Check#2588

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

				1.	u. ouu	110 1007	10 0.00	and J. I	0)						
Date of Notification (1)	20.00	455-40			Name	of Buildin	g Owner/C	Operator (	2)	[5] F	- P	F	77 17	7 [5	- T
		16			Rosu	ell Coles					3 (G		J W		
Agencies Notified	Type Notific	cation	- 48		-	t Address				112					- 1
☐ EPA											SEP	1 [	20	16	
☑ DOLWD	Amende				City,	State, Zip	Code			144	ULI	1.0	CU	10	Lane
DHSS DCA	Amendm  Emerger		Studing	-	South	Orange,	NJ 0707	9							
(NJAC 5:23-8)	justificat		audinię	3		of Contac				Telepho	REALTH	S C	THE	ROL	_&_
	Cancella Cancella	ation			Rosw	ell Coles				11	1 1( )	ENS	ING		
					FA	CILITY II	NFORMA	TION		-1					-
Name of Facility Where A	batement is	Taking	Place	(3)	00.000				Type of Facility	(4)					
Private house									School (K-1						
Street Address				-					Subchapter	8 (Other tha	an K-1 2)				
CASC PROBLEM FOR A VICE AND A VICE AND A									Other (i.e., ) homes, etc.		commerc	cial bu	ilding	S.	
City (5)									Square Feet		oors	BI	dg. Ag	ne.	
South Orange, NJ 0707	'9												39.715	, ,	
County (6)					Cour	nty Code (7)	(STATE US	SE ONLY)	Current Use (P	rior if being	demolisi	ned)			
Essex												0.00.00			
Name of Monitoring Firm	Hired by Buil	lding O	wner	(8)	ASCM	No.	Name o	f Abateme	I ent Contractor (9	)					
							Gr Tech	LLC							
Street Address							Street A								-
							576 Val	lley Rd#	283						
City, State, Zip Code								ate, Zip Co							
							Wayne,	NJ 0747	70						
Project Manager for Moni-	toring Firm			Tele	ephone	No.	Telepho	ne No.	-	License	e No.				
			0.011/-1/01				973-638	3-1777		01127					
Start Date (10)						ite (11)	Name or	f OSHA M	onitor						
					2_ / .	16	Envirov	ision Co	nsultants,Inc						
Occupancy Status During							Street A	ddress							
Facility Closed/Vacate						49	20-21 W	Vagaraw	Road, Bldg .#	35E					
Abatement Performed Time of Abatement:	Outside of N AM-	lormal H	-acılıt	y Hou PM	rs - Des	Scribe AM		ate, Zip Co			-				
			-			-Aivi	Fair Lav	vn, NJ 0	7410						
Scope of Work (Check all	that apply)						H		and decontamin			press	ure		
>3 sf or >3 If 2 160 sf or 260 If			X Re	novat	ion		Н	Mini-Enc	tainment with Ne Iosure						
≥ 160 sf or ≥260 lf		[	☐ De	moliti	nc		×	Glovebag	g Procedure	Tent with I	Negative	Press	ure		
		1	Is	Loca	tion			NOII-EXE	mpted (*) and No	n-Friable F	roceaure	- Particularion	1		
Location	of		1	Vorma	illy		Des	scription o	ıf				ateme	ent Ty	/pe
Asbestos-Containing N		1)		id Soli intena	ely by		stos Conta	aining Mat	terial (ACM)	Amo	unt	Removal	Repair	Enc	Enc
TO BE ABA' IN Facilit					Staff?	(i.e	e., thermal	systems i		(Spe		von	pair	aps	Enclosure
(13)	,			(12)			other m	niscellane	ous)	SIF or	LF)	<u>a</u>		Encapsulate	ıre
			Yes	No	N/A									е	
Basement					$\boxtimes$	Pipe inst	ulation			160 LF		$\boxtimes$	П	П	П
			П	In		i ip i moi				100 131					
		-		] [									Ц	Ш	Ц
			Ц	Ш								Ш	Ш		
	<u> </u>														
Name of Registered Wast	e Hauler			NJI	DEP Waste	Hauler ID No.	Cubic Yar	ds of Waste	Name of Regis	stered Land	fill				
Gr Tech LLC				(	003378	35	TBD	)	T.R.R.F. Inc						
City, State							Disposal	0,77	City, State	***************************************					
Wayne, NJ 07470							TBD	)	Tullytown, P.	A					
Completed By (Print or Ty	pe)	Title		-				nature /	I and town, I	-	Dat	9			
N.Jevtic		Owne	ap.					//	Ac Wenad	0		2/16			
ASB-41								- //			09/	2/10			
MAY 11		* f.	)o noi	use t	his forn	for asbesi	tos licensu	re exempi	ted activities.						

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 2002 - 122 2007)

		IOTIE		State of N			MEN	JK	1982 DEG			Pi	rint Fo
	15			t to NJAC				1	11D)-15-16	_5	Ш	<u>M</u>	511
Date of Notification (1) 9-8-2016				of Building Morin	Owner/	Operator	(2)		SE	1 1	5 2	2016	Annual State of State
Agencies Notified Type Notification			Street	Address					lad loss				
EPA X Initial Amended			City St	tate, Zip C	nde				ASBEST				)L&
X DOL Amendment X Emergency (		_		ken, NJ					LI	JEN	ISIN	G	
DOH justification Cancellation	including		Name o	of Contact Morin					Telephone Nur	nber			
Name of Facility Where Abatement is Taking	Place (3)		FAC	ILITY INF	ORMAT	ION	Typ	e of Facility (4	1)				
Residential	,						П	School (K-1	1.5				
Street Address							×	Subchapter	8 (Other than K-12 rivate & commerci	2) al bu	ldings	, hom	es,
City (5) Hoboken, NJ 07030							Squ 100	are Feet	# of Floors	100	Bldg. /	Age	
County (6) Hudson				Code (7) USE ONL	n		Cur	rent Use (Pric	or if being demolish	ed)			
Name of Monitoring Firm Hired by Building C	Wner (8)		ASCI	M No.				atement Con	tractor (9) al Services, LL	C.			
Street Address			1			Street	Addr						
City, State, Zip Code						City, S	tate,	Zip Code ity, NJ 073			-		
Project Manager for Monitoring Firm		Т	Telepho	one No.		Teleph	4852	53000	License N	D.			-
Start Date (10)	Cohodula	1000	!-4:	D-4- (44)		201-3			01174				
9-8-2016	Scheduled 9-8-201	6	npietion	Date (11)				SHA Monitor above					
Occupancy Status During Abatement (Check	10 No. 2012	7.		and the same of th		Street	Addre	ess					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of Al al Facility I	oaten Hours	nent			City, S	tate, i	Zip Code					
Scope of Work (Check All That Apply)									<del></del>				
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	PROPERTY.	enova emolit				×	M G	ini-Enclosure lovebag Proce					
	ls L	.ocati	on				1 1/1	on-Exemplea	(*) and Non-Friabl	e Pro	3897	e ement	
Location of Asbestos-Containing Material (ACM)	Used	ormall Sole	*			cription					Ty	/pe	$\mathbf{H}$
TO BE ABATED In Facility	Main Custo	tenar dial S			thermal		insu	al (ACM) lation,	Amount (Specify	Rer	R	Enca	Enc
(13)	Yes	(12) No	N/A			niscellan		)	SF or LF)	Removal	Repair	Encapsulate	Enclosure
Roof		Х			root	mater	ial		1000 SF	x			
Name of Registered Waste Hauler Green Environmental Service, LLC		H	JDEP W auler ID 34889	No.	Cubic of Was			1 40 10 10	egistered Landfill	l dfill			
City, State Jersey City, NJ		100		,		al Date		City, State Morrisvil					
Completed by Liliana Serrano	Title Office	Man	ager			ghature		1) (20	Dat	e 8-20	16		

Date of Notification (1)		<b>.</b>	· 6 ::::				
9-12-2016				Owner / Operato	or (2)	INEG	EIVEM
Agencies Notified Type Notification	on		Address	ity Hospital			
⊠ EPA			aurel Roa	d			7
☐ DEP ☐ Initial			ate & Zip			THE SEP	T 5 2016 11/1
☑ DOL ☐ Amend			d, NJ 080			James States	1 2 2010
□ Emerge			of Contact				Telephone Number
☐ DCA ☐ Cancell	lation	Mr. Jar	nes Barth			ASBESTO:	E 24
		FA	CILITY IN	FORMATION		LIUI	NSING
Name of Facility Where Abatement	is Taking Place (3)			Type of Faci	lity (4)		
Kennedy University Hospital- MRI as	rea			☐ School			
Street Address						her than K-12)	
18 E. Laurel Road				Other (i.	e. private	& commercial building	igs, homes, etc.)
City (E)				Square Feet	#	of Floors	Bldg. Age
I was a second of the second o		unty Co	ode (7)	250,00	N	2	52
Stratford, NJ	amden				(Prior if b	eing demolished)	
Name of Monitoring Firm Hired by B				Hospital			
Criterion Laboratories	uliding Owner (8)		ASCM No				
Street Address				Street Addre		nt Group, LLC	
3370 Progress Drive, Suite J				2115 Hamilto		uito 202	
City, State & Zip Code							
Bensalem, PA, 19020				City, State & Trenton, NJ (			
Project Manager for Monitoring Firm	Tolon	hono N	lumber		3112		
Mr. Mike Panepresso		44-1300		Telephone N 609-914-427		License	
*		N. I manifestation					01185
9-26-2016	heduled Completion 10-14-		(11)	Name of OSI			
Occupancy Status During Abatemen				Street Addres		boratories Inc	
Facility Closed/Vacated Duri	na Entire Period of	Abate	ment	2333 Route 2			
Abatement Performed Outside	de of Normal Hours	;		City, State &			
				2			
Describe: Project to be co	nducted 2 <sup>nd</sup> shift 4	00pm t	o 12:30am	Union, NJ 07	083		
Facility Occupied During Aba Scope of Work (Check all that apply)	atement						
Scope of work (Check all that apply)					D -		
≥3 sf or ≥3 lf	M	Reno	vation			ull Containment with N ini-Enclosure	Negative Pressure
≥160 sf ≥260 If		Demo			- NO. 1	love Bag Procedures	
						on-Exempted and Nor	n-Friable Procedure
Location of Asbestos-Containing		ocation		Description	n of	Amount	Abatement Type
Material (ACM)		ally Us dely by		Asbestos-Con Material (A		(Specify	
TO BE ABATED		enance		(i.e., thermal s	vstems	SF or LF)	R R S
in Facility	Custo	dial Sta	aff?	insulation, surface	ing, VAT		inclosour incapsuli Repair Remova
(13)	l v T	(12)		or other miscell	aneous)		Enclosoure Encapsulat Repair Removal
MRI area	Yes		V/A				
VITAL BLEB			∐  Spray	on fire proofing		1,100 SF	
		+	<del>                                     </del>				
	П	H	-				
		ĦТ					
Name of Registered Waste Hauler		NJDE	P Waste	Cubic Yards of	Name of	f Registered Landfill	
2000 Manage 1 0 1 1 0			er ID No.	Waste		g.o.o.o.a Lanaiii	
Resource Management Group, LLC		0035	218	TBD	Grows L	andfill	
City, State Trenton, NJ				Disposal Date	City, Sta	te	
		1		TBD	Morrisvil	le, PA	
Completed By (Print or Type)  Mr. Brian J. Haney		Title	dont	Signature/			Date
District failey		Presi	uent	XIIh		1 HAV 11	09/12/2016
				1119	( )	6144	

				c	State of Nov. Jan-		(	Y	1987			Р	rint l	
				FICATIO	State of New Jers ON OF ASBESTO: It to NJAC 8:60 a	ABATE			ECE					
Date of Notification (1) 9-8-2016					of Building Owner Torrei	/Operato	r (2)		CEP 1	5 20	116		$\parallel$	
EPA [	Type Notification  Initial Amended	1		City, Si	Address tate, Zip Code				ODESTO3	CON	TROL	1		
DOL     DOH     DCA     DCA	Amendmen  Emergency justification Cancellatio	(including	g		ey City, NJ 073 of Contact Forrei	02			Telephone N	112	3			
				FAC	ILITY INFORMA	TION	+							
Name of Facility Where Ab Residential	patement is Takir	ng Place	(3)				Type of F	acility (4	1)					
Street Address							☐ Sub	er (i.e. pr	2) 8 (Other than K- rivate & commer	12) cial bu	ildings	, hom	es,	
City (5) Jersey City, NJ 0730	2				5		Square F 2400		# of Floors	1.50	Bldg. /	Age		
County (6) Hudson					Code (7) USE CNLY)		Current U	Jse (Prio	r if being demoli	shed)			a #	
Name of Monitoring Firm H	lired by Building	Owner (8	3)	ASCI	M No.		of Abatem en Enviro		tractor (9) al Services, L	9)				
Street Address						1117767678	Address Virginia A	Avenue	í					
City, State, Zip Code							tate, Zip C ey City, N		04					
Project Manager for Monito	ring Firm			Telepho	one No.		none No. 333-885	5		License No.				
Start Date (10) 9-9-2016		Schedu 9-9-20		mpletion	Date (11)		of OSHA Ne as abo							
Occupancy Status During A	Abatement (Chec	ck Only O	ne)			Street	Address							
X Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire Outside of Norn	Period of nal Facilit	Abaten y Hours	nent s		City, S	tate, Zip C	ode						
Scope of Work (Check All T  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	hat Apply)	processes.	Renova Demolit			××	Mini-Er Gloveb	ntainmer nclosure ag Proce	nt with Negative	Pressu	іге			
			S Locati Normal			×	Non-Ex	empted	(*) and Non-Fria	ble Pro	Abate			
	Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Used S Mainte					Aspestos Containing Material (ACM) Amount		Removal	Repair	Encapsulate	Enclosure			
		Yes	No	N/A						-		ate	G,	
1st floor			Х			VAT			230 SF	х				
1st floor			x		nine	insulat	ion		RIE	36				

