic Yards	T Name of Reg	istered Landfill				_
Name of Registered Waşte Hauler		EP Waste	of Waste	A	CUA				
City, State		1404	Disposal Date	City. State		5	MI.	7	
MAPLE SHADE N	. ).		Signature	- PLEA	SANITUIZUI Dale	-17	<u></u>	8	_
Completed RV KLTMM SUP	ERU	SOR	- Mu	ewp	<u>i_1</u>		- 1	<u> </u>	_

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT—

CKA933 PAIR	ursua	ant	to N		C. 8:60 and		))匡	CE		
Date of Notification (1) 10-19-2018					Owner / Operato	or (2)	A CONTRACTOR OF THE PARTY OF TH			
Agencies Notified Type Notification			Addr		oughlin	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100 g	OCT 2	3 2018	
□ DEP		Tity (	State	& Zip (	Pada	- Annual Control of the Control of t	- Land Marriage			
	V	<b>Norris</b>	Plain	s, NJ	Jode	Obstant Area	ASB	ESTOS (	CONTROL 8	
<ul><li>☑ DOH</li><li>☐ Emergency</li><li>☐ Cancellation</li></ul>			of Co		oughlin	\$ Park Ages	made upon in a more transcribe.		elephone N	lumber
and discontinuous	L'									
Name of Facility Where Abatement is Taking P	lace (3	)	ACILI	Y INF	ORMATION Type of Facil	ity (4)				
Residential Street Address					School (	K-12)				
Street Address					Subchap  Subchap	oter 8 (Other the e. private & co	ian K-12 mmercia	!) al building	s, homes, e	etc.)
City (5) County (6)	ICar	unh. (	Code (	(7)	Square Feet	# of Flo	oors		dg. Age	
Morris Plains, NJ Morris	Cot	inty (	Joue (	(1)	2,752 Current Use	(Prior if being	demolish	ned)	58	
Name of Monitoring Firm Hired by Building Own	(0)		TAGG	20.0.0.1	Residential		32 E22			
Health and Safety Services	ier (8)		117	CM No.		tement Contra magement Gro		;		
Street Address P.O. Box 365					Street Addres	SS				
City, State & Zip Code					City, State &	n Ave, Suite 2 Zip Code	02			
Berlin, NJ 08009 Project Manager for Monitoring Firm	Telep	hono	Numb	201	Trenton, NJ C		- Ir	: NI		
Mr. Jim Proctor	856-4	52-13	311		609-914-4279		-	icense N	umber 01185	
Scheduled Start Date (10) Scheduled Cor 11-5-2018	npletio 11-9-2	n Dai	te (11)	)	Name of OSH			-		
Occupancy Status During Abatement (Check or	nly one	2)			Street Address	mental Laborat	ories, in	IC.		
☐ Facility Closed/Vacated During Entire P ☐ Abatement Performed during Normal H	eriod o	of Aba	ateme	nt	2333 Route 2					
Describe: 8:30pm-5:30pm	ours.				City, State & Union, NJ 07					
Facility Occupied During Abatement Scope of Work (Check all that apply)										
	_								egative Pre	ssure
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf ≥260 lf</li></ul>	$\boxtimes$		ovatio				iclosure Bag Prod			
						☐ Non-Ex			Friable Pro	cedure
Location of Asbestos-Containing	Is L Norm	ocati			Description Asbestos-Con		100000	mount Specify	Abatem	ent Type
Material (ACM)	So	lely b	ру		Material (A)	CM)		or LF)	70 _	9 9
TO BE ABATED in Facility	Maint Custo				(i.e., thermal sinsulation, surfac				Removal	Enclosoure
(13)	Yes	(12) No	N/A		or other miscella	aneous)			air val	oure
Laundry Room		П	N/A	Multi	ple Layers of Flo	or tile/Mastic	1	4 SF		
Powder Room		古	X	-	Floor tiles	or the waste		3 SF		
	H	뷰	H			· · · · · · · · · · · · · · · · · · ·			井	님님
		宣								
Name of Registered Waste Hauler			DEP \ uler ID	Vaste	Cubic Yards of Waste	Name of Reg	istered	Landfill		<u> </u>
Resource Management Group, LLC			35218		TBD	Grows Landfi	11			
City, State Trenton, NJ 08619					Disposal Date	City, State	٨			
Completed By (Print or Type)		Titl	Α		TBD Signature	Morrisville, P.	1.71	1.	Date	
Mr. Brian Haney		100	esiden	t	1 1 / M	1	MU	/	10/19/201	8

