State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN Check#2868 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 06 17 2017 John Winzinger Agencies Notified Type Notification Street Address ✓ Initial ☐ EPA **⋈** DOLWD Amended US CONTROL & City, State, Zip Code Amendment # X DHSS LICENSING Bordentown, NJ 08505 ☐ Emergency (including □ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) Cancellation John Winzinger **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) Bordentown, NJ 08505 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Burlington Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 15 / 17 09 / 16 / 17 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-___PM/___ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If = 160 sf or 260 If Mini-Enclosure Renovation Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Remova Repair Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A \boxtimes X Basement Pipe insulation 170 LF П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 Tullytown, PA TBD Completed By (Print or Type) Title Date Signature eurc wenad 09/06/17 N.Jevtic Owner ASB-41

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Date of Notification (1) 09/05/2017		Name of	Building Owner/C , Inc. S&P Glo	A CONTRACTOR OF THE PROPERTY O	(2)	別		0 0	047	S S S S S S S S S S S S S S S S S S S	
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Emergency (includ justification)	ing	Name of	Contact sco Linton		<u> </u>	7-1	LICEN	IDIIA	u		
		- Carrier Carrier Control	LITY INFORMATI	ON		 :				- Total	
Name of Facility Where Abatement is Taking Plac	e (3)				Type of Facilit	202					
Street Address 148 Princeton-Hightstown Road						ter 8 (Oth	er than K-12 & commercia		dings,	home	es,
City (5) East Windsor, NJ 08520			32		Square Feet 10,000	3	f Floors	100	ldg. A 0+	ge	
County (6) Mercer		County (Code (7) USE ONLY)		Current Use (F Office Space		ng demolish	ed)			
Name of Monitoring Firm Hired by Building Owner Ambient Group, Inc.	(8)	ASCN N/A	1 No.		of Abatement C Environmen						
Street Address 470 Seventh Avenue				17700177000	Address 2 Queens Pl	aza Sou	ıth				
City, State, Zip Code New York, NY 10018					State, Zip Code I Island City,	NY 11	101				
Project Manager for Monitoring Firm William Loch		Telephor 212-94	ne No. 14-4615		none No. 349-0900		License No 28675).			
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Occupancy Status During Abatement (Check Only					Address Kennedy Blv	d					
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac Other – Describe:				City, S	state, Zip Code onne, NJ 070	000000					
Scope of Work (Check All That Apply)				Dayo	71110, 110 070	02					
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Name of Registered Waste Hauler		NJDEP W Hauler ID		Yards	Name	of Registe	ered Landfill				
ATC		4310	30 Ya	ards	\ \A\	va Ente	rprises				
City, State Shirley, NY 11967				sal Date 0/2017			OH 4468	38			
Completed by Ann A. Ali Co	e omplian	ce Adm		Signature	9		Dat 09		2017		

State of New Jersey Check # 16068 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Park Professional Condominium Association 8/31/2017 Agencies Notified Type Notification Street Address 1024 Park Avenue [X] EPA []Initial 2017 Notification []DEP City, State, Zip Code [X] Amended Plainfield, NJ, 07060 [X]DOL Notification JUS CONTROL [X] DOH Name of Contact Telephone Number []EMERGENCY V. Collucci []DCA []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Park Professional Condominium Association []School (K-12) []Subchapter 8 (Other than K-12) Street Address [X]Other (i.e., private & commercial 1024 Park Avenue Suite 1 buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) Plainfield (STATE USE ONLY) Union Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 09 01 2017 09 09 2017 N/A Month Day Year Month Day Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure []≥3 sf or >3 lf [X] Renovation []Mini-Enclosure [X]>160 sf or >260 lf []Demolition []Glove-bag Procedure [X]Non-Friable Procedure Abatement Type Location Normally Location of Description of Asbestos-Containing Asbestos-Containing NCAPSU NCLOSU Used Amount Material (ACM) EMOV Solely Material (ACM) EP (Specify By Maintenance/ TO BE ABATED (i.e., thermal systems SF or Custodial In Facility insulation, surfacing, VAT, Staff (12) LF) A (13)or other miscellaneous) Yes No N/A R Basement X VAT 700 SE NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. AZTECH MANAGEMENT, INC. of Waste 4.5 Minerva Enterprise INC

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

City, State

Montclair, NJ 07042

Name of Registered Landfill
Minerva Enterprise INC

Cubic Yards
of Waste 4.5

Disposal Date
09/11/17

Waynesburg, Ohio 44688

Completed By (Print or Type) Title
Constantine Vivian Pres

President

Signature Line Vin

8/31/2017

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of 1 2 2017 9/5/2017 Check#3057 St Leo School Agencies Notified Street Address Type Notification 300 Market Street US CONTROL & EPA Initial City, State, Zip Code DEP Amended X DOL Elmwood Park, NJ 07407 Amendment # Emergency (including Telephone Number Name of Contact DOH iustification) Glen DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) St Leo School basement School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 300 Market Street # of Floors Bldg. Age Square Feet City (5) 50+ 20,000 Elmwood Park Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) School BERGEN Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. **EA Services Corporation** N/A Street Address Street Address 426 69th Street City, State, Zip Code City, State, Zip Code Guttenberg, NJ 07093 Telephone No. Telephone No. License No. Project Manager for Monitoring Firm 201-295-1700 01074 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 9/18/17 Same as above 9/16/2017 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Demolition Mini-Enclosure X Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure (Specify (i.e. thermal systems insulation, Remova TO BE ABATED Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)N/A Yes No 6 LF X Basement Boiler Room Pipe Insulation X Valves 3 Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. Minerva Enterprises Inc Tri-State Transfer Assoc TBD 19551 Disposal Date City, State City, State TBD Waynesburg, OH Bronx, NY Date Title Signature Completed by 9/5/2017 Gina Betances Office Manager wa

State of New Jersey

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Date of Notification (1) 09/02/2017				f Building (s of St.Jo							EP 1	2	2017	7
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Name of Facility Where Abatement is Taking Church	g Place (3	3)						of Facility (School (K-1	2)					
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City (5) Englewood Cliffs							Squa N/A	re Feet	# of N/A	Floors	701 550	ldg. A	ge	
County (6) Bergen				Code (7) USE ONLY)			Curre	nt Use (Pri	or if bei	ng demoli	shed)			
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Street Address							Addre	ss gren Avei	nue					
City, State, Zip Code								ip Code J 07512		i i				
Project Manager for Monitoring Firm			Telepho	ne No.		1	hone N 345-8			License 01311	No.			
Start Date (10) 09/06/2017	Schedul 10/20/2		pletion	Date (11)				HA Monitor ement,Ind).).					
Occupancy Status During Abatement (Chec	k Only O	ne)					Addres		1120					
Facility Closed/Vacated During Entire F	eriod of	Abatem	ent					gren Aver	nue					
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D&S Abatement, Inc.		Н	auler ID 0996	200400	of Wa			AND SEC. 1		gement				
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Completed by Ned Joksimovic	Title Proje	ect Ma	nager		S	Signature	e §	TA	/	1000	Date 09/02/2	2017	39	

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Name of Facility Where Abatement is Takin	g Place	(3)	7710		Ordinal	ION	Type of Fac	cility (4)					
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City (5) MOUNT HOLLY							Square Fee	et # o	f Floors		Bldg. /	Age	
County (6) BURLINGTON			County (STATE	Code (7) USE ONL	r)		Current Use	e (Prior if be	ing demo	ished)			
Name of Monitoring Firm Hired by Building (Owner (8	5)	ASC	И No.		Name	of Abatemen	t Contractor	(9)	100		-	
Street Address							Address	01 20010	INALS				
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City, State, Zip Code							State, Zip Cod EWOOD, N						
Project Manager for Monitoring Firm			Telepho	ne No.			none No. 668-9078		License	No.			
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Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-6	one N	0.	0701	License	No.			
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Project Manage	er for Monito	ring Firm			Telepho	ne No.		Teleph 856-		lo. 9800		License 00727				
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Date of Notification (1) 9/6/17					of Building				te Home		SE	P 1	2 20)17	-
Agencies Notified	Type Notification		-	Street A		Zabelli	DUSEK	riiva	te nome	tiond for	1 2				
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Name of Facility Where	Abatement is Takir	ng Place (3)	FAC	ILITY INF	ORMATI	ON	Type	of Facility (4)					
Richard & Elizabet			<i>.</i> ,						School (K-1	95					_
Street Address									Subchapter Other (i.e. p	8 (Oth			ldings	hom	es,
City (5)									e Feet	# 0	f Floors		3ldg. A	ge	
Long Beach Twp N	J 08008							1000	+	2			35+		
County (6) Ocean				County (STATE	Code (7) USE ONLY)		Currer	nt Use (Pri	or if bei	ing demol	ished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.		Name o	0.00	ement Cor	ntractor	(9)				
N/A							Perna	aco Ir	ic.						
Street Address				· · · · · · · · · · · · · · · · · · ·			Street A		E						
City, State, Zip Code			0100				City, St							1000	
							N 7000		n NJ 080	91					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Telepho	one No			Licerise	No.			
							856-7	753-9	800		00727				
Start Date (10) 9/18/17		Schedul 9/22/1		npletion	Date (11)		Name o		A Monitor						
Occupancy Status During	Abatement (Che	ck Only Or	ne)				Street A	Addres	S						
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of A	Abatem Hours	nent		_	City, Sta	ate, Zip	Code					1111	
Scope of Work (Check A	Il That Apply)	7.00							013-4310-3		-			-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Mini	Containme -Enclosure /ebag Prod -Exempted	e cedure	•			9	
		la la	Locati					14011	Lxcmptcc	() an	d Non-i ne	able i ic	Abate		t
Location	of		Normali			Dog	scription of	of						ре	
Asbestos-Containing TO BE AB/ In Facili (13)	intenar todial S (12)	nce/ Staff?	Asbes (i.e.	tos Cont thermal surfac	aining Ma systems cing, VAT niscellane	aterial insulat , or	(ACM) ion,	(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure		
		Yes	140	N/A		Ser establish			-	- Marse			-	-	_
exterior s	iding		-	X		exte	rior sidi	ng		13	00 SF	X			
Name of Registered Was	to Hauler		1 50	IDED	leet-	0.11	Var-l-		Na						
United Roll Off	ie nauler		Н	JDEP W auler ID 2459		of Was			Name of F		ered Landf	rift			
City, State Elm NJ							al Date		City, State		A 19067				

Completed by

Anthony T Perna

Date

9/6/17

Signature

Title

President

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT NV# DDI

UU'U334	to NJAC	8:60 an	d 12:120	0)			1	<u>Un</u>		1 1	/ [[
Date of Notification (1) 9/6/17				f Building Kolton P		225					SEP	1 2	20	17	
Agencies Notified Type Notification			Street A	ddress					11111) L i	1 4		1 /	1
⊠ EPA ⊠ Initial												1900			
DEP Amended			City, Sta	ate, Zip Co	de				1	4SL				HOL	- Ĝi
X DOL Amendment		_	Lanok	ka Harbo	or NJ (8734			-		Lity	ENC	ing		
□ Emergency (niciualing		Name o	f Contact					Tel	enhone	Num	ber			
DCA Cancellation			Jerry												
Name of Facility Where Abatement is Taking	Diago (2	,	FACI	LITY INFO	DRMAT	ION	75.		/ 43				10		
Jerry Kolton Private Home) Place (3))					П	pe of Facility (School (K-1							
Street Address	1						X	Subchapter	8 (Oth				lings,	home	es,
City (5)							Sq	uare Feet	# of	Floors	3	ТВ	ldg. A	ae	
Lanoka Harbor NJ 08734								+000	1				5+		
County (6)				Code (7) USE ONLY)				rrent Use (Pri	or if bei	ng dem	nolishe	ed)			
Ocean	(0)							ouse							
Name of Monitoring Firm Hired by Building (N/A	Wner (8)		ASCN	I No.		7755		batement Cor o Inc.	ntractor	(9)					
Street Address						Street					-				
Officer Address								329							
City, State, Zip Code						City, S	tate	, Zip Code						-	
								erlin NJ 080	091						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 856-		No. 3-9800		Licen 0072					
Start Date (10)	Schedule	ed Corr	pletion	Date (11)		150550		SHA Monitor		0072					-
9/20/17	9/26/1					Sam	е								
Occupancy Status During Abatement (Check	Only On	ie)				Street	Add	Iress							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	Abatem Hours	ent			City, S	tate	, Zip Code		.					
Scope of Work (Check All That Apply)														-1100-00-00	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoliti				×		Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure	(5)				•	
	Is	Locati	on			i di								ment	
Location of	l N	Normall	у		De	scription	of						Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solel intenar todial S (12)	ice/		tos Con therma surfa		later s ins T, o	r	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
, , , , , , , , , , , , , , , , , , , ,	100									00.00	_				
exterior siding		Х		exte	erior sid	ling	<u> </u>	13	00 SF	-	х				
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Registe	red La	ndfill				
United Roll Off		Н	auler ID 2459	NZ33-2 (7)-2	of Wa			G.R.O.		. ou La	Milli				
City, State			00			sal Date		City, State	e	******			-		-
Elm NJ					9/26/			Morrisv		A 190	67				
Completed by	Title				15	Signature	7				Date	е,	1		-
Anthony T Perna	Pres	ident				2				19	1021	117			

CK 4 4306

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		(Pursua	nt to NJA	8:60 and 12:12	0)	11/2	17 -	1	. 14	
Date of Notification (1)	1-1)		Nai		ng Owner/Operator	MACHIN	UETS LI SET	1	·	2017	
Agencies Notified	Type Notificatio	n	Stre	eet Address	225 F	REMONT	ALEDIA	Ųslį.	JON	THO)L
DEP DEP	Amended Amendment	#	City	, State, Zip	Code WOOD BI	A115 A1	.T 08	7)	Δ		
Ж оон	Emergency justification		Nar	ne of Conta	ct .	rac ra	Telephone Numb		1:1	1	W
□ DCA	Cancellation				12A					no. e // hen	
		- Di (ACILITY IN	FORMATION	Type of Facility	v (4)	SEF		r j	201
Name of Facility Where	RES 10C	UCE.	3)			School (K-1	12)				
Street Address						Other (i.e.,	r 8 (Other than K-12 private & commercia		lings,	CO	ii.
City (5)						homes, etc Square Feet	# of Floors		dg. A		IG.
	FA ISL	EC				1000		<u></u>	50	+	_
County (6)				unty Code (SE ONLY)	7) (STATE	_ VA	Prior if being demolis	hed)			
Name of Monitoring Firm (8)	Hired by Building	Owner	ASC	VI No.	Name of Abatem	nent Contractor (o) INC				
Street Address	IN THE		-1		Street Address			LVÉ			
City, State, Zip Code					City, State, Zip C	ode	ADE NU		280	52	
Project Manager for Mon	itoring Firm		Telephon	e No.	Telephone No.	9-0472	License No.				
Start Date (10)		duled Con			Name of OSHA						
9-18-17		9-7		17	Street Address	NI	4				=
Occupancy Status During					Street Address						_
Abatement Performed Other - Describe:	Outside of Norma	al Facility H	lours		City, State, Zip C	ode	į.				
Scope of Work (Check al	Ithat apply)				☐ Full Cor	ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		☐ Reno	vation plition		☐ Mini-End ☐ Gloveba	ag Procedure	on-Friable Procedur	e			
		Is Loc						1	bater		
Location o		Used S	olely by		Description of tos Cóntaining Mat	orial (ACM)	Amount	\vdash	7,		
Asbestos-Containing M TO BE ABATI		Mainter	odial	(i.e.,	thermal systems in	nsulation,	(Specify SF or LF)	Rer	Re	ncal	Encl
IN Facility (13)		Sta (12			surfacing, VAT, other miscellaned	ous)	31 01 21)	Removal	Repair	Encapsulate	Enclosure
		Yes 1	N/A							e	
SIDIM	6		X	-	TRAWSI	TE	1500 SF	X		_	_
	· ·			-						-	
			-	-			<u> </u>		\vdash		
Name of Registered Wast	te Hauler		NJDEP		Cubic Yards	Name of Reg	istered Landfill	. 2			
Kloma	_		139	BN9_	of Waste	C.	М.С.М.	V.	A		_
City, State WAPLE	SHADE	U.J	•		Disposal Date	City, State	DBINE				_
Completed By	Title	Su	0		Signature	Don	Date	- ~	1		
MICHALL K	Lam _	201									