Χ

pipe insulation

pipe insulation

2nd floor

8 LF

8 LF

Х

X

				110/10 0.00			1.0	771	JOXL	100	1	ノ		)
Date of Notification (1) 9/12/2016		N	ame of E	Building Owr KNIGHT /	LA CAS	or (2) A DON	PEDRE	C E		/ E				
Agencies Notified  Type Notifica	tion	S	treet Add	dress SEVILLE		Accompany of the Control of the Cont		EP 1	E 00	10	A STREET, STRE			
DEP Amende Amendr	ment #	98		e, Zip Code RK ,NJ 07	107					10	hand here	1		
□ DOH justifica     □ DCA    □ Cancell			lame of 0 MR CH	Contact RISTOPH	IER PAG	SAN L	ASBES	Teler	hone	mpber 2		THE PERSON NAMED IN STREET		
			FACIL	ITY INFORM	MATION	1 -	5 E 1016 - 7 A							-
Name of Facility Where Abatement is 7 PRIVATE HOUSE	Taking Place (3)						of Facility (4 School (K-12 Subchapter 8	) 3 (Other	than K-	12)				
Street Address	1					×	Other (i.e. pr	ivate &	commer	cial buil	ding:	s, h	omes	,
City (5)							etc.) re Feet	# of F	Floors	E	ldg.	Age	9	
EAST ORANGE				1- (7)		Curre	ent Use (Prio	r if hein	a demoli:	shed)	_			
County (6) ESSEX			County C STATE U	ode (/) SE ONLY) _		PRI	VATE HO	USE						
Name of Monitoring Firm Hired by Buil N/A	ding Owner (8)		ASCM	No.	EH	HW ABA	ATEMENT		9)					
Street Address				U	89		KLIN STR	EET						1
City, State, Zip Code						, State, Z	Zip Code ON,NJ 075	524						
Project Manager for Monitoring Firm			Γelephon	e No.		ephone N			License 01274					
Start Date (10) 9/22/2016	Scheduled 9/13/20		pletion D	Date (11)			HA Monitor ATEMENT	LLC						
Occupancy Status During Abatement					100000000000000000000000000000000000000	eet Addre	ess KLIN STR	EET						
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe: OCCUPIE	ntire Period of Al Normal Facility I	oatem Hours	ent		City	, State, 2	Zip Code ON,NJ, 07						, is —— 13 lés	
	7,1				17	ATENO	014,140, 01		N 1100-1-1-1	4-5-5-0				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	X Re	enova emolit				H M	ull Containme ini-Enclosure lovebag Proc	edure				0		
						L N	on-Exempted	(*) and	Non-Fr	lable Pr			ment	
		Locati									,	Тур		
Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	M) Used	ormal d Sole ntenai odial S (12)	ly by nce/	(i.e. th	Descrip s Containir ermal syst surfacing, other misce	ng Materi ems insu VAT, or	lation,	(S	mount Specify or LF)	Removal	. volcan	Dogodi	Encapsulate	Enclosure
	162		INITA	POI	LER INS	III ATI	ON	3	BOSF	X	+			
BASEMENT		X			PE INSU		202		OLF	X				
BASEMENT		X		PI	LE IIVO	JLATIO	1.4		.021	7.5				
(0		T K	JDEP W	/aste	Cubic Yar	ds	Name of	Registe	ered Land	dfill				
Name of Registered Waste Hauler TRI STATE TRANSFER		F	lauler ID I/A	No.	of Waste N/A		MINER	N AV			<u> </u>			
City, State RANDALL AVE BRONX NY					Disposal D TBD	Date	City, Stat 900 MI	te NERV	/A RD	WAYN	IES	BU	IRG	ОН
Completed by VICTOR ESPIRITU	Title PRO	JEC.	TMAN	EGER	Signa	ature /	11/4	egh.	)	Date 9/12/	201	6		

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

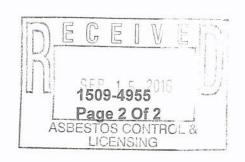
								117711				
Date of Notification (1)	42 /	16		Nam	e of Buildin	g Owner/Operator ( Department of C	2)	b #1697 5030	Chack	125	ne <sup>2</sup> (	116
9/				51	ate of NJ	Department or C	orrections/ Jo	D#1007-3030	Citeci	#00	00	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Type Notificat	tion		Stree	et Address			L	ESTO	000	0817	500
	☐ Initial					Road PO Box 86	3	ASD		ENS		
☑ DOLWD ☐ DHSS	☐ Amended Amendmer	nt #		City,	State, Zip (	Code		h				
	☐ Emergency		a a	Tr	enton, NJ	08625-0863		70 1100 1				
(NJAC 5:23-8)	justification		3	Nam	e of Contac	ot .		Telephone Nun	ber			
	☐ Cancellation	on		Jo	seph Fuc	a						
				FA	CILITY IN	FORMATION						
Name of Facility Where At	atement is Ta	aking Place	e (3)				Type of Facility	(4)				
Edna Mahon Correct	tional Facili	ty					School (K-12					
Street Address							Subchapter &	3 (Other than K-12 rivate and comme	2) rcial bu	ilding	15	
30 Route 513							homes, etc.)		. O.G. D.		, ,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Clinton							100,000	2		Unki	nowi	n
County (6)				Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	shed)	7.	7.07	
Hunterdon							Correctiona	l Facility				
Name of Monitoring Firm H	lired by Buildin	ng Owner	(8)	ASCN	I No.	Name of Abateme						
Environmental Conn						AbateTech, I						
Street Address						Street Address						
120 North Warren St	reet					30 Maple Ave	e. PO Box 25					
City, State, Zip Code	RexUSES					City, State, Zip Co	ode					
Trenton, NJ 08608						Lumberton, N						
Project Manager for Monito	ring Firm		Tele	ephone	No.	Telephone No.		License No.				
Steve Mania					2-4200	609-265-2107		00529				
Start Date (10)	Sc	cheduled C	omple	etion D	ate (11)	Name of OSHA M	lonitor		=			WINTER S
9 / 27 /	2000	9 /				EMSL Analyt	ical					
Occupancy Status During A						Street Address						
☐ Facility Closed/Vacated				ment		200 Route 13	0 North					
☐ Abatement Performed C					scribe	City, State, Zip Co						
Time of Abatement:						Cinnaminson						
Scope of Work (Check all t	hat apply)		-		-		,,					
	inat appiy)						ainment with Neg	gative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			enovat emoliti			☐ Mini-Enc	losure	up & cu	t			
☐ ≥100 St 01 ≥200 II			HIOHU	UII		☐ Non-Exe	mpted (*) and No	n-Friable Procedu	ire			
		Is	Loca	tion					Ab	atem	ent T	уре
Location of			Norma			Description o			R	D	Ш	m
Asbestos-Containing M		1	ed Soli intena	ely by		stos Containing Ma		Amount	em	Repair	nca	nclo
TO BE ABAT IN Facility	ED	- 1	todial	Staff?	(i.e	<ul> <li>thermal systems surfacing, VAT,</li> </ul>		(Specify SF or LF)	Removal	Ξ.	Encapsulate	Enclosure
(13)			(12)			other miscellane		5-50a 65-500-2-70 <b>f</b> 0	57		late	Ф
		Yes	No	N/A								
AckermanVSID Buildin	g		$\boxtimes$		Pipe In:	sulation		50 LF				
									П		П	П
			H		-				15	-		H
									$\perp$		Ш	Ш
Name of Registered Waste	Hauler		1.000		Waste	Cubic Yards of	Name of Regis	tered Landfill		Om all o		
AbateTech, Inc.			H	lauler i 1875		Waste 4	G.R.O.W.S	. Landfill				
City, State				10/3	U	Disposal Date	City, State					
Lumberton, NJ						9/30/16	Tullytown,	PA				
Completed By (Print or Typ	e) T-	Title	97 W 187 Sep			Signature	1		ate ,		1	
Gwendolyn Trumbett	5.0	Operat	ione	Coore	linator	The state of the s	, 4		91	12	111	2
		Operat	.0110	30010		1 7 N			1/	101	10	
ASB-41 MAY 11		* Do not	use tl	his forn	n for asbest	tos licensure exemp	ted activities.					

Date of Notification (1)				N	ama of Duit		and the same of th				W	E	
9 / 12	/ 1	6				ding Owner/Operato		W.			-		7
Agencies Notified Type N						IJ Department of	Corrections	Job#	1607-503	1 Ch	eck i	#860	)5
⊠ EPA	Notification	1		100	treet Addres	1707		J Li	GER	15	2011	,	16
□ DOLWD □ Am						y Road PO Box 8	363	Ì					
☑ DHSS Ame	endment #				ty, State, Zi			AS	BESTOS	CO	NTR	OI.	2
DCA Eme	ergency (i	ncludi	ing			IJ 08625-0863	L		LICE			-	~
(NJAC 5:23-8) Just	ification)				ame of Cont			Te	lephone Nu	ımber			
L Can	cellation				Joseph Fu	ıca							
NI-				- 1	FACILITY	INFORMATION							
Name of Facility Where Abatemer	nt is Takin	g Pla	ce (3)				Type of Facil	ity (4)					
Edna Mahon Correctional	Facility						School (K						
Street Address							☐ Subchapte	er 8 (Otl	her than K-	12)			
30 Route 513							○ Other (i.e.)	, private	and comm	nercial	build	ings	,
City (5)							homes, et						
Clinton							Square Feet	1	of Floors		Bldg		
County (6)				Co	ounty Code	(7)(STATE USE ONLY)	100,000		2			kno	NC
Hunterdon					- and odde	(INSTATE USE UNLY)	1	Prior if b	eing demo	lished	)		
Name of Monitoring Firm Hired by	Buildina C	)wner	(8)	ASC	M No.	Name of At	Correction	nal Fac	ility				
Environmental Connection,	. Inc	*******	(0)	AGC	IVI IVO.	Name of Abatem		(9)					
Street Address						AbateTech,	Inc.						
120 North Warren Street						Street Address							_
City, State, Zip Code							e. PO Box 25						
Trenton, NJ 08608						City, State, Zip C							
Project Manager for Monitoring Firm			1-			Lumberton, I	NJ 08048						
Steve Mania	п		311	lephon		Telephone No.		Lic	ense No.				-
tart Date (10)	To				2-4200	609-265-2107	•	0	0529				
<u>9</u> / <u>26</u> / 16					ate (11)	Name of OSHA N	lonitor						-
				0_/	16	EMSL Analyt	ical						
ccupancy Status During Abatemer	nt (Check	only c	one)			Street Address							
Facility Closed/Vacated During E	ntire Perio	od of	Abate	ement		200 Route 13	0 North						
Abatement Performed Outside of Time of Abatement:AM	Normal F	acility	y Hou	rs - De	scribe	City, State, Zip Co							
			_PIVI		_AM	Cinnaminson							
cope of Work (Check all that apply)	)						,						
] ≥3 sf or ≥3 If	Г	7 Par	novati	ion		☐ Full Conta	ainment with Ne	gative F	ressure				
] ≥3 sf or ≥3 lf ] ≥160 sf or ≥260 lf	Ĕ		molitic				osure			1-			
						☐ Non-Exen	Preceduré W npted (*) and No	n-Friah	a Cul				
•			Locat				7 ( ) and no	ZII I Hab	ic i rocedu				
Location of Asbestos-Containing Material (AC	20.00		lorma d Sole			Description of					atem	T	-
TO BE ABATED		Mair	ntena	nce/	Asbes	tos Containing Mate	erial (ACM)	Α	mount	Ren	Repair	Enc	
IN Facility		Custo	odial S	Staff?	(i.e.,	thermal systems in surfacing, VAT, of	sulation,		pecify	Remova	air	aps	1
(13)	-	.	(12)	1		other miscellaneo	us)	31	or LF)	<u>a</u>		Encapsulate	
	Y	'es	No	N/A								te	
ministration Bldg.			$\boxtimes$		Pipe Inst	ulation		5	0 LF				+
	IF	7							O LI		ш	Ц	1
		- + -											1
		1 1	Ш							П	П	П	Ti
		] [						7 6					1
ne of Registered Waste Hauler			NJ	DEP V	Vaste (	Cubic Yards of	Name of Posic	oracl I -	715:11		Ш	Ш	1
bateTech, Inc.			Ha	uler ID	No. V	Vaste	Name of Regist						
State			1 1	18750		4 Diaponal Data	G.R.O.W.S.	Landf	Ш				
umberton, NJ						And the property of the control of t	City, State			1272			
ppleted By (Print or Type)	Tu-					9/30/16	Tullytown, i	PA					
wendolyn Trumbetti	Title			700e		Signature	L		Date	9		1	_
	Ilnor	ation	ns Co	oordir	nator	1 Mi	17			al	11	111	0

