Ch 23507		NOTII	FICATIO	State of New N OF ASBES to NJAC 8:	TOS ABATI	EN 20				E C	<u>E</u>		rint Fo
Date of Notification (1) 9/6/2018				of Building Ov T NEW YC				JTHORIT		SEI	11	20	18
Agencies Notified Type Notification X EPA Initial				Address ADAMS S	TREET				AS	BEST	OS C		3.JOF
DEP X Amended Amendment				tate, Zip Code T NEW YO		70	93		Let see see see see			1 1 144	enter e en Tijle toe
区 DOH justification) 区 Cancellation]		of Contact MARTIN					Telephone 609-238-		er		
			FAC	ILITY INFOR	MATION	37							- 1
Name of Facility Where Abatement is Takir WEST NEW YORK HOUSING AU							_	Facility (4)	12				
Street Address 6100 ADAMS STREET							X Su	ibchapter 8 her (i.e. pri	Other than I vate & comm		uildings	s, hom	es,
City (5) WEST NEW YORK						I	Square	Feet	# of Floors		Bldg.	Age	
County (6) HUDSON				Code (7) USE ONLY)		1	Current	Use (Prior	if being demo	olished)			
Name of Monitoring Firm Hired by Building TTI ENVIRONMENTAL, INC.	Owner (8)	ASCI	M No.				ment Contr	actor (9) ONTRACT	ING,	INC.		
Street Address 1253 N. CHURCH STREET							Address REELA	ND AVE	NUE				
City, State, Zip Code MOORESTOWN, NJ 08057							ate, Zip	Code NJ 07512					
Project Manager for Monitoring Firm MIKE STOCKU			Telepho	one No. 40-8800	Telep	ho	one No.		Licens 0049				
Start Date (10) 9/7/2018	Schedul 9/9/20			Date (11)	Name	0	f OSHA	Monitor 9) ABOV					
Occupancy Status During Abatement (Chec	k Only O	ne)				_	ddress	O) ABOV	_				
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Cother – Describe: OCCUPIED; START	Period of a	Abater	ment s				ate, Zip (Code					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoli				×	Mini-E Glove	Enclosure bag Proced	t with Negativ dure *) and Non-Fr			re	
Landing	1	Locat			_				7 0.10 1101111		Abat	emen ype	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intena todial s (12)	ely by nce/	(i.e. the	Description Containing Nermal system surfacing, VA ther miscellar	via is i	iterial (A insulatio , or		Amount (Specify SF or LF)	Kemova	Repair	Encapsulate	Enclosure
055 17710055	Yes	No	N/A									ate	re
SEE ATTACHED		X											
Name of Registered Waste Hauler	1	1.000	J IJDEP W lauler ID	1000 NX	ubic Yards		N	lame of Re	gistered Land	dfill			
TWO BROTHERS CONTRACTING		11 (85)	8743	12	f Waste 2		١	WASTE	MANAGEN	MENT	G.R.C).W.S	S.
City, State OTOWA, NJ				1.0	isposal Date 10/2018			city, State	VILLE, PA				
Completed by //IVECA RAMOS	Title PRO	IFCT	COOL	RDINATOR	Signature	Э				Date	110		

NJDEP Waste

Haular ID No.

PROJECT COORDINATOR

18743

Cubio Yarda

Disposal Data

Signature

Deveca

9/10/2018

of Waste

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ASB-41 (R-05-08)

TOTOWA, NJ

VIVECA RAMOS

Completed by

City, State

Name of Registered Wests Haular

TWO BROTHERS CONTRACTING

10 SF

V ASTE MANAGEMENT G.R.O.W.S.

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N: ne of Registered Landill

DRRISVILLE, PA

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^{*} Do not use this im for sebestos licensure exempted activities.

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Project #		NOTIF	CATION	tate of New N OF ASB t to NJAC	ESTOS A	ABATE		Г	Cr	neck #	438	32			
Date of Notification (1) 09/06/2018			Name o	of Building n State	Owner/O	perator	(2)					C			V
EPA Init	itification ial sended sendment # sergency (including	_	City, Sta Boonto	ain st/ S ate, Zip Co on, NJ C	ode	02					and the second s	SE	ar, magazine	1 1	201
DOH just	tification) ncellation		Jerem	of Contact y Doppe ILITY INFO		ON			973	ephone 3-334	-183	DetS 1	TOS	NSI	NTR VG
Name of Facility Where Abatemen House Street Address City (5)	t is Taking Place (3)						School (K- Subchapte Other (i.e. etc.)	-12) er 8 (Oth private		nercia	l build	lings,		es,
Morristown, NJ			County	Code (7)				rent Use (Pr			55		-5.		
Morris Name of Monitoring Firm Hired by	Building Owner (8)		USE ONLY	² —			eatement Co		(9)					
Street Address						Street 72 Br	Addr	ess side Rd							
City, State, Zip Code Project Manager for Monitoring Fir	m		Telepho	one No.		Rand	olph none f		69	Licen).			
Start Date (10) 09/15/2018	Schedu 09/17/		npletion	Date (11)	//	9739 Name IRIS	_	550 SHA Monitor	r	0135	8			-	
Occupancy Status During Abatemet Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe:	ent (Check Only O	ne) Abaten	nent s			Street 2333 City, S	Rt 2 State, 2	ess 2 West Zip Code J 07083							
Scope of Work (Check All That App ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Ft M	ull Containn ini-Enclosur lovebag Pro	re ocedure						
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Asbestos-Containing Material (TO BE ABATED In Facility (13)	ACIVI) M	ed Sole aintena stodial S (12)	nce/		tos Conta	system sing, VA	/lateria s insu T, or	lation,	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement area	Yes	No X	N/A	TSI					160 L	.F		×		ie .	
Name of Registered Waste Hauler Nick Restoration LLC		Н	JDEP W lauler ID 03378	No.	Cubic of Was	te		Name of G.R.O.	W.S	ered Lar	ndfill				
City, State Randolph, NJ Completed by	Title				TBD	11	:	City, Sta		1					
Nikica Mrda	Presi	ident			Si	ignature) 	1/4	-1		Date 09/0	e 06/20	018		

09/06/2018

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Date of Notification (1) 09/06/18				f Building (ady of G			(2)				5	EP	11	20	8
Agencies Notified Type Notification EPA Initial		- 1	Street A	^{ddress} entre St						A	SBE		S OC		OL 8
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☐ DOH justification) ☐ DCA ☐ Cancellation	cluding		Name of Carl	f Contact	w = th =					lephone 8-403					
Name of Facility (Agreement Agreement Agreemen	DI (6		FACI	LITY INFO	RMA	TION	_								
Name of Facility Where Abatement is Taking Our Lady of Guadalupe	Place (3	5)					_	e of Facility (4	35776 36783						
Street Address 227 Centre St.							×	School (K-1) Subchapter Other (i.e. p etc.)	8 (Oth				lings,	home	es,
City (5) Elizabeth		2/11					55000 A Co.	are Feet 000+	3	f Floors	1	1000000	dg. A)+	ge	
County (6) Union				Code (7) USE ONLY)				rent Use (Pric	r if be	ing dem	nolishe	ed)			
Name of Monitoring Firm Hired by Building Ov N/A	wner (8)		ASCN N/A	1 No.		Name EA S		eatement Con ces	tracto	(9)					
Street Address N/A						Street 426									
City, State, Zip Code N/A			101					Zip Code erg, NJ, 070	093						
Project Manager for Monitoring Firm N/A			Telephor N/A	ne No.		Telepi 201-		No. 1700		Licens 0107					
	Schedule 09/17/		pletion [Date (11)		Name N/A	of OS	SHA Monitor							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe		eren eren	ent			Street N/A	Addr	ess				3-22-17			
Abatement Performed Outside of Norma Other – Describe: 9am					_	City, S	State,	Zip Code							
Scope of Work (Check All That Apply)	/m=m														
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Renova Demoliti				<u> </u>	M G	ull Containme lini-Enclosure llovebag Proc on-Exempted	edure					9	
	Is	Locati	on						- \ - (Abate	ment	ii a
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Solel intenar todial S (12)	y by ice/		os Co therm sur	Description ontaining Mal system facing, VA r miscellar	Materi s insu T, or	lation,	(mount Specify F or LF)		Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A									_		ite	Ф
1st Floor Sec Office		Х			9x9	9 Floor	Γiles			8 SF		λ	;		
Name of Registered Waste Hauler		l N	JDEP W	laste	Cuh	ic Yards		Name of F	Panist	ered I a	ndfill				
Tri-State Transfer Associates		Н	auler ID 9551			/aste		Minerva							
City, State Bronx, NY					Disp TBE	osal Date		City, State Waynes		, ОН					
Completed by Michael Fajardo	Title Office	e Emp	oloyee			Signature	e /	W.			Dat 09	e /06/1	8		

Print Form

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Date of Notification (1) 09/05/18	Check # 3246	3		Name o	of Building	Owner/	Operator	r (2)	rment Acad	lamy	Chart	SE		11	20	18
Agencies Notified	Type Notification		-	Street A	Address		o/ LITIP	OVVCI	THEIR Acac	lerry	Take 15	LITTION TO SERVICE AND SERVICE			-	Water Corps
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DEP DOL	Amended Amendmen		_		ate, Zip C y City, N		04									white was
DOH DCA	Emergency justification Cancellatio)	Ī		of Contact			•			ephone 2-882-					
				-	ILITY INF	5300	ION	- 71		21	2-002-	-1704				
Name of Facility Where a Empowerment Aca	Abatement is Taki demy Charter	ng Place (3) School)					_	e of Facility (4							
Street Address 240 Ege Ave								×	School (K-1) Subchapter Other (i.e. p. etc.)	8 (Oth			build	dings,	hom	es,
City (5) Jersey City									are Feet 000+	# o	f Floors			ldg. A	ge	
County (6) Hudson				County (STATE	Code (7) USE ONLY	n		Cur	rent Use (Prio		ng dem	olishe				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.		Name EA S		patement Con	tractor	(9)					
Street Address N/A							Street 426 6									
City, State, Zip Code N/A							City, S	state,	Zip Code	202						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	none l		193	Licens					
Start Date (10)		Schedule	d Con	N/A npletion	Date (11)				1700 SHA Monitor		01074	4	_		=-0	
09/14/18 Occupancy Status During	Abstament (Che	09/16/1			2		N/A									
Facility Closed/Vaca Abatement Perform Other – Describe: 9	ated During Entire ed Outside of Norr	Period of A	baten	nent			Street N/A City, S N/A	000713110	Zip Code							
Scope of Work (Check A	Il That Apply)			*****			IN/A									
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D : D		Yes	No	N/A									al		ate	Ге
Boiler Ro	oom		X			ACI	M Elbo	WS		4	LF	_		Х		
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Name of Desisters 411	40.110.7-		1													
Name of Registered Was Tri-State Transfer As			Н	JDEP W auler ID 9551		of Was			Name of R Minerva			dfill				
City, State Bronx, NY							al Date		City, State Waynes		ОН					
Completed by Michael Fajardo		Title Office	Emr	olovee		S	ignature	·	mt	-		Date	5/1	8		

