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Date of Notification (1)	24 /	47						ner/Operator (2	1 1 may 1	EGE	11 W	L	In	
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Agencies Notified ⊠ EPA	Type Notifica ☐ Initial	ation				: Address Chatham	Pos	ad		SEP -	7 201	7	$\ U\ $	
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⊠ DOH	Amendme	-				ort Hill, N		078			- A gage gra	01	2.	
DCA (NJAC 5:23-8)	☐ Emergen justification		luding	ľ.		of Contac				Telephone N	CONTE umbers	UL	Х	1
(10/10/0120/0)	☐ Cancellat	2000			Rus	ss Egger			L	+1			position	STATE OF THE PARTY
					FAG	CILITY IN	FOF	RMATION	9.3					
Name of Facility Where A	Abatement is T	aking	Place	(3)	05075000				Type of Facility	(4)				
USPS Short Hills M	ain Office								School (K-12		727207			
Street Address									☐ Subchapter i			uilding	IS.	
30 Chatham Road									homes, etc.)				,	
City (5)									Square Feet	# of Floors	BI	ldg. A	ge	
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Name of Monitoring Firm		ding O	wner (8)	ASCM	No.	111111111111111111111111111111111111111		ent Contractor (9)					
TTI Environmental, Street Address	inc.						_	eet Address	onmental, LLC					
1253 N. Church Stre	eet							23 Cutler Av	venue.					
City, State, Zip Code							, T	, State, Zip Co						
Moorestown, NJ 08	057						18	laple Shade,						
Project Manager for Moni				Tele	phone	No.	-	ephone No.	,	License No.				
Mary Ellen Leotta					6-840			56-755-0099		00842				
Start Date (10)	5	Schedu	iled C	omple	tion Da	te (11)	Nar	me of OSHA M	onitor		7011			
08 /14 /		_09	9_/	29	_ / _	17	E	MSL Analyti	cal, Inc.					
Occupancy Status During							Stre	eet Address						
☐ Facility Closed/Vacate						2	2	00 Route 13	0 North					50.3
Abatement Performed Time of Abatement: _							100000	, State, Zip Co						
Scope of Work (Check all	that apply)						C	innaminson	, NJ 00077				0	
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 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novati molitio				☐ Mini-Encl						
200			d-11/2			,		Non-Exer Non-Exer	mpted (*) and No	n-Friable Proce	edure			
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Location Asbestos-Containing I)	Use	d Sole	ly by	Asbe	stos	Description of Containing Mat		Amount	Rer	Repair	Enc	Enc
TO BE ABA	TED			intena odial S			., the	rmal systems i	nsulation,	(Specify	Removal	pair	aps	Enclosure
IN Facilit (13)	У			(12)				urfacing, VAT, ner miscellaned		SF or LF)	<u>m</u>		Encapsulate	IГе
*****			Yes	No	N/A				2000 P				Ф	
Roof C				\boxtimes		Roofing	Ma	terial		298 SF				
Roof D				\boxtimes		Roofing	Ma	terial		291 SF				
Roof F				\boxtimes		Roofing	Ma	terial		228 SF				
Name of Registered Wast	te Hauler			15500	JDEP V	-51000		oic Yards of	Name of Regis	stered Landfill		1		
Freehold Cartage				Н	auler IE		Was		GROWS N	orth Landfill				
City, State	20-10-10-10-10-10-10-10-10-10-10-10-10-10				15939			oosal Date	City, State					
Freehold, NJ							0	9/29/2017	Morrisville	, PA				
Completed By (Print or Ty	rpe)	Title						Signature			Date			
Christina Lynch		Vic	ce Pr	eside	nt of (Operation	าร	(hist			8/3	1/1	7	
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)		22.777			Name	of Building	g Owr	ner/Operator ((2)	切产			11	III	
8/	31 / _	17	_		Met	tro Devel	opm	ent of SJ, L	LC	\cap	SEP - 7 20	17		71	
	Type Notifica	ation			Street	Address					DEF C	1.7	1	-	
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⊠ DOH	Amended Amendme				City, S	State, Zip C	Code			ASE	US CON	Inor	. 0.		
	☐ Emergen		uding			orhees, N		053	1	and the second second	LICENSING	A company	SANTA PARAMETER		
(NJAC 5:23-8)	justification	on)	J			of Contac			*		Telephone Numl	oer			
	Cancellat	ion				k Aspras							_		
Name of Facility Where Ab	atoment is T	okina I	Diago	(2)	FA	CILITY IN	IFOR	MATION	T	£ ===:::::/4			Dayley .		
Future Wawa	aternent is i	aking r	riace	(3)					2.50%	of Facility (4 nool (K-12))				
Street Address			====	-					☐ Sub	ochapter 8 (Other than K-12				
900-912 Haddonfield	Road									ner (i.e., priv mes, etc.)	ate and commer	cial bu	ilding	IS,	
City (5)	rtouu								Square		# of Floors	BI	dg. A	20	
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County (6)					Cour	ty Code (7)(STA	TE USE ONLY)			r if being demolis				
Camden						,	,,	,	T		nerial Space				
Name of Monitoring Firm H	lired by Build	ding Ov	vner (8)	ASCM	No.	Nan	ne of Abateme	ent Cont	tractor (9)					
PARS Environmenta	l, Inc.						S	hade Enviro	onment	tal, LLC					
Street Address			2000		7		Stre	et Address			***				
500 Horizon Drive, S	uite 540						63	23 Cutler Av	venue						
City, State, Zip Code							City	, State, Zip Co	ode						
Robbinsville, NJ 086							M	laple Shade	, NJ 08	3052					
Project Manager for Monito	ring Firm			Tele	phone	No.	Tele	phone No.			License No.				
Firoz Jan				1000	9-890		8	56-755-0099	9		00842				
Start Date (10)		Schedul					20100000	ne of OSHA M	1555665556						
07/05/_	17	09	_ /	29	_ / -	17	E	MSL Analyt	ical, In	c.					
Occupancy Status During A	Abatement (0	Check o	only o	ne)			Stre	et Address							
☐ Facility Closed/Vacated							20	00 Route 13	0 North	h					
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						Alvi	С	innaminson	n, NJ 08	8077					
Scope of Work (Check all t	hat apply)							□ Full Conf	tainment	t with Nega	tive Pressure				
≥3 sf or ≥3 lf				novati				Mini-Enc	losure		uve i ressure				
≥160 sf or ≥260 lf		Σ	☑ Der	molitio	n			☐ Gloveba			Friable Procedu	ro.			
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Asbestos-Containing M)		d Sole ntena				Containing Ma	terial (A		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility	EU			odial S	Staff?	(i.e		rmal systems urfacing, VAT,		on,	(Specify SF or LF)	ova	≒	psu	Sur
(13)		_		(12)	T			er miscellane			0. 0. 2.)	-		late	e,
			Yes	No	N/A									277.00	
Meinke Exterior]				Roof Fl	ashir	ng			600 SF				
Rodi's Exterior] [Roofing	g and	l Flashing			7,75 <mark>0</mark> SF				
Rodi's Exterior] [\boxtimes		Window	v Cau	ulking and (Glazing	1	50 LF				
]													
Name of Registered Waste	Hauler			135.7%	JDEP \			ic Yards of	Name	e of Registe	red Landfill				W
Jack Robinson Wast	e Disposal	Servi	ice	Н	17304		Was		GR	ROWS Nor	th Landfill				
City, State		, (i						osal Date	City,	State					
Voorhees, NJ							09	9/29/2017	Mo	rrisville, l	PA				
Completed By (Print or Typ	e)	Title						Signature	1		Da	te			
Christina Lynch		Vic	e Pre	eside	nt of (Operation	ns	(mst	Q/S	1	8	181	1	7	

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Date of Notification (1)				Name of	Building (Owner/C	nerator	- (2)		1		E	1	W	15	n
9/1/17					rd Rose					KI			MARKET LA			
Agencies Notified Type	Notification			Street A	ddress					To the second	000		7 (2017	- !	H
	Initial									L]	SEP	-	1 6	201/	1	
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DCA DCA	Cancellation			Howar	rd											7,000,1000
Name of Facility Where Abater	ment is Takina	Dlace /2	1	FACI	LITY INFO	RMAT	ION	Type	of Facility (4	\				-115		
Howard Rose Private H	1000	riace (3	7)					_		5						
Street Address									School (K-12 Subchapter 8		er than K	-12)				
									Other (i.e. pri				ouildi	ings,	home	s,
City (5)									etc.) e Feet	# of	Floors		Ble	dg. A	ge	
Surf City NJ 08008								1000		2			35000	5+		
County (6)				County (Currer	nt Use (Prior	if bei	ng demol	lished	1)			
Ocean				(STATE U	JSE ONLY)			Hous	se							
Name of Monitoring Firm Hired	by Building O	wner (8)		ASCN	No.		Name	of Abat	ement Cont	ractor	(9)					
N/A							Perr	naco Ir	nc							
Street Address								Addres								
			-				10.00	Box 32								
City, State, Zip Code								State, Zi	p Code n NJ 0809	24						
Desired Manager for Maniteria				Talaaba	an Na		02/20/200	hone No		91	License	No				
Project Manager for Monitoring	I Firm			Telephor	ne No.		100000000000000000000000000000000000000	-753-9			00727					
Start Date (10)	1 9	Schedule	ed Corr	noletion I	Date (11)				IA Monitor		00727	Y.			A 10 SQ11	-
9/19/17		9/25/1		ipiotioii i	Julio (117)		Sam									1
Occupancy Status During Abat	tement (Check	Only On	ne)				Street	Addres	S						trans-	
▼ Facility Closed/Vacated D	urina Entire Pe	eriod of A	Abatem	nent												
Abatement Performed Ou	itside of Norma	I Facility	Hours	3			City, S	State, Zi	p Code							
Other – Describe:	***	131111														
Scope of Work (Check All That	t Apply)	18=10					_									
≥3 sf or ≥3 lf			Renova				-	100.000	Containme	nt with	Negativ	e Pre	ssur	е		
≥160 sf or ≥260 lf		X	emolit	ion			Ė	1000000	i-Enclosure vebag Proce	edure						
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		1.000	Locati											Abate Ty	ment	
Location of		123774	Normal d Sole				scription		44.04.0		100 TO 100 T		Т			
Asbestos-Containing Mater TO BE ABATED		Ma	intenar	nce/			taining N				mount Specify		R	71	Enc	Ē
In Facility		Cus	todial S (12)	Staff?	,		icing, VA			SF	or LF)		Remova	Repair	apsi	Enclosure
(13)				_		otner	miscella	neous)					val	=	Encapsulate	ure
		Yes	No	N/A												
Exterior Siding	3			х		Exte	erior Si	ding		13	00 SF		x			
Name of Registered Waste Ha	uler		IN	JDEP W	l /aste	Cubic	Yards		Name of F	Registe	ered Land	dfill				
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City, State Elm NJ						9/25	sal Date	9	City, State Morrisvi		Δ 100G	7				
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Date of Notification	n (1)	· 1			ding Owner/O		(2)	F	© €	7 П	(//	
8/31/2017			Rok	pert	Stalzer			ME	C E	_!\	<u> </u>	
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[]DCA	[]EMERGENC	Y	Processing and the		Stalzer					121111	A	population
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				FACIL	ITY INFORMAT	NOI						
Name of Facility Who		is Taki	ng Pla	ice (3)			Type of Facil:	ity (4)				
Robert Stalze	r						[]School	(K-12) ter 8 (Othe:	r than	K-121		
Street Address								i.e., priva			ial	
						ĺ	buildings,	homes, etc	.)			
							Square Feet	# of Floo	rs Bl	dg. A	Te	
City (5)		County	(6)		County Cod	- 00 90 E				-		
Verona		Essex	:		(STATE USE	ONLY)	Current Use (Prior if be	ing dem	olish	ed)	
Name of Monitoring I Owner (8)	Firm hired by	Buildin	g ASC	M No.	1.3		ment Contracto					
N/A				er course	AZT	ECH M	ANAGEMENT	, inc.				
Street Address		: W				Address						
							topher St	•	M963			
City, State, Zip Coo	ie				1		Sip Code	4.0				
							r, NJ 070					
Project Manager for	Monitoring Fi		_	e Numbe	11	one Numb		I.	icense 0037		E	
		IN A	/A				-8800		0037	<u>.</u>	1.001101	20001114
Scheduled Start Date	5 5	d. Comp				f OSHA N	Monitor					
	2017 09		LO Day	2017 Year	N/A							
Occupancy Status Dur [X]Facility Clo	ring Abatement	(Check	only	one)	Street	Address	3					
of Abatemen	t											
[]Abatement Pe	rformed Outsideribe: «OffHours			Facilit	Y City,	State, 2	Kip Code					
[]other - Desc			D.	ript»								
Scope of Work (Check	all that app	oly)							083			
[X]>3 sf or	>3 1f	r	XIReno	vation	2/2		Containment wi Enclosure	th Negative	Pressu	ire		
[]≥160 sf		97		olition	Ī	X]Glove	-bag Procedure					
		-	Is]Non-F	riable Procedu	re	Aba	temen	t T	voe
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TO BE AB			ainter	nance/	(i.e.,	thermal	systems	SF or	0		P	0
In Facil			aff (acing, VAT, Llaneous)	LF)	V A	I	S U	S
(13)		Yes	No	N/A	Or Othe	I misce.	Lianeousy		L		L .	R E
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Name of Registered	Waste Hauler		JDEP W		Cubic Yar		Name of Regi					
AZTECH MANAG	EMENT, IN		auler .704(ID No.	of Waste	1.0	Minerva	Enterp:	rise	INC		
City, State					Disposal		City, State					
Montclair, NJ	07042				09/12	/2017	Waynesb	urg, Oh:	io 44	688		
Completed By /Drish	or firms) limit	tle			le:	gnature	,		Date			
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cur measure where the his a de his		man kin nan di shi nim h			6	Vom	1 1/10					

NOTIFICATION OF ASBESTOS ABATEMENT MO#24499206325 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 01 / 17 Charlie Signorino Agencies Notified Type Notification Street Address - 7 2017 ☐ EPA ✓ Initial DOLWD. Amended City, State, Zip Code X DHSS Amendment # ASE S US CONTROL & □ DCA Rahway, NJ 07065 ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone NGMAG Cancellation Charlie Signorino 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 Rahway, NJ 07065 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code 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 __09__/_11__/_17 09 / 12 / 17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/__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 Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Encapsulate Remova 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 \boxtimes Basement Pipe insulation X 60 LF П 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 N.Jevtic eutic Wenad Owner 09/01/17 ASR-41