CK# 4306

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	(Pursuant to N	JAC 8:60 and 12:12	0)	III III CED	1 2	20	147	
Date of Notification (1)	Name of B	Suilding Owner/Operator	ECH COM	TRACTIN	6	5.1	117	
Agencies Notified Type Notification	Street Add	dress	50	ASI	 1249		HO	1 1
DEP Amended	City, State	, Zip Code	0 41.5	2022	^	Dist.		
▼ DOL	ding	GREENFIE	LO KL.			-		=
DCA justification) Cancellation	Name of C	SRUCE		Telephone Number	er			
-	FACILIT	YINFORMATION						
Name of Facility Where Abatement is Taking PI	ace (3)		Type of Facility School (K-12	2)				
Street Address			Subchapter St. Other (i.e. p	8 (Other than K-12) rivate & commercia	build	ings,		
			homes, etc.)				\dashv
City (5)			Square Feet	# of Floors	C. Stranger	ig. Ag		
OCTAN CI	TY	-d- (7) (STATE	2000	ior if being demolish		50	_	=
COUNTY (6) CAPE MAY	. USE ONL		VAC	AWI	icu)			_
Name of Monitoring Firm Hired by Building Own	er ASCM No.		nent Contractor (9					
(8) N/A		Street Address	EMCO I	NC	_	_		=
Street Address		369	S SPIPE	CE ALE				
		City, State, Zip C		<u> </u>				=
City, State, Zip Code		MAPL	E SHADO	E N. J C	380	255		
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	2 11 2 2	License No.				
7 rojest manager to the transfer	_		9-0472	0044	14		_	_
	Completion Date (11	Name of OSHA N	Monitor					
9-12-17 9-1			MIA				_	=
Occupancy Status During Abatement (Check of	nly one)	Street Address						
Facility Closed/Vacated During Entire Period	of Abatement	City, State, Zip C	ode					=
Abatement Performed Outside of Normal Face Other - Describe:	anty Hours	- Chy, State, Zip C						_
Scope of Work (Check all that apply)		☐ Full Cor	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition	☐ Mini-End	closure aa Procedure	n-Friable Procedure	2			
	Is Location	MINOUPEX	entitled () and 10	THE DICTIONS OF		bater	nent	
	Normally					Тур	e	
Location of	sed Solely by laintenance/ A	Description of sbestos Containing Mat		Amount			m	
Asbestos-Containing Material (ACM) TO BE ABATED	Custodial	(i.e., thermal systems it	nsulation,	(Specify SF or LF)	Rer	R	ncar	nch
IN Facility	Staff? (12)	surfacing, VAT, other miscellaned	or (sux)	SF OF LF)	Remova	Repair	Encapsulate	Enclosure
(13)					=		ale	е
Ye	s No N/A	= 0 1 15:5	-1-	75-00	~	-	-	
SIDING	X _	TRANSIT	-	350000	X	-	-	\dashv
						_	_	_
						_	_	\dashv
Name of Registered Waste Hauler	NUDEP Waste		Name of Regis	stered Landfill	. 4			
KIEMOD INC	Hauler ID No.	of Waste	C. W	L.C.M.U.	H			_
City, State	1.3.4.1-1	Disposal Date	City, State	10 12 11 1-				
MAPLE SHADE IN.	Γ		1 W00	DBINE				_
Completed By Title	12.0	Signature 0	,07/	Date 9	1-	-1-)	
MICHAU COMM	SUP.	Mul						

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

M		F	1	W	
N	SEP	A.	2	2017	

							1 100					
Date of Notification (1)	7_			Na	me of Build	ing Owner/Operato MOOSE		AGI.	TA	TH() 3L 8	į.
Agencies Notified Tyr	pe Notification	on		Str	eet Addres	s 10 = 16	222	LICEN	SiN	.1		
	Initial Amended				P		322		_		-10-	_
⊠ DOL	Amendmen			City	, State, Zip	code IGANTINI	E N.J	08203	2			
⊠ DOH	Emergency		ling	Nar	ne of Conta		<u>c</u> 10.5	Telephone Num		_)	_
	Cancellation			- Twai		OB		1 Grophoric Hum	DC1			
				F	ACILITY IN	FORMATION						
Name of Facility Where Abate			ice (3)				Type of Facility	y (4)				
	INTML	E_					School (K-1	12) r 8 (Other than K-1)	21			
Street Address								private & commerci		lding	5,	
City (5)	-ANTI	NIE	-				Square Feet	# of Floors		Ildg. /		
County (6) AT LAUTI(unty Code (E ONLY)	(7) (STATE	Current Use (P	rior if being demolis	- -			_
Name of Monitoring Firm Hired	The second second	Owne	г	ASC	I No.	Name of Abatem	nent Contractor (S	9)				_
(8)	4					- Kit	MCO I	NC				
Street Address						Street Address	5 00		~	7		
07. 07.1				369 City, State, Zip C		PRUCE IAL	<u>t</u>		_			
City, State, Zip Code						WAY	PLE SE	46ADE N.	5	08	705	2
Project Manager for Monitoring	g Firm		Te	ephone	No.	Telephone No.		License No.				
			1_			856-779		-00 40	14			_
Start Date (10)	Sche	eduled -		etion D	ate (11)	Name of OSHA N	Nonitor (A. () (A.					
Occupancy Status During Aba	tement (Che	eck onl	- 1 - 1/2			Street Address	MIT		_			
Facility Closed/Vacated Dur				ement								
Abatement Performed Outsi	ide of Norma	al Facil	ity Hou	ırs		City, State, Zip Co	ode					
Other - Describe: Scope of Work (Check all that	anniu)					-			_	_		_
Scope of Work (Check all that a	appiy)					☐ Full Con	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ☑≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-Enc	losure g Procedure					
₩2100 31 01 <u>2</u> 200 11		(AZ) o	CITIOITA					on-Friable Procedur	е			
		2.00	Location Loc						F	bate Typ		
Location of	(4.084)	Used	d Solei	y by	A-b	Description of	-i-1 (A CA 4)		<u> </u>	, , , , , , , , , , , , , , , , , , ,		
Asbestos-Containing Material TO BE ABATED	(ACM)	C	ustodia			os Containing Mate thermal systems in		Amount (Specify	Z.		Enc	En
IN Facility (13)			Staff? (12)			surfacing, VAT, other miscellaneou		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)				T		ou let misocilarie o			val	=	late	ure
C110 110		Yes	No	N/A	711	2 4 1 1 5 17 5		1000	.,			
SIDING				χ	1 1 1	PANSITE		1500 ST	X		_	
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						-			-	-		
Name of Registered Waste Haul	ler		IN	JDEP V	Vaste T	Cubic Yards	Name of Regis	stered Landfill				
1/1 -	NC			auler ID	No.	of Waste	A	CDA				
City, State		7	=1-	17		Disposal Date	City, States	WENA THIN	_			
Completed By	Title	.)				Signature	- TLE	ASANTUIU Date				-
MICHAEL KLEMM		PK	ES			Mul	014		- 1 -	1		_

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

63	A. A.	1
1	18	3 55
172	- Second	24 29

Date of Notification (1) Name of Building Owner / Operator (2) 09-01-2017 Estate of Mary Lou Lunin Agencies Notified Type Notification Street Address **EPA** \boxtimes DEP Initial City, State & Zip Code DOL \boxtimes Amended(Start Date) Westfield, NJ 07090 \boxtimes DOH Emergency Name of Contact Tolonhana Min-DCA Cancellation Jeff Lunin **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 2,200 Westfield, NJ 07090 Union Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services Resource Management Group, LLC Street Address Street Address P.O. Box 365 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Jim Proctor 856-452-1311 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9-18-2017 J&S Environmental Laboratories, Inc. 9-25-2017 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed during Normal Hours: X City, State & Zip Code Describe: 8:30am - 6:00pm 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 ≥160 sf ≥260 lf Demolition X Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Abatement Type Amount Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulat Enclosure Removal TO BE ABATED Repair Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Basement Pipe Insulation 45 LF \boxtimes Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 Morrisville, PA **TBD** Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 09-01-2017

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 08-30-2017	N	ame	of B	uilding	Owner / Operate u Lunin	or (2)			SEP	12	20	17
Agencies Notified Type Notification			Add		d Cullin							
□ EPA □ DEP								AS		401		ROL
☐ Amended				& ZIP (NJ 070				Antonial and a second	LIC	ENS	ING	
□ DOH □ Emergency				ontact					7-1			_
☐ DCA ☐ Cancellation	Je	eff Lu	nin									
	-	FA	ACILI	TY INF	ORMATION				1			
Name of Facility Where Abatement is Taking Pla	ace (3)				Type of Faci	ility (4)						
Basement Street Address					☐ School							
offeet Address					Subcha	pter 8 (0	Other than K- ite & commer	12) cial buildi	inge hom		oto \	
					Square Feet	.c. piiva	# of Floors	ciai buildi	Bldg. Ag		:(0.)	
City (5) County (6)	Cou	nty (ode	(7)	2,200		2		3 3	107	%.	
Westfield, NJ 07090 Union					Current Use	(Prior if	being demol	ished)				
Name of Monitoring Firm Hired by Building Owner	er (8)		AS	CM No	Name of Aba	atement	Contractor (9	9)			_	
Health and Safety Services							ent Group, LI					
Street Address P.O. Box 365					Street Addre							
City, State & Zip Code					2115 Hamilto City, State &	Zin Co	Suite 202	-				_
Berlin, NJ 08009			L 7 1007 /0		Trenton, NJ		ue					
	Teleph			ber	Telephone N			License		cerc	-7	
Scheduled Start Date (10) Scheduled Com	856-45			1	609-914-427		14		0118	5		
	9-20-20)17	e (11)	Name of OSI J&S Environ		utor _aboratories,	Inc				
Occupancy Status During Abatement (Check on	ly one)				Street Addre	ss	70-7					
☐ Facility Closed/Vacated During Entire Pe ☐ Abatement Performed during Normal Ho	eriod of	Aba	teme	ent	2333 Route 2							
Describe: 8:30am – 6:00pm	urs:				City, State & Union, NJ 07		de					
☐ Facility Occupied During Abatement					0111011, 110 01	000						
Scope of Work (Check all that apply)												
≥3 sf or ≥3 If	\boxtimes	Ren	ovatio	าก			Full Containm Mini-Enclosur		Negative	Pres	sure	
≥160 sf ≥260 If	1.000000		olitio				Glove Bag Pr		;			
							Non-Exempte			Pro	cedu	re
Location of Asbestos-Containing	Is Lo				Description	n of		Amount	Aba	teme	ent T	уре
Material (ACM)	Norma Sole	ely b			Asbestos-Con Material (A	CM)		(Specify SF or LF)			Ш	
TO BE ABATED	Mainte	nand	e or		(i.e., thermal s	ystems		. 0. 2.)	Rer	Z.	nca	nc
in Facility (13)	Custod	ial S 12)	taff?	1	nsulation, surfactor or other miscell				Remova	Repair	Encapsula	Enclosure
1157.5.51		Vo	N/A	1	or other miscen	aneous	,		<u>a</u>	7	ılat	re
Basement			\boxtimes	Pipe I	nsulation			45 LF		П	П	
				1				10 111				
		4						-				
Name of Registered Waste Hauler		NIL)FP \	Naste	Cubic Yards	Namo	of Registered	d Landfill				
		Нац	ıler II	No.	of Waste	ITALITIC	or registeret	Lanuill				
Resource Management Group, LLC		003	5218		TBD	Grows	Landfill					
City, State Trenton, NJ 08619		111			Disposal Date	City, S						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-		21171-		TBD	Morris	ville, PA					
Completed By (Print or Type) Mr. Brian Haney		Title	e siden	t	Signature	>			Date 08-30	204	7	
*				•) <	-			00-30	-201		
					1		1					

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7) NO OX

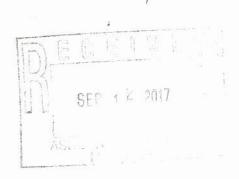
NOTIFIC	CATIO	N OF	ASE AC 8	60-7 and 12:120-7)	or/Operator (2)	7 [d] (f- 1)		1	
NO CL	-		Nam	e of Building Owner	er/Operator (2) EVENS INSTITUTE OF	TECHNOLOG	Γ	-	
					1	51	יע ע	117	11
of Notification (1)			Stre	et Address STLE POINT ON HU	DSON		12 21	111	
7 Natification			-	Oleta Zin Code					1-8.
Incles Notification			HO	BOKEN, NEW JERS	SEY 07030	155	, CON	THO	- 01
Amended Notification			1	100	Teleph	one Number	JENSIN.	<u>U</u>	
X DOL Cancellation			Na	me of Contact VID FERNANDEZ	_				1
X DOL X DOH EMERGENCY NOTIFIC	CATIO	IN _		TION		-			7
DCA L	F	ACIL	ITY I	NFORMATION	Type of Facility (4)				
me of Facility Where Abatement is Taking Place ((3)				School (K-12) Subchapter 8 (Of	ther than K-12)	12 (1992)	etc.)	
me of Facility Williams	DING	i			Other (ie private	& COMMICE BIOS	s., homes Bldg. A	ae	7
TEVENS INSTITUTE OF TECHNOLOGY - LIEB BUIL					Square Feet #	01 -10013	100		
					Current Use (Prior if b	peina demolished) Pharm.	Lab.	
treet Address 31 HUDSON STREET		$\overline{}$	- 0	county Code (7)					\dashv
100dill) (/			(S	TATE USE ONLY)			TION		
HUDSON HOBOKEN HUDSON HOBOKEN	r (8)			ASCM No.	PAR ENVIRONMEN	TAL CORPURA	11011		
Jame of Monitoring Firm Filed by					Street Address 313 SPOOK ROCK				-
ANGAN ENGINEERING Street Address					Ctate Zin Code	e			
200 KIMBALL DRIVE					SUFFERN, NEW YO	URK 10301	e Number		\neg
City, State, Zip Code PARSIPPANY, NEW JER	RSEY	37054	1	ahor	Telephone Number	License 11101	o radinosi		
Project Manager for Monitoring Firm	11000	011011-		Inel	845-369-7500				
Project Manager for Worldows	201-	398-4	etion	Date (11)	Name of OSHA Mo	NMENTL			
ted State Date (10)	iea. C	7 /		Ves	r				
7 / Z4 N	Nonth			Day	Street Address				1
Month Day Abatement (Check only of	one)	of Abi	atem	ent	1376 ROUTE 9				-
I Lacilly Closed,	0 -20	ility H	ours	- Describe:	City, State, Zip Co	ode INGERS FALLS	NY 125	90	
Abatement Performed Sales	AY 7AN	N-3:3	0 PM		WAPP	INGERS I FE			
X Other - Deserve				X Full (Containment with Negal	Wra	p and Cu	t	
Scope of Work (Check all that apply)	enova	tion		Glov	Enclo , ebag Procedure				
Demolition				V Non	Friable Procedure		Abat	ement	Туре
>3SF OR LF >160 SF OR 260 LF		catio	n T	Description	of Asbestos-	Amount	REMOVAL	BEN EN	ENC
Location of	norma	ally us	ed	Containing I	Material (ACM) nal systems	(Specify	10 1	AF T	100
Asbestos-containing	sol	ely by	1	: ulation	surfacing, VAI.	SF or LF)	AL		NCLOSURE
Material (ACM) TO BE ABATED	Maint	Custo aff (12	odiai)	or other n	iscellaneous)		1	-1	n m
	Yes		ŃΑ			45 LF	×	-+	-
100 1101 1			X	PIPE INSULATION		50 LF	×	-	-
1ST FLOOR ROOM 120 & 122 HALL			X_	PIPE FITTINGS		730 SF	×	\vdash	-
	+-		X_	VAT		20 SF	X	-	-
1ST FLOOR ROOM 103, 122, 120	1		1	MIRROR GLUE		60 SF	X	+	+-+
1 ST FL ACTIVE SENSING LAB & HALL	+		X	TVIII to t		160 SF		1	1-
1 ST FL ACTIVE SENSING LAB & HALL 1ST FLOOR BATHROOMS	-		X	CHALK BOARD	BLUE	550 LF	X	+-	1 1
1 ST FL ACTIVE SENSING LAB & HALL 1ST FLOOR BATHROOMS 1ST FLOOR ROOM 122	+		1	CHALK BOARD C	N/ FITTINGS		×	1	+-
1 ST FL ACTIVE SENSING LAB & HALL 1ST FLOOR BATHROOMS 1ST FLOOR ROOM 122			X	CHALK BOARD C	N/ FITTINGS	550 LF		1	
1 ST FL ACTIVE SENSING LAB & HALL 1ST FLOOR BATHROOMS 1ST FLOOR ROOM 122 1ST FLOOR THROUGHOUT CC C 2ND FLOOR THROUGHOUT CONCEALED			×	CHALK BOARD C	N/ FITTINGS	550 LF 550 LF	X		
1 ST FL ACTIVE SENSING LAB & HALL 1ST FLOOR BATHROOMS 1ST FLOOR ROOM 122 1ST FLOOR THROUGHOUT CC C 2ND FLOOR THROUGHOUT CONCEALED 2ND FLOOR BATHROOMS			X X	CHALK BOARD C PIPE INSULATION PIPE INSULATION MIRROR GLUE	N/ FITTINGS N/ FITTINGS	550 LF 550 LF 20 SF 4,800 SF	X		
1 ST FL ACTIVE SENSING LAB & HALL 1ST FLOOR BATHROOMS 1ST FLOOR THROUGHOUT CC C 2ND FLOOR THROUGHOUT CONCEALED 2ND FLOOR BATHROOMS	1		X X X	CHALK BOARD OF PIPE INSULATION MIRROR GLUE	N/ FITTINGS N/ FITTINGS	550 LF 550 LF 20 SF 4,800 SF 250 LF	X X X		
1 ST FL ACTIVE SENSING LAB & HALL 1ST FLOOR BATHROOMS 1ST FLOOR ROOM 122 1ST FLOOR THROUGHOUT CCC 2ND FLOOR THROUGHOUT CONCEALED 2ND FLOOR BATHROOMS 3RD FLOOR THROUGHOUT 3RD FLOOR THROUGHOUT CONCEALED	1		X X X X	CHALK BOARD OF PIPE INSULATION MIRROR GLUE VAT PIPE INSULATION PIPE INS	N/ FITTINGS N/ FITTINGS ON/ FITTINGS	550 LF 550 LF 20 SF 4,800 SF 250 LF	X X X		
1 ST FL ACTIVE SENSING LAB & HALL 1ST FLOOR BATHROOMS 1ST FLOOR ROOM 122 1ST FLOOR THROUGHOUT CCC 2ND FLOOR THROUGHOUT CONCEALED 2ND FLOOR BATHROOMS 3RD FLOOR THROUGHOUT 3RD FLOOR THROUGHOUT CONCEALED	1		X X X X X	CHALK BOARD OF PIPE INSULATION MIRROR GLUE VAT PIPE INSULATION MIRROR GLUE WAT MIRROR GLUE MIRROR GLUE MIRROR GLUE MIRROR GLUE MIRROR GLUE	N/ FITTINGS N/ FITTINGS ON/ FITTINGS	550 LF 550 LF 20 SF 4,800 SF 250 LF 20 LF 50 SF	X X X X		
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1 ST FL ACTIVE SENSING LAB & HALL 1ST FLOOR BATHROOMS 1ST FLOOR ROOM 122 1ST FLOOR THROUGHOUT CCC 2ND FLOOR THROUGHOUT CONCEALED 2ND FLOOR BATHROOMS 3RD FLOOR THROUGHOUT 3RD FLOOR THROUGHOUT CONCEALED	1		× × × × × ×	CHALK BOARD OF PIPE INSULATION MIRROR GLUE VAT PIPE INSULATION MIRROR GLUE WINDOW CAU	N/ FITTINGS N/ FITTINGS ON/ FITTINGS LK LK	550 LF 550 LF 20 SF 4,800 SF 250 LF 20 LF 50 SF	X	7	

