CK# 8578

State of NJ

R & G proj #: 2017-12	23					os Abatement 7 and 12:120-7)	PAI	0	-		-	
B & G proj. #: 2017-12			(1 0.000			,	Check	# 8578	1		3	1
Date of Notification (1)	111	Name of B	uilding Owr	ner/Operator (2	2)			de de la companya de		Markot Ive	-	Andreas
0 9 / 0 7 / 1 7		Mary M	urphy				The second secon	SEP 1.1	20	117	. !	IJ
Agencies Notified Type Notified	cation	Street Addr	ess				4	State I at	7.50	100	1	
EPA Initia	al						001	_1	on the same			
DEP _		City, State,	Zip Code				1 // //	LICENSI	11.6.5	110	_ 0	
▼ DOL	ndment	Verona	a, NJ 070)44			Brownstanna	First Salt Salt 2 T Salt V	-		- serior serior	equatibles
X DOH	11	lame of Co	ntact				Telephon	e Number				
☐ DCA ☐ Canc	ellation	Susan	Horowitz	Z						_		
			FAC	CILITY INFORM	IATIO	N	TE 1-10					
Name of facility where abatement	nt is taking pl	ace (3)		10000			Type of Facility (
Mary Murphy							=	I (K - 12)	- tha	- V	12)	
Street Address							A STATE OF THE PARTY OF THE PAR	apter 8 (Othe Private/Com			12)	
Oli del 7 ladi della							Bldgs./	Homes, etc.			- ^-	
City (5)	T Cou	nty (6)			I Co	unty Code (7)	Square Feet	# of Floors		Bla	g. Ag	je
		0.7103 A				ate use only)	Current Use (P	rior if being de	emol	lishe	d)	
Verona, NJ 07044		sex					residential					
Name of Monitoring Firm Hired to	by Bldg. Own	er (8)		ASCM No.		Name of Abatement						
				n/a	_	B & G Restorati	on, Inc.					
Street Address						105 Ryerson R	oad					
City, State, Zip Code						City, State, Zip Code	A SUMPLE CONTRACTOR OF THE SECOND		ditology			
						Lincoln Park, I	NJ 07035					
Project Manager for Monitoring F	irm	P	hone Numb	ber		Telephone Number (973)696-686	9	License Nu 0037		r		
Scheduled Start Date (10)	Sched	d. Complet	ion Date (1	1)	-	Name of OSHA Moni						
09/18/2017	09/	19/2017				B & G Restorat Street Address	ion, Inc.	-	-			
Occupancy Status During Abaten	nent (Check o	only one)		-	_	105 Ryerson R	oad					
Facility closed/vacated duri	ng entire peri	od of abat			- 1	City, State, Zip Code	* *					
Abatement performed outsi Describe:	de of normal	facility hou	Irs-									
Other-Describe:					_	Lincoln Park, N	J 0/035					
Scope of Work (check all that ap	ply)				_		_	484				
Demolition	Renovation	on			_	Full Containment w/neg	ative pressure	Glovebag				
x > 3 sf or > 3 lf ☐] ≥160 sf or				X	Mini-enclosure	L	Non-friab		-		_
Location of		n normally enance/cus	used solel	*			Amount	e	1	R e	E ·	Е
asbestos-containing material to be	staff(12)			Description material		asbestos-containing	(Specify S	F or o	· 1	pa	c a	n
abated in facility (13)	Yes	No	N/A		***************************************		LF)	v e		i	p	L
basement crawl space			X	pipe insula	ation		70 lf	Į.				
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					A/	TH. (B.:	1611				Щ	Ш
Registered Waste Hauler B & G Restoration, Inc.		EP Hauler 19563	ID# C	Cubic Yards of V 1 yard			Landfill Resource & Re	covery Ce	nte	r		
City, State Lincoln Park, NJ			Disposal Dis			City, State Tullytown,						
Completed by (Print or Type)	Title		L	Signature		·		Date				
Gordana Luna		ry/Treas	urer			Gordana Luna		09/07/2	017			

B & G proj. #: 2017-122

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

AID

Check # 8576 Date of Notification (1) Name of Building Owner/Operator (2) 0 19 1/10 16 1/11 17 1 Jesus Yi Agencies Notified Type Notification Street Address 2017 ☐ EPA Initial ☐ DEP City, State, Zip Code Amendment DOL X Glen Ridge, NJ 07028 ASL Telephone Number X DOH Name of Contact Cancellation ☐ DCA Jesus Yi **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Jesus Yi Subchapter 8 (Other than K-12) Other (Private/Commercial X Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors County Code (7) County (6) City (5) (State use only) Current Use (Prior if being demolished) Glen Ridge, NJ 07028 Essex residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 09/19/2017 09/18/2017 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure Demolition Renovation Non-friable procedure >160 sf or >260 lf × >3 sf or >3 If Is location normally used solely E Location of е е by maintenance/custodial n Amount п Description of asbestos-containing m asbestos-containing p C staff(12) (Specify SF or C material to be material (ACM) 0 a a LF) abated in facility (13) Yes No N/A D X 42 If pipe insulation basement boiler/laundry room Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 1 yard B & G Restoration, Inc. Disposal Date City, State City, State Tullytown, PA 09/20/2017 Lincoln Park, NJ Signature Date Completed by (Print or Type) Gordana Luna 09/06/2017 Secretary/Treasurer Gordana Luna

State of New Jersey
NOTIFICATION OF ASRESTOS ARATEMENT

CC	#1021	1	NOI.		rsuant to NJAC 8		and 12:20)	1/5	C B		W L			
Date of No 9/1/17	otification (1):			lding Ow ILLAGE	ner/Operator (2):		PA		SEP 1	1	2017		圳	
Agencies Notified	Type Notification (X) Initial	Street .	Addre	ss:	GTON AVE.				<u> </u>					
(X) EPA (X) DEP	Notification () Amendment	City, S	tate, Z	ip Code: NGE, NJ				AS	[U]	CO	NTHO) <u>L</u> &		
(X) DOL	Notification	Name			07017	_	Telephor	ne Numb	To success			-	_	
(X) DOH () DCA	() Emergency () Cancellation	MR. G	ARY	LETIZIA										
					FACILITY INFO	RM.	ATION							
	f Facility Where TAL/APARTMENT		ment	is Tal	king Place (3):	()	pe of Facility (4): School (K-12)	W 12)						
Street Add	lress: 215 NORTH A	ARLINGT	ON A	VE.		(X)	Subchapter 8 (Other than Other (i.e., private & con nomes, etc.)		buildings,					
City & Sta	ite (5): EAST ORAN	NGE, NJ				Sq	uare Feet: NA	# of	Floors: 3		Bldg.	Age: N	JA	
County (6) ESSEX):			Inty Code	e (7) SE ONLY)		rrent Use (Prior if bein SIDENTAL/APARTN		ished):					
	Monitoring Firm	Hired	by I	Building	ASCM No.:	Na	me of Abatement Con	tractor (9	9):					
Owner:(8) BRIGGS A	ASSOCIATES				NA	S/I	M Enterprise of NJ,	Inc.						
Street Add	lress:					Str	eet Address:		***					
	WICKS STREET	· ·				-	9 North 6 th Street							
27	, Zip Code:					1	ty, State, Zip Code:	-0.00						
	NTOWN, NJ 0850 anager for Monitorin				Telephone No.:	_	ospect Park, NJ 0750		nse No.:					
MICHAE		ig riini:			609-298-5520	1	lephone No.: 73) 595-6955	0064						
Start Date 9/14/17		Schedule 10/07/17		pletion I	Date (11):		me of OSHA Monitor: M Enterprise of New		, Inc.					
Occupancy	Status During Abatem	ent (Check	only o	ne)			eet Address:							
	Closed/vacated During ent Performed Outside Describe:				nt	Cit	D. Box 8265 ry, State, Zip Code: ledon, NJ 07538							
Scope of W	ork (Check all that app	oly):								222	89295 259	×		
$(X) \ge 3 \text{ sf}$ $(X) \ge 160$	$or \ge 3 lf$ sf $or \ge 260 lf$				enovation emolition		(X) Min (X) Glo	ii Enclos	rocedure	ı Neg	ative P	ressur	е	
т	ocation of		Locati		De	scrin	tion of				Abate	ment		
10 PO 10	Containing Material	Used	Solel	y by	Asbestos Cont	ainin	g Material (ACM) tems insulation,				1		T	
TO	(ACM) BE ABATED		ntenai		surfa	cing,	VAT, or	A	mount	Ren	Re	nca	Encl	
	N Facility		Staff?		other	misc	ellaneous)		pecify	Removal	Repair	Encapsulat	Enclosure	
	(13)	Yes	(12) No	N/A				Sr	or LF)	1		lat	l.e	
SECOND PROPERTY OF THE	MAINTANCE SHOP,		X		PIPE INSULATI	ION		640	LF	X				
	7 Apartment D		X		PIPE INSULAT	ION		300	LF	X				
Bldg.#36	2 Apartment A		X		PIPE INSULAT	ION		230	LF	X				
	Registered Waste Ha S TRANSPORT GF				NJDEP Waste Hauler ID No 20990		Cubic Yards of Waste:	Nam IESI	e of Regis	stered	landfi	l:		
City, State NEW CAS			Dispo 10/07	sal Date /17	:		City, State: WAYNESBURG, PA	A 19720						
Completed By: Title: MIKE ALTADOUKA PRESIDENT					Signature: Date: 9/1/17									

NO CK

State of New Jersey

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

Date of Notification (1): 8/31/17	M	ame of B		wner/Operator (2): LIN					<u> </u>	H.	<u> </u> \\	
Agencies Type Notifica Notified () Initial		treet Addi							SFI	11	20	17
() EPA Notification (X) DEP () Amendme (X) DOL Notification	nt W	ity, State, YCKOFI ame of Co	F, NJ 074				Telephone	Numbe	0.2	100		
(X) DOH () Cancellati	y IC	OHN	omaci.				reteptione	INUITOR	L	CENS	SING)L
				FACILITY INF	ORM	ATION	<u> </u>					
Name of Facility Where Street Address:	Abatemen	t is Takin	g Place (()	pe of Facility (School (K-12 Subchapter 8) (Other than K	(-12) nercial buildings,				
C'. O C. (C) WATCH	OPE M					nomes, etc.)						
City & State (5): WYCK	OFF, NJ				Sq	uare Feet: N.	A	# of Floors: 1		Bldg.	Age:	NA
County (6): BERGEN			ounty Coo STATE U	de (7) ISE ONLY)		rrent Use (Pr ACANT	rior if being	demolished):				
Name of Monitoring Owner:(8) ENVIRONMENTAL CO				ASCM No.: NA		me of Abate M Enterpris		(f) 10				
Street Address:	DINBOLIII	NO GILO	or, nvc.			eet Address:	C4 C C C C C C C C C C C C C C C C C C	26				
PO BOX 8466					33	9 North 6 th	Street					
City, State, Zip Code:					_	y, State, Zip						
HALEDON, NJ 07538	3				Pro	ospect Park	NJ 07508					
Project Manager for Mor		m:		Telephone No.:		ephone No.:		License No.:				
FERNANDO				973-418-4036	(97	3) 595-6955		00641				
Start Date (10): 9/2/17	Sche 9/3/1		mpletion	Date (11):	100000000000000000000000000000000000000	me of OSHA M Enterpris		ersey, Inc.	12			
Occupancy Status During A			5000 C		0.000000000	eet Address:				0.5		
(X) Facility Closed/vacated () Abatement Performed C () Other – Describe:	During Enti Outside of No	re Period o ormal Faci	of Abateme lity Hours	ent	Cit). Box 8265 y, State, Zip ledon, NJ 07						
Scope of Work (Check all th	at apply):											
(X) $\geq 3 \text{ sf or } \geq 3 \text{ lf}$ () $\geq 160 \text{ sf or } \geq 260 \text{ lf}$			(X) F	Renovation emolition			() Mini I (X) Glove	ontainment with Enclosure bag Procedure riable Procedure	n Nega	ative P	ressur	e
Location of		Is Loca Norma	lly	De Ashastas Care	escrip	tion of	(A CM)				ement pe	
Asbestos-Containing Ma (ACM) TO BE ABATED IN Facility (13)		Jsed Sole Maintena Custod Staff (12) s No	ince/		icing,	y Material (lems insular VAT, or ellaneous)	tion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulat	Enclosure
BASEMENT	10.	X	1117	PIPE INSULAT	ION			160 LF	X			
1 ST FLOOR		X		PIPE INSULAT	ION			40 LF	X			
Name of Registered Was SERVICES TRANSPOR), INC.		NJDEP Wast Hauler ID No 20990		Cubic Ya of Waste:		Name of Regis	stered	landfil	1:	
City, State: NEW CASTLE, DE		Disp 905/	osal Date			City, State: WAYNESB	SURG, PA 1	9720				
Completed By: MIKE ALTADOUKA			Title: PRES	DENT	Sign	ature:		Date: 8/31/17				