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Date of Notification (1) 09/07/2018		5	-Name Picco	of Building	owner/	Operato	r (2)			31 <u> </u>	CF	n 1	1	2040	
Agencies Notified	Type Notification		Street	Address		Group	LLC		14	b	SE		I	2018	
EPA DEP DOL	Initial Amended		City, S	orine Rd tate, Zip C	ode					AS	BES	TOS IGE	CON	<u>ITRO</u> G	L &
▼ DOL	Amendment # Emergency (included justification)	ling		ersville, of Contact		12			Tel.	e en la com	Nelson austria	- Care Contraction	-dr-sauce	th Charles	mineral
☐ DCA	Cancellation								rei	ephon	e Nur	nber			
Name of Facility Where A Private Dwelling	batement is Taking Plac	e (3)	FAC	CILITY INF	ORMAT	ION	Тур	e of Facility (4)						
Street Address City (5)			D.				×	School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Othe	er than	n K-12 mercia	?) al bui	ldings	s, hom	ies,
Millville	la de la composición dela composición de la composición dela composición de la composición de la composición dela composición de la compos						Squ: 6,5:	are Feet 24	# of	Floors	S		3ldg. 35+	Age	
County (6) Cumberland			County (STATE	Code (7) USE ONLY)			ent Use (Prior	if beir	ng den	nolish				
Name of Monitoring Firm TBD	Hired by Building Owner	(8)	ASC	M No.			of Aba	atement Contra afety LLC	ractor	(9)		2000			
Street Address						Street 22 Ti									
City, State, Zip Code						City, S	tate, Z	Zip Code							
Project Manager for Monit	oring Firm		Telepho	one No.		Teleph		ark, NJ 070 lo.	135	Licen	se No),			
Start Date (10)	Scheo	duled Cor	mpletion	Date (11)		973-2		DO99 HA Monitor		0131	17				
09/17/2018 Occupancy Status During	09/2	0/2018				Unite	d Sa	fety LLC							
Facility Closed/Vacate	ed During Entire Period	of Ahaten	nent			Street / 22 Tr									
Abatement Performed Other – Describe:	d Outside of Normal Fac	ility Hours	3		_			ip Code ark, NJ 070	125		<u> </u>				
Scope of Work (Check All	W. 1450.F2+37004							ark, NJ 070	135						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X	Renova Demolit	ition ion			×	Glo	Il Containmen ni-Enclosure ovebag Proced n-Exempted (dure					۵	
Lagation		Is Locati Normal											Abate	ement pe	
Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM)	sed Sole Maintenar ustodial S (12)	ly by nce/	Asbest (i.e.	os Conta thermal s	systems ing, VAT	aterial insula . or	(ACM)	(Sp	ount ecify or LF)		Remova	Repair	Encapsulate	Enclosure
Basemer	Yes	No	N/A	Λ:-	0-11-0				1202			Olar I		te	(D
Basemer		X		Air	Cell P	r Debr	_	on	1 20000	LF		X			
		'			1 100	Debi	15			SF	-	X			
Name of Registered Waste	United														
United Safety LLC	i iaulėi	H	JDEP Wauler ID I	No.	Cubic Y of Wast TBD			Name of Re Grows La	zwennoo.	d Lan	dfill				
City, State Lincoln Park, NJ			,55020		Disposa TBD	I Date		City, State							
Completed by /anco Petkov	Title	ject Ma	nager			nature	100	Tullytown	, PA	T	Date		40		-
	1.10	Jose Ivia	agci			11/1	no	00/00	1/2	1	9/07	120	18		

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$ L\rangle$	/ / \		State of New Jersey
-	M	OFFIC	AT ON OF ASBESTOS ABATEMENT
U		Pur	suant to NJAC 8:60 and 12:120)

Agencies Notified Type Notification Name of Educting Owner(2) Steet Address Initial Place (3) Initial Place (3) Part Place (3) P		F		NOTE	ICATION ursuant	OF ASB	ESTOS 8:60 an	ABATE d 12:12	MEN 0)		lar	1	12	127	1-	
Agencies Notified Type Notification Street Address City, State, Zip Code Sparta, N.J. 07871 Sparta, N.								Operator	r (2)		m	E C	E		V	
DeP Amended Amended Sparta, NJ 07871 Sparta	Agencies Notified	Type Notification									1					$\exists \mathbb{H}$
Sparta S									1,			SE	P 1	1 2	018	
Emergency (including DOA Disposition Cancellation Christine Permer Telephone No. Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Street Address Project Manager for Monitoring Firm Project Manager for Monitoring Firm Project Monitoring Firm Telephone No. Street Address Project Monitoring Firm Project Mon			#								H F	0.2		1 -	010	
Cancellation Christine Permer FACILITY INFORMATION		Emergency (-		W. W. 1912 2012 11 11 11 11 11 11 11 11 11 11 11 11 1	0/1				Tal	onbone A	Jumbar	0.011		
Name of Facility (Where Abatement is Taking Place (3) Street Address							er				101	eBirditie r	Atulital	:ON	IHOL	č.
Street Address School (K-12) Subchapter 8 (Other than K-12) S								ION				PROFILE PROPERTY OF	Z VIII OEE + O. P.	ON-107-018-01	The Laboratory	Pu stavicini
School (K-12) Sc		Abatement is Takin	g Place (3)					Тур	pe of Facility (4)					
City (5) Square Feet # of Floors Bidg, Age 66	CONTROL OF THE CONTRO												40)			
Square Feet # of Floors Bidg, Age 66	Street Address								×	Other (i.e. p				ilding	s, hom	es,
Sparta	City (5)								Sai		# 0	f Floors		Blda	Ane	
Sussex Name of Monitoring Firm Hired by Building Owner (8) ASE M No. Name of Abstement Contractor (9)									50000000		1 33	1110013			rigo	
Name of Monitoring Firm Hired by Building Owner (8)									Cui	rrent Use (Pri	or if bei	ng demo	lished)			
Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Project Manager for Monitoring Firm Telephone No. Start Date (10) 973-764-2276 703 Start Date (10) 973-764-2276 703 Start Date (10) 973-764-2276 Togs Abatement (Check Cnly One) Facility Closed/Vacated During Entire Period of Abatement Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State Ci			2 (0)				-		200400000	arcinetta						
Street Address Street Address PO Box 483, 4 E Gate Drive	Name of Monitoring Firm	n Hired by Building (Owner (8))	ASC	Л No.							LC			
City, State, Zip Code City, State, Zip Code Cilenwood, NJ 07418	Street Address										- 50	-125				
Project Manager for Monitoring Firm						PO E	Вох	483, 4 E G	ate D	rive						
Project Manager for Monitoring Firm	City, State, Zip Code									10						
Start Date (10) 973-764-2276 703 Start Date (10) 9/10/18 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: bathroom Scope of Work (Check All That Apply) 33 sf or 23 lf 23 sf or 23 lf 2160 sf or 260 lf Is Location of Asbestos-Containing Material (ACM) 10 BE ABATED In Facility (13) Describin of In Facility (13) Asbestos-Containing Material (ACM) (12) Yes No N/A Name of Registered Waste Hauler Tonys Cleanup & Hauling Name of Registered Waste Hauler Tonys Cleanup & Hauling Title Signature Port Address Full Containment with Negative Pressure Glovebag Procedure Normally Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surface), Afficient of the miscellaneous Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Name of Registered Waste Hauler Tonys Cleanup & Hauling Name of Registered Landfill Chrin Brothers Sanitary Landfill Clity, State Bridgewater, NJ Title Signature Date	Project Manager for Mor	nitorina Firm			Telepho	ne No					- 18	Lineann	No			
9/10/18 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:	, reject manager for mor	morning i min			releptio	ne ivo.		1					NO.			
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: bathroom Scope of Work (Check All That Apply) ≥ 33 for ≥ 31 f ≥ 160 sf or ≥ 260 lf Location of Abatement Period of Abatement With Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure N					npletion	Date (11)		Name	of O	SHA Monitor						
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code		a Abatement (Chec		_			-	Street	Addı	race				-		
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code				200000	ent			Olicot	71001	1033						
Salid or ≥3 if Salid or ≥260 if Salid or ≥26	Abatement Perform	ned Outside of Norm	nal Facility	/ Hours				City, S	State,	Zip Code						
≥160 sf or ≥260 lf	Scope of Work (Check A	II That Apply)	70-2016													
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Ves No N/A Name of Registered Waste Hauler Tonys Cleanup & Hauling City, State Bridgewater, NJ Location Normally Used Solely by Used S			-					×	N	Mini-Enclosure Glovebag Prod	e cedure					
Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Name of Registered Waste Hauler Tonys Cleanup & Hauling Name of Registered Waste Hauler Tonys Cleanup & Hauling Name of Registered Waste Hauler Tonys Cleanup & Hauling Name of Registered Landfill City, State Bridgewater, NJ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Registered Landfill Cubic Yards of Waste TBD Chrin Brothers Sanitary Landfill City, State Bridgewater, NJ Title Signature Date			1							von-Exempted	i (*) an	Non-Fr	able Pr			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler Tonys Cleanup & Hauling Name of Registered Waste Hauler Tonys Cleanup & Hauling City, State Bridgewater, NJ Completed by Title Used Solely by Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing (I.e. thermal systems in	Location	n of			200		Do	norintian	o f							
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bathroom				todial S		(i.e.							Ren	Re	ncap	Encl
bathroom	(13)			(12)							Ů.	0, 2, ,	nova	pair	sula	osur
Name of Registered Waste Hauler Tonys Cleanup & Hauling City, State Bridgewater, NJ Completed by NJDEP Waste Hauler ID No. 17787 Disposal Date TBD Cubic Yards of Waste TBD Chrin Brothers Sanitary Landfill City, State Easton PA Disposal Date TBD City, State TBD Completed by Date			Yes	No	N/A										lte	е
Tonys Cleanup & Hauling Hauler ID No. 17787 City, State Bridgewater, NJ Completed by Title Hauler ID No. 17787 Of Waste TBD Chrin Brothers Sanitary Landfill City, State Easton PA Signature Date	bathro	om			X		fl	oor tile	9		14	10 SF	Х			
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Tonys Cleanup & Hauling Hauler ID No. 17787 City, State Bridgewater, NJ Completed by Title Hauler ID No. 17787 Of Waste TBD Chrin Brothers Sanitary Landfill City, State Easton PA Signature Date													+			
Tonys Cleanup & Hauling Hauler ID No. 17787 of Waste TBD Chrin Brothers Sanitary Landfill	Name of Registered Was	ste Hauler	0 /	N	JDEP W	/aste	Cubic	Yards		Name of I	Registe	red Land	fill			
City, State Bridgewater, NJ Completed by Title Disposal Date TBD City, State Easton PA Signature Date	Tonys Cleanup & Ha	auling		1		No.	100000000000000000000000000000000000000	ste		E. 04-9030048530				andfi	I	
Completed by Title Signature Date			****				Dispos	sal Date								
- C (11)			T:0 -							Easton	PA					
			100000000000000000000000000000000000000	ident			8	ignature	9	1/2-				3		