CK 519	15 P	A	VOT				SBE	Jersey STOS ABA 8:60 and 5:1		DE	CE		M	E	Comments of
Date of Notification (1)					Nar	ne of Build	ling O	wner/Operator	(2)		.07 0				CANADA MANA
	Notification (1)  10  / 19  / 18  as Notified  Initial  Amended  Amendment #  Emergency (incl  justification)  Cancellation  Ac 5:23-8)  Facility Where Abatement is Taking Ingdale Apartments  Address  College Road West  Ceton  (6)  Ser  If Monitoring Firm Hired by Building Owen Servironmental, Inc.  Address  N. Church Street  Sete ate, Zip Code  restown, NJ 08057  Manager for Monitoring Firm  all Keehn  Inte (10)  John John Schedul  John John John Schedul  John Schedul  John John John John John John John John					rinceton	Univ	ersity			OCT 2	3	2018		and the second
Agencies Notified	otification (1)  10  / 19  / 18  Notified					et Addres	S			1					
⊠ EPA	otification (1)  10  / 19  / 18  Notified					acMillan	Buil	ding	a position of the contract of	ASB	ESTOS (	ioi	ITRO	01.8	adi L
⊠ DOLWD		20201			Description 0.1100	State, Zij				- NATIONAL PROPERTY OF THE PROPERTY OF	LIGEN	SIF	G		
			l oli o	_	- 詳	rinceton									
1 ( T T T T T T T T T T T T T T T T T T	of Notification (1)  10  / 19  / 18  clies Notified  DA						act			Telephone	Number	ed es			
	of Notification (1)  10  / 19  / 18  Dies Notified  PA						erso	n		609-258					
No. of the last of								RMATION			, 0011				
Name of Facility Where A	batement is	Taking I	Place	(3)		ACILITI	IIVI C	RIVIATION	Type of Facility	· /A)					
	10								School (K-1						
Street Address									Subchapter	8 (Other than	K-12)				
53-59 College Road	West			¥.					Other (i.e., p	orivate and co		bui	ldings	S,	
City (5)	te of Notification (1)  10								homes, etc. Square Feet	# of Floor		DIA	- ^-		
Princeton					37				7,000	3	S		g. Ag <b>0</b>	е	
County (6)	e of Notification (1)  10 / 19 / 18  Initial  DOLWD  DOH  DOH  DOH  CAMENDAM  CAMENDA					unty Code	171/01	ATE USE ONLY)			lin h		U		
Mercer	te of Notification (1)  10 / 19 / 18  encies Notified EPA DOLWD DOH DOH DOCA (NJAC 5:23-8)  Type Notification Initial Amended Amendment # Emergency (inc justification) Cancellation  To an ellation  To an el						(1)(31	ATE USE ONLY)	Current Use (P		emolisned	1)			
Name of Monitoring Firm	Hired by Buil	Idina Ov	vner	(8)	ASCI	/ No	T N	ame of Abatam	Faculty Ho			_			-
577.5		iding Ov	VIICI	(0)	AGGI	VI INO.	191 00		ent Contractor (9	500					
Street Address								reet Address	onmental, LLC	,		-02-33			
	opt .							623 Cutler A							
N Mariana Maria	057							ty, State, Zip C							
				TTO	lephon	- No		Maple Shade	, NJ 08052						
Michael Keehn	toring r inn		ore task otherson	0 8		0-8800	220	elephone No. 856-755-0099	)	License N 00842	10.				
Start Date (10) 11 /01 /						ate (11) 18		ame of OSHA M EMSL Analyt							
Occupancy Status During	Abatement (							reet Address							
				5.70	ement		1 25.5%	200 Route 13	0 North						
☐ Abatement Performed	Outside of N	ormal F	acility	y Hoi	ırs - De	scribe		ty, State, Zip Co							
								Cinnaminson							
Scope of Work (Check all	that apply)		<del>oleole</del>						1, 143 00077						
≥3 sf or ≥3 If	шаг арргуу	Þ	☑ Re	nova	tion			☐ Full Cont	tainment with Ne	gative Pressu	re				
≥160 sf or ≥260 lf		Ē		molit				Glovebag	g Procedure						
			le	Loca	otion	T		□ Non-Exe	mpted (*) and No	n-Friable Pro					_
Location	of			Norm				Description o	£		-	-	teme		ре
Asbestos-Containing N	Material (ACN	/I)			lely by	Asb	estos	Containing Ma		Amoun	t d	D	Repair	Encapsulate	Enclosure
					ance/ Staff?	(i		ermal systems i		(Specif	y   §	3	air	aps	los
	y			(12		A		surfacing, VAT, ther miscellane		SF or LF	-) <u>-</u>	2		ula	re
		1	Yes	No	N/A			aror misocharie	043)					ē	
Exterior Building 53-5	9			$\boxtimes$		Windo	w Ca	aulking and C	Blazing	800 LF	- E			ᆏ	
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Name of Registered Waste	- Hauler					Monto	16	bio Vosda of				7]		니	Ш
Name of Registered Waste Hauler NJD Freehold Cartage 15						ID No.	Wa	bic Yards of aste •0	Name of Regis						
City, State					1000	Ĭ		posal Date	City, State						
Freehold, NJ							11	2/28/2018	Morrisville	, PA					
Completed By (Print or Type	oe)	Title						Signature			Date	-			
Christina Lynch	M-15	1517000000	e Pre	esid	ent of	Operation	ons	Mela			10/	91	( )		

15196	AUD		TO	IFIC	CATIO Pursu	ON OF A	New Jersey SBESTOS ABA JAC 8:60 and 5:	ATEMENT 16)		C I	3 [		7 [[
Date of Notification (1)					Nai	me of Buildi	ing Owner/Operato	(2)	1121	******	- akiring file	A - Backer surv	*******
	19 /	18					University	(2)		CT	2 2	201	0
Agencies Notified	Type Notific	ation				eet Address	A TO CONTROL OF THE STATE OF TH			)CT	4 3	201	ŏ
The Control of the Co	Initial				- V-V-V-G-G	TacMillan			OCT-416				
☑ DOH [	Amende					, State, Zip			ASB				OL.
	Amendm  Emergen		. din a	. 11	10.000		NJ 08543		Control to the control of the contro	LICE	ENSH	VG_	ومراجي در
(NJAC 5:23-8)	justificati	on)	uaing		Simple Color	ne of Conta			Tolophore N				
	☐ Cancellat	tion				yan Dicke			Telephone Nu 609-258-69				
				10000			NFORMATION		009-256-6	911			
Name of Facility Where Aba	atement is T	Taking F	Place	(3)		- TOILITT	MORWATION	Type of Facility	(4)				
Springdale Apartmen				20 10				School (K-1)	7.5				
Street Address					-			☐ Subchapter	8 (Other than K-	12)			
63-65 College Road V	Vest							Other (i.e., p	rivate and comm	ercial	buildi	ngs,	
City (5)								Square Feet	# of Floors		011		
Princeton								6,600	3		Bldg.	Age	
County (6)					Co	unty Code /	7)(STATE USE ONLY)			liaber	70		
Mercer						1	COL ONE!)	Faculty Hou		usned)			
Name of Monitoring Firm Hi		ling Ow	ner (8	3)	ASCI	Л No.	Name of Abatem	ent Contractor (9)				20010000	_
TTI Environmental, In	c.							onmental, LLC					
Street Address							Street Address	ominional, EEO					
1253 N. Church Street	:						623 Cutler A	venue					
City, State, Zip Code					70 M		City, State, Zip C						-
Moorestown, NJ 0805					•		Maple Shade						
Project Manager for Monitori	ng Firm			Tel	ephone	No.	Telephone No.	,	License No.				-7 100-
Michael Keehn				8	56-84	0-8800	856-755-0099	)	00842				
Start Date (10)	So	chedule	d Co	mple	etion D	ate (11)	Name of OSHA N	Monitor	00042			-	
/	18	_12	- /	28	8 /	18	EMSL Analyt	11.77.045.77.71					
Occupancy Status During Ab	atement (C	heck or	ly on	e)			Street Address						
□ Facility Closed/Vacated D	uring Entire	Period	of A	bate	ment		200 Route 13	0 North					
Abatement Performed Ou	tside of Nor	mal Fa	cility I	Hou	rs - De	scribe	City, State, Zip Co						
Time of Abatement:		_PM/_		PM-	_	_AM	Cinnaminsor						
Scope of Work (Check all that	it apply)							., 110 00077					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Rend				☐ Mini-Enc	ainment with Nega losure g Procedure mpted (*) and Non		ıre			
U prodress dispersion and re-			Is L								natem	ent T	vne
Location of Asbestos-Containing Mate	erial (ACM)	1		rma Sole	lly ely by		Description o	f		1	_	T -	
TO BE ABATED	)	1 1	Maint	ena	nce/	Asbes (i.e.	stos Containing Ma , thermal systems i	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)				11al (	Staff?	,	surfacing, VAT,	or	SF or LF)	oval	=	psu	Sur
(10)		Ye		No	N/A		other miscellaned	ous)				ate	е
Exterior Building 63-65		-	-										
		$\perp \square$	-   2			Window	Caulking and G	lazing	740 LF				
										П	П	П	П
											1	] [	7
			1	7						+ <u>-</u>		Ш	Ш
	auler			I N	JDEP V	Masta	Cubia Value						
Name of Registered Waste Ha	10 TO				auler IE		Cubic Yards of Waste	Name of Registe					
Name of Registered Waste Ha								Fairless Lan	dfill				
Freehold Cartage				_	15939		40	l diriess Lai	idiiii				
Freehold Cartage  City, State		arts are a management			15939		Disposal Date	City, State					
Freehold Cartage  City, State  Freehold, NJ					15939		THE RESERVE AND ADDRESS OF THE PARTY OF THE						
Freehold Cartage  City, State	Т	itle					Disposal Date 12/28/2018 Signature	City, State		te			