		N.	State	of NJ					
00#1029	(m)	(P	otification of Asi ursuant to NJA(bestos Abatement C 8:60 and 12:120)	D,EC	FI	\mathbb{W}		, ,
Date of Notification (1)	Name	of Building	Owner/Operator (2)		PAIN	0 4 4	0047	1	-
Agencies Notified Type No	_	TEPHE	en Kisel	1 1 - 12	THE SE	11	2017		H
Agencies Notified Type No	tification	Address	EN MSE	-ICR					
☐ DEP ☐ Amend					ASL	US GOI CENSIA	VIHO	L&	-
DOL Amendme		tate, Zip Co			Statement of the statem	OLIVOIII	ICI	PROTOCOLOGIC	, and
DOH Emerge	ency Ru	THER	FORD NO	07070					_
iustifica		of Contact			I Tala I				
L DCA Cancell	ation	Ste	PHEN K	-iselick	Telephone Nu	mhor			
None of the		F	ACILITY INFORMA	TION					-
Name of facility where abatem	ent is taking place (3)				T (5				
STEPHEN K	ISELICK				Type of Facility (4) School (K-	121			_
Street Address	1900				Subchapter	20	on V d	0)	
					Other (Privat	e/Comme	rcial	2)	
City (5)	County (6)				Bldgs./Home Square Feet # of F	s, etc.		^	
R:0511-0- 0-				County Code (7)		loors	Blag.	. Age	
RUTHERFORD	BERGO	SN		(State use only)	Current Use (Prior if b	eing demo	olished)		=
Name of Monitoring Firm Hired	by Bldg. Owner (8)		ASCM No.	Name of Abatement	1		,		
Street Address				MKA PO-	6 C S = 4		1	6	=0
or ser Address				Street Address	DERTY MAIN	IENAN	EL	LC	_
City, State, Zip Code				105 VAN P	IPER AVE				20
				City, State, Zip Code	IF DE TOO				a
Project Manager for Monitoring Fi	rm I	Phone Num		CLIFTON	N) OFOII				
		r none num	iber	Telephone Number	Licens	se Numbe	r		_
Start Date (10)	Sched. Compl	etion Dato /	11)	201-899-	9002 01	336			
09-16-17	09-2			Traine of OSHA Moni	tor				-
Occupancy Status During Abatem	ent (Check only one)	7-17	•	Street Address					
Facility closed/vacated during	Contine - : ! s .								
Describe:	e of normal facility ho	urs-		City, State, Zip Code	N. C.				á
Other-Describe: NORMAL									
Scope of Work (check all that app	ly)								
14	Renovation			H	ull Containment w/negative	e pressure	;		
≥160 sf or ≥260 lf	Demolition			MG	lovebag procedure				
Location of	Is location normally	used solely	1		on-Exempted (*) and Non-	-friable pro	cedure	ı	
asbestos-containing material (acm) to be	by maintenance/cu staff(12)	stodial	Description of	asbestos-containing		R	E	E	
abated in facility (13)	Yes No	N/A	material (ACM)	Amount (Specify SF or	m p	n	n	
BASEMENT		IN/A			LF)	o a	а	C	
THE PRINT	X		PIPE INS	ULATION	89 (1) FT	e r	Р		
	L veri				X9 Civ Fr		4		
							##		
						##	11		
Registered Waste Hauler	NJDEP Hauler I] D#0	bic Yards of Waste			片분	11		
· TBD Dity, State			1/2 vol		ndfill			<u> </u>	
TBD		Disposal Da	te	City, State	COMPANY				
Completed by (Brist - T	Till	_09_	4 - 4 (MELVILLE	NY 115/17				
HRKO RALOSKI	Title PROJECT MAN	140-0	Signature / 10/1	1	Date	-			
1	Do not use this form t	or ashesion	licensus 1 Half	6	Oate	-01-	. 17		
			oci isui e exempted	activities.	1_ 30	U	0 /		

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 9/8/17 SEP 2017 Honstein Agencies Notified Type Notification Street Address EPA DEP Initial Amended City, State, Zip Code DOL. Amendment # LICENSING Princeton, NJ 08540 Emergency (including X DOH justification) Name of Contact ☐ DCA Cancellation Robert Honstein **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residental School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Princeton, NJ 2200 100+/-County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Mercer Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) **MECS** Stevens Environmental Services, Inc. Street Address Street Address PO Box 341 PO Box 322 City, State, Zip Code City, State, Zip Code Crosswicks, NJ 08515 Allentown, NJ 08501 Project Manager for Monitoring Firm Telephone No. Telephone No License Ne-Bill Weisgarber (609) 298-4070 (609) 259-9688 00493 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/18/17 9/22/17 **MECS** Occupancy Status During Abatement (Check only one) Street Address ▼ Facility Closed/Vacated During Entire Period of Abatement PO Box 341 Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: 8 am to 4 pm Crosswicks, NJ 08515 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf ★ Renovation Mini-Enclosure Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Nomally Type Location of Used Solely by Description of Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount TO BE ABATED Custodial Encapsulate (i.e., thermal systems insulation, (Specify Removal IN Facility Staff? surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A Basement × Thermal Pipe Insulation 85 lf X Basement X Boiler Roping 20 lf X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. 18292 of Waste Stevens Environmental Services, Inc. 2 cu Fairless Landfill City- State Disposal Date City, State Allentown, NJ 9/22/17 Morrisville, PA Completed By Signature Date Mahlon E. Stevens Project Manager 1 9/8/17

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

AV#NON.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT TO E C E I V E

M. dan	Q			(Pu	rsuan	t to NJA	C 8:6	60 and 5:16	6)	The second secon	11 5								
Date of Notification (1)					Name	of Building	g Own	er/Operator (2	(2)		-31	1	21 72						
	07 / _	17	_		Luc	ent Tech	nnolog	gies		in the second se	III SEP	1	1 8	2017		-			
Agencies Notified	Type Notifica	ition			Street	Address				15									
⊠ EPA	☐ Initial				600	Mountai	in Ave	enue			ASL		co	VIR	OL	8.			
⊠ DOLWD	Amended				City, S	state, Zip C	Code			1	ASL	CEN	ISI	VG_	on the latest the late				
☑ DOH ☐ DCA	Amendme	100	uding		Mui	ray Hill,	NJ 07	974		1		Market Bright St.	- Accountant						
(NJAC 5:23-8)	justification		uunig		Name	of Contact	t				Telephone Nu	ımber							
	☐ Cancellati	ion			Sco	tt Wolfru	ım												
					FAC	CILITY IN	IFORI	NOITAN											
Name of Facility Where A	Abatement is T	aking F	Place	(3)					1	Type of Facility									
Commercial										School (K-12		40)							
Street Address											8 (Other than K- rivate and comr		al bui	ldina	S.				
600 Mountain Aven	Avenue									homes, etc.)		Bldg. Age							
City (5)									5	Square Feet	# of Floors		Bld	g. Ag	e				
Murray Hill																			
County (6)					Coun	ty Code (7)(STATI	E USE ONLY)	0	Current Use (Pr	ior if being dem	olishe	d)						
Union							,									,			
Name of Monitoring Firm	A CONTRACTOR OF STREET	ing Ow	mer (8	3)	ASCM	No.	200000000000000000000000000000000000000			t Contractor (9)									
Bio Terra Solutions									N	IAGEMENT L	LC								
Street Address								et Address											
P.O. Box 1224								Outwater I								3			
City, State, Zip Code							1	State, Zip Co											
Union, NJ			(800				_	rfield, NJ	0.	7026									
Project Manager for Moni	toring Firm				phone I			ohone No.			License No.								
Rick Eustaquio	- 10	-1 - 1 1	1.0		3-494			3-928-4888			1188								
Start Date (10)					tion Dat			e of OSHA M											
09/09/					_ / -	17	5408000		IN	AGEMENT L	LC								
Occupancy Status During				35	S 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			et Address	2										
□ Facility Closed/Vacate □ Abatement Performed						oribo	2000	Outwater I		2011/12/17									
Time of Abatement:								State, Zip Co											
Scope of Work (Check all							Ga	rfield, NJ	U	7026									
	triat apply)							□ Full Cont	tai	inment with Neg	gative Pressure								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- David	Rer Der	Service Service				Mini-Enc			- NAME OF THE OWNER								
☐ ≥ 100 St 01 ≥200 II		L	_ Dei	nomio	111			☐ Glovebag			n-Friable Proce	dure							
			100	Locati						, , , ,			Aba	ateme	ent Ty	vpe			
Location		.		iormai d Sole				Description o			_	Ī			1,000				
Asbestos-Containing I TO BE ABA)	Mai	ntena	nce/			ontaining Ma nal systems i			Amount (Specify		Remova	Repair	ncal	nclo			
IN Facilit			Cust	odial ((12)	Staff?		su	rfacing, VAT,	, c	or	SF or LF)		val	7	Encapsulate	Enclosure			
(13)		-	Yes	No No	N/A		othe	er miscellane	ol	us)					ate	(0)			
B " "		-				C4now !	D:		_		4515	-	57						
Building 13		_				Steam I	Pipe		_		15 L F				П				
		-													Ц				
		1																	
Name of Registered Was	te Hauler			7.5	JDEP \			c Yards of		Name of Regis	stered Landfill								
ATC				H	lauler II SW-2		Wast	e Needed		Minerva E	nterprises								
City, State								osal Date		City, State									
Shirley, NY							TE	BD		Waynesbu	ırg, OH								
Completed By (Print or Ty	ype)	Title					·	Signature	-			Date							
Allen Monchik		Pro	oject	Manager Allen						Monchik	ź	9/7	/17						
ASD 41			-	_				,				011	111			-			

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11	1 Th	- NI	1 55	
	4	bell sides.	Sec. Sec.	

OC# 013834			ICATIO	tate of New J N OF ASBES' to NJAC 8:6	TOS ABATE		The state of the s	0), 追	Cr.		1 D	7 6	Tr
Date of Notification (1) 09-07-17			Name o	of Building Ow	ner/Operato	or (2)	7	III si	D				
Agencies Notified Type Notification EPA Initial			Street A	Address Hadley Roa	ad					1 1	201	7	P
DEP Amended Amendment				ate, Zip Code Plainfield,		3	1_	ASL LI	Ŭ. OEM	CON	TTA(DL 8	
Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding			f Contact Neville			-	Telenhone	_				
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INFORI	MATION	T Type of	Facility (4)						
PSEG Harrison Substation	1 1400 (3)				F	chool (K-12)						
Street Address 57 South 5th Street						□ St	ibchapter 8 her (i.e. priv	(Other than vate & comm			lings,	home	es,
City (5) Harrison		*******				Square N/A		# of Floors N/A		0.197.0	ldg. A	ge	
County (6) Hudson				Code (7) USE ONLY) _				if being dem ching yard	olish	ed)			
Name of Monitoring Firm Hired by Building ON/A	wner (8)		ASCI N/A	M No.			ment Contra	actor (9) Services,	Inc.				
Street Address N/A			-			t Address Old Dock	Road			-			
City, State, Zip Code N/A						State, Zip hank, N	Code Y 11980						
Project Manager for Monitoring Firm N/A	-		Telepho	ne No.	9955335	hone No. -924-81	11	Licens 0113).			
	Schedul 12-17-		npletion	Date (11)	The 1990 of 1990 Car	of OSHA		Services,	Inc.				
Occupancy Status During Abatement (Check	Only Or	ne)			Street	t Address Old Dock		-					
Facility Closed/Vacated During Entire Potential Abatement Performed Outside of Normal Other – Describe: Cabinet breaker	eriod of a ll Facility	Abatem / Hours	nent		City, S	State, Zip	Code						
Scope of Work (Check All That Apply)					Yap	hank, N	Y 11980			= = = = = = = = = = = = = = = = = = = =			
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Solel intenar todial S (12)	ly by nce/	(i.e. the	Description Containing I rmal system surfacing, VA her miscellar	Material (A ns insulation AT, or	ACM) on,	Amount (Specify SF or LF)		Removal	Ty Repair	Encapsulate	Enclosure
	Yes	No	N/A									œ .	
Switching Yard			X		Transite p	pipe		250 LF		X			
Name of Registered Waste Hauler		LAI	IDEDIA	(nata C	uhia Vanda		V (D-	-1-6	1511				
Waste Management Services		H	JDEP Wauler ID 273		ubic Yards Waste)	1		egistered Lar Landfill No					
City, State Newark, NJ 07114					isposal Date 3D		City, State Morrisville	e, PA 190	67				
Completed by Amanda Vallone	Title Admi	n Ops	Mana	iger '	Signature	e nanda	Va	lu	Date 09-	e -07-1	7		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 9/8/17 Doug Murray Agencies Notified Type Notification Street Address **EPA** Initial City, State, Zip Code DEP Amended × DOL Amendment # US CONTROL & Bloomfield, NJ 07003 Emergency (including LICENSING Name of Contact DOH justification) Telephone Number DCA Cancellation Doug Murray **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential Home School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Bloomfield 1750 2 65 +/-County (6) County Code (7) Current Use (Prior if being demolished) Essex (STATE USE ONLY) Residential Home Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Project Manager All Stages Abatement Street Address Street Address 280 N. Midland Ave City, State, Zip Code City, State, Zip Code Saddle Brook, NJ 0763 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-600-3184 01305 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/17/17 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: 8 A.M to 4 P.M City, State, Zip Code × Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Amount TO BE ABATED (i.e. thermal systems insulation, Encapsulate (Specify Custodial Staff? Remova Enclosure In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement Х Pipe Wrap 110 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste All Stages Abatement Grand Central Sanitary Landfill 0036592 1 CU City, State Disposal Date City, State Saddle Brook, NJ TBD Pen Argyl, PA Completed by Title Signature Date Richard Cristofol President 9/8/17

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Print	Form

OK#1839		NOTIF	ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE	MENT	A	Pu	1/2	n s	V/		
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Project Manager							tages Aba							
Street Address							Address V. Midland	l Ave	***					
City, State, Zip Code				***************************************		City, S	tate, Zip Coo le Brook,	ie	0					-
Project Manager for Monitoring Firm		Т	Telepho	ne No.		1	one No.	113 076		se No.				
Charl Date (40)							800-3184		0130					
9/11/17	14/1	7	npletion	Date (11)		Name	of OSHA Mo	nitor						
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Scope of Work (Check All That Apply)											n			
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All Stages Abatement			36592		1 CU		Gra	nd Cer	tral Sani	tary l	and	dfill		
City, State Saddle Brook, NJ					Dispos TBD	al Date		State Argyl,	PA					
Completed by Richard Cristofol	Title Presi	dent			S	ignature	Al fus	//	_	Date 9/8/				



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Date of Notification (1) 09/07/2017				of Building C perating I		erato	r (2)			SEP	-1-1		017		
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Street Address 401 St. James Avenue	And Annual Property and Annual States		A	**************************************		Street 265		ess oute 46 S	uite 3D	The section of the section of	-				**********
City, State, Zip Code Phillipsburg, NJ 08865								Zip Code Nj 07512		and the second		************			
Project Manager for Monitoring Firm Jon Gilbert			Felepho 908-4	ne No. 34-6316		Feleph 973-		No. -7010		Licen 0666					
Start Date (10) 09/20/2017	Schedule 09/29/2	ed Com 2017	pletion	Date (11)				SHA Monito nstruction		torati	on, I	nc		***********	
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City, State Fotowa, NJ					Disposal 09/29/20			City, Sta Tullyto	te wn, PA						
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Newark Carting, Inc.		Hauler ID	578.745.75% N.S.	of Was	te		Name of				4511				
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City, State Newark, N.J. 07105				_ /	al Date		City, Stat		00070	ő					
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				1	10	1117	ا "تاسلنتان" ا			11	1/	1 1	1		

Bulk samples were collected from the following materials:

<u>Material</u>	ACM Type
Thermal System Insulation	T
Fire Door Insulation	Т
Wall Plaster	S
Wall Caulk Board	M
Ceiling Panels	M
Ceiling Tiles	M
Wallboard	M
Brick Mortar	M
Cove Base Molding	M
Interior and exterior window caulking	M
Interior Floor Tiles	M
Floor Tile Mastic	M
Roofing Materials	M



Analysis

The bulk samples collected were submitted to EMSL Analytical, Inc.200 Route 130 North, Cinnaminson, NJ for analysis. Bulk samples were analyzed using US EPA-600/R-93/116 Method using Polarized Light Microscopy or by TEM using US EPA/600/R-93/116 Section 2.5.5.1

III. RESULTS

The results of the asbestos sampling are included on the following pages. Based on the sample analysis the following materials were determined to contain asbestos:

Material	Description	Location	Approximate Quantity
Pipe Insulation	Grey Tan	Throughout Building	1500 LF
Pipe Insulation	White	Boiler Rooms	250 LF
Pipe Insulation	Brown	Throughout Building	500 LF
Fire Door Insulation	-	Boiler Room Doors	4Ea.
Interior & Exterior Widow Caulking	Tan	Older windows on rear of building and	50 Windows
Floor Tile Mastic	Black	Office 3	200 SF
Floor Tile	9"x9" Black	Storage Rooms	500 SF
Floor Tile	9"x9" Red	Bathroom 5	100 SF
Floor Tile	9"x9" Beige	Office 9, 10 & 11	500 SF

Mandell Environmental Consulting 370 North Avenue East, Cranford, NJ

Floor Tile	9"x9" Blue	Office 4 & 5, Main Office, Entrance	3000 SF
Floor Tile	12"x12" Blue	Office 8 Hallway	300 SF
Roof Flashing	Black/Silver	Roof	All Perimeter 6000 SF
Roof Vent Caulking	Black	Roof Vents and equipment	500 SF



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Date of Notification (1)	a distribution of the control of the	Name of	Building Owner	INC.		-						
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Street Address						III Subch	apter 8 (Oth	er than K-12	2)			
				7.		Other elc.)	(i.e. private	& commerci	al build	ings,	home	2 S,
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Project Manager for Monitoring Firm			Telephon	ne No.		hone No.		License N	G.			
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Other – Describe:					J 07606)7606						
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City, State	A-11.50.511111		osal Date		, State				1012			
Newark, NJ 07105					118/17		n Argyl, P	4 08702				
Completed by	Title		11		Signatur	e A A		Da		1		
Joseph Vocaturo	dent	1		11 1/	A Silver	-)	9/	5/1	7			



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	9/8/17						D'Angelo	<u> </u>	11	201	7	- 11	
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				FA	CILITY INF	ORMATION							
Name of Facility When							Type of Facility						
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Street Address							Other (i.e.,	orivate & commerci	al build	dings,			
City (5)					homes, etc.) Square Feet # of Floors							-	
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Name of Monitoring Fir		ding Owner		ASCM	No.		ment Contractor (9)						
(8)	MECS					· ·	vens Environmental Services, Inc.						
Street Address	PO Box	241				Street Address	PO Box 322						
City, State, Zip Code	PO Box	341				City, State, Zip C							
	Crosswicks,	NJ 0851:	5			City, State, Zip C		n, NJ 08501					
Project Manager for M				phone	No.	Telephone No.		License Ne-				_	
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☐ Facility Closed/Vac Abatement Perform											_		
Other - Describe:			ly 1 lou	13		City, State, Zip C		cs, NJ 08515					
Scope of Work (Check												_	
≥3 sf or ≥3 lf		₩ R4	enovat	ion		☐ Full Cor ☐ Mini-En	ntainment with Ne closure	egative Pressure					
≥160 sf or ≥260 lf			emolitic			Gloveba	ag Procedure	Frieble December					
		le	Locati	on		Non-Ex	empted (*) and N	on-Friable Procedu		baten	nent	_	
		N	omall	У			20		'	Тур			
Location Asbestos-Containing			d Solei		Ashes	Description of tos Containing Mat		Amount			_		
TO BE AB	ATED	C	ustodi	al		thermal systems i	insulation,	(Specify	70	73	Enca	En	
IN Faci (13)			Staff? (12)			surfacing, VAT, other miscellaned		SF or LF)	Remova	Repair	Encapsulate	Enclosure	
(10)		Yes	No	N/A		out of the out of			/al	7	llate	ure	
Basen	nent	169	×	14//	Th	ermal Pipe In	sulation	25 lf	X				
Dasen			^	-					1,-				
				-					+				
		=		-						\vdash			
Name of Registered W	/aste Hauler			NJDEP Y	Vaste	Cubic Yards	Name of Reg	istered Landfill					
Stevens Environ		vices, Inc	1.6	Hauler II		of Waste		Fairless Lan	dfill				
City- State	2000					Disposal Date	City, State		12209				
Allentown, NJ						9/22/17 Morrisville, PA							
Completed By	torrons	Title D.	mica	+ 1/10-	2000	Signature	11 /	Date	0/9	/17			
Mahlon E. S	ievens	P1	nager	_ ////			7/0	11/		_			

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chk	#	3266	3
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Date of Notification (1)			Mone	a of Duilelie		(0)		2	1//	13	100				
9 / 8	/ 1	7		(1) resource		ng Owner/Operator ommunications	(2)		3		12				
Agencies Notified Type	Notification			Ct	4 A -l -l		To any								
⊠ EPA ⊠ In	Notification	n			et Address 3 Cranbu	iry Half-Acre Roa	ad [J Lij SEP 1	1	2017	1	L			
	mended				State, Zip			1			-				
	mendment		-			wnship, NJ 0851:	,	ASL US	COL	VTRO	DL 8	1 3t			
□ DCA □ Er (NJAC 5:23-8) □ U	mergency (stification)	includin	g	_	e of Contac			LIGH	NSIA	IG_		Toron (Trimo) and			
	ancellation			A STANCE OF STREET	ex Baylor	73.576		Telephone Number							
						NFORMATION									
Name of Facility Where Abatem	ent is Takir	ng Plac	e (3)				Type of Facility	acility (4)							
Verizon Prospect Plains							School (K-12	(K-12)							
Street Address							☐ Subchapter	8 (Other than K-12))						
213 Cranbury Half-Acre F	Road						Other (i.e., p	e., private and commercial buildings, etc.)							
City (5)							Square Feet	# of Floors	В	ldg. A	ge				
Monroe Township							14,900	2		+-50					
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demolis	hed)						
Middlesex															
Name of Monitoring Firm Hired b	by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	2000-00-00-00-00-00-00-00-00-00-00-00-00							
USA Environmental Inc						BRISTOL EN	VIRONMENTA	MENTAL, INC.							
Street Address						Street Address									
8346 Enterprise Avenue						1123 BEAVE	R STREET	EET							
City, State, Zip Code						City, State, Zip Co	ode			And Arrive					
Philadelphia, PA, 19153						BRISTOL, PA	19007								
Project Manager for Monitoring F	Firm		1000	ephone		Telephone No.		License No.							
Mark Jenkins				15-365		215-788-6040		00509							
Start Date (10)				etion Da	100	Name of OSHA M									
9 / 25 / 17	200		-	/	17		VIRONMENTA	L, INC							
Occupancy Status During Abater						Street Address									
☐ Facility Closed/Vacated Durin ☐ Abatement Performed Outsid					:1	1123 BEAVER									
Time of Abatement:Al	MP	M/ <u>5:00</u>	PM-2	:00AM	scribe	City, State, Zip Co BRISTOL, PA									
Scope of Work (Check all that ap	ply)	-				DIGIOL, PA	13007								
≥3 sf or ≥3 lf		⊠ Re	novo	ion		☐ Full Cont	ainment with Neg	gative Pressure							
⊠ ≥160 sf or ≥260 lf		☐ De				☐ Mini-Encl	osure Procedure								
						☐ Non-Exer	mpted (*) and No	n-Friable Procedure	е						
F 9		775500	Loca						Ab	ateme	ent T	уре			
Location of Asbestos-Containing Material	(ACM)			ely by	Ache	Description of stos Containing Mat		Amaunt	Re	Re	Щ	Щ			
TO BE ABATED	(/ (0111)	1222233	inten			., thermal systems i		Amount (Specify	Removal	Repair	cap	clos			
IN Facility		Cus	todiai (12)	Staff?		surfacing, VAT,		SF or LF)	Val		Encapsulate	Enclosure			
(13)		Yes	No	N/A	1	other miscellaned	ous)				ate				
1st Floor Lunch Room					VAT / M	lastic		240 SF							
Basement Power Room					VAT / M			200 SF							
		$\frac{1}{\Box}$	П												
								-	믐			긤			
Name of Registered Waste Haule		JDEP V	Naste	Cubic Yards of	Name of Regis	torod Landfill		Ш	Ш	Ш					
SERVICE TRANSPORT GF		lauler II 20990	No.	Waste	MINERVA I										
City, State		20330		Disposal Date	City, State					-					
NEW CASTLE, DE						TBD	WAYNESB	URG, OH							
Completed By (Print or Type)	Title	Э				Signature		Dat				-			
Dillan DeCaro	or			Dillar	1 DeCana	19NL 9	1-5	7-1	7						

Check # 25585

Det of New Co.		West of the second						. A A A		- M	15	11 1	¥/	
Date of Notification (1)) 9/8/17			Nan	ne of Buildi	ng Owner	/Operato	r (2) Lerner	. 111					
Agencies Notified	Type Notificati	on		Stre	et Address					SEP	11	-20	17	
☐ EPA	Initial			100000							101 105		, ,	
DEP	☐ Amended			City	State, Zip	Code			1 100					
DOL OF THE REST	Amendmen Emergency		901		, ototo, E.b	0000	S	ummit, NJ	ASL ASL	(0)	SCC	MTI	101	
⊠ DOH	justification		ig	Nam	ne of Conta	ct		diffilit, 145	Telephana Ni	LIGE	NSI	NG		
☐ DCA	☐ Cancellation			Ivan		lelissa	Lerner		relepr	Imaar				
		-		_					<u> </u>					
NI				FA	ACILITY IN	FORMAT	ON							
Name of Facility Where		The state of the s						Type of Facili	ty (4)					
Ct - t A del-	Re	esiden	tai					School (K-12)						
Street Address								Other (i.e.	r 8 (Other than K private & comme	(-12) arcial bu	ildina	c		
								homes, et		rolai bu	liuling	5,		
City (5)		21071	organizari					Square Feet	# of Floors					
	Sui	nmit,	NJ					2000 2 65+/-						
County (6)				Cou	unty Code (7) (STAT	E	Current Use (F	Prior if being den	olished))			
	Union			US	E ONLY)	5446 IN								
Name of Monitoring Fire	70	g Owner		ASCN	No.	Name o	f Abaten	ent Contractor (9)						
(8)	MECS						Stev	ens Enviror	ronmental Services, Inc.					
Street Address		-				Street A	Address		- Total Services, Inc.					
	PO Box 3	41						PO Box 322						
City, State, Zip Code		-				City Sta	ate, Zip C	the state of the s						
C	rosswicks, NJ	0851	5			0.19, 0.1	, <u></u> .p		vn, NJ 08501					
Project Manager for Mo				ephone	No	Telepho	ne No		License Ne		_		_	
	eisgarber		1 10 30		98-4070	0.0000000000000000000000000000000000000		59-9688	Licerise No.	0049	3			
Start Date (10)		1		ate (11)		OSHA N			0049	3				
9/18/17	301			ate (11)	Name 0	OSHA		IECS						
Occupancy Status Duri	na Abatamant (Ch		9/22/	1/				10	IECS					
▼ Facility Closed/Vaca						Street A	aaress	DO 1	Box 341					
☐ Abatement Performe	ed During Entire r	ellou oi	ADALE	ment			. 7: 0		DUX 341				_	
Other - Describe:		iai i aciii	ty i lou	Sity, State, Elp Sous										
CONTRACTOR OF THE PROPERTY OF THE PARTY OF T								Crosswicks, NJ 08515						
Scope of Work (Check a	all that apply)						Full Con	tainment with Ne	egative Pressure					
≥3 sf or ≥3 lf			enovat			H	Mini-End		gative Flessure					
≥160 sf or ≥260 lf		☐ De	emolitic	n				g Procedure						
		le l	ocatio		T		Non-Exe	empted (*) and N	on-Friable Proce		erangeni on			
			omally							1	Abate Typ	ment		
Location			Solel		X9 20 27		iption of			_	1 71	,		
Asbestos-Containing N TO BE ABA			ntenan			os Contair thermal sy		erial (ACM)	Amount (Specify			ш	-	
IN Facility		1 - 23	Staff?		(i.e.,		g, VAT,		SF or LF)	Removal	Re	Encapsulate	Enclosure	
(13)			(12)			other mis	cellaneo	us)	0. 0. 2.)	von	Repair	nso	losu	
		Yes	No	N/A						<u>n</u>	,	ate	re	
		-	1000	2000000										
Baseme	ent	×			The	rmal P	pe Ins	ulation	15 lf	X				
Name of Decision 134	ta Harla			1000										
Name of Registered Was		_	LI.	JDEP V auler ID	No	Cubic Ya of Waste	2010/07/20	Name of Regi	stered Landfill					
Stevens Environn	182	.92	1 cı	1		Fairless La	ndfill							
City, State						Disposal		City, State						
Allentown, NJ						9/22/	17 4	0//	Morrisville	, PA				
Completed By Title						Sign	ture //	* 1/	Date					
Mahlon E. Stevens Project N					ager	-14	11			9/8/	/17			
B.41						1 6	1							