			-									
EXTERIOR ROOF			X	BUILT UP ROOF	FING		6,000 SF	X				
Name of Registered Waste Hauler	Order title critisals	NJDEP V	Vaste	Cubic Yards of V	Vaste	Name of Regis	stered Landfill					
NEWARK CARTING		Hauler ID	No.	160		GRAND CENT	TRAL SANITAR	RY LAND	FILL	7,6		
369 RAYMOND BLVD		913	3									
City, State		fi caracteria	er er er	Disposal Date		City, State		and the same of th				
NEWARK, NEW JERSEY 07105				7/24/17-7/15/18	/	PLAMIFIELD -	TOWNSHIP PA	1	9)		
Completed by (Print or Type)	Title	*		Signa	iture //	118		Date /	7.1	17		
BENJAMIN SANCHEZ	DIRECT	FOR OF OF	PERA	TIONS	FT	XX		-11	TI	17		
		O INCOMOST			117	00		1	1	7		
								/	1			

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

NO OL (F	ursua	nt to	NJA(lame o	7 and 12:120-7) f Building Own	er/	Operator (2) ENS INSTITUTE	OF TECH	HNOLOG	Y_W			
- is align (1)						EV	ENS INC. IT	1	4				
tte of Notification (1)				Street A	Address E POINT ON HU	JDS	ON III	SF	P 12	20	17	11	41
7 / 21 /// gencies Notified Type Notification			100) had						8 7 6
Initial Notification	av.		10	City, Si	ate, Zip Code KEN, NEW JERS	SE'	7 07030	L .		7.5	1301	8	200
X Amended Notification	#	1	1				Tolo	ASI phone Nur	mher All	State	1		
X DOL Cancellation				Name	of Contact		_rreie	DI WALL		-			
X DOH EMERGENCY NOTI	FICAT	NOI	- 1		FERNANDEZ			-					1
L DCA		FAC	ILIT'	Y INFO	RMATION	Tyr	e of Facility (4)						
Name of Facility Where Abatement is Taking Place	(3)				1	1 91	School (K-12)		(0)				
					İ		Subchapter 8 (Other (ie. priva	Other than	n K-12) mal blda	s ho	mes,	etc.)	
STEVENS INSTITUTE OF TECHNOLOGY - LIEB BU	JILDIN	IG.				Χ	Other (ie. priva	# of Floors	s l	Bldg	g. Ag	е	7
						1	quarere	3			100		4
Street Address					0 - do (7)	CI	rrent Use (Prior i	f being de	molished) Pha	arm. L	.ab.	
531 HUDSON STREET County (6)			١,	Coun	ty Code (7) E USE ONLY)	100	OLI EGE/UNIVER	RSITY					+
City (5)	(0)		(SIAII	ASCM No.	N	ame of Abateme	nt Contra	ctor (9)	TION			
Name of Monitoring Firm Hired by Building Own	er (8)				99	P	AR ENVIRONME	N I AL CO	IN OIL				
LANGAN ENGINEERING	-				an ara	S	treet Address 13 SPOOK ROC	K ROAD					4
Street Address	34.1					10	ity State, Zip Co	de ·					
300 KIMBALL DRIVE						S	SUFFERN, NEW	YORK 105	License	Nlum	her	-	\dashv
City, State, Zip Code PARSIPPANY, NEW JE	RSEY	070	54	umber			elephone Numbe	er	1101	Num	DCI		1
Project Manager for Monitoring Firm		epnoi -398			_	8	345-369-7500	Innitor	11101		-		
VIJAY PATEL	hed (Comr	oletic	on Dat	e (11)	1	Name of OSHA N QUALITY ENVIR	ONMENT	L				
Expected State Date (10)		7 /			5 /18 Year	. 1	QUALITI LIVIII				-		
7 / Vear	Month			Day	100.	7	Street Address						
Occupancy Status During Abatement (Check only	one)	of Al	naten	nent			1376 ROUTE 9						
Occupancy Status During Abatement (Check Only Facility Closed/Vacated During Entire Facility Closed	al Fa	cility	Hour	s - Des	cribe:		City, State, Zip C	Code		0.000			
MONDAT-FROM	ΔΥ 7A	M-3:	30 PI	M			l WAP!	PINGERS	FALLS,	NY 12	2590		
X Other - Describe.					X Full Co	nta	I inment with Nega	tive Press	wrap	and C	Cut		
Scope of Work (Check all that apply)	Renova	ation			Mini-E	nclo),						
Demolition	CHOV				X Glovet	oag	Procedure le Procedure	-5372					
>3SF OR LF >160 SF OR 260 LF					Description o	f As	shestos-				atem	ent Ty	PE
Location of	Is L	ocatio	n		Containing Ma	ater	ial (ACIVI)	Amo	ount ecify	REN	REPAIR	NO	NCI
Asbestos-containing	norm	ally u lely b			(ie Therma	al sy	/stems		or LF)	EMOVAL	AIR	APS	ICLOSURE
Material (ACM)	Maint	/Cust	, odial		insulation, sur or other mis	rfac	ing, VAI,		50 (CS-10) 4/	A		NCAPSULE	UR!
TO BE ABATED	St	aff (1:	2)	1	or other mis	Cen	aricodo)			-	+	III	1
III Facility (10)	Yes	No	N/A	2/25	INSULATION			45 LF		X	+-	+-	+
1ST FLOOR ROOM 120 & 122 HALL			X	-				50 LF		X	+	+	+
1ST FLOOR ROOM 103, 122, 120			X	+	FITTINGS	_		730 SF		X	+	+-	+
1 ST FL ACTIVE SENSING LAB & HALL			X	VAT				20 SF		X	1	+	+
			X		ROR GLUE	ır		60 SF		X	1	-	+
1ST FLOOR BATHROOMS			X	CHA	LK BOARD GLU	ات	TINGS	550 LF		X			+
1ST FLOOR ROOM 122			X	PIP	E INSULATION/	FIT	TINGS	550 LF		X			1
1ST FLOOR THROUGHOUT CCC			X	PIP	E INSULATION/	FI	TINGS	20 SF		X			
2ND FLOOR THROUGHOUT CONCEALED	1	1	X	MIF	ROR GLUE			4.800		X			
2ND FLOOR BATHROOMS	+	1	X	VA						X			
3RD FLOOR THROUGHOUT	+	+	1 _X	PIF	E INSULATION	/FI	TTINGS	250 L	The state of	$\frac{1}{x}$			
3RD FLOOR THROUGHOUT CONCEALED	+	+	X		RROR GLUE			20 LF		_			
0110	1	-	1^					50 SI	F	- X		-	
	-		W	110/	NDOW CAULK					10.00			
3RD FLOOR BATHROOMS	1	+	X		NDOW CAULK	_		57 S	F	-\x		-	
		+	×	W	NDOW CAULK INDOW CAULK INDOW CAULK			57 S))			

		BUILT UP ROOFING	6,000 SF X
EXTERIOR ROOF Name of Registered Waste Hauler NEWARK CARTING		t cialento	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
369 RAYMOND BLVD City, State NEWARK, NEW JERSEY 07105		Disposal Date 7/24/17-7/15/18 Signature	City, State PLANIFIED TOWNSHIP PA Date 2
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERA) X Q // J // /



INU W.		(F	Pursu	ant to NJAC 8:60-	7 and 12:1	20-7)	[m] 15	10 1	- 1	W	iC.
Data of November 11				Name of	Ruilding	Ownerlosses					
Date of Notification (1)				THE TR	JSTEES O	F STEVENS IN	NSTITUTE OF	TECHN	വംരദ	XOAT	-
21 /17				Street Ad	ddress			SEP"	1-20	2017	
Agencies Notified Type Notif				CASTLE	POINT ON	HUDSON	y insk pro-				
	l Notification			City, Sta	te, Zip Cod	е	ACE.		Sink	NIR	JL
	nded Notific	cation	#2			ERSEY 07030	ASL	LICI	ENSH	√G_	approximent of
X DOH On H	cellation					RAMOLE.	-	Colonia de Senario de	Carlo Carlo Carlo Miller Carlo		
	RGENCY N	OTIFI	CATI	Name of		_	Telephone	Nimb-	-		
		01111			ERNANDE	Ζ			-		
Name of Facility Where Abatement i	s Taking P	lace (3	3)	ACILITY INFORM	MATION	T					
						Type of Fac					
STEVENS INSTITUTE OF TECHNOL	OGY - LIEB	BUIL	DING				pter 8 (Other th	nan K 1	2)		
Street Address						X Other (i	e. private & cor	nmcl b	Z) Idas I	nomes	otr
531 HUDSON STREET						Square Fee	t # of Floo	ors	B	ldg. Ag	je
	ity (6)		_			11,249	3			100	
HOBOKEN HUDS	SON			County Co	ode (7)	Current Use (Prior if being d	emolish	ed) Pr	narm, l	Lab.
Name of Monitoring Firm Hired by B	uilding Ow	ner (8)		SCM No.	Name of Aba					
LANGAN ENGINEERING					99	PAR ENVIRO	ntement Contra NMENTAL CO	RPOP) ATION		
Street Address 300 KIMBALL DRIVE						Street Addres	is	TOR/	TION		
City, State, Zip Code						313 SPOOK I					
PARSIPPAN	JY NEW IF	PSEV	/ 070	5.4		City, State, Zi					
Project Manager for Monitoring Firm	,			ne Number			EW YORK 109				y
VIJAY PATEL			-398-			Telephone Nu 845-369-7500	7000 CONTO	License	e Numb	er	
Expected State Date (10)	Sc			letion Date (11)		Name of OSH		1101			
8 / 22 17 Month Day Year		- 7	7 /	15	/18		VIRONMENTL				
Occupancy Status During Abatement (C	heck only	/lonth		Day	Year						
Facility Closed/Vacated Duri	na Entire Pe	eriod o	of Aha	tement		Street Address					
Abatement Performed Outside	de of Norma	al Facil	ity Ho	ours - Describe:		1376 ROUTE	9				
X Other - Describe: MOND	AY-FRIDAY	Y 7AM	-3:30	PM		City, State, Zip	Code				
Scope of Work (Check all that apply)						WA	PPINGERS FA	LLS, N	Y 1259	90	
Demolition X	Rer	novatio	n	X	Full Contai Mini-Enclo	inment with Ne	gative Pressure				
>3SF OR LF					Glovebag I			Nrap ar	nd Cut		
x >160 SF OR 260 LF				X	Non-Friable	e Procedure					
Location of ` Asbestos-containing		Locat		Descrip	tion of Ast	estos-		T	Ahater	nent T	vne
Material (ACM)	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	rmally solely		1	ng Materia		Amount				1
TO BE ABATED	Mai	nt/Cus	todial		hermal sys n, surfacin		(Specify	M	REPAIR	S	15
in Facility (13)		Staff (1	(2)		r miscellan	g. vAI, leous)	SF or LF)	REMOVAL	코	PS	SO
107 51 0 0 5 5 5 5	Yes	No	N/A							ENCAPSULE	ENCLOSURE
1ST FLOOR ROOM 120 & 122 HALL			X	PIPE INSULATION	N		45 LF	X			T
ST FLOOR ROOM 103, 122, 120			X	PIPE FITTINGS			50 LF	X		1	+
1 ST FL ACTIVE SENSING LAB & HALL			Х	VAT			730 SF		+	+	-
IST FLOOR BATHROOMS			Х	MIRROR GLUE				X	+-		-
ST FLOOR ROOM 122			X	CHALK BOARD	GLUE		20 SF	X	+	-	-
ST FLOOR THROUGHOUT CCC			X	PIPE INSULATION		00	60 SF	X	-		
ND FLOOR THROUGHOUT CONCEAL	ED		X				550 LF	X			
ND FLOOR BATHROOMS				PIPE INSULATIO	IN/ FITTING	38	550 LF	X			
RD FLOOR THROUGHOUT				MIRROR GLUE			20 SF	X			
			X	VAT			4,800 SF	X			
RD FLOOR THROUGHOUT CONCEAL	ED		X	PIPE INSULATIO	N/ FITTING	GS	250 LF	X			
RD FLOOR BATHROOMS			X	MIRROR GLUE			20 LF	X			
XTERIOR - 1ST FLOOR			X	WINDOW CAULK			50 SF	X	1		
XTERIOR - 2ND FLOOR			X	WINDOW CAULK			57 SF	X	1		
XTERIOR -3RD FLOOR			X	WINDOW CAULK			57 SF		-	\vdash	
							97 01	X			

Nume of Registered Waste Hauler	NISSAM	BUILT UP ROOFING		6.000 SF	T _v T T	
NEWARK CARTING 369 RAYMOND BLVD City, State	NJDEP Was Hauler ID No 913	- Las of Maste	Name of Reg GRAND CEN	istered Landfill	Y LANDFILL	\vdash
NEWARK, NEW JERSEY 07105 Completed by (Print or Type)		Disposal Date 7/24/17-7/15/18	City, State	TO:		
DENILA AMENIA	Title DIRECTOR OF OPER	Signature	AXX TO	TOWNSHIP PA	ate (/ 2) /	177



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY Date of Notification (1) Street Address CASTLE POINT ON HUDSON 117 5 9/ Type Notification US CONTROL & Agencies Notified City, State, Zip Code LICENSING HOBOKEN, NEW JERSEY 07030 Initial Notification EPA Amended Notification DEP Cancellation Name of Contact DOL On Hold DAVID FERNANDEZ EMERGENCY NOTIFICATION DOH FACILITY INFORMATION DCA Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) STEVENS INSTITUTE OF TECHNOLOGY - LIEB BUILDING Bldg. Age # of Floors Square Feet 100 11,249 Current Use (Prior if being demolished) Pharm. Lab. Street Address County Code (7) 531 HUDSON STREET COLLEGE/UNIVERSITY County (6) (STATE USE ONLY) Name of Abatement Contractor (9) City (5) HUDSON ASCM No. PAR ENVIRONMENTAL CORPORATION Name of Monitoring Firm Hired by Building Owner (8) 99 Street Address LANGAN ENGINEERING 313 SPOOK ROCK ROAD Street Address City, State, Zip Code 300 KIMBALL DRIVE SUFFERN, NEW YORK 10901 License Number City, State, Zip Code PARSIPPANY, NEW JERSEY 07054 Telephone Number Telephone Number 1101 Project Manager for Monitoring Firm 845-369-7500 201-398-4544 Name of OSHA Monitor Sched. Completion Date (11) VIJAY PATEL QUALITY ENVIRONMENTL Expected State Date (10) /18 7/ Year 17 22 Day 8/ Month Street Address Year Day Occupancy Status During Abatement (Check only one) 1376 ROUTE 9 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code WAPPINGERS FALLS, NY 12590 MONDAY-FRIDAY 7AM-3:30 PM Other - Describe: Full Containment with Negative Pressure Wrap and Cut Scope of Work (Check all that apply) Mini-Enclo, Renovation Glovebag Procedure Demolition Non-Friable Procedure >3SF OR LF Abatement Type Description of Asbestos-260 LF ENCLOSURE >160 SF OR ENCAPSULE REPAIR Amount REMOVA Is Location Containing Material (ACM) Location of (Specify normally used (ie. Thermal systems Asbestos-containing SF or LF) solely by insulation, surfacing, VAT, Material (ACM) Maint/Custodial or other miscellaneous) TO BE ABATED Staff (12) in Facility (13) Yes No N/A X 45 LF PIPE INSULATION X 1ST FLOOR ROOM 120 & 122 HALL 50 LF PIPE FITTINGS X X 1ST FLOOR ROOM 103, 122, 120 730 SF X VAT X 1 ST FL ACTIVE SENSING LAB & HALL 20 SF MIRROR GLUE X 60 SF 1ST FLOOR BATHROOMS CHALK BOARD GLUE X 550 LF 1ST FLOOR ROOM 122 PIPE INSULATION/ FITTINGS