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

CK 43/169	ICATIO	State of No N OF ASE at to NJAC	BESTOS	ABATE	MENT 0)	100		C E				the second		
Date of Notification (1)				of Building			r (2)	W	<u>L</u>	<u> </u>	1 17	Um		
Agencies Notified Type Notification				eton U	nivers	ity						2		
				Address	lon Di	مناطنهم	-		U	CT 2/3	201	8	100	71
FPA ☐ Initial ☐ Amended				macMil tate, Zip C		ullaing	3	- 1					i i	
DOL Amendment Emergency (		,	Princ	eton N.	J 0854	44		ř.,	4935	3108 O. 1106 B.	XITA MA	01.8		6.0
DOH justification)  DCA Cancellation		'		of Contact			t.	NAMES OF TAXABLE PARTY.	1 1 1 1 1 1 1 1 1 1	ephone No	umber	4-5-5	OR THERE	
Cancellation				Ortega	ODMAT	ION			60	9-258-	1841			
Name of Facility Where Abatement is Taking	Place (	3)	IAC	ALL I INT	ORIVIAT	ION	Type of F	acility (	4)					
NOAA/GFDL								ool (K-1						
Street Address							☐ Sub	chapter	8 (Oth	er than K-	12)	V020	104	
201 Forrestal road							etc.)		rivate	& commerc	cial bu	ldings	, hom	es,
Princeton NJ 08544							Square F 200000		3	f Floors		Bldg. 50	Age	
County (6)		T		Code (7)					10000	ng demolis	100			
Name of Maritain Fire III at 1 P. III a				USE ONLY	)		offices							
Name of Monitoring Firm Hired by Building C TTI Environmental	wner (8	)	ASC	M No.			of Abatem ciated				etina	Inc	ì	
Street Address							Address	Opcoi	arty	Contrac	July	IIIC		
1253 North Church street						1 11 11 11 11 11 11 11 11 11 11 11 11 1	aCrue A	7110.000						
City, State, Zip Code Moorestown NJ 08057							state, Zip C Mills P		342					
Project Manager for Monitoring Firm	ject Manager for Monitoring Firm Telephone No. Teleph									License I	No.			
Mike Kheen	een 856-840-8800 610-									01103				
11/5/18   11/30/18								1onitor						
Occupancy Status During Abatement (Check						Street	Address							
Facility Closed/Vacated During Entire Postatement Performed Outside of Normal Other – Describe:	Abaten y Hours	nent ;		_	City, S	tate, Zip Co	ode							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demolit					Mini-En Gloveb	closure ag Proc	edure	Negative					
	T	1 1	H				Non-Exempted (*) and			Non-Fria	ble Pro		re emen	+
Location of	1	Locati Vormal			Do	scription	Man of					A 10 11 - 15 - 15 - 15 - 15 - 15 - 15 - 1	уре	
Asbestos-Containing Material (ACM)		ed Sole iintenar		Asbes	tos Cont	aining M	laterial (AC	M)	A	mount			Ш	
TO BE ABATED In Facility	2200	todial S		(i.e.	thermal	systems cina. VA	insulation.			pecify	Ren	Re	Encapsulate	Enclosure
(12)							ermal systems insulation, (Specify surfacing, VAT, or SF or LF)					Repair	Sula	osur
	N/A							_		ate	е			
data center 1st floor restroom	Mu	Mud Bed Vat and mastic 247sf x												
2nd and 3rd floor mens rooms	Ceramic floor tile, cmu wall, pipe fittings 240sf ct 350sf wall, 40 fittings X													
2nd and 3rd floor womens room	ceramic floor tile, cmu wall, pipe fittings 170sf ceramic floor, 300sf wall, 405tink X													
Name of Designation 1997														
Name of Registered Waste Hauler	JDEP W auler ID		Cubic of Was				1000	red Landfil						
Mercer Group Internat		80					sources	Rec	over	/ Lar	ıdfill			
City, State 1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637						al Date		y, State		DΛ				
Completed by	Title	Terric	ni, NJ	00037		quired	2000	lleyto	wn,					
Jack Tomasura	Sr, E	stima	ator			ignature	(IP)	A AA	M		ate )/19/	18		
						11/1/1	V WIA	VAY	A LA					



#### STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO MIAC 2:50 7 AND 12:120 7

	- 1857 F1851		(PURSUAN	ANT TO NJAC 8:60-7 AND 12:120-7 ( ACCAC - ) / / /												
Date of Notification	n (1) _ /18			JET AVIA	Building Ov TION OF A		rator (2)									
Ai Netified	/   <del> </del>	-415141		Street Ad		2500 000			(2)	P N	W	F	100			
Agencies Notified	0.00	otification		-	RLES LINDE		E i	A E		E 1	////	L	117			
☐ EPA	1 =	Initial Amended			e, Zip Code		1	1	garage is constructed	and the second second	Entraphysical Company	Section and section in				
☑ DOH					ORO, NJ 07	000		72275	M	h = =						
☑ DOL	_	Amendment _	Total management areas	Name of			95409	Telepho		2.3	2018	2	1111			
		Cancellation	/ justification	HEATHER	R KELLOG		adiau/fro	201-462-	4000	Z 3	LUIC	)	hood			
		Carroonation	F	ACILITY IN	IFORMATIC	N	and the state of t				programme to the	O. 1. 0	1			
Name of Facility V	/here Abaten	ant is Taking I	Place (3)		Type of E	ocility (A)		A	<u>Carati</u>	79 (Y	MULH	Clar Ct				
TETERBORO AIRE		ient is raking i	riace (3)		Type of Fa	acinty (4)			[]	CENS	111/3	for expension	STATE OF THE PERSON			
TETERBOTTO / III (	OITT					School (K	-12)									
Street Address					1 🗔		er 8 (Other	than K-1	2)							
114 CHARLES LIN	DBERG DRIV	Æ					, private &									
						bldgs., ho										
City (5)	County (6	)	County Code	(7)	Square Fe	et	# Of Floor	s	Buildi	ng Age	9					
TETERBORO	BERGEN					000	2									
						se (Prior if	being dem	olished)	T		39					
					OFFCIE											
Name of Monitoring	ng Firm Hired	by Bldg. Own	er (8)	ASCM NO	9											
074 0505111 (100				00126												
GZA GEOENVIRO	NMENTAL, IN	IC				AR CONTR	RACTING G	ROUP. IN	1C.							
Street Address	UTE 407				Street Add	dress										
55 LANE ROAD, S					00 14/1111	- DI										
City, State, Zip Co FAIRFIELD, NJ 070						s Parkway										
Project Mngr. For		Tiren	ITolophono Nu	mhor	City, State	, Zip Code										
BEN SALLEMI	Worldoning F	itm	Telephone Nu 973-774-3300	mper	East Hano	ver, NJ 070	36									
Sheduled Start Da	te (10)	School Comp	letetion Date (1	11)	Telephone		30	License	Numbo							
11 // 05	/ 18	12	30	19	Trelephonic	Number		License	Number							
<u> </u>	/	/	/		973-88	34-8682				00860						
Occupancy Status	During Abat	ement (Check	Only 1)			SHA Moni	tor			-						
		ted During Ent				AR CONTR		ROUP. IN	IC.							
Abatem					Street Add	dress										
✓ Abatem	ent Performe	ed Outside of N	ormal Facility													
	Describe: _				32 William											
☐ Other -	Describe: _	7:00AM-3:30P	M			, Zip Code						- 27 IIE S				
Scope of Work (C	heck All That	MON-FRI Apply)			East Hanover, NJ 07036											
☐ Demoli		V	Renovation	✓	Full Conta	ainment wit	th Negative	Pressure	е							
☐ ≥3sf or					Mini - End											
	or ≥260 If				-	Procedure										
1					Non-Exem	npted (*) an	d Non-Fria	ble Proce	edure							
Location	of	Is		Descript	ion of			Abateme	nt Tuno							
Asbestos Co	1070	Location	Δο	sbestos - C				R	I Type	ΙE	1	E				
7.0500.00	manning	Normally	1	Material	_		Amount	E	R	N		N				
TO BE AB	ATED	Used	1 0	e., therma			(Specify	M	E	C		С				
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		Staff (12)								L		R				
		YES NO N/A														
2ND FLOOR			VAT.MASTIC				3,000 SF	V					]			
	ļ															
Name (5	Ia	To:														
Name of Registered Waste Hauler  NORTHSTAR CONTRACTING GROUP, INC  NUMBER OF THE NUMBER OF T						Registered I LANDFILL										
City, State				of Waste	City State											
EAST HANOVER,	NJ			Disposal Date												
Completed by (Pri	nt or Type)		Title		Signature Date											
STEVEN STILES			PROJECT MA	NAGER	SER STOSPEN SLOW 10						10/2	0/22/18				