Check # 25588

Data of Natification (1)				(5 111			1 1	On 12	Ц	W	E	M		
Date of Notification (1)	/8/17			Nam	e of Buildir	g Owner/Operator	(2) IAS .	小		po latera face	egipa di Vida marty er	-	and the same	
Agencies Notified	Type Notifi	cation		Stree	et Address			111	SEP 1	1 /	2017	- 1		
☐ EPA	Initial						1 Einstein D	rive	OLI I	1 6	_011		languard	
DEP DOL	Amende			City,	State, Zip (Code		-				1		
DOL.	Amendr Emerge	nent #_ ncy (includir	na			Pr	inceton, NJ	08540	US	CON	TR	DL 8	X.	
⊠ DOH	justifica	tion)	3	Nam	e of Contac				hone Núm	TE TIM	G	-		
☐ DCA	Cancella Cancella	ation			1	Keith Sapp	San court							
				FA	CILITY INF	ORMATION								
Name of Facility Where	Abatement is	Taking Place	e (3)				Type of Facilit	Type of Facility (4)						
<u> </u>		Fuld Ha	11				☐ School (K-12)							
Street Address		10.5			7.2		Subchapter 8 (Other than K-12)							
	1 F	Einstein I	Drive				Other (i.e., private & commercial buildings, homes, etc.)							
City (5)							Square Feet # of Floors Bldg. Age							
	P	rinceton,	NJ	65			20000	_	3		80	+/-		
County (6)	•				nty Code (7) (STATE	Current Use (F	rior if bei	ng demolis	hed)			_	
	lercer			5000000									_	
Name of Monitoring Firm (8)		lding Owner		ASCM	No.				~ .	Ť				
	MECS						ens Environ	mental	Service	es, Inc.				
Street Address	DO D	2.41				Street Address	200		_					
	PO Bo	x 341				-		Box 32	2	2/02/2				
City, State, Zip Code	osswicks,	NI 0051	5			City, State, Zip C		NIT	00501					
		NJ 0031					Allentow						_	
Project Manager for Mor			1000000	phone	THE PART OF 1	Telephone No.	0.000	Licer	nse N o.	0.40				
	isgarber	0 1 1 1 1		7	8-4070	(609) 25		1 -	- 0	0493	3		_	
Start Date (10)		Scheduled (ate (11)	Name of OSHA N		TECC.						
9/18/17 Occupancy Status Durin	a Abatament		0/16	/1/			IV.	IECS				_		
☐ Facility Closed/Vacate						Street Address	PO I	Box 34	1					
Abatement Performed												_	_	
Other - Describe:			ty i lou	Crosswicks, NJ 08515										
Scope of Work (Check a	Il that apply)						CTOBBWICI	10, 110	00515	_	_		_	
	1, 2,						tainment with Ne	egative Pr	ressure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitio			☐ Mini-End								
			Siriona			Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		ls	Location	on						A	bate	nent		
Location of	nf.		ormally Solel			Description of					Тур	е		
Asbestos-Containing N	faterial (ACM)	Mai	ntenar	ce/	Asbest	os Containing Mate		Amo	ount			ш		
TO BE ABAT IN Facility		1000	ustodia Staff?	al	(i.e.,	thermal systems in		(Spe		Re	Z	Encapsulate	Enc	
(13)			(12)			surfacing, VAT, other miscellaneo		SF o	r LF)	Remova	Repair	psu	Enclosure	
		Yes	No	N/A						<u>/al</u>	7	ilate	ure	
D	0.60	163		INIA										
Basement /	Office		×		11	nermal Pipe F	ittings	2	0	×				
		_										_		
		_										\dashv		
Name of Registered Was	JDEP \	Naste T	Cubic Yards	Name of Regi	istered La	ndfill				_				
					No. 292	of Waste	The strikey		ss Land	f;11				
City, State					.72	1 cu Disposal Date	City, State	1 an ic	os Land	TIII	_		-	
Allentown, NJ					10/16/17/ Morrisville, PA									
Completed By Title						Signature Date					=			
Mahlon E. Ste	vens	TOTAL CONTRACTOR	ojec	Mar	ager	1/1//	. A /			9/8	/17			
Mahlon E. Stevens Project Manager						7 7 7 7 5								

NOTIFIC (Pursuant to NJAC 8:60 and 5:16)

ATION OF ASBESTOS ABATEMENT Check #	23307
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Date of Notification (1)	9/8/17			Nar	ne of Buildi	ng Owner/Operato	12- No.	. 	E C	F _B	11 1	/		
Agencies Notified	Type Notification	0.0					Burnste	in S						
☐ EPA	Initial	JII		Stre	eet Address	5		A 1	SEP	1 1	20	17		
DEP	☐ Amended			City	, State, Zip	Code		Dam.		1		1.1		
⊠ DOL	Amendmen Emergency		na	5.1.5	, otato, Lip		lizabeth, NJ	07201	25			M = Fact #1 #		
⊠ DOH	justification	1)	ilg	Nan	ne of Conta		iizaoetti, 143	Telepha-		2. C	ONT	101		
□ DCA	☐ Cancellation	1				ving Burnstei	n	1000						
				F		FORMATION								
Name of Facility Where	e Abatement is Tak	ing Pla	ce (3)		- COLLITT IN	TOTALION	Type of Facil	tv (4)						
		siden					·12)							
Street Address			-				er 8 (Other tha	an K-12)						
							private & con		buildin	gs,				
City (5)							c.) # of Floo	ore	Rida	. Age				
	Eliz	abeth	NJ				Square Feet 1800	7 011100	015		. Age 75+/-			
County (6)			2.10	Cou	unty Code (7) (STATE	Current Use (Prior if being	demolish		757/-	_		
	Union				E ONLY)	1) (0)2	Outrem ose (r nor ii being c	uen ionsin	eu)				
Name of Monitoring Firm	m Hired by Building	Owne		ASCN	/ No.	Name of Abater	nent Contractor	(9)						
(8)	MECS							mental Services, Inc.						
Street Address						Street Address	. 2210 2211 7 11 01	inelital Services, Inc.						
	PO Box 3	41					PO	Box 322						
City, State, Zip Code						City, State, Zip C		DON OLL						
C	rosswicks, NJ	0851	5					vn, NJ 085	501					
Project Manager for Mo	nitoring Firm		Tel	ephone	No.	Telephone No.		License						
Bill We	eisgarber		(6	09) 29	98-4070	(609) 25	59-9688		004	193				
Start Date (10)	Sch	eduled	Comple	etion D	ate (11)	Name of OSHA I			- 00	170		_		
9/18/17			9/22/		,			1ECS						
Occupancy Status Durin	ng Abatement (Ch					Street Address						_		
▼ Facility Closed/Vacat	ted During Entire F	eriod o	f Abate	ement			PO	Box 341						
☐ Abatement Performe	d Outside of Norm	al Facil	ity Hou	rs		City, State, Zip C								
Other - Describe:	8 am to 4 pm						ks, NJ 08:	515						
Scope of Work (Check a	all that apply)	- West 25-				A Maria de Caracteria de Carac								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic											
		Is	Location	on		T THOM EXC	stripted () and tv	OIT HADIE FIL	Cecture	Ahat	ement			
line and an			omally						1		/pe			
Location of Asbestos-Containing N			d Solel ntenan		Ashest	Description of os Containing Mate		Amount		T	1	-		
TO BE ABAT			ustodia	al		thermal systems in	nsulation,	(Specify	1	z _	Enc	Щ		
IN Facility (13)	,		Staff? (12)			surfacing, VAT, other miscellaneo	or us)	SF or LF)		Removal	aps	nclo		
		Yes	No	N/A		outer misocilaries	us)		1	Wal air	Encapsulate	Enclosure		
Baseme	ent	×			The	rmal Pipe Ins	ulation	160 lf	×			-		
Baseme	ent	X				Boiler Insulat		50 sf	_ X	-				
									^	+				
Name of Desistered Mar	1-11-1-						,							
List List					Vaste No.	Cubic Yards of Waste	Name of Regi	The second						
Stevens Environmental Services, Inc.					92	2 cu		Fairless I	Landfil	1				
City , State				Disposal Date	City/State		- Ver							
	Allentown, N					9/22/17	Δ	Morrisvi	lle, PA					
Completed By Mahlon E. Ste	vens		oiect	Man	ager	Signature		Dat	te	8/17				
R_41	100)1	0/1/						

947794	78 QL	17	LONG	TIE	CATI	State of	Nev	v Jersey ESTOS ABA	TEMENT							
77 / 617	l'all		OI	101	B ursi	uant to N	JAC	8:60 and 5:1	IEMENI (6)		; (P. 1	= n	NΠ	12		
Date of Notification (1)	1,44	ان), Y	410	2			Owner/Operator	DO AN HI		; (j. 1	-	\mathbb{V}	Ę		
9 /	7 /		17			nie or Buik Villville		ublic Sch		15	#4707 5	470	_	· h 1		
					1	9473 947	4 94	75 9476 9477		Job	#1707-5	179	201	heck		
Agencies Notified ⊠ EPA	Type Noti	ficatio	n		Str	eet Addres	S									
⊠ DOLWD	☐ Amend	404			1	01 North	3rd	Street								
☑ DHSS	Amend		#		4	y, State, Zi				ASI	(ب ر ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ			OL		
☑ DCA	☐ Emerg			na	P	Millville, N	J 08	332		LICENSING						
(NJAC 5:23-8)	justifica	ation)		J	Na	ne of Cont	act			Telephone	Mirama In a -			G		
	☐ Cancel	lation			E	ob Ryan				13						
					F	ACILITY	INF	DRMATION								
Name of Facility Where A		s Taki	ng Plac	ce (3)					Type of Facility	(4)						
Millville Senior High	School								School (K-12							
Street Address									Subchapter							
200 North Wade Blv	d.								Other (i.e., p homes, etc.)		nmerciai i	ouliain	gs,			
City (5)									Square Feet	# of Floors	E	Bldg. A	Age			
Millville									200,000	# of Floors Bldg. A						
County (6)					Co	unty Code	(7)(S	TATE USE ONLY)		(Prior if being demolished)						
Cumberland									Education							
Name of Monitoring Firm I	Hired by Bu	ilding	Owner	(8)	ASC	M No.	IN	ame of Abateme	ent Contractor (9)					-		
Brinkerhoff Environ				7000	00	100	- 1	AbateTech, I								
Street Address				9				reet Address			_	-				
1805 Atlantic Avenu	1805 Atlantic Avenue							30 Maple Ave	PO Box 25							
City, State, Zip Code					-	ty, State, Zip Co										
Manasquan, NJ 0873	36							Lumberton, N								
Project Manager for Monito				Te	lephon	e No		elephone No.	10 00040	License No	5					
Gary W. Fleming	Ü			4 20	. H	3-2225		609-265-2107		00529	<i>.</i> .					
Start Date (10)		Sche	duled (Compl	etion [ate (11)	Na	ame of OSHA M	onitor			-		_		
9 / 20 /	17		10_ /	3	1_/	_17_		EMSL Analyti	cal							
Occupancy Status During A	Abatement	(Chec	k only	one)			St	reet Address						_		
☐ Facility Closed/Vacated					ement			200 Route 13	North							
	Outside of N	lorma	Facilit	у Но	ırs - De	scribe		y, State, Zip Co			-	-		-		
Time of Abatement: 7Al	M- <u>3:30</u> PM/	3:30	PM- <u>12</u>	AM				Cinnaminson								
Scope of Work (Check all ti	hat apply)					-			,							
			F7 -			ě			ainment with Neg	ative Pressure	Э					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re	nova				☐ Mini-Encl	osure Procedure							
					011			☐ Non-Exer	npted (*) and Nor	n-Friable Proc	edure					
				Loca								atem	ent T	уре		
Location of				Norma	ally ely by			Description of			R	R	m	т		
Asbestos-Containing Ma TO BE ABATE	aterial (ACN =D	Л)		inten				Containing Mat ermal systems in		Amount (Specify	Removal	Repair	nca	nclo		
IN Facility			Cus		Staff?	1 (surfacing, VAT,		SF or LF)	oval	=	Encapsulate	Enclosure		
(13)				(12)	T	4		her miscellaneo		· · · · · · · · · · · · · · · · · · ·			late	G.		
4400 B400 B404 B404			Yes	No	N/A	+										
A103, B100, D101, D105	5					Fibrou	s Ca	ulk Backer		100 LF						
Auditorium						Texture	ed D	rywall Finish		400 SF						
Auditorium	\boxtimes		Cemen	titou	s Wall Panel	s	500 SF									
A103, B100, D101, D105	\boxtimes		Floor ti	le &	Mastic		300 SF									
						Waste	500,000,000	oic Yards of	Name of Registe	ered Landfill						
Abate recii, iiic.					lauler l		Wa 4	o O	G.R.O.W.S.	Landfill						
City, State								posal Date	City, State							
Lumberton, NJ							1	0/31/17	Tullytown, I	PA						
Completed By (Print or Type) Title								Signature	1-		Date	5 1		\neg		
Gwendolyn Trumbetti		0	perati	ons	Coord	inator		0	nut		U	Jane .	17			

/ 11	/ +	+)

9477 9478 9476 NOTIFICATION OF ASBESTOS ABATEMENT 9474 9475 9473 (Pursuant to NJAC 8:60 and 5:16)