NOTIFICATION OF ASBESTOS ABATEMENT Check#2865 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 02 / 17 Kristin Barlette Agencies Notified Type Notification Street Address 2017 ПЕРА ✓ Initial **⋈** DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # US CONTROL & Emergency (including Middlesex, NJ 08846 ☐ DCA LICENSING (NJAC 5:23-8) Name of Contact justification) relephone Number Cancellation Kristin Barlette **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 Middlesex, NJ 08846 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Middlesex 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 09 / 13 / 17 09 / 14 / 17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X 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 Used Solely by Repair Encapsulate Asbestos-Containing Material (ACM) Remova 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) No Yes N/A Basement \times Pipe insulation 50 LF X П П 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 Tullytown, PA TBD Completed By (Print or Type) Title Signature / Date eutic Wenas N.Jevtic Owner 09/02/17 ASB-41

			(P	ursua	nt to NJA	C 8:60 and 5:16)	1111 15 6	L			5 1
Date of Notification (1)				Name	e of Buildin	g Owner/Operator	r (2)			Party (Name		7
8/	29/17						The Nassau	Indl GED	_ 7	-00		
Agencies Notified	Type Notification	1		Stree	t Address		20.0.1	Seed Book	1	ZU	17	la.
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⊠ DOH	Emergency (i justification)	ncludin	g	Name	e of Contac		rinceton, NJL		SECURITY PROPERTY.	NG		
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Name of Facility Where	Abatement is Takir	g Place	e (3)				Type of Facility	y (4)				
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Street Address	20 P. I	~					Subchapter Other (i.e.,	8 (Other than K-12 private & commercial	2) al build	dinas		
- C'+ /5\	20 Paln	ner So	quare	;			homes, etc	.)				
City (5)	Dring	oton	NII				Square Feet	# of Floors	B	dg. A		
County (6)	Princ	eton,	INJ	Cou	nty Code (7) (STATE	30000	rior if being demolis	- hed	80	+/-	_
	lercer				ONLY)	., (677.72	Odirent Ose (i	nor it being demons	sileu)			
Name of Monitoring Firm		Owner	\top	ASCM	No.		nent Contractor (9	57				
	MECS						vens Environ	mental Service	es, Ir	ıc.		_
Street Address	DO Day 24	1				Street Address	DO I	222				
City, State, Zip Code	PO Box 34	1				Oit : 01-1- 7:- 0		30x 322	_		_	_
	osswicks, NJ	0851:	5			City, State, Zip C		n, NJ 08501				
Project Manager for Mon				phone	No.	Telephone No.		License Ne.				_
Bill We	isgarber		(60	9) 29	8-4070	(609) 25	59-9688	0	0493	3		
Start Date (10)	Sche	duled C			ite (11)	Name of OSHA	10.0					
9/30/17			9/1/1	7			M	IECS				_
Occupancy Status Durin Facility Closed/Vacate	53		78			Street Address	PO I	3ox 341				
☐ Abatement Performed						City, State, Zip C		JUX J41				_
Other - Describe:			·			ony, orato, Esp o		cs, NJ 08515				
Scope of Work (Check a	Il that apply)											=
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≥160 sf or ≥260 lf			molitio			Gloveba	ag Procedure					
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Location of Asbestos-Containing M			Solely		Asbest	Description of os Containing Mat		Amount			_	\neg
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Stevens Environm		s Inc	l u	auler ID	No.	of Waste	l man or riogi	Fairless Land	lf:11			
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***	Allentown, N	IJ				9/5/17		Morrisville,	PA			
Completed By	Title					Signature		Date	- 4 1			=
Mahlon E. Ster	vens	Pr	oject	Man	ager	_ // //			8/29	/17		_

Check # 25577

Date of Notification (1	3/29/17	7.5		Nø	me of Build	ng Owner/Operat				_	-	-
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	Aercer	the second		Co	unly Code (7) (STATE	Current Use	(Prior If being derric	alshed	5	2 +/	=
Name of Monitoring Pin		Owne	,		VI No.	Name of Abster	ment Contractor				_	
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Thy, State, Zip Code	PO Box 3	41	-				PÓ	Box 322				
	rosswicks, N	J 0851	5			City. Siste, Zip (code					
rojed Manager for Mo		- 7001		≥ phone	n No	Telephone No.	Allento	WD, NJ 08501	F		/	5
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Other - Describe:	7 am to 4 pm					City, Sale, Zip C	ode	LIC ALLIC	ENS	ING		
cope of Work (Check a							Crosswic	ks. NJ 08515	Manadapalasiyye	Personal district	nactical and	matrix
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mpisied by Mahlon E. Ster	THE	0		Man		Signature		Morrisville,	PA		District on	_

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Check # 25579

			(Purs	uant to	NJAC 8	:60 and 5:1	6)		EN B	PF		W/	F
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8/2	25/17					St M	1chae	el's Lutheran	111 111		_	0.07	4
Agencies Notified	Type Notification	n	S	treet A	ddress	6	01 K	ings Hwy No	orth U	SEP -	7 2	2017	
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	Emergency ((including	<u> </u>	1	Contact		Hell	17	elephone Numb	per ICI-N	ISIN	(-)	۲,
M DOH □ DCA	justification) Cancellation)		vame of		Tom Kel	ler		-				a
				FACIL	ITY INFOR	RMATION							_
Name of Facility Where	Abatement is Tak	ing Place (Church	(3)				1	ype of Facility (4 School (K-12)					
		much					-	Subchapter 8 (Other (i.e., priv	Other than K-1	2) ial buildin	as.		
Street Address	601 Kin	gs Hwy	Nort	h			_	homes, etc.)					_
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Name of Monitoring Firm		ig Owner	1	43CIVI IV	0.	S	teve	ns Environm	ental Service	es, Inc			_
(8)	MECS	-				Street Addre							
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	PO Box 3	941	_			City, State, Z	Zip Cod	de					
City, State, Zip Code	rosswicks, N	11 08515	5			J.,,		Allentown	, NJ 085 <mark>0</mark> 1				
Project Manager for Mo		18 000 10	Teler	phone N	10.	Telephone N		10000000	License No.	00402			
Project Manager for MC	eisgarber				-4070	(609) 259-9688 00493							_
Start Date (10)	So	cheduled C	omple	tion Dat	e (11)	Name of OS	HA M	onitor					
9/30/17			9/1/1					ME	ECS				-
Occupancy Status Dur	ring Abatement (C	Check only	one)			Street Addr	ess	DO D	ox 341				
☐ Facility Closed/Vac	ated During Entire	e Period of	Abate	ment					JX J41		_		_
Abatement Perform	ed Outside of No	rmal Facili	ty Hou	rs		City, State,	Zip Co	Crosswicks	NI 08514	5			
Other - Describe:	8 am to 4 pi	m						Crosswicks	5, 143 00515		_		_
Scope of Work (Check	(all that apply)					∏Fu	II Cont	ainment with Neg	ative Pressure				
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≥160 sf or ≥260 lf			emolitio	on		No.	ovebag on-Exe	g Procedure mpted (*) and No	n-Friable Proce	dure			
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		N	Normall	У		Descript	tion of			-	1 9 P		_
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		Yes	No	N/A					50	×			
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											_		
Name of Registered	Waste Hauler			NJDEP		Cubic Yar	ds	Name of Reg	istered Landfill				
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City , State	Allentov	vn NI				9/1/1	7_	$\Delta \Delta L$	Morrisvi			_	_
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Mahlon E.	Stevens]	Proje	ct Ma	nager	///	1			0/2	JIL		_

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				-	PAC		ORMATION				-1				resolu		
Name of Facility Where	Abatement is	Taking	Place	(3)				Type of Fa						-		7	
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Street Address		243					Stramt Address			ox 32	11/15						AV-CYCHIAMP
City, State, Zip Code	PO Bo	x 341					Chy, State, Zip C	ode			11 11	Ç	EP	_	7 :	201	7
Cı	rosswicks	NJ 0	8515	-			Talephone No.	Allen	town	-	0850]		-			=	. Company
Project Manager for Mod Bill Wo	rkoring Firm		_	0.0000000	ohane 1 9) 298	4070	(609) 2:					004	COLUMN TO A STATE OF THE PARTY				IOL &
Start Date (10)		Sched		mplet 2/1/1	ion Dat	e (11)	Name of OSHA	Violitor	MI	CS			LIC	CEN	ISIN	IG	AND THE PERSON NAMED IN
9/30/17 Occupancy Status Durk	no Abatemen	(Cher					Street Address				d						
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	NOT	IFIC			ew Jersey BESTOS ABAT	FMENT	MD	C	th	. 4	1
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Date of Notification (1)			Name	of Buildin	g Owner/Operator (1 1 1 1 material	U L I W	<u></u>	M	out the contract of the contra	
08/29/1	7		1000000	O'donn	: [[일시] : : : : : : : : : : : : : : : : : : :	IIDII	5 Pm 200			del maria	
Agencies Notified Type Notification	1		Street	Address		1441	SEP - / 2017	-	IJ)		
☑ EPA ☑ Initial									Proposed.		
☑ DOLWD ☐ Amended	ш		City, S	State, Zip (Code	ASBE	STOS CONTRO	N O			
□ DCA		1	Ma	ple Shad	e, NJ		LICENSING	'L a			
(NJAC 5:23-8) justification)		,	Name	of Contac	t		Telephone Num	hor	-		
☐ Cancellation			Bill	O'donn	el						
			FA	CILITY IN	IFORMATION						
Name of Facility Where Abatement is Takin	ng Place	(3)				Type of Facility	50-50c				
Resident	Y Y		11-11221480			School (K-12	?) 3 (Other than K-12	1			
Street Address							rivate and commer		ilding	s,	
City (5)						Square Feet	# of Floors	Ble	dg. Ag	ge	
Maple Shade, NJ						1069Sf	2Floors		1940		
County (6)			Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			
US; Burlington CO.						Resident					
Name of Monitoring Firm Hired by Building	Owner ((8)	ASCM	No.	Name of Abateme						
						h Environment	al Service, LLC				
Street Address					Street Address	-					
City, State, Zip Code					958 Jackson						
City, State, Zip Code					City, State, Zip Co						
Project Manager for Monitoring Firm		Tel	ephone	No	Telephone No.	9, 145 06550	License No.	-			
r reject manager for monitoring r inn		100	орноно	110.	609-561-1901		01158				
Start Date (10) Sche	duled C	omple	etion Da	ite (11)	Name of OSHA M			-			-
27 27 3	08_ /				Graham-Tecl	n Environment	al Services, LL	C.			
Occupancy Status During Abatement (Che					Street Address	NAT - 07					
Facility Closed/Vacated During Entire P					958 Jackson						
Abatement Performed Outside of Normal Time of Abatement: <u>7AM-11:30</u> PM/				scribe	City, State, Zip Co						
					Mays Landin	g, NJ 08330					
Scope of Work (Check all that apply)					☐ Full Con	tainment with Neg	ative Pressure				
□>3 sf or ≥3 lf □≥160 sf or ≥260 lf	⊠ Re □ De	nova moliti	11.77		Mini-Enc Gloveba	losure g Procedure	n-Friable Procedu	re			
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IN Facility	Cust	todial (12)	Staff?		surfacing, VAT	, or	SF or LF)	val	-	Encapsulate	Enclosure
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Name of Registered Waste Hauler			NJDEP I	Macta	Cubic Yards of	Name of Regis	torod Landfill		Ш	Ш	
Graham-Tech Environmental Serv	ice, LL		Hauler II	D No.	Waste		North Landfill &	Tully	towr	1	
City, State	- W				Disposal Date	City, State		5 8			
14 Read Drive Sicklerville, NJ 0800	31					1513 Brod	entown Rd. Mo	rrisvil	le,P/	4	
Completed By (Print or Type) Tit Vernice Graham	le Preside	ent			Signature	10, 19	A m	te	19.	1	7



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

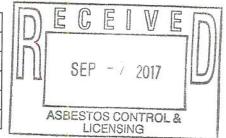
(Pursuant to NJAC 8:60 and 12:120) PAL JOB#16-1089 Add Material Date of Notification (1) Name of Building Owner/Operator (2) 07/18/2017, Amendment 8/29/17 William Patterson Agencies Notified Street Address Type Notification 300 Pompton Road **EPA** Initial City, State, Zip Code × DEP Amended ASBESTOS CONTROL & × DOL Amendment #_ Wayne, NJ 07470 LICENSING Emergency (including Name of Contact DOH justification) Karl Pettit DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) William Patterson University School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 300 Pompton Road - Hunziker (Hall) etc.) City (5) # of Floors Bldg. Age Square Feet Wayne, NJ 07470 91,500 3 56 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Passaic University Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. TTI Environmental N/A PAL Environmental Services Street Address Street Address 1253 N Church Street 11-02 Queens Plaza South City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 Long Island City, NY 11101 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jeff Seaman 856-889-5182 718-349-0900 00853 Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 06/19/2017 11/19/2017 Wojciech Kowalaczyk Street Address Occupancy Status During Abatement (Check Only One) 133 Beach 98th Street Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Normal Hours 7:00am-3:30pm Rockaway Park, NY 11694 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A 1st Floor VAT & Mastic 1,300 SF X X # 2nd Floor X VAT & Mastic 2,000 SF X Please see attached quantity sheet Cubic Yards Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Hauler ID No. of Waste ATC Minerva Enterprises 60Yards 24310 City, State Disposal Date City, State Shirley, NY 11967 09/12/17 Waynesburg, OH 44688 Completed by Date Signature

Project Manager

Brian Evans

08/29/17

TYPE OF MATERIAL	QUANTITY	Custodial Staff
VAT & MASTIC	250 SF	N
FIRE DOORS	210 SF	N
PIPE INSULATION	60 LF	N
PIPE INSULATION	60 LF	N
TAR PAPER	110 SF	N
	VAT & MASTIC FIRE DOORS PIPE INSULATION PIPE INSULATION	VAT & MASTIC 250 SF FIRE DOORS 210 SF PIPE INSULATION 60 LF PIPE INSULATION 60 LF