ASB-41 MAY 11

Date of Notification (1)			1950	-	Nam	e of Buildir	ng O	wner/Operator	(2)	E	= n	D //		p	3
9/	12/	16			1000000			# 1509 <b>-</b> 4955 (	I see 1	EMI	50A	$\mathbb{W}$	E	7	
Agencies Notified  EPA	Type Notif	ication		112.7	1 200	et Address				1					
⊠ DOLWD	⊠ Amend	ed			10.8882	E. Front			and the second	SEP	15	201	6	11	91
☑ DHSS	Amenda		3			State, Zip									
☐ DCA	☐ Emerge		cludin	g		enton, N.		625		ASSESTO	2 001	ITC	01	١	
(NJAC 5:23-8)	justifica				10.00.00	e of Contac	ct		'	ASPESTO	National	G	IUL	OL	verziles
	☐ Cancell	ation			IVIa	irk Hall			-				-		
Name of Facility Where A	h a t a u a a a t i a	T-1-1-	Di	(0)	FA	CILITY	NFO	RMATION							
Paul Robeson ES	voaternent is	raking	Place	e (3)					Type of Facility	11.00					
Street Address									☐ Subchapter	8 (Other than	K-12)				
199 Commercial Av	enue								Other (i.e., p		mmerci	al bu	uildin	gs,	
City (5)			Æ		-				Square Feet	# of Floor	S	BI	dg. A	ge	
New Brunswick									59,400	2			35		
County (6)					Cou	nty Code (7	7)(ST	ATE USE ONLY)	Current Use (Pr		molishe	ed)			
Middlesex									Elementry S					3	
Name of Monitoring Firm		Ilding O	wner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)			-			
Brinkerhoff Environ	mental						,	AbateTech, I	nc.						
Street Address							St	reet Address							
1805 Atlantic Ave.								30 Maple Ave							
City, State, Zip Code							10000000	ty, State, Zip Co							
Manasquan, NJ 087				1				Lumberton, N	IJ 08048						
Project Manager for Monit	oring Firm			100000	phone		10000	lephone No.		License N	0.				
Laura Brinkerhoff Start Date (10)		C-bl-	11-0	15,000	- Marie - Marie - 1	3-2225		609-265-2107		00529					
7 /21 /		Schedu 9		. 51		16 (11)		ame of OSHA M E <b>MSL Analyti</b>							
Occupancy Status During								reet Address							
☐ Facility Closed/Vacated					ment		55555	200 Route 13	North						
Abatement Performed	Outside of N	lormal F	acility	y Hour	s - Des	cribe		y, State, Zip Co							-
Time of Abatement: 6A	M- <u>2:30</u> PM/	F	PM	/	MA		10001168	Cinnaminson							
Scope of Work (Check all t	that apply)							П <u>г</u> о	-i	b				= 1	
			⊠ Re	novati	on			☐ Mini-Encl	ainment with Neg osure	ative Pressur	е				
≥160 sf or ≥260 lf			] De	molitic	n				Procedure	E B					
			le	Locat	ion	T		⊠ Non-Exer	npted (*) and Nor	n-Friable Prod	cedure		7.		
Location o	f			lorma				Description of						ent T	
Asbestos-Containing M		1)		d Sole intena				Containing Mat	erial (ACM)	Amount		Remova	Repair	Enc	Enclosure
TO BE ABAT IN Facility				odial S		(i.e.		ermal systems in surfacing, VAT,		(Specify SF or LF		SVOL	air	aps	losu
(13)		_		(12)				her miscellaned		3F 01 LF	'	3		Encapsulate	Гe
		,	Yes	No	N/A									O	
Throughout		[				Sheet F	looi	ring & Assoc	iated Glue	24,851 S	F	X			
Throughout						Floor Ti	le			200 SF					
Throughout				$\boxtimes$		Mastic (	On S	Sinks		60 SF	1				
Throughout		] [		$\boxtimes$		Cove Ba	ase	Mastic		534 LF					
Name of Registered Waste	Hauler			2000	JDEP V	0.000.000.000		oic Yards of	Name of Regist	ered Landfill				124.00	
AbateTech, Inc.				1039	auler II 18750	Section and the section of the secti	Wa:		G.R.O.W.S.	Landfill					
City, State			.====				Disp	posal Date	City, State						
Lumberton, NJ							9/	/30/16	Tullytown,	PA					
Completed By (Print or Type		Title						Signature	. +		Date		- (8) - 11 16		
Gwendolyn Trumbett	i	Ope	eratio	ons C	oordi	nator		(Nu	U		91	12	-11	0	

ASB-41 MAY 11



Location of Asbestos-Containing	Nor		Used	Description of Asbestos-Containing	Amount (Specify	Ab	atem	ent 7	уре
Material (ACM) TO BE ABATED in Facility (13)	Mair Cust	todial (12)	nce or Staff?	Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	SF or LF)	Removal	Repair	Encapsulate	Eliciosu
	Yes	No	N/A			=		ate	a
Throughout				Boards with Glue Dots	7,720 SF				
Throughout				Ebony Boards	127 SF				
Rooms 120, 122 and 122A				Carpet, linoleum & associated mastic	610 SF		Q		
			-8-				Д	Ò	
				1					

### State of New Jersey

		NOT				BESTOS ABAT AC 8:60 and 5:1		CEI	$\mathbb{V}$		M	- Andrews - Andr
Date of Notification (1)	9 /	16		332533	e of Buildir SE&G	ng Owner/Operator (	1	#1606-5019 C	heck	#860	الو	THE PERSON NAMED IN COLUMN NAM
Agencies Notified  ☐ EPA ☐ DOLWD ☐ DHSS ☐ DCA	Type Notification Initial Amended Amendmen Emergency	# <u>6</u>	ıa	City,	et Address 00 Hadle State, Zip outh Plain	**************************************		- 705 not	NTRC	)L &		The same of the sa
(NJAC 5:23-8)	justification	)	9	100000000000000000000000000000000000000	e of Contac ris Colen			Telephone Nun	nber			
				FA	CILITY IN	NFORMATION					-	
Name of Facility Where Al PSE&G- Ewing Subs Street Address 1475 Prospect Stree	station	ing Plac	e (3)				Type of Facility ( ☐ School (K-12) ☐ Subchapter 8 ☑ Other (i.e., pr homes, etc.)	) (Other than K-1	2) ercial b	uildin	gs,	
City (5) Ewing, NJ 08638							Square Feet	# of Floors	В	ldg. A	\ge	
County (6)  Mercer  Name of Monitoring Firm I	dired by Duildin	Ourses	(0)			7)(STATE USE ONLY)	Current Use (Prior Substation	or if being demol	ished)			
Health and Safety Se		g Owner	(8)	ASCM	No.	Name of Abateme						
Street Address	TI VICES			0 0 1 - 11		AbateTech, II	nc.					
PO BOX 365						30 Maple Ave	PO Box 25					
City, State, Zip Code						City, State, Zip Co						-
Berlin, NJ 08009						Lumberton, N						
Project Manager for Monito	oring Firm		Tele	ephone	No	Telephone No.	10 00040	License No.	6777			
Jim Proctor	3			56-452		609-265-2107		00529				
Start Date (10)	Sch	eduled C				Name of OSHA M		00020				
_6_/_20_/	200000	10_ /				EMSL Analyti						
Occupancy Status During	Abatement (Che	ck only	one)			Street Address						
Facility Closed/Vacated						200 Route 13	0 North					
Abatement Performed ( Time of Abatement:	Outside of NormAM	al Facilit PM/	y Hou PM	rs - Des 	cribe AM	City, State, Zip Co						
Scope of Work (Check all t	hat annly)					Cinnaminson	, NJ 08077					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	пас арруу		enovat	77.00			ainment with Nega osure p Procedure mpted (*) and Non		ıre			
Y-2-20-		2000	Locat Norma						Ab	atem	ent T	уре
Location of Asbestos-Containing M TO BE ABAT IN Facility (13)	aterial (ACM)	Use Ma Cus	ed Sole intena todial (12)	ely by ince/ Staff?	Asbe (i.e	Description of estos Containing Mat s., thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Along vertical sides of	glass block	Yes	No.	N/A	caulk			44415	F-7			-
frame windows Loft Bathrooms	(교) (교		_		Floor ti	lo.		144 LF				1
Front Office				-	-	2070		240 SF				
						ar Paper		817 SF				
(2) Bathrooms	I I		Щ		X X250 50	le & Mastic		100 SF				
Name of Registered Waste Environmental Trans		NC.	0.323	JDEP \ lauler II 00069	No.	Cubic Yards of Waste 44	Name of Registe Conestoga					
City, State Flanders, NJ						Disposal Date 10/31/16	City, State	n PA				

Completed By (Print or Type)

Gwendolyn Trumbetti

**Operations Coordinator** 

10/31/16

Signature

Morgantown, PA

Date

#### PSE&G Ewing-Notification

Location of Asbestos-Containing Material (ACM) TO BE ABATED	Solely by	on Normall y Maintena dial Staff?	nce or	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems	Amount (Specify SF or LF)			- 111	
in Facility (13)	Yes	No	N/A	insulation, surfacing, VAT or other miscellaneous)		Removal	Repair	ncapsulate	Enclosure
Mezzanine Level 1st Floor		П		Mastic	930 SF	M	П	П	
Mezzanine Level 1st Floor		Ī		Ceramic Tile	500 SF	X	Ħ	Ħ	H
Front Office Area				Concrete Expansion Joint	650 LF	X	Ħ	П	П
Front Office Area Walls				Exterior Black Coating	140 SF	X	Ħ		Ħ
Front Office Area Walls				Black Vapor Barrier	540 SF	X	Ħ	П	Ħ