PAID

Date of Notification (1)	10,	141	0		-	Nam	e of Ruildir	na Ou	ner/Operator	- (0)				7000			
9/	7	/	17	-		Mi	illville	Pub		ools	0)_	Job	#1	707-	5179	_[Ch
⊠ EPA	Type No ☑ Initial		on			Stree	et Address 1 North 3			7 94/8		SEF	1 a 4	200	177		1
☑ DOLWD ☑ DHSS	☐ Amer	nded ndment			1	City,	State, Zip	Code		14	Li	ULI		201	/	1	4
	☐ Emer			—		Mil	liville, NJ	0833	32	1	<u> </u>					TOTAL STREET	
(NJAC 5:23-8)	justific	cation)		anig	1	Name	e of Contac	ct			-AS	Teleph	one Nu	nher	IOL	3	- 1
	☐ Cance	ellation	1			Во	b Ryan				-	Toldbill	Ala. 8 13 61	libor		secon	
						FA	CILITY IN	VFOR	MATION							1	
Name of Facility Where Ab			ing Pla	ace (3)					Type of Fa	cility (4	4)		_			
Millville Senior High	School									⊠ School	(K-12)						
Street Address										- ☐ Subcha	pter 8	(Other ti	nan K-1	2)			
200 North Wade Blvd	l.									Other (i homes,	.e., pri	vate and	comme	ercial	buildin	gs,	
City (5)										Square Fee	The state of the s	# of FI	oors	- 11	Bldg. A	Age	
Millville										200,000		2			50+	270	
County (6)					(Coun	ty Code (7))(STATE	E USE ONLY)	Current Use	e (Prio	r if being	demol	shed)			
Cumberland										Educati		•		,			
Name of Monitoring Firm Hi					AS	SCM I	No.	Name	e of Abateme	ent Contracto	or (9)	-	- b				
Brinkerhoff Environm	ental S	ervice	es, In	c.	1	0010	10	Ab	ateTech, I	nc.	117007						
Street Address				3.71				Stree	t Address								_
1805 Atlantic Avenue								30	Maple Ave	PO Box 2	25						
City, State, Zip Code								City,	State, Zip Co	ode			7				1000
Manasquan, NJ 08736								Lui	mberton, N	J 08048							
Project Manager for Monitori	ing Firm				elepho			Telep	hone No.			License	e No.				-
Gary W. Fleming							2225	609	9-265-2107			0052	29				
Start Date (10)								Name	of OSHA M	onitor							
9 / 20 / _1					31	/ _	17	EM	SL Analyti	cal							
Occupancy Status During Ab	atement	(Chec	k only	one)				Street	Address			N					_
Facility Closed/Vacated D	uring En	tire Pe	riod o	f Abat	temen	nt	1	200	Route 130) North							
Abatement Performed Ou Time of Abatement: 7AM-	3:30PM	Normal 1/3:30F	Hacili M-12	ty Ho	urs - [Desc	ribe	City, S	State, Zip Co	de							
		<u> </u>	141 12	-/ YIVI		Valence -		Cin	naminson,	NJ 08077							
Scope of Work (Check all tha	t apply)								71 - 11 0 .	1.0000000000000000000000000000000000000							
≥3 sf or ≥3 lf			⊠ Re	enova	ition			Ĺ	XI Full Conta ☐ Mini-Enclo	ainment with	Negati	ive Press	sure				
⊠ ≥160 sf or ≥260 lf			□ De	emolit	ion			Ī	Glovebag	Procedure							
			10	s Loca	ation			L	_ Non-Exem	npted (*) and	Non-F	riable P	rocedur	e			
Location of				Norm				D	escription of					Ab	ateme	ent T	уре
Asbestos-Containing Mate	erial (ACN	M)		ed So ainten			Asbesto	os Cor	ntaining Mate	erial (ACM)		Amou	ınt	Rer	Repair	Enc	Enc
TO BE ABATED IN Facility	<u>)</u>			todial			(i.e., t	therma	al systems in	sulation,		(Spec	ify	Removal	pair	Encapsulate	Enclosure
(13)				(12)				acing, VAT, o miscellaneo			SF or	LF)	a		sulai	ure
			Yes	No	N/	/A				,						te	
A103, B100, D101, D105						1 (Cove Bas	se Ma	stic			300 L	.F				
A103, B100, D101, D105						1	Chalk Boa	ards/	Mastic			280 \$	SF.				
													-				
															П	П	П
lame of Registered Waste Ha	uler				NJDE			ubic Y	ards of	Name of Re	gistere	ed Landf	ill	1-			_
AbateTech, Inc.				F	lauler		100.00	Vaste		G.R.O.W	_		vačir.				
ity, State					107	50		40 isposa	al Date	City, State							
Lumberton, NJ								10/31		Tullytow	n. PA						
ompleted By (Print or Type)		Title							gnature	4	,		Dat				
Gwendolyn Trumbetti		Ор	erati	ons	Coor	dina	ator	0.8	U	MIT			15500	e 0ì /-	7/1	7	
								1	/1	100				11	111	ż	

UV #QL	181	N	OTIF	CATI	ON OF A uant to N.	SBEST	OS ABA	TEMENT	The Co	FED			
Date of Notification (1)	100								In E	5	-	\mathbb{W}	E
9 /	6 /	17			me of Build				08-5205 Check		80		To a Constitution of the
	Type Notificat	tion		Str	eet Address	S			HU LI SEI	1	1	2017	- 1
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☑ DOLWD ☐	Amended	42			y, State, Zip				124	1	201	IT'S	
	Amendmer Emergency	_	lia a	100	Norristow		960		ASL	CEN	SIN	HHU G	IL &
(NJAC 5:23-8)	justification		iing	-	me of Conta				Telephone Nur		Ont	UI.	-
	☐ Cancellatio			J	ohn Grec	0			relephone will	mer			
		-		_	ACILITY	7	ATION						
Name of Facility Where Aba	atement is Ta	king Pla	ace (3)		ACILITI	INFORIV	IATION	T	(4)				
JCP&L		9	.00 (0)					Type of Facility					
Street Address		_						School (K-1	∠) 8 (Other than K-1	2)			
150 Ridgedale Avenu	e							Other (i.e., p	private and comme	ercial	buildi	ngs,	
City (5)								homes, etc.					
Whippany, NJ								Square Feet	# of Floors	F	Bldg.	Age	
County (6)				100		(7) (07.47							
Morris				Co	unty Code ((1)(STATE	USE ONLY)		ior if being demol	shed))		
Name of Monitoring Firm Hir	ad by Buildin	a Ours	- (0)	1 400	4.1.1	1		Substation					
1 Source Safety & Hea		g Owne	r (o)	ASC	VI No.			ent Contractor (9)	(
Street Address	aitii, iiic.						teTech, I	nc.					
140 S. Village Ave., Su	iito 120					Secretary and the second	Address						
City, State, Zip Code	1116 130						5211	. PO Box 25					
Exton, PA 19341							tate, Zip Co				100		
Project Manager for Monitoria			1-				berton, N	IJ 08048					
Brian Hovendon	ng Firm			ephone			one No.		License No.				
Start Date (10)	10.				4-5525	609-	265-2107		00529				
					ate (11)		of OSHA M			*2+7			
9 / 5 / 1	_ -			3_/	17	EMS	L Analyti	cal					
Occupancy Status During Aba						Street A	Address						
Facility Closed/Vacated D	uring Entire P	eriod of	Abate	ment		200	Route 130	North					
Abatement Performed Out Time of Abatement:	Side of Norma	al Facili	ty Hou	rs - De	scribe	City, Sta	ate, Zip Co	de					
		141/			_AIVI	Cinn	aminson,	NJ 08077					
Scope of Work (Check all that ≥3 sf or ≥3 lf	t apply)						Full Conta	inment with Neg	ative Pressure				
⊠ ≥160 sf or ≥260 lf		1000	enovat emolitic				Mini-Enclo	osure Procedure					
						\boxtimes	Non-Exem	npted (*) and Non	-Friable Procedur	e.			
			Locat					1		-	atem	ent T	vne
Location of Asbestos-Containing Mate	rial (ACM)		Norma				scription of				_		
TO BE ABATED		Ma	intena	nce/			aining Mate systems in	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus	todial	Staff?	(surfac	ing, VAT, o	or .	(Specify SF or LF)	ova	=	ıpsı	nsc
(13)		V	(12)	T		other m	niscellaneo	us)	,	-		llate	, e
Cantus I D		Yes	No	N/A									
Control Room Basement		10			Floor tile	THE STATE OF THE S	tic		300 SF				
					Duct Wo	ofk-			25 SF				
Control Room					Misc. He	at Resi	stant Pap	er	400 SF	\boxtimes			
No				D									
Name of Registered Waste Ha	uler			JDEP V		Cubic Ya	irds of	Name of Registe	ered Landfill				
AbateTech, Inc.				auler ID 18750		Waste 20		G.R.O.W.S.	Landfill				
City, State				.0100		Disposal	Date	City, State					
Lumberton, NJ					1	9/13/1		Tullytown, F	PA				
Completed By (Print or Type)	Title)				Sign	nature /		Dat	Δ			
Gwen Trumbetti	0	perati	ons C	oordi	nator	0.9	/ À	no A		114	1.	7	
SR-41										114	11	1	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

1/10 (.K.				1	(Pursi	uant to No	JAC 8:60 and	d 5:	16)							
Date of Notification (1)					Na	me of Build	ing Owner/Ope	rator	(2)	7	· (6	尸	1	W	E I	1
9/	1	/ <u> </u>	17				Job # 1705-5		111	RTES	Y NOT	TIFIC/	TIC	N		The second secon
Agencies Notified	Type Not	tificatio	n		Str	eet Address	3		2	111	OFF	1 4 7		017		\mathbb{H}
⊠ EPA	☐ Initial				4	1000 Hadle	ey Road		- Company		OLI	1 1	4	017	į.	-
⊠ DOLWD	⊠ Amen		oreal			y, State, Zip				-			_		-	_
☐ DHSS	Amen				1,550		nfield, NJ		and the second	AS	Ĺ	680	ON	THO)L &	
(NJAC 5:23-8)	☐ Emerg	gency (cation)	includ	ing		me of Conta	1087)				lephone	MEAR	11/11/	<u> </u>		aging server
	☐ Cance				100000	Greg Maro	12.5		(1000)		ephone	ž-Mino				
					F	ACILITY I	NFORMATIO	N							-	
Name of Facility Where A		is Taki	ng Pla	ce (3)					Type of Facility	(4)						
PSE&G- Lake Nelso	n								School (K-1							
Street Address									Subchapter Other (i.e., p	8 (Ot	ner than	1 K-12)	-:-!!			
1177 Centennial Ro	ad								homes, etc.	private .)	and co	mmen	ciai i	ullali	igs,	
City (5)						_			Square Feet	•	of Floor	rs	E	Bldg.	Age	
Piscataway, NJ															-5-	
County (6)					Co	unty Code (7)(STATE USE OF	VLY)	Current Use (Pr	rior if	peing de	emolisi	ned)			
Middlesex						CALLED THE STREET			Control Ho							
Name of Monitoring Firm I		uilding	Owne	r (8)	ASCI	ŴNo.	Name of Aba	teme	ent Contractor (9))						
Health & Safety Serv	/ices					,	AbateTec	:h, Ir	nc.							
Street Address							Street Addres	ss				,				
PO Box 365		00/20/20					30 Maple	Ave	. PO Box 25							
City, State, Zip Code							City, State, Z	ір Со	ode							
Berlin, NJ 08009							Lumberto	n, N	IJ 08048							
Project Manager for Monito	oring Firm			Tel	lephone	e No.	Telephone No	٥.		Lie	cense N	lo.				
Jim Proctor							609-265-2	107			00529					
Start Date (10)						ate (11)	Name of OSF	IA Mo	onitor							-
9 / 5 / -					3_1"	17	EMSL Ana	alyti	cal							
Occupancy Status During A	batement	(Checl	k only	one)			Street Addres	s				-	_			
Facility Closed/Vacated	During Ent	tire Pe	riod of	Abate	ement		200 Route	130	North							
Abatement Performed C	outside_of-N	formal	Facilit	y Hou	rs - De	scribe	City, State, Zi	o Cod	de					le le cont		
		P	VI/	PM		_AM	Cinnamin	son,	NJ 08077							
Scope of Work (Check all the	nat apply)											-		(
≥3 sf or ≥3 If			☐ Re	enovat	ion		☐ Full C		inment with Neg	ative	Pressur	е				
☐ ≥160 sf or ≥260 lf			☐ De	moliti	on		☐ Glove	ebag	Procedure							
							☐ Non-l	Exem	pted (*) and Nor	n-Frial	ole Proc	edure				
I anotion of				Loca									Ab	atem	ent Ty	уре
Location of Asbestos-Containing Ma		n l		d Sole		Ashor	Description stos Containing		wiel (ACM)			ĺ	χ,	R	m	Ш
TO BE ABATE		.,		intena			, thermal syster				Amount Specify		Remova	Repair	Encapsulate	Enclosure
IN Facility (13)		- 1	Cus	(12)	Staff?		surfacing, V	AT, c	or .		F or LF		val	-	Insc	sur
(10)			Yes	No	N/A	1	other miscella	aneou	ns)						ate	Φ
Wall						Plaster					1 SF					П
Window						Window	Caulk					-				무
						Williadw	Odulk			- HILL NO.	1 SF					
												_		Ш	Ш	
Name of Registered Waste H	daules				10==:	1	0.11.11									
Waste Management	nauler				JDEP V		Cubic Yards of Waste		Name of Registe							
					18750)	2		G.R.O.W.S.	Lanc	Ifill					
City, State Camden, NJ							Disposal Date		City, State	2000						
							9/6/17		Tuliytown, F	PA						
Completed By (Print or Type))	Title		3200240-001		ode ocu	Signature		f			Date	. 1	1		
Gwendolyn Trumbetti		Op	eratio	ons C	oordi	nator		M	MA.			0	1/1	11	7	