PIPE INSULATION/ FITTINGS

PIPE INSULATION/ FITTINGS

MIRROR GLUE

MIRROR GLUE

WINDOW CAULK

WINDOW CAULK

WINDOW CAULK

X

X

X

X

X

X

X

1ST FLOOR THROUGHOUT CCC

2ND FLOOR BATHROOMS

3RD FLOOR THROUGHOUT

3RD FLOOR BATHROOMS

EXTERIOR - 1ST FLOOR

EXTERIOR - 2ND FLOOR

EXTERIOR -3RD FLOOR

2ND FLOOR THROUGHOUT CONCEALED

3RD FLOOR THROUGHOUT CONCEALED

X

X

X

X

X

X

550 LF

20 SF

4,800 SF

250 LF

20 LF

50 SF

57 SF

57 SF

	Г	T	BUILT UP ROOFING		6,000 SF	X	
EXTERIOR ROOF		X	VAT		2,600 SF	x	1
1st FLOOR -ENTIRE Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913	1 51Mento	GRAND CE	egistered Landfill ENTRAL SANITAR	Y LANDFILL	
369 RAYMOND BLVD City, State NEWARK, NEW JERSEY 07105			Disposal Date 7/24/17-7/15/18 Signature	City, State	TOWNSHIP PA	Date 9/	117
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECT	OR OF OPERA		70	>	1 1	



()件3734

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

7. 1a.		100	isuaiii	CO NUME 0.00	diiu 12.12	·)	111111								
Date of Notification (1)		1	Vame of	Building Owner	er/Operator	(2)	SEP	12	20	7					
915117					20.d	in(2	1.00								
Agencies Notified Type Notification		1	Street A	ddress	А		ASL	SCI	MITA	(A)	2				
EPA 🔯 Initial						-		FAIS		1					
DEP Amended Amendment #		1	2 2 4	te, Zip Code		130 1									
Emergency (incl	uding	-	Aug.		UK	New.	161700			100-1					
DOH justification)				Contact			1			*200					
DCA Cancellation			-	ິດ∪ ∖ LITY INFORM	ATION					* B-	_ 4				
Name of Facility Where Abatement is Taking Pl	ace (3)		FAGI	LITT INFORM	HIION	Type of Facility	(4)								
Grote Besidence						School (K-	.12)								
Street Address						Subchapte	er 8 (Other than K-								
						Other (i.e. etc.)	private & commer	cial buil	dings,	home	es,				
City ₁ (5)						Square Feet	# of Floors	E	ldg. A	ge					
Offen house						1700 1 307									
County (6)				Code (7)			rior if being demoli	shed)							
monmorth		1	STATE	JSE ONLY)		reside	160								
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCN	i No.		of Abatement Co									
							ate (b)	100							
Street Address					400	Address	- 01								
						95 Montrose Kd									
City, State, Zip Code						City, State, Zip Code O 175 Neck, New Yessey V 7720									
Project Manager for Manitoring Firm		1.	elephor	no No		none No.	License		V 3	1.2	500				
Project Manager for Monitoring Firm			elehiioi	ie ivo.		A94175		020	7						
Start Date (10) , Sc	heduled	Com	nletion I	Date (11)	1	of OSHA Monito		1							
allicha la	110	1	1-7-	17 (A 17											
Occupancy Status During Abatement (Check O	nly One)	# 3			Street	Address									
Facility Closed/Vacated During Entire Peri	1/58		ent												
Abatement Performed Outside of Normal F	acility H	ours			City, S	State, Zip Code									
Other - Describe:	tyn	1													
Scope of Work (Check All That Apply)		eq				_									
		ovat					nent with Negative	Pressu	re		1				
2160 sf or ≥260 lf	M Den	noliti	on			Mini-Enclosu Glovebag Pro									
					<u> </u>		ed (*) and Non-Fria	able Pro	cedur	е					
	Is Lo	catio	n							ement rpe	1				
Location of	Nor Used S	mall			Description			-	1 ,7	I					
Asbestos-Containing Material (ACM) TO BE ABATED	Maint	enan	ce/			Material (ACM) s insulation,	Amount (Specify	77	_	En	ш				
In Facility	Custod	lial S 12)	taff?	, su	rfacing, VA	T, or	SF or LF)	Remova	Repair	aps	Enclosure				
(13)				oth	er miscellar	neous)		oval	air	Encapsulate	sure				
	Yes I	No	N/A							Ф					
(Sidion) exterior			T	Sidio	G,		3000 M	IX							
	-				*===										
								1							
	-							+-	-						
Name of Registered Waste Hauler		IN	JDEP W	aste Cu	bic Yards	Name	Registered Land	fill							
A /	1		auler ID	No. of	Naste	10:	E343				1				
ACL INS METING, I	1	1/	208			The state of the s	175								
City, State (1) 145 NRCK, NRCW) SSAY	1			Dis	pośal Date	City, Sta									
				positer	Signature)	E	Date	1,						
Priec Plibrice S	Meth	H.	4 1	(400 KI	LA	1)	79 Art and a state of the state	417	115						

State of New Jersey

1/# (3010	18	NO					BESTOS ABAT C 8:60 and 5:16	II I	L.					
Date of Notification (1)	10	47	100000				Owner/Operator (2	2))EGE		1		
	06 /	17			Jaco	obs Dem	olition				24	1	8 111	
Agencies Notified EPA	Type Notificati	ion				Address Box 9			The state of the s	SEP 1	2 20	17	-]
□ DOLWD	☐ Amended				City, S	tate, Zip C	ode							- Carrier
□ DOH	Amendmen				State State of the		NJ 08736			ASLUS	ONT	ROL	l . &	Notice of the latest of the la
DCA (NJAC 5:23-8)	☐ Emergency justification		ıg		Name	of Contact			- Investment of the second	T. HEEM	EimiB	***************************************	-	
(110) (0 0.20 0)	Cancellatio	-96			Line	la					į.			
					FAC	ILITY IN	FORMATION		-	-\ <u>-</u>	-			
Name of Facility Where	Abatement is Ta	king Plac	e (3)				Type o	f Facility (4	()				
Residence			,	10				iool (K-12)						
Street Address										(Other than K-12		lding	~	
									er (i.e., priv nes, etc.)	vate and comme	ciai bui	iairig	5,	
City (5)		0	Square F							# of Floors	Blo	lg. Ag	e	
Manasquan) sf	1	6	5			
County (6)		-111			Coun	ty Code (7)	(STATE USE ONLY)	t Use (Prio	r if being demolis	shed)				
Monmouth							A86	idence						
Name of Monitoring Firm	Hired by Buildin	ng Owne	r (8)	P	SCM I	No.	Name of Abateme	ent Cont	ractor (9)					
							Guardian Co	ntracti	ng, Inc.					
Street Address		igi.					Street Address							
							1889 Route 9	, Unit (61					
City, State, Zip Code							City, State, Zip Co	ode		X = 1000				
							Toms River,	New Je	ersey 087	55	B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-5-55-1-0	
Project Manager for Mor	itoring Firm		1	Геlер	hone I	No.	Telephone No.			License No.				
							732-349-9932			00624		10.000		
Start Date (10)	and the same of th	cheduled				1.755	Name of OSHA N							
09 /18 /		09	/ _	20	_ / _	17	E.M.S.L. Ana	lytical						
Occupancy Status Durin							Street Address							
☐ Facility Closed/Vacat							1056 Stelton			<u> </u>				
Abatement Performer						cribe AM	City, State, Zip Co			70.201-2				
HF		_' '''		-			Piscataway,	New Je	ersey 088	54				
Scope of Work (Check a	Il that apply)						☐ Full Con	tainmen	t with Nea:	ative Pressure				
≥3 sf or ≥3 lf			Reno				☐ Mini-End	closure		2010				
≥160 sf or ≥260 lf		\boxtimes	Demo	olitio	n		☐ Gloveba			-Friable Procedu	ire			
			ls I d	ocati	on		Z Non Exc	inplou () und Hon	T Habio T Tooda		ateme	ent Ty	vpe
Location	n of	5506	No	rmal	ly		Description of	of						
Asbestos-Containing			sed //aint		ly by		stos Containing Ma			Amount	Removal	Repair	Encapsulate	Enclosure
TO BE AB		2000			Staff?	(I.e	., thermal systems surfacing, VAT		on,	(Specify SF or LF)	ova	₹.	nsd	Sur
(13)	,		((12)			other miscellane			,			late	O
		Ye	S	No	N/A						4			
exterior				\boxtimes		asbesto	os siding			1400 sf				
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			[
							Cubic Yards of	Nam	e of Regist	ered Landfill				-
Guardian Contract				Н	auler II 20223		Waste 3	T.	R.R.F.					
City, State						,	Disposal Date	City,	State		-			
Toms River, New J	lersey						09/21/17	1000		Pennsylvania				
Completed By (Print or					Signature	7	1 0		ate	1				

Nicholas Fernicola

Project Manager

PAID

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



Date of Notification (1)				Name of Building Owner/Operator (2)								11 7	// /	E I	
	06 /	17	_		Four Star Developers									19	
Agencies Notified	Type Notifica	tion			Street	Address								0.555	
⊠ EPA					130	1 Route 3	33 #3	3E			S S	EP 1	2 2	017	. 1
⊠ DOLWD	Amended			Ì	City, S	tate, Zip C	ode								1
☑ DOH □ DCA	Amendme		luding		Nep	tune, NJ	077	53			1	00.0	-031	1200	1 8
(NJAC 5:23-8)	justificatio		ading		Name	of Contact					Telephone Nur	nber	SINE	i	- 14
	☐ Cancellati	on			Mr.	Green					1 >			- unapposition	Carry CERNINE
					FAC	ILITY IN	FOR	MATION				~			
Name of Facility Where A	Abatement is T	aking l	Place	(3)					Type of F	acility (4	1)				
Residence									Schoo			2)			
Street Address									Other		(Other than K-1 vate and comm		ilding	S,	
City (5)									Square Fe	eet	# of Floors	Ble	dg. Ag	e	
Lavallette									1000		1		65		
County (6)			,		Coun	ty Code (7)	(STA	TE USE ONLY)	Current U	se (Prio	or if being demo	lished)			
Ocean									Reside	ence					
Name of Monitoring Firm	Hired by Build	ing Ov	vner (8	3)	ASCM I	No.	Nan	ne of Abateme	ent Contrac	tor (9)			71		
N/A							G	uardian Co	ntracting	, Inc.					
Street Address			77.7				Stre	et Address			94°				
							18	889 Route 9	, Unit 61						
City, State, Zip Code							City	, State, Zip Co	ode						
12 22							T	oms River, I	New Jers	ey 087	55				
Project Manager for Moni	itoring Firm	-		Tele	phone I	No.	Tele	phone No.			License No.				
							7:	32-349-9932			00624				
Start Date (10)	S	chedu	led Co	mple	ion Dat	e (11)	Nan	ne of OSHA N	onitor		1				
09 /18 /	17	_ 09	_ /	19	_ / _	17	E.M.S.L. Analytical								
Occupancy Status During	Abatement (C	Check	only o	ne)			Street Address								
□ Facility Closed/Vacate							10	056 Stelton							
Abatement Performed							City	, State, Zip Co	ode		30				
Time of Abatement: _	Alvi-	PIVI		_PIVI-		AIVI	Р	iscataway, I	New Jers	ey 088	54				
Scope of Work (Check all	I that apply)							□ Eull Conf	lainm ant w	ith Noge	etivo Dropovro				
☐ >3 sf or >3 lf		[Rer	ovati	on			☐ Mini-Enc		ith Nega	ative Pressure				
≥160 sf or ≥260 lf			□ Der	nolitio	n				g Procedur		Field December	rocesso			
			la.	Locat				⊠ Non-Exe	mpted (*) a	and Non	-Friable Proced				
Location	of			orma				Description of	vf.			1 2000	ateme		
Asbestos-Containing)		Sole				Containing Ma	terial (ACN	/ 1)	Amount	Ren	Repair	Enc	Enc
TO BE ABA IN Facili				ntena	nce/ Staff?	(i.e.		rmal systems urfacing, VAT			(Specify SF or LF)	Remova	a:	aps	Enclosure
(13)	ıy			(12)				ner miscellane			SF OI LF)	=		Encapsulate	Б
			Yes	No	N/A									(D	
exterior		8		\boxtimes		asbesto	s si	ding			950 sf	\boxtimes			
											0				
Name of Registered Was	te Hauler			100.00	JDEP V		200000000	ic Yards of	Name o	f Regist	ered Landfill				
Guardian Contracti	ng, Inc.			Н	auler II 20223		Was	ste	T.R.F	R.F.					
City, State								osal Date	City, Sta	ate					
Toms River, New Je	ersey						09	9/20/17	Tully	town, l	Pennsylvania	a	,		
Completed By (Print or Ty	ype)	Title					-	Signature			//	Date	1		
Nicholas Fernicola		Pr	oject	Man	ager			\ \rac{1}{2}	7:1	-2.	1	91	6/1	7	

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



Date of Notification (1)		A			Name	of Buildin	g Ow	ner/Operator (2)			7-2-1-1						
09/	06 /	17	 :			kan Hom	-	,	es.4.	325	9	<u> </u>		the section and section as				
Agencies Notified	Type Notifica	ation			Stree	t Address					D E	11	V/ 1	3 1				
⊠ EPA					PC	Box 100	1			11-4/	microdia marketico qua			711				
⊠ DOLWD	Amended				City, S	State, Zip (Code							- 11				
☑ DOH ☐ DCA	Amendm			9	Tor	ms River,	NJ	08753		II LI SE	P 1	2 20	117	1				
(NJAC 5:23-8)	justificati	on)	luuling	l.	Name	of Contac	t			Telephone Nu	mber			14/6				
	☐ Cancellat				Ro	b Shino						. / ;	HOL	28				
					FA	CILITY IN	IFOR	RMATION		L.	1501.170.	5		- 10				
Name of Facility Where A	batement is 1	aking	Place	(3)					Type of Facility									
Residence									School (K-1		(0)							
Street Address										8 (Other than K-1 private and comm		uilding	IS,					
City (5)									Square Feet	# of Floors	RI	dg. A	70					
Lavallette									1200 sf	1	1	65	ge					
County (6)					Cour	nty Code (7)(STA	TE USE ONLY)		rior if being demo	1000000			_				
Ocean						,	ДОП	172 002 01121)	Residence	nor ir being deme	nisrieu)							
Name of Monitoring Firm	Hired by Build	lina Ov	wner (8)	ASCM	No	Na	me of Ahateme		\								
N/A		9			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Abatement Contractor (9) Guardian Contracting, Inc.											
Street Address							-	eet Address	intracting, mo.									
							1000000	889 Route 9	Unit 61									
City, State, Zip Code		,						y, State, Zip Co										
							- 8		New Jersey 08	3755								
Project Manager for Moni	torina Firm			Tel	ephone	No			phone No. License No.									
	3						1000	32-349-9932		00624								
Start Date (10)	18	Schedu	led Co	omple	etion Da	te (11)		me of OSHA M	V	00021								
09 / 18 /					9 /			.M.S.L. Anal										
Occupancy Status During		-						eet Address	.,									
☐ Facility Closed/Vacate			- 5		ement			056 Stelton										
☐ Abatement Performed						cribe		y, State, Zip Co	ode									
Time of Abatement:	AM	PM	/	_PM		AM			New Jersey 08	8854								
Scope of Work (Check all	that apply)																	
☐ >3 sf or >3 lf		Г	Rei	novat	tion			☐ Full Cont ☐ Mini-Enc	ainment with Ne	gative Pressure								
≥160 sf or ≥260 lf			☑ Der					Glovebag	Procedure									
				J		1		Non-Exer Non-Exer	mpted (*) and No	on-Friable Proced	dure							
				Loca					2		Ab	atem	ent T	ype				
Location Asbestos-Containing N)			ely by	Ashe	stos	Description o Containing Ma		Amount	Re	Re	En	Ē				
TO BE ABA	TED	'			ance/ Staff?		., the	ermal systems i	insulation,	(Specify	Removal	Repair	cap	Enclosure				
IN Facilit (13)	У		Cust	(12)			ot	surfacing, VAT, her miscellane	or or	SF or LF)	<u>a</u>		Encapsulate	ure				
()			Yes	No	N/A	1	000	ner miscenance	043)				é					
exterior						asbesto	s si	iding		1250 sf								
										***	П	П	П	П				
Name of Registered Wast	e Hauler			-	NJDEP I	Vaste	Cut	oic Yards of	Name of Regi	stered Landfill				_				
Guardian Contractir	ng, Inc.			1	Hauler ID No. Weste				T.R.R.F.									
City, State							-	posal Date	City, State		Tion to the to							
Toms River, New Je	ersey						0	9/20/17	Tullytown	, Pennsylvania	1							
Completed By (Print or Ty	rpe)	Title					10	Signature			Date /							
Nicholas Fernicola	787 SW	Pro	oject	Mar	anager 9/6							G/C	7					

