

Print Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) CHECK # 24565 Name of Building Owner/Operator (2) 09-12-17 New Jersey Turnpike Authority Agencies Notified Street Address Type Notification 1 Turnpike Plaza **EPA** Initial City, State, Zip Code DEP Amended X DOL Amendment # Woodbridge, NJ 07095 Emergency (including Name of Contact Totonhone Number × DOH justification) Joseph Johnson DCA Cancellation · LIVENDING 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, × Garden State Parkway Exit 125 Improvements etc.) City (5) # of Floors Square Feet Bldg. Age Sayreville, NJ 40 yrs. County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Middlesex Commercial Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Hillman Consulting, LLC. Pinnacle Environmental Corp. Street Address Street Address 1600 Route 22 East 200 Broad Street City, State, Zip Code City, State, Zip Code Union, NJ 07083 Carlstadt, NJ 07072 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Thomas Rubino 908-688-7800 201-939-6565 00756 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09-25-17 10-31-17 EMSL Analytical, Inc. Occupancy Status During Abatement (Check Only One) Street Address 307 West 38th Street Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: New York, NY 10018 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Salt Dome: Roof Roofing 255SF X x

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City, State Newark, NJ 07105			Disposal Date	City, State Pen Argyl, P	A 18072	
Completed by loseph Patrick	Title Projec	t Manager	Signature	M)	Date 09-12-17	

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County (6) Union				Code (7) USE ONLY)		Cı	urrent Use (Pri	or if bei	ng demo	lished)			
Name of Monitoring Firm Hired A. Seine Lighthouse Solu)	ASCI	M No.				Abatement Co Fank Servic		(9)				
Street Address PO Box 354						Street 1256		dress berty Avenu	ıe					
City, State, Zip Code South Orange, NJ 07079						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		e, Zip Code NJ 07205						
Project Manager for Monitoring Sarah Calandra	Firm		Telepho	one No. 49-2666		Teleph	hone			License	No.	-		
Start Date (10) 09/27/2017	Schedul 10/11/2		npletion	Date (11)				OSHA Monitor e Lighthous	e Solu					
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		riours			_			e, Zip Code Orange, NJ	07079					
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City, State East Orange, NJ					Dispos	al Date	2	City, State		PA				
Completed by Alison Lamers	Title Office	e Man	ager		S	ignature	1	ama	5	1	Date 09/13/2	2017		

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State of New Jersey

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Name of Facility Where Abateme	ent is Taking Place (3)						(K-12)				dings,	home	es,
City (5) Plainfield							Square Feet		# of Floo	rs	E	Bldg. A	ge	
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Name of Monitoring Firm Hired by	y Building Owner (8)	ASC	M No.			f Abatement EAD PRO			S				
Street Address					100		ddress	COL	JRT					
City, State, Zip Code							ate, Zip Code WOOD, N		701			4		
Project Manager for Monitoring F	irm		Telepho	ne No.	40.0	Telepho	ne No. 68-9078		Lice 120	nse N	0.			
Start Date (10) 9/25/17	Schedul 9/26/1		npletion	Date (11)	200		f OSHA Mon EAD PRO		SIONAL	 S				
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City, State NEWARK, NJ					Disposal 9/26/17		City, S BET		HEM PA				Year V	
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Name of Monitoring Firm Hired by Building O	wner (8)	ASC	M No.	- 100 mg (100 mg)		ment Co tries Inc	ntractor (9)				
Street Address				- N. W. W. W. W.	Address Box 9						
City, State, Zip Code					State, Zip k, New	Code Jersey	08723				
Project Manager for Monitoring Firm		Telepho	ne No.	Teleph	none No.			nse No.			
Start Date (10)	Scheduled (Completion	Date (11)			Monitor					
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City, State Brick, New Jersey			Dis	posal Date	economic 186	City, Stat PA	e				
Completed by Eric Plackis	Title Preside	nt	L	Signature	4	W	1.00	Date	111		

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Date of Notification (1)				Name	of Building	Owner/	Operator	r (2)		<u>ال</u>		W) [
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A. Scott Higgins		Title Pres	ident				-griditii o	1				ate /13/17	7		