ASB-41 MAY 11

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

MUCK			NC				SBESTOS AB JAC 8:60 and 5						
140 CK				,					IFT E C	i ië		W	E
Date of Notification (1) 8 /	31 /	,	17		Na	me of Build PSE &	ing Owner/Operat	or (2)	die Z	73		-\-\-	1
Agencies Notified	Type Not	ificatio	n		Str	eet Address		1017 14	1111	11 4	7	7017	
⊠ EPA	☐ Initial					000 Hadle			III LII SE	.1	1 1	2017	
□ DOLWD						, State, Zip							
☑ DHSS	Amend		and the same of the same						ASL	. 63	CON	VIR	JL &
DCA	☐ Emerg			ing		THE STATE OF THE S	nfield, NJ		Telenhona Ni	LICE	VSIN	IG_	-
(NJAC 5:23-8)	justific Cance				11000000	ne of Conta	3 T 3		Telenhona No	The state of the s			
	- Carice	ilauori				oe Spinol			-314			_	
Name of Facility Where A	Abatement i	s Taki	ng Pla	ce (3)	F.	ACILITY	NFORMATION	Type of Facilit	· (4)				
PSE&G- Riverside		o raid	ng i iu	00 (0)				School (K-					
Street Address								☐ Subchapte	r 8 (Other than K-	12)			
30 North fairview S	treet							Other (i.e.,	private and comm	ercial	buildi	ngs,	
City (5)								Square Feet	# of Floors	- 11	Dida	Λ	_
Riverside, NJ								Square Feet	# 01 F10015	1	Bldg.	Age	
County (6)					Co	unty Code (7)(STATE USE ONLY	Current Use (F	Prior if being demo	lished))		
Burlington						•		Substation		morriou)			
Name of Monitoring Firm	Hired by Bu	ilding	Owne	r (8)	ASC	Л No.	Name of Abate	ment Contractor (9)				-
1.20							AbateTech,		· ·				
Street Address							Street Address						
							30 Maple A	ve. PO Box 25					
City, State, Zip Code							City, State, Zip	Code					
							Lumberton,	NJ 08048					
Project Manager for Monit	oring Firm			Te	ephone	No.	Telephone No.		License No.				
			/				609-265-210	7	00529				
Start Date (10)			/	20		ate (11)	Name of OSHA	Monitor					
		/			9 /	17	ÉMSL Analy	rtical					
Occupancy Status During	Abatement	(Chec	k only	one)		/	Street Address						
Facility Closed/Vacated	During Ent	tire-Re	riod of	Abate	ement		200 Route 1	30 North					
Abatement Performed (Time of Abatement:	Outside of N AM-	Norma Pi	l Facili M/	ty Hou	rs - De	scribe AM	City, State, Zip 0						
					-		Cinnaminso	n, NJ 08077					
Scope of Work (Check all t	that apply)						□ Full Cor	ntainment with Ne	gative Pressura		(65 125		
☐ ≥3 sf or ≥3 lf				enova			☐ Mini-En	closure	gauve r ressure				
≥160 sf or ≥260 lf			⊠ De	emoliti	on		☐ Gloveba	ag Procedure	on-Friable Procedu	uro			
			Is	Loca	tion		Z HOIT EX	omptod () and rec	Thable 1 Toced		batem	ent T	VDA
Location of				Norma			Description					1	1
Asbestos-Containing Ma TO BE ABAT	aterial (ACN FD	A)		ed Sol		Asbes	stos Containing M , thermal systems	aterial (ACM)	Amount	Remova	Repair	inco	Enclosure
IN Facility			Cus		Staff?	(1.6.	surfacing, VA		(Specify SF or LF)	ova	#	psc	uso
(13)				(12)	1	-	other miscellane		,	-		Encapsulate	e
Evtarior			Yes	No	N/A				<u></u>				
Exterior							Conduit		1,164 SF				
Exterior						Window	Cailk		20 LF				
Exterior						Transite)		60 SF				
Exterior						Insulate			10 LF	\boxtimes			
Name of Registered Waste	Hauler		·	3.57	JDEP \		Cubic Yards of Waste	Name of Regis					
Waste Management				31.3	aulei il	7 140.	12	G.R.O.W.S	. Landfill				
City, State Camden, NJ							Disposal Date 9/29/17	City, State Tullytown,	PΛ				
Completed By (Print or Type	2)	Title					/	i unytown,					
Gwendolyn Trumbetti		V.		one f	Coordi	nator	Signature	A A	Da	ate (21	-]
			Jeidil	UIIS (Joordi	iiatoi	UNN	10		0	01	11	1

NO OK		N	OTI					STOS ABAT 8:60 and 5:16									
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Date of Notification (1)	28 /	17						wner/Operator (ergy Compan	2) ny / Job #1170	8-52	05 (Checl	k #94	71	Ü	Ь	
Agencies Notified	Type Notific	ation			Stree	t Address						CE	P 1	1	201	7	11
⊠ EPA	☐ Initial				10	Legion F	Place	e- Building A		L		IJĹ	1 1	V	CUI	I.	-
☑ DOLWD						State, Zip					+	-					1
□ DHSS	Amendm					rristown					AS	Li.	U5	CC	MTP	OL	&
☐ DCA (NJAC 5:23-8)	☐ Emergen justificati		ding			of Contac	Manual Control			I To			MEN				-
(110/10/0.25-0)	Cancellat				N. 612016164	nn Greco	5.07(1)			10	iepilo	IIIS INU	IIIDEI				
				Vien -				RMATION	×,								
Name of Facility Where A	batement is 1	Taking Pl	ace	(3)	- 17	OILIT I II	41.0	KWATION	Type of Facility	(4)		-					_
JCP&L			400	(0)					School (K-12								
Street Address									☐ Subchapter 8	3 (Otl							
150 Ridgedale Aver	iue								Other (i.e., p		and	comm	nercial	bui	ldings	*	
City (5)		-					_		homes, etc.) Square Feet		of Flo	NO.TO		פום	a A a		
Whippany, NJ									Square reet	#	OI FIL	JUIS		Diu	g. Ag	2	
County (6)			-		Cour	nty Code /	7\/\$T	ATE USE ONLY)	Current Use (Pr	ior if	hoina	clomo	lichoo	1			
Morris					Jood	ity Code (i	11011	ATE OUE ONET)	Substation	101 11	being	demo	nisrieu	1			
Name of Monitoring Firm	Hired by Build	dina Own	or (S	8)	ASCM	No	TNo	amo of Abatama	ent Contractor (9)		-						
1 Source Safety & F		aling Own	ioi (c	,	AGGIVI	NO.	1	AbateTech, Ir									
Street Address	- Iouitii, iiio.							reet Address	10.					_			
140 S. Village Ave.,	Suite 130							30 Maple Ave	PO Boy 25								
City, State, Zip Code			-					ty, State, Zip Co	101/1900 100/1900 100/1900 100/								
Exton, PA 19341								Lumberton, N									
Project Manager for Monit	oring Firm			Tele	phone	No		lephone No.	10 00040	Hi	cense	- No		_			
Brian Hovendon				- Daniel Con		-5525	1,000	609-265-2107			0052						
Start Date (10)	S	Schedule	d Co					me of OSHA M								- 10-	-
9 / 5 /				630		17	18	EMSL Analyti									
Occupancy Status During	Abatement (0	Check on	ly o	ne)			Str	reet Address	300-300-300-300-300-300-300-300-300-300	-							
☐ Facility Closed/Vacate							2	200 Route 130	0 North							(=)	
Abatement Performed							Cit	ty, State, Zip Co	de			- Marian				100	
Time of Abatement:		PM/_		_PIM-		AM	(Cinnaminson	, NJ 08077								
Scope of Work (Check all	that apply)							—	2 21 124 127	218							
≥3 sf or >3 If		\boxtimes	Ren	novati	on			☐ Full Conta	ainment with Neg osure	ative	Pres	sure					
≥160 sf or ≥260 lf		-		nolitio				Glovebag	Procedure	1270	1011 - 12						
			1. 1		Corre			Non-Exer	npted (*) and No	n-Fria	able F	roceo					
Location	of			Locati ormal				Description of	.				1	_	temer		ре
Asbestos-Containing N		/		Sole		Asbe	stos	Containing Mat	Control and an analysis of the control of the contr		Amo	unt	Kelliova	1	Repair	Enc	E
TO BE ABA	ΓED			ntena odial S			., the	ermal systems in	nsulation,		(Spe		2		pair -	aps	Enclosure
IN Facility (13)	<i>f</i>	"	, , ,	(12)	Juli .			surfacing, VAT, ther miscellaned			SF or	LF)	5	-		Encapsulate	ure
37		Y	es	No	N/A	1	0.	aror moodianee								e	
Control Room			1	\boxtimes		Floor ti	le &	Mastic			300	SF	0	3			
Basement				\boxtimes		Duct W	ork				25 9	SF		7			
			ī							77-			T	Y	F	П	П
				П								-		1		=	귀
Name of Registered Waste	e Hauler		<u>'</u>		JDEP \		Сп	bic Yards of	Name of Regis	tered	lland	if II		-1			
AbateTech, Inc.				H	auler II 18750	No.	Wa	aste 20	G.R.O.W.S								
City, State							_	sposal Date	City, State	1111		-38					
Lumberton, NJ							9	0/8/17	Tullytown,	PA							
Completed By (Print or Ty	pe)	Title						Signature	A			1	Date	1	, 1	1 -	
Gwen Trumbetti		Oper	atio	ons (oord	inator		MAN	116				4	1	181		

(1)# 137

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

		(P	ursuant	to NJAC	8:60 an	d 12:120	0)							
Date of Notification (1)				of Building						1	SEP	11	201	7
September 7, 2017				ral Aviat	ions A	dminist	ration	1	1					
Agencies Notified Type Notification				Address	ahoo T	aabaia	al Ca	ntor 1th Cl	las D	ASL	in ()	s 00	NTA	OL
X EPA		-				ecrinic	ai Ce	nter 4th FI	oor,B	iag. 30	14_ICE	NSI	VG_	
X DEP Amended DOL Amendment	#			ate, Zip Co tic City,		105								
Emergency	(including	-		of Contact	110 004	103	San II		Tala	-1				
				ory Fray										
Cancellation						1011					1	_		
Name of Facility Where Abatement is Takin	g Place (3	3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility (4)					
Atlantic City international Airport E								15 37.8						
Street Address	3							School (K-12 Subchapter 8		r than K	-12)			
Building 303							X	Other (i.e. pr etc.)				ildings	, hom	es,
City (5)								re Feet	# of	Floors		Bldg. /	Age	71-7
Egg Harbor Township							20,0	000	1			Unkr	nown	
County (6)				Code (7)			Curre	nt Use (Prior	if bein	g demol	ished)			
Atlantic			(STATE	USE ONLY)			chanical ro						
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	И No.		Name	of Aba	tement Cont	ractor (9)				
Environmental Testing Consultant	S		n/a					tos Abate						
Street Address						Street	III. SALIDA O ANA	11.00 - 11.00	2000		-			
413 N. Black Horse Pike						1800) Fed	eral Street						
City, State, Zip Code						City, S	tate, Z	ip Code						
Runnemede, NJ 08078								NJ 08105						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				License	No.			123/11/12
Howard Zenobi			856-4	82-1311			630 3			01303				
Start Date (10)	Schedule	d Con	npletion	Date (11)		Name	of OSF	HA Monitor						
09/18/17	09/24/						monit							
Occupancy Status During Abatement (Chec	k Only On	e)				Street	Addres	SS						
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: Building occupied by	nal Facility	Hours		of	_	City, St	ate, Zi	p Code		· · · · · · · · · · · · · · · · · · ·	,			
Scope of Work (Check All That Apply)) 													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit				X	Min Glo	Containmer i-Enclosure vebag Proce	dure				e	
	le.	Locati	on										ement	
Location of		ormal			Des	scription	of						ре	
Asbestos-Containing Material (ACM)		d Sole		Asbes		aining M		(ACM)	Air	ount			m	
TO BE ABATED		ntenar odial S		(i.e.		systems		tion,		ecify	Re	D.	Encapsulate	Enclosure
In Facility (13)		(12)				cing, VA			SF	or LF)	Removal	Repair	psu	losi
Vozz	Ves	Ma	NI/A		• 11.01		0000)				/ <u>a</u>	=	llate	лге
	Yes	No	N/A			-						-		
Roof	1		X		Pitcl	h pocke	ets		88	3 sf	x	-		
											-			
Name of Registered Waste Hauler		10000	JDEP W		Cubic			Name of Re	egister	ed Land	fill			
Champion Disposal			auler ID 2707	NO.	of Was	ste		Atlantic	Count	y Utilit	ies Au	thori	ty	
City, State					Dispos	al Date		City, State						
Hainsport, NJ					9/25/			Egg Har	bor To	ownshi	ip, NJ			
Completed by	Title				S	ignature	Λ	1			Date			-
Jeff Yekenchik	Owne	er					//	1			09/07	/17		
		- 11					m	M						

State of New Jersey

NO OK	r			to NJAC						0	ΕQ	020 9	1001		
Date of Notification (1)				Building Realty A							EF	1 1	20	17	14
09/07/17		_			issocia	ies LL			1	Or		779.44			+
Agencies Notified Type Notification		- 1	Street Ad		lood			-	A	SL	.03	CC	MT	POL	8
		L		ooper R					AND DESCRIPTIONS OF THE PARTY O	-	LICE	NSI	NG	Contraction (2)	
X EPA X DEP X DOL Initial Amended Amendment #	1	- 1		te, Zip Co		14									-24-03356
Emergency (ir		-	100000000000000000000000000000000000000	Berlin, N	17 0805	11			T = 1						
				Contact					I Tele	nhone	Millimi	200			
DCA Cancellation				Gottlieb					20 M				_	1000	
Name of Carille 18th are Abstract in Taking	Diago /2	1	FACIL	LITY INFO	DRMATIC	ON	Tuno	of Facility ((A)	-	110000				
Name of Facility Where Abatement is Taking ActionPak Convenience Store	Place (3	,													
Street Address								School (K-1 Subchapter		er than l	K-12)				
NE River Road & East State Street	t						X	Other (i.e. petc.)				build	ings,	home	es.
City (5)								re Feet	# of	Floors		В	dg. A	ge	
Camden, NJ 08105							5,90	00	1			8	8		
County (6)			County C	Code (7) ISE ONLY				ent Use (Pri	or if bei	ng dem	olishe	d)	311122		
Camden								andoned						2000001112	
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.				tement Cor		2000					
Environmental Testing Consultants			n/a			Silt	Asbes	stos Abat	ement	LLC					
Street Address							Addre		200						
413 N. Black Horse Pike						1800	0 Fed	eral Stree	et						
City, State, Zip Code						City, S	State, Z	ip Code					- 15 - 154	-1/220	
Runnemede, NJ 08078						Can	nden,	NJ 0810	5						
Project Manager for Monitoring Firm			Telephor	ne No.		Telepi	hone N	0.		Licens	se No				
Howard Zenobi			856 48	32 1311		856	630 3	3288		0130)3				
Start Date (10)	Schedule	ed Com	pletion [Date (11)		Name	of OS	HA Monitor							
09/11/17	10/02/	17			1	Self	moni	tor							
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addre	ss							
Facility Closed/Vacated During Entire Pont Abatement Performed Outside of Normal Other – Describe:						City, S	State, Z	ip Code							
Scope of Work (Check All That Apply)	distance of the second								V-2_11-0						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Renova Demoliti					Mi	II Containm ni-Enclosure ovebag Pro- on-Exempte	e cedure	57				е	
	le	Locati	on										250 000 000	ment	
Landing of	4	Normali			Des	scription	n of						Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solel intenar todial S (12)	ice/		tos Cont thermal surfac	aining N	Materia is insul AT, or	ation,	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											(D	
Roof			х		Ro	oof fie	ld		4,0	85 SF	Ĺ	х			
Roof			х		Roo	f flash	ning		50	00 LF		х			
Roof			x		Transi	te roo	f deck	(37	75 SF		х			
Name of Registered Waste Hauler		6.0 (2.2 ())	JDEP W		Cubic			Name of	Registe	red Lar	ndfill				
Champion Disposal			auler ID 2707	No.	of Was	ste		GROV	VS Lar	ndfill					
City, State Hainsport, NJ					Dispos 10/2/	sal Date	9	City, Star Morris		A					
Completed by	Title					ignatur	e A	1		SUA.	Dat	e		11.5	
Jeff Yekenchik	Own	ier				g.ratur		1				/07/	17		