CK# 46	74			FICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE		ENT		E C	E	<u> </u>		10.0			
Date of Notification (1) 08/31/2017				And the second	of Building		The state of the state of the) of Facilities		SE	1 2	2 20	117				
Agencies Notified	Type Notification				Address	<u> </u>			-									
EPA EPA	✓ Initial			310-1100	Drexel /		9		and the state of t	L	Oi	us Č	DIVI	RO	.8			
X EPA X DEP X DOL	Amended Amendmen	. 41			ate, Zip Co					,	L	CEN	SING	Ä				
	Emergency		_		tic City,		101		ž									
DOH	justification)	_		of Contact					Tel	enhone N	lumbar						
DCA	Cancellation	1			e A. Mac													
Name of Facility Where	Ahatement is Takir	ng Place	(3)	FAC	ILITY INF	ORMAT	ION	Т.	une of Facility	74)								
Second Street Ja		19 1 1000	.0)					-	ype of Facility	808								
Street Address	,	-	-				-	ŀ	School (K- Subchapte		orthon V	12)						
5909 Main Street								×		private	& comme	rcial bui	Idinas	, hom	es.			
City (5)									etc.)						CONF.			
Mays Landing									quare Feet		f Floors		Bldg. Age 25+					
County (6)			т	Country	0-1-77				3,000 +	3	25+							
Atlantic					Code (7) USE ONLY)			urrent Use (Pri		ng demol	shed)						
Name of Monitoring Fire	m Hirod by Building	Owner 19	,l						Dorm Room	_								
1 Source Safety a		Owner (o)	ASC	VI NO.				Abatement Co		(9)							
Street Address	nu rieani, nic.						Site Enterprises, Inc. Street Address											
140 South Village	Avenue Suite 1	20						treet Address 6626 Delilah Road										
City, State, Zip Code	Avenue Suite	30																
Exton, PA 19341							Harris Committee		e, Zip Code	1								
Project Manager for Mo	-iti Fi			-					arbor Towns	ship, N	2							
Daniel M. Bruun	nitoring Firm			Telepho			Teleph				License							
Start Date (10)					24-5525	maracon and	10,000	57050	7-1250		01172							
09/18/2017					Date (11)		100000000000000000000000000000000000000		OSHA Monitor									
	Abt	10/20							ce Safety ar	nd Hea	alth, Inc							
Occupancy Status Durin							Street				0	400						
Facility Closed/Vac	cated During Entire	Period of	Abater	nent					uth Village	Avenu	e, Suit	e 130						
Other – Describe:	ned Outside of Norn Vacant	nai Facilit	y Hour	S					e, Zip Code									
Scope of Work (Check /	All That Apply)	***************************************					Exto	n,	PA 19341									
	All Mat Apply)						157	7										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							e				
		Is	Locat	ion									Contract Contract	ement				
Locatio	n of		Normal	lly		Des	scription	of					Ту	ре				
Asbestos-Containing	g Material (ACM)		ed Sole			tos Cont	aining M	late	erial (ACM)	A	mount			т	100-0			
TO BE AE		5.0	todial S		(i.e.		systems sing, VA		sulation,		pecify	Ren	70	nca	Enc			
(13)			(12)				niscellan			51	or LF)	Remova	Repair	Encapsulate	Enclosure			
		Yes	No	N/A								<u>a</u>	7	late	<u></u>			
See Attache	ed Listing																	
						-				0-19-19								
		1																
Name of Registered Wa	ste Hauler	-4	10000	JDEP W	100 m	Cubic '			Name of	Registe	red Landf	11						
Site Enterprises Inc	:.	1768	lauler ID 035220	of Was	f Waste													
City, State		0035220 40 C)					City, State	9										
6626 Delilah Road	UV			10/20	/2017		EHT, N											
Completed by		Title OM			S	Signature 1 Date												
Eric Keys						(08/31/201						2017						

Print Form

Roof/Exterior Work Area

I manufacture of		Locatio		Commission of		A.Colcabiation 201		emen pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solel intenan lodial S (12)	y by ice/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			- A		ate	0
Roof	Ov commo		X	Roof Flashing	3,000 sf	X			
Roof/Exterior Windows	NA PERSONAL PROPERTY OF THE PERSONAL PROPERTY		X	Caulk	800 If	-X			Children (charge-tree)
									Danie other
					Marian and the second property of the second	Contraction of the Contraction o			Totalian Instituti
						to coope During to Bu			400000
	174-14-12 PARTIES					the between the control			etametra etamen
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	Charles Charles					-			COLUMN STATES
	CALL TO SEE					CLOCKBURCH SOLVEN			A PARTICIPATE A STREET
	C Lance					and the same of th			- Carabina Ali
	Video or Control					The state of the s			STORES MANUAL
	Ne constitution					The second second			100
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	Marketine Co.					Marin e e e e e e e e e e e e e e e e e e e			DETERMINED
	The state of the s					The state of the s			- ALBERTON
	1000					There seemen			- Contract
	N-AME AND								- Sanda
	-				- And the second of the second	-	-		100

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			(Pursu	ant to NJAC 8:60 ar	nd 12	:120)		CX#	10	X	1				
Date of Notification (1)		Name of Building Owner/Operator (2) Belmont Construction Corp.								- 1	-				
September 04, 2017		Belm	ont Co	onstruction Corp.				IN E	n 1	72	[]	77			
Agencies Notified Type Notification			Address					MILE	gr i	-	ii -	T			
⊠ EPA ⊠ Initial		240 V	N. Pas	saic Street, Suite 1:	L					-					
□ DEP □ Amended		1	ate, Zip (The state of the s							
	0.00	Mayv	vood,	NJ 07607				ILI III SI	_p	16	2	0			
☐ Emergency (including		Name o	of Contac	ct	2:10000	T	Telephone Numbe	i i							
DOH justification)		Frank	Belgio	ovine											
□ DCA □ Cancelation								MUL!	100	50	GM!	T			
Name of Facility Where Abatement is Taking Place (3)			F	ACILITY INFORMAT				- {	ICE	MS	IMC	3			
Dak Tree School						of Facility (4)						trans.			
Street Address					X		Non-Subchap								
15 Wilus Way							(Other than K								
S Wilds Way						Other (i.e. pri	ivate & Comm	ercial buildings, h	omes	, etc	.)				
ity (5)					Squa	re Feet #	of Floors	Bldg, Age				_			
selin						000+		1950's							
County (5)			County	/ Code (7)	-	ent Use (Prior if bein		12300				_			
Aiddlesex County			(STATE	USE ONLY)	Sch		5 V V V V V V V V V V V V V V V V V V V								
ame of Monitoring Firm Hired by Building Owner (8)		-		ASCM No.	Marra	e of Abatement Con	tenetor (O)				-	-			
AcCabe Environmental Services, LLC				00118	100000										
reet Address			-	100118	Unicorn Contracting Corp. Street Address										
64 Valley Brook Avenue, #3A					Street Address 32 Willow Way										
ity, State, Zip Code											_	_			
vndhurst, NJ 07071						State, Zip Code	1 07424								
oject Manager fo Monitoring Firm			- 1 1		-	odland Park, N.	0/424	License No.							
ohn H. Chiaviello/Jarred Panecki				one No.	Telephone No. License No. 973-333-9176 01331										
tart Date (10)				138-4839	Name of OSHA Monitor							_			
eptember 14, 2017				letion Date (11) 26, 2017			landa los								
ccupancy Status During Abatement (Check Only One)		Septer	nber 2	26, 2017	1	rovision Consu	iltants, inc.					_			
		¥2.000				t Address									
Facility Closed/Vacated During Entire Per			τ		20-21 Wagaraw Rd., Bldg. 35-E							_			
Abatement Performed Outside of Norma		lours			City, State, Zip Code Fair Lawn, NI 07410										
Other - Describe:07:00am to 3:30pm ope of Work (Check All That Apply)					Fair Lawn, NJ 07410										
		-	2	1150			51 WA CON 6	W 129							
23 sf or ≥3 If			Renov			Full Containme		ive Pressure							
≥160 sf or ≥260 lf			Demol	lition	X	Mini-Enclosure									
					X	Glovebag Proc									
						Non-Exempted	(*) and Non-l	Friable Procedure	_	Abat	emen	_			
Location of	1	Location lormally						1			уре	·			
Asbestos-Containing Material (ACM)		d Solely I	by	Asbesto		cription of iining Material (ACM)	Amount		T	T	Γ			
TO BE ABATED	D1	intenance		177 24		systems insulation,	Í.	(Specity			_				
In Facility	Custo	odial Star (12)	117			ing, VAT, or		SF or LF)	B		Encapsulate	1			
(13)	1, 1	- 1			other m	iscellaneous)			Remova	Repair	psula	Circoonie			
de la Circa	Yes	No	N/A						Va.	air	te	d			
rious First Floor Locations (in 7 different					10				10000						
cations) - Wrap & Cut	+-+	Х				Pipe Insulation		70 LF	X	-	-	-			
der First Floor Bathroom - Wrap & Cut		X		Asbe	stos F	Pipe Insulation		25 LF	X		-	_			
	+														
									1_						
ne of Registered Waste Hauler	1			Hauler ID No. Cubic Yards of Waste				Name of Regustered							
icorn Contracting Corp.	0	003584	14		3+ Fairless Hills Landfill										
/, State		Disposi	al Date		City, State										
oodland Park, New Jersey		TBD													
mpleted by	Title					Signature	245	ACP Date							
mo Golcev	General	Mana	ger			0	75	57 09/04/2017							

									7	D) A		Ye.		Pri	int F		
UC#4675			FICATIO	State of Ne IN OF ASE It to NJAC	BESTOS	ABATE		r				100		W			
Date of Notification (1)				of Building			2000		Till	12	050		^	004	-0		
08/31/2017					antic - I	Divisio	n of l	Facilities	l land		SEP	1	2	2017	/		
Agencies Notified Type Notification	1			Address Drexel	Avonuo				i	-							
EPA Initial									1	ASI		- : /	101	CH	OI		
X DEP Amended DOL Amendmen	t #			tate, Zip C ntic City,		01				7 1122	LIC	EN	SIA	G			
Emergency	(including	3		of Contact		01			Tol				-	CO-MAN MONTH			
□ DOH justification □ DCA □ Cancellation				e A. Mac		11			امدا								
Caricenation				ILITY INF	011110				_i								
Name of Facility Where Abatement is Takin	ng Place (3)	TAU	ALIT IN	ORMATI	ON	Type	of Facility (4	1)								
Second Street Jail	65 COM)								300								
Street Address							H	School (K-12 Subchapter		er than I	K-12)						
5909 Main Street							\boxtimes	Other (i.e. pr				ouildi	ngs,	home	es,		
City (5)	-						Saus	etc.) are Feet	# of	Floors		RIA	g. A	ar			
Mays Landing								000 +	3	1 10013		25	•	10			
County (6)			County	Code (7)				ent Use (Prio		na dem	olishad						
Atlantic				USE ONLY	n			rm Rooms		'A GOLLIG	onaricu	1					
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.		Name		atement Cont		(9)							
1 Source Safety and Health, Inc.	N.	5		00 St. 1885				rprises, Inc		(-)							
Street Address						Street		TO THE STATE OF TH				-					
140 South Village Avenue Suite	30					100000000000000000000000000000000000000	0.000000000	ilah Road									
City, State, Zip Code								Zip Code				_			-		
Exton, PA 19341								or Townsh	nin N.	1 0823	34						
Project Manager for Monitoring Firm	-	Т	Telepho	one No.		Teleph				Licens							
Daniel M. Bruun			- 20	524-5525	5			1250		0117							
Start Date (10)	Schedul	ed Co		Date (11)				HA Monitor		0117	_		1.55				
09/18/2017	10/20			()				Safety and	d Hea	lth. In	C.						
Occupancy Status During Abatement (Chec	ck Only O	ne)				Street		Y 200 - 100									
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Vacant	Period of nal Facilit	Abater y Hour	ment 140 South Village Av City, State, Zip Code Exton, PA 19341							e, Sui	ite 13	0					
Scope of Work (Check All That Apply)						LACO	11, 17	1100+1									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	le le	Locat	ion						1					nent			
Location of		Norma	lly		Dee	cription	of					-	Тур	е			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ed Sole aintena todial 3 (12)	nce/	Asbes (i.e.	tos Conta	aining M systems ing, VA	lateria insula T, or	ation,	(S)	nount pecify or LF)	Kellioval	Removal	Repair	Encapsulate	Enclosure			
Con Attack ad Linking	Yes				- 1100						_	+	-	_			
See Attached Listing																	
	+											-		-			
Name of Registered Waste Hauler		500	JDEP W		Cubic	/ards		Name of R	egister	ed Land	dfill		_1				
Site Enterprises Inc.		1.00	lauler ID 03522		of Was			ACUA									
City, State	mah!-	NI !			Dispos			City, State									
6626 Delilah Road Egg Harbor Tov		A)			-	/2017		EHT, NJ									
Completed by	Title				(Si	gnature	110				Date						

OM

Eric Keys

08/31/2017

Basement and First Floor Work Area

Location of	R. AV	Locati Normali	ly	Description of		and the second	Abah Ty	emen pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintenar lodial S (12)	nce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	CICIOSURE
	Yes	No	N/A			in the second		ape	C)
Basement			X	Floor Tile and Mastic	3,700 sf	X			Tarenaum.
Basement	21777		X	Pipe Insulation	5 If	X			Card Mes
Basement			X	Electrical Backer Board	100 sf	X			N N
Throughout			X	Ceiling Coating	15,000 sf	X			D. Charles
First Floor	ĺ		X	Floor Tile and Mastic	3,700 sf	X			4
First Floor	April (April)		×	Ceiling Plaster	5,000 sf	X			
First Floor	10		X	Electrical Backer Board	100 sf	×			
First Floor	5) (A. A. A		X	Debris	300 sf	X			
	48000								
						-			
	6					1 1	\neg		_
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	1 1					4	-		
						1	_	- 404	
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				***************************************		anni sens		- Treater	
						ALCO VIEW		100	
	W. C. C.					Contrabato		- Anna	
	TOTAL STATE								
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	1 1					1	-	00.000	
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	3 1							Perenna	-
	3					9		accepted.	
	West and					1		0.000	
	Revision.	No. of Concessions		Constitution and a configuration of the constitution of the consti	H2 11 NA 15	1			

SEP 1 2 2017

ASL CONTROL & LICENSING

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CK# 469	16		NOTI)	S FICATIO Pursuan	N OF AS	lew Jers BESTOS C 8:60 ar	ABATE	MEN (0)	ΙΤ	latera an or constants		E	C	E		W	
Date of Notification (1)				Name o	of Buildin	g Owner	Operator	r (2)							-	-	
08/31/2017				Cour	ity of A	tlantic -	Divisio	n of	Facilities	i		(SEP	1	2 2	017	
	ype Notification				Address						1						
EPA E				A SECOND		Avenu	е					01				7	
X EPA X DEP X DOL	Amended Amendment	#		and the second second	ate, Zip (ode NJ 084	101			Ultricon	,		LIC	SEN	Silv	 	
N DOH] Emergency	(including			of Contac		+01	5		T T-	lenhon	- N.					
DCA	justification) Cancellation			2000		cDonne	ell			1 144	aport in the seco	LL KILLIN	nnar				
				FAC	ILITY IN	FORMAT	ION										
Name of Facility Where Aba Second Street Jail	tement is Takin	g Place (3	3)			22. 34.11 21.11		Тур	e of Facility (4)							
Street Address									School (K-1								
5909 Main Street								X	Subchapter Other (i.e. p	8 (Oth	er than	n K-12) d buil	dinac	hom		
City (5)									etc.)	iivate	& COM	mercia	ii Duli	uings	, non	ies,	
Mays Landing									uare Feet	# of Floors Bldg. Age							
County (6)				County	Code (7)				,000 +	3 25+							
Atlantic					USE ONL	Y)			orm Rooms	Prior if being demolished)							
Name of Monitoring Firm Hire	ed by Building (Owner (8)		ASC	и No.		Name		patement Con								
1 Source Safety and H	lealth, Inc.						Site Enterprises, Inc.										
Street Address							Street		1.5			-			-		
140 South Village Ave	nue Suite 1	30					6626	6 De	lilah Road								
City, State, Zip Code									Zip Code								
Exton, PA 19341									bor Townsl	nip, N	IJ 082	234					
Project Manager for Monitorin Daniel M. Bruun	ng Firm			Telepho		_	Teleph				100.000.000	se No	i,				
Start Date (10)		Schodule	d Co		24-552			200200	-1250		011	72					
09/18/2017		10/20/2		ompletion Date (11) Name of OSHA Mon 7 1 Source Safety							alth I						
Occupancy Status During Ab	atement (Check				ess	u ne	aitti, ii	nc.	77-75								
Facility Closed/Vacated				nont			and in the second		th Village A	venu	e. Si	uite 1	30				
	Outside of Norm	al Facility	Hour	S					Zip Code		-		-		C-1	-	
Other - Describe: Vaca							Exto	ton, PA 19341									
Scope of Work (Check All Tha	at Apply)									50% L	9-24-34-22	-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli				XXX	Mini Facionis						0			
		ls	Locat	ion						1 / 511					ement		
Location of		N	ormal	ly		Des	scription	of						Ту	ре		
Asbestos-Containing Mate TO BE ABATED			d Sole			stos Cont	aining M	ateria			mount				Ш	_	
In Facility	2)	Custo	odial 8 (12)	Staff?	(1.6	thermal surface	systems cing, VAT		lation,	(S SF	pecify or LF)		Remova	Repair	Encapsulate	Enclosure	
(13)		-	(12)			other n	niscelland	eous))				oval	pair	sula	Sure	
		Yes	No	N/A											te	· CD	
See Attached Lis	sting																
						-											
Name of Registered Waste Ha	auler		1222	JDEP Wa		Cubic '			Name of R	egiste	red Lar	ndfill					
Site Enterprises Inc.			18993	auler ID 1 035220		of Was			ACUA								
City, State					-	,	al Date		City, State	-							
6626 Delilah Road Egg I	10/20/2017					EHT, NJ											
Completed by		Signature						Date									
Eric Keys				1	W	08/31/2017											

Print Form

Second and Third Floor Work Area

Location of	2	s Locati Normal	ly	Description of		decree in the same	Abati Ty	emen pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	t Ma	ed Sole pintenar stodial S (†2)	ncer	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					908	0
Throughout	Political in		X	Ceiling Coating	15,000 sf	×			CHUMCHO
Second Floor			X	Ceiling Plaster	5,000 sf	X			
Second Floor			X	Electrical Backer Board	100 sf	×			
Second Floor			X	Floor Tile and Mastic	3,700 sf	X			
Third Floor			X	Elevator Brake Pads	2 Each	X			
Third Floor			X	Backer Board	100 sf	X			
Third Floor			×	Floor Tile and Mastic	3,700 sf	X		- I	
						Secretary Co.			TO 10
								- Appropries	
						The same		NAPATURE IN	Ç.
						No. of Concession, Name of Street, Name of Str		Charmer phin	
								- Delication	
								211/00/00	
	Transmission of the second								
	100000					1 1		- Daniel	
	Office Co.					1	\dashv	App and the	-
					Andrewski en	1	\dashv	Disk Challe	
					***************************************		+		-
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	1 1	1				1	\dashv		
	1 1					1	_	THE STEED	-
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	1								
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								San Paris made	
	3					90000		ALATTA GUZZIII.	
	The state of the s							Charles Company	
			-					distant.	