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Agencies Notified	Type Notification				r Excava	ating			שומ					
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DCA	Cancellation				Locovar					ephone N	UHIDEL	-	Mormuna	
				FAC	ILITY INF	ORMAT	ION						5.00	-
Name of Facility Where	Abatement is Taking	g Place (3)					Type of Facility	y (4)				-	
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Street Address 203 Faller Drive									er 8 (Oth	er than K- & commer	12)	Idiaaa	bou	222
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City (5) New Milford								Square Feet 2,400	2	f Floors	1 3	31dg. <i>i</i> 85	Age	
County (6)					Code (7)			Current Use (F	rior if be	ing demoli	shed)			
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City, State, Zip Code							98900	tate, Zip Code						
Project Manager for Men	itoria a Firm			-			100000000000000000000000000000000000000	wood, NJ 07	418					
Project Manager for Mon	noring Firm			Telepho				one No. 764-2276		License 703	No.			
Start Date (10) 9/18/17		Schedul 9/29/1		npletion	Date (11)		Name	of OSHA Monito	r				***************************************	
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Other - Describe: _		-	1V			_		.э.э, дэр ооцо						
Scope of Work (Check Al	That Apply)												-	
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ABS Environmental S	Services LLC		1772	auler ID 04248	INO.	of Was	ste	Miner	a Land	fill				
City, State						0 60	al Date	City, Sta		ANSAU				-
Glenwood NJ						TBD		Wayne	esburg	ОН				
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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) 12017 Camden County Board of Education Type Notification Agencies Notified Street Address **EPA** M Initial 201 North Front Street DOLWD ☐ Amended City, State, Zip Code ASBESTOS CONTROL & DOH. Amendment # LICENSING Camden, NJ 08102 Emergency (including ☐ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Martha Minogue **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) East Camden Middle School School (K12)
Subchapter 8
Other (i.e., pr Subchapter 8 (Other than K12) Street Address Other (i.e., private and commercial buildings, 3064 Stevens Street homes, etc.) City (5) Square Feet # of Floors Bldg, Age Camden 2 62,000 20+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden School building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Consulting, Inc. ELCON Environmental Inc. Street Address Street Address 2002 Renaissance Blvd, Suite 110 150 Glenwood Drive City, State, Zip Code City, State, Zip Code King of Prussia, PA 19406 Washington Crossing, PA 18977 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Peter Photopoulos 610-279-7070 267-240-8365 01225 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7 /2//1 Same Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-__PM/__PM-__AM Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 lf Renovation ☐ Renovation MiniEnclosure ▼ >160 sf or >260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Roof X Flashing at roof edges 200 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Service Transport Group Minerva Enterprises SW2117 TBD City, State Disposal Date City, State New Castle, DE TBD Waynesburg, OH Completed By (Print or Type) Title Signature 9-13-17 Elizabeth Gosek President



Date of Notification (1)			Name	e of Buildin	g Owner/Operator ((2)					
	17		На	ckensac	k Board of Educ	ation	Check # 495	51 \$	200		
Agencies Notified Type Notific	ation		Stree	t Address	***************************************		NECE	1	\// I	ET	-
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☑ DOLWD☑ Amender☑ DHSSAmender			City,	State, Zip	Code	IF	M .				П
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(NJAC 5:23-8) justificati		19	Name	e of Contac	ot		Telephone Numb		J14	TL	_
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Hachensack High School						School (K-12)) (Other than K-12)	- 12			
Street Address						Other (i.e., pr	ivate and commer	i cial bu	uilding	js,	
135 First Street						homes, etc.)					
City (5)						Square Feet	# of Floors	BI	dg. A	ge	
Hackensack, New Jersey 0760	1					10,000	2		50 y	rs.	
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Bergen						High School					
Name of Monitoring Firm Hired by Buil	ding Owne	r (8)	ASCM			ent Contractor (9)					
The Whittman Companies			N/A		Lilich Corpo	ration					
Street Address					Street Address						
7 Pleasant Hill Drive					606 McBride						
City, State, Zip Code					City, State, Zip C						
Cranbury, New Jersey 08512						ark, New Jersey	07424				
Project Manager for Monitoring Firm		1	ephone		Telephone No.		License No.				
Kevin Lovely			32-390		973-225-8400		01104				
Start Date (10)	Scheduled 09	3353		10701 317	Name of OSHA N	llonitor mental Labs LL	.c				
Occupancy Status During Abatement (Check only	one)	-	*	Street Address						
☐ Facility Closed/Vacated During Enti					2333 Route 2	22 West					
Abatement Performed Outside of N				scribe	City, State, Zip C	ode			-		
Time of Abatement:AM	PM/4P	M- <u>12</u> A	M		Union, NJ 07						
Scope of Work (Check all that apply)										***	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Renova Demolit			Mini-Enc Gloveba	tainment with Neg closure g Procedure empted (*) and Nor		e			
		Is Loca	ation					-	atem	ent T	vpe
Location of		Norm			Description of			-		T	
Asbestos-Containing Material (ACN TO BE ABATED		lainten	lely by ance/		estos Containing Ma e., thermal systems		Amount	em	Repair	nca	ncio
IN Facility		stodia	Staff?	(1.6	surfacing, VAT		(Specify SF or LF)	Removal	=	Encapsulate	Enclosure
(13)		(12	-	-	other miscellane			-		late	co.
	Yes	-							-		
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Name of Registered Waste Hauler		ᆜ	NJDEP '	Maste	Cubic Yards of	Name of Regist	tered Landfill				
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City, State			1872	4	1 Disposal Date	City, State					
Woodland Park, New Jersey					09/30/2017	11	Pennsylvania				
Completed By (Print or Type)	Title			12/12/01/12/02/01	Signature		Da	ţe	3		in in
Adriana Olejarova	Presid	dent			ikon	1 (100)	19	110	12	0/	7
\SB-41					100	700		1100	100		/
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 09 13 17 Bunge Check # 4959 \$200 Agencies Notified Type Notification Street Address **⊠** EPA 125 Sanford Avenue **⊠** DOLWD ☐ Amended City, State, Zip Code ASBESTOS CONTROL & ☑ DHSS Amendment # Kearny, New Jersey 07032 LICENSING □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number □ Cancellation Steve Dobyna **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bunge ☐ School (K-12) ☐ Subchapter 8 Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 125 Sanford Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Kearny, New Jersey 07032 20,000 5 50 yrs. County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Hudson Private Commercial Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AHERA Consulting Inc N/A Lilich Corporation Street Address Street Address PO Box 385 606 McBride Avenue City, State, Zip Code City, State, Zip Code Oceanville, New Jersey 08231-0385 Woodland Park, New Jersey 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. John Smoyer 609-652-1833 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 25 / 17 11 / 25 / 17 IRIS Environmental Labs LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-3PM/_____PM-___AM Union, NJ 07083 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure >3 sf or >3 lf ☐ Mini-Enclosure ≥ 160 sf or ≥260 lf □ Demolition Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount nclosure Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 5th Floor X O&MCleanupOfBeam/CeilingPlaster 450 SF (CriticalBarriers, NegAir, Decon Unit) П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Lilich Corporation G.R.O.W.S. Landfill 18724 5 City, State Disposal Date City, State Woodland Park, New Jersey 09/30/2017 Morrisville, Pennsylvania Completed By (Print or Type) Title Signature Adriana Olejarova President ASB-41