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ch 1997	3		NOTIF	GATIO	tate of Ne OF ASB 16 NUAC	ESTOS	ABATE	MENT 0)			E			W.		1
Date of Notification (1) 09/05/2018					of Building LYN PE			(2)			δt	:P 1		2010	14-	1
	Type Notification			Street A							ASBES	STOS	CON	ITRO	3 10	PERMIT
EPA DEP	Initial			City St	ate, Zip Co	odo			A10		7000	LICE	NSIN	G		
X DOL	Amended Amendment		_		ΓORAN		J.									
☑ DOH ☐ DCA	Emergency justification) Cancellation				f Contact LYN PE	TROK	UBI			Teleph	none Nu	mber.				
Name of Facility Where Al	batement is Takin	g Place (3)	FAC	ILITY INFO	ORMATI	ON	Type	e of Facility (4	1)						
Private		3 . 1000 (-,					П	School (K-1)	3.500 nv						
Street Address		****						X	Subchapter Other (i.e. p	8 (Other t			dinas	home	29	
City (5) WEST ORANGEN N	П							Squa	etc.) are Feet 800	# of Flo			ldg. <i>A</i>	ige		
County (6)				County	Code (7)				ent Use (Pric		demolisi	ned)	08		-	
T 123				(STATE	USE ONLY)		N/				30.570				
Name of Monitoring Firm I	dired by Building (Owner (8))	ASC	A No.		NOF	RTH	EAST ENV			L LLC) .			
Street Address							Street 338	Addre 73 S								
City, State, Zip Code							City, S	State, 2	Zip Code BERGEN N	NJ. 0704	17					
Project Manager for Monite N/A	oring Firm			Telepho	ne No.		Teleph 201		lo. - 0642	1	cense N	0.				
Start Date (10) 09/06/2018					Date (11)		Name	of OS	HA Monitor,			- 1				
Occupancy Status During	Abatement (Chec	09/06/ k Only Or	A 12-11-01				Street	Addre	Envi	מפים	NEN/6	el			_	
Facility Closed/Vacate Abatement Performen	ed During Entire F	Period of	Abaten			-	_		rip Code	20	3.	((-)-e-==	-/			
	TI - (A - ()					_	UV	710	M. NC	13.						
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	гпат Арріу)		Renova Demoli				×	Mi	III Containme ni-Enclosure ovebag Procon-Exempted	edure				9		
		Is	Locat	ion						() and ()	01111100		Abate	ement		
Location of Asbestos-Containing Machine Machin	faterial (ACM)	Use Ma	Normal ed Sole sintena todial s (12)	ely by nce/		tos Conta thermal : surfac		Materia s insul T, or	ation,	Amor (Spec SF or	cify	Remova	Repair	e Encapsulate	Enclosure	
		Yes	No	N/A								-		ate	Ф	
BASEMENT AND	STAIRS		Х			FLO	OR TI	LE	9×9	150 S	SF.	X				
Name of Registered Waste			310	JDEP W lauler ID		Cubic Y			Name of R				10			
TRI STATE TRANSFI	EK ASSUCC		1	9951		TBD			MINER\		EKPKI	SE II	VC.			
BRONX N.Y.						TBD	al Date		City, State WAYNE		OHIC)				
Completed by CARLOS ESQUIVEL		Title SAFI	ETY I	MANAC	GER	Si	onature	f	1/1/	Top	Da 09	te 9/05/2	2018			
ASB-41 (R-06-08)						1	* Do no	ot use	this form for	asbestos I	icensure	e exen	npted	activit	ies.	



CK# 1826

u u u								W	4	- 3	00	(~	
Date of Notification (1) 9/7/18	2				wner/Operato				JE	C	E	П	W
	Notification		Street A	****	OWN OFFICE			-H	}} \	U	_ <u> </u>	Ш	W
T EDA IVI I	nitial		900 P	assaic A	ve			IIF	1				
C DEP C A	Amended			ate, Zip Coo					H	SEF	7	1 7	2018
DOL A	Amendment # Emergency (including	, 	Nęwa	rk, New J	lersey			lead	land.				
X DOH ju	ustification)	. [Name o	f Contact				Telepho				Name of the last	-
D DCA D C	Cancellation								ASI	3E51	US ICEA	CON	TRO
Name of Facility Where Abateme	ent is Taking Place	3)	FAC	LITY INFO	RMATION	Tvr	e of Facility (4)	Esternatura	ment deployed upolicy from	Basinoper-			-
Abandoned Commercial			n				83/23 3		36				
Street Address						1	School (K-12) Subchapter 8	(Other tha	an K-12)			
900 Main St						X	Other (i.e. pri	vate & con	nmercia	l build	dings,	hom	es,
City (5)		-				Squ	etc.) Jare Feet	# of Floo	ors	B	ldg. A	ge	
Newark						21	,000 SF	2 .			0+		
County (6)				Code (7)		Cui	rent Use (Prior	if being de	ernolish	ed)			
Essex				USE ONLY)	***************************************		ommercial S						
Name of Monitoring Firm Hired b	by Building Owner (8	1)	ASCN	A No.			batement Contr	2 0 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
n/a			n/a				y Contractin	g Inc					
Street Address					Street								
City, State, Zip Code							sade Ave						
n/a					2.00		Zip Code , NJ 07026						
Project Manager for Monitoring F	-irm		Telepho	ne No	Telep			Lie	ense No				
n/a			n/a	ne No.			6026	102.65	255).			
Start Date (10)	Schedu	led Cor		Date (11)			SHA Monitor						
9/17/18	12/31						y Contractin	g Inc					
Occupancy Status During Abater	ment (Check Only C	ine)			Street								-
Facility Closed/Vacated Du	ring Entire Period of	Abater	nent		360	Pali	sade Ave						
Abatement Performed Outs	ide of Normal Facilit	y Hour	5		City, 8	State,	Zip Code						
					- Gar	field	, NJ 07026		I DOMESTIC POSTORIO				
Scope of Work (Check All That A	Apply)				-	ese:							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Physician	Renova			and the		ull Containmen	t with Neg	ative Pr	essu	e		
≥160 sf or ≥260 if	[X]	Damoli	tion				dini-Enclosure Blovebag Proce	dure					
						N N	lon-Exempted ((*) and Nor	n-Friable	e Pro			
		s Locat									Abate Ty	men	
Location of	L(AGE) Us	Norma ed Sole		A	Description			• 2600 000000					
Asbestos-Containing Materia TO BE ABATED	M (ACIVI)	aintena	ince/		s Containing I hermal system			Amour (Special	0.70	Į,	-73	Enc	m
In Facility (13)	Cu	stodial ((12)			surfacing, VA other miscella			SF or L		Removal	Repair	aps	Enclosure
(13)		Т	1		outer miscella	neou	5)			val	=	Encapsulate	ure
	Yes	No	N/A										
Section #24		X	-		Roofing Ma			5,000		ĸ			
Section #25		X	-	-	Roofing Ma			5,000		K			
Section #26		×	<u> </u>		Roofing Ma	teria	ul	5,000	SF	K			
Section #26 A		x			Roofing Ma	teria		5,300		K			
Name of Registered Waste Haul	er	11 20	JDEP W lauler ID	0.000	Cubic Yards of Waste		Name of R	egistered L	andfill	200			
Newark Carting			4509		TBD		ISEI Lan	dfill					
City, State					Disposal Date	9	City, State						
Newark, NJ					TBD		Bethlehe	m, PA					
Completed by	· Title				Signatur				Dat				
E. Cirovic	Sec	retary			15 0%	יי ז	W.		9/	7/18			