Added Materia	Amendment 2
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LOCATION	TYPE OF MATERIAL	QUANTITY	
Theater	VAT/Mastic	1600SF	N
2ND FLOOR	PIPE INSULATION	38lf	N
1ST FLOOR	PIPE INSULATION	75lf	N
2ND FLOOR	CHALKBOARD MASTIC	310SF	N
1ST FLOOR	CHALKBOARD MASTIC	126SF	N

RECEIVED 08/29/2017 04:25PM 2013297440

Aug 29 2017 03:55PM NJ Asbestos Control 609.633.0664 page 1

08/29/2017 10:41AM 2013297440 BEST REMOVAL

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Agencies Notified Type Notification			at Ad			-			Omici de l'Assertino	The Person named in		Jania J.	
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DI DCA Description			M		BAPTIS	TE_		1 22					
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Street Address				,	- Otom	nd A distant				and a particular			
Chy, Sinte, Zip Code		_			Cla	450 So	uth Rive	Stud	<u> </u>	-	-		\dashv
					E	leckens	nck, NJ						
Project Manager for Managering Plans		1 day	iphon	e No.	200	201-	329-7444		OO:	388			
9/1/12	Carbon C	121					A Market		1				
Occupantly Shales During Allestenant (Creat: Only	Carl	14	1/	-	800	at Address	Environ	-	-			-	-
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Coher - Durche / Lo A/	372	opm				nck, N.	ck, NJ 07606						
Stupe of West (Check All The Apply)	_					V.		•		-	933		
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Louision of	Mor	ocation ocation			Permitted	ion of	. 1		i	-	D	Dit .	_
Asherine Contribing Marchi (ACM) TID BE ARATED	Used S	iclety b	1	Astron	Descript es Contrible mil gracus is	Monein	(ACM)	Am	elegit Later			豐	80
In Famility (13)		12)	7	. tre and	VAT,	. GT		27 4	Lin	-	1		£
(13)	-	-	NA	-	estiner softene	-			í	-			2
BASSMENT		士	THERMAL STORM INSULATION 701-F 34										
		T											
Please of Registered Warrs Plants;	No.	Crate Yerk	i	The of			***						
Best Removal Inc			1710	9	2C	75	M	inverv	a Enter	JA GO	s, I.	LC	_
Hackmatck, NJ 07601					Disposal D	\$17	City, State Ways		OH 4	4	3		.,,,,
Completed by J. Marioramo	Title	mato	,		Signal		عمونه		Es	whose		117	
	Andread	-			1				manage and and				

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Date of Notification (1) 08/31/2017		f Building Ernstron		Operator	(2)		Santanta and		SEP	- ;	201	7				
Agencies Notified	Type Notification			Street A	Address					1	4	OLI	- /	-201		
X EPA	× Initial									1		-			o dige	
× EPA × DEP × DOL	Amended				ate, Zip Co					- Constitution	ASE	BESTO	SC	ONTR	DL&	
	Amendment Emergency		-		lle, NJ 0	/834				Lower		and a second		NG		
X DOH	justification)				f Contact Ernstron					Tel	ephone_	Niimha				
DCA	Cancellation					701	101			-			-			
Name of Facility Where	Abatement is Takin	g Place (3)	FAC	LITY INF	ORMAI	ION	Type	of Facility (4	1)	7					
House		•	e						School (K-1)							
Street Address			-						Subchapter	8 (Oth						
									Other (i.e. pretc.)	rivate	& comme	ercial b	ildin	s, hom	nes,	
City (5)									re Feet	# 0	f Floors	T	Bldg	Age		
Denville							Į.	N/A		N/A	4		N/A			
County (6)					Code (7)				ent Use (Prio	r if bei	ng demo	olished)				
Morris				(STATE	USE ONLY,		_	Hou								
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	ΛNo.				tement Con		(9)					
N/A									ement, Ind	D						
Street Address								Addre	5.57							
City State Zin Code									gren Aven	ue						
City, State, Zip Code									ip Code J 07512							
Project Manager for Mon	itoring Firm			Telepho	ne No.			none N			Licens	e No.	_			
							345-8			01311						
Start Date (10)		pletion	Date (11)		100000000000000000000000000000000000000		HA Monitor									
09/11/2017		09/12/2					D&S	Abat	ement, Ind).	- 99					
Occupancy Status During	g Abatement (Chec	k Only On	e)	Street Address 11 Rosengren Av												
Facility Closed/Vaca	ated During Entire F	Period of A	batem							iue						
Abatement Perform Other – Describe: 9		al Facility	Hours	urs City, State, Zip Code												
Scope of Work (Check A				Totowa, NJ 07512						<u> </u>						
	іі тпас Арріу)	[V] 5		. *******				٦								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit	56157 (110)			×	MAir	I Containme ni-Enclosure	nt with	Negativ	e Pres	ure			
							×	Glo	vebag Proce							
		T						1 No	n-Exempted	(*) an	d Non-Fr	riable P				
		0.70	Locati ormal										AD	atemer Type	"	
Location Asbestos-Containing	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	Used	d Sole	ly by	Ashes		scription taining N		(ACM)	Δ	mount		T	Τ_	\Box	
TO BE ABA	ATED		ntenar odial S			therma	systems	s insula		(5	specify	7	١,	inc:	En	
In Facili (13)	ty		(12)	tun.			cing, VA miscellar			SF	or LF)	Kemova	Neball	Encapsulate	Enclosure	
2000		Yes	No	N/A				,				<u>a</u>	-	late	ле	
Docom		165		IN/A		D					0.05	- 1000	+		-	
Baseme	ent		Х			Duci	Insula	tion		3	0 SF	Х	1			
Name of Registered Was	aste	200000000000000000000000000000000000000	Yards		Name of R	egiste	red Land	dfill								
D&S Abatement, Inc. Hauler ID No. 20996							ste		Waste N	lanaç	gement	t of PA				
A CONTRACTOR OF THE CONTRACTOR							sal Date		City, State							
P22 57 3993 4 55							Disposal Date City, State TBd Morrisville, PA									
Completed by		Title				Signature Date										
Ned Joksimovic		Projec	ct Ma	nager		08/31/2017										
								-								

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, "		(Pursuant to NJAC 8:60 and 5:16)							// [c	S F			
Date of Notification (1)			Name	e of Buildir	ng Owner/Operator (2)		5	1 1	1 [311		
09/01/	17		1000		acting Services	-	mil						
Agencies Notified Type Notific	ation		Stree	t Address	8755 Telegraphic Control of the Cont		U U SEP	7	20	7			
			36	Condit S	Street	William I				,	-		
☑ DOLWD ☐ Amended	The state of the s		City,	State, Zip	Code		Annoise		-		1		
☑ DOH Amendm ☐ DCA ☐ Emergen		_	1000	702 323	a, NJ 07876	day))rus	ASBESTO:	S CO ENSI	NTA	OL 8	3		
(NJAC 5:23-8) justificati		ig	11	of Contac	The Continue was the same of the		Telephone Minel		101				
			Mil	ce			1 . 2 - 2						
				CILITY II	NFORMATION								
Name of Facility Where Abatement is	Taking Plac	e (3)				Type of Facility (
Residence						School (K-12)	(Other than K-12)						
Street Address						Other (i.e., pri	ivate and commerc	ial bu	ilding	S,			
City (5)						Square Feet	# of Floors	Bir	dg. A	76			
Livingston						2000	2	1.5000000	65	90			
County (6)			Cour	nty Code (7)(STATE USE ONLY)		or if being demolish						
Essex				, , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Residence	or it being derrions	iou)					
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	AND THE RESERVE OF THE PARTY OF					-		
Guardian Contracting, Inc.		. ,			Guardian Cor								
Street Address					Street Address								
1889 Rte. 9, Unit 61					1889 Route 9	, Unit 61							
City, State, Zip Code				7-22-23-1	City, State, Zip Co	ode							
Toms River, New Jersey 08755					Toms River, I	New Jersey 087	755						
Project Manager for Monitoring Firm		Te	elephone	No.	Telephone No.		License No.			15.0%			
Nicholas Fernicola		- 2	732-349		732-349-9932		00624						
	Scheduled (55 (5)	Name of OSHA M								
	09	- 32			E.M.S.L. Anal	ytical							
Occupancy Status During Abatement (0				Street Address									
Facility Closed/Vacated During Entir					1056 Stelton								
Abatement Performed Outside of No Time of Abatement:AM	PM/	y Ho	urs - Des M-	AM	City, State, Zip Co								
Scope of Work (Check all that apply)					Piscataway, N	lew Jersey 088	154						
					□ Full Conta	ainment with Nega	ative Pressure						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	□ R				☐ Mini-Encl	osure Procedure							
	Z D	5111011	uon				-Friable Procedure)					
52 80 4000	40		ation					Aba	ateme	ent T	уре		
Location of Asbestos-Containing Material (ACM	1	Norm	nally olely by	Asha	Description of	A contraction of the contract		Z.	R	Щ	ū		
TO BE ABATED	/ Ma	ainter	nance/		stos Containing Mat ., thermal systems in		Amount (Spec <mark>i</mark> fy	Removal	Repair	ncap	Enclosure		
IN Facility (13)	Cus	todia (12	al Staff? 2)		surfacing, VAT,	or	SF or LF)	Val	7	Encapsulate	sure		
(13)	Yes	No			other miscellaned	ous)				ate			
mechanical room				asbesto	os containing she	eetrock	120 sf						
								П	П		П		
	1	П					***************************************						
Name of Registered Waste Hauler		1	NJDEP \		Cubic Yards of	Name of Regist	ered I andfill						
Guardian Contracting, Inc.			Hauler II	No.	Waste	T.R.R.F.	ered Landini						
City, State			20223	3	3 Disposal Date	150500000000000							
Toms River, New Jersey					09/08/17	City, State	Pennsylvania						
Completed By (Print or Type)	Title				14	Tanytown,		. 1	1				
Nicholas Fernicola	Projec	Mə.	nager		Signature	/	Date		1	7			
NSB-41				ager 9									

State of New Jersey

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

								2)				711 111			
Date of Notification (1) 08/30/2017						Name of Building	Owner/Operator		1010						
Agencies Notified		LNI	atification	Tunn		Fred Gorgas		- SEF) _	1 20	17	U			
Agencies Notified			otification Initial noti			Street Address	12	TI OF				1-1			
X EPA		100 00000	Amended			City, State, .Zip Co	do					1 1			
□ DCA			Emergen	1900	cation	Succasunna, NJ	ide	ASBEST	000	CALTE	201.2				
X DOL			Cancelled		Jacon	Name of Contact:		Telephor			JUL 0	- 1			
□ DEP						Andrew Brukh	L	relevitor	PINCH	שומשום	-				
□DOH						Andrew Blakii									
					FACILITY IN	FORMATION									
Name of Facility Where A Residence	batement is	Taki	ing Place	(3)		Type of Facility (4) ☐ School (K-12)									
Street Address						☐ Subchapter 8 (d	other than K-12)							
01.00071000						Other (i.e. priva									
						Square Feet 2300 SF	# floors			dg. Ag	Э				
City (5)	County (6			Count	/ Code (7)	- L			11	217					
Succasunna NJ	Morris				Use Only)	Current Use (prior	r if being demoli	shed):							
Caccacatilla 140	MOTTIS			Totale	USE Offig)	Residence									
Name of Monitoring Firm	Hirad by DI	10.0		ACCEA	Ne	Name of Contrasts	- (0)								
N/A	HITEG BY BI	1g. U	wner (6)	ASCM	NO.	Name of Contracto BL Contracting ,Ir									
IVA						BL Contracting ,ir	ic								
Street Address						Street Address									
Street Address						5 Marguerite Lane									
						5 Marguerite Lane	i i								
City, State, Zip Code						City State, Zip Cod	Δ	-							
917, 914,0, 2,5 0040						Towaco 07082	9								
Project Manager for Moni	itorina Firm	Te	elephone N	Vumber		Telephone Number	:	License N	Jumbe	er					
		-		10111001		973-901-0153	0	01265	* CITTLE C	21					
								1							
Scheduled Start Date (10))	Sc	cheduled (Completi	on Date (11)	Name of OSHA Mo	nitor								
09/11/17		09	/17/17			BL Contracting In	C.								
Occupancy Status During						Street Address						-			
Facility Closed/Vacat					ent	5 Marguerite Lane						1			
	Jutside of N	iorma	II Facility F	Hours -		0: 0: -									
Describe						City, State, Zip Code									
□Other						Towaco, NJ 07082									
20.10.						Towaco, NJ 0/082									
Source of Work (Check al	that apply)														
	16						⊠ Non Exempte		iable l	Procedi	ıre				
□≥ 3 sf or ≥ 3					⊠ Renovation		☐ Mini-Enclosu					1			
≥ 160 sf or	≥ 260 IT				Demolition		Glove bag P		ativa F)raaa	_				
							Tull Containn								
Location of Asbestos-			on Norma	lly		bestos Containing	Amount (Spe	ecify SF or	Aba	tement	Type				
Containing Material (ACM			lely by	1222		i.e. thermal systems	LF)		27			52 S			
Facility (13)	9703000		ustodial St	aff?		ing, VAT, or other			Remo	ve Repa	ir Encap	Enclos			
	(12 YE		NO	NIZA	misc.)							1			
Roof	1.5	.5	NO	N/A	Roof shingles		2000 SF		X			$\overline{}$			
11001				E L	Roof Stilligles		2000 31		<u> </u>						
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												-			
								3							
									1						
Name of Reg. Waste Hauler		NJE	DEP Waste	Hauler II) #	Cubic Yards of Waste		Name of Re	gistere	d Landf	ill				
Waste Management of Penr	003	86784		20		T.R.R.F									
							T 5:		0	01					
							Disposal Da	te		State	2.0				
							08/30/17		i uily	rtown, F	A				
							00/30/17								
Completed by (Print or Type	oe)	Tit	le			Signature Date									
Nedo Vasilic			esident												
		1				Nedo (/95/1/2 08/30/2017									