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

MAY 11

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Name of Building Owner/Operator (2) 09 17 13 Bunge Check # 4958 \$200 Agencies Notified Type Notification Street Address **⊠** EPA 125 Sanford Avenue 1 8 2017 □ DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment # Kearny, New Jersey 07032 ☐ DCA Emergency (including Name of Contact justification) (NJAC 5:23-8) ☐ Cancellation Steve Dobyna **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bunge School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 125 Sanford Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Kearny, New Jersey 07032 20,000 50 yrs. County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hudson Private Commercial Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AHERA Consulting Inc N/A Lilich Corporation Street Address Street Address PO Box 385 606 McBride Avenue City, State, Zip Code City, State, Zip Code Oceanville, New Jersey 08231-0385 Woodland Park, New Jersey 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. John Smoyer 609-652-1833 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __09__ / __25__ / __17__ 11 / 25 / 17 IRIS Environmental Labs LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-3PM/ PM- AM Union, NJ 07083 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf □ Renovation ☐ Mini-Enclosure □ Demolition Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount closure Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) No Yes N/A 4th Floor \boxtimes O&MCleanupOfBeam/CeilingPlaster 520 SF (CriticalBarriers, NegAir, Decon Unit) П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Lilich Corporation G.R.O.W.S. Landfill 18724 5 City, State Disposal Date City, State Woodland Park, New Jersey 09/30/2017 Morrisville, Pennsylvania Completed By (Print or Type) Title Signature Date Adriana Olejarova President ASR-41

* Do not use this form for asbestos lice hsure exempted activities.

MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Check # 4957 \$200 Bunge 09 13 17 Type Notification Street Address Agencies Notified 125 Sanford Avenue **⊠** EPA ☐ Amended **⊠** DOLWD City, State, Zip Code ASBESTOS CONTROL & Amendment # ☑ DHSS Kearny, New Jersey 07032 **LICENSING** ☐ Emergency (including ☐ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Steve Dobyna **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Bunge Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 125 Sanford Avenue homes, etc.) Square Feet # of Floors Bldg. Age City (5) 50 yrs. 20,000 5 Kearny, New Jersey 07032 County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) County (6) Private Commercial Building Hudson Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. N/A Lilich Corporation AHERA Consulting Inc Street Address Street Address 606 McBride Avenue PO Box 385 City, State, Zip Code City, State, Zip Code Woodland Park, New Jersey 07424 Oceanville, New Jersey 08231-0385 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 01104 609-652-1833 973-225-8400 John Smoyer Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) IRIS Environmental Labs LLC 09 / 25 / 17 11 / 25 / 17 Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-3PM/____PM-___AM Union, NJ 07083 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ⊠ Renovation >3 sf or >3 lf ☐ Glovebag Procedure Demolition ≥160 sf or ≥260 lf ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Repair Location of Enclosure Remova Used Solely by Asbestos Containing Material (ACM) Amount ncapsulate Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A 635 SF O&MCleanupOfBeam/CeilingPlaster X П 3rd Floor П (CriticalBarriers, NegAir, Decon Unit) П П Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Waste Hauler ID No. G.R.O.W.S. Landfill Lilich Corporation 5 18724 Disposal Date City, State City, State Morrisville, Pennsylvania 09/30/2017 Woodland Park, New Jersey