		(1	oursua	ant to NJ	AC 8:60 and 5:1	6)		<u>L</u>	I W	<u>I</u> E	-
Date of Notification (1)			Nam	ne of Buildir	ng Owner/Operator	(2)	1				
9/7/	16				iation Administr		1606-5020 Ch	eck#	Pg	.A o	f 2
Agencies Notified Type Notif	fication		Stree	et Address			*	3 8			-Citton
☑ EPA ☐ Initial			91 9129200		ical Center		ASBESTO	10.00	33775	201	1
☑ DOLWD ☑ Amend	led			State, Zip				ENSI		IUL	ä
	lment # <u>1</u>				y International A	irnort NI 10040		L: 10()	144	-	-
	ency (includ	ng	_	e of Contac		11 port, 145 0640		. 1		_	
(NJAC 5:23-8) justifica			100000000000000000000000000000000000000	eter	J.		Telephone Nui	nber			
			FA	CILITY II	NFORMATION		-1				
Name of Facility Where Abatement is	s Taking Pla	ce (3)				Type of Facility	(4)				
William J. Hughes Tech Cent	er					School (K-12	2)				
Street Address							8 (Other than K-1				
Hangar B301						homes, etc.)	rivate and comm	ercial b	uildin	gs,	
City (5)						Square Feet	# of Floors	IP	Bldg. A	\ae	_
Atlantic City										.90	
County (6)			Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)	27 - 27	_	
Atlantic				,	,,	Technical C		nonou)			
Name of Monitoring Firm Hired by Bu	ildina Owne	r (8)	ASCN	l No.	Name of Abateme						-52
TTI Environmental	3	1-7			AbateTech, I						
Street Address					Street Address				10 -		
1253 North CHurch Street					30 Maple Ave	PO Boy 25					
City, State, Zip Code			-		City, State, Zip Co	4					
Moorestown, NJ 08057					Lumberton, N						
Project Manager for Monitoring Firm		Тъ	lephone	No	Telephone No.	13 00040	License No.				
Jim Guilardi			609-314		609-265-2107		00529				
Start Date (10)	Scheduled	- 1			Name of OSHA M		00529				
8 /29 /16	9				EMSL Analyti						
Occupancy Status During Abatement	(Check only	one)			Street Address			//	71.2.2.3		_
☐ Facility Closed/Vacated During En					200 Route 13	0 North					
Abatement Performed Outside of N	Normal Facil	ity Hou	ırs - Des	scribe	City, State, Zip Co	ode					
Time of Abatement:AM	PM/	PN	I	_AM	Cinnaminson						
Scope of Work (Check all that apply)					_	The second second	1000 F100				
≥3 sf or ≥3 If	MR	enova	tion		☐ Full Cont ☐ Mini-Encl	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf		emolit			Glovebag						
					Non-Exer     Non-Exer	mpted (*) and Nor	n-Friable Procedu	ıre			
V		s Loca Norma						Ab	patem	ent T	уре
Location of Asbestos-Containing Material (ACI	un Us		ely by	Acho	Description of stos Containing Mat		A	R	Re	Щ	回
TO BE ABATED	M	ainten		(i.e.	, thermal systems i	nsulation,	Amount (Specify	Removal	Repair	cap	clos
IN Facility	Cu	stodial (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	-	Encapsulate	Enclosure
(13)	Yes	1	N/A	1	other miscellaned	ous)				ate	"
Exterior				Roof Fla	ashing		410 SF		$\vdash$	П	П
Exterior			TП	Roof Ma	astic		115 SF		П	П	
Interior					e & Mastic		20 SF		H		
Exterior				Roof Ma			50 SF				
Name of Registered Waste Hauler		-	JDEP I		Cubic Yards of	Name of Regist				ш	Ш
AbateTech, Inc.		133	lauler II	O No.	Waste		unt Utilities A	uthori	ty		
City, State			18750	)	16 Disposal Date	City, State					
Lumberton, NJ					9/30/16		Township, N.	10823	4		
Completed By (Print or Type)	Title				Signature			ate .			
Gwendolyn Trumbetti	Operat	ions	Coordi	nator	Oigilatule, 5	MA	100	91-	7/11	n	

ASB-41 MAY 11

			NO		CATIO	N OF AS	New Jersey SBESTOS ABA		0180	0	3		
				(1	ursua	ant to NJ	AC 8:60 and 5:1	6)	TERE	П	\ <u>//</u>	E	T
Date of Notification (1)	7 /	16			100000000000000000000000000000000000000		ng Owner/Operator viation Administr	1 9 9 9		ck#	<u>V</u>	2	of 2
Agencies Notified	Type Notif	fication			Stre	et Address		100	SEP 1	5	2016	- 1	H
⊠ EPA	☐ Initial				F	AA Techn	ical Center	] [	Seed 1	Ψ,	2000	i	lemma of
⊠ DOLWD		Name of States			City,	State, Zip	Code					$\exists$	
☐ DCA	Amena ☐ Emerge	iment # <u>1</u>	-		At	lantic Cit	y International A	irport. NJ 0840	5 ASBESTOS	MOC	ITRO	)L &	
(NJAC 5:23-8)	justifica		Ciuaii	19	Nam	e of Contac	ct	-	Telephone Num		<u>u</u>		
	☐ Cancel				Pe	eter			Total training				
					F.	CUITYII	NFORMATION						(2)
Name of Facility Where Al	patement is	s Taking	Plac	e (3)			VI CITAMINATION	Type of Facility (	4)				
William J. Hughes T				,				School (K-12					
Street Address								☐ Subchapter 8	(Other than K-12)	)			
Hangar B301									ivate and commer	cial b	uildin	gs,	
City (5)								homes, etc.) Square Feet	# of Floors	To	ildg. A		
Atlantic City								Oquale i eet	# 01 1 10015		nug. F	(ge	
County (6)			2101111		Cou	inty Code /	7)(STATE USE ONLY)	Current Hea (Pri	or if being demolis	hod\			_
Atlantic					000	inty Code (	MOTATE OOL ONET	Technical Co		neaj			
Name of Monitoring Firm H	lired by Bu	ildina O	wner	(8)	ASCN	l No	Name of Abateme	1 Comment of the	enter				
TTI Environmental	med by bu	maing O	WITCI	(0)	ASCIV	1110.	AbateTech, In						
Street Address							Street Address	nc.	400				
1253 North CHurch S	Stroot							DO D 05					
City, State, Zip Code	, ti cct						30 Maple Ave						
Moorestown, NJ 080	57						City, State, Zip Co						
Project Manager for Monito				Tol	onhono	Na	Lumberton, N	IJ U8U48	1				
Jim Guilardi	ring i iiii				ephone	I-1683	Telephone No.		License No.				
Start Date (10)		Schedu	lad C				609-265-2107		00529				
8 /29 / _	16	9	_ /	3	0_ /	100	Name of OSHA M EMSL Analyti						
Occupancy Status During A							Street Address						
☐ Facility Closed/Vacated	During Ent	tire Perio	od of	Abate	ment		200 Route 13	0 North					
Abatement Performed C Time of Abatement:	utside of N	Normal F	acilit	y Hou	rs - Des	scribe AM	City, State, Zip Co	de					
						AIVI	Cinnaminson	, NJ 08077					
Scope of Work (Check all the	nat apply)												
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>				novat moliti			☐ Mini-Encl ☐ Glovebag	Procedure	tive Pressure -Friable Procedure	9			
				Locat						Ab	atem	ent T	ype
Location of		(0)		Norma	lly ely by_		Description of						1
Asbestos-Containing Ma TO BE ABATE		VI)	_Ma	intena	nce/	Asbes (i.e.	stos Containing Mat , thermal systems in	erial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cust		Staff?	(	surfacing, VAT,	or	SF or LF)	oval	=	nsd	Sur
(13)			Yes	(12) No	NI/A		other miscellaneo	ous)				late	Ф
6 Locations			res	No	N/A	Roof Fla	eshing		4 SF (24 SF			П	
							9		totall			_	是
				Ш								مليا	
				П						-0			
								ALT CONTRACTOR OF THE PARTY OF		П	П	П	П
Name of Registered Waste I	Hauler			N	JDEP \	Vaste	Cubic Yards of	Name of Registe	red Landfill				
AbateTech, Inc.				Н	auler IE	7	Waste		int Utilities Aut	horii	v		
City, State			-		18750		16 Disposal Date	City, State			_		
Lumberton, NJ							9/30/16		Township, NJ (	1823	А		
Completed By (Print or Type	)	Title					Signature	_99 (16150)			*		
Gwendolyn Trumbetti			ratio	ons C	oordi	nator	Signature	na A	Date	01	71	1	

									11171 12	Ln	P	11	II E
Date of Notification (1)  9 /	7 /	16					ng Owner/Operator Job #1609-5063	98 S		<u> </u>	Ь	<u> </u>	7 1
Agencies Notified	Type Notific	cation			Stre	et Address				SEP	1 5	20	118
⊠ EPA					P	O Box 034	4		the less		1		110
☑ DOLWD ☑ DHSS	☐ Amende	5.51			City	State, Zip	Code		ACDE	CTO	0.00	The last	
⊠ DRSS	Amendn  Emerge	-			Tı	enton, N	J 08625		ASBE		S CI ENS		
(NJAC 5:23-8)	justificat	tion)	Judin	9	Nam	ne of Conta	ct		Telephone Nun		-140	II Y CA	
	☐ Cancella	ation			W	illiam Nix	on	1					
					F	ACILITY II	VFORMATION		1				
Name of Facility Where Al				(3)				Type of Facility (4	)				
Marie Katzenbach S	chool for t	the De	eaf					School (K-12)					
Street Address								Subchapter 8 ( Other (i.e., priv	Other than K-12	2)	mildir		
320 Sullivan Way								homes, etc.)	ate and comme	illiai i	Juliuli	ıys,	
City (5)								Square Feet	# of Floors	E	Bldg. /	Age	
Trenton													
County (6)					Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Prior	if being demoli	shed)			
Mercer								School					
Name of Monitoring Firm H	73	20.50	wner	(8)	ASCN	I No.	Name of Abatem	ent Contractor (9)					
Environmental Conn	ection, In	c.					AbateTech, I	nc.					
Street Address							Street Address						
120 North Warren St	reet						30 Maple Ave	e. PO Box 25					
City, State, Zip Code							City, State, Zip C	ode					
Trenton, NJ 08608							Lumberton, I	NJ 08048					
Project Manager for Monito	ring Firm			Tel	ephone	No.	Telephone No.		License No.				
Steve Mania						2-4200	609-265-2107	,	00529				
Start Date (10)						ate (11)	Name of OSHA M						
9 / 9 / _					6 /	16	EMSL Analyt	ical					
Occupancy Status During A							Street Address				5-5-		
<ul><li>☐ Facility Closed/Vacated</li><li>☐ Abatement Performed C</li></ul>	During Entir	re Perio	od of	Abate	ement	9	200 Route 13						
Time of Abatement:	AM	PM/	acility	_PM	rs - De 	_AM	City, State, Zip Co						
Scope of Work (Check all th	nat apply)						27.00						
$\square \ge 3$ sf or $\ge 3$ If $\square \ge 160$ sf or $\ge 260$ If		-	⊠ Rei ] Dei				☐ Mini-Enc ☐ Glovebag	g Procedure					
			I.a.		lian.		∐ Non-Exe	mpted (*) and Non-F	riable Procedu	1			
Location of				Loca orma			Description o	f		Ab	atem	ent T	уре
Asbestos-Containing Ma	aterial (ACM	1)	Used	d Sol	ely by		stos Containing Ma	terial (ACM)	Amount	Rer	Repair	Enc	Enc
TO BE ABATE IN Facility	<u>=D</u>				ance/ Staff?		., thermal systems i	nsulation,	(Specify	Removal	air	aps	Enclosure
(13)				(12)			surfacing, VAT, other miscellane	ous)	SF or LF)	<u>m</u>		Encapsulate	ire
		,	Yes	No	N/A							Ф	
Bldg #26 Boiler Room			X			Tank In:	sulation		250 SF				
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lame of Registered Waste I	Hauler				JDEP I	I Naste I	Cubic Yards of	Name of Registere	ed Landfill		ПП		Ц
AbateTech, Inc.	uno Anglasia				lauler II	D No.	Waste	G.R.O.W.S. La					
ity, State					18750	)	12 Disposal Date		withit!				
Lumberton, NJ							9/16/16	City, State Tullytown, PA	·				
ompleted By (Print or Type	)	Title						Tunytown, PA					
Gwendolyn Trumbetti	8 1		ratio	ne f	المسماد	natar	Signature	+	Dat	e Ol	1	111	
owendoryn Trumbetu		Ope	er a til C	1115	Coordi	nator	1 Uni	W.			1 1	116	0

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Date of Notification (1)					Nam	e of Buildi	ng O	wner/Operator	(2)				1	
9 / _	6 /	16			Mi	ssouri A	venu	ue Energy Ce	enter / Job #160	07-5034 Check	#	7 17	7 5	) jestron
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□ DHSS	Amenda	and the second second	- 100 more			antic Cit				II III SEP	15	20	16	l ber
DCA (NJAC 5:23-8)	☐ Emerge justificat		cludin	g		e of Conta				Telephone Numi	oer			1
(	Cancella				Jei	ry Deck	er					ī	ROL	-2
								RMATION		LIC	ENS	JING		
Name of Facility Where A	Ahatement is	Taking	Place	2 (3)	FA	CILITY	NFO	RIVIATION	Type of Facility		August Street			
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Street Address	nergy cern	LCI	NA							3 (Other than K-12	)			
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City (5)	Julevalu								homes, etc.)			1-1 /		
Atlantic City, NJ 08	404								Square Feet	# of Floors		ldg. A	\ge	
County (6)	₩U I				C	abi Cada (	71/07	ATT LIST ON VA	O	101 1 1				
Atlantic					Cou	nty Code (	1)(51)	ATE USE ONLY)		or if being demolis	nea)			
Name of Monitoring Firm	Hirad by Duil	Idina O		(0) T	A C C B A	Me	1 11-		Energy Cen	ter				
Heath & Safety Serv		laing O	wner	(8)	ASCM	No.			ent Contractor (9)					
Street Address	vices			1				AbateTech, I	nc.					
PO Box 365							1	reet Address	20 2 24					
							_		e. PO Box 25					
City, State, Zip Code							-	y, State, Zip C						
Berlin, NJ 08009				1= .				_umberton, i	NJ 08048					
Project Manager for Monit	toring Firm			March Committee	phone		9 25	lephone No.		License No.				
Jim Proctor				1		-2432		309-265-2107		00529				
Start Date (10)	1	Schedu						me of OSHA N						
8/2/			2.27	1/2	_ ′ -	16	E	EMSL Analyt	ical					
Occupancy Status During	9		852	0.5			Str	eet Address						
Facility Closed/Vacate							187	200 Route 13						
Abatement Performed Time of Abatement:	Outside of N	ormal F	-acility	y Hour	s - Des	cribe	Cit	y, State, Zip Co	ode					
						OIVI	(	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)							П		D 02				
☐ >3 sf or >3 If		ſ	⊠ Re	novati	on			☐ Full Cont	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf				molitic	D0598				g Procedure					
								Non-Exe     Non-Exe	mpted (*) and Nor	n-Friable Procedure	9			
T. Carrier Montager				Locat Vorma							Ab	atem	ent T	уре
Location of Asbestos-Containing M		(I)	Use	d Sole	ly by	Asha	etne	Description o Containing Ma		Amount	Re	Re	回	E
TO BE ABAT	TED	"		intena		(i.e	e., the	ermal systems i	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility	4		Cust	todial 8 (12)	statt?			surfacing, VAT,		SF or LF)	val		Encapsulate	sure
(13)			Yes	No	N/A		OU	her miscellane	ous)				te	
Please see attached						DI	-			Please see	57	-		
Flease See attached			ш			Please	see	attached		attached				
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Name of Registered Waste	a Hauter				IDED !	Vacto	C	nio Vardo ef	Nome of Deals	arad Lenden			Ш	
AbateTech, Inc.	rauler			(100.60	JDEP V auler ID		Was	oic Yards of ste	Name of Regist		\			
				1000	18750		2	0	ACUA Land		Ì			
City, State								posal Date	City, State		1			
Lumberton, NJ							9,	19116	Atlantic City	y, NJ	/			
Completed By (Print or Typ		Title						Signature	11	Dat	9,1	1		
Gwendolyn Trumbet	ti	Ope	erati	ons C	oordi	nator		/ N	W	(	11	u	16	