110491	1	NOTHE (P	Station Tursuant	ate of New Je LOF ASBEST to NJAC 8:60	rsey OS-ABATE and 12:12	MENT		DE	C. E		\mathbb{V}	E
Date of Notification (1) 9-8-	18			f Building Own TRade	er/Operator	(2)	-11		SEP 1	1	2018	
Agencies Notified Type Notification			Street A	ddress					F0700	0.01	***************************************	Marketon St.
☐ EPA		100	City Sta	ate, Zip Code	Koc	K	Road	Weast	ESTOS UCE	NSIN COV	G	1. &
DOL Amendment #			0.13, 0.1		bert	vill	c	NJ I	185	30	an on peop	MINIOS CONTRACTOR
DOH Emergency (ir justification)	iciuaing	Ī	Name o	f Contact				Telephone	Number		11	7
☐ DCA ☐ Cancellation			FACI	LITY INFORM	-			908	963	- 1	16	<u> 5</u> _
Name of Facility Where Abatement is Taking Office Garage	_			-		Туре	of Facility	(4)				
Office/Garage Street Address.	<u> </u>	ide	15				chool (K-1	12) r 8 (Other than I	K-12)	•		
43 Prince	lon-	H	ight	stown	Rd	X 0		private & comm		dings	, 'nom	es,
City (5) Princeton Jun	chi	1.0	J	NIT		Squar	e Feet	# of Floors	8	Bldg. /	_	
County (6)	CFI		County (Currer	t Use (Pri	or if being demo	olished)	2	0+	
Mercer				USE ONLY)		Of	fices	Gara				207.000
Name of Monitoring Firm Hired by Building On	- 0		ASCM	No.	Name	of Abat	CONTRACTOR OF THE PARTY OF THE	ntractor (9)		6	P.	. 2
Street Address	-	<u></u>		4.104		Addres	\$	chnok	Jie.		VI	16
10. Dax 33	> 1				P	0.	50x	35 7				
City, State, Zip Code	NJ		80	533	W W	state, Zip	Equ	St N	50	8	53	3
Project Manager for Moeithri ig Firm	S Id	1	Telepho	ne No. 758- 336	1 2 2 2 2	none No	-336	Licens	e No.	29	U	
Start Date (10)	Schedule	ed Con	npletion I	Date (11)			A Monitor	2 (N		-	
9-18-18	1	<u>) -</u>	13	-18				hnologie	es I	nc		
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe	TT-1005 1000		ont		0.000000	Addres	·	337				
Abatement Performed Outside of Norma Other – Describe:					City, S	tate, Zip	Code				•	2015 S. 1
Scope of Work (Check All That Apply)		_			[No	ew E	Sypt	NJ	08.	53	3	
	□ R	enova	tion] Full	Containme	ent with Negativ	e Pressu	re.		
≥160 sf or ≥260 if		emolit	ion			I Mini	-Endosure	9				
					~	A		d (*) and Non-F	riable Pro		-	
Lasses of	7.000	Locati	1000		Doorsinties						emeni rpe	6
Location of Asbestos Containing Material (ACM)		d Sole		Asbestos C		faterial		Amount	_		ш	Е
TO BE ABATED In Facility	13000	odial S (12)			nal systems rfacing, VA		ion,	(Specify SF or LF)	Remova	Repair	сара	Enclosure
(13)			1	othe	er miscellar	neous)			oval	air	Encapsulate	sure
0 0 00 11 0	Yes	No	. N/A	2 1/ 1	0 0			77:10	- L	-	-	-
Roof SR#2	X		-	Rolled	Roofi			7200 Si	10	1		
Roof SR#3	X		-	Rolled	Roof	ins		2400 5			-	
ROOT BR#2	*	10		BROWN	Roo	HING	_	4200 S	F	-		
Name of Registered Waste Hauler		N	JDEP W	-	bic Yards	Dot		Registered Lan	dfill			
EPC Technologies	r	H	lauler ID		Waste L	0	Wast	e Manag	emen	t .	e f	A
City, State			. 10	Dis	posal Date	100	City, State	e ,			-	
New Egypt /	Title	×		Va	Signature	ates	Morn	isville	PA		•	
Steve Schenker		sid	ent		Ste	(aus)	Sch	h	Date 9 -	8-	18)

CK#5151

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

n,	E	C			Winte	orm)	١
M		SEP	1	1	2018		-

Date of Notification (1) 9/8/18					of Building			r (2)		d bed				
Agencies Notified	Type Notification		-		John Ma Address	nagine	ent.			ASE	EST	S C	TINC	301
1000	1				airmont	Δνα			l.		LIC	ENS	ING	AND DESCRIPTION OF THE PARTY OF
EPA DEP DOL	Initial Amended		1		ate, Zip C									
X DOL	Amendment	#	- 1	1000	hall, PA									
1	Emergency	(including	-		of Contact	10002			I Ta	Janhana M				
DOH DCA	justification) Cancellation			Tim	or Contact					lephone No 08 223 5				
	Caricollation			10000	ILITY INF	ODMAT	TON		91	JO 223 3	+09			
Name of Facility Where	Abatement is Takir	g Place (3)		IAC	ILIII IIVI	UKMAI	ION	Type of Facility	(4)		-			
Locust Garden		. ,							. ,					
Street Address								School (K		ner than K-	12)			
26 Locus Drive Bu	ilding 4 Unit 42							Other (i.e.		& commer		ildings	, hom	ies,
City (5)							_	etc.) Square Feet	1 # .	of Floors		Bldg.	A ===	
Summit								10000	2	n rioois		ыйд. 1 55+	4ge	
County (6)				County	Code (7)			N. Maria Carretta		inn demeli		55.		
Union					USE ONLY)		Current Use (Pappartment	nor ii be	ing demons	snea)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No		Mama	of Abatement Co		- (0)				
	sa ay bananig	oor (0)		7.001	vi ivo.			Insulation Co		(9)				
Street Address								Address	., 1110			-		
							1 2000	Iontrose Rd						
City, State, Zip Code								state, Zip Code			V9 :038		<u>u-11</u>	
								Neck, New	loreov	07722				
Project Manager for Mor	nitorina Firm		1	Telepho	ne No			none No.	ociocy	License	VI-			
,	mering i iiii			гегерио	110.			2941757		00029	NO.			
Start Date (10)		Scheduled	1 Cor	nnletion	Date (11)		1	of OSHA Monitor		00029				
9/17/18		9/25/18		присцент	Date (11)		Ivanie	Of OSITA MONITOR						
Occupancy Status Durin	g Abatement (Chec	k Only One	2)				Street	Address						_
Facility Closed/Vac							Cacca	Addiess						
Abatement Perform	ed Outside of Nom	al Facility I	Hours	nent			City S	tate, Zip Code						
X Other – Describe:							onj, o	ioto, Elp Godo						
Scope of Work (Check A	Il That Apply)		774											
≥3 sf or ≥3 lf	7. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1	X Po	enova	tion			Г	1			_			
2160 sf or ≥260 lf			molit	-1961 21/4/21				Full Containn Mini-Enclosur		n Negative	Pressi	ıre		
							×	Glovebag Pro	cedure					
		1			1			Non-Exempte	ed (*) an	d Non-Fria	ble Pro			
		9/32/55	ocati ormal										emen /pe	1
Location Asbestos-Containing		Used		,			scription				\vdash	T	T	-
TO BE AB		Main	tena	nce/				laterial (ACM) insulation,	1000	mount Specify	77		m	m
In Facil		Custo	dial 5 (12)	Staff?	(,,,,,		cing, VA			or LF)	Rem	Repair	cap	nclo
(13)			(12)	,		other r	niscellan	eous)		* 30-3000 * Seeding * * 5	Remova	air	Encapsulate	Enclosure
		Yes	No	N/A							-		te	0
laundry r	oom			x		nine	insulat	tion	1	25 lf	х	1		\vdash
•		+				Pipo	modici			20 11	1	-	-	
		-												
Name of Registered Was	ste Hauler		10000	JDEP W			Yards	Name of	Registe	ered Landfil	I	1	1	
Ace Insulation Co., I	nc		777	auler ID	No.	of Was	ste	Fairles						
City, State			1.	2086		2 Diana	-10.1							
Colts Neck, New Jer	sev					9/25/	sal Date	City, Sta						
Completed by	y	Title						Tullyto	wn, P/					
Bree McGuire			anı	Treasu	ırer	5	ignature	SIN	1	1,73	ate 10140			
		000101	a.y	110000	101		- 1	(741)	(9	/8/18			

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1/ 0/0: /		TIFIC	/Sta	te of New	Jersey	BATEME	MT	۵ (00	0	. [
W 2707	12.9			of Asbe 6 NJAC 8:				B	THE PO	造			7
Date of Notification (1) September 07, 20	118	N	ame of	Building O	wner/Op	erator (2) welling		15 6	<u> </u>	U (y L	7
Agencies Notified Type Notification	2,0	S	treet Ad	Idress	8 C3 C	65 60	000 61 1110		SEF	11	20	18	
EPA Initial Amended		C	ity, Stat	e, Zip Cod	е		# 10 10 10 10 10 10 10 10 10 10 10 10 10	Led L	1				-
DOL Amendment &		-	Co	Ilina	SU	2000	d, New	Je	SSEEST	280	QVI	10	2.
DOH justification) DCA Cancellation		l N		Contact J		1/33		3 1500	I.				10
Name of Facility Where Abatement is Taking	Place (3)			JTY INFO		M	Type of Facility (4)		-			\dashv
Residential Due	lling					Date	School (K-1	2)					A PARTICION OF
Street Address	7			2025		Property Control	Subchapter Other (i.e. p	8 (Othe uivate &	rthan K-12 commercia) Il buildi	ngs, h	omes	,
City (5) 0 11:	- 1	-					etc.) Square Feet		Floors	8	ig. Ag		
County (6)	<u>oq</u>	10	County C	Code (7)		- Control of the Cont	1115 S.F. Current Use (Prin		. 5 ng demolish		6	yr.	5
Lamden		6	STATE	ISE ONLY)			Resid	len	tial				_
Name of Monitoring Firm Hired by Building C Quality Environmental Concepts	Owner (8)		ASCN None	The state of the s	preterentura		f Abatement Cor y Environmer						-
Street Address 1053 North Tuckahoe Road	<u> </u>				$\neg \dagger$	Street A	ddress North Tuckah	ne Rn	ad				
City, State, Zîp Code		-	*			City, Sta	ate, Zip Code					•	
Williamstown, New Jersey 08094		1.7	Telepho	no Mo		Willian Telepho	mstown, New	Jerse	y 08094 License N	0			
Project Manager for Monitoring Firm Edward Knorr				29-1166	- Annah Salaman		29-1166		01086				
Start Date (10) 09 - 17 - 2018				Date (11)			of OSHA Monitor by Environmen		ncepts	1+			
Occupancy Status During Abatement (Chec				.0.0			Address North Tuckat	oo Do	ad				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of F rail Facility	Nours Hours	ent			City, St	ate, Zip Code mstown, New			<u></u>			
Scope of Work (Check All That Apply)				·		FEIIIG			,				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		lenova Jemoliti		e 180	*		Full Containm Mini-Enclosur Glövehag Pro Non-Exempte	e scedure	· ·				
	Is	Locali	on	T			reon-Example	1	a worre man		Abate Ty	ment	
Location of Asbestos-Containing Material (ACM)	Use	Normali ed Sole	ly by	Asbest		scription laining M	of aterial (ACM)	l p	mount .		- 1	1	
TO BE ABATED In Facility		intenar todial S			thermal		insulation,		Specify For LF)	Remova	Repair	ncaps	Enclosure
(13)	Yes	(12) No	N/A		other n	niscellan	eous)			oval	air	Encapsulate	sure
Basement	1:5		Non-	Neho	actac	< C10	th wrap	1	OSF:	1/			
LAISEITICILL				on d				-	.001.	1			
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Name of Registered Waste Hauler		l N	JDEP V	Vaste	: Cubic	Yards	l Name o	i Regist	ered Landfil	1		. ; !	
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Date of Notification (1)			L	17	Name of	Building (Owner	Operator E COMPA	(2) NY OF AME	RICA			-	/U	Ť
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	n Hold MERGENC	Y NOTI	FICATI	ION N	Name of O VILLIAM	Contact BARRET			Telephone 973-802-21		er				1
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Scope of Work (Check all that apply Demolition		novatio	n			Criticals v Mini-Encl		gative Pre	ssure						1
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City Chata		913			15			- 1	/)	entelli					
City, State IEWARK , NEW JERSEY					al Date 3-10/17/18	2	City,	State	WNSHIP, P	٨		3	,		
Completed by (Print or Type)	Title			5/1//10	Signa		FLAN	WITELD K	DVVINORIP, P	Date	61	2/	71	111	1
BENJAMIN SANCHEZ	DIRECT	OR OF	OPER	ATION	IS Joigile			1) V		Date	07	1/	111	3	