			NO				F ASBESTOS AE JAC 8:60-7 and 12:			AID	WE		edk	# 00	267	
Date of Notification (1) 5/17						Operator (2)						leck	# 00	100	
Agencies Notified [] EPA	Type of Notifica	ation S	Street A	Unive Address Morri			***************************************		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SEP 12	2017		4			
[] DEP [X] DOL [X] DOH	Notificatio [] Emergency [] Amended Notificatio	(ate, Zip n, NJ (3			ASI	LICENS	ING	8				
[] DCA	[] Cancellation	N		of Conta		C			T	elephone Nur	nher 🗎					
X.1 1					FACIL	LIT	Y INFORMATION	_								
Name of Facility Whe Kean University			ice (3)					I	Type of Facility (than K-12)					
Street Address 1000 Morris Ave	е.	7							Other (in homes	.e. private and	d commercia	al bu	ildin	gs,		
City (5)		County	(6)			Соц	inty Code (7)	-	Square Feet 20000	# of Floor		3ldg.	Age	y.		
Union		Unior	า		(ATE USE ONLY)		Current Use (Pri dormitory			00			112333	
Name of Monitoring F		ing Owne		ASCM N 0003	10.			ement Contractor (9) Jupiter Environmental Services, Inc.								
Street Address							Street Address		APROT ETITIO	interitar o	C1 V1003, 1	1110.			-	-
9 East Stow Ro City, State, Zip Code	ad					-		323 Changebridge Road, Suite 100 tate, Zip Code								
Marlton, NJ 080							F	Ρ	ine Brook, N	J 07058						
Project Manager for M Jim Guilardi	Nonitoring Firm			Numbe 5-8800			Telephone Numb		r 73-575-8700)	License	Nun	nber OC	185	2	
Scheduled Start Date 9/14/1	U.S.C. 12.	ed. Comp		Date (1			Name of OSHA M	Mc			ratories.	LL			_	
	ed/Vacated During	Entire P	eriod d	of Abate			Street Address		333 Route 22							
Desc	erformed Outside (cribe: cribe: partially vac		I Facili	ity Hour	s –		City, State, Zip Co	oc	sale-reco si eseccionario in propositivo							
Scope of Work (Check																
[] Demolition [x] ≥3 sf or ≥3 lf [] ≥160 sf or ≥2				[]	Reno	vat	ion	 [] Full Containment with Negative [x] Mini – Enclosure [x] Glovebag Procedure [x] Non – Friable Procedure 					Pressure			
			Locat mally				Descri	air	tion of				Aba		nen	t
Locatio Asbestos - C Material (TO BE AB	Containing ACM) BATED	Main	Solely	by ce/Cus			Asbestos – Containing Amour Material (ACM) (Specif (i.e., thermal systems SF or Li insulation, surfacing, VAT,						R E M O		E N C A	ENCL
In Faci (13)		Yes	No	N/A			or other mis	SC	cellaneous)				V A L	I R	P S U	0 8 U
Second floor 1st & 2 floors			X		VAT	-					5 SF		Х	1		
1 & 2 110015			X		TSI						10 LF		X	+	1	
Name of Registered W Jupiter Environn		es Ha	IDEP Vauler ID	O No.	0.1		bic Yards Waste 1		Name of Regist Alliance La							
City, State Pine Brook, NJ							posal Date 27/17		City, State					1111		
Completed By (Print o	r Type)	Title Gen	eral	Mana		3/2	Signature		Taylor, PA		Date 9/5/1	17				
ASB-411								53								

	_	NO	TICI	^ A TIO	State of N	Vew J	ersey	F	FT (5)	raa n	n n	f=3	power,	
Check#2866		NO					TOS ABA		D) E		M	Ġ,	M	
Date of Notification (1)	-			Nam	e of Buildir	ng Owi	ner/Operator-	(2) A DETERM	Til -					
	05 / _	17		John	Dittemer			PALL	∐ SEP	122	2017			
Agencies Notified	Type Notifica	tion		_	et Address			35						
☐ EPA									ASL	SCON	ITRO)L &		
☑ DOLWD ☑ DHSS	Amended Amendme			City,	State, Zip	Code				ENSIN			-	
□ DCA	☐ Emergenc		na	Unio	n, NJ 070	83								
(NJAC 5:23-8)	justificatio	n)	9		e of Contac				Telephone N	umber				
	Cancellati	on		John	Dittemer									
				F	CILITY II	NFOR	MATION		- n m n-h	100				
Name of Facility Where A	batement is Ta	aking Pla	ce (3)					Type of Facilit	ty (4)					
Private house								School (K-						
Street Address								Subchapte Other (i.e.	r 8 (Other than K- private and comi	12)	uildin	ac.		
								homes, etc	c.)	Hercial D	unun	ys,		
City (5)								Square Feet	# of Floors	E	Bldg. Age			
Union, NJ 07083 County (6)				-										
Union				Cou	nty Code (7)	(STAT	E USE ONLY)	Current Use (F	Prior if being dem	olished)				
Name of Monitoring Firm I	Hired by Buildi	ing Owne	r (8)	TASCM	LNI-	Т.,								
, and a second s	mod by build,	ing Owne	(0)	ASCIV	No.			ent Contractor (9)					
Street Address							Tech LLC							
						Decrees as	et Address	110.00						
City, State, Zip Code		-					Valley Rd : , State, Zip C							
							ne, NJ 074							
Project Manager for Monit	oring Firm		Te	lephone	No.		phone No.	70	License No.					
							638-1777		01127					
Start Date (10)	Sc	cheduled	Compl	etion Da	ate (11)		ne of OSHA	Monitor	01127			_		
	17	09	/ _1	5 /	17			onsultants,Inc						
Occupancy Status During							et Address	msuitants, me						
Facility Closed/Vacated	During Entire	Period o	f Abat	ement		20-2	1 Wagaraw	Road, Bldg .#	35F					
Abatement Performed (Time of Abatement:	Outside of Nor AM-	mal Facil PM/	ity Hou PN	0		City,	State, Zip C	ode	332					
					_AM	Fair	Lawn, NJ 0	7410						
Scope of Work (Check all t	that apply)					-	Clean u	p and decontam	ination with nega	tive pres	sure			
>3 sf or, >3 If 2 160 sf or 2260 If			lenova			ŀ	Mini-End	tainment with Ne closure	egative Pressure					
≥ 100 St or ≥250 it			emolit	on		2			Tent with Negat		sure			
			Is Loca	tion	1	L	NOII-EXE	impled () and N	on-Friable Proce	-	1	-		
Location o			Norm	ally			Description of	of			atem	T	_	
Asbestos-Containing M TO BE ABAT			ed So ainten	ely by ance/	Asbes	stos C	ontaining Ma	terial (ACM)	Amount	Remova	Repair	Enc	Enclosure	
IN Facility		14 100 000	stodial	Staff?	(i.e	., then su	mal systems rfacing, VAT	insulation, or	(Specify SIF or LF)	Vou	air	aps	losu	
(13)			(12	1	-		er miscellane		011 01 21 /	<u> </u>		Encapsulate	ře	
		Yes	No									(0)		
Basement				\boxtimes	Pipe insu	ılatior	1		75 LF					
10										П	П	П	П	
]	
				1							1			
Name of Registered Waste	Hauler		N	L.							Ш	Ш	Ш	
Fr Tech LLC				The state of the s										
City, State				003378	55	1000	BD	T.R.R.F. Inc						
Vayne, NJ 07470						Disposal Date City, State								
Completed By (Print or Typ	e) T-	Title		500000		TBD Tullytown, PA								
Jevtic						Signature Date Newic Wenad 09/05/17								
SB-41	C)wner					//eu	urc Wenad	¥ 0	09/05/17	7			

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

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

Date of Notification (1)				Name o	f Building (Owner	r/Operator (2)		1	W_	E	F
09/	05 / 1	7		Five	Star Serv	vices			52	57	5		
Agencies Notified	Type Notification	1		Street A	ddress				050	0	2017		
⊠ EPA	☐ Initial			2 Co	les Way				I I SEP 1	2 1	2017		4
□ DOLWD	Amended	H .	Ī	City, Sta	ate, Zip Co	de						1	
⊠ DOH	Amendment	: The 10th Co.		Lake	wood, N	J 087	01		ASI L.S.	276 276	TOZ	11 2	
☐ DCA (NJAC 5:23-8)	Emergency (injustification)	including	ı	Name o	f Contact				Telephone Number		-,	/ <u>_</u> Ol	
(NJAC 5.25-6)	☐ Cancellation			Yehu	ıda Brauı	n					-	Ancidos much	
				FAC	ILITY INF	ORN	IATION				-		
Name of Facility Where A	Abatement is Taki	ng Place (3)					Type of Facil					
Residence								School (K	-12) er 8 (Other than K-12)				
Street Address								Other (i.e.	., private and commercia	al buil	dings		
								homes, e					
City (5)								Square Feet	# of Floors	1	g. Age	•	
Jersey City								2000 sf	2	6	5		
County (6)				Count	y Code (7)	(STATE	USE ONLY)	Current Use	(Prior if being demolished	ed)			
Hudson								Residence	e				
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASCM N	No.	Name	e of Abateme	ent Contractor	(9)				
Guardian Contract		<i>y</i> 0 111.101 (4	'		47.70			ntracting, Ir					
	ing, inc.					C-55-00	t Address	•	**	100000			
Street Address	04						89 Route 9	Unit 61					
1889 Route 9, Unit	61						State, Zip C						
City, State, Zip Code						1 (1000)		New Jersey	08755				
Toms River, New J	The second secon							INEW DEISEY	License No.				\dashv
Project Manager for Mor				ephone N			ohone No.	,	00624				
Nicholas Fernicola				32-349-			2-349-9932		00024			-	\dashv
Start Date (10) 09 / 06 /		neduled Co					e of OSHA N M.S.L. Ana						
							et Address						
Occupancy Status Durin				mont		100000000000000000000000000000000000000	56 Stelton						
☐ Abatement Performe	ted During Entire	period of /	Hou	irs - Des	cribe	-	State, Zip C						
Time of Abatement:	AM	PM/	_PM	l	AM	100000		New Jersey	08854				
Scope of Work (Check a	all that apply)	90					☐ Full Cor	ntainment with	Negative Pressure				
≥3 sf or ≥3 lf		⊠ Re	nova	tion			☐ Mini-En	closure					
□ ≥160 sf or ≥260 lf		☐ De	molit	ion			⊠ Gloveba	g Procedure	d Non-Friable Procedure	2			
							☐ Non-Ex	empted () and	u Non-Fliable Flocedur		ateme	ont To	/ne
		7/1 98/01	Loca				Description	a.f		-			
Locatio				lely by	Ashe	stos (aterial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
Asbestos-Containing TO BE AB		Ma	inten	ance/		e., ther	mal systems	insulation,	(Specify	VOV	air	aps	uso
IN Fac	ility	Cus	todia (12	Staff?	1 "		urfacing, VA ner miscellan		SF or LF)	1 ==		ulat	Гe
(13))	Yes	No	1		Otti	iei iiiisceiiaii	eous)				o l	
basement				П	asbest	os pi	pe insulati	on	50 If				
basement				1			oiler insula		40 sf				
Dasement		_											
		10		ᆜ								П	П
			브		1011-	T 0h	is Varda of	Name of	Registered Landfill		1	_	
Name of Registered W				NJDEP Hauler I		Was	oic Yards of ste	T.R.R.					
Guardian Contrac	cting, Inc.			2022		3							
City, State	0						posal Date	City, State	e own, Pennsylvania				
Toms River, New	Jersey					0	9/07/17	Tullyto	/ /		- 1		
Completed By (Print or	Type)	Title				134	Signature	1) Da	ate /	1	-	
Nicholas Fernico	la	Projec	t Ma	nager			1		tert	9/	5//	1	

OC# 3957a

Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification Name of Building Owner/Operator ATLANTIC HEALTHCARE SYSTEMS 0 9 5 Agencies Notified Type of Notification Street Address USEPA Initial 99 BEAUVIOR AVENUE X DEP Amended Х DOL Amendment #1 City, State, Zip Code SUMMIT, NJ 07901 Emergency DOH X Cancelation DCA Name of Contact Telephone Number MARTIN MANFREDO **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place Type of Facility () School (K-12) OVERLOOK HOSPITAL) Sub-Chapter 8 (Other than K-12) Street Address X) Other (I.e. private & Commercial buildings, homes, etc.) 99 BEAUVOIR AVENUE SF of Bldg. # Floor Age of Bldg. City County County Code 1000000 13 Current Use (prior if being demolished) State use Only SUMMIT, NJ UNION Name of Monitoring Firm Hired by Building Owner ASCM No Name of Abatment Contractor ACM CONSULTING CORP. Partner Engineering and Science Street Address Street Address 611 Industrial Way West 2150 STANLEY TERRACE City, State, Zip Code City, State, Zip Code Eatontown, NJ 07724 UNION, NJ 07083 Project Manager for Monitoring Firm Telephone No. Telephone Number License Number TO BE DETERMINED TO BE DETERMINED 908-687-1008 00575 Scheduled Completion Date Name of OSHA Monitor Scheduled Start Date g 19 2017 30 2017 **EMSL ANALYTICAL** Day Year Month Day Year Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement 307 WEST 38TH STREET Abatement Outside Normal Facility Hours City, State, Zip Code Describe: 7:30PM TO 3:30AM Other - Describe: NEW YORK, NY 10118 Scope of Work (Checl Only One) Abatement Method Demolition Full Containment with Negative Pressure >3sf or >3lf Mini-Enclosure > 160sf or > 260lf Glovebag Procedure X Non-Friable Procedure Renovation Is Location Normally Describtion of Amount to be Abatement Type ACM to be Removed Location of ACM Facility Used by Custodial Staff Yes NO N/A Removed (Specify SF/LF) Rem. Rep. PIPE INSULATION 2nd Floor Mechanical Room Chase 750LF X Name of Registered Waste Hauler NJDEP Waste ID No. Cubic Yds waste Name of Registered Landfill MINERVA ENTERPRISES, INC TRI-STATE TRANSFER ASSOC., INC. SW1896 TBD City, State of Registered Landfill City, State Disposal Date WAYNESBURG, OHIO BRONX, NY TBD Completed By (Print or Type) Signature Date Title OME ! GENERAL MANAGER 9/5/2017 Anita Smolar