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State of New Jersey

1r#5512	1	NOTIF F)	ICATIO	N OF ASI	BESTOS 8:60 an	ABATE d 12:12	MENT	T T	7 [3 C	尼	[]	W	E	
Date of Notification (1) 9/8/17			Name o	of Building	g Owner/0	Operator		page and a page of the	DH.	3 6	113	!!	7.1	15	
Agencies Notified Type Notification			Street /	Address Prospect				And the second s		SEF	-	1	2017		
□ EPA	t #	Ì	City, St	ate, Zip C Silver, N	ode					SL	U5 (JÕ	v	OL 8	<u> </u> &
	(including	_	Name o	of Contact	i	<u> </u>			_ T =		ICEN	ISI	VG_	Biblionion	-
DCA Cancellation				Turotsy					_						**
Name of Facility Where Abatement is Takin ACME Supermarket	ng Place (3)	FAC	ILITY INF	ORMATI	ION	Туре	of Facility	(4)						
Street Address 507 Prospect Avenue								School (K- Subchapte Other (i.e.	er 8 (Oth			buile	dings,	hom	es,
City (5) Little Silver							Squa 30,0	etc.) are Feet 000	# 0	of Floors			ldg. A	ge	
County (6) Monmouth				Code (7)	n		Curre	ent Use (Pr	rior if be	ing dem	olished				
Name of Monitoring Firm Hired by Building Vertex	Owner (8)		ASCI	M No.			of Aba	atement Co es, LLC		r (9)	-				
Street Address 700 Turner Way, Suite 105						Street 303 I		ss tional Ro	ad						
City, State, Zip Code Aston, PA 19014								Zip Code 19341							
Project Manager for Monitoring Firm Office Manager			Telepho 610-55	ne No. 58-8902	2	Teleph 484-8	one N	lo.		Licens 0116			2		
Start Date (10) 9/21/17	Schedule 9/22/17		npletion	Date (11)		Name EMS		HA Monitor							
Occupancy Status During Abatement (Chec						Street		717 M							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	batem Hours	nent				tate, Z	ip Code							
Scope of Work (Check All That Apply)						Cinna	amins	son, NJ							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Mir Glo	Il Containm ni-Enclosur ovebag Pro	e cedure						
	le I	ocati	on	13.5-1.55-2			l No	n-Exempte	d (*) an	d Non-Fr	riable		edure Abate		
Location of	No	ormall	ly		Des	cription	of						Ту		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair Custo	Solel ntenar dial S (12)	nce/				insula Γ, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Mechanical Room	Yes	No	N/A	Def										ate	ю́
Wednamear (Voor)	X			Keir	igeratio	n line	Insula	ation	,	7 LF	X	-			
Name of Registered Waste Hauler		1200000	JDEP W		Cubic Y			Name of	Registe	red Land	dfill				
ecoservices, LLC		Ha	auler ID	NO.	of Wast	te		GROW	S Lan	dfill					
City, State Exton, PA		- 1			Disposa 9/22/1			City, Stat Morrisv		Ą					
Completed by Jack Bally	Title Sr. Pr	oject	t Mana	ger	100000000000000000000000000000000000000	gnature	h /	3011	61		Date 9/8/1	7			
ASB-41 (R-06-08)						0	use th	nis form for	asbest	os licens	sure ex	em	pted a	activit	ies.

OV # OI	1 ,11	NO.			TION		BES	TOS ABAT	1.1	n [EGE		V	E		And the second
U alol	046		((Pui	rsuan	t to NJA	C 8:	60 and 5:16	9)	以厂				100		
Date of Notification (1)					Name	of Building) Owr	ner/Operator (2)	1111	SEP 1	1	2017		11	
	08 /	17			Ver	izon		.10. 20.		14	DEL 1	1	_011			Total Control
Agencies Notified	Type Notifica	ition	7		Street	Address			İ				tro	01.5	2,	1
⊠ EPA					1 V	erizon W	ay			A	SE US	CUI	JG JG	000		
⊠ DOLWD	Amended			1	City, S	State, Zip C	ode		. [LIUE	1011				
☑ DHSS □ DCA	Amendme	ALCOHOLD TO THE REAL PROPERTY.	-		Bas	king Rid	ge, I	NJ								
(NJAC 5:23-8)	justification		'n	İ	Name	of Contact				1	Telephone Nu	ımbe	r			
	☐ Cancellati	ion			Ale	x Baylor										
					FAC	CILITY IN	FOR	MATION			V.		8.00	·		
Name of Facility Where A	batement is T	aking Plac	ce (3)	-				Type of Fac	cility (4)						200
Verizon									☐ School							
Street Address											Other than K- ate and comn		al hui	Idina	2	
259 W. Main Street									hornes,		ate and comm	10101	ai bui	iuii ig.	٥,	
City (5)		1							Square Fee	et	# of Floors		Blo	g. Ag	е	
Denville, NJ 07834									10,000		3		5	0		
County (6)	-10)1-1/2				Coun	ity Code (7)(STA	TE USE ONLY)	Current Us	e (Prior	if being demo	olish	ed)	Control		
Morris																
Name of Monitoring Firm	Hired by Build	ling Owne	r (8)	1	ASCM	No.	Nan	ne of Abateme	ent Contracto	or (9)						
USA Environmenta	l Managaem	ent Inc.					J	VN Restorat	tion Inc							
Street Address							Stre	eet Address								
8436 Enterprise Av	enue						4	7 Foster Ro	ad							
City, State, Zip Code				, State, Zip Co	ode						-11					
Philadelphia, PA 19	153						S	taten Island	I NY 10309	E						
Project Manager for Moni	toring Firm	- www.W		Tele	ohone	No.	Tele	ephone No.			License No.					
Mark Jenkins				21	5-365	-5810	7	18-605-6256	3		00774					
Start Date (10)	S	cheduled	Con	nplet	ion Da	te (11)	Nar	ne of OSHA N	1onitor							
09 /18 /		09	/ _	29	_ / -	17	Т	estor Tech								
Occupancy Status During	Abatement (C	Check only	one	e)			Stre	eet Address						77		
☐ Facility Closed/Vacate	얼마 아내 아내가 있는 그 아니다 하다.						1	0 59 Jackso	n Avenue							
Abatement Performed			1000			cribe	City	, State, Zip Co	ode							
Time of Abatement: _	AIVI	PIVI/5:0	<u>JU</u> PI	VI- <u>1:</u>	<u>3U</u> AIVI		L	IC NY 11101	ſ							
Scope of Work (Check al	that apply)						200				v a marina					
		⊠ F	Reno	vatio	าก			☐ Full Con		h Negat	tive Pressure					
☐ ≥160 sf or ≥260 lf			Demo					⊠ Gloveba	g Procedure							
								☐ Non-Exe	mpted (*) ar	nd Non-	Friable Proce	dure			928,728	
Lasation				ocati rmal				Description	.r				Aba	ateme	ent Ty	/pe
Location Asbestos-Containing			sed	Sole	ly by	Asbe	stos	Description of Containing Ma			Amount		Rer	Repair	Enc	Enc
TO BE ABA	TED	N			nce/ Staff?		., the	rmal systems	insulation,		(Specify		Removal	air	Encapsulate	Enclosure
IN Facili (13)	ty	0.0		(12)	Jan:			urfacing, VAT her miscellane			SF or LF)		<u>a</u>		ula	ле
(10)		Ye	s	No	N/A		0	nor moconario	,000,						ē	
Basement Ventilating	Room 1		[Duct In	sula	tion			400 SF					
			Г													
			-													
			-		_	-				_	- <u>1</u>					
] [_					т.					Ш	Ш	
Name of Registered Was	te Hauler			0.61.00	JDEP \ auler II		Cub	oic Yards of			red Landfill					
Newark Carting] [NJ-56		2000000	0	G.R.O	.w.s.,	Inc.					e 10
City, State							Dis	posal Date	City, Stat							
Hackettstown, NJ							0	9/29/17	Morris	ville,F	PA					
Completed By (Print or T	ype)	Title					-	Signature	1 11	7		Date	9			
Ralph Barnhardt		Proje	ect I	Vlan	ager			MIN	7 ph			0	j1	03	- 74	017

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

OFFICE			(P		t to NJAC					i C	FI	VI E	i Per		
Date of Notification (1) 09	2/08/2017		T	Name o	of Building	Owner/0	Operator	(2)		, Un	51	M II	=	1	
2010 01 1101110011011 (1) 0 2	7,00,2017			Hari	ris Cor	p.			3						
Agencies Notified	Type Notification				Address					SEP	112	017	11	#	
□ EPA	□ Initial				ver Roa	ad		1	u u	ULI	116	UII	į l	1	
□ DEP	☐ Amended			City, St	ate, Zip C	ode							İ	\top	
₫ DOL	Amendment #			Clifto	n, NJ				0700	4	S CON	TROL	. &.		
Ď DOH	☐ Emergency (in justification)	ncluding	1	Name o	of Contact					LIC	ENSIN	3			-
□ DCA	□ Cancellation			Angel	o Ride	nte									
					ILITY INF	And the second second second	ION						-		
Name of Facility Where	Abatement is Taking	Place (3)					Туре	of Facility	(4)					
Harris									School (K-	12)					
Street Address				= 5000							er than K-		911	8	
77 River Road									Other (i.e. etc.)	private	& commer	cial bui	dings	home	es,
City (5)									re Feet	# 0	f Floors	E	Bldg. A	Age	
Clifton								50.0	00.00	2			+50	(20)	
County (6)				County	Code (7)	9.03.0				ior if hei	ng demolis		+30		
Passaic				(STATE	USE ONLY	n					elopme				
Name of Monitoring Firm	Hired by Building O	wner (8))	ASC	M No.										100
Bureau Veritas							Name o	of Abate	ement Con	tractor (9) Degn	ior E	aviro	nm	enta
Street Address							Street	Addres	SS		-				_
Raritan Plaza I 11	0 Fieldcrest Av	enue					511 (Canal	Street						
City, State, Zip Code	· ·						City, S	tate. Zi	p Code						
Edison, NJ 08837							The state of the s		NY 1	0013					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph				License	No			_
Ritesh Ramraj			1		225-453	33	(212)				01150				
Start Date (10)		Schedul			Date (11)	20.00		and the second second second	A Monitor		01130				_
09/22/2017		09/24		Marie Marie	()	8			nalytica						
Occupancy Status During	Abatement (Check							Addres		1, 1110.					
♣□ Facility Closed/Vacat		70000000 - 700000	. · · · · · · · · · · · · · · · · · · ·						38th Str	cont					
									p Code	eet	-				
X Abatement Performed Other – Describe: Fri Su	iday 6:00 PM to	2:00 A	M Sat	10:00	AM to	6:00 PN	INOW		, NY 10	010					
Scope of Work (Check Al	Inday 8:00 AM (c	3 4:00	PIVI				Mini E			010	-				
□≥3 sf or ≥3 lf	****	Пар	enovat	ion						ii+h NTa	astina D				
X□ ≥160 sf or ≥260 lf			molition								gative P	ressui	е		
									rocedure						
					T		Non E	xemp	ted (*) and I	Non-Fria	ible P			
			Locati											ement pe	
Location		V	Normal ed Sole	,			scription						Τ,		
Asbestos-Containing TO BE ABA		Ma	intenar	nce/	Asbes	stos Cont thermal	aining M	laterial	(ACM)		mount pecify	77		En	ш
In Facili		Cus	todial S (12)	Staff?	(cing, VA				or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other n	niscellan	eous)				ova	air	sula	Sun
		Yes	No	N/A								-		te	tD
1st Floor - Aisle 18				1	37477	0.36				225	C.F.				
1st Floor - Aisie 18				X	VAI	& Mas	Stic			225	SF	X			
											10-10-1				
Name of Registered Was	te Hauler		N	JDEP W	l /aste	Cubic	Yards		Name of	Registe	red Landfi	 [-
Newark CArting I			11.000	auler ID		of Was							(72)	750	
	encontife		0	4509		10					gement	Grar	dce	ntral	e.
City, State						Dispos	sal Date		City, Stat	te					
Newark, New Jer	rsey 07105					9/23/			Pen Ar	gyl, P.	A 18072				
Completed by		Title				S	ignature	i	W.	1	SHEDOWNER .	ate			
I Robert Dombros	weki	VPo	f One	eration	15	17	KOA	011	1 Mini	MA HE	1/1 00	/08/2	017		