ASB-41 MAY 11

Completed By (Print or Type)

Adriana Olejarova

Title

President

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

Signature

OV#495	lo		NOI				SBESTOS ABA AC 8:60 and 5:		PALD				
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Street Address							Street Address				-		
PO Box 385							606 McBride	Avenue					
City, State, Zip Code							City, State, Zip C	Code					
Oceanville, New J		-0385					Woodland P	ark, New Jers	ey 07424				
Project Manager for Mo	nitoring Firm			1000	ephone		Telephone No.		License No.				
John Smoyer Start Date (10)	т					2-1833	973-225-840		01104				
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					5 /	17_	IRIS Enviror	mental Labs L	LC				
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☐ Facility Closed/Vaca ☐ Abatement Performe	ted During Ent and Outside of N	tire Per	Tod of	Abate	ement	ariba	2333 Route :						
Time of Abatement:	7AM-3PM/	PN	1	_AM	15 - Des	scribe	City, State, Zip C						
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Adriana Olejarova	3he)		eside	nt			Signature	L ad	Da	te.)//	3/	24	Or
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Street Address							Street Address	144011						
PO Box 385							606 McBride	Avenue						
City, State, Zip Code	ty, State, Zip Code						City, State, Zip C							
Oceanville, New Je	rsey 08231	-0385	i					ark, New Jerse	v 07424					
Project Manager for Moni				Te	ephone	No.	Telephone No.		License No	0				
John Smoyer					09-652		973-225-8400)	01104	0.				
Start Date (10)		Sched	luled C	ompl	etion Da	ate (11)	Name of OSHA N		01104					
09/25/						17	The state of the state of the state of the state of the	mental Labs L	LC					
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Abatement Performed	Outside of N	lormal	Facilit	у Ноц	ırs - Des	scribe	City, State, Zip C							
Time of Abatement: 7	AM- <u>3</u> PM/	PN	Λ	_AM			Union, NJ 07							
Scope of Work (Check all	that apply)										20 U			
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		T ===					09/30/2017	Morrisville	, Pennsylvai	nia				
Completed By (Print or Tyl Adriana Olejarova	pe)	Title Pr	eside	nt			Signature			Date	-(1)			
SB-41					-									

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Ar# 2059	NC			OF ASBESTOS o NJAC 8:60 ar			TO A	El El Sa					
Date of Notification (1) 9/11/2017		5,000	Name of James	Building Owner/ Clark	Operator	(2)	1	肥	GE		W [5,1	
Agencies Notified Type Notification	on	5	Street Ad	Idress			-		(22)			2000	1
EPA Initial Amended Amendment				e, Zip Code us, NJ 0765	2		State Co.	ASE	SEP 1	8 21	017		
DOH justification		1000	Name of				L	Tele	nhana Niin	ALFV I	HUL	. &	Winter Standards
DCA Cancellat	on		James	Clark ITY INFORMAT	TION						Toldburge	Property Special	- Lucian
Name of Facility Where Abatement is Ta	king Place (3)		FACIL	ITT INFORMA	ION	Туре	of Facility (4)				ll-value	\neg
Mr. James Clark							School (K-12						
Street Address							Subchapter 8 Other (i.e. pr				ings,	home	s,
211 (7)						E-1	etc.)		Floors		dg. A		
City (5) Paramus						3,00		2		5	0+	ge	
County (6) BERGEN	W		County C STATE U	code (7) SE ONLY)			nt Use (Prio idence	r if beir	ng demolish	ed)			
Name of Monitoring Firm Hired by Buildin N/A	ng Owner (8)		ASCM	No.			tement Cont es Corpor		(9)				
Street Address	XIII				Street	Addres	SS						
City, State, Zip Code					City, S	State, Zi	ip Code	00					
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Project Manager for Monitoring Firm			Telephon	ie No.	1.0	hone No -295-1			01074	0.			
Start Date (10) 9/14/2017	Scheduled 9/18/17		pletion D	Date (11)		of OSF	HA Monitor above						
Occupancy Status During Abatement (C					Street	t Addres	SS						
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:	re Period of Al ormal Facility I	oatem Hours	ent		City, S	State, Z	ip Code						
Scope of Work (Check All That Apply)						_							
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		_ocation		-	escriptio	n of					Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair Custo	Solel ntenar odial S (12)	taff?	Asbestos Co (i.e. therm sur	ntaining l	Material ns insula AT, or		(8	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		T:1 0	D. A = - 4"		4.0	20.05	 			
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Basement Concrete		×		Floor	Tile &	iviastic	0	40)5 SF	Х			
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City, State Bronx, NY				Disp TBI	oosal Date	е	City, State Waynes		. OH				
Completed by	Title			1.0	Signatu	re /	an	1	D	ate			
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^{*} Do not use this form for asbestos licensure exempted activities.