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

Date of Notification (1)	17 /	10		Name of Building Owner/Operator (2)  Jackson Township MUA / Job #1808-2339 Chk. #5164									
		18		Jac	KSOII 10	Wilship WOA	/ 30	D #1808-2339	Cni	K. #5	164		
Agencies Notified	Type Notifica	tion		Street	Address								
☑ EPA ☑ DOLWD	☐ Initial			135	Manhat	tan Street							
☑ DOLWD	Amended Amendme	nt #		City, S	State, Zip (	Code			C D	G F			
□ DCA	⊠ Emergeno		- ia	Jac	kson, N	J 08527		NECE		# H		"1]	
(NJAC 5:23-8)	justificatio		3	Name	of Contac	ot .	1:40	Telephone Numb	er	C MARKET CO.	1000	A COLUMN	
	☐ Cancellati	on		Ear	l Quijano	0		732-928-272			Enterformer,		
				FA	CILITY IN	NFORMATION	12.1	1 OCT 2 3	3 20	lö	100	21	
Name of Facility Where A		aking Plac	e (3)				Type of Facility				-		
Manhattan Street C	omplex						School (K-12	2) 8 (Other than K-12)		ani.	II Si		
Street Address			-2117				Other (i.e., p	rivate and commen	cial bu	iildinc	IS.		
135 Manhattan Stre	et						homes, etc.)		<del>-1000</del>	-	A CONTRACTOR OF THE PARTY OF TH		
City (5)							Square Feet	# of Floors	Bl	dg. A	ge		
Jackson							2000	1		54			
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)				
Ocean							Commercia	I					
Name of Monitoring Firm	Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Finog Environment	al					Asbestos an	d Mold Service	es, Corp.					
Street Address						Street Address		<del></del>					
617 Stokes Rd #4-3	18					3859 Sylon B	oulevard						
City, State, Zip Code						City, State, Zip Co	ode					_	
Medford, NJ 08055						Hainesport, N	NJ 08036						
Project Manager for Moni	itoring Firm		Tele	phone	No.	Telephone No.		License No.	11,000				
Rebecca R.				•	6-9994	609-702-0400	ř	00862					
Start Date (10)	S	cheduled		(150)		Name of OSHA M	lonitor					_	
10 /19 /		10				EMSL Analyt	ical, Inc.						
Occupancy Status During	Abatement (C	heck only	one)			Street Address		11-11-11-11-11-11-11-11-11-11-11-11-11-					
☑ Facility Closed/Vacate						200 U.S. Rou	te 130 North						
Abatement Performed						City, State, Zip Co	ode						
Time of Abatement: _	AM	PM/	PM-		AM	Cinnaminson	, NJ 08077						
Scope of Work (Check al	I that apply)						x 20	A					
≥3 sf or ≥3 lf			enovat	ian		☐ Full Cont	tainment with Ne						
□ ≥160 sf or ≥260 lf			emolitic				g Procedure	MAND & CN.	1				
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			s Loca						Ab	atem	ent Ty	уре	
Location		He	Norma ed Sole			Description of			Z	Z	Ш	ш	
Asbestos-Containing TO BE ABA			aintena			estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	nca	nclo	
IN Facili		Cu	stodial		(	surfacing, VAT	, or	SF or LF)	val	-	Encapsulate	Enclosure	
(13)			(12)	1	-	other miscellane	ous)				ate	(D	
Undergound		Yes		N/A	Dina			TDD	12				
Undergound		$\dashv =$				wrap and cut in o	conjunction w	TBD - approx					
					demoli	tion contractor	30 LF		Ш	Ш			
Name of Registered Was	te Hauler		2253	IJDEP !	0.000000	Cubic Yards of	Name of Regis	stered Landfill					
Waste Managemen	t			lauler II 17273		Waste 5	Grand Cer	ntral					
City, State						Disposal Date	City, State						
Lafayette, NJ						10/19/18	Penn Argy	le, PA					
Completed By (Print or T	ype)	Title				Signature	Λ	Da	te				
Kimberly A. Trumbe		Office	Coor	dinato	r	M				170	18		
ASB-41						THE P	V/		10	6 %	63		
MAN 11		* Do no	t usa f	hia farm	for achoe	the linearity avam	atad antivition						

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 22 / New Jersey Department of Miltary & Veterans 2018 Agencies Notified Type Notification Street Address **⊠** EPA 101 Eggerts Crossing Road □ DOLWD ☐ Amended City, State, Zip Code Amendment # **⊠** DOH Lawrenceville, NJ 08648 Emergency (including DCA Name of Contact (NJAC 5:23-8) Telephone Number justification) ☐ Cancellation William McBride 609 530-7139 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) WOODBURY ARMORY School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 658 NORTH EVERGREEN AVENUE homes, etc.) City (5) Square Feet # of Floors Bldg. Age WOODBURY 66000 2 68 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) **GLOUCESTER** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental, Inc. DELTA/BJDS, INC Street Address Street Address 1253 North Church Street 1345 INDUSTRIAL BLVD. City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057-1136 **SOUTHAMPTON PA 18966** Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856 840-8800 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 6 / 18 10 / 31 / 18 N/A Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement N/A ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-4PM/ PM-N/A Scope of Work (Check all that apply) ☑ Full Containment with Negative Pressure ⊠ Renovation  $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Used Solely by Removal Repair Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility SF or LF) surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A **BOILER RM**  $\boxtimes$ **BOILER LAGGING** X 250 SF **BOILER RM** X M PIPE INSULATION 15 LF **BOILER RM** X JOINTS A/W PIPE INSULATION 4 LF X П П NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE WAYNESBURG, OHIO Completed By (Print or Type) Signature Date ASST. ADMINISTRATOR CHRISTINE DEL VISCIO -22-201

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

1205-02	ř		(P	Pursuant to NJAC 8:60 and 5:16)								<u>. L</u>		
Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator	(2)							
8 /22 /	18					Department of	• •	ans   OCT	2	3 7	2018			
Agencies Notified Type Notif	ication			Stree	et Address							- 1		
☐ EPA ☐ Initial				10	1 Eggerts	s Crossing Road	ļ	ASBEST	70.7	7700	TOO	10		
☑ DOLWD ☑ Amend	ed: ment # <u>1</u>	MA W	alm4a0	City,	State, Zip	Code		Lill	JEN.	5KU(	i	CI		
☑ DCA ☐ Emerge				La	wrencevi	ille, NJ 08	648		e discon passegg	and the state of t	Mr. C. C. C.	Example Age		
(NJAC 5:23-8) justifica		GUUIII	9	Nam	e of Contac	ct	5111	Telephone Numb	ner					
☐ Cancel	lation			Wi	Iliam McI	Bride		609 530-713						
				FA	CILITY II	NFORMATION			- Land					
Name of Facility Where Abatement is	Taking	Place	e (3)				Type of Facility	(4)						
WOODBURY ARMORY							School (K-12	)						
Street Address							Subchapter 8	(Other than K-12)						
658 NORTH EVERGREEN AV	ENUE						homes, etc.)	ivate and commer	cial b	uildin	gs,			
City (5)		-		V 10 20 20			Square Feet	# of Floors	TB	ldg. A	ne ne	-		
WOODBURY							66000	2		68	ge			
County (6)				Cou	ntv Code (7	7)(STATE USE ONLY)		or if being demolis		-				
GLOUCESTER					*	/	ourone oco (i ii	or it being demons	ileuj					
Name of Monitoring Firm Hired by Bu	ildina Ov	wner	(8)	ASCM	No	Name of Abateme	ent Contractor (0)							
TTI Environmental, Inc		**************************************	(-)	, 10 011		DELTA/BJDS								
Street Address						Street Address	, INC							
1253 North Church Street							DIAL DIVID							
City, State, Zip Code						1345 INDUST								
Moorestown, NJ 08057-1136						City, State, Zip Co								
Project Manager for Monitoring Firm			Tolo	nhana	Nie	SOUTHAMPT	ON PA 18966				+			
. reject manager for Monitoring Fifth			1	phone		Telephone No.		License No.						
Start Date (10)	Cabadul	1-10	1		-8800	215 322-2900		00783						
49 Jan 24 Jan 18 g	Schedul 10					Name of OSHA M	onitor							
			2	_ ′ -	18	N/A								
Occupancy Status During Abatement						Street Address								
☐ Facility Closed/Vacated During Ent	ire Perio	od of	Abater	nent		N/A								
☐ Abatement Performed Outside of N Time of Abatement: 7AM-4PM/	omai F -PM-	acim	/ Hour	s - Des	cribe	City, State, Zip Co	de				(100 to 100 to 1	$\neg$		
			_/			N/A								
Scope of Work (Check all that apply)						F7		2012						
≥3 sf or ≥3 lf	D	☑ Rei	novati	on			ainment with Nega	ative Pressure						
≥160 sf or ≥260 lf	Ē	] Der	molitio	n			Procedure							
						☐ Non-Exen	npted (*) and Non	-Friable Procedure	3					
Location of			Locati Iormal					Ab	atem	ent Ty	уре			
Asbestos-Containing Material (ACN	0		d Sole		Ashas	Description of stos Containing Mat	oriol (ACM)	A	Z,	ਹ	Ш	ш		
TO BE ABATED	1		ntenar			, thermal systems in	sulation.	Amount (Specify	Removal	Repair	nca	alar		
IN Facility (13)	- 1	Cust	(12)	nan?		surfacing, VAT,	or	SF or LF)	val	-	Encapsulate	Enclosure		
(10)	1	Yes	No	N/A		other miscellaneo	us)				ate	9		
BOILER RM	1	X I			BOII ED	LAGGING		250 25	<b>E</b> 7					
BOILER RM						250 SF				붜				
BOILER RM		П												
BOILERRM								믜	ᆜ					
BOILER RM  Name of Registered Waste Hauler	SE SE SE	<b>克</b> 第	1						×.	直路其				
SERVICE TRANSPORT GROUP	100	IDEP V		Cubic Yards of Waste	Name of Registe									
				20990			MINERVA L	ANDFILL						
City, State	D.F.					Disposal Date	City, State							
58 PYLES LANE NEW CASTLE	DE						WAYNESBU	RG, OHIO						
Completed By (Print or Type)	Title					Signature	1- 0	Date						
CHRISTINE DEL VISCIO	ASS	ST. A	DMIN	IISTR.	ATOR	1 hat	Town I	1/10-10	1	(-)	0	8		
SR_41						1 1 1 1	VI VI	Ville	r * :		-1	-		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