5,	. 91363	2011						PATT	1	P	AG:
MOH24499206314 Date of Notification (1) 08 / 30]	N	IOTIF	ICAT	ION OF	f New Jersey ASBESTOS AS	BATEMENT	一面星		E	
Date of Notification (1)						JAC 8:50 and		HATE	de la de resource	J 13,	11
OS , 30		17		16 0		Iding Owner/Operal	or (2)	- 	SEP		7
Agencias Notified Tu	oe Notificati	_		Th	iomas P. J	acobsen		IT The	1		17
□ EPA I⊗	Initial			81	rest Addre	88		11 400	-7	1	4
	Amended Amendmen	+ #		OI.	ly, otate, Z	ID Códe		11/2/11/2017	ESTO	CHN	9
□ DCA	Emergency	(Inclus	ding	No	W Milford	L NJ 07646	1.	1717	- Andrew		
	Justification Cancellation)		Na Na	ima of Con	lact		Talephone N	(on S		_
					omas P. J			1 . 4 . Opingrigo le	ath Lie		
Name of Facility Where Abate	ment is Tak	king Pi	aca (3)		FACILITY	INFORMATION					
Private house Street Address			, ,				Type of Fadi	ity (4)			_
OHEN WORLS							School (K	or & Milhan M	1 21		
CRy (5)		-					Other (i.e. homes, er	Driveta and Amen	narcial	phild	ili
New Milford, NJ 07646							Square Feet	# of Floors		Bldg.	
County (6)		-		/ Co	xunty Code (7) (STATE USE ONLY		_			
Name of Monitoring Firm Hired				- 1		THE VOE UNL)	Current Use (Prior if being demo	Hished)	_
The state of the s	DA BOILDING	DAINE	er (8)	A5C	M No.	Name of Abete	ment Contractor (9)			
Street Address						Gr Toch LLC		,			
City, State, Zip Code						Street Address					-
City, State, Zip Code						576 Valley Rd City, State, Zip	#283 Code				
Project Manager for Monitoring	Firm		1~			Wayne, NJ 074					
			10	lephorn	ē No.	Telephone No.		License No.		_	-
Start Date (10)	Sche	duled	Compi	atlen D	ate (11)	973-638-1777 Name of OSHA		01127			
08 / 31 / 17		09	, 0	1 /	_17				7.0		_
Occupancy Status During Abate Feelity Closed/Vacated During Abatemant Red	0 m F - 5 Pe					Envirovision C	onsultants, inc				
					ecob-	20-21 Wagaraw	Road, Bldg #	35F.			
		M/	PM		_AM	Lity, State, Zip C	004			_	-
Scope of Work (Check all that ag	ply)					Fair Lawn, NJ (7410	nation with negative			
X >3 sf or >3 H		⊠ R	erons Listoms	ion on		Mini-End	Desure	galius Praesure Tent with Manning			
		T	s Loca	don	_	L Non-Exe	impted (*) and No	n-Friable Procedu	ire		
Asbestos-Containing Material	(ACUI)	Us	Norma ed Soli	ely by		Description of	of		Ab	alam	10
TO BE ABATED	-	Ma	eintena (odla)	ince/	Asba (i.e	stos Containing Ma L, thermal systems	nsulation	Amount	200	Repair	
(13)			(12)	arant ;		surfacing, VAT other miscellane	70	(Specify SIF or LF)	Пемоче	Đ.	
Besement		Yes	No	NA	-	TTIVE INIQUENE			1		
			<u></u>		Pipe insu	listion	-	35 LF	53		1
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									~	는	1
Name of Registered Waste Haule										느	1
	r		MO	EP Whate	Has let ID No.	Cubic Yards of Waste	Name of Regist	lered Landill			
Gr Tech LLC City, State			0	03378	5	TBD	T.R.R.F. Inc	- AA VEURUII			
Wayne, NJ 07470						Disposal Date	City. State				
Completed By (Print or Type)	Title			- Walter Street		TBD	Tullytown, PA	V			
Jevtic	- Cult					Signature /		Dan .	14	-	-



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		EC	E		V Pr	int Fo) J
		SEP	-	7 2()17		
		ASBEST(CONT	ROL	. &	
-	Tel	ephone Nur	nber	_			
of Facility	(4)	*					
chool (K- ubchapte	12) er 8 (Oth	er than K-12 & commerci		ildings	, hom	es,	
e Feet 000	# 0	f Floors 1	1.0	Bldg. A	∖ge	O/8-10-120	
t Use (Pr er Grai		ing demolish	ned)				
ement Co vironme		(9) ervices, Ir	nc.				
oad			15,000,000				
Code e, PA 1	9460						
32		License N 00836	0.				
A Monitor vironme		ervices, Ir	nc.				
oad							
Code e, PA 1	9460						
Enclosur ebag Pro	e cedure	Negat <mark>i</mark> ve P			e		
				Abate	ement	t	
ACM) ion,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure	
	See	Attached	X				
			X	-			

Date of Notification (1) 08/30/2017			Name of Building Owner/Operator (2) Township of Pittsgrove							2017	1					
Agencies Notified Type Notification		- 01 8	Street A 989 C	ddress enterton	Road					ASBES	TOS	201	TROI	. &		
DEP X Amended Amendment #				ate, Zip Co rove, NJ		3			- Profile advision on	Whitespeed too	ICEN	SIN				
Emergency (II DOH DCA Emergency (II justification) Cancellation	Teluding			f Contact ance Ga	rton				Tel	ephone N	umber	_				
			FACI	LITY INFO	ORMATI	ON										
Name of Facility Where Abatement is Taking Former Grain Mill, (Building 1)	Place (3)	U.					_	of Facility School (K-	8 86	į						
Street Address 1237 Landis Avenue							□ S ×	subchapte other (i.e. tc.)	r 8 (Oth			ildin	s, hon	ies,		
City (5) Pittsgrove								e Feet	# o	f Floors	1	Bldg 60+	Age			
County (6) Salem				Code (7) USE ONLY)				nt Use (Pri er Grair		ng demol	ished)					
Name of Monitoring Firm Hired by Building O Pennoni Associates Inc.	wner (8)		ASCN	A No.		F 276-5 395		ement Co vironme			Inc.					
Street Address 515 Grove Street Suite 1B						150000000000000000000000000000000000000	Address dge R	74								
City, State, Zip Code Haddon Heights, NJ 08035							ate, Zip	Code e, PA 19	9460							
Project Manager for Monitoring Firm Alan Lloyd			elepho 356-54	ne No. 17-0505		Teleph 610 9	one No 33-43			License 00836	No.					
	Scheduled 09/08/20		017 Ne					A Monitor vironme		ervices,	Inc.					
Occupancy Status During Abatement (Check	Only One	(Street Address						Second Second		ALCO CARE					
➤ Facility Closed/Vacated During Entire Pe	eriod of Al	bateme	12 Ridge Road													
Abatement Performed Outside of Normal Other – Describe:			terrent													
Scope of Work (Check All That Apply)									1 1 10400							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-		nolition Min Glo					ull Containment with Negative Pressure lini-Enclosure lovebag Procedure lon-Exempted (*) and Non-Friable Procedure					ure			
		782					14011	LACITIPIE	u () ain	3 14011-1 116	11 310		atemer	t		
Landing	1707000	ocatio ormally					•						Гуре			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solely ntenandial St (12)	y by ce/		tos Cont thermal surfac	scription aining M systems cing, VAT niscelland	aterial (insulat Γ, or		(S	mount pecify or LF)	Removal	Kepaii	Encapsulate	Enclosure		
	Yes	No	N/A										le			
See Attached Spreadsheet			X		See	Attach	ed		See A	Attached		-	-			
	-		X								X	+	-			
											X	+	-			
Name of Registered Waste Hauler	NI	X DEP W	/aste	Cubic	Varde		Name of	Pagisto	red Lands		1	_	_			
C&H Disposal Services, Inc.	Ha	uler ID 903	10000000000000000000000000000000000000	of Was		ds Name of Registered Landfill Salem County Improvement Authority						ty				
City, State Elmer, NJ		Disposal Date City, State 08,09/2017 Alloway, NJ						NJ								
Completed by Patrick Larney	Title Projec	t Mar	nager		Signature Date 08/30/20						/2017					

PROJECT NAME:

Pittsgrove Grain Mill ACM Building 1, Rev. 02

Stainwell Stainwell Room	4 181 4					The second secon
ransite SF 40 Over Stairwell Transite SF 4,800 Exterior Transite SF 4,800 Transite SF 4,800 Transite SF 4,800 Fipe Ins Debris SF 350 Pipe Ins Debris SF 65	Area / Notes	Abatement Item	Unit	Quantity	Notes	Status
Transite SF 40	Building 1. Structurally Unsafe					
Elect Room Transite SF 4,800 Transite SF 475 Transite SF 475 Pipe Ins Debris SF 350 Pipe Ins Debris SF 65	Area A Over Stairwell	Transite	SF	40	Wet and Remove Prior to Demo	Complete
Transite SF 475 Transite SF 180 Pipe Ins Debris SF 350 Pipe Ins Debris SF 65	Area B, Exterior	Transite	SF	4,800	Wet and Remove Prior to Demo	Complete
Transite SF 180 Pipe Ins Debris SF 350 Pipe Ins Debris SF 65	Area C, Elect Room	Transite	SF	475	Wet and Remove Prior to Demo	
Pipe Ins Debris SF 350 Pipe Ins Debris SF 65	Area E	Transite	SF	180	Wet and Remove Prior to Demo	Complete
Pipe Ins Debris SF 65	Area B	Pipe Ins Debris	SF	350	Wet and Bag for Proper Disposal	Complete
	Area C	Pipe Ins Debris	SF	65	Wet and Bag for Proper Disposal	Complete





1393

Date of Notification (1)				Name o	of Buildin	g Owner/0	Operator	(2)	1	ER	51	W	13	I proj
Septem	ber 01, 2017			Towns and the second				& Johnson		E G	<u> </u>	/4/	15	
Agencies Notified	Type Notification				Address			2 0011110011	13					
⊠ EPA	Initial			920/10	01/1003	3 Route	202 P	O Box 300		SEP	- 7	201	7	$\ U\ $
DEP	Amended				ate, Zip (ULI		648	8	Imacol
DOL	Amendment			Raritan	NJ 08	3869			PARTIES AND ADDRESS OF THE PARTIES AND ADDRESS O		93300			
DOH.	Emergency justification)		1	-	of Contac				1	e phorie Nu	mber	NTF	OL	<u> </u>
DCA	Cancellation			Project	Manac	ner			1 -	20001101101101	12 10001		equipment	nanouser ^a
						FORMATI	ON						_	
Name of Facility Where A	batement is Takin	g Place (3)			1 0111111111		Type of Facility	(4)					-
Ortho Diagnostic / Jo	hnson & Johns	on					f	School (K	12)					
Street Address										her than K-1	2)			
920/1001/1003 Route	202							Other (i.e	. private	& commerc	ial bui	ldings	, hom	es,
City (5)	202							etc.) Square Feet	- 44	of Plans		Dista	A	
Raritan, NJ								Square Feet	# 1	of Floors		Bldg.	Age	
County (6)				County	Code (7)			0		3				
Somerset					USE ONL.			Current Use (F	rior if be		hed)			
Name of Monitoring Firm	Hirad by Building	Owner 19	`	ACCA	4 NI=					Facility				
	rified by building	Owner (o)	ASCN	/I NO.		namen month	of Abatement C		r (9)				
AET, Inc. Street Address								ACK Group,	LLC.					
							0.0000000000000000000000000000000000000	Address '						
220 Church Street								lings HWY N	I, STE	209				
City, State, Zip Code							City, St	ate, Zip Code						
Bridgewater, NJ 0880							Cherry	Hill, NJ 080	34					
Project Manager for Monit	oring Firm			Telepho	ne No.		Telepho	one No.		License N	10.			
Eric Houseknecht				$(908) 2^{\circ}$	18-1108	8	(973)7	759 - 5000		00781				
Start Date (10)		Schedul	ed Co	mpletion	Date (11))	Name o	of OSHA Monito	r					
9-19-17				9-19-1	8		The MA	ACK Group,	LLC.					
Occupancy Status During	Abatement (Chec	k Only O	ne)					Address						
Facility Closed/Vaca	ted During Entire F	Period of	Abate	tement 1500 Kings HWY N, STE 209										
Abatement Performe Other - Describe:	d Outside of Norm	al Facility	y Hou	ours City, State, Zip Code								Hellin Ben		
Other - Describe				Cherry Hill, NJ 08034										
Scope of Work (Check All	That Apply)													
≥3 sf or ≥3 lf		\boxtimes	Renov	ation			\geq	Full Contains	ment wit	h Negative F	Pressi	re		
≥160 sf or ≥260 lf		\times	Demol	ition			2	Mini-Enclosu	re		10000			
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							12	V Mon-Exemple	d () and	I NOII-FIIADIE	Proce		emen	
Vertextoria	1727		s Loca Norma										ype	L
Location Asbestos-Containing N				ely by	Acho		scription		١.,			T		
TO BE ABA		1	inten					aterial (ACM) insulation,	10	Amount Specify	Z		Enc	Ш
In Facilit	у	Cus	todiai (12)	Staff?		surfac	cing, VAT	, or		F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		-				other m	niscellane	eous)			OVO	Dair	sula	Sur
		Yes	No	N/A							=		te	CD
Data Cer	ter		X			f	ittings			0.5	V	-	-	
Duta Oci	101	-	/\	-			ittings	*		25	\wedge		-	
Name of Registered Wast	e Hauler		-	NJ DEP W	aste	Cubic '	Yards	Name o	f Registe	ered Landfill				
*			1000	Hauler ID		of Was		, tamo o	riogion	roa Lanami				
Newark Carting	âl a canada de la c			222	53		0.3	BFI Imp	erial L	.andfill				
City, State		Min-				Dispos	al Date	City, Sta						
Newark, NJ						9.	9-19-18 Imperial, PA 15126							
Completed by		Title					gnature		Date					
Michael Cooper		Presid	lent				9/1/17							