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

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Date of Notification (1) 09/05/2017				of Building er Count				uthority		las V	Ų,	5	1 17		
Agencies Notified Type Notification			Street /	Address amilton A						St	EP	12	201	7	
DEP X Amended Amendment				tate, Zip Co					A	SL				íOL	8
□ Emergency (□ justification) □ Cancellation	including	-	Name of	of Contact					Те	lephone		nber	NG_		MONTH STATE
			FAC	ILITY INFO	ORMAT	ION	-55		-					_	
Name of Facility Where Abatement is Taking Mercer County Courthouse (Old Co	Place (ourthou	(3) (se)					Тур	e of Facility School (K							
Street Address 209 South Broad Street							×	Subchapte Other (i.e. etc.)	er 8 (Oth				dings,	hom	es,
City (5) Trenton								are Feet 0,000	# o	f Floors	3		ildg. A	ge	
County (6) Mercer				Code (7) USE ONLY,)			rent Use (Pourthouse			nolish	ed)			
Name of Monitoring Firm Hired by Building C Pennoni Associates Inc.	wner (8)	0010			11,000,000,000		eatement Co Environme			s, Ir	1C.			
Street Address 515 Grove Street Suite 1B						Street 42 R		ess Road							
City, State, Zip Code Haddon Heights, NJ 08035						City, S	State,	Zip Code ville, PA 1	9460						
Project Manager for Monitoring Firm Thomas Adams			Telepho 856 65	one No. 56-2912		Teleph 610 9	none	No.		Licens).			
	Schedul 09/08/		npletion	Date (11)		Name	of OS	SHA Monitor				<u> </u>	715		
Occupancy Status During Abatement (Check						Street			intal O	SI VICE	3, 111	U.			
Facility Closed/Vacated During Entire P	eriod of	Abatem	ent			42 R	idge	Road							
Abatement Performed Outside of Norma Other – Describe: Construction Personn	al Facility el Only	y Hours			_			Zip Code ville, PA 1	9460						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demoliti				×	M	ull Containm ini-Enclosur	e	Negati	ve Pr	essur	e		
								lovebag Pro on-Exempte		d Non-F	riable	e Prod	cedure		
Location of	1	Location Normall			D								Abate Typ	ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Solel iintenar todial S (12)	ice/ staff?		thermal surface		lateria s insu T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
0	Yes	No	N/A					700						Ф	
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Ground FI Electric/Storage Room			X		rywall I		n W			2 SF		X			
Name of Registered Waste Hauler Horizon Disposal		Ha	JDEP W auler ID 1416		Cubic of Was ~ 2			Name of GROW				dfill			
City, State Trenton, NJ	/II				Dispos 08/20			City, Stat		4					
Completed by Patrick Larney	Title Proje	ct Ma	nager		Şi	gnature	1	Du	~~~	1	Date 09/	05/2	017		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1) 09/05/2017				Name Monto	of Buildin	g Owner e Univer	Operato sity	r (2)		# 4904 ch	eck#2	49	3	
Agencies Notified	Type Notification	ì			Address mal Ave					dic 493 SE		2 21	117	
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				FAC	CILITY IN	ORMAT	ION							
Name of Facility Where College Hall-Main Ha	Abatement is Taki all	ng Place (3)					,	Type of Facil						*****
Street Address 1 Normal Ave								☐ Subcha ☑ Other (i	.e. private	her than K-	12) rcial bu	ıilding	s,	
City (5) Montclair								homes, etc.) Square Feet		of Floors		Bldg.	Age	
County (6) Essex					Code (7)	····································		Current Use ((Prior if be	eing demoli	shed)			
Name of Monitoring Firm Detail Associates, Inc	m Hired by Building	Owner (8)		ASC	M No.		Name Lilich	of Abatement Corporation	Contracto	ır (9)				
Street Address 300 Grand Ave							Street	Address AcBride Ave						le Territori
City, State, Zip Code Englewood, NJ 0763	1	- V					City, S	State, Zip Code Iland Park, Ne	our lorge		-			* 10 -
Project Manager for Mo Anthony Valentine	nitoring Firm			Telepho 201-56	one No 89-6708		Teleph	none No. 25-8400		License	No.		******	****
Start Date (10) 09-05-2017	,	Scheduled		mpletion			Name	of OSHA Monit		01104			********	
Occupancy Status Durin	g Abatement (Che	03/0!	0/2	018				nvironmental	Laborato	ories, LLC				
	cated During Entire	Period of Al	nater	nent	20		2333	Address Route 22 We	st					
Other - Describe: _	start 7 am		louis	•			City, S Unio	tate, Zip Code on, NJ 07083						***
Scope of Work (Check A	Il That Apply)													
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mania of RE III									rocedure ited (*) ar	/ Limited C	ontaini	ment&	Tent	
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Asbestos-Containing		Used		ly by	Aabaa	De:	scription	of			-	T	/pe	T
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Lilich Corporation			Н	auler ID 18724		of Was			W.S Land		I			
City, State Woodland Park, N	ew Jersey			1		Dispos	al Date	City, St	ate	risville, PA				
Completed by Momo Glavatovic		Title				S	ignature	100		>	ate			
World Glavatovic		Proje	ct m	anager				() t	5	1000	09/0	05/	17	

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

			(P	ursuant	t to NJAC	8:60 an	d 12:120))		IS (e is	- Line	W	E	[D
Date of Notification (1) 08/23/2017					of Building (air State U				check#		heck#	2	4913		The second second
Agencies Notified	Type Notification			Street A 1 Norm	Address nal Ave		0).	ET SATESTONIS PARKETS ES AN ES-ARRAMA A AND ANNION		S	EP 1	5	20	17	L
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Name of Facility Where, College Hall-Main Hal	Abatement is Takin I	g Place (3)					Type of Facility ☐ School (I							
Street Address 1 Normal Ave								☐ Subchapte ☑ Other (i.e.	er 8 (Othe			ouild	lings,		
City (5) Montclair								homes etc.) Square Feet	# of	Floors		BI	dg. A	ge	
County (6) Essex		*****			Code (7) USE ONLY)			Current Use (P educational	rior if beir	ng demo	olished)	-		
Name of Monitoring Firm Detail Associates, Inc		Owner (8)		ASCI	M No.		Name Lilich	of Abatement Co Corporation	ontractor	(9)					
Street Address 300 Grand Ave		· · · · · · · · · · · · · · · · · · ·		1		E)		Address IcBride Ave							
City, State, Zip Code Englewood, NJ 07631	W							tate, Zip Code lland Park, Nev	v Jersey						
Project Manager for Mon Anthony Valentine	itoring Firm			Telepho 201-56	one No 9-6708			none No. 25-8400		Licens 01104					-
Start Date (10) 09-05-2017		Schedule 09-06-2		npletion	Date (11)			of OSHA Monito nvironmental La		ies, LL	С				
Occupancy Status During	g Abatement (Chec	k Only On	e)				Street	Address							
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norn	Period of A	Abaten Hours	nent			City, S	Route 22 West tate, Zip Code on, NJ 07083				All Co			
Scope of Work (Check A															
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Location Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Use Ma Cust	d Sole intenar odial S (12)	ly by nce/ Staff?		os Con thermal surfa		Material (ACM) s insulation, T, or	(Sp	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
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City, State Woodland Park, N	ew Jersey					Dispos	sal Date	City, Sta		isville,	PA			11	
Completed by Momo Glavatovic		Title Pro	ject m	nanage	r	S	Signature	CAR			Date 08/2	23/2	017		

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

D	ate of Notif	ication 8/2/1	7			ner / Operator (2) of New York an	d New Jersey	E W	EM
Agenci	esNotified	Type of Noti	fication	Street Add		OI NEW TOTA ATT	d New Jersey		
	EPA		rgency Notifica		bin Street	t		224	_
	DEP	15	I Notification		& Zip Code	<u> </u>	THE SEP	1 2 201	1 Immed
Х	DOL	Ame	nded Notification		, NJ 0720		Sal and		
Х	DOH	Cano	cellation	Name of C		•	Laure seems	Telephor	Mimbor
	DCA	**************************************		Jim Leac			ASL_	, protoprior	
				FACIL	ITY INFOR	RMATION	Entrage opposite control of the cont	¥ 55	
Name	of Facility V		ment is Taking	Place (3)		Type of Facility (4)			-04-01-111
O: .		Va	cant Trailer			School (K-12)			
Street	Address						Other than K-12)		
		21	2 Route 15			X Other (i.e., priv	ate & commercial buil	dings, home	es, etc.
					3	Square Feet	# of Floors	Bldg. Age	()
City (5)			County (6)	County Code	(7)	50,000	1	8	30÷
	Wharte	on	Morris			Current Use (Prior in	f being demolished)		3000
						Dairy Production	1077		
			by Building Ov	wner (8) AS	CM No.	Name of Abatement	t Contractor (9)		
	nmental	Tactics		N/A	A (Global Abatemer	nt Services, LLC		
	Address				5	Street Address			
	ad Street				4	443 Schoolhouse	e Road		
	ate & Zip C					City, State & Zip Co			
	an, NJ 07					Monroe Townshi	p, NJ 08831		
		or Monitoring	Firm	Telephone Num	graner and a second	Telephone Number	License	e Number	
Tom G				732-290-2217		732-605-9062		00714	
Schedu	led Start D		Scheduled Con	npletion Date (11	ACCUPATION OF THE PROPERTY OF	Name of OSHA Mor			
0	9/12/17			9/15/17		Global Abatemer	nt Services, LLC		
			ement (Check	only one) eriod of Abateme		Street Address 143 Schoolhouse	Pood		
				al Facility Hours -	1	City, State & Zip Co			
	escribe:	chomica or	atolac of reoffile	ar r donity riours -		Monroe Townshi			
11000	ther - Desc	cribe:			1"	MOTITOE TOWNSHI	p, 145 0005 i		
Scope	of Work (CI	heck all that a	apply)						
	emolition		Renovati	ion		Full Conf	tainment with Negative	e Pressure	
La	arge Projec	ct				Mini-Enc	19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -		
		3 SF or ≥ 3	LF ACM				g Procedure		
			260 LF ACM			X Other:			
	L	ocation of		Is Location	T	Description of	Amount	Abater	ment Type
		tos-Containir	ng	Normally Used	As	sbestos-Containing			y: Removal,
		terial (ACM)		Solely by		Material (ACM)	Square Feet	or R	epair,
		BE ABATED		Maintenance or		e., thermal systems			sulation or
	,	n Facility (13)		Custodial Staff?		lation, surfacing, VA		End	closure)
		(13)		(12)	Or c	other miscellaneous	5)		
	Office	Trailer Ro	of	N/A		Roofing	3,600 SF	Re	moval
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		ed Waste Hau	ıler	NJDEP Waste H		Cu. Yds. of Wa			dfill
	ld Cartag	je		1869	93	30	Cumberlan	d County	
City, Sta	ite ehold, N	.1				Disposal Date 9/16/17	City, State	0 A	
		nt or Type)	Title			Signature	Newburg, F	^	Data
	inick Tri		Manage	r			i		Date 9/2/17
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Date of Notification (1)		Marrie C	of Building Owned			Ty less al.	20 200	k 3	many		
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Street Address Sc.Ho	al.			Baha	ol (K-12)						
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BUNGON			15		SCHO	الله الله	= C		-	1.7	
Harms of Monttoring Firm Hired by B			Vi No.	Next to of Aboverne		(9)					
DETOIL ASSOCIATE	S INC.	00	012	A.MAC Contri	acting inc.		CE	D 4	0	201	, 11)
Street Address				Street Address	_	1 4	UE		-	<u>-U1</u>	, heren
Cay, State, 20 Code	AVE			185 Vreeland		1			72530000000		
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EA) GUE (A) OOD // Project Menager for Monitoring Film	<u>د. د</u>		*	Midland Perk,	NJ 07432			NO.	MOR	ALC:	
		Telepho		Telephone No.		Liounes	No		14011		-
STHOHOU JARACZ	ELUSEL	1201-	569-6708	(201)262-584		00156	_				
Start Date (10)		d Completion	Date (11)	Name of OSHA M							
9/01/17	1 9	104/17	3)	Omega Enviro	onmental S	arvices I	nc.		0.0	10	
Occupancy Status During Abelenner		*		Street Address							
Facility Closed/Vacaind During	Entire Period of A	beloment		280 Huyler St					(6)		
Abeterment Partimented Outside Other - Describe:	of Monroel Feeling	House		City, Shelle, Zip Co							
				Hackensack,	NJ 07808		***********		www.urs.com		e Silver
Scope of Work (Check All That Apply	n			annea.					()		
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CC#576			FICATIO		Jersey STOS ABATE :60 and 12:12		AH		SEP	1 2	201	7	
Date of Notification (1)			Name o	of Building O	wner/Operator	(2)	- 1	1	ULI	- Con	201	•	
09/05/17			_	STEVE	LAS1	EN	2		action r			-01	
Agencies Notified / Type Notification			Street A	Address	01			4 ASI	LICE	S CIL	NIT	IUL	Ct
EPA Initial			City Ct	ata 7in Cad				Eng	LIVE	TINOI	1/1/1	APANON MINISTER FOR	
DEP Amended Amendment	#		1	ate, Zip Cod		no	638						
DOH Emergency (including	3	- 07	of Contact	101	USE	020	Tele	phone Nur	nher			-
DCA Cancellation												- 3	• 1
None of Facility NAIL- and the state of the	51	01	FAC	ILITY INFOR	RMATION								
Name of Facility Where Abatement is Taking	g Place (3)				Туре	of Facility	(4)					
Street Address							School (K- Subchapte		r than K-13	2)			
	100				to the	×	Other (i.e. etc.)				dings,	hom	es,
	2863	8				100	re Feet	# of	Floors	E	lldg. A	Age	
County (6) MERAR				Code (7) USE ONLY)		Curre	ent Use (Pr	ior if bein	g demolish	ned)			
Name of Monitoring Firm Hired by Building (Owner (8)	ASC	И No.			atement Co						
NJ Abatement Services, LLC			?		. 1007502	District Street	ment Se	rvices L	LC				
Street Address 41 Wyckoff Avenue					Street								
City, State, Zip Code							off Ave			_			
Wyckoff New Jersey 07481							New Jers	ev 0748	31				
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph				License N	0.			
Nicole Intriago			201-9	62-6500	201-	962-6	6500		01290				
Start Date (10)	Schedul	ed Co	mpletion	Date (11)			HA Monitor						
09/07/17	0	19/4	08/17				nmental	Labora	tories				
Occupancy Status During Abatement (Check					Street		ss e 22 wes	*					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of all Facility	Abate y Hour	ment rs				ip Code) L			10000		
Other – Describe:			***		The state of the s		07083						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of	Renov Demol			×	Mir	II Containm ni-Enclosur ovebag Pro	e	Negative P	ressu	re		
	_				×		n-Exempte		Non-Friable	e Pro	cedur	е	
		Loca										ement pe	
Location of Asbestos-Containing Material (ACM)		Norma ed Sol	ely by	Ashasta	Description s Containing M		(ACM)	۸	ount		,,		
TO BE ABATED		intena todial	ance/ Staff?	(i.e. th	ermal systems	insula	ation,	(Sp	ecify	Re	R	Encapsulate	Enc
In Facility (13)	040	(12)		c	surfacing, VA other miscellan			SF	or LF)	Remova	Repair	nsde	Enclosure
A-20 40	Yes	No	N/A							<u>a</u>	7	late	ıre
SIDING	1		1		STOIN	6		2:	200	X			
7,1,0			X		1.017			2,0		/			
			- 1			7/10/2							
Name of Registered Waste Hauler		I	NJDEP W	aste /	Cubic Yards		Name of	Registers	ed Landfill				
Newark Carting		1	Hauler ID 04509	No.	of Waste			120	HEM LAI	NDF	LL		
City, State 369 RAYMOND BLVD, NEWARK N	J 0710	5		1	Disposal Date 04/27		City, Stat		PA 180	15			
Completed by	Title				Signature	,		-	Dat	Α.	-		,
NICOLE INTRIAGO	SUP	ERV	ISOR		Me	06	In	1RAG	0	09	9/0	5//	7

0 #	0		NOT	FIC	S ATION	tate of N	ew Jersey BESTOS ABAT	EMENT	AID				
16 494	9						AC 8:60 and 5:1	pane .	n) E G	EI	W	E	Fi
Date of Notification (1) 9 /	6/	17			or contract to		g Owner/Operator (es Postal Service		K	V			
Agencies Notified	Type Notific	ation			Street	Address		-	HU SEF	12	2017		14)
					26	City Hall	Plaza	-	į			177	Incarant
□ DOLWD □ DOLWD	☐ Amende	(5) (1) (1) (1) (1) (1) (1) (1)			City, S	State, Zip (Code		ASL		Arriv	71 0	
☑ DOH ☐ DCA	Amendm Emerger	_	oludina				e, NJ 07017			GENSII)L O	
(NJAC 5:23-8)	justificat		Juding			of Contac			Telephone N	THE PERSON NAMED IN COLUMN		-	
•	☐ Cancella	ation			Sar	ndra Cho	ng Ham		0.00	1			
					FA	CILITY IN	FORMATION		<u> </u>		-		
Name of Facility Where A	batement is	Taking	Place	(3)	- Matterson			Type of Facility	(4)				
USPS East Orange	Main Post	Office)					☐ School (K-12	2)				
Street Address								Subchapter					
26 City Hall Plaza								Other (i.e., p homes, etc.)		merciai	ullain	js,	
City (5)								Square Feet	# of Floors	E	Bldg. A	ge	
East Orange								5,500	1		75		
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	nolished)		200	
Essex								Post Office	one Alleren Alberta				
Name of Monitoring Firm	Hired by Buil	ding O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
ATC Group Service	s, LLC						Shade Enviro	onmental, LLC					
Street Address							Street Address		·				
104 East 25th Street	, 8th Floor						623 Cutler Av	/enue					
City, State, Zip Code							City, State, Zip Co	ode					
New York, NY 10010	0						Maple Shade	, NJ 08052					
Project Manager for Moni	toring Firm			Tele	ephone	No.	Telephone No.		License No				
Francis Pierre				6	46-772	-1160	856-755-0099)	00842				
Start Date (10)		Sched	uled C	omple	etion Da	te (11)	Name of OSHA M	lonitor					
09 /19 /			100 C		3_/_	17	EMSL Analyt	ical, Inc.					
Occupancy Status During							Street Address						
☐ Abstament Berfarmed	- 5						200 Route 13						
Abatement Performed Time of Abatement: _							City, State, Zip Co						
							Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)						□ Full Cont	ainment with Neo	native Pressure				
$\boxtimes \ge 3$ sf or ≥ 3 If $\boxtimes \ge 160$ sf or ≥ 260 If			⊠ Rei □ Dei	novat moliti			☐ Mini-Enc ☐ Glovebag						
				Loca						A	batem	ent T	ype
Location		.		lorma	illy ely by	١	Description o			70	T-Z	m	m
Asbestos-Containing I TO BE ABA		A)		ntena			stos Containing Ma		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit			Cust		Staff?	(,,,0	surfacing, VAT,	, or	SF or LF)	va	-	nsc	sure
(13)		+	V	(12)	1	1	other miscellane	ous)				ate	W
Roof A			Yes	No 🖂	N/A	Roof FI	ashing		612 SF			П	
Roof B				\boxtimes		Roof FI					-		
				DAMES OF	1				2,310 SF			ᆜ	
Roof E					10	Roof FI	ashing		350 SF		-		
												Ш	Ш
Name of Registered Wast Freehold Cartage	e Hauler				IJDEP V lauler ID 15939	No.	Cubic Yards of Waste 90	Name of Regis	orth Landfill				
City, State							Disposal Date	City, State					
Freehold, NJ							10/06/2017	Morrisville	, PA				
Completed By (Print or Ty	pe)	Title					Signature			Date			
Christina Lynch		Vi	ce Pre	eside	ent of (Operation	ns ()	019		9/1	0/1	7	