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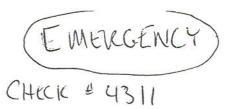
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Name of Monitoring Firm	Hired by Building Ov	vner (8)		ASCM	No.	1	Name of A	batem	ent Contra	ctor (9)					
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	piect Manager for Monitoring Firm					1	Hacke		ck,	NJ C					_
Project Manager for Moni	oject Manager for Monitoring Firm						Telephone	No.			License No.				
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Start Date (10)							Name of O	SHA I	Monitor						
9/25/1	7	9	1/2	6/17	7		Omega Street Add	En	viro	nmen	tal				
Occupancy Status During	Abatement (Check Or	nly One)				1									
☐ Facility Closed/Vaca	ated During Entire Per	iod of Abater	nent				280 H			tree	t			-	
☐ Abatement Performe	ed Outside of Normal	Facility Heur	S				City, State	, Zip C	ode						
Other - Describe: 3	8:904K TO ((100 41	-			-	South	На	cken	sack	, NJ	076	06		
Scope of Work (Check Al	l That Apply)														
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Best Remova	l Inc			1710	19	Dispos			City, State	LVa	BILLET		25.	,	4
City, State							9/26/17	7	Wayn	o chi	ra O	T /	468	8	
Hackensack, Completed by	N.J. 07601	Title				1	iomature	-		اللامة	Da Da	te			
- Compared by				+			LA	Poris	سممه	3		91	12/	17	
J. Maiorano		LST	тша	LOI			X -	-							
ASB-41 (R-06-08)							U* D	o not u	se this for	m for as	bestos licens	ше ехе	empted	activ	ities.