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		(P	ursuant	t to NJAC	8:60 an	d 12:120)	111]]]	1		1			
Date of Notification (1)	7	T	Name o	of Building	Owner/0	Operator (2)	. 14	SEP SEP	1	2017		14		
9-1-1			01-1		150	\circ b	lone	Impro	vend	nt	-5	hond		
Agencies Notified Type Notification		100	Street A	7 i	9.1	3	Rh.	ASBESTO	S CON	TRO	18			
☐ EPA			City, St	ate, Zip C		Jound	Bko	OF THE	ENSIN	G				
DOL Amendment #		_			Dun	ellen		IJ O	981	2				
DOH Emergency (in justification)	iciuality		_	of Contact				1+.				-		
☐ DCA ☐ Cancellation		\perp			un is									
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INF	UKMAII		e of Facility	(4)						
Single family	Die	11/2	15				School (K-	12)						
Street Address			フ			180	Subchapte	r 8 (Other than k private & comme	(-12)	Idinas	hom	Ge.		
							etc.)			2000		cs,		
City (5)	NJ	-				Squ	are Feet	# of Floors	1	3ldg. /	Age -	_		
County (6)	14_		County	Code (7)		Cur	rent Use (Pr	ior if being demo	lished)	/,	ノ '			
Somerset				USE ONLY		- 15	ringle f	Canily I		llin	S			
Name of Monitoring Firm Hired by Building Ov	wner (8)		ASC	M No.		Name of Al	patement Co	ntractor (9)			Rittor			
ELC Cruudia	1163	<u> </u>	1	NI	•	EF	Cle	chaole	PIP	<u> </u>	Ir	16		
Street Address	57					Street Addr	ess	777	8					
City, State, Zip Code	A COMPA	183	AA		erg.	City State,	Zip Code	* * * * * * * * * * * * * * * * * * *		60 4	60 GW	450		
New Equat	NJ	(OA	23	5	New	Equ	ist N) 0	8	35	3		
Project Manager for Monitoria gu-Firm			Telepho		771 m	Telephone	-	License	No.	20	u			
Start Date (10)	n Schedule			758- Date (11)	3,365	609 75 Name of 05	SHA Monitor	Contract Con			1			
Sept 11, 2017	Seo			2017				hnologie	SI	àc				
Occupancy Status During Abatement (Check	-					Street Addr	ess	~						
Facility Closed/Vacated During Entire Pe			tement P.O. Box 337											
☐ Abatement Performed Outside of Normal ☐ Other – Describe:	I Facility	Hours	ours City, State, Zip Code											
Scope of Work (Check All That Apply)						l.co	Vew Egypt NJ 08533							
23 sf or ≥3 lf	□ Re	enovat	tion			□ F	Full Containment with Negative Pressure							
☐ ≥160 sf or ≥260 lf	DE D	emoliti	on				lini-Enclosur lovebag Pro	е						
				,				d (*) and Non-Fr	iable Pro	cedur	е			
	75000	Locatio									ement ype	1		
Location of		ormall i Solel	Total Control	Achos		scription of aining Materi	ο! (Λ C 8.49)	Amount		T				
Asbestos-Containing Material (ACM) TO BE ABATED	S S S S S S S S S S S S S S S S S S S	ntenan	15150		thermal	systems insu		(Specify	Re	R	Enca	Enc		
In Facility (13)	Ousid	(12)	·carr.			cing, VAT, or niscellaneous	s)	SF or LF)	Remova	Repair	Encapsulate	Enclosure		
(-)	Yes	No .	,N/A						<u>a</u>		ate	6		
D.c. I	X	-		D:	T.	. 1.1.	, ,	100 LF	b					
Basement	^			ripe		sukation	2	100 41	^	-		-		
									+					
										-				
Name of Registered Waste Hauler	N.	JDEP W	/aste	Cubic	Yards	Name of	Registered Land	Ifill		Li	L			
	Ha	auler ID		of Was	ite 7				L	c D	A			
EPC Technologies City, State	17000 Z Waste Management of Disposal Date City, State						[]	A						
New Equat 1	9-13-17 Mornisville PA													
Completed by	Title	Λ	J			ignature	SCA		Date	,				
Steve Schenker	HRES	side	ident Steel 9-1-1								+			

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Date of Notification (1)			-	Name of Building Owner/Operator (2)							-111				
08 /	31 /	17						omes, LLC	(2)	-	III SE	p -	7 20	17	
								Jilles, LLC		14	Ш)) (5 3	Ÿ	l-
Agencies Notified EPA	Type Notific ☐ Initial	ation			10000000	et Addre				No.	-				- Parent
⊠ DOLWD	☐ Amende	d						enue West	September 1		ASBES	TIOS C	THO	ROL	&
☑ DOH	Amendm				1000	, State, Z				L	A STATE OF THE PERSON NAMED OF THE PERSON NAME	LIVEIN	71114	Terral version is	kipulit da sin hawa
☐ DCA	☐ Emerger		cludin	g		estfield		7090							
(NJAC 5:23-8)	justificat					ne of Cor				T	elephone N	umber			
	Cancella	tion			T	ony Bu	ontem	ро							
					F	ACILITY	INFO	RMATION							
Name of Facility Where Al	batement is	Taking	Place	e (3)					Type of Facility	y (4)	- N				
Residence									School (K-						
Street Address									☐ Subchapte ☐ Other (i.e.,				nuildin	ae	
									homes, etc		ite and com	Herciai	Juliani	gs,	
City (5)				-100					Square Feet		# of Floors	- 11	3ldg. A	ge	
Scotch Plains									2500 sf		2		65		
County (6)					Co	unty Cod	e (7)(S7	ATE USE ONLY)	Current Use (F	Prior	if being dem	olished)			
Union									Residence)					
Name of Monitoring Firm I	Hired by Build	ding C	wner	(8)	ASC	M No.	N	ame of Abatem	ent Contractor (9	9)			_		
Guardian Contractin	ıg, Inc.							Guardian Co	ntracting, Inc	:.					
Street Address							St	reet Address			1				
1889 Rte. 9, Unit 61								1889 Route 9), Unit 61						
City, State, Zip Code							Ci	ty, State, Zip C	ode						
Toms River, New Je	rsey 08755	j						-	New Jersey 0	875	5				
Project Manager for Monito	oring Firm			Te	lephon	e No.		elephone No.			License No.				
Nicholas Fernicola					732-34	9-9932		732-349-9932	2		00624				
Start Date (10)	5	Sched	uled C	omp	letion E	ate (11)	Na	ame of OSHA N	Monitor						-
09 /15 /						1 / 17 E.M.S.L. Analytical									
Occupancy Status During						Street Address									
□ Facility Closed/Vacated				V	ement										
☐ Abatement Performed (escribe	1056 Stelton								
Time of Abatement:	AM	PN	//	_PN	Λ	City, State, Zip Code Piscataway, New Jersey 08854									
Scope of Work (Check all t	hat apply)							r iscataway, i	New Jersey U	0004	*				
	inat appiy)								tainment with Ne	egativ	ve Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or >260 lf 			Re					☐ Mini-End	losure						
≥ 100 St 01 ≥200 II			⊠ De	HOIII	uon				g Procedure mpted (*) and N	lon-F	riable Proce	dure			
			Is	Loc	ation	T			ptod () dild it	T	114510 1 1000		baten	ent T	ime
Location o				Norm	-			Description of	of				1	1	
Asbestos-Containing M		1)			lely by ance/			Containing Ma			Amount	Kemova	Repair	nc	Enclosure
TO BE ABAT IN Facility					Staff?	6		ermal systems surfacing, VAT			(Specify SF or LF)	ova	air.	psu	nso
(13)				(12	2)			ther miscellane			SF ULLF)	=		Encapsulate	Гe
			Yes	. No	N/A	1								(0)	
1 st floor								ontaining pla	aster &		300 sf	×		П	П
basement						debr		ipe insulatio		+-				1	
Dascinent					+-	aspe	Stos p	ipe insulatio	n	-	50 lf	×		Ш	
	SALES IN THE STREET STREET														
Name of Registered Waste			Т	NJDEF	Waste	Cu	bic Yards of	Name of Reg	ister	ed Landfill					
Guardian Contracting					ID No.	1000	aste	T.R.R.F.							
City, State	2022	.3		posal Date	City, State			-							
Toms River, New Jer	sev							09/22/17		ı Po	nnevlvani	2			
Completed By (Print or Typ		Title													
Nicholas Fernicola	0)	2200		84-	2222			Signature	/			Date &	1-	The state of the s	
Micholas Ferricola		Pr	oject	iviai	nager			1	\	-	F	0	13,	11	7

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Print Form

Date of Notification (1)	***************************************			Name	of Building	Owne	r/Operato	r (2)		IIn	1			-1-30-12	W 1	- 1
9/1/17					Reeves						Thursday.	SEF) -	. 7	2017	
Agencies Notified	Type Notification	1		Street	Address			120			1	V 4-1			2011	-
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DEP	Amended			City, St	ate, Zip Co	de				9	ASI	EST	OS	CON	THO)L&
DOL	Amendmen			Forke	ed River I	NJ 0	8731							VSIN		
DOH DCA	Emergency justification			Name o	of Contact					Te	ephone	Num	ber			
DCA	Cancellation			Troy						9				100		
				FAC	ILITY INFO	DRMA	TION								-	
Name of Facility Where		ng Place (3	3)					Туре	of Facility (4	1)						
Troy Reeves Priva	ate Home								School (K-12	2)						
Street Address	3 10 10 10 10 10 10 10 10 10 10 10 10 10								Subchapter I							
								\boxtimes	Other (i.e. pr etc.)	rvate	& comr	riercia	l buil	dings	, hom	es,
City (5)						7447		Squa	are Feet	# 0	f Floors	3	E	Bldg. A	Age	
Forked River NJ 08	3731							100)O+	1			1	35+		
County (6)					Code (7)	3		Curr	ent Use (Prio	r if bei	ng den	nolishe	ed)			
Ocean				(STATE	USE ONLY)	. —		Ho	use							
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.		Name	of Aba	atement Cont	ractor	(9)					
N/A							Perr	naco	Inc							
Street Address							Street	Addre	ess						te one	
							POI	Box 3	329							
City, State, Zip Code							City, S	state, Z	Zip Code					HE		
_		<u> </u>					Wes	t Ber	lin NJ 0809	91						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	none N	lo.		Licen	se No				
							856-	753-	9800		0072	27				
Start Date (10)				mpletion	Date (11)		Name	of OS	HA Monitor							
9/14/17		9/21/1					Sam	e								
Occupancy Status During	g Abatement (Chec	k Only On	e)				Street	Addre	ss							
X Facility Closed/Vaca	ated During Entire	Period of A	baten	nent												
Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility	Hour	S			City, S	tate, Z	ip Code							
And the second s																
Scope of Work (Check A	II That Apply)	_					_						1,			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova				-	Fu	II Containmer	nt with	Negat	ve Pr	essu	re		
≥ 100 SI 01 ≥200 II		X D	emoli	tion					ni-Enclosure ovebag Proce	dura						
							×	No	n-Exempted	(*) and	Non-F	riable	Pro	cedur	е	
		Is	Locat	ion											ment	
Location	of		ormal			D	escription	of						Ту	ре	
Asbestos-Containing TO BE ABA	Material (ACM)		d Sole ntena			os Co	ntaining M	lateria			mount	İ			ш	_
In Facili		Cust	odial S	Staff?	(i.e. t		al systems acing, VA		ation,		pecify or LF)		Ren	Re	ncar	incl
(13)			(12)				miscellan				0. 2. ,		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									<u>m</u>		ate	-G
Exterior S	idina			V		Exet	orior Cia	line		400	20.05	-				-
Exterior 0	lairig			X		LXI	erior Sic	illig		130	00 SF	_	х			
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Name of Registered Was	te Hauler		IN	JDEP W	aste T	Cuhi	c Yards		Name of Re	edister	red I ar	dfill				
United Containers			Н	lauler ID		of Wa					Ju Lai	- January				
			2	2459		4			G.R.O.W	v.S.						
City, State Elm NJ							osal Date		City, State			Maria Company				
		1				9/21			Morrisvil	le PA	1906	57				
Completed by Anthony T Perna		Title	d t				Signature	Υ.				Date		24		
Antiony i Fema		Presi	uent					1				5/3	1/17	7		

MO#23	18	00	2/5	32	65	9		ATD	-		(5) I	=	-	∖∄Pri	int Fer
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Date of Notification (1) 07/17/2017				75.		Operator (2		n Group		1	U.L	=		21.1	T
Agencies Notified Type Notification	1		Street A	873	ening o	CONSTIL		ii Gioup	1	ASBE	STO	S C	ON.	TRO	12
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X DEP Amended Amendmen X Emergency		_	Newa	ate, Zip Co rk,NJ,07					2						
DOH justification	i)		Name o Brian	f Contact Grant			T.	_ F	Tel	1 enodos	Numbe	er		_	
	v		Long Street, Lo	LITY INF	ORMAT	ION	+	n) L	(G		W	E	-	1	-t-
Name of Facility Where Abatement is Tak Private House	ing Place (3)				T	Гуре	of Facility (4	1)						
Street Address			-					School (K-1) Subchapter	S Edfh	er than K	201	7	-	Jį	
						Ī	×	Other (i.e. p	rivate 8	2 comme	ercial b	ouildi	ngs.	hom	es,
City (5) East Orange						S	Squar V/A	e FeetSL	# of	Floors	MTA	4	d. A	ge	
County (6)				Code (7) USE ONLY)			nt Use (Prio	r if bei	ng demo	shed)			
Essex Name of Monitoring Firm Hired by Building	Owner (8	1	ASCN				2.500000	tement Con	1001001000	(9)					
N/A		•						TEMENT							
Street Address				THE PARTY OF THE P		Street Ad 89 FR		s (LIN STR	EET						
City, State, Zip Code						City, Stat			-04		X				
Project Manager for Monitoring Firm			Telepho	ne No		Telephon		N,NJ,075	024	License	a No.				-
- reject manager (or mornoring t min			гоюрио	110.		973-33				01274					
Start Date (10) 07/19/2017	Schedul 08/06/		npletion	Date (11)				IA Monitor EMENT L	10						
Occupancy Status During Abatement (Che						Street Ad									
➤ Facility Closed/Vacated During Entire							1000	LIN STR	EET						
Abatement Performed Outside of Nor Other – Describe:	rnal Facilit	y Hours				City, Stat		p Code N,NJ,07	524						
Scope of Work (Check All That Apply)						IAIL	100	714,140,01	J27			_			+
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure						
	15	s Locati	on				1901	I-Exempled	() ain	114011-11	ladic i		bate	ment	
Location of		Normal ed Sole	ly			scription of						_	Ty	oe	-
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	sintena stodial S	nce/		thermal	taining Mat I systems ir	nsula		(S	mount pecify		Ro	R	Enca	Enc
In Facility (13)	Cus	(12)	oldii!			cing, VAT, niscellaned			SF	or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									=		ale	Ге
ROOF		X		F	ROOF	MAMBRA	ANE		2	000	X				
												1			
		İ													
Name of Registered Waste Hauler TRY STATE TRANSFER/YIMMY	DVDNE	1.0	JDEP W auler ID		of Wa	Yards ste		Name of F	70			-0			
	JIKINE	1	9551		N/A Dispos	sal Date		City, State		NI LIXP	MOL	_0			
City, State 1199 RANDALL AVE BRONX NY					TBD	sai Dait		900 MIN		A RD V	MAY	NES	BU	RG	ОН
Completed by VICTOR ESPIRITU	Title PRC	JECT	MANA	AGER	3	Signature/	/ l	NEW/	-	- 1	Date 07/1	7/20)17		