25 255	e :		8										Print Form		
Date of Notification (1)		NO.	(Pursu	State of Nev TON OF ASBI ant to NJAC	ESTOS A 8:60 and	ABATE 12:12	.0)	D	i G E	<u> </u>					
2/8./17			Nam	e of Building (E&G	Owner/Op	perator	r (2)		SEP 11	20	17		#		
Agencies Notified Type Notification	on			et Address					011 11		11	-			
EPA Initial			71 March 1985	0 HADLEY	ROAD	Ė		45	E S US O	ONT	BOL	8			
DEP Amended Amendme	nt# a	Ž.		State, Zip Coo	ate, Zip Code TH PLAINFIELD, NJ 07080 ASL 3. US CONTE										
DOH Emergence	y (includ	ling		e of Contact	IFIELD,	, NJ C	07080		7.1	*					
Cancellati	on ————		JA	GR	AV	INA		Talani							
Name of Facility Where Abatement is Tak	ing Plac	e (3)	17	COLLI I INTO	KIVIATIO	IN	Type of F	Facility (4)							
Street Address							☐ Sch	100l (K-12)							
14 BROADW,	4 <u>y</u>						Sub Oth	er (i.e. priv	(Other than K- ate & commer	12) cial b	uilding	js, ho	mes,		
PATERSON	•						Square F	eet	# of Floors	1	Bldg				
County (6) PASSA; C			Count	ty Code (7)		-	Current U	Soo Jse (Prior i	f being demoli	shed)	APPS	9	7yes		
Name of Monitoring Firm Hired by Building	0	(0)		E USE ONLY)		_	Su	IR S	TAT: 0						
ENVIRONMENTAL TACTICS	Owner	(8)	004	CM No. 15	1	Vame o	of Abatem	ement Contractor (9) YSTEMS OF AMERICA							
Street Address 64 BROAD STREET	Street Address							- I EIVIS (JF AMERIC	;A					
City, State, Zip Code		Street Address 396 WHITEHEAD AVE.													
MATAWAN, NJ 07747			City, State, Zip Code SOUTH RIVER, NJ 08882												
Project Manager for Monitoring Firm TOM GEIGER	Teleph	none No. 290-2217			one No.	. License No									
Start Date (10)	tod Data (48)							-8350 0 <mark>1</mark> 111							
8/29:/17	Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA														
Occupancy Status During Abatement (Che	k Only (One)			St	treet A	ddress								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr					-			EAD AVE	Ξ.	-					
LA STILL DESCRIBE. NECESSAR	y of	ERAT	ORS	DNLY			ite, Zip Co	ide R, NJ 08	0000						
Scope of Work (Check All That Apply)				,			TIKIVE	K, NJ 08	8882						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli				TX T	Gloveba	a Procedu	vith Negative F						
		s Locati	ion			A,	Non-Exe	empted (*)	and Non-Friab	le Pro	Cedu				
Location of Asbestos-Containing Material (ACM)		Normal ed Sole	ly		Descrip	tion of	F								
10 BE ABATED	Ma	aintenar stodial S	nce/	Asbestos (i.e. the	Containir	ng Mat	erial (ACN sulation,	1)	Amount			П			
In Facility (13)	Cus	(12)	мат?	S	surfacing, her misce	VAT,	OF		(Specify SF or LF)	Removal	Repair	псар	Enclosure		
	Yes	No	N/A		nei misce	ananeo	ius)			oval	air	Encapsulate	osure		
BASEMENT +1 of Fle. STAIRWG	1	X		D' 0 = T	1			-				CD.			
BASEMENT		X		PIPE I TRANS;			Els	+-	110 LF	X					
BASEMENT		X		FIRE			EIS		75 SF	X					
Name of Period and Market		X		ACM	WiRE		DRAP		605F	V	_				
Name of Registered Waste Hauler			IDEP W	aste Cu	ubic Yards Waste	s U		e of Regis	tered Landfill	^					
E/GI City, State			9 4 () 9 ()		Px &	20		OWS NO							
FLANDERS, NJ				Dis	sposal Da	ate		State							
Completed by	Title				TB D Signatu		MOI	RRISVIL							
CAROL RAIMO	OFFI	CE MA	ANAGE	ER	1	Fr. 6	120		Date	15	7//	7			

à (21100			12											Print F				
CX# 8	1439 CX			ICATIO	State of Ne N OF ASB at to NJAC	ESTOS	ABATE		The second second	[] (5 <u>F</u>				And the second s				
Date of Notification (1)	17.				Name of Building Owner/Operator (2) PSE&G SEP 11 2										ᆀ				
Agencies Notified	ype Notification				Street Address 4000 HADLEY ROAD AST SUBSCONTRO														
EPA DEP	Initial Amended		-		tate, Zip Co				1	ASELS US CONTROL & LICENSING									
X DOL	Amendment :				TH PLAIN		D, NJ C	7080	Leanne		Management of the Parket of th								
DOH DCA	justification) Cancellation	moladin	9	-	of Contact		0	'-10		5 Tal	ank •	92.110							
		ORMAT		INA															
Name of Facility Where Ab	atement is Takino	Place	(3)					Type of	f Facility ((4)									
Street Address									chool (K-1 ubchapter		er than K	(_12)							
14 BRE	SON	V							ther (i.e. p				uildir	igs, h	omes,				
City (5)	S 1	T						Square	Feet	# of	# of Floors		Bldg. A		-				
County (6)	20 N			County	Code (7)			Current	2500 Use (Pri	or if bei	Z ng demo	lished	APP	× .	17yes				
PASS!					USE ONLY)		_	S	uB	STA	AT: 0		1)						
Name of Monitoring Firm Hi ENVIRONMENTAL T	ired by Building C ACTICS	3)	004	M No. 5				ment Cor			CΛ	Δ							
Street Address			004				Address	O I LIVI	3 OF 7	AIVIERI	CA								
64 BROAD STREET City, State, Zip Code				396 WHITEHEAD AVE.															
MATAWAN, NJ 07747			City, State, Zip Code SOUTH RIVER, NJ 08882																
Project Manager for Monitor TOM GEIGER	ring Firm		Telepho	one No. 90-2217			phone No. License No. 2-432-8350 01111												
Start Date (10)		led Con		Date (11)		Name	of OSHA	Monitor											
8/29/17 Occupancy Status During A	hatement (Charle	Only	1/11	UNIQUE SYSTEMS OF AMERICA															
Facility Closed/Vacated			nent				t Address WHITEHEAD AVE.												
Abatement Performed Other – Describe: N	Outside of Norma	al Facilit	v Hours		DNLV			State, Zip Code UTH RIVER, NJ 08882											
Scope of Work (Check All T							SOU	IHRIV	ER, NJ	0888	2								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure																	
		1			Γ		\boxtimes	Non-E	Non-Fri	riable Procedure									
Location of		1	s Locati Normali			Don	arintia a						Abatement Type						
Asbestos-Containing Ma TO BE ABATE	iterial (ACM)		ed Solel aintenar		Asbest	os Conta	Description of containing Material (ACM) mal systems insulation,			Amount				0					
In Facility (13)	<u></u>	Cus	todial S (12)	taff?	(i.e. t	surfac	ing, VAT	, ог	n,		oec <mark>i</mark> fy or LF)	Kemova	Neball	Dan	Enclosure				
(10)		Yes	No	N/A		other m	iscellane	eous)				oval	. 0	Donair	sure				
BASEMENT +100	Fle. STA: Awail		X		0:05	INS	ulati	(0.0)		110 LF		= >	-	+					
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Name of Registered Waste H	1-1-		X		ACM	1 W;		WRA		δ	>0 L	CX							
ETGI	nauler —	JDEP Wauler ID	No.	Cubic \ of Was	te	Name of Registered Landfill GROWS NORTH													
City, State			10	0069	2061	APPX Disposi	20		97		NUKIH								
FLANDERS	. NJ					TB			ity, State		E, PA								
Completed by CAROL RAIMO	,	Title	OE MA	00100			gnature		1 .			ate	/	1					
o tol to the		UFFI	CE IVI	ANAG	EK	1	Ares	1X	ain	re		91	5,	117					

(11/4 D) 90			134									Print Forn			
CK# 8399	'Y_	NOT	TFICATI (Pursua	State of New ON OF ASB ant to NJAC	w Jersey ESTOS ABATI 8:60 and 12:12	EMENT E) ECE		<u> </u>		n	And the second s			
Date of Notification (1) 8/16/17			Name	e of Building (Owner/Operato	г (2)	SEP 1	1 2	017		H				
Agencies Notified Type Notification	1		1	t Address 0 HADLEY	ROAD	CONTROL 9									
EPA Initial Amended Amendment			City,	State, Zip Co	de	ASELSTUS CONTROL &									
Emergency	(includi	ing	1	JTH PLAIN of Contact	IFIELD, NJ	07080		01							
DCA Justineation	n		JA	MES CILITY INFO	GRAV	INA	T-1				7				
Name of Facility Where Abatement is Taki	ng Place	∋ (3)	- 18	OILIT INFO	RWATION	Type of Fa	cility (4)	-							
Street Address					School	ol (K-12)									
14 BROAD WA City (5) PATERSON	ł <u>y</u>				_	Other etc.)	napter 8 (Other that (i.e. private & com	n K-12) imercial	buil	dings	ngs, homes,				
PATERSON	**					Square Fee		rs	E	Bldg.	Age	_			
County (6) PASSA; C.			Count	y Code (7)		Apple 23 Current Use	e (Prior if being de	molishe	d)	PPX	9	7yes			
Name of Monitoring Firm Hired by Building	Owner /	(9)	200	E USE ONLY)		Su	B STAT:								
ENVIRONMENTAL TACTICS	Owner ((0)	004		UNIC	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA									
Street Address 64 BROAD STREET					Street	Street Address									
City, State, Zip Code						396 WHITEHEAD AVE. City, State, Zip Code									
MATAWAN, NJ 07747 Project Manager for Monitoring Firm				SOU	SOUTH RIVER, NJ 08882										
TOM GEIGER				Telephone No. Telephone No. License No. 732-290-2217 732-432-8350 01111											
Start Date (10) 8 /29 / 19	Schedu	uled Co	mpletion	Date (11)	Name	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA									
Occupancy Status During Abatement (Chec	k Only C	One)	11	/		Address	EMS OF AME	RICA							
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm	eriod of	f Abater	nent		396 V	VHITEHEA									
Other - Describe: NECESSAR	f of	ERAT	ORS	DNLY	City, St	e , NJ 08882									
Scope of Work (Check All That Apply)	•				1 000	IIIIVER	, 140 00002								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			X	Mini-Enclo	Procedure								
		s Locati	ion			, Non-Exem	npted (*) and Non-I	Friable F			e emen				
Location of Asbestos-Containing Material (ACM)		Normal ed Sole	ly		Description	of									
TO BE ABATED In Facility	Ma	aintenar stodial S	nce/	Asbestos (i.e. the	Containing Ma ermal systems	aterial (ACM)	Amount (Specify		,		En	m l			
(13)		(12)	nan :		surfacing, VAT ther miscellane	, or	SF or LF)	0.00	emo	Repair	Encapsulate	Enclosure			
	Yes	No	N/A			/		2		=	ulate	ure			
BASEMENT +1 of Fle. STAIRWE		X		P: PE I	NSULAT;	oN	110	CF >	<	-					
BASEMENT		X		TRANS	ITE PAI	vels	755								
BASEMENT		X		F:RE	DooRS		605								
Name of Registered Waste Hauler			JDEP W		ubic Yards	Name	of Registered Lan	dfill							
ETGI		Ha	auler ID	No. o	f Waste		WS NORTH	aull							
City, State FLANDERS, NJ			100.10	D	PPX 20 isposal Date TBB	City, S	State RRISVILLE, PA				1-1-1-1-1				
Completed by CAROL RAIMO	Title	CE NA	ANAG		Signature			Date	/						
	OFFI	CE IVI	ANAG	EK	1/1/	of.	200	81	16	//	7	1			

			NOT	IFIC		State of I		Jersey STOS ABAT	rement	PUE	THE C	S F	3	W		F				
OV # 11421	0			(P	ursuant to NJAC 8:60 and 5:16)															
Date of Notification (1)	ž				Nam	e of Buildi	ng Ov	vner/Operator (1										
9 /	6 /	17			Ci	ty of Can	nden	<u> </u>		- Anna Marian		EP :	1 1	201	1	Land				
Agencies Notified		Stree	Street Address																	
⊠ EPA		PC	Box 95	120		and a supplemental		ASELS	105	CC	NTI	30L	&							
☑ DOLWD	Amender Amendm		City,	State, Zip	Code)				LICE	NS	NG								
□ DCA	⊠ Emergen	1	Ca	mden, N	J 08	101														
(NJAC 5:23-8)	justificati			9	Nam	e of Conta	ct			*	Telephone N	lumbe	er							
	☐ Cancella	tion			Ja	:0														
					F/	CILITY	NFO	RMATION							200					
Name of Facility Where A	batement is		Type of F	acility (4)															
1372 SAYRS AVE S		☐ School (K-12)																		
Street Address							□ Subchapter 8 (Other than K-12) □ Other (i.e., private and commercial buildings,													
1372 SAYRS AVE S	TRUCTURE	Ξ						Other (i.e., private and commercial buildings, homes, etc.)												
City (5)									Square Fe	eet	# of Floors		Blo	dg. A	ge					
Camden									varies		varies		1	50+						
County (6)					Cou	nty Code	(7)(STA	ATE USE ONLY)	E ONLY) Current Use (Prior if being demolished)											
CAMDEN								HOUSING DEEMED UNSAFE												
Name of Monitoring Firm	Hired by Build	ding C)wner	(8)	ASCN	l No.	Na	me of Abatem	ent Contrac	tor (9)	10									
							(Controlled E	nvironme	ntal S	ystems									
Street Address							Str	reet Address												
						1121 N. Bethlehem Pike - Suite 60														
City, State, Zip Code						City, State, Zip Code														
							Spring House, PA 19477													
Project Manager for Monitoring Firm Telep						No.	Те	lephone No.			License No									
							2	215 542 7000	N.		00847									
Start Date (10)	5	Sched	uled C	ompl	etion D	Pate (11) Name of OSHA Monitor														
9 / 7 /	17	1	0_/	3	1 /	17	7 CES													
Occupancy Status During	Abatement (Check	only o	one)			Street Address													
□ Facility Closed/Vacate							1121 N Bethlehem Pike -Suite 60													
☐ Abatement Performed						scribe	Cit	y, State, Zip Co	ode						//!\f					
Time of Abatement: 7	:00AM- <u>5:00</u> F	PM/	PN	/I	AM	AM Spring House, PA 19477														
Scope of Work (Check all	that apply)									200 to 200	7907 2000									
≥3 sf or ≥3 lf			□ Re	nova	tion		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure													
≥160 sf or ≥260 lf	molit		n Glovebag Procedure																	
								Non-Exe	mpted (*) a	nd Nor	n-Friable Proce	edure	8							
	3			Loca									Abatement Type							
Location Asbestos-Containing I	71	n l			ely by	Ash	estos	Description of Containing Ma		n	Amount		Removal		9 9					
TO BE ABA	TED	,			ance/		e., the	ermal systems	insulation,	'	(Specify			Repair	cap	Enclosure				
IN Facilit (13)	у		Cus	(12	Staff?			surfacing, VAT			SF or LF)		/al		Encapsulate	ure				
(13)			Yes	No			Ot	ther miscellane	ous)						ite					
See Attached Notice	of Hazard		П			Tools - Same	tach	ed Notice of	Hazard	-	200 YD per	res		П	П	П				
			-		-	-														
			Ц_										Ц	Ш	Ц					
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Name of Registered Wast	bic Yards of	Name of	Regist	tered Landfill																
Waste Management	of NJ				Hauler 1727		Wa 2	iste 200/residenc	GROV	NS										
City, State								posal Date	City, Sta	te										
Fairless Hills, PA							1	0/31/17	Tullytown PA											
Completed By (Print or Ty	pe)	Title	-					Signature	/// Date											
Patricia Visco		Of	fice I	Mana	ger			Pater	200 /	/11	7,	9.	. 6	-2	0	17				
						-1-200		1 00		M	CO	- 5	1	1	- 1	0				