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Check 10492

	Date of Notification (1)		Namo	of Building Owner	(0=====================================				
	7-8-	18	Name (A building Owner	Operator (2)	in ER	ic H	Sac	
	Agencies Notified Type Notification	mer = p. a.;	Street /	Address	0430	ail EIN	Cla	30,	1
	□ EPA 🔀 Initial		10	-12×.					
	DDEP Amended Amendment	#	City, St	ate, Zip Code	0 0 1 L	NIT	177	111	
	☐ Emergency		Name o	of Contact	arlboro	[Telephone Nm	177	76	
	DOH justification)		(Erickson	Trelebtione Kill	mnor		
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	Name of Facility Where Abatement is Takin	g Place (3)	\	11.	Type of Facility	111 111	1		- 11
	Street Address Street Address	11/4	JWE	lling	☐ School (K	c-12 SFF er 8 (Other than K-1)	11	2018	-
		W		, ,	Other (i.e	private & commerci	z) al building	s, hom	ies,
	City (5)				Square Feet	# of ASBEST	OS RAH	VIRO	- 8
10	Marlboro	Two		NJ		# of Ploors ST	CENSI	20	+-
4	County (6)	14112	County	Code (7)	Current Use (P	rior if being demolish	ned)	00	•
	Monmouth			USE ONLY)		400			
	Name of Monitoring Firm Hired by Building (Owner (8)	ASC	No.	Name of Abatement C	Control of the contro	• -		
	Street Address	3162		MA	Street Address	chnolog	169	Jr	26
	P.O. Box 3	37			P.O. Rox	337	9		
N	City, State, Zip Code	117	00	522	City, State, Zip Code	115	AA	P 9	
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Ra	Project Manager for Monit ril gy Firm		Telepho	() () () () () () () () () ()	Telephone No.	License N	20	M	
T	Start Date (10)	Schedylęd Co	mpletion	758-3365 Date (11)	609 758 - 33 Name of OSHA Monito		70	Ц	
10	9-18-18		22.			hnologies	Tac		
line	Occupancy Status During Abatement (Check	(Only One)	7.		Street Address	3-		-	-
1	Facility Closed/Vacated During Entire F	eriod of Abate	ment		P.O. Box	337			ing &i
4 ~	Abatement Performed Outside of Norm Other – Describe:	al Facility Hour	" \$		City, State, Zip Code	(17			7
-6)	Scope of Work (Check All That Apply)				Tree - Sypt	NJ (1853	23	-
()	156 ≥3 sf or ≥3 lf	> Renov	ation		☐ Full Contains	nent with Negative P	ressure		
0	☐ ≥160 sf or ≥260 lf	Demol			≥ Mini-Enclosu	re	1000010		
	NO.				Glovebag Pro Non-Exempte	ocedure ed (*) and Non-Friab	le Procedu	ıre	
		Is Loca	tion					itement	t
	Location of	Used Sole			scription of			уре .	Г
	Asbestos-Containing Material (ACM) TO BE ABATED	Maintena Custodial	ance/		taining Material (ACM) systems insulation,	Amount (Specify	교교	Enc	En
	In Facility (13)	(12)			cing, VAT, or niscellaneous)	SF or LF)	Removal	Encapsulate	Enclosure
	(15)	Yes No	,N/A				, <u>a</u>	late	ire
	1/1 1 - 1		13000	- 11·	0 10 1	12.55		+-	\vdash
	Bitchen	X	+	Insulation	on Parch Board	12 SF	X	+-	\vdash
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			-					\downarrow	-
	Name of Registered Waste Hauler		NJDEP W	noto Cubio	Yards Name o	Registered Landfill			\Box
		11	Hauler ID	No. of Wa	ste III		,	_	2.1
	EPC Technologies	>	1700		> 1 Was	te Manager	nent o	Et	V
	City, State	NJ.			sal Date City, Sta 9-22-18 More	uisuille F	A		
ŀ	Completed by	Title		19/	ignature C	Dar Dar	te o	•	-
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Check#3153							and 5:1		(D)	ICELL	ĀTI	ON	
Date of Notification (1)				Nam	e of Buildi	ng Owner	/Operator	(2)	-115				
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Agencies Notified	Type Notifica	ation		-	et Address						20 30	-01	
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☑ DHSS □ DCA	Amendme		_	1	istown, N		j.		The state of the s	Marine Street	Free Company	- Colonia	CONTRACTOR CAR
(NJAC 5:23-8)	justification	on)	ig		e of Conta				Telephone Nu	mher			
	□ Cancellat	ion		Firoz	Patka								
				-	CILITY	NFORM	ATION					-	
Name of Facility Where A	batement is T	aking Plac	e (3)					Type of Facilit	v (4)				
Private house								School (K-	12)				
Street Address								Subchapter	r 8 (Other than K-1	2)	11.11		
								homes, etc	private and comm	ercial b	ullain	gs,	
City (5)							-	Square Feet	# of Floors	В	ldg. A	\ge	
Morristown, NJ 07960													
County (6)				Cou	nty Code (7)	(STATE (JSE ONLY)	Current Use (F	Prior if being demo	lished)			
Morris Name of Monitoring Firm	Ulead by D. II-		701										
Name of Worldonling Film	mired by Build	ing Owner	(8)	ASCM	No.	I		ent Contractor (9)				
Street Address							h LLC						
Officer Address							Address						
City, State, Zip Code							alley Rd # tate, Zip Co						
ů.						Seguen.							
Project Manager for Monit	toring Firm		Te	lephone	No.	_	, NJ 0747 one No.	70	License No.				
				50		100000000000000000000000000000000000000	8-1777		01127				
Start Date (10)		cheduled (of OSHA M	lonitor	01127				
				0_/	18	Enviro	vision Co	nsultants,Inc					
Occupancy Status During							Address						
Facility Closed/Vacate	d During Entire	e Period of	Abat	ement	V10014400000	20-21	Wagaraw	Road, Bldg .#	35E				
Abatement Performed Time of Abatement:	AM-	rmai Facili PM/	ty Hoi		AM	City, St	ate, Zip Co	ode					
Coops of Work (Charles III	NI4				2	Fair La	wn, NJ 0'						
Scope of Work (Check all	tnat apply)					H	Clean up	and decontami	ination with negative gative Pressure	e press	sure		
>3 sf or >3 If ≥ 160 sf or >260 If			enova			日	Mini-Encl	osure					
			emolit	ion		M	Glovebag Non-Exer	Procedure	Tent with Negativ on-Friable Procedu	e Press	sure		
		TT	s Loca	ation	T			-ipica () and it	T Table 1 Tocedo		atom	ent T	imo
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Asbestos-Containing M TO BE ABAT		Ma	eu 30 ainten	ance/			taining Mat I systems i	rerial (ACM)	Amount	Rem	Repair	nca	ncl
IN Facility	/	Cus	todia (12	Staff?	1 4	surfa	cing, VAT,	or	(Specify SIF or LF)	Removal	air	Encapsulate	Enclosure
(13)			T		-	other r	niscellaneo	ous)		=		late	0
Pasamant		Yes	No								-		\vdash
Basement		ᆜᆜ			Pipe insi	ulation			200 LF				
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Name of Registered Waste	e Hauler		N.	JDEP Waste	Hauler ID No.	Cubic Ya	rds of Waste	Name of Regi	stered Landfill		Ш	Ц	
Gr Tech LLC				003378	5	TBI		T.R.R.F. Inc					
City, State				000010		Disposa		City, State					
Wayne, NJ 07470						TBI		Tullytown, P.	Δ				
Completed By (Print or Type	oe)	Title	17720				nature A	Tanytown, P.		ate			
l.Jevtic		Owner					//	Ac Wena		/07/18	ř		
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Date of Notification (1) 09/06/2018				of Building ell Bross		Operator	(2)				SE	٢	1 1	2018	}
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X DEP Amended X DOL Amendmen	nt#			ate, Zip Co ston, NJ		a			1	wn meeuwo	erbanch s			1000 OF 1500	watership.
▼ DOH Emergency justification	(including]		of Contact	07000				Tele	enhon	o Niur	nhar			-126-2
DCA Cancellation			Mitche	ell Bross					6			-			
Name of Facility Where Abatement is Tak	na Place (31	FAC	ILITY INFO	ORMATI	ON	T	-55-111-11							
House	rig Flace (3)						of Facility (4							
Street Address								School (K-12 Subchapter 8	(Othe	er than	n K-12	2)			
								Other (i.e. pr etc.)	ivate 8	com	mercia	al bui	ldings	s, hom	es,
City (5) Livingston								re Feet	333000	Floor	S		Bldg.	Age	
County (6)		Т	County	Code (7)			7,100,000	nt Hao (Brion	N/A		es a li a la		V/A		
Essex				USE ONLY)			Hou	ent Use (Prior se	ii beir	ıy aer	nolish	ea)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCN	M No.				tement Cont		(9)					
Street Address						Street		ement, Inc							
								gren Aveni	ue						
City, State, Zip Code								ip Code							
Project Manager for Monitoring Firm			Telepho	no No				J 07512							
,			relepito	ne ivo.		Teleph 973-3				013	nse No 11	ο.			
Start Date (10) 09/20/2018	Schedul 09/21/		mpletion I	Date (11)				HA Monitor		-3					
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Abatement Performed Outside of Nor Other – Describe: Occupied	mal Facility	y Hour	S		İ	90000		p Code							
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ATTENDED.	Renova Demoli				×	A Alien	Containmen	t with	Nega	tive P	ressu	ire		
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Location of	1	Norma ed Sole	lly			cription							T	уре	· · ·
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/		os Conta thermal					nount		77		四	ш
In Facility (13)	Cus	todial ((12)	Staff?		surfac	ing, VAT	T. or .			or LF		Remova	Repair	caps	Enclosure
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Name of Registered Waste Hauler		IN	JDEP W	aste T	Cubic \	Yards	1	Name of Re	egister	ed l a	ndfill				
0&S Abatement, Inc.		H	lauler ID 0996		of Was			Waste Ma				PA			
City, State		[2			Dispos	al Date		City, State	-						
otowa, NJ					TBD			Morrisville	e, PA						
Completed by led Joksimovic	Title	ot N/I-	noact		Si	gnature		Al.			Date		2011		
iod conditiovio	FIOLE	CL IVIS	anager				0	21 11 1			1 09/	U6/2	2018		