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0#83780009417		1101	(Pursuar	nt to NJAC 8:60 a	and 12:12	o)	nl	G G		\mathbb{V}	E	Tr
Date of Notification (1) 09/03/2017		-		of Building Owne		(2)	M					7
Agencies Notified Type Notificati				asa Don Ped	ro			SEP .	- 7	2017	7	
	on		Street	Address		- 1	d David I		,	CVII	1	Latine
X DEP Amended			City, S	tate, Zip Code			ASI	J.S US	(10)	L PPP IT C		
X DOL Amendme	ent # cy (includir			ark,NJ ,07107			hateman	LICE	NSIN	VIHU IG)L &	į.
DOH justification	n)	ig		of Contact			Te	lephone N	THE REAL PROPERTY.	THE PERSON NAMED IN	Trekspokes	histori
DCA Cancellat	on		1	pagan CILITY INFORMA	TION					-		
Name of Facility Where Abatement is Ta	king Place	(3)	FAC	JEH T INFORMA	HON	Type of Facility	(4)					1/25
private house						School (K	-12)					
Street Address						Subchapte	er 8 (Oth	ner than K-	12)	11 41		
City (5)						etc.)		& commerc	ciai bu	illaings	, non	nes
newark						Square Feet N/A	# o	of Floors	- 1	Bldg.	Age	
County (6)			County	Code (7)		Current Use (P				N/A		_
essex			(STATE	USE ONLY)		PRIVATE H	OUSE	ing demons	sileu)			
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8)	ASC	M No.		of Abatement Co						
Street Address						ABATEMEN	IT LLC					
300 000 000 000 000 000 000 000 000 000						^{Address} RANKLIN ST	REET					
City, State, Zip Code						ate, Zip Code	11111					
						ERSON,NJ,0	7524					
Project Manager for Monitoring Firm			Telepho	one No.		one No.		License N	No.			
Start Date (10)	Schedu	iled Co	mnletion	Date (11)		333-5144		01274				
09/11/2017	09/12			Date (11)		of OSHA Monitor ABATEMEN						
Occupancy Status During Abatement (Che	eck Only C	ne)				Address						
Facility Closed/Vacated During Entire	Period of	Abate	ment		89 FF	RANKLIN STI	REET					
Abatement Performed Outside of No Other – Describe: OCCUPIE	mai Facili	ty Hour	rs			ate, Zip Code	7501					
Scope of Work (Check All That Apply)					PATE	RSON,NJ ,0	7524	7				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	president.	Renova Demoli			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
		s Locat								Abate	emen	t
Location of Asbestos-Containing Material (ACM)	Us	Norma ed Sole	ely by	De	escription	of			-	Ту	ре	Т
TO BE ABATED In Facility		aintena stodial		Asbestos Con (i.e. therma	I systems	insulation,		mount pecify	Z	_	Enc	Ī
(13)		(12)			icing, VAT miscellane			or LF)	Remova	Repair	Encapsulate	Licioadi
	Yes	No	N/A	***************************************		/			l a	=	Jlate	q
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Name of Registered Waste Hauler		C1 5355	IJDEP War		Yards ste	The Lawrence Company		ed Landfill				
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City, State 89 FRANKLIN STREET PATERSO	N NJ	er en la la la la la la la la la la la la la		Dispos	sal Date	City, State						
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Date of Notification (1)					Nai	ne of Buildi	ing C	wner/Operator	(2)	iif .				- 11
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Agencies Notified	Type Notif	fication	n		Stre	eet Address	3							-
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(NJAC 5:23-8)	justifica				1				[]	Telephone	Number	00	117	
	☐ Cancel	lation			A	lex Baylo	r						111	-
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Name of Facility Where A	Abatement is	s Takin	ng Plac	ce (3)					Type of Facility	5.000 450 774 7	U5 ()		ROL	81
									School (K-1			וויעס		Merchania (Marchania (
Street Address 95 William Street					-				Other (i.e.,	private and cor		build	dings,	
									homes, etc.				52540	
City (5) Newark									Square Feet	# of Floors	\$	Bldg	. Age	
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Name of Monitoring Firm		ilding (Owner	(8)	ASC	ΛNo.	Na	ame of Abatem	ent Contractor (9)		15	11	/ /
USA Environmental							1	AbateTech, I	nc.	<				
Street Address							Sti	reet Address			000			
8436 Enterprise Ave).						:	30 Maple Ave	e. PO Box 25		SEP	77	7 20	17
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Philadelphia, PA 19							1	_umberton, N	NJ 08048	ASE		7 (A	TATE	101
Project Manager for Monit	oring Firm			Tel	ephone	No.	Te	lephone No.		License N	o. LICE	NS	ING	
Mark Jenkins						5-5810	1	609-265-2107		00529			- Annahama	No. of Concession, Name of Street, or other Desires, Name of Street, or other Desires, Name of Street, Name of
Start Date (10)	52650					ate (11)	Na	me of OSHA M	lonitor					
_9 / _18 / _			9/	2	2_ /	17	E	EMSL Analyti	ical					
Occupancy Status During				270			Str	eet Address					100 Maria	
Facility Closed/Vacated							2	200 Route 13	0 North					
Abatement Performed						scribe	City	y, State, Zip Co	ode					
Time of Abatement:		PN	M/ <u>5</u> PM		AM		C	Cinnaminson	, NJ 08077					
Scope of Work (Check all t	that apply)							D- "-					Pla Post Control	
☐ ≥3 sf or >3 lf			⊠ Re	enovat	ion				ainment with Neg	gative Pressure	е			
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Asbestos-Containing M		1)			ely by	Ashe	etne	Description of Containing Mat		Amount	4	Kepair	ı m	四
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City, State Lumberton, NJ								oosal Date 22/17	City, State Tullytown,	ΡΔ				
Completed By (Print or Type	0)	T:41					31		Tullytown,		D-4	97.75		
Gwendolyn Trumbett		Title		one i	^^~~	inator		Signature	mit		Date	1 -	1	i i
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Date of Notification (1) 9/6/2017	CON	218		of Building Owne		or (2)	10)-1		5 11	<u> </u>		1	
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DOH justification Cancellation	,		Name o	of Contact			Angus manus or Armen	Tolor	da 2 cm2 (a 1 2	Q.I	4 10		ı
Name of Facility Where Abatement is Tak	na Place	(3)	FAC	ILITY INFORMA	TION	Tune	of Coeilitu	(4)			ę.		
INSPIRA MED. CTR. CRISIS AR	EA	(5)				-	of Facility School (K-						
Street Address 333 IRVING AVE						×	Subchapte	er 8 (Other private & o			ildings	, hon	nes,
City (5) BRIDGETON						Squa	are Feet ,000	# of F	loors		Bldg. 50+	Age	
County (6) CUMBERLAND				Code (7) USE ONLY)		HEA	ALTH CE			shed)			
Name of Monitoring Firm Hired by Building CRITERION LABS	Owner (8	3)	ASCI	M No.			atement Co JDS, INC	ontractor (9)				
Street Address 3370 PROGRESS DRIVE						Addre	ss USTRIAL	L BLVD.					
City, State, Zip Code BENSALEM, PA 19020							Zip Code MPTON	PA 1896	6				
Project Manager for Monitoring Firm ERIC WYSOCKI			Telepho 215 24	ne No. 14-1300	1 SYNTHOLOGY - 57	hone N 322-2			icense N 0783	No.			
Start Date (10) 9/7/2017	Schedu 10/31/			Date (11)	Name EHS		HA Monitor						
Occupancy Status During Abatement (Che X Facility Closed/Vacated During Entire		2000	ment			Addre:		SUITE	 Е				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	mal Facilit	y Hour	S				ip Code ON NJ 0	8056					-71202
Scope of Work (Check All That Apply)	4166.03								*	-			-
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Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		H	IJDEP W lauler ID 0990		Yards aste			Registered VA LANI					
City, State 58 PYLES LANE, NEW CASTLE D	E. 1972	0		Dispo	sal Date		City, Stat	e ESBURG	G, OH 4	14688	3		
Completed by	Title	- 22 MIRON - 2			Signature		0 0	1	Da	te i	1		
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Date of Notification (1)	8-31-17	<u> </u>	Name of Coim	Buildi	ing Own	er/Operator (2)	And the second	SEP -	7 20	117	The second second	
Agencies Notified	Notification Type		Street Ad				14 14	OL!	1 24	111	- Carried Street	7
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I DOH □ DCA	☐ Emergency (Included Justification) ☐ Cancellation	ding	Name of David V			4		Telephor	ne Niir	nhar		
	· · · · · · · · · · · · · · · · · · ·		FACIL	ITY II	NFORM	IATION	· ·	1				
Name of Facility Where Al	patement is Taking Pla	ce (3) (Coim				Type of Facil	ity (4)				
Street Address 286 mantua Grove Rd							School (K Subchapt Other (i.e. homes, e	er 8 (other that private & con	ın K-12 nmerci	2) al bui	ding	s,
City (5) West Deptford	M						Square Feet 10000	# of Floor	rs	Bld 50	g. A	ge
County (6) Salem					ounty Co SE ONL	ode (7) (STATE Y)	Current Use	prior if being	demoli	shed)		
Name of Monitoring Firm H Harvard Environment Street Address		3)	ASCM No		Cour	of Contractor (9) nty Environmer	ntal					
760 Pulaski Highway					170-556	Address New Churchma	ans Rd.					
City, State, Zip Code New Castle, DE 1972					New	tate, Zip Code Castle, DE 197	720					
Project Manager for Monitor Wesley Morrison	125	(302)	none No. 326-233	3		none Number 322-8946		License N 00578	lumbe	г		
Scheduled Start Date (10) 09-14-17	Scheduled Cor 09-16-17	mpletio	n Date		The second second second	of OSHA Monitor ty Environmen	tal					
Occupancy Status During		9 50				Address New Churchma	ins Road					
☐ Facility Closed/Vacated ★ Abatement Performed C ☐ Other – Describe:	During Entire Period of Outside of Normal Facil	of Abate lity Hou	ement rs -		City, S	state, Zip Code Castle, DE 197						
Scope of Work (Check all t X ≥ 3 sf or ≥ 3 lf 1 ≥ 160 sf or ≥ 260 lf	hat apply)				ovation olition	☐ Mini-Enclo	nent with Negat sure Glove pted (X) and No	ebag Procedu				
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Location Asbestos-Containing TO BE AB	g Material (ACM) ATED		Normally sed Solely b Maintenance Custodial Staff?			Description stos Containing Ma thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, 「, or	Amount (Specify SF or LF	,	Removal	П	
IN Facility	v (13)	Yes	(12)	N/A						val	ir	ure
Lab Tops counter tops		X			Count	er Tops		250 SF		X	-	
Name of Reg. Waste Haule Service Transport Gr		93,000	JDEP Wast No.20990	e Hau	uler	Cubic Yards of Waste	Name of Re Minerva	eg. L <mark>a</mark> ndfill				
City, State New castle DE						Disposal Date TBA	City, State Waynesbur	g OH				
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Date of Notification (1) 09/05/2017				Name of Hugo	of Building Neu Re	Owner/ealty M	Operato anage	r (2) ment l	LLC [passembles	F.3	60 5	= n	7.0		perm
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Name of Monitoring Firm	Hired by Building	Owner (8))	ASC	Л No.				tement Cont rk Industri		(9)					
Street Address								Addres	ss age Lane		31					
City, State, Zip Code		10							p Code NJ 07419	9	J.C.					
Project Manager for Mon	itoring Firm			Telepho	ne No.			none No -570-2			Licen 013	ise No.	8			
Start Date (10) 09/15/2017		Schedul 09/26/			Date (11)				IA Monitor k Industri	al	E E					
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Scope of Work (Check A	II That Apply)							**********								
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Location	n of	1	Norma ed Sole	lly		De	scription	of				-		Ту	ре	
TO BE AB	Idress pus Drive, Building 45 Monitoring Firm Hired by Building Owner dress e, Zip Code lanager for Monitoring Firm e (10) 2017 Cy Status During Abatement (Check Only lity Closed/Vacated During Entire Period tement Performed Outside of Normal Facer – Describe: Work (Check All That Apply) ff or ≥3 If					tos Cont thermal surfa other r		s insula T, or		(S	mount pecify or LF		Removal	Repair	Encapsulate	Enclosure
Main Roof & Con	Location of sbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes					Poo	f Flash	ning		01	50 SF	_	37			
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City, State Linden, PA						Dispos	sal Date		City, State Minerva		0					
Completed by Corey Stankovic		Title CEC)			S	ignature	Ofa	ekon	ė		Date 09/		2017		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 5 / 17 ExxonMobil 2017 Agencies Notified Type Notification Street Address **⊠** EPA 1545 Route 33 East □ DOLWD ☐ Amended CONTROL City, State, Zip Code **⊠** DHSS Amendment # LICENSING Annandale, NJ 08801 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation James Lounsbury **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ExxonMobil Clinton Research ☐ School (K-12)
☐ Subchapter 8 Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1545 Route 22 East homes, etc.) City (5) Square Feet # of Floors Bldg. Age Annandale, NJ 08801 850,000 3 30+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hunterdon Research Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Vertex NA Alliance Environmental Systems Street Address Street Address 700 Turner Way 550 East Union St. City, State, Zip Code City, State, Zip Code Aston, PA 19014 West Chester, PA 19382 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Don Heim 610-558-8902 610-701-9000 00508 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9_ / 19 / 17 10 / 31 / 17 Vertex Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 700 Turner Way Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-____PM/3:30PM- AM Aston, PA 19014 Scope of Work (Check all that apply) ☐ >3 sf or >3 If □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Enclosure Asbestos-Containing Material (ACM) Remova Repair 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 Labs LF-LH-LG X VAT / Mastic 1919 SF M Labs LF-LH-LG X Transite 262 SF X П П Name of Registered Waste Hauler Cubic Yards of NJDEP Waste Name of Registered Landfill Hauler ID No. Waste Veola Western Berks Community Landfill 120 City, State Disposal Date City, State Flanders, NJ TBD Birdsboro, PA Completed By (Print or Type) Title Signature Date Mark Griffin Estimator ASB-41