1283-0	5			(P	Pursuant to NJAC 8:60 and 5:16)							M	lin.
Date of Notification (1)					Name of Building Owner/Operator (2)								
8 / _	22 /	18			Ne	w Jersey	Department of I	Miltary & Veter	ans	T 2	3	2018	8
Agencies Notified	Type Notifi	ication			Stree	et Address				11 4		201	
⊠ EPA					10	1 Eggerts	Crossing Road		200 7004				
☑ DOLWD		T	500	10	City,	State, Zip	Code		ASSEC	51175	QU.	1411	Ch û
⊠ DCA	☐ Emerge				La	wrencevi	lle, NJ 086	548	Language of the second	LICE	The state of the s	U.J.	accommon a
(NJAC 5:23-8)	justifica			9	Nam	e of Contac	at		Telephone Numb	per		17.0	
	☐ Cancell	ation			Wi	Iliam McE	3ride		609 530-713	9			
					FA	CILITY IN	FORMATION						
Name of Facility Where A		Taking	Place	e (3)				Type of Facility	,				
WOODBURY ARMO	RY							School (K-12	) (04 4 1/ 40)				
Street Address								Other (i.e., p	(Other than K-12)	) cial bu	uildin	IS.	
658 NORTH EVERG	REEN AVE	ENUE						homes, etc.)				, ,	
City (5) WOODBURY	79							Square Feet	# of Floors	BI	dg. A	ge	
County (6)					10			66000	2		68		
GLOUCESTER					Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Name of Monitoring Firm H	lired by Rui	Idina Ou	1mor/	/O)	ASCM	No	I Nia	10 1 10					1
TTI Environmental, I	(2)	iding Ov	wilei (	(0)	ASCIVI	NO.	Name of Abateme						
Street Address							Street Address	, INC					
1253 North Church S	Street						1345 INDUST	DIAI BIVD					
City, State, Zip Code							City, State, Zip Co					3773	
Moorestown, NJ 080	57-1136						SOUTHAMPT						
Project Manager for Monito			_	Tele	phone	No.	Telephone No.	ON FA 10900	License No.				
, ,	•			1	66 840		215 322-2900		00783				
Start Date (10)	4	Schedul	led <sub>2</sub> C			ite (44)	Name of OSHA M	onitor	00700				
10/18/1811/3							N/A						
Occupancy Status During Abatement (Check only one)							Street Address						
☐ Facility Closed/Vacated					ment		N/A						
☐ Abatement Performed 0	Outside of N	lormal F	acility	Hour	s - Des	cribe	City, State, Zip Co	de		_			
Time of Abatement: 7A	M-4PM/	PM-		_AM			N/A						
Scope of Work (Check all t	hat apply)									-			-
≥3 sf or ≥3 If		K	Z Par	novati	0.0		Full Conta	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf				molitic			Mini-Enclo     Glovebag	osure Procedure					
							☐ Non-Exen	npted (*) and Nor	-Friable Procedure	Э			
Location of				Locat Iorma						Ab	atem	ent T	уре
Asbestos-Containing M		1)		d Sole		Ashes	Description of stos Containing Mat		Amount	Re	Z,	Щ	Щ
TO BE ABAT				ntena odial S			, thermal systems in	nsulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)			Cust	(12)	otali:		surfacing, VAT, other miscellaneo		SF or LF)	val.	,	Encapsulate	sure
, ,		,	Yes	No	N/A		outer miscellaries	lus)				te	
BOILER RM 🖂 🗆						BOILER	LAGGING		250 SF		П	П	П
BOILER RM						PIPE INS	SULATION		15 LF				
BOILER RM						JOINTS	A/W PIPE INSUL	ATION	4 LF				
BOILER RM							R CEILING		380 SF				
							Cubic Yards of	Name of Regist				ш	믜
SERVICE TRANSPOR		•		Ha	auler ID	No.	Waste	MINERVA L					
City, State					20990		Disposal Date	City, State					-
58 PYLES LANE NEW	CASTLE	DE						WAYNESBL	JRG. OHIO				
Completed By (Print or Type	e)	Title					Signature		Date	2			_
CHRISTINE DEL VISC			ST. A	DMIN	NISTR	ATOR	1797/12	1			ω ·	J >	.0
CD 41							UIVS	male	XV MOST	0-i	1-	0	10