		ı	TON					STOS ABAT :60 and 5:1	^	heck#	4	13	8	
Date of Notification (1)					Nam	e of Buildin	ig Ov	vner/Operator (2)	ER	; E	1 1	F	7
9 /	12 / _	17	_		Ar	conic			The state of the s	MEC	7 5	1 0	<u> </u>	
Agencies Notified	Type Notifica	ation			Stree	t Address			- Indiana	K				
⊠ EPA					9 F	Roy Stree	t			II III SE	P 18	20	17	
☑ DOLWD	Amended				City,	State, Zip	Code	B		L L			=1150)	Angres
□ DCA	Amendme		luding		Do	ver, NJ 0	780	1	Ď				001	٦
(NJAC 5:23-8)	justification		idding	1	Name	e of Contac	ct			Telephone N	umber .	ON!	ROL	Ö
***************************************	☐ Cancellat	ion			Ch	arlie Pres	ssne	er	į.			40	- constituted	account Carolina
			-		FA	CILITY IN	VFO	RMATION						
Name of Facility Where A	batement is T	aking	Place	(3)	5/03/0	***********			Type of Facility ((4)				
Arconic									☐ School (K-12					
Street Address									Subchapter 8			مدالم الدر		
9 Roy Street									Other (i.e., pr homes, etc.)		merciai t	iuliain	gs,	
City (5)									Square Feet	# of Floors	E	ldg. A	\qe	
Dover									10,000	2		50	Ĭ.	
County (6)					Cou	ntv Code (7	7)(STA	ATE USE ONLY)	Current Use (Pri	or if being dem	olished)			
Morris					10000		Mercan		industrial	3	,			
Name of Monitoring Firm I	Hired by Build	ding O	wner (8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					
EHS Environmental		9 0		٠,	, 10011	710.	2000		vironmental Co					
Street Address				_			1	eet Address	· · · · · · · · · · · · · · · · · · ·	.,			7/1-12-1	-
411 Southgate Cour	t						100	23 Haws Av	e					
City, State, Zip Code	•						- 20	y, State, Zip Co	ST:31				-	
Mickleton, NJ 08056							1	Norristown, I						
Project Manager for Monit				Te	lephone	No		lephone No.		License No.				
Jack Carney	ornig i min			-	356-224			310-239-9920		00398				
Start Date (10)	S	Schedu	iled C	ompl	etion Da	ate (11)	Na	me of OSHA N	lonitor					
9 / 26 /	17	1()/			17			mental Co., Inc	>.				
Occupancy Status During	and the second of the second o						100000000	eet Address						
Facility Closed/Vacated								111 Southgar						
Abatement Performed Time of Abatement: 7:							1000	y, State, Zip Co						
		-		**			ı	Mickleton, N.	J 08056					
Scope of Work (Check all	that apply)							⊠ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 If			⊠ Re					☐ Mini-End	losure	janvo i robbaro				
≥160 sf or ≥260 If			☐ De	molit	ion				g Procedure mpted (*) and No	n-Friable Proce	dure			
			le	Loc	ation			□ Non-Exe	Impled () and No	II-FIIable Floce		baten	ont T	· vno
Location	of			Norm				Description of	of				_	
Asbestos-Containing N	Material (ACM	1)			lely by			Containing Ma	terial (ACM)	Amount	Removal	Repair	nc	Enclosure
TO BE ABA			1117777		ance/ I Staff?	(i.e		ermal systems		(Specify	Jova	==	aps	lso
IN Facility (13)	У		-	(12				surfacing, VAT ther miscellane		SF or LF)	m		Encapsulate	Гe
()		Ī	Yes	No	N/A		(623)						0	
1st floor CMM Room				\boxtimes		pipe in	sula	tion		150LF	×			
			П	П							T	ılп	П	П
Name of Registered Wast	e Hauler			T	NJDEP	Waste	Cu	bic Yards of	Name of Regis	tered Landfill	-		_	
Newark Carting					Hauler 4509		100	aste 25CY	GROWS					
City, State								sposal Date	City, State	NEW W				
Newark, NJ							1	0/2/17	Morrisville	, PA				
Completed By (Print or Ty	pe)	Title					-	Signature			Date	,	/	
James M. Kelly		Vi	ce Pr	esic	lent			1	The second second		-7	114	17	

Or# 0387	1		CATION	OF ASBES to NJAC 8:	STOS A			T A THE	可匠	CE		7 E		1
Date of Notification (1) 9-11-2017				f Building O						SEP 18	200	47	Decree of the control	
Agencies Notified Type Notification EPA Initial		1	Street A 489 Sc	ddress outh Rive	rview l	Drive				OEP IC	<u>1</u> 20	1/		7
DEP Amended Amendment #			The second second	ate, Zip Code a, NJ 075					ASB	LICENS		ROL	&	
□ DOH	cluding	100		f Contact Sullivan				397-	Tel	ephone Nur	nber			
			FACI	LITY INFOR	RMATIC	N						-		
Name of Facility Where Abatement is Taking Residential	Place (3	3)					Тур	se of Facility School (K-	12)					
Street Address							×			er than K-12 & commerci		dings,	home	es,
City (5) Jersey City, NJ							Squ 25	uare Feet 00	2	f Floors		ldg. A 5+	ge	
County (6) Hudson				Code (7) USE ONLY)		_	Cur	rrent Use (Pr	ior if bei	ng demolish	ied)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	No.				batement Co nvironmer		1.700.00	.C			
Street Address					- 1	Street 235		ress inia Avenu	ie					
City, State, Zip Code								Zip Code City, NJ 07	304					
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 201-3		No. -8855		License N 01174	0.			
	Schedule 9-15-20		npletion [Date (11)	- 1			SHA Monitor above						
Occupancy Status During Abatement (Check	Only On	ie)				Street	Addı	ress						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	eriod of A I Facility	Abatem	nent			City, S	itate,	Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenova Jemoliti				×	1 0	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	# 			e.	
	ls	Location	on							- 11417 1 1144	T	Abate	10	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormall d Solel intenar odial S (12)	ly ly by nce/	(i.e. th		ystems ng, VA	Mater s insu T, or	()	(5	mount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A										Ф	2000
Roof		X		F	Roofin	g mat	teria	ıl	44	15 SF	Х			
										100				
Name of Registered Waste Hauler		5000	JDEP W		Cubic Y			Name of	Registe	red Landfill				
Green Environmental Services			auler ID)34889) 3	of Wast					Landfill				
City, State Jersey City				1.00	Disposa 9-15-2			City, Star Morris		A				
Completed by Liliana Serrano	Title Office	e Man	nager	L		nature		1.800	LILO	Da 9-	te 11-20	017		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