* Do not use this form for asbestos licensure exempted activities

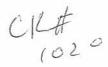
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Ar # 1021		NOTI)	FICATION Pursuant	N OF ASI	BESTOS	ABATE	MENT D)	Ī	E C	EI	\mathbb{V}	E	In
Date of Notification (1) 9/5/17				of Building				1135					Minde Delicati
Agencies Notified Type Notification			Street A	nus Mu		Bullain	9		SEP	- 7	201	7	
EPA Initial Amended				kish Squate, Zip C					SLL	SCC	MIF	OL	Ši.
DOL Amendment Emergency	(including	_	Paran	nus, NJ	07652				LIC	ENS	NG	no provincia di	
DOH justification,				Roberts	37.0			•					
Name of Facility Where Abatement is Takin	ng Place (3	3)	FAC	ILITY INF	ORMAT	ION	Type of Faci	lity (4)					
Municipal Building		** 					School						
Street Address 1 Jockish Square							Subcha	pter 8 (Oth	ner than K- & cornmer		ildings	, hom	ies,
City (5) Paramus	1						Square Feet 10,000	3	of Floors		Bldg. /		
County (6) Bergen			County (STATE	Code (7) USE ONLY	0		Current Use Municipal	(Prior if be	ing demoli	shed)	2000		
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)		ASCN	Л No.		Name All S	of Abatement tages Abate	Contracto	r (9)				
Street Address						100000	Address N. Midland	Ave					
City, State, Zip Code							tate, Zip Code le Brook, N		-		-		
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one No.		License 01305	No.			
Start Date (10) 9/14/17	Schedule 9/21/17		mpletion I	Date (11)		Name	of OSHA Mon	itor					
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street	Address						CC 12
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other – Describe: 8 A.M to 4 P.M	Period of Anal Facility	Abater Hour	ment s			City, St	ate, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Commission	enova emoli				×	Full Contai Mini-Enclo Glovebag I Non-Exem	sure Procedure				9	
	1000	Locat	2017-00/10						- 11011110	1	Abate	ement	t
Location of Asbestos-Containing Material (ACM)	Use	lorma d Sole	ely by	Asbes		scription aining M	of aterial (ACM)	Δ	mount		1 1	pe	
TO BE ABATED In Facility (13)		ntena odial (12)	Staff?	(i.e.	thermal surfac	systems sing, VAT	insulation, , or	(8	Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u>a</u>	-	ate	ге
Boiler Room	x				Pip	e Wra	0	55	55 LF	x			
Boiler Room	Х					Boiler		7	5 SF				
									Alleria Alleria				
Name of Registered Waste Hauler		l N	JDEP W		I 0. 4:- 3	VI-							
Newark Carting		H	lauler ID I 4509		of Was 20 yd		1		red Landfil al Sanitar		dfill		
City, State Newark, NJ			10.		Dispos TBD	al Date	City, S	state Argyl, PA	A				
Completed by Richard Cristofol	Title Presid	dent			Si	gnature		4	D;	ate /5/17			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20)



Date of Notification (1): 8/31/17										m	3 C	E	1	/ E
Notified	tion	Street	Addre	ess:										
() EPA Notification	on										SF	P -	7 20	117
(22) DD1	33723				81				T.1. 1	7 1	-		_	
(X) Emergence	y			mact.					Telephone	1	F '	US C	TMO	BOL
(X) DOH () Cancellati	ion										L	ICEN	SING	1101
			400			ACILITY INF	ORM	ATION		A 2				
Name of Facility Where	Abatem	ent is	aking	Place (3	3): R	ESIDENTAL	Ту	pe of Facility	(4):			177.11		
								School (K-12 Subchapter 8		(-12)				
Street Address:							(X)			mercial buildings,	į.			
City & State (5): WYCK	OFF, N.	J					Sq	uare Feet: N	Λ	# of Floors: 1		Bldg.	Age:	NA
County (6): BERGEN							1	rrent Use (P	rior if being	demolished):				
	County Code (7) (STATE USE ONL of Monitoring Firm Hired by Building NA ONMENTAL CONSULTING GROUP, INC. Iddress: X 8466 te, Zip Code: OON, NJ 07538 Manager for Monitoring Firm: NDO e (10): Scheduled Completion Date (11 9/3/17 y Status During Abatement (Check only one) ty Closed/vacated During Entire Period of Abatement ment Performed Outside of Normal Facility Hours					JNL1)	V	ACANI						
Name of Monitoring Owner:(8)	() Amendment Notification (X) Emergency () Cancellation FACIL acility Where Abatement is Taking Place (3): RESIL ress: te (5): WYCKOFF, NJ County Code (7) (STATE USE ONL) Monitoring Firm Hired by Building ASCM NA MENTAL CONSULTING GROUP, INC. ress: 8466 Zip Code: NN, NJ 07538 nager for Monitoring Firm: DO Scheduled Completion Date (11) 9/3/17 Status During Abatement (Check only one) Closed/vacated During Entire Period of Abatement ent Performed Outside of Normal Facility Hours Describe: ork (Check all that apply): or ≥ 3 lf (X) Renovation () Demolition Dotation of Ontaining Material (ACM) Docation of Ontaining Material (ACM) Facility (13) Ves No N/A NA County Code (7) (STATE USE ONL) ASCM NA Telephon 973-418 (X) Renovation () Demolition Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes No N/A					SCM No.:	Na	me of Abate	ment Contra	actor (9):				
ENVIRONMENTAL CO	MR. JOHN FRANKLIN Street Address: Initial Notification O Amendment Notification O Emergency Cancellation O Emergency O E					VA	S/I	M Enterpris	se of NJ, In	c.				
Street Address:	MR. JOHN FRANKLIN Street Address: Initial Notification Amendment Notification Notification Emergency Cancellation Street Address: WYCKOFF, NJ 07481 Name of Contact: JOHN						Str	eet Address:						
PO BOX 8466	Street Address: Initial Notification Amendment Notification X) Emergency Cancellation City, State, Zip Code: WYCKOFF, NJ 07481 Name of Contact: JOHN							9 North 6 th						
City, State, Zip Code:	() Initial Notification () Amendment Notification (X) Emergency () Cancellation F. Cility Where Abatement is Taking Place (3): Festive to the property of the property o						Cit	y, State, Zip	Code:					
HALEDON, NJ 07538	Notification Amendment Notification Amendment Notification Normally Name of Contact: JOHN FACT Ity Where Abatement is Taking Place (3): REST County Code (7) (STATE USE ON NAME NAME							ospect Park						
FERNANDO	Notification (X) Emergency () Cancellation FAC Calcility Where Abatement is Taking Place (3): RE ess: County Code (7) (STATE USE O) Monitoring Firm Hired by Building MENTAL CONSULTING GROUP, INC. ess: County Code (7) (STATE USE O) Monitoring Firm Hired by Building MENTAL CONSULTING GROUP, INC. Ess: County Code (7) (STATE USE O) Monitoring Firm Hired by Building AS NA NA MENTAL CONSULTING GROUP, INC. Ess: County Code (7) (STATE USE O) County Code (7) (STATE USE O) AS NA MENTAL CONSULTING GROUP, INC. Ess: County Code (7) (STATE USE O) AS NA MENTAL CONSULTING GROUP, INC. Ess: County Code (7) (STATE USE O) AS NA MENTAL CONSULTING GROUP, INC. Ess: County Code (7) (STATE USE O) AS NA NA NA NA NA NA NA Ses: County Code (7) (STATE USE O) AS NA NA NA NA NA NA NA NA NA							lephone No.:		License No.:				
Start Date (10):	Sc	hedule	d Con	nletion			-	73) 595-6955 me of OSHA		00641				
9/2/17			u Con	ipietion .	Daic	(11).	1.000	M Enterpris		ersey, Inc.				
		100	- 5				100000000000000000000000000000000000000	eet Address:						
(X) Facility Closed/vacated () Abatement Performed (During E	Entire Pe	riod of	Abateme	ent			D. Box 8265	0.1					
() Other – Describe:	, a 101 d 0 1			ty mouns				y, State, Zip ledon, NJ 07						
Scope of Work (Check all the	nat apply)):												
$(X) \ge 3 \text{ sf or } \ge 3 \text{ lf}$									() Mini l	ontainment witl Enclosure	h Nega	ative P	ressur	e
(*) $\geq 160 \text{ sf or } \geq 260 \text{ lf}$				() D	emo	lition			(X) Glove	bag Procedure				
*						De		tion of					ement	
Asbestos-Containing Ma	terial					Asbestos Cont (i.e., therma	ainin	g Material	(ACM)			1)	/ре	-
(ACM)		Mai	ntena	nce/		(i.e., therma	ol syst	tems insula VAT, or	tion,	Amount	Re	₁₂	Enc	En
TO BE ABATED IN Facility								ellaneous)		(Specify	Removal	Repair	Encapsula	Enclosure
	-	Vac T		NI/A						SF or LF)	val	H.	ulat	ure
BASEMENT		ies		N/A	PII	PE INSULAT	ION			160 LF	X			
1 ST FLOOR			X			PE INSULAT				40 LF	X			
								A THE RESERVE			1			
Name of Registered Was			Segn			NJDEP Wast		Cubic Ya	277 7777	Name of Regi	stered	landfil	1:	
SERVICES TRANSPOR	T GROU	UO, IN	C.			Hauler ID No 20990).:	of Waste		IESI				
City, State: NEW CASTLE, DE	County Code (7 (STATE USE County Code) Monitoring Firm Hired by Building A Numbral Consulting Group, Inc. MENTAL CONSULTING GROUP, Inc. Sess: Mager for Monitoring Firm: DO 10): Scheduled Completion Date 9/3/17 Matus During Abatement (Check only one) Closed/vacated During Entire Period of Abatement at Performed Outside of Normal Facility Hours Describe: K (Check all that apply): T ≥ 3 If (X) Renow (Y) Demonstrating Material ACM) Eabated Coustodial/ Staff? Custodial/ Staff? (12) Yes No N/A NT X PIF X PIF Gistered Waste Hauler: TRANSPORT GROUO, INC. Disposal Date: 905/17 By: Title:							City, State: WAYNESE	BURG, PA 1	9720				
Completed By:	County Code (7) (STATE USE ONLY Initoring Firm Hired by Building NA ITAL CONSULTING GROUP, INC. Code: U 07538 For Monitoring Firm: Scheduled Completion Date (11) 9/3/17 During Abatement (Check only one) divacated During Entire Period of Abatement reformed Outside of Normal Facility Hours be: If 260 If (X) Renovation () Demolition Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes No N/A X PIPE IN X PIPE IN Tred Waste Hauler: UNSPORT GROUO, INC. Disposal Date: 905/17 Title:						Sign	ature:		Date:				
MIKE ALTADOUKA	FACILIT There Abatement is Taking Place (3): RESIDENT YCKOFF, NJ County Code (7) (STATE USE ONLY) Tring Firm Hired by Building ASCM N NA L CONSULTING GROUP, INC. County Code (7) (STATE USE ONLY) Tring Firm Hired by Building ASCM N NA L CONSULTING GROUP, INC. County Code (7) (STATE USE ONLY) Tring Firm Hired by Building ASCM N NA L CONSULTING GROUP, INC. County Code (7) (STATE USE ONLY) Telephone 973-418-40 Scheduled Completion Date (11): 9/3/17 Ing Abatement (Check only one) cated During Entire Period of Abatement med Outside of Normal Facility Hours Stall that apply): (X) Renovation () Demolition f () Demolition f () Demolition GED Custodial/ Staff? (12) Yes No N/A X PIPE INSI Waste Hauler: PORT GROUO, INC. Disposal Date: 905/17 Title:						1	The same		8/31/17				

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CV# 242588	į		CATION	ate of Nev I OF ASB to NJAC	ESTOS	ABATE		Constitution of the		E C	E	Ŋ	\mathbb{V}	E	Section of the second
Date of Notification (1) September 5, 2017		100	Name o	f Building T	Owner/	Operator	(2)	An and the property of the party	CEI	p _	7	201	7	And the state of t	
Agencies Notified Type Notification X EPA X Initial			Street A 1035 F	ddress Parkway	Ave;	P.O. B	ox 600		d bar			-	7.01		
DEP Amended Amendment				ite, Zip Co			5501 - 41		Ā	SL L	US ICEN	CC ISI	NI P	ĮUL.	ői.
□ Emergency justification) □ DCA □ Cancellation	including		Name of Karl B	f Contact evans				- Volume	T-1		l· ·mho	-			
			FACI	LITY INFO	DRMAT	ION	-								
Name of Facility Where Abatement is Takin NJDOT - Route 280, Route 21 Interstreet Address			oveme	ents			☐ Sc	Facility (4	2)	ar than I	10\				
Rt 21 / Rt 280							X Ot etc					uild	ings,	home	s,
City (5) Newark							Square N/A	Feet	# of	Floors		Bli	dg. A	ge	
County (6) Essex				Code (7) USE ONLY	·			Use (Prio Structu		ng demol	lished))			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	1 No.				ment Cont ms Con:			., Inc				
Street Address							Address ellowbr	ook Roa	nd						
City, State, Zip Code					Ŧ		State, Zip ell, NJ (
Project Manager for Monitoring Firm		1	Telepho	ne No.			none No. 751-208	89		License 01055					
Start Date (10) September 15, 2017	Schedul Septer			Date (11) 7		Name	of OSHA	Monitor		-du					
Occupancy Status During Abatement (Chec	k Only Or	ne)			-	Street	Address								
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: Bridge Reconstruction	al Facility	y Hours	ent			City, S	State, Zip	Code		- 7					
Scope of Work (Check All That Apply)									-						_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				×	Mini-l Glove	Containme Enclosure ebag Proci Exempted	edure					ì	
	1.00	Location								À.		1	Abate Typ	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall ed Solel intenar todial S (12)	y by ice/		tos Cor therma surfa		Material (A s insulation T, or		(8	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								1			te	Ф
Bridge Abutments			Х	Asb	estos	Roofin	g Ceme	ent		- 50	Х				
										-					
Name of Registered Waste Hauler Recovery Environmental Services		H	JDEP Wauler ID		of Wa	Yards aste		Name of F Waste N					-		
City, State Augusta, NJ		32	2475		5 Dispo	sal Date		City, State Pen Arg	1						
Completed by	Title					Signature		/// /	yı, r /		Date		1		
Sam Hahn	1	ect En	gineer	9		Asy	- //				9	10	70	110	7