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

Date of Notification (1) 08/27/2018				ner/Operator ential, LLC			OCT	2 3	2018		U		
Agencies Notified Type Notifi  EPA Initial	cation	Street A 120 W		own Pike, S	Suite 120	L	SEEST		NTR	)L.8			
DEP Amen Amen	ded dment #3 gency (including	Plymo		ıg, PA 194	62	man and a second		CERS	16.	e actività de la c	n Jhy I Jahrania d		
∠ DOH		John F	f Contact Fiore, Jr.		ii		ephone N 0-277-8						
Name of Facility Where Abatement is Farm at intersection of Kings			ILITY INFOR	MATION	Type of Facility	5000							
Street Address Intersection of Kings Hwy and					School (K- Subchapte Other (i.e. etc.)	er 8 (Oth			dings,	home	es,		
City (5) Woolwich, NJ	en kantan in ngangan kantan a				Square Feet	# 0	f Floors	E	Bldg. A	ge			
County (6) Glaucester			Code (7) USE ONLY)		Current Use (Pr Vacant	rior if bei	ng demol	ished)					
Name of Monitoring Firm Hired by Bu Indoor Environment Concepts		ASCN	l No.	ELC	of Abatement Co ON Environme								
Street Address 286 Sunset Road				1 22000	Address Glenwood Dri	ve							
City, State, Zip Code Barrington, NJ 08007-1439					tate, Zip Code nington Cross	ing, P	A 18977						
Project Manager for Monitoring Firm Mike Menz		Telepho (609)	ne No. 502 <b>-</b> 2213		one No. 240-8365		License 01225	No.					
Start Date (10) 09/17/2018	Scheduled (11)	Completion 10/29/2		Name Same	of OSHA Monitor e								
Occupancy Status During Abatement  Facility Closed/Vacated During B Abatement Performed Outside o	Entire Period of Aba	tement ours			Address tate, Zip Code								
Other – Describe:  Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Ren	ovation polition			Full Containment with Negative Pressu Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pro					е			
		cation nally			To readificed ( ) and North Hable (				Abate	ement pe			
Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	M) Used S Mainte Custodi	olely by enance/ al Staff? 2)	(i.e. the	Description Containing Mermal systems surfacing, VA ther miscellan	laterial (ACM) s insulation, T, or	A (S SF	Remova	Repair	Encapsulate	Enclosure			
	Yes N	lo N/A								te			
Name of Registered Waste Hauler		NJDEP W	/acta C	rds Name of Registered Landfill									
Service Transport Group		Hauler ID SW2117	No. o	f Waste BD	Waste			of Registered Landfill erva Enterprises					
City, State New Castle, DE			3	isposal Date BD	City, Sta Wayne		ОН						
Completed by Elizabeth Gosek	Title Preside	nt		1,				Date 10/19/18					

OCT 2 3 2018

ASBESTAS CONTROL & LICENSHING

Location of Asbestos-Containing Material	User	Is Location Normally Used Solely by		Description of			Abatement Type	ment ce
(ACM) TO BE ABATED In Facility	Mai Cust	Maintenance/ Custodial Staff? (12)		Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	DC No.	rdəA	Eucsba
(13)	Yes	No P	NA	(encommodes)		lsvo	TiB	neina
Farm House		+	31					9
Corry Bayes		×	Flue packing		2 SF	×	1	1
CHIM HOUSE		×	Pipe insulation	OH.	118		L	-
Small Bam	1	×	0 7 1 1			>		
Worker House #1		;	saignus toon		30,415 SF	×		1
		×	Window glazing		10 windows	1	-	1
Farm House #3		×	Window glazing		45 windows	4 3	-	-
Farm House #3		×	Pipe insulation and debris	The Properties Association is the Properties when exterior three Associations	31100		_	_
Farm House #3	1		-		20 ET	×		
Order Food Build		×	Wall transite exterior		2,600 SF	×	+	+
Oarden Prof. Building		×	Window caulk		3 windows	<	-	-
Fire-damaged Structure		×	Transite exterior		Sho say	>	_	
Worker House #3		1		The second state of the se	000 31	×		
W. S. T. C. L. C.		×	Window glazing		11 windows	×	+	+
Worker House #3		×	Transite					
		-	Shermer		1,200 SF	×	-	-
Pencoast house		×	Flu	Flue insulation	1 SF	×		-
Pencoast house		×	Duc	Duct insulation	140 SF	×		

		in with the second							-	Print For			
(13367 PAII		FICATION Pursuant t	te of New Jerse OF ASBESTOS to NJAC 8:60 an	ABATEM d 12:120	)	The state of the s	E C E	en en personal	W 018		The second second second		
Date of Notification (1)			Building Owner/				001 2	. J Z	.010	1000	1000		
10/18/18 Check #3267			a Abercromb	a Resid	ience		while of the property was a summer	er - 1 er - 1 er - 1 er - 1 er		The Const			
Agencies Notified Type Notification  EPA Initial		Street Ad	te, Zip Code			h.	SBESTOS LICE	CON	FROL	. Ĉt	attiga i aquat i c. q		
DEP Amended Amendment	#		Plainfield, NJ	07080									
DOH Emergency (		Name of		W.		Tel	ephone Num	ber					
DCA Cancellation		1.5 (5 /21 /23 /23 /24 /24 /24 /24 /24 /24 /24 /24 /24 /24	LITY INFORMAT	****							$\dashv$		
Name of Facility Where Abatement is Taking	g Place (3)	PAGI	LITT IN ORMA	ION	Type of Fa	cility (4)							
Mrs. Takisha Abrcrombia Residence		ent				ol (K-12)							
Street Address					Subch Other etc.)	napter 8 (Oth (i.e. private	er than K-12 & commercia	:) al buildi	ngs, h	omes	5,		
City (5)					Square Fe	et #o	f Floors	1.000	dg. Ag	е			
South Plainfield, NJ					2,000	1			)+				
County (6)		County (	Code (7) USE ONLY)		Current Us Residen	e (Prior if be ce	ing demolish	ied)					
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM	1 No.			nt Contractor	150000000						
N/A						Corporation	1			_	_		
Street Address					Address 69th Stree	et							
City, State, Zip Code				City, S	State, Zip Co	de							
only, online, and other				Gutt	enberg, N	J 07093							
Project Manager for Monitoring Firm		Telepho	ne No.		hone No. -295-1700		License N 01074	0.					
Start Date (10) 10/18/18	Scheduled C 10/20/18	ompletion	Date (11)		of OSHA M ne as abov								
Occupancy Status During Abatement (Chec	k Only One)			Street	Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 8:30 AM	Period of Abat nal Facility Ho	ement urs		City, S	State, Zip Co	ode							
Scope of Work (Check All That Apply)	_												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation olition		<u> </u>	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure								
				Non-Exempted (*) and Non-Friable					Abate				
		cation								pe	Š.		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used S Mainte Custodi	nally olely by nance/ al Staff? 2)	Asbestos Co (i.e. therm		Material (AC ns insulation AT, or		Remova	Repair	Encapsulate	Enclosure			
(13)	Yes N	lo N/A						<u>a</u>		ate	ō		
Basement	)	×	9x9 Floor Tile & Mastic 600 SF x										
										-			
Name of Pogistered Waste Hauler		NJDEP	Naste Cut	oic Yards	l Na	ame of Regis	tered Landfi	H					
Name of Registered Waste Hauler Tri-State Transfer, Inc		NJDEP Waste   Cubic Yards   Name of Registered Landfill   Hauler ID No.   of Waste   Hauler ID No.   tbd   Minerva Enterprises Inc											
City, State Bronx, NY			Dis tbd	posal Dat		ity, State Vaynesbur	g, OH						
Completed by Gina Betances	Title Office N	Manager		Signatu	re O	was	10000	ate 0/12/	18				