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				(1-	ursua	int to NJA	AC	8:60 and 5:1	16)	n) b (		$\mathbb{W}$	E	
Date of Notification (1) 9 / 7	1	16	i					wner/Operator	(2) Check #8543	M		-	M F alms	
Agencies Notified Tv									Oneok #00-10		明 15	201	2	
	pe Notifi Initial	ication				et Address	2		1		-1 10	E 40 0	9	-
	Amende	ed			3000	O Box 034	Š			ASPER				Person
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	Emerge		cludir	ng		enton, NJ		3625			1011401	VCZ		
(NJAC 5:23-8)	justifica Cancell				110000000000000000000000000000000000000	e of Contac	5677			Telephone	Number			
	Cancell	ation				illiam Nix		DMATION						
Name of Facility Where Abate	ement ic	Taking	, Dlac	0 (2)		ACILII Y IN	VI-C	DRMATION	T	(4)				
Marie Katzenbach Sch				e (3)					Type of Facility					
Street Address	001 101	tile Di	ear						School (K-		K-12)			
320 Sullivan Way									Other (i.e.,	private and co		buildii	ngs,	
City (5)									homes, etc					
Trenton									Square Feet	# of Floor	rs	Bldg.	Age	
County (6)														
					Cou	inty Code (7	7)(S7	TATE USE ONLY)		rior if being de	emolished	)		
Mercer									School					
Name of Monitoring Firm Hire			)wner	(8)	ASCN	l No.			ent Contractor (9	9)				
Environmental Connec	tion, In	IC.					1 8	AbateTech, I	nc.					
Street Address							St	treet Address						
120 North Warren Stree	et						1 8	30 Maple Ave	e. PO Box 25					
City, State, Zip Code							Ci	ty, State, Zip Co	ode					
Trenton, NJ 08608								Lumberton, N	J 08048					
Project Manager for Monitoring	g Firm			Tele	ephone	No.	Te	elephone No.		License N	lo.			
Steve Mania				6	09-392	2-4200	1	609-265-2107		00529				
Start Date (10)						ate (11)	Na	ame of OSHA M	lonitor					
9 / 8 / 16	5_	9	/	12	2_/	16	1	EMSL Analyti	ical					
Occupancy Status During Aba	tement (	(Check	only o	one)			Str	reet Address						-
☐ Facility Closed/Vacated Du							2	200 Route 13	0 North					
Abatement Performed Outs	side of N	lormal F	acilit	y Hou	rs - Des	scribe	Cit	ty, State, Zip Co	ode					
Time of Abatement:	_AM	PM	/	PM		_AM	1 93	Cinnaminson						
Scope of Work (Check all that	apply)		3-11-25	27					*AND ATTE AND					
≥3 sf or >3 If		r	Ø ₽~	novat	ion			☐ Full Cont	ainment with Ne	gative Pressu	re			
☐ ≥160 sf or ≥260 lf				molitic				⊠ Glovebac	osure Procedure C' npted (*) and No	ritical	1 nego	41	12 6	Wi
								⊠ Non-Exer	mpted (*) and No	n-Friable Pro	cedure			
2 1/2 5				Locat							A	batem	ent T	ype
Location of Asbestos-Containing Mater	ial (ACN	/N		Vorma d Sole		Ashaa		Description of			R	Z.	Ш	Ш
TO BE ABATED	iai (ACIV	"	Ma	intena	nce/			Containing Mat ermal systems in		Amount (Specify		Repair	Encapsulate	Enclosure
IN Facility			Cust	todial ( (12)	Staff?		5	surfacing, VAT,	or	SF or LF	) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	17	lusc	Sure
(13)			Yes	No	N/A		ot	ther miscellaned	ous)				ate	(0)
Bldg #26 Boiler Room		-		П	IN/A	Asbesto	e P	Pasto		10 SF		$\vdash$		
Bldg. #25 Boiler Room						Asbesto				20 SF		-		
Bldg. #25 Boiler Room		-				Pipe Fltt	-				1 (5-2)	1		
						riperitt	ing	js .		10 each				
Name of Registered Waste Hau	uler				JDEP V	Monto	Cul	olo Vossla se	Name of David	/ 11 150			Ш	ш
AbateTech, Inc.	uici			1008	auler IE	No.	Wa		Name of Regis G.R.O.W.S					
City, State					18750			2 posal Date	City, State				-	
Lumberton, NJ							-0.70000	/12/16	Tullytown,	PA				
Completed By (Print or Type)		Title						Signature	٨		Date	1 1		
Gwendolyn Trumbetti		Оре	erati	ons C	Coordi	nator		Chu	1		9	7/	110	)

ASB-41 MAY 11 GL16-021 Science

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

check # 2444 Page 1 of 1

Date of Notification (1) 9-12-2016					f Building po Colle				- Daniel		E	П	7\//	E	-
Agencies Notified	Type Notification			Street A	address	Vallev	Road					-U	<u> </u>		1
EPA DEP DOL	Initial  X Amended  Amendment	#2	_	City, Sta	ate, Zip Co ah, NJ 0	ode				SE	P 1	5	2016	į.	U
X DOH X DCA	Emergency justification) Cancellation		'		f Contact ry Rome	ero, Jr				Telephon	e Nun	nber		11_8	ĸ.
				FACI	LITY INFO	ORMAT	ION				ICE	1211	VG_		
Name of Facility Where A	Abatement is Takin	g Place (	3)			100010000		Type of Fac	(K-12)						
Street Address 505 Ramapo Valley	Road							Other ( etc.)	i.e. priv	Other than ate & com	mercia	al buil			es,
City (5) Mahwah					12.			Square Feet 20,000+		# of Floor 2		5	3ldg. A 30+	ge	
County (6) Bergen					Code (7) USE ONLY			Current Use College A			nolish	ed)			
Name of Monitoring Firm USA Environmenta			)	ASCN 0011			150000000000000000000000000000000000000	of Abatement Proup, Inc	Contra	ictor (9)					
Street Address 344 West State Stre	eet			7:				Address Hamburg T	urnpil	ке					
City, State, Zip Code Trenton, New Jerse	y 08618							tate, Zip Code mingdale, N		103					
Project Manager for Mon William Weisgarber	100 000 000 00 <del>00</del> 000 000 000		Telepho 609.65	ne No. 56.8101		300000000000000000000000000000000000000	none No. 710-9725		Licer 0108	nse No 84	).				
Start Date (10) 7-28-2016		Schedul 9-23-2		npletion	Date (11)			of OSHA Mor Group, Inc	nitor						
Occupancy Status During	g Abatement (Chec	k Only O	ne)					Address Hamburg T	urnnik	<b>'</b> 0					
Abatement Performation  Other – Describe:	ated During Entire F ed Outside of Norm	eriod of a later of the second	Abaten y Hours	nent			City, S	tate, Zip Code	9						
Scope of Work (Check Al	II That Apply)						Bloo	mingdale, I	NJ 074	403		-			
≥3 sf or ≥3 lf  × ≥160 sf or ≥260 lf	тнас дрргу)	and the same of th	Renova Demolit				×	Mini-Enclo	sure Proced	with Nega lure ) and Non-				e	
		Is	Locati	on					$\top$				Abate	ment	t
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Ma Cus	Normal ed Sole aintenal todial s (12)	ly by nce/ Staff?		tos Con therma surfa		laterial (ACM) s insulation, T, or		Amount (Specify SF or LF	0	Removal	Repair	e. Encapsulate	Enclosure
Apartment	۰ ۸ ۱	Yes	No X	N/A	Dean	all and	l loint (	Campaind		27 660 6	· -	100			
Apartment			X			C-1 12 1-1-1	oist Adl	Compound	+	27,668 S 14,616 L		X			
	5504 80000	-					22.500 (0.0)		-	W. St. Commercial	100				
Apartment	S A-H		X		Res	sillent	Floor C	Coverings	+	3,796 S	-	X			
Name of Registered Was	te Hauler		N	JDEP W	aste	Cubic	Yards	Name	e of Re	gistered La	ındfill				
GL Group, Inc			1.55	auler ID 033034		of Wa		Mine	erva						
City, State Bloomingdale, NJ						TBD	sal Date			urg, OH					
Completed by Elena Solakov	•	Title Presi	dent			\$	Signature	Elem	Stull	'a	Dat 9-1	e  2-2(	016		

			(P	ursuant	to NJAC	8:60 an	a 12:120	))		[had]	E		5 1	W	F	1
Date of Notification (1)					f Building		Operator	(2)	The state of the s		-	<del>/</del>	= U	-	_	7
13 SEP 2016					dio Lime	Co.			d Care	17						
Agencies Notified	Type Notification			Street A					Surgice of		j se	B	15	201	6	
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DOL	Amendment		_	Hadd	onfield, I	NJ 080	33				ASBES	TOS	SOC	NTF	301	8
X DOH	Emergency justification)		F	Name o	f Contact	-					Telephone					
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				FAC	LITY INFO	DRMATI	ON									
Name of Facility Where A		g Place (3	)					Ту	pe of Facility	(4)						
Dimedio Lime Com	pany Garage								School (K-							
Street Address 1815 Federal Stree	t							X	Subchapte Other (i.e.					dings,	home	es,
City (5)								Sa	etc.) Juare Feet	1	# of Floors		TF	ldg. A	one.	
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County (6)			-	County	Code (7)				irrent Use (Pr	rior if	beina den	nolish				
Camden					USE ONLY)				ime compa				/			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	ΛNo.		Name		batement Co			-				
Environmental Test							100000000000000000000000000000000000000		estos Aba							
Street Address							Street	Add	tress						-	
413 N. Black Horse	Pike						38 A	Igo	nguin Trail	1						
City, State, Zip Code							City, S	tate	, Zip Code							
Runnemede, NJ 08	078						Med	ford	d Lakes, N	J 08	055					
Project Manager for Mon	itoring Firm	***************************************		Telepho	ne No.		Teleph	one	No.	(V=)-112	Licen	se N	0.		11/2-11	
Howard Zenobi				856 4	82 1311		856	630	3288		0130	03				
Start Date (10)		Schedule	d Con	npletion	Date (11)		Name	of C	SHA Monitor	-						
18 SEP 2016		24 SEI	201	6			Envi	ron	mental Te	sting	Consul	tant	S			
Occupancy Status During	Abatement (Chec	k Only On	e)				Street			/20/50	5					
X Facility Closed/Vaca							100000000000000000000000000000000000000	25/2/19/2	Black Hors	e Pi	ke					
Abatement Performe Other – Describe:	ed Outside of Norn	nal Facility	Hours	3					, Zip Code							
						_	Runi	nen	nede, NJ 0	807	8					
Scope of Work (Check Al	I That Apply)	_					_	,								
<ul><li>≥3 sf or ≥3 if</li><li>≥160 sf or ≥260 if</li></ul>		Parameter Co.	enova				-		Full Containm		vith Negat	ive P	ressu	re		
2160 St 0r 2200 II			emolit	ion					Mini-Enclosur Glovebag Pro		re					
							X		Non-Exempte	d (*)	and Non-l	riab	le Pro	cedur	е	
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Location			lormal d Sole				scription							Ту	pe	-
Asbestos-Containing TO BE ABA			ntenai				aining M systems		rial (ACM)		Amount (Specify		71		ᄪ	т
In Facili		Cust	odial S	Staff?	(1.0.		systems cing, VA				SF or LF)		Remova	Repair	cap	nclo
(13)			(12)			other n	niscellan	eou	is)				oval	air	Encapsulate	Enclosure
		Yes	No	N/A											te	W.
Garage roof p	erimeter			х		fl	ashing				450 SF		х			
Floor ti	le			Х	fl	oor tile	in cor	ntai	ner	35	Cubic F	eet	х			
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City, State	NU						al Date	0	City, Sta		DA					
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Print Form