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Agencies Notified Type Notification	1			Address					ASBEST	7000	77171	201	0
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DOH justification Cancellatio)	g		of Contact Singeltor				Te	elenhone N	Number			
Name of Facility Where Abatement is Taki	ng Place	(3)	FAC	ILITY INF	ORMAT	ION	Type of Facility	- (4)					8-11-
House Street Address							School (K	(-12) er 8 (Oti	ner than K & comme	-12) rcial bu	ildings	s, hon	nes,
City (5) Union							Square Feet N/A	# 0 N/	of Floors A		Bldg. N/A	Age	
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Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.		Name D&S	of Abatement C Abatement,	ontracto	r (9)				
Street Address						Street	Address Osengren Av						
City, State, Zip Code						City, St	ate, Zip Code va, NJ 07512						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph			License 01311	No.			
Start Date (10) 09/19/2018	Schedul 09/20/		mpletion	Date (11)		Name o	of OSHA Monito Abatement, I		01311				
Occupancy Status During Abatement (Chec			837.96			Street /	Address Disengren Ave						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Occupied	nal Facility	Abater y Hour	nent			City, St	ate, Zip Code						
Scope of Work (Check All That Apply)						1 Otov	va, NJ 07512						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Renova Demoli				×××	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure					
Location of		Locat									Abat	emen /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole sintena todial ((12)	nce/	Asbest (i.e.	tos Cont thermal surfac	scription of aining Ma systems cing, VAT niscellane	aterial (ACM) insulation, , or	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							_		ate	,e
Furnace/Laundry Room		Х				oor Tile		3	0 SF	Х			
Basement		Х			Pipe	Insulati	on	5	0 LF	Х			
Name of Registered Waste Hauler		l ki	JDEP W	(nata	0.11	V1							
D&S Abatement, Inc.		Н	auler ID I 0996	10000000000000000000000000000000000000	of Was TBD				red Landfi gement (
City, State Totowa, NJ					Dispos TBD	al Date	City, Sta Morrisy		Α				
Completed by Ned Joksimovic	Title Proje	ct Ma	nager		Si	ignature	TA	7	D	ate 9/06/2	2018		

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Date of Notification (1) 09/06/2018	10	0,0		Name of	of Building	Owner/	Operato	r (2)				SEP	11	20	18
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DOH DCA	justification) Cancellation		,	Timot	of Contact thy O'Co	nnor				T _e	enhone M	Ali imbar			
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House	terrierit is Takir	ig Flace ((3)					P	of Facility (
Street Address								X C	school (K-1 subchapter other (i.e. p tc.)	8 (Oth	er than K & comme	(-12) ercial bu	ildings	s, hom	nes,
City (5) Basking Ridge								Squar N/A		# o	f Floors		Bldg. N/A	Age	
County (6) Somerset				County (STATE	Code (7) USE ONLY	o		Currer	nt Use (Pri	or if be	ing demo	lished)			
Name of Monitoring Firm Hir N/A	ed by Building	Owner (8)	ASC	M No.				ement Cor ment, In		(9)				
Street Address							Street	Address							
City, State, Zip Code							City, S	State, Zip							
Project Manager for Monitori	ng Firm			Telepho	ne No.		Teleph	none No 345-86			License	No.			
Start Date (10) 09/17/2018		Schedul 09/20/		mpletion	Date (11)		Name	of OSH	A Monitor ment, In	c.	01011				
Occupancy Status During Ab			00000	720	``		Street	Address							
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Asbestos-Containing Mat <u>TO BE ABATEI</u> In Facility (13)		Ma	intena todial ((12)	nce/		thermal surface	taining M systems cing, VA niscellan	s insulati T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								3		ate	re
Attic			X			Ver	micula	ite		61	0 SF	Х			
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Name of Registered Waste H	aulos.		1.5												
D&S Abatement, Inc.	aulei		H	IJDEP W lauler ID 0996		of Was	All the second		Name of R Waste N	07551					
City, State Гotowa, NJ						Dispos TBD	al Date		City, State Morrisvil		Α				
Completed by Ned Joksimovic		Title Proje	ct Ma	nager		S	ignature		4/	/		ate 09/06/2	2018		

6 2018 03:21PM NJ Asbestos Co	ontrol	609.6	33.066	4		pag	ge 1	г				-		_
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Date of Notification (1)			Name	of Building		Operator	(2)	-		ASBEST Li	GEN:	SING	nut	. 3
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State of New Jersey SBESTOS ABATEMENT 0/8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 9-6-2018 Ocean County College Agencies Notified Type Notification Street Address \boxtimes **EPA** 1 College Drive ASBESTOS CONTROL & DEP Initial City, State & Zip Code \boxtimes DOL Amended Toms River, NJ 08754 \boxtimes DOH Emergency Name of Contact Telephone Number DCA Cancellation Mike Bruno 732-255-0400 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Ocean County College-Nursing Building #4 ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) 1 College Drive Building #4 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 11,000 Toms River NY Ocean Current Use (Prior if being demolished) Nursing Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brinkerhoff Environmental Services Resource Management Group, LLC Street Address Street Address 1085 Atlantic Avenue 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Manasquan, NJ 08736 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-223-2225 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9-24-2018 10-8-2018 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed during regular operating Hours: City, State & Zip Code Describe: 8:30am - 5:00pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure X ≥160 sf ≥260 lf Demolition П Glove Bag Procedures X Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsular Enclosure TO BE ABATED Remova (i.e., thermal systems Repair Maintenance or in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes N/A No Rooms N116 & N117 Floor tile & mastic 2,100 SF \boxtimes Room N118 Floor tile & mastic M 325 SF Room N118 X Floor tile & mastic X 15 SF Room N116, N117 and N119 X White Cove Base 300 LF M Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State

Disposal Date

TBD

Signature

Title

President

Trenton, NJ 08619

Mr. Brian Haney

Completed By (Print or Type)

City, State

Morrisville, PA

Date

9-6-2018

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Date of Notification (1) 09 / 06	1	18			ne of Build ouise Ho	ing Owner/Operator	(2)		SEP	11	201	18
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Name of Facility Where Abate Same Street Address Same	ment is T	aking Pla	ice (3)				Type of Facility (School (K-12 Subchapter 8 Other (i.e., pr	. ,	2) ercial t	ouildin	ngs,	
City (5)							Square Feet 2001	# of Floors	E	Bldg. A	₹ge	
County (6) Burlington				Cou	unty Code	(7)(STATE USE ONLY)		1 or if being demoli	ished)	49		
Name of Monitoring Firm Hired	d by Buildi	ing Owne	r (8)	ASCN	I No.	Name of Abatem	ent Contractor (9)					
A.E.S.L				002	21		NMENTAL SER	RVICE				
Street Address						Street Address						
2200 Patterson Plank Re	d. Unit 7	7				8421 Hegerm	an Street					
City, State, Zip Code						City, State, Zip Co						
North Bergen NJ 07047						Philadelphia						
Project Manager for Monitoring	Firm		Te	lephone	No.	Telephone No.		License No.		-	-	
Carmelo Altamonte				201864	6583	215 333-5117	e.	01328				
Start Date (10)9 /8 /18		cheduled 9			ate (11) 18	Name of OSHA M	lonitor					
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Abatement Performed Outsi	AM	rmal Faci PM/	ity Ho	urs - De //	scribe _AM	City, State, Zip Co	ode					
Scope of Work (Check all that a	apply)					☐ Full Cont	ainment with Nega	ativo Proceuro				/
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			enova emoli			☐ Mini-Enc	losure g Procedure mpted (*) and Non-		re			
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REPUBLIC SERVICES				Hauler II	O No.	Waste	WASTE MAN					
City, State NEW BRUNSWICK NJ				2730		Disposal Date	City, State MORISVILLE	E PA				
Completed By (Print or Type) ANTHONY JONES	T	Fitle PROJE	CT N	IANAG	ER	Signature An Ku	ony Tone	Dat	te	10	3	

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Date of Notification (1	September 6	. 2018		Nam	e of Ruilo	ling Own	er / Operato	r (2)	(Previously se	nt) C	hec	K #	1405
	August 3, 2018			Lens	Crafters	ing Own	ei / Operato	(2)			-		
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□EPA □DEP				4000	Luxottic	a Place					<u></u>		
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Pennoni Associates Street Address	1 22						Synatech, I	nc.					
24 Commerce Street							Street Addre 829 Radio I						
City, State & Zip Code Newark, NJ 07102							City, State 8	& Zip Code					
Project Manager for M	onitoring Firm		IT	elephone	Number		Little Egg F Telephone I	larbor, NJ 08087	License Num	h			
Ralph Coppola Scheduled Start Date		hadulaa	97	73-265-97	63		609-296-69	16	License Num	0081	7		
September 10,	, 2018			ion Date per 10, 20			Name of OS Synatech, I						
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	erformed Outside				ent		829 Radio F City, State 8						
Other - Desc			mai mai					larbor, NJ 08087					
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(*	13)					ir	nsulation, sur or other misc	rfacing, VAT		Z Z	-	Enc	m
							or other mist	cellarieous)		Removal	Repair	aps	Enclosure
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Main Area			_		. X		Floor File a	nd Mastic	1,000 SF	X			_
Name of Registered W	aste Hauler		NJDEP \		Cubic \	Yards of	Waste	Name of Registe	ered Landfill				
Synatech, Inc.				429	20			Fairless Hills					
City, State					Dispos	al Date		City, State				2/411	
Little Egg Harbor, NJ	08087				Octobe	er 11, 20	18	Morrisville, PA					
Completed By	Ti	tle	3		Signatu		. , , ,		ate				
Diane Aloia	Ex	cecutiv	e Admini	strator		Mg - 2	- 1100	(<u>)</u>	September 6, 2 sugust 3, 2018	018			