Check # 25582

Date of Notification (1)				LNI	(5 11					1 12 (ā) r	- r		
Date of Notification (1)	9/3/17			Nan	ne of Buildi	ng Ov	vner/Operator	r (2) nore Home E	Ruilder	1,5	n li	7	W	/ [[
Agencies Notified	Type Notifi	cation	71-0-	Stre	et Address		31.	iore frome f	surract;	1				
⊠ EPA	☐ Initial	oution		Olio	ot Address	,	3	00 W. Conc	ourse	ll SF	P _	. 7	204	-
☐ DEP	Amende			City	State, Zip	Code		oo III Cone	1	1		-	201	_
⊠ DOL	Amendr Emerge		dina	,	-1010, -10			eptune, NJ	07753					
⊠ DOH	justifica	ation)	unig	Nam	e of Conta	ct				hone Nim	her ³	COI	VIE	OT.
☐ DCA	Cancella	ation			An	thor	ny Garofal	0	-	_				-
				FA	CILITY IN						26			
Name of Facility Where	Abatement is	Taking P	lace (3)				THE THE THE THE THE THE THE THE THE THE	Type of Facili	ty (4)		6			_
4		Reside						School (K-						
Street Address								Subchapte	r 8 (Othe	r than K-1	2)			
								Other (i.e., homes, etc.		commerc	ial bui	lding	S,	
City (5)								Square Feet		Floors	TE	Bldg.	Age	
	L	avallett	e, NJ					2000		2			5+/-	
County (6)				Cou	inty Code ((7) (S	STATE	Current Use (F	Prior if be	ing demoli	shed)			_
	Ocean			US	E ÓNLY)	200 W		X			/			
Name of Monitoring Firm		lding Own	er	ASCN	1 No.	Na	me of Abatem	ent Contractor ((9)					
(8)	N/A						Stev	ens Environ	menta	Servic	es, I	nc.		
Street Address						Str	eet Address							
								PO	Box 32	22				
City, State, Zip Code						City	, State, Zip C	ode						
								Allentov	vn, NJ	08501				
Project Manager for Mo	nitoring Firm		11. 8355	elephone		Tel	ephone No.		Lice	nse N o.				
20 20 20 20 20 20 20 20 20 20 20 20 20 2					59-9688	_	(609) 25		_	(049	3		
Start Date (10)		Schedule			ate (11)	Nar	me of OSHA N							
9/18/17			9/22					N	1ECS					
Occupancy Status Duri	2017년 : [12] (14] (14] (14] (14] (14] (14] (14] (14					Stre	eet Address	DO.	0 24					
★ Facility Closed/Vaca Abatement Performe									Box 34	1				_
Other - Describe:			cility mc	uis		City	, State, Zip Ci		NIT	00515				
Scope of Work (Check		J111						Crosswic	ks, NJ	08515				
Scope of Work (Check	all triat apply)						☐ Full Con	tainment with Ne	egative Pr	ressure				
≥3 sf or ≥3 lf			Renova				☐ Mini-Enc	losure	9					
∑ ≥160 sf or ≥260 lf		×	Demoli	ion				g Procedure mpted (*) and N	on-Friable	e Procedu	re			
			ls Loca				101	p () wild I'			T	Abate	ment	
Location	of	Lie	Norma sed Sol				Donorinti					Тур		
Asbestos-Containing			laintena		Asbest		Description of ontaining Mate	erial (ACM)	Ame	ount				
TO BE ABA IN Facility			Custoo			thern	nal systems in	sulation,	(Spe	ecify	20	J.	Enc	四
(13)	У		(12)				facing, VAT, r miscellaneo		SF 0	r LF)	Removal	Repair	Encapsulate	Enclosure
		Ye	s No	N/A	1			**************************************			12	=	ılate	ure
		16	S INC	800000							_			
Exteri	or			×		Tra	ansite Sidi	ng	100	0 sf	×			
Name of Registered Wa	ste Hauler	100	100	NJDEP			ic Yards	Name of Reg	istered La	andfill	1			
Stevens Environr	mental Serv	vices, In	nc.	Hauler II 182	290. 292	of V	vaste 3 cu		Fairle	ess Lanc	lfill			
City- State						Disp	osal Date	City, State	7					
	Allentow	n, NJ				45	/22/17	01/	/Morr	isville,	PA			
Completed By		Title					Signature ///	47		Date	4			
Mahlon E. Ste	evens		Projec	et Mar	nager	_	1/1/1				9/3	/17		
							- F F S		The second secon					

Check # 25583

							o ana o. 10)		ME	(C, E		\mathbb{W}	E	In			
Date of Notification (1) 9/5/17					Name of Building Owner/Operator (2)									Parties and the same of the sa			
Edward Annaham Annaham Annaham Annaham Annaham Annaham Annaham Annaham Annaham Annaham Annaham Annaham Annaham					Maycock \\												
Agencies Notified EPA	Type Notific	cation		Stree	t Address				111	SEP -	1	2017		L			
DEP	Initial Amende	d		City	State, Zip (Codo							-				
⊠ DOL	Amendr		_	Williamstown, NJ (8094. US CONTRO													
⊠ DOH	☐ Emerger ☐ justifica		g	Name	of Contac	ct	***************************************	diiisto Wii. I	-Tele-1	1 37 11 75	ICTA.	C		_			
□ DCA	☐ Cancella	tion				athryn Maycock											
		-		FA	FACILITY INFORMATION												
Name of Facility Where	X 4 5 1 2	Type of Facility (4)															
		Resident		School (K-12)													
Street Address								Subchapte Other (i.e.				dinaa					
			Other (i.e., private & commercial buildings, homes, etc.)														
City (5)	Constitution	010				Square Feet # of Floors						Bldg. Age					
	Willian	nstown, l	NJ 08					2000	2	75+/-							
County (6)		nty Code (7) (S	TATE	Current Use (F	Prior if bei	ng demolis	hed)									
Name of Monitoring Firm	Hired by Buil	ding Owner	$\overline{}$	ASCM	No.	Name of Abatement Contractor (9)											
(8)			Stevens Environmental Services, Inc.														
Street Address	PO Box					Stre	et Address										
				PO	Box 32	2											
City, State, Zip Code		City, State, Zip Code															
Cr					Allentown, NJ 08501												
Project Manager for Mon Bill We	ephone No. Tele 09) 298-4070			phone No.	0 0600	Licer	nse Ne.	040	2								
Start Date (10)	etion Da		Non	(609) 25 ne of OSHA M		00493					_						
9/18/17	17	ite (11)	INan	ie of OSHA IV	MECS												
Occupancy Status Durin	Street Address																
★ Facility Closed/Vacated During Entire Period of Abatement						00	0171441000	PO I	Box 34	1							
☐ Abatement Performed		City, State, Zip Code															
Other - Describe:		Crosswicks, NJ 08515															
Scope of Work (Check a	Scope of Work (Check all that apply)																
≥3 sf or ≥3 lf Renovation							Full Containment with Negative Pressure Mini-Enclosure										
≥160 sf or ≥260 lf	on	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure															
	on		- 175	Non-Exe	mpted (*) and iv	on-Friable	Abatement										
		l N	Locati omali	4									Type				
Location of Asbestos-Containing M			d Sole		Asbest		escription of ntaining Mate	erial (ACM)	Amo	ount				П			
TO BE ABAT		C	ustodi	77.7		therm	al systems in	sulation,	(Spe	ecify	Z _e	ת	Encapsulate	En			
IN Facility (13)			Staff? (12)				acing, VAT, or miscellaneou		SF o	r LF)	Remova	Repair	apsu	Enclosure			
3. 35		Yes	No	N/A							/al	=	ilate	ure			
Baseme	nt		×			Boi	ler Insulat	ion	40 sf		X						
Baseme			X		Th		l Pipe Ins			140 lf							
2 20 21119							Vrap & Cu			×			\neg				
		-	(With the Cut)														
Name of Registered Was	JDEP \	Vaste	Cub	c Yards	Name of Reg	of Registered Landfill											
Stevens Environm	Hauler ID	No.	of Waste					fill									
City, State	102	18292 3 cu Fairless L Disposal Date City, State					Jos Danc	anulli									
			1880	/22/17.		Morrisville, PA											
Completed By	Allentow	Title					Signature	7		Date				-			
Mahlon E. Ste	vens	P	ojec	t Mar	ager	.	111				9/5	/17					

00-0199				50					•			-							
Date of Notification (1) 09 /	05 /	17				of Building of Tren		er/Operator ((2)	The same of the sa	7			W	Eſ	7			
Agencies Notified	Type Notifica		•			Address					IJ				=1				
⊠ EPA	I spe Notifica	iuon				East Sta	ate St	reet		Per Concession	1	000	7 0	0.45					
☑ DOLWD	☐ Amended				780000	State, Zip C				13	1	SEP -	- 1 2	01/	111	md			
☑ DOH	Amendme					nton, NJ		R		P. P. C.						- Transferrence			
DCA	☐ Emergend		ding			of Contac		,	_		17	Talanhana Nim	who di	17-17	-1	- 1			
(NJAC 5:23-8)	justification Cancellati					. Capass		G		_	*								
	MATION	st state																	
Name of Facility Where Abatement is Taking Place (3)										Type of Facility (4)									
Commercial										School (K-12)									
Street Address			☐ Subchapter ☑ Other (i.e., p				uilding	10											
104-108 Taylor Stre		1	homes, etc.)		ate and commi	ercial D	ununig	js,											
City (5)	24								Square Feet # of Floors Bldg. Age										
Trenton																			
County (6)					Coun	ty Code (7)(STATE	E USE ONLY)	C	Current Use (Pr	if being demo	lished)							
Mercer																			
Name of Monitoring Firm	Nam	e of Abatem	ent	t Contractor (9))														
Bio Terra Solutions	S						ALL PRO MANAGEMENT LLC												
Street Address							Street Address												
P.O. Box 1224							27 Outwater Lane												
City, State, Zip Code	City, State, Zip Code																		
Union, NJ							Garfield, NJ 07026												
Project Manager for Mon	No.	Telep	hone No.				License No.	2,000,000											
Rick Estaquio 973-494-3762								973-928-4888 1188											
Start Date (10) Scheduled Completion Date (11)								Name of OSHA Monitor											
09/14/		10	-0		_ / -	_17	AL	ALL PRO MANAGEMENT LLC											
Occupancy Status During							Street Address												
☐ Facility Closed/Vacate							27 Outwater Lane												
Abatement Performed Time of Abatement:							City, State, Zip Code												
100							Ga	rfield, NJ	07	7026									
Scope of Work (Check a	ii that apply)							☐ Full Con	ntair	nment with Ne	aat	ive Pressure							
☐ ≥3 sf or ≥3 lf				novati				☐ Mini-End	clos	sure	J								
≥160 sf or ≥260 lf		X	Der	molitic	n			☐ Gloveba	ag F emr	Procedure pted (*) and No	าท-	Friable Proced	lure						
			Is	Locat	ion			E3 Hell Exe	-	prod () dila itt	Г	110000	1	patem	ent T	ังกล			
Location				lorma			Description (_	1	T			
Asbestos-Containing TO BE ABA)		d Sole intena				ontaining Ma			Amount (Specify	Removal	Repair	Encapsulate	Enclosure				
IN Facil		1	Cust		Staff? (i.e., trieffilal systems							SF or LF)	oval	=:	psu	Jusur			
(13)		-	'es	(12) No	N/A	1	othe	er miscellane	eou	ıs)					late	0			
				142763	100000000000000000000000000000000000000	l					-			-	-	-			
Throughout			7			Wet De	mo												
												· ·							
Name of Registered Was		c Yards of	T	Name of Regi	ste	red Landfill													
Bryce Alterio Truci	D No. 3	Waste As Needed Minerva Enterprises																	
City, State		Disposal Date City, State																	
Milesburg, PA			TE	BD/	1	Waynesbu	urg	g, OH		I									
Completed By (Print or Type) Title								Signature	10	/ // ^			Date	1	1				
Allen Monchik Project Manager								(4)	X	11/	_		91	13	117)			

AV# DIAA

CK 135



Date of Notification (1) 09/07/17					of Building Realty			0.500	oli see valanna sii ja ja ja ja ja ja ja ja ja ja ja ja ja	1	SEP	- 7	201	7	W	
Agencies Notified EPA DEP DOL	Type Notification Initial Amended			160 (Address Copper F ate, Zip C					ASE SOS CONTROL & LICENSING						
DOL DOH DCA	Amendmen Emergency justification) Cancellation	Telephone Number														
Name of Facility Where ActionPak Conven Street Address NE River Road & I	3)	FAC	ILITY INF	ION	Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,											
City (5) Camden, NJ 08105							etc.) re Feet)0	1				Bldg. Age 88				
County (6) Camden		County Code (7) (STATE USE ONLY)					Current Use (Prior if being demolished) Abandoned									
Name of Monitoring Firm Environmental Tes Street Address 413 N. Black Horse		n/a Silt /					e of Abatement Contractor (9) Asbestos Abatement LLC t Address									
City, State, Zip Code Runnemede, NJ 08				City, S	O Federal Street State, Zip Code Inden, NJ 08105											
Project Manager for Mon Howard Zenobi	10	856 482 1311 88				bhone No. License No. 01303										
Start Date (10) 09/11/17	17	npletion	Date (11)		Self	of OSHA Monitor f monitor										
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou Other – Describe:							Address State, Zip Code									
Scope of Work (Check Ai ≥3 sf or ≥3 If ≥160 sf or ≥260 If	tion ion				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	Locati									Abatement Type						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Norm: Used So Mainten Custodial					Asbes (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellan	laterial insula T, or	(ACM) tion,	(8	mount Specify or LF)	Remova	Kepair	m m	Enclosure	
		Yes	No	N/A								1	te	U		
Roof		X			oof field	870.		4,0	x	+						
Roof					x Roof flash					500 LF		х	-	-		
Roof						Iransi	te roof	deck 3			75 SF	X	+	-	-	
Name of Registered Waste Hauler Champion Disposal					DEP Waste Cubic Yards of Waste 707 16			Name of Registered Landfill GROWS Landfill								
City, State Hainsport, NJ Completed by Title					Disposal Date 10/2/17 Signature				Morrisville, PA							
Jeff Yekenchik Owner							ā	1/2	1			09/07	/17			