OV# D388		ı		ICATION Pursuant					ID-		0 0	7 7 7			-
Date of Notification (1) 9-11-2017					Building) <u>E</u>	CE		<u> </u>		
Agencies Notified	Type Notification			Street Ad 489 Sc	ddress outh Riv	erviev	v Drive		111		GEP 1	8 201	7	L	1
DEP X DOL	Amended Amendment		_		ite, Zip Co a, NJ 07					L ASBL	SIOSC	ONTE	OL &	Si	Control of the Contro
× DOH □ DCA	Emergency (justification) Cancellation	including		Name of Jack S	Contact Sullivan				Lesconsciences	-	HOEM	-			
Name of Facility Where	Abatement is Taking	Place (3	3)	FACI	LITY INFO	ORMAT	ION	Tyne	of Facility (4)					
Residential	1	, , , , , , , , , , , , , , , , , , , ,	-/						School (K-1						
Street Address								×	Subchapter Other (i.e. petc.)	8 (Oth			dings,	home	es,
City (5) Jersey City, NJ 073	02								re Feet	# of 2	Floors	1 1 1 1 1 1 1 1 1	ldg. <i>A</i> 5+	ge	
County (6) Hudson				County C	Code (7) USE ONLY)		Curre	ent Use (Pri	or if bei	ng demoli	shed)			
Name of Monitoring Firm	Hired by Building C	Owner (8)		ASCN	l No.				itement Cor vironmen			LC			
Street Address								Addre Virgin	ss iia Avenu	e					
City, State, Zip Code							100		ip Code y, NJ 073	304					
Project Manager for Mon	itoring Firm			Telephor	ne No.		1000	hone N 333-8			License 01174	No.			
Start Date (10) 9-15-2017	-	Schedule 9-15-2		mpletion [Date (11)		S. S. Santanana		HA Monitor above						
Occupancy Status During	g Abatement (Check	c Only Or	ne)				Street	Addre	ss	1		-			
Abatement Perform Other – Describe:	ated During Entire F ed Outside of Norm	eriod of / al Facility	Abater / Hour	ment 's		_	City, S	State, Z	ip Code					2000000	
Scope of Work (Check A	Il That Apply)						1								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoli				 - ×	Mi	II Containm ni-Enclosure ovebag Pro- on-Exempte	e cedure				e	
			Locat										Abate	ement pe	t
Location Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Use Ma	Norma ed Sole intena todial (12)	ely by ance/ Staff?		tos Cor therma surfa	escription ntaining N al system acing, VA miscellar	Materia s insula NT, or		(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		27.00								Ф	
Roof			X			Roof	fing ma	terial		44	15 SF	X			
														_	
												-	-		
Name of Registered Was	ste Hauler		1	NJDEP W	aste /	Cubic	c Yards		Name of	Registe	red Land	fill		<u> </u>	
Green Environmenta	al Services		1	Hauler ID 034889		of Wa					Landfill				
City, State Jersey City							sal Date -2017		City, Stat Morrisv		A				
Completed by Liliana Serrano		Title Office	е Ма	nager			Signature	е	1		11457	Date 9-11-2	017		