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Agencies Notified	Type Notification			Street A					-	Mi					711
X EPA	☐ Initial			PO B	ox 42						SER	1 1 =	20	ic	-
	Amended	ar.		3500	ate, Zip Co				1"	nd heavy, y		1 0	20	IU	
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DOH DCA	justification) Cancellation				f Contact DiMedi	_			- 1	Tres	PROPERTY	diapei	MITI	100	&
L DCA	Cancellation				LITY INFO		ON		h						
Name of Facility Where Al	batement is Taking	g Place (3	3)	PACI	LITTINE	URIVIATI	ON	Туре	of Facility	(4)					
DiMedio Lime Comp	any office							П	School (K-1	12)					
Street Address					lichte				Subchapter	8 (Othe				20	
1815 Federal Street								$\boxtimes$	Other (i.e., petc.)	orivate 8	comme	rcial bui	ldings	, hom	es,
City (5)								Squa	re Feet	# of	Floors		Bldg. /	Age	
Camden								6,00		2			66		
County (6)					Code (7) USE ONLY	)			ent Use (Pri		ng demo	lished)			
Camden	liend by Duilding	D					Mana		e compa	.050	(0)				
Name of Monitoring Firm F Environmental Testi				ASCN	A NO.				atement Cor stos Abat		* · · · · · · · · · · · · · · · · · · ·				
Street Address	ng Consultant		-	1			Street			cincin				-	
413 N. Black Horse	Pike								quin Trail						
City, State, Zip Code								_	ip Code						
Runnemede, NJ 080	78						Med	ford I	_akes, N.	0805	5				
Project Manager for Monito	oring Firm			Telepho	ne No.		Teleph	none N	lo.		License	No.			
Howard Zenobi				856 48	32 1311		856	630 3	3288		01303	3			
Start Date (10)					Date (11)				HA Monitor						
18 SEP 2016	1	24 SE		6					ental Tes	ting C	onsulta	ints			
Occupancy Status During							Street		<sub>ss</sub> ack Horse	n Diko					
Facility Closed/Vacate Abatement Performed									ip Code	FINE					
Other - Describe:	a odiolog of Home	ar r donity	riodio	() 		_			ede, NJ 0	8078					
Scope of Work (Check All	That Apply)							1101110	740, 110 0	0070					
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Asbestos-Containing N TO BE ABAT In Facility (13)	faterial (ACM)	Ma	d Solel intenar odial S (12)	ice/		tos Cont thermal surfac	aining N	fateria s insula T, or	ation,	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
20. 26		Yes	No	N/A		N-90-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-						<u>a</u>		ate	ге
Office floor (1st and	d 2nd floor)			Х		tile,	ile ma	stic		5,1	00 SF	x			
1st floor front	t door			х			caulk			25	5 LF	х			
Perimeter of lowest	roof of office			x		fl	ashing	1		40	0 SF	х			
N	11-3		1.	IDED III								511			
Name of Registered Waste	i idulel		100000	JDEP W auler ID		Cubic of Was			Name of			101			
Robinson Waste			17	7304		5.09			Grows		11				
City, State Voorhees Township, I	NJ						al Date EP 201		City, Stat Morrisv		Ą				
Completed by		Title					ignature		1			Date			
Jeff Yekenchik		Own	er					1/-	1			13 SE	P 20	16	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)							g Owner/Operator (		JI	3 0	1 ()		1	
9 /	12 /	16	-13		Sta	te of NJ	Department of T	ransportation	on/Jo	06 1602 - 206	Ch	k. 44	71	]]]
Agencies Notified  EPA	Type Notifica	ation				Address Box 600		l lea		<u>→</u> }EF 10	- CMI	. ()		1
⊠ DOLWD	Amended				City, S	State, Zip C	Code		A	SBESTOS C	ONT	ROL	&	1
☐ DCA	Amendmo				Tre	nton, NJ	08625			LICENS	SING			
(NJAC 5:23-8)	justification		·u…g		Name	of Contac	t		Т	elephone Num	ber			
	☐ Cancellat	tion			Joa	nne Carr	roll		1		-			
					FAC	CILITY IN	IFORMATION							
Name of Facility Where	Abatement is 7	Taking P	lace	(3)				Type of Facil	lity (4)	N.				
Structure Number	1211-152							School (K		Other than 1/ 10	v.			
Street Address		411111111111111111111111111111111111111								Other than K-12 ate and comme		ildino	IS.	
Matawan Road ove	r Route 18 I	Bridge						homes, e					r.m.r	
City (5)								Square Feet		# of Floors	BI	dg. A	ge	
Middlesex								NA		NA		NA		
County (6)					Cour	ity Code (7	)(STATE USE ONLY)	2000700	(Prior	if being demolis	shed)			
Middlesex							_	NA						
Name of Monitoring Firm		ding Ow	ner (	8)	ASCM	No.	Name of Abateme		S. 20					
ATC Group Service	es, LLC						Asbestos an	d Mold Serv	ices,	Corp.				
Street Address							Street Address	A 10 TH 10 T						
3 Terri Lane, Suite	4						3859 Sylon B							
City, State, Zip Code	4.5						City, State, Zip Co							
Burlington, NJ 080							Hainesport, N	NJ 08036						
Project Manager for Mon	itoring Firm				phone		Telephone No.			License No.				
John Lutz		0-11-1	-10	10000	9-479	V.8181.0355	609-702-0400			00862				
Start Date (10)9 /26 /		Schedule 9			tion Da		Name of OSHA N EMSL Analyt							
Occupancy Status During				0.000			Street Address							
☐ Facility Closed/Vacate						120	200 U.S. Rou	te 130 North	1					
Abatement Performed Time of Abatement:							City, State, Zip Co							
							Cinnaminsor	i, NJ 08077						
Scope of Work (Check a	Il that apply)	∇	7 00	novati	on		☐ Full Cont	tainment with	Negat	ive Pressure				
≥160 sf or ≥260 lf		Ë		nolitio			☐ Gloveba	g Procedure	Non-F	Friable Procedu	re			
				Locat							Ab	atem	ent T	ype
Location				lorma d Sole			Description of				R	R	ш	ш
Asbestos-Containing TO BE ABA		")	Mai	ntena	nce/		stos Containing Ma			Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facil	ity		Cust	odial : (12)	Staff?	,	surfacing, VAT	, or		SF or LF)	val	~	Sula	sure
(13)			/es	No	N/A	-	other miscellane	ous)					ate	1000
Bridge Abutment		30				Asbest	os Board		+	91 SF				
		Ī									In	П	П	П
			=		1000000	-			+		15			
			_									П	Ш	Ш
Name of Registered Was Freehold Cartage, I				1128	JDEP \ auler II 02265	D No.	Cubic Yards of Waste 5	Name of Re						
City, State					UZZU	,	Disposal Date	City, State						
Freehold, NJ							9/30/16	Morrisv	ille, F	A 19067				
Completed By (Print or T	ype)	Title					Signature	1		Da	ite			
Kimberly A. Trumb	58. 9	Offi	ce C	oord	linator	p:	0	1/_	10		9-1	2-	110	



Date of Notification (1)				-	Nam	e of Buildir	na O	wner/Operator	(2)	<u>'</u>			-	
9 /	7 /	16	;		Ne	xus Res	ider	ntial Develop	ment, LLC. Jol	b#1609-211	7 0	hkN	Δ	100
Agencies Notified	Type Notific	cation		-	Stree	et Address				G G G	<u>, П д</u>	hk. N		111
□ EPA	☐ Initial	oduon			200000000000000000000000000000000000000		vick	Avenue Suit	e 200					A CHARLES
□ DOLWD   □						State, Zip			200	SEP 1	5 20	16	bern	#
□ DCA	Amenda		_	220	100000000000000000000000000000000000000			NJ 08648		OLI	EL CA	10	-	
(NJAC 5:23-8)			iciuain	g	-	e of Contac			1	Jelephone N	umher		<del> </del>	-
	☐ Cancella				Da	n McGra	w		A	SEERTITE	PHYNI	R()I	2	1
					FA	CILITY	NFO	RMATION					-	
Name of Facility Where A		Takin	g Place	e (3)					Type of Facility (	4)				
Residential Propert	:y								School (K-12)					
Street Address									Subchapter 8 Other (i.e., pr homes, etc.)	(Other than K ivate and com	(-12) mercial b	ouildin	gs,	
City (5)									Square Feet	# of Floors		Pida /	100	
Berlin									1800	2	,	3ldg. A 192		
County (6)					Cou	nty Code (	7)(ST	ATE USE ONLY)	Current Use (Price	or if being dem	nolished)			
Camden									Vacant	•				
Name of Monitoring Firm	Hired by Bui	lding (	Owner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)					
Horizon Environme	ntal							Asbestos an	d Mold Services	s, Corp.				
Street Address							St	reet Address						
PO Box 316							1	3859 Sylon B	oulevard					
City, State, Zip Code							-	ty, State, Zip Co						
Thorofare, NJ 08086								Hainesport, N	NJ 08036					
Project Manager for Monit					ephone		100	lephone No.		License No.				
Dave or Steve Flanis Start Date (10)		Cahad	ulad O		56-848			609-702-0400		00862				
9 / 9 /	8345180				etion Da 3 /	ate (11)		me of OSHA M						
Occupancy Status During	_				<u> </u>		-	EMSL Analyti	ical, Inc.					
☐ Facility Closed/Vacated	A CONTRACTOR OF THE PROPERTY O				amont			reet Address						
Abatement Performed						scribe		200 U.S. Rou						
Time of Abatement:	) AM- 1	PN	1/		l			ty, State, Zip Co Cinnaminson						
Scope of Work (Check all	that apply)	N V	ADAN				Γ,		, NJ 00077					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☐ Re					☐ Full Cont ☐ Mini-Encl ☐ Glovebag		tive Pressure				
						1		⊠ Non-Exer	mpted (*) and Non-	-Friable Proce	dure			
Location of	,¢			Loca	100						A	oatem	ent T	уре
Asbestos-Containing N		1)	Use	d Sol	ely by	Asbe	stos	Description of Containing Mat		Amount	Re	Re	En	En
TO BE ABAT	TED				ance/ Staff?		., the	ermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure
(13)	t.			(12)				surfacing, VAT, ther miscellaned		SF or LF)	a		Encapsulate	ure
			Yes	No	N/A				,				fe	
Exterior Roof					$\boxtimes$	Roofing	Sh	ingles		1500 SF				
							(Zilies)				П	П	П	П
												Ī	П	П
			П	П										
Name of Registered Waste	Hauler			1	NJDEP N	Vaste	Cul	bic Yards of	Name of Registe	red Landfill				
Woolston Co., Inc.				F	lauler II	NO CONTRACTOR	Wa	ste	GROWS Lar					
City, State					07516	,	Dis	posal Date	City, State					
Bordentown, NJ								/14/16	Morrisville,	PA 19067				
Completed By (Print or Typ	oe)	Title						Signature	٨		Date			
Kimberly A. Trumbet	ti	Of	fice C	oor	dinato	•		DXA	V		9 -	y -	16	