					State	e of New Jersey		FR	F N NA	F		1			
CKQI	37 P	AII	DNC			F ASBESTOS AB JAC 8:60-7 and 12:		DE C	EIV	Ch	# 9	137			
Date of Notification (1	10/12/18					Operator (2) Police HQ		III OC	T 2 3 2018						
Agencies Notified	Type of Notifica			ddress			niko Allotta II. aasta aasta a	90 (C) - 42		ž H		10.00			
[] EPA	[x] Initial	P	OB	ox 706	8, Riv	er Road		ASBEST	TOS CONTRO	L &		Brillian W			
[] DEP	Notificatio		ity Ct	ate, Zip C	odo			L L	ICENSING	-	FORM	1	_		
[X] DOL	[] Emergency			Trento		08628									
[X] DOH	[] Amended Notificatio	n			47.	00020		5000							
[] DCA	[] 0			f Contact				Telephone Nu							
	[] Cancellation	ou   1	imot	hy Bar	nish (J	Johnson Contr	rols)	908-418-0	0626						
				I	FACILIT	Y INFORMATION									
Name of Facility When			ce (3)				Type of Fac	cility (4)							
Building 1, NJ S	State Police H	IQ					X St	hool (K-12) ubchapter 8 (Othe her (i.e. private ar	er than K-12)	10.70					
Street Address	aï.						[] Ot	her (i.e. private ai omes, etc.)	nd commercial b	uildin	gs,				
1034 River Roa	a						Courses Free		DU		_				
City (5)		County	(6)		Cou	nty Code (7)	Square Fee 20000	# of Floo	ors   Bid	g. Age					
West Trenton		Merce				ATE USE ONLY)		e (Prior if being de	emolished)		899 tu				
Name of Monitoring F	irm Hired by Ruild	ina Owne	r A	SCM No		Name of Abatem	offices	r (0)			-		_		
USA Environm				00112				vironmental S	Services Inc	_					
Street Address						Street Address	apito, Em	in or in tortical c	301 ¥1000, 111			_	_		
344 West State	St.					3	323 Chang	ebridge Roa	d, Suite 100	)					
City, State, Zip Code						City, State, Zip C									
Trenton, NJ Project Manager for M	Innitaria a Firm	T-1		<b>N</b> 1 1				k, NJ 07058							
William Weisgar				Number 3-8101		Telephone Numb	oer 973-575-8	700	License Nu		85	2			
Scheduled Start Date		ed. Compl				Name of OSHA		700		UC	000	_			
10/29/			15/1			Service and the service of the servi		nmental Lab	oratories, L	LC					
Occupancy Status Du	ring Abatement (C	heck only	one)			Street Address									
[x] Abatement Pe	ed/Vacated During erformed Outside	of Normal	riod o I Facili	f Abatem itv Hours	ent		2333 Route	e 22W							
Desc	ribe: evenings, aff	er 4:00pn	<u>n</u>	.,		City, State, Zip Code Union, NJ 07083									
[] Other – Desc	ribe: partially vaca	<u>ant</u>					Union, NJ	07083							
Scope of Work (Check	call that apply)				1			= " 6			0.655		_		
[] Demolition				[]	Renova	tion	[ ] [ x]	Full Containmen Mini – Enclosure		Press	ure				
[x] ≥3 sf or ≥3 lf				AT 82			[ x]	Glovebag Proce	dure						
[] ≥160 sf or ≥2	60 It					[] Non – Friable Procedure									
			Locati nally l			Descr	ription of			Aba	aten oe	nen			
Location Asbestos – C			olely l			Asbestos -	<ul> <li>Containing</li> </ul>		Amount	R	R	E	E		
Material (			enanc al Staff	e/Cus f (12)			al (ACM) nal systems		(Specify SF or LF)	E M	E	N	C		
TO BE AB		-				insulation, s	urfacing, VAT	r:	J. J. Z. J.	0	Α	A	L		
In Faci (13)		Yes	No	N/A		or other mi	iscellaneous)			VA	I R	PS	0		
					-55					12	1	U	U		
Floors 1 thru 3			Х		TSI				20 LF	X					
Floors 1 thru 3		_	X		TSI				120 LF		X		_		
										-	+	-	_		
Name of Registered Waste Hauler NJDEP Waste						Cubic Yards Name of Registered Landfill						_1	_		
Jupiter Environn		es Hai	uler ID 4782		7.65333	Waste 3		Central Sanit							
City, State						posal Date	City, State								
Pine Brook, NJ					11	/8/18	Pen Arg	gyl, PA							
Completed By (Print or	r Type)	Title	oreli	1/0	0.5	Signature	/	1 -	Date						
Pane Repic							10/12/18								