PAID

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120)

Date of Notification	(1)		16	lame o	of Buildin	n Owne	er / Operato	or (2)			\		en e		-111
	9/1/2017				Dezinoro	5	or operate	JI (2)			III s	EP 1.	2 20	17	
	Type Notifica	ation			Address	•		- 11	-	1	Berri.				Trans
⊠ EPA											ASL		C55.89	0.01	
☐ DEP ☐ DOL					ate & Zip	Code						TOU C		HUL	CX
☑ DOH		gency	-	rento	of Contac					Principal		71000-000-00		la	Property (1975)
DCA		ellation	1		ezinoro							Teleph	one iv		er .
						7.5						_		_	
Name of Facility Wh	ere Ahateme	ent is Taking D	lace (3)	FAC	ILITY IN		pe of Facil	liby (A)							-
Residence	oro / waterin	antio raking r	iace (5)	,		12	School (
Street Address						ᅥᅣ	Subchar		Other tha	an K-1	12)				
						D	Other (i.					ngs, hon	nes, e	tc.)	
						So	quare Feet		# of Flo	ors		Bldg. Ag	je		
City (5)		County (6)	Cou	inty Co	ode (7)		1200		<u> </u>	2			50+		
Trenton		Mercer				1	urrent Use	-	f being d	lemoli	shed)				
Name of State of							esidential	-		- Control of the Cont		The same of the sa			
Name of Monitoring	Firm Hired b	y Building Own	ier (8)		ASCM N	300	ame of Aba								
Street Address							pha Envi		ental Se	ervice	98		11.65.00.00	-	
							29 Route	77.7							
City, State & Zip Coo	le		-				ty, State &		de						
							amilton, N								
Project Manager for I	Monitoring F	irm	Teleph	none N	lumber		lephone No. 19-847-29				License I	Number 012			
Scheduled Start Date 9/14/2017		Scheduled Con	npletion	n Date	(11)		ame of OSH		nitor				- Internit source		
Occupancy Status D	uring Abaten	nent (Check or	nly one)	or to construct the same	THE REAL PROPERTY.	reet Addres								
(<u></u>		During Entire P				-	7 Haddor								
A CONTRACTOR OF THE CONTRACTOR	erformed Ou	itside of Norma	al Hou	rs – 7a	ım to 3pn		ty, State & 2								
Describe: Facility Occu	niad During	Abatament				W	estmont,	NJ 08	108						
Scope of Work (Chec							men -								
a contraction of the contraction	on an arat ap	Pi))						\boxtimes	Full Con	ntainm	ent with N	legative	Pres	sure	
≥3 sf or ≥3 lf			\boxtimes	Renov	vation				Mini-End						
≥160 sf ≥260	If			Demo	lition				Glove B	ag Pro	ocedures				
									Non-Exe	empte	d and No	n-Friable	e Prod	edur	re
	cation of			ocation			Description				Amount	Ab	ateme	ent Ty	/ре
	s-Containing rial (ACM)]		ally Us lely by			estos-Cont Material (AC				Specify F or LF)			m	
TO BE	E ABATED		Mainte				, thermal sy		,	J	i Oi Li j	Re	2	Encapsulate	Enc
	Facility	İ	Custo		aff?		tion, surfac					Remova	Repair	nsqu	Enclsoure
	(13)	-		12) No N	N/A	or oti	ner miscella	aneous	5)			20	-	late	ire
Basement							Boiler			20.0		NZ			
								_		30sf			·		Ц
Name of Registered \	Naste Haule	er			EP Waste			Name	of Regi	stered	l Landfill				
ALPHA ENVIRONI	MENTAL				er ID No. 33330	of Wa	aste	Grow	vs Land	lfill					
City, State						Dispo	osal Date	City, S	State			*****			
Trenton, NJ	and the second s					Vario	ous	Morri	isville, l	PA					
Completed By (Print of	or Type)			Title		Signa	ature					Date			
Rod Richardson				Proje		RA	d Rich	ande	ากท			9/1/	2017	7	
				Man	ager	1,0	or a Gorn	UTI UIS	UTT						

Or #1491	NC		CATION	of New OF ASBE to NJAC 8	STOS	ABATE		The state of the s		- (Cr	厚		W		
Date of Notification (1) 9-6-17	No. 1100-1111			Building C Camder		perator	(2)	The Comment of the Co	A CONTRACTOR OF THE PERSON OF	SEP	1 /	2 2	017	The state of the s	IJ
Agencies Notified Type Notification		100	Street Ac	ddress arket Str	eet			The state of the s							
EPA X Initial Amended		(City, Stat	te, Zip Coo	ie			-	ASI	110	JU Ö JENS	ON	HO	L &	
DOL Amendmen Emergency			Camde	en, NJ 08	3102			- Ferrona	17.	The second second				wordentreal	-
DOH justification Cancellation		1005		v Ricco					Lei	enhone	KILIMI	NO.			
	DI (0)		FACIL	LITY INFO	RMATI	ON	T		-						
Name of Facility Where Abatement is Takin Vacant Building	ng Place (3)						_	of Facility (School (K-1							Ĉ.
Street Address								Subchapter	8 (Oth			build	inac	home	00
Northeast Corner of Federal Stree	t and Rive	er Av	enue					Other (i.e. p							:5,
City (5) Camden							Squar	re Feet	# 0	f Floors		B	dg. A	ge	
County (6)	,		County C	Code (7)				nt Use (Prid ant Buildi		ing dem	olishe	d)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM			Name		tement Cor	Ü	(9)	-				-
Traine of Montoring Finn Fine by Building	O III 107		7.00.	110.				struction							
Street Address							Addres Creek	ss Road							
City, State, Zip Code								ip Code NJ 0803	1			2 000			
Project Manager for Monitoring Firm			Telephon	ne No.			hone No 466.6			Licens 0133					
Start Date (10) 9-16-17	Scheduled 10-31-17		pletion D	Date (11)			of OSH rew Ri	HA Monitor							
Occupancy Status During Abatement (Che							Addres	ss Road							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of Ab mal Facility H	atem lours	ent			City, S	State, Z	ip Code NJ 0803	1			- 2.40			
Scope of Work (Check All That Apply)						Dem	nawi,	140 0000	•						
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	-	novat moliti					Mir Glo	I Containment- ni-Enclosurente nvebag Prod n-Exempted	e cedure	J				e	
	ls L	ocatio	on										Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenan	y by nce/		os Cont thermal surfa	scription taining N system cing, VA niscellar	Material is insula AT, or	(ACM)	(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											е	
Interior			X		Sec. Sec. Sec.	n Floo	10 100/1100			200 SF	-	X			
Exterior			X			Roof Fl				200 LF	-	X			
Exterior			X	R	oot Se	ealer F	lashir	ig		300 SF		X			
Name of Registered Waste Hauler		I N.	JDEP W	aste	Cubic	Yards		Name of	Registe	ered Lar	ndfill				
Ricco Construction Corp		- 0 P 1/90/02	auler ID 28909	No.	of Wa	ste BD		Salem	Coun						
City, State Bellmawr, NJ					Т	sal Date BD	_	City, Stat Alloway		2				1	
Completed by Andrew Ricco	Title Presid	ent			S	Signature	nd	ne		i	Date 9-6				

0			St	ate of New	v Jersey	,				18. J.C	M.M.				
UC#6337	I			OF ASBE				Т)	(C)	厚	Ŋ	W	E
Date of Notification (1)	***************************************		Name o	f Building C	Owner/O	perator	(2)			(1					
9/7/17			Willia	am Wurtz	Privat	e Hor	ne			200	CED		0	2045	7
Agencies Notified Type Notification			Street A	ddress		Ÿ-			UI	440.	OLI	1	4	2011	
☑ EPA ☑ Initial										the many					
□ DEP □ Amended				ate, Zip Coo						ASI.	L., (S	COA	TRO	71.8
DOL Amendmen Emergency		-	Long	Beach To	wp. NJ	0800	8						ISIN		
DOH justification Cancellation				f Contact					1	ephone	Numb	or			
☐ DCA ☐ Cancellation	1		Willia	m					. ~	- *					
N (5 100 140 4)			FACI	ILITY INFO	RMATIC	NC									
Name of Facility Where Abatement is Takin	ng Place (3	3)					Тур	e of Facility (4)						
William Wurtz Private Home								School (K-12			14 401				
Street Address							K	Subchapter 8 Other (i.e. pr				build	linas.	home	es.
								etc.)			nor oran				,
City (5)							S 200	uare Feet	10000	Floors	5	100	ldg. A	ge	
Long Beach Twp. NJ 08008	-							00+	2				15+		
County (6)				Code (7) USE ONLY)				rent Use (Prior	if bei	ng dem	nolishe	d)			
Ocean					-		. 885	use							
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	ΛNo.				batement Cont	ractor	(9)					
N/A						Perr	100000000	U.S.BARK							
Street Address						Street									
						PO									
City, State, Zip Code						270.00		Zip Code							
								erlin NJ 080	91						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph					se No.				
								-9800		0072	27				
Start Date (10)			mpletion	Date (11)				SHA Monitor							
9/17/17	9/23/1	<u> </u>				Sam	ie								
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street	Addr	ress							
X Facility Closed/Vacated During Entire															
Abatement Performed Outside of Norr Other – Describe:	nal Facility	/ Hour	s			City, S	tate,	Zip Code							
Scope of Work (Check All That Apply)						_	_								
≥3 sf or ≥3 lf	- processing	Renova				-		ull Containme	nt with	Negat	ive Pre	essur	re		
≥160 sf or ≥260 lf)emoli	tion			-	933	Mini-Enclosure Blovebag Proce	dure						
				0)		×		lon-Exempted		d Non-l	Friable	Prod	cedur	е	
	Is	Local	tion											ment	
Location of	1	Norma	lly		Des	cription	of						Ту	ре	
Asbestos-Containing Material (ACM)		d Sole intena	ely by		os Conta	aining M	/lateri	ial (ACM)		mount				m	_
TO BE ABATED In Facility			Staff?	(i.e. t	thermal					pecify		Rer	Re	nca	Enc
(13)		(12)			other m	ing, VA			Sh	or LF)	'	Removal	Repair	Encapsulate	Enclosure
No. a.f.	Yes	No	N/A					5.				<u>a</u>	7	late	lre
	165	110	INA				-								
Exterior Siding			Х		Exter	ior Si	ding		19	00 SF		x			
75-11-1-11-11-11-11-11-11-11-11-11-11-11-															
	-										-	-			-
Name of Davidson (1977)			LIDED		0.17			1 11 -			15"				
Name of Registered Waste Hauler		40.0	NJDEP W Hauler ID	357/453/6547	Cubic \ of Was			Name of R		red La	natill				
United Containers		100	22459		4	700		G.R.O.V	V.S.						
City, State	- //				Dispos	al Date	F	City, State							
Elm NJ					9/23/			Morrisvi	lle P	A 190	67				
Completed by	Title				Si	gnature	}				Date				
Anthony T Perna	Pres	ident	t			(1				9/7	/17			

Print Form

#6334		N	IOTIFI (P	CATION	OF ASB to NJAC	ESTOS	ABATE	MEN	AID)/E	(J	ij	11	V/ (L.)	
Date of Notification (1) 9/7/17		Name of Building Owner/Operator (2) Ken Mitchell Private Home							SEP 1 2 2017							
Agencies Notified		Street Address							tool ber							
⊠ EPA								ASE LOS CONTROL								
DEP DOL	Amended Amendment	#			te, Zip Co		0000	7		LICENSING						
	Emergency	-		Egg Har	האו זסם	08087			Tal							
DOH DCA	justification) Cancellation			Ken	Contact			Telenhone Number								
Н	L=				LITY INFO	ORMATI	ON			-	1. 1/ I					
Name of Facility Where		g Place (3)					Тур	e of Facility (4)				259		
Ken Mitchell Privat	e Home							School (K-12)								
Street Address								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,								
Ciby (5)								_	etc.)							
City (5) Little Egg Harbor N	JJ 08087								are Feet 00+	# 01	Floors		Bldg. Age 35+			
County (6)		W. Service	Т	County Code (7)							if being demolished)					
Ocean		(STATE USE ONLY)					out of the month definitions and									
Name of Monitoring Firm		ASCM No. Name					e of Abatement Contractor (9)									
N/A							ernaco Inc									
Street Address		Street Ad PO Bo					Address Box 329									
City, State, Zip Code		City, State, Zip Code West Berlin NJ 0809						01								
Project Manager for Mon								191	License No.							
1 Tojout Manager to: Mor		reiepriorie ivo.			Telephone No. 856-753-9800				00727							
Start Date (10) 9/17/17	d Con					ne of OSHA Monitor										
Occupancy Status Durin	g Abatement (Chec		la contra				Street		ess							
Facility Closed/Vac			0.5	nent												
Abatement Perform Other – Describe:	ed Outside of Norn						City, S	state,	Zip Code							
Scope of Work (Check A	Il That Apply)		-											7200		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit	vation olition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Locati	cation				- '	OII Excilipted	/ Jan	/			Abatement				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Nor Used S Mainte Custod				ly		De	Description of ontaining Material (ACM) nal systems insulation,							Туре		
					Asbes	tos Cont					Amount (Specify		.	9	7 m	
				Staff?	surfa	cing, VA	T, or		SF or LF)			Kopan	Cap	Enclosure		
						other n	niscellar	neous	i)				. 2	Elicapsulate	sure	
		Yes	No	N/A										, a		
Exterior S	Exterior Siding					Exterior Si				12	1200 SF					
													1			
Name of Registered Was	ste Hauler		0.000	JDEP W		Cubic of Was	Yards		Name of	Registe	red Land	ifill				
United Containers			10000	2459	NO.	4	316		G.R.O.	W.S.					2	
City, State		Disposal Date				te City, State										
Elm NJ		9/23/17				Morrisville PA 19067										
Completed by Anthony T Perna	ident			S	Signature	7	1			Date	7					
							9/7/17									

Anthony T Perna

President

9/7/17

Print Form

OK#632	38	N		ICATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE		T				<u>W</u>		The second second second			
Date of Notification (1)					f Building	7,500	1	T	SEP	12	201	7	L					
9/7/17					Barbaga	allo Pri	vate H	ome		1								
Agencies Notified Type Notification X EPA Initial					ddress		*	ALLEY PARTIES - CATALOGUES - CA	A.	ASL US CONTROL &								
DEP X DOL	Amended Amendmen Emergency	_ [100	ite, Zip Co hawkin		050		bauen		5.11	es 134 es	1401						
☑ DOH	-	Name of Contact						1 ==	A contract of	umher								
☑ DOH DCA		John						.—										
Name of Facility And		51 (0)		FACI	LITY INFO	ORMAT	ION											
Name of Facility Where A John Barbagallo Pi		ng Place (3)						Тур	e of Facility (4	ł)								
Street Address	iivate i ioille		-					H	School (K-12		or than K	12)						
on cot Address									Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,									
City (5)		_							etc.) iare Feet	1#0	# of Floors Bldg.			100				
Manahawkin NJ 08	8050							(i)	00+	1	1110013		35+					
County (6)				County Code (7)					rent Use (Prio	r if being demolished)								
Ocean				(STATE USE ONLY)					House									
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	l No.			e of Abatement Contractor (9)										
N/A						Perr	rnaco Inc.											
Street Address							t Address Box 329											
City, State, Zip Code							City, State, Zip Code											
			West Berlin NJ 08091															
Project Manager for Monitoring Firm					Telephone No.			none			License No. 00727							
Start Date (10)	1 Con	ompletion Date (11)				856-753-9800 00727 Name of OSHA Monitor												
9/18/17 Scheduled Co					Jale (11)		Sam	A SAME CONTROL OF A SAME CONTROL OF THE SAME OF THE SA										
Occupancy Status During					Street													
Facility Closed/Vaca Abatement Perform Other – Describe:	nent s City, State, Zip Code								A									
Scope of Work (Check A	Il That Apply)					_								W.C. N.				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	nova					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
		ls L	ocati	on										ement				
Location	ormal			De	scription	of				-	Ty	/pe						
Asbestos-Containing TO BE ABA	Sole						al (ACM)		Amount			E E	Е					
In Facili		Staff?	surfa	nal systems insulation, facing, VAT, or				(Specify SF or LF)		Repair	Encapsulate	Enclosure						
(13)		(12)			other r					air	sulat	sure						
	Yes	No	N/A										e					
exterior s			х		exte	erior siding			90	00 SF	x							
N (B									eleterad Law 150									
				NJDEP Waste Cubic Ya Hauler ID No. of Waste			ste			And the same of	egistered Landfill							
United Poll Off				2459	3	G.R.O.W			V.S.	/.S.								
City, State				Disposal Da				7.00										
Elm NJ		Title				9/22/	H8		Morrisvi	lle P	A 19067							
Completed by Anthony T Perna	lent		S	ignature	0		Date 0/22/17											

Print Form