Date of Notification (1)					g Owner/Operator (		n E C E	1	W	E.	m
9 / 7 /	16		Nex	cus Resi	dential Developn	nent, LLC.	db #1609-2117	-Ch	k. #4	456	A CANADA
Agencies Notified Type Notifica	ation		000000000000000000000000000000000000000	Address						į	
☐ EPA ☐ Initial ☐ Amended	,				rick Avenue Suite	e 200	U L SEP 1	5	2016	-	
□ DHSS Amendment	70		17471174174174174	State, Zip (		I					
☐ DCA ☐ Emergen		g			lle, NJ 08648		ASBESTOS	CON	ITR(	DL 8	
(NJAC 5:23-8) justification Cancellate			1995	of Contact		L	Telephone Numb	ies III	IG -		
□ Cancellat	.1011										
Name of Facility Where Abatement is 1	Takina Dlas	- (2)	FAG	CILITY IN	NFORMATION	T	. (4)				
Residential Property	aking Plac	e (3)				Type of Facility ☐ School (K-1					
Street Address		111125-1111				☐ Subchapter	8 (Other than K-12)				
Officer Address						Other (i.e., homes, etc	private and commer	cial bu	uilding	js,	
City (5)						Square Feet	# of Floors	В	dg. A	ae	
Berlin						1800	2		1925	7.5	
County (6)			Cour	ty Code (7	7)(STATE USE ONLY)	Current Use (F	Prior if being demolis	hed)			
Camden						Vacant					
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	9)				100.50
Horizon Environmental					Asbestos and	d Mold Servic	es, Corp.				
Street Address	The second second				Street Address		- X- 12				
PO Box 316					3859 Sylon B	oulevard					
City, State, Zip Code					City, State, Zip Co	ode					
Thorofare, NJ 08086					Hainesport, N	NJ 08036					
Project Manager for Monitoring Firm			phone		Telephone No.		License No.				
Dave or Steve Flanigan			56-848		609-702-0400		00862				
	Scheduled (				Name of OSHA M						
9 / 9 / 16			3_ / -	16	EMSL Analyt	ical, Inc.					
Occupancy Status During Abatement (	5.				Street Address						
<ul> <li>☐ Facility Closed/Vacated During Entir</li> <li>☐ Abatement Performed Outside of No</li> </ul>				cribe	200 U.S. Rou						
Time of Abatement: AM-	PM/	PM-		AM	City, State, Zip Co						
Scope of Work (Check all that apply)	END W	ORH	P		Cinnaminson	i, NJ 08077				-	
					☐ Full Cont	ainment with Ne	egative Pressure				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf		enovat emoliti			☐ Mini-Enc	losure g Procedure					
		SHIOILI	JII		⊠ Non-Exe	mpted (*) and N	on-Friable Procedur	е			
		s Loca						Ab	atem	ent T	уре
Location of		Norma			Description o			R	R	Щ	ш
Asbestos-Containing Material (ACM TO BE ABATED	/ Ma	aintena	ince/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	ncap	1Clo
IN Facility	Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	7	Encapsulate	Enclosure
(13)	Yes	No.	N/A		other miscellane	ous)				ate	
Exterior Roof				Poofin	g Shingles		1500 SF				
Exterior Roof		1		Rooming	g Stilligles		1300 3F				
									Ш	Ш	Ш
Name of Registered Waste Hauler		380	JDEP V		Cubic Yards of	Name of Reg	istered Landfill				
Carnevale Disposal SUBJE	CT TD	F	17297		Waste 5	GROWS L	andfill				
	IANTE!		11231		Disposal Date	City, State					
Hamilton, NJ					9/14/16		e, PA 19067				
Completed By (Print or Type)	Title				Signature /		Dat	te			
Kimberly A. Trumbetti	Office	Coord	dinator		(2X)	1	, and a second	9-1	7- :	2011	0
ASR 41					TIVIV				1 2		•

ASB-41 MAY 11

								. ()		1	-		
Date of Notification (1)	11 /	1	6				ng Owner/Operator	1000	ECEI	W	E		7
											_=	1	
Agencies Notified  ⊠ EPA	Type Notif	fication	1		100000	eet Address NELSON			SEP 15	201	٥		
□ DOLWD					Cit	y, State, Zip	Code	144	<del>}</del>	211	D	house	#
⊠ DOH	Amend		The second second				, NJ 08055						
DCA (NJAC 5:23-8)	☐ Emerge justifica		nciuair	ng	Na	me of Conta	ct		AS Telephone Num	ber	OL	&	+
(NOAO 3.23-0)	☐ Cancel	Section of the second			1	LEX BAY	LOR	<u></u>	I OF NEU	HG		_	
						ACILITY I	NFORMATION						
Name of Facility Where A			ng Plac	e (3)				Type of Facilit	-				
MEDFORD CENTRA	AL OFFICE							School (K-	12) r 8 (Other than K-12	)			
Street Address									private and comme		ouildir	ngs,	
4 NELSON DRIVE								homes, etc					
City (5)								Square Feet	# of Floors	E	Bldg.	Age	
MEDFORD								7000	2				
County (6)					C	ounty Code (	7)(STATE USE ONLY)		Prior if being demolis	shed)			
BURLINGTON								COMMUNI					
Name of Monitoring Firm I				(8)	ASC	M No.	Name of Abateme		a Paragraphic Control of the Control				
USA ENVIRONMENT	TAL MANA	AGEN	MENI		1		BRISTOL EN	VIRONMENT	AL, INC.	-			
Street Address	***						Street Address 1123 BEAVE	CTREET					
8436 ENTERPRISE	AVENUE												
City, State, Zip Code	40453						City, State, Zip Co						
PHILADELPHIA, PA				Te	elephor	o No	Telephone No.	15007	License No.	-			
Project Manager for Monitor MARK JENKINS	oring Firm					65-5810	215-788-6040		00509				
		Scher	fuled C			Date (11)	Name of OSHA M		00000				
Start Date (10)			/	/	/		BRISTOL EN		AL, INC				
Occupancy Status During		(Chec	k only	one)			Street Address					Save	
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Abat			1123 BEAVR	STREET					
	Outside of N	lormal	Facilit	у Но	urs - D	escribe	City, State, Zip Co	de				W=005	/ 14 SA
Time of Abatement:	AM	PI	M/ <u>5:00</u>	PM-	1:30A	VI	BRISTOL, PA	19007					
Scope of Work (Check all t	hat apply)						F3 5 11 0 4	· · · · · · · · · · · · · · · · · · ·	antina Desagner				
≥3 sf or ≥3 lf			⊠ Re	nova	ition		☐ Mini-Encl		gative Pressure				
≥160 sf or ≥260 if			☐ De				☐ Glovebag	Procedure	F: U B				
			- 1-	1.00	-4:		☐ Non-Exer	npted (*) and No	on-Friable Procedure	1	-4	ont T	
Location of			A 200	Norm	ation ally		Description of			-	atem		
Asbestos-Containing Ma		A)			lely by	7 1000	stos Containing Mat	erial (ACM)	Amount	Rem	Repair	Enca	Encl
TO BE ABATI		812			ance/ I Staff?	(i.e	<ul> <li>thermal systems in surfacing, VAT,</li> </ul>		(Specify SF or LF)	Removal	air	squ	Enclosure
IN Facility (13)				(12	)		other miscellaneo		Or or Er y	-		Encapsulate	Ге
			Yes	No	N/A	4							
BASEMENT ENGINE R	OOM		$\boxtimes$			VAT/MA	STIC		775 SF	$\boxtimes$			
BASEMENT ENGINE R	OOM		$\boxtimes$			VIBRAT	ION DAMPER CL	.OTH	4 SF	$\boxtimes$			
BASEMENT ENGINE R	OOM (Und	der	$\boxtimes$			VAT/MA	STIC		90 SF	$\boxtimes$			
Generator-Separate I	Mobilizati	on)											
Name of Registered Waste				96		Waste	Cubic Yards of Waste	Name of Regis					
SERVICE TRANSPOR	T GROUP	, INC		_   '	2099	ID No. 0		MINERVA	LANDFILL				
City, State							Disposal Date	City, State	IIBC OH				
NEW CASTLE, DE								WAYNESB					
Completed By (Print or Type	e)	Title					Signature		Date		5/1	16	
Patrick T. DeCaro		Es	timat	or			tatrick	9.694	are lill 2	12	5/1	0	

ASB-41 JAN 13 PD 16009

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

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Cl #	20.5%
UK.	

								FARI	111		Hanna	1		
Date of Notification (1)	11 / _	16			Name of Building Owner/Operator (2)  VERIZON COMMUNICATIONS									
Agencies Notified  ⊠ EPA +6 48	Type Notifica	ition			et Address NELSON		SEP 1 5 2016 U							
DOLWD 4617	☐ Amended				State, Zip		- 1 50	ien.	-		+			
Ø DOH 4587	Amendme	- Contraction	_	1.00		NJ 08055	ASBESTOS CONTROL &							
☐ DCA (NJAC 5:23-8)	justificatio		ng	Nam	e of Conta	ct		Telephone Nun	ber					
,	☐ Cancellati	on		Al	EX BAY	LOR	,							
				FA	CILITY II	NFORMATION		*						
Name of Facility Where A	Abatement is Ta	aking Plac	ce (3)				Type of Facili	ty (4)	ASSES OF					
MEDFORD CENTRA	AL OFFICE						School (K-	12)						
Street Address						□ Subchapter 8 (Other than K-12) □ Other (i.e., private and commercial buildings,								
4 NELSON DRIVE						homes, et				.501				
City (5)							Square Feet	# of Floors	Bldg. Age					
MEDFORD							7000	2						
County (6) BURLINGTON				Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (I	Prior if being demoli	shed)					
Name of Monitoring Firm	Hired by Buildin	ng Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (	9)	_		-			
USA ENVIRONMENT						BRISTOL EN	VIRONMENT	AL, INC.						
Street Address			Street Address			-								
8436 ENTERPRISE	AVENUE					1123 BEAVE	R STREET							
City, State, Zip Code						City, State, Zip Code								
PHILADELPHIA, PA	19153					BRISTOL, PA 19007								
Project Manager for Monit	oring Firm		Te	lephone	No.	Telephone No. License No.								
MARK JENKINS		5-5810	215-788-6040 00509											
Start Date (10)  2 / 25 /	)	heduled (		etion Da		Name of OSHA M		AL, INC						
Occupancy Status During		neck only	one)			Street Address								
☐ Facility Closed/Vacated				ement		1123 BEAVR	STREET							
	Outside of Norr	mal Facili	у Ноц	rs - Des		City, State, Zip Co	de							
Time of Abatement:	AM	_PM/ <u>5:00</u>	)PM- <u>1</u>	:30AM		BRISTOL, PA 19007								
Scope of Work (Check all t	hat apply)							gative Pressure						
≥3 sf or ≥3 lf		⊠ Re				☐ Mini-Encl	closure							
≥160 sf or ≥260 lf		☐ De	moliti	on			bag Procedure exempted (*) and Non-Friable Procedure							
		Is	Loca	tion	T		ripica ( ) una ri	I	_	atem	ent T	vne		
Location of	F		Vorma	illy		Description of			-	_				
Asbestos-Containing Ma		0.0000000000000000000000000000000000000	intena	ely by ance/		tos Containing Mat		Amount	Remova	Repair	nca	nclo		
TO BE ABATI IN Facility	ED	0.00	todial	Staff?	(i.e.	<ul> <li>thermal systems in surfacing, VAT,</li> </ul>		(Specify SF or LF)	oval	=	Encapsulate	Enclosure		
(13)			(12)	1		other miscellaneo		3.5			late	O		
		Yes	No	N/A					_					
BASEMENT ENGINE R	OOM				VAT/MA	STIC		775 SF						
BASEMENT ENGINE R	MOO	$\boxtimes$			VIBRATI	ON DAMPER CL	.OTH	4 SF	$\boxtimes$					
BASEMENT ENGINE R	OOM (Under	· 🛛			VAT/MA	STIC		90 SF						
Generator-Separate I	Mobilization)	) 🗆												
Name of Registered Waste	Hauler		11 (2)	JDEP V		Cubic Yards of	Name of Regis	stered Landfill	015-22-54					
SERVICE TRANSPOR	T GROUP, II	NC.	H	auler ID 20990	1	Waste	MINERVA	LANDFILL		apune:				
City, State						Disposal Date	City, State							
NEW CASTLE, DE							WAYNESB	URG, OH						
Completed By (Print or Type	e) Ti	tle				Signature	0.0.0	Date	,	1,				
Patrick T. DeCaro		Estimat	or	Patrick !	P. D. Car	1-el 24	11/1	6						

ASB-41 PD 16009

JOTE: WILL COME BACK FOR VAT UNDER GENERATOR (TIME TO BE PETERMINED)