Check # 1405 Date of Notification (1) August 10, 2018 Name of Building Owner / Operator (2) August 3, 2018 LensCrafters Agencies Notified Type Notification Street Address EPA ON-HOLD 4000 Luxottica Place 1 1 2018 DEP **DOL** Initial City, State & Zip Code Amended Mason, OH 45040 ASBESTOS CONTROL & ⊠DОН Amendment # DCA Cancellation Name of Contact Telephone Number Kevin Kraus 513-765-6000 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LensCrafters - Macy's School (K-12) Street Address Subchapter 8 (Other than K-12) Menlo Park Mall, 55 Parsonage Road, Unit 501 Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 5,000 59 Years Edison Current Use (Prior if being demolished) Commercial County (6) County Code (7) Middlesex USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni Associates Synatech, Inc. Street Address Street Address 24 Commerce Street, Suite 300 829 Radio Road City, State & Zip Code City, State & Zip Code Newark, NJ 07102 Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Ralph Coppola 973-265-9763 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ON HOLD Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure $\ge 3 \text{ sf or } \ge 50 \text{ lf}$ Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify TO BE ABATED Custodial Staff? (12) SF or LF) Material (ACM) IN Facility (i.e., thermal systems (13)Encapsulate insulation, surfacing, VAT Enclosure Remova Repair or other miscellaneous) N/A Yes No Main Area X Floor File and Mastic 1.000 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. Fairless Hills City, State Disposal Date City, State Little Egg Harbor, NJ 08087 Morrisville, PA September 14, 2018 Completed By Title Signature August 10, 2018 Mane 1 Diane Aloia **Executive Administrator** August 3, 2018

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Name of Monitoring F	irm Hired by E	Building O	wner (8)		ASCN	/ No.	Name	of Aba	tement Contracto	or (9)			-		
Pennoni Associates Street Address			,				Synat	ech, In	C.	51 (9)					
24 Commerce Street	Suite 300						100000000000000000000000000000000000000	Addres							
City, State & Zip Code								adio Ro	Zip Code				- 15	7	
Newark, NJ 07102	l2 =:						Little	Egg Ha	arbor, NJ 08087						
Project Manager for M Ralph Coppola		1	1.000	elephone 73-265-97				hone Nu 96-6916		Licens	e Num	ber 0081	7		
Scheduled Start Date August 13, 2	(10)	Schedule	ed Complet	ion Date	(11)		Name	of OSH	A Monitor			0001	-		
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Synatech, Inc. City, State			27	429	Dispos	al Date		-	Fairless Hills City, State						
ittle Fee U.S.															
ittle Egg Harbor, NJ completed By	08087	Title		-	Septer	nber 14	, 2018		Morrisville, PA					4-	
(00)					Signati		V.,	171		Date					
iane Aloia		Executiv	ve Adminis	strator	1	Mere	e	all	nc ,	August 3, 2018	3				

Ch6094		NOT	GATIO	tate of New Je N OF ASBEST 1 to NJAC 8 SO	OS ABATE	MENT 20)	т			C	E	U	rint
Date of Notification (1)			Name	of Building Own	er/Operato	or (2)			L	SEF		1 2	018
9/7/18			Stac	Stacy Janzer Private Home									
Agencies Notified Type Notificatio	n		Street	Address		1000			AS	BEST	OS C	ON	TRO
EPA Initial		-	City O	7. 0							GEN		
DEP Amended Amendment	nt#			ate, Zip Code ahawkin NJ (20050								
Emergency	(including	9		of Contact	76050			T = (-	- h N1				
DOH justification			Stacy					relep	ohone N	umber			
				ILITY INFORM	ATION							-	-
Name of Facility Where Abatement is Taki	ng Place	(3)				Тур	e of Facility (4)					
Stacy Janzer Private Home							School (K-1	(2)					
Street Address		2707-11-20-1					Subchapter	8 (Other	than K-	12)			
						X	Other (i.e. petc.)	onvate &	commer	cial bu	ildings	, hom	ies,
City (5)						1 2000	are Feet	# of F	loors		Bldg.	Age	
Manahawkin NJ 08050							00 +	1			50+		
County (6)			County (STATE	Code (7) USE ONLY)			ent Use (Pri	or if being	demoli	shed)			
Ocean	0. /-					10.00	use						
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.	1/2	ame of Abatement Contractor (9)							
Street Address			1			naco Inc Address							
					ess 329								
City, State, Zip Code							Zip Code					-	
ann a seasann an							rlin NJ 080	91					
Project Manager for Monitoring Firm	T	Telepho	ne No.	Teleph				icense	No				
						9800		00727	Asia Maria				
Start Date (10)	Schedu	led Cor	npletion	Date (11)	Name	of OS	HA Monitor						-
9/17/18	9/21/1				Sam	ne							
Occupancy Status During Abatement (Che	ck Only O	ne)			Street	Addre	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of mal Facilit	Abaten y Hours	ment rs City, State, Zip Code										
Scope of Work (Check All That Apply)		alli alversion											-
≥3 sf or ≥3 If ≥160 sf or ≥260 If	Section 1	Renova Demolit			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		1000	on			a INC	xempled	() and r	vuii-riia	DIE Pro			
Location of	s Locati Normal	ly		Desc-i-ti-						Abatement Type			
Asbestos-Containing Material (ACM)		ed Sole		Asbestos C		//ateria		CM) Am				ш	
TO BE ABATED In Facility	todial S				systems insulation, cing, VAT, or			ecify	Re	R	nca	Enc	
(13)		(12)			r miscellan			SF o	LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							20	-	ate	re
Exterior Siding			x	E	terior Sic	dina		1000) CF	-	-		
Exertor oldrig			_ X	EX	renor Sic	ung		1200) SF	x			
	-												
	-		-										
Name of Projectored Waster Lands			10.55	<u></u>									
Name of Registered Waste Hauler			JDEP W auler ID		oic Yards Vaste		Name of F		d Landfil	I			
Jnited Containers			2459	4	V 025550 TV		G.R.O.\	N.S.	.S.				
City, State					oosal Date		City, State						
Elm NJ				9/2	1/18		Morrisvi	lle PA	1960				
Completed by Anthony T Perna	Title				Signature	1			9 0	ate			
willionly I rellia	1 Pres	ident			1 1	/			1 0	17/18			

President

9/7/18

* Emergency *

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

CK 6995

Date of Notification (1) 9/7/18			- 1		Building C				0.10				[F	= n	7.7	e	
Agencies Notified	Type Notification			Jen Embaby private Home Street Address							7)				W	E	
				Street A	acress			Y/									
EPA DEP	Initial Amended		-	City Sta	te, Zip Coo	de.		3-10-00 to 10-00				0.5		1 4	0046	-	
DEP DOL	Amended	#			n NJ 080						14	SE	7	1 1	2018	3	
	Emergency (Contact			(CHE2112-147)		Tal	ephone	Numbe	ar .	12 -07500		-	
DOH DCA	justification) Cancellation		31.0	Jennife	(Callegian and a second				ż,	I IICH	epitojie	INGITID	51	0	NTR	21 8	
Ц вол	U Carlochadon				LITY INFO	PMAT	ION			1		- 1	.IOE	HON:	VG	Jan 61	
Name of Facility Where	Abatement is Taking	Place (3)		1 AOI	LITT HAT O	IVINIA	ION	Туре	of Facility (4)	Enven		tribe action of	PARTICIPATION PROPERTY.	and water and			
Jen Embaby private		202							School (K-12)	`							
Street Address							************		Subchapter 8	(Oth							
									Other (i.e. pri	vate 8	& comm	ercial l	ouild	ings,	home	s,	
City (5)									re Feet	# o	f Floors		Bl	dg. A	ge		
Marlton NJ 08053								100	0+	2			1	5+			
County (6)		-	1	County C	Code (7)			Curre	nt Use (Prior	if bei	ng demo	olished)		-	-	
Burlington			1	STATE U	ISE ONLY)			Hou	ise								
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	l No.		Name	of Aba	tement Contr	actor	(9)	-					
N/A							A CONTRACTOR	naco I								1	
Street Address							Street	Addres	SS				-			-	
31							PO	Вох 3	29								
City, State, Zip Code					77 C		City, S	State, Zip Code									
						1 TO SERVICE	est Berlin NJ 08091										
Project Manager for Mor	Τ.	Telephor	ne No.		Telepi	none N	0.		Licens	e No.			***************************************				
		2			1 6	356-753-9800 00727											
Start Date (10)		Com	pletion [Date (11)		Name	of OSI	-IA Monitor	D-Volled								
9/8/18					San	ne											
Occupancy Status Durin	1				Street	Addres	SS										
Facility Closed/Vac	ated During Entire F	Period of Ab	atem	ent			7										
Abatement Perform	ned Outside of Norm	nal Facility F	lours	One			City, S	State, Z	ip Code		700000			N. C			
Other – Describe:	weekend		-		************	_											
Scope of Work (Check A	All That Apply)		-														
≥3 sf or ≥3 lf		☐ Re	nova	tion] Ful	II Containmer	nt with	Negati	ve Pre	ssur	е			
X ≥160 sf or ≥260 lf	*	-	molit				-	Mir	ni-Enclosure								
							5		ovebag Proce n-Exempted		d Non-F	riahle	Proc	edur			
		1						i INO	II-LX6IIIpted	() an	u Non-i	Tiable			ment		
	W 112	775200	ocati rmall	7000		2200		0.020						Ту			
Location Asbestos-Containing		Used	Sole	ly by	Achost		escription ntaining I		L/ACM)	Δ	mount	Γ			_		
TO BE AB		Main	7.51				l system			5.1	Specify		찟	70	nc	E	
In Faci		Custo	มลเ ธ (12)	ian?			acing, VA			SI	or LF)		Remova	Repair	aps	Enclosure	
(13)	li .		,	1		other	miscella	neous)					val	₩.	Encapsulate	ure	
		Yes	No	N/A				20,000.000							Φ		
Exterior S	Siding		3,1000	х		Exte	erior Si	ding		18	00 SF		x				
		1										_					
		+		-			BITTE HOL			-							
						(i)				ocarrecina de							
Name of Registered Wa	ste Hauler			JDEP W	37.00		Yards		Name of R	egiste	ered Lar	ndfill					
United Roll Off			10	auler ID 2459	No.	of Wa	aste		G.R.O.V	V.S.							
City, State			12	2700		8	osal Date										
Elm NJ						9/10			Morrisvi		A 1906	37					
Completed by		Title	2577				Signatur	á	WOTTION			Date	-	22255			
Anthony T Perna		Presid	ent				Janata	0		1		9/7/					
i citia		1.0000					(-		-	7						

Ch 6993	P	NOTIF (P	ICATIO	ate of Ne VOF ASE to NJAC	BESTOS	ABATE	MEN	г			<u>E</u> (C I		V			
Date of Notification (1) 9/7/18	Date of Notification (1) 9/7/18										St	P	1	2018			
								Len Goldberg Private Home Street Address									
☑ EPA ☑ Initial										A	SBES	ESTOS CONTRO LICENSING					
☐ DEP ☐ Amended	5 20		53	ate, Zip C						t	Logical Property	Liui		(v)			
DOL Amendmen		- [North	Beach	Haven	NJ 08	800										
DOH justification	1)			of Contact				771000000000000000000000000000000000000	L Te	lephone N	umber						
DCA Cancellation	n		Eric							-0							
Name of Facility Where Abatement is Tak	ing Place (3)	FAC	ILITY INF	ORMAT	ION	Typ	e of Facility	(4)								
Len Goldberg Private Home							,,,,	970	2. 20								
Street Address							H	School (K- Subchapte		er than K-	12)						
							X	Other (i.e. etc.)	private	& commer	cial bui	ldings	, hom	es,			
City (5)		-					Squ	are Feet	# 0	f Floors		Bldg.	Age				
North Beach Haven NJ 08008							100	00 +	2			50+					
County (6)				Code (7)				ent Use (Pr	or if be	ing demolis	shed)		1000				
Ocean					<i>''</i> —			use									
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	И No.		Marian Maria	e of Abatement Contractor (9)										
Street Address			1			Pern											
on out / ladiess		Street Address PO Box 329															
City, State, Zip Code						City, S	tate,	Zip Code									
Project Manager for Monitoring Firm		Telepho	no No				din NJ 08	091									
Traject manage, for mornioring 1 mil		relehilo	ile IVO.		Teleph 856-		9800		License 00727	NO.							
Start Date (10)	d Cor	npletion	Date (11)				HA Monitor		00121		-						
9/19/18	9/27/18		Same														
Occupancy Status During Abatement (Che	ck Only On	e)		-		Street	Addre	ess									
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A mal Facility	baten Hours	nent S			City, S	tate, 2	Zip Code									
Scope of Work (Check All That Apply)						L											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit			25	×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					e					
	Is	Locati	ion		-0-10-115						T		ement				
Location of	Location of Norm					scription	of					Ty	Туре				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	ntena odial S (12)	nce/	Asbestos Containing M				Material (ACM) As insulation, (S			Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A										ite	Ø			
Exterior Siding			х		Exte	rior Sid	ling		22	00 SF	x						
	1																
			1					1									
		-					-				_						
Name of Registered Wasta Haular		1 64	IDED	(octo	Tour	Voud		I No. 1									
Name of Registered Waste Hauler United Containers		Н	JDEP W auler ID 2459		Cubic of War	Yards ste		Name of G.R.O.	450	red Landfil	I						
United Containers City, State		Н	auler ID		of Wa				W.S.	red Landfil	1						
United Containers		Н	auler ID		of Wa	ste sal Date		G.R.O.	W.S.		1						

PAGE LIFZ

NOTIF CATION OF ASSESTED ABATEMENT Pursuant to NJAC 8 60 and 5:16)

Date of Notification (1)					Name of Building Owner/Operator (2) Township of Berkeley Heights														
9 / 1	10 /	18	_		Township of Berkeley Heights														
	ype Notifica	tion			Street	Street Address													
100 (E)	Initial				29	Park Ave					0.0								
	Amended				City, S	State, Zip C	Code			THE SE	PT	20	18						
☑ DOH ☐ DCA	Amendme Emergend				Bei	keley He	ights	s, NJ 07922											
(NJAC 5:23-8)	justificatio		luuliig		Name	of Contac	t			Telephone Nun	iber's c	TMO	ROI	2					
	Cancellati	on			Jol	John Bussiculo (908) 464-2700ENSING													
					FA	CILITY IN	FOR	RMATION											
Name of Facility Where Aba										Type of Facility (4)									
Berkeley Heights Eng	gineering E	3ldg-	at M	unic	ipal Co	omplex			Subchapter	12) r 8 (Other than K-12	21								
Street Address										private and comme		ilding:	s,						
29 Park Ave (Block 6	08 Lot 4)						etenii vivii		homes, etc	:.)									
City (5)									Square Feet	# of Floors	Blo	dg. Ag	e						
Berkeley Heights									2,100			50+							
County (6)					Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (F	Prior if being demol	shed)								
Union									municipal	complex									
Name of Monitoring Firm Hi	ired by Build	ing O	wner (8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9	9)									
Langan Engineering	& Environ	ment	al		000	99	C	ontrolled E	nvironmental	Systems									
Street Address							Stre	eet Address											
300 Kimball Drive							1	121 N. Beth	ehem Pike -	Suite 60									
City, State, Zip Code							City	, State, Zip Co	ode										
Parsippany, NJ 07054	1						S	pring House											
Project Manager for Monitor	ring Firm			Tel	ephone	No.	Tele	ephone No.		License No.									
Vijay Patel	(973) 56	0-4900	2	15 542 7000		00847												
Start Date (10)	S	chedu	uled Co	ompl	etion Da	ite (11)	Nar	ne of OSHA N	lonitor										
9 / 24 /	18	1(0_/	_3	1_ /	18	С	ES											
Occupancy Status During A	batement (C	Check	only o	ne)			Stre	eet Address											
☐ Facility Closed/Vacated	During Entire	e Peri	iod of A	Abate	ement		1	121 N. Beth	ehem Pike -	Suite 60									
☐ Abatement Performed O						scribe	City	, State, Zip Co	ode										
Time of Abatement: 7:0	<u>0</u> AM- <u>5:00</u> P	M/	PI	νı	AM		S	pring House	e, PA 19477										
Scope of Work (Check all th	nat apply)							□ Full Cont	rainment with N	egative Pressure									
≥3 sf or ≥3 lf			☐ Rei	nova	tion			☑ Mini-Enc		egative r ressure									
≥160 sf or ≥260 lf			□ Der	molit	on				g Procedure	laa Edabla Baard									
				Loca	41			⊠ Non-Exe	mpted (") and N	Ion-Friable Procedi									
Location of	t			lorm				Description of	f			ateme		-					
Asbestos-Containing Ma)			ely by	Asbe	stos	Containing Ma		Amount	Ren	Repair	Enc	Enc					
TO BE ABATE	<u>ED</u>				ance/ Staff?	(i.e		rmal systems		(Specify	Removal	ai.	aps	Enclosure					
IN Facility (13)			Ousi	(12				urfacing, VAT ner miscellane		SF or LF)	<u>n</u>		Encapsulate	JE					
1.1.97		Ī	Yes	No	N/A		•						Ф						
Through out						Pipe In	sula	tion		205 LF	\boxtimes								
Through out						Floorin	g			2240 SF									
Various Doors				\boxtimes		Door In	sula	tion		79 SF									
Interior Perimeter Walls	s					Mastic	Daul	b assciated	w/wood wall	1300 SF	\boxtimes								
Name of Registered Waste	Hauler				NJDEP		100000000000000000000000000000000000000	oic Yards of	Name of Reg	istered Landfill									
Geppert Recycling					Hauler I	D No.	Wa	ste	Western	Berks Commun	tiy Lar	ndfill							
City, State							Dis	posal Date	City, State	W-01/-01/-01/-01/-01/-01/-01/-01/-01/-01/	200								
Hatfield, PA									Birdsbor	o, PA 19508									
Completed By (Print or Type	e)	Title					-	Signature	1.	, [ate								
Patricia Visco		Of	ffice N	Mana	anager Patiens Uisson 9.11									3					

Ch 11032	N	101			ate of Ne I OF ASI		ABAT			G			\mathbb{V}	E	
Date of Notification (1) 9 / 10 /	18			000000000000000000000000000000000000000	of Building		A Service Harden Service Servi	SEP 1 1 2018							
Agencies Notified ☐ EPA ☐ Initial ☐ Amended ☐ DOH ☐ DCA ☐ (NJAC 5:23-8) ☐ Cancellat	d ent # ncy (incli	uding	4.00	City, S	Address Park Ave State, Zip C rkeley He	Code eights, Nu	J 07922	ASBESTOS CONTROL & LICENSTING Telephone Number							
Cancella	tion			ΕΛ	CILITY IN	IEODMAT	TION			-	_				
Name of Facility Where Abatement is 3 Berkeley Heights Engineering Street Address 29 Park Ave (Block 608 Lot 4)	Electric C			I ONWA	TION	Type of Facility School (K-12 Subchapter 8 Other (i.e., phomes, etc.)	2) 8 (Other than K rivate and com		al bui	ilding	s,				
City (5)								Square Feet	# of Floors			lg. Ag	ge		
Berkeley Heights County (6)				Com	nty Code (7	NOTATELIO	E ONI VI	2,100 Current Use (Pri	ior if hoine de-	oliob -	- 3	÷0	-		
Union								municipal c	omplex	iolisne	u)				
Name of Monitoring Firm Hired by Build Langan Engineering & Environ Street Address	ASCM 0009		Systems												
300 Kimball Drive						Suite 60									
City, State, Zip Code Parsippany, NJ 07054						ode e, PA 19477									
Project Manager for Monitoring Firm Vijay Patel			0.0000	lephone 973) 56	No. 0-4900	Telephor	ne No.		License No 00847						
			ompl	etion Da	te (11)	Name of CES	OSHA M	onitor							
Occupancy Status During Abatement (Facility Closed/Vacated During Enti				ement		Street Ac	ehem Pike - Si	uite 60							
Abatement Performed Outside of No. Time of Abatement: 7:00AM-5:00F	ormal F	acility	Ηοι	urs - Des	scribe	City, Stat									
Scope of Work (Check all that apply)		☐ Rer ☑ Der		5000 SANDS			Full Cont Mini-Encl Glovebag	ainment with Neg				2344			
Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility	ation ally lely by ance/ I Staff?		stos Conta e., thermal : surfac	systems i ing, VAT,	Amount (Specify SF or LF)		Removal	Repair	ent Encapsulate	ype Enclosure					
(13)	,	Yes	(12 No	1		otner m	iscellaned	ous)					ite		
Exterior Window Caulking Facac	des [\boxtimes		Caulk a	t Facade	s		270 LF						
Roof	[\boxtimes		Roof &	Flashing			50 SF		\boxtimes				
Boiler Room					Flue Pa	tch Cem	ent		1 SF						
Name of Registered Waste Hauler Geppert Recycling	[1.5	NJDEP I Hauler II		Cubic Ya Waste	rds of	Name of Regis	stered Landfill	intiy	∟ Lan	dfill	Ш		
City, State Hatfield, PA						Disposal 10/31/		City, State Birdsboro,		onside.					
Completed By (Print or Type) Patricia Visco	Title Off	ice N	lana	ager	Signature					Date					

ASB-41 PCC ZOFZ * Do not use this form for asbestos licensure exempted activities.