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

Data of Natification (1)				None	- f D. 31-11-	- 0 10 1 1	0)							
Date of Notification (1)  2 / 11	/1	6		Name of Building Owner/Operator (2)  VERIZON COMMUNICATIONS								<u> </u>		
⊠ EPA ⊠ Initia	otification I	l.			Address	DRIVE		AF.	B 4	E	2016			
	ndment #				State, Zip C	Code NJ 08055		BE	1 1	-0-	ENIN			
	rgency (i fication)	ncluding	3		of Contac			Telephone Number STOS CONTI						
The state of the s	cellation			AL	EX BAYL	OR	relephone Number - INENS							
				FA	CILITY IN	IFORMATION		L. L. Company						
Name of Facility Where Abatemen	t is Takir	ng Place	(3)			Type of Facility (	(4)							
MEDFORD CENTRAL OFFI	CE					School (K-12)								
Street Address			-		□ Subchapter 8 (Other than K-12) □ Other (i.e., private and commercial buildings,									
4 NELSON DRIVE						homes, etc.)	ivate and commer	ciai bi	unaing	JS,				
City (5)			17.				Square Feet	# of Floors	BI	dg. A	ge			
MEDFORD							7000	2						
County (6)				Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)					
BURLINGTON							COMMUNIC	ATIONS						
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
USA ENVIRONMENTAL MA	NAGEN	MENT				BRISTOL ENVIRONMENTAL, INC.								
Street Address						Street Address								
8436 ENTERPRISE AVENU	E					1123 BEAVER STREET								
City, State, Zip Code						City, State, Zip Code								
PHILADELPHIA, PA 19153						BRISTOL, PA 19007								
Project Manager for Monitoring Fir	m			phone		Telephone No. License No.								
MARK JENKINS					-5810	215-788-6040 00509								
Start Date (10)	1	duled C				Name of OSHA Monitor								
9 / 19 / 16		9 /			10	BRISTOL ENVIRONMENTAL, INC								
Occupancy Status During Abateme				2000000		Street Address								
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside					cribe	1123 BEAVR								
Time of Abatement:AM-					CIDE	City, State, Zip Co								
Scope of Work (Check all that app						BRISTOL, PA	19007							
	у)		novati			☐ Mini-Enc ☐ Glovebag	losure g Procedure	t with Negative Pressure dure *) and Non-Friable Procedure						
		Is	Locat	ion			prod ( ) dila itol	11 1100000	Abatement Type					
Location of			Norma			Description o	f		873.04.0	-				
Asbestos-Containing Material (. TO BE ABATED	ACM)	11 (1.40)	d Sole intena		Asbe	stos Containing Ma ., thermal systems i	terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure		
IN Facility		Cus	todial	Staff?	(1.0	surfacing, VAT,	or	(Specify SF or LF)		3	psul	Sur		
(13)		Yes	(12) No	N/A		other miscellane	ous)				ate	(0)		
BASEMENT ENGINE ROOM		N   N   N   N   N   N   N   N   N   N		IN/A	VAT/MA	ASTIC		775 SF						
BASEMENT ENGINE ROOM				П	VIBRAT	TON DAMPER C	LOTH	4 SF		П	П	П		
BASEMENT ENGINE ROOM (	Under				VAT/MA			90 SF						
Generator-Separate Mobili	zation)			П					П	П	П			
Name of Registered Waste Hauler			I N	JDEP \		Cubic Yards of	Name of Regist	ered Landfill						
SERVICE TRANSPORT GR	OUP, IN	C.		auler II 20990	D No.	Waste / O	MINERVA L							
City, State  NEW CASTLE, DE						Disposal Date	City, State	UDC OU						
Leaven and the second s	- merco					9/24/16	WAYNESB							
Completed By (Print or Type) Patrick T. DeCaro	Titl	e Estima	tor			Signature	THAT, D.Caro (F) Pate 9/13/16							

ASB-41 JAN 13

				`			36 55		- /							
Date of Notification (1)						Name of Building Owner/Operator (2)										
9 / -		16	_		Princeton University-Office of Design and Construction  Street Address											
Agencies Notified  EPA	☐ EPA ☐ Initial								1	SEP 1	5 21	)16		圳		
⊠ DOLWD	☐ Amended				City,	State, Zip 0	Code	<u> </u>	111	1			1			
□ DHSS	Amendm		ıdina			nceton, N					1	-00	_			
(NJAC 5:23-8)	☐ Emergen justificati	icy (incit	laing			of Contac	ASSESTOS CONTROL &									
	Cancella				Ro	bert Orte										
				_	RMATION		-									
Name of Facility Where	Abatement is 7	Taking P	lace	(3)			Type of Facility (4)									
Princeton Universi							School (K-12)									
Street Address					8 (Other than K											
Frist Lane									homes, etc.	orivate and comm	mercial	build	ngs,			
City (5)				Square Feet	# of Floors	T	Bldg.	Age								
Princeton												J	9			
County (6)					Cour	nty Code (7	)(STA	TE USE ONLY)	Current Use (P	rior if being dem	olished	)				
MERCER									Library							
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.								me of Abateme	ent Contractor (9	)						
ATC Group Service	s LLC				0009	98	E	BRISTOL EN	VIRONMENTA	L, INC.						
Street Address							Str	eet Address		50						
Three Terri Center		1	123 BEAVE	R STREET												
City, State, Zip Code								y, State, Zip Co	ode							
Burlington, NJ 080		BRISTOL, PA 19007														
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tel	ephone No.		License No.	2.					
Michael Keehn				6	09-386	-8800	2	15-788-6040		00509						
Start Date (10)	0.000	Schedule					Nai	me of OSHA M	lonitor							
9 / 23 /	16	9_	_ /	_23	3_/.	16	E	BRISTOL EN	VIRONMENTA	L, INC.						
Occupancy Status During							Str	eet Address								
☐ Facility Closed/Vacate							1	123 BEAVER	R STREET							
							City	, State, Zip Co	ode							
Time of Abatement, _	AIVI-3.0	UPIVI/		1VI- <u>1</u>	2.00AN	И	BRISTOL, PA 19007									
Scope of Work (Check al	I that apply)															
≥3 sf or ≥3 If     ≥160 sf or ≥260 If			Ren Den													
			le l	ocat	ion	T		☐ Non-Exe	ripted ( ) and No	I Proce		\ l= = 4 =		<b>T</b>		
Location	of		N	orma	lly			Description o	f				ment			
Asbestos-Containing		1)			ely by ince/			Containing Mat	terial (ACM)	Amount	Kemova	Repair	inc	Enclosure		
TO BE ABA					Staff?	(i.e	, the	rmal systems i surfacing, VAT,	nsulation,	(Specify SF or LF)	lova	림	sde	uso		
(13)				(12)				ner miscellane		0. 0. 2. 7	-		Encapsulate	Гe		
		Y	'es	No	N/A											
1st floor south corrido	or			$\boxtimes$		Pipe Ins	sula	tion-Wrap &	Cut	5 LF						
			7		П							1	1 6	П		
			7	П			-				1					
								oic Yards of	Name of Pegis	stered Landfill		1   _	1			
Name of Registered Waste Hauler  BRISTOL ENVIRONMENTAL, INC.  NJDEP Waste Hauler ID No. 18706								ste 1		Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL						
City, State							Disp	posal Date	City, State	277.400120						
BRISTOL, PA 19007							9,	/23/2016	MORRISVI	LLE, PA 1906	7					
Completed By (Print or Ty	/pe)	Title						Signature Date								
Brian Scafiro		Estimator						Bria	ia Scrafe (00) 9/13/16							

ASB-41 MAY 11

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

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

2016-131 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Date of Notification (1) Name of Building Owner/Operator (2) 15 2016 0 19 1/1 13 1/11 16 1 Diane Burggraf Agencies Notified Type Notification Street Address ☐ EPA ASBESTOS CONTROL & Initial DEP City, State, Zip Code DOL Amendment North Bergen, NJ 07047 Name of Contact Telephone Number X DOH Cancellation ☐ DCA Diane Burggraf **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Diane Burggraf Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) North Bergen, NJ 07047 Hudson residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 09/28/2016 09/29/2016 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition X Renovation X Full Containment w/negative pressure Glovebag procedure Mini-enclosure Non-friable procedure  $\times$  >3 sf or >3 lf ≥160 sf or ≥260 lf Is location normally used solely F Location of e е by maintenance/custodial Amount asbestos-containing Description of asbestos-containing n m p staff(12) C (Specify SF or material to be material (ACM) C 0 a LF) abated in facility (13) Yes N/A No p X 228 If pipe insulation basement Name of Registered Landfill NJDEP Hauler ID# 19563 Cubic Yards of Waste Registered Waste Hauler Tullytown Resource & Recovery Center B & G Restoration, Inc. Disposal Date City, State City, State 09/30/2016 Tullytown, PA Lincoln Park, NJ Signature Date Completed by (Print or Type) Gordana Luna 09/13/2016 Gordana Luna Secretary/Treasurer

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

2016-134 B & G proj. #: Check # 8004 Date of Notification (1) Name of Building Owner/Operator (2) 0 9 /1 3 /1 6 John Mustacchio Agencies Notified Type Notification Street Address ☐ EPA TOS CONTROL Initial ☐ DEP LICENSING City, State, Zip Code Amendment X DOL Belleville, NJ 07109 Name of Contact Telephone Number X DOH Cancellation DCA John Mustacchio **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) John Mustacchio Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Belleville, NJ 07109 Essex residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 09/26/2016 09/26/2016 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Full Containment w/negative pressure X Renovation X Mini-enclosure Non-friable procedure >160 sf or >260 lf  $\times$  >3 sf or >3 lf Is location normally used solely E E Location of e by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing m n p C staff(12) (Specify SF or material to be material (ACM) C 0 а a abated in facility (13) Yes No N/A D X basement (above boiler) pipe insulation 4 1/2 If Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. Disposal Date City, State Tullytown, PA Lincoln Park, NJ 09/27/2016 Signature Date Completed by (Print or Type) Gordana Luna 09/13/2016 Gordana Luna Secretary/Treasurer

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

B & G proj. #: 2016-135

Check # 8003

Date of Notification	1 (1)	IIN	ame of Build	ding Owne	er/Operator (2)	(		IN E	@ E I	7.77	F					
0 19 1/1 13	_]/ <u> 1  6  </u>		Kathy E N					11D)-LE	GEI							
Agencies Notified	Type Notificat	ion S	reet Addres	S							270					
☐ EPA	X Initial								SEP 15	2016	200	<u>U/</u>				
DEP			ity, State, Z					77			- Continue					
X DOL	Amend	ment	Morristo	wn, NJ (	)7960				ESTOS CO		18					
X DOH		11	ame of Cont	act				Telephone Number SING								
☐ DCA	Cancelli	ation	Kathy E	Neans -	- Anthony											
				FACI	LITY INFORM	ATION										
Name of facility wi	here abatement i	s taking pla	ce (3)					Type of Facility (4) School (K - 12)								
Kathy E Near	ns - Anthony							=	napter 8 (Other	than K	(-12)					
Street Address									(Private/Comm	nercial						
							Bldgs./Homes, etc.  Square Feet   # of Floors									
City (5)		Cour	ity (6)			Transaction of the	nty Code (7)									
Morristown,	NJ 07960	Mo	rris			(Stat	e use only)	Current Use (F residential	Prior if being de	ior if being demolished)						
Name of Monitorin	ng Firm Hired by	Bldg. Owne	er (8)	I	ASCM No.	<del>'  </del>	Name of Abatement (									
	Š				n/a		B & G Restorati									
Street Address						Street Address 105 Ryerson Road										
City, State, Zip Coo	de						City, State, Zip Code Lincoln Park, I	NJ 07035								
Project Manager fo	one Numb	er	-	Telephone Number		License Nur										
							(973)696-6869		0037	3						
Scheduled Start Da	ate (10)	Sched	. Completio	n Date (11	1)		Name of OSHA Monit									
09/23/2016		09/2	24/2016				Street Address									
Occupancy Status							105 Ryerson Ro	oad								
Facility close	d/vacated during erformed outside						City, State, Zip Code									
Describe:		Ornonnar	acinty flour.	<b></b>		_	LincolnPark, N.	1 07035								
Other-Descri						<u>- 11</u>					_	-				
Scope of Work (ch	neck all that appl	y) Renovatio	n			ПЕ	ull Containment w/neg	ative pressure	Glovebag	nroced	ure					
Control of the Contro							Mini-enclosure     Non-friable p									
>3 sf or >3 lf	Ш	≥160 sf or	normally u	sed solely	,	<u> </u>			TR	R	E	Τ_				
Location of asbestos-cor	ntaining	by mainte	nance/cust		1	on of as	sbestos-containing	Amount	e	e p	n	E n				
material to b	е	staff(12)		Г	material		species seriag	(Specify LF)	SF or o	a	a	C L				
abated in fac	chity (13)	Yes	No	N/A					v e	ļ,	р	_				
crawl space				X	round due	t		10 lf		X	X	뷰				
crawl space				×			connectors	3 sf		X	X	ዙ				
crawl space				X	round du	ct		46 sf		H	X	H				
										ㅐ뷰	H	H				
Registered Waste I	Hauler	INIDE	EP Hauler II	D# 10	ubic Yards of	Waste	Name of Registered	Landfill			<u>                                     </u>	1-				
B & G Restora			19563		11		Tullytown	Resource & R	ecovery Ce	nter	-					
City, State Lincoln Park, I	NJ			Disposal D 09/	ate 24/2016		City, State Tullytown,	PA			1					
Completed by (Prin		Title	n/Troos	ror	Signature	. (	Gordana Luna		Date 09/13/20	116						
Gordana Luna	1	Secreta	ry/Treasu	161	00/13/2010						-	-				