ATTN CHRIS TREYOUS

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

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SEP 18 2017

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Date of Notification (1)	12-17			Nai	me of Build	ing Owner/Operato		con	ATRI	ACTU	۸(-			
Agencies Notified	Type Notification	on		Stre	eet Addres				SPEC	TOS C	THE		Ĉ.	-
☐ EPA	[X] Initial			_		155 RT	50-		Protopological Land	ICENS	ING			
□ DEP	Amended Amendmen	++		City	State, Zip		_						-	
	Emergency	(includ	ing	_	<u>G</u>	RELIMFIE	CD N	تىل		280	30			
DCA DOH	justification Cancellation			Nar	ne of Conta				Teleph	one Num	ber			
	Car cella loc			_	GR	UCE								_
	#			F	ACILITY IN	FORMATION								
Name of Facility Where			ce (3)				Type of F	acility	(4)					
	SIDENC	E					Schoo			than V 1	21			
Street Address							Other homes	(i.e., pr				dings	l .	
City (5)	CHAN (179					Square Fe		# of F	loors	В	S C		
County (6)	<u> </u>					7) (STATE	Current U:		or if beir	ng demoli	shed)			
	MAY			US	E ONLY)			AC	AW	T				
Name of Monitoring Firm	Hired by Building	Owner	- 1	ASCA	A No.	Name of Abatem	ent Contrac	tor (9)						
(8)	IIA						MCO	IN	VC					
Street Address						Street Address	^							
						369		revi	CE K	HE				_
City, State, Zip Code						City, State, Zip C		4.0.			100)	
							E SHI	ADE		1.7	080	2) (=	_
Project Manager for Moni	toring Firm		Tel	ephone	No.	Telephone No. 856-))	G_ AU A	2		se No.	1111			
			1=	. 5	- 1115			_	1_	709	4 9		_	=
Start Date (10) 9-12-17	Sche	duled (2 -	tion D.	ate (11)	Name of OSHA N	MONITOR IN E	n						
	Ab dament (Cha			1/		Street Address	14	-						_
Occupancy Status During Facility Closed/Vacated				ment		Olicel Address								
Abatement Performed						City, State, Zip Co	ode	_						
Other - Describe:				sino		,,,		Če:						
Scope of Work (Check all	that apoly)									-				_
				221		☐ Full Con	tainment wit	h Neg	ative Pre	essure				
≥3 sf or ≥3 lf ✓_≥160 sf or ≥260 lf			enovati			Gloveba	g Procedure							
(S) = 100 01 01 200 11		, , , , , , , , , , , , , , , , , , , 				Non-Exe	mpted (*) ar	nd Non	-Friable	Procedu	1			_
		E (5) 57 0 13	Location or ally								A	bater Typ		
Location of		Used	Sole	y by		Description of					-			
Asbestos-Containing Ma		100000	ntenan ustodia			os Containing Mate thermal systems in		1	Amo (Spe		7		Enc	Ē
TO BE ABATE IN Facility	D		Staff?		(1.0.,	surfacing, VAT,	or		SF or		Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other miscellaneou	as)				oval	air	ulat	sure
		Yes	No	N/A									е	
SIDING	·			X	T	RANSITE	5	_ /	800	SF	X			
AN SITE (CHAN-UM													
Name of Registered Waste	Hauler			JDEP V		Cubic Yards	Name of I	Regist	ered Lar	ndfill				
	INC		H	guler ID	No.	of Waste	(M	C 11	M.U.	A			
City, State	1/4		-17	/10	-1	Disposal Date	City, State	9						
	DE IN	T			-				OBI	NF				
Completed By	Title					Signature	^ ~		T	Dateo	1-	1.	7	
. 1	man I III	SI	OP.			Durch	Un			7.	-12	-1	1	_

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 1 11 Date of Notification David Ackerman Private Home 9/13/17 Street Address Agencies Notified Type Notification 1 8 2017 SFP EPA Initial City, State, Zip Code Amended DEP X Amendment # North Beach NJ 08008 DOL ASBEST OS CONTROL Emergency (including Name of Contact Telephone Number 10 justification) DOH Cancellation Dave DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) David Ackerman Private Home School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, X etc.) # of Floors Bldg. Age Square Feet City (5) 35+ 1000+ North Beach NJ 08008 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) House Ocean Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Pernaco Inc. N/A Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 856-753-9800 00727 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Same 9/25/17 Street Address 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 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 If Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Encapsulate Maintenance/ Enclosure (i.e. thermal systems insulation, (Specify Removal Repair TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No 300 SF transite board x X exterior bottom of the house Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. G.R.O.W.S. United Roll Off 2 22459

Date

9/13/17

Morrisville PA 19067

City, State

Disposal Date

Signature

10/2/17

Title

President

Anthony T Perna

Completed by

City, State

Elm NJ

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

UC# 6352	N	(Pu	CATION rsuant t	te of New OF ASBE to NJAC 8	STOS : :60 and	ABATEI 1 12:120) <u> </u> _	AID					V	. 20	
Date of Notification (1)				Building O				a Homa		SI	ΕP	18	20	1/	L
9/13/17 Agencies Notified Type Notification			Street Ac		ега	IIKO PI	Ival	e nome	-						
EPA	#		City, Stat	te, Zip Cod y Cedars		8008		Section 1	Ä	ASBEC	LIC	S CO ENS	NT NG	ROL	<u> </u>
Emergency (justification) DCA Cancellation				Contact					To	elephon	o Ni	imh	_		
			FACIL	LITY INFO	RMATI	ON	_						_		
Name of Facility Where Abatement is Taking Richard & Leslie Franko Private Ho Street Address)	E	-				School (K-1 Subchapter Other (i.e. p	2) 8 (Ot				ildina	s hom	95
City (5)	, (i)							etc.) lare Feet		of Floor		T		Age	-
Harvey Cedars NJ 08008 County (6)		- 1	County C	Code (7)			1100	rent Use (Pric	12		molis		50.		
Ocean				JSE ONLY)				ouse							
Name of Monitoring Firm Hired by Building ON/A	Owner (8)		ASCM	l No.		NAME OF TAXABLE PARTY.		oatement Cor Inc.	ntracto	or (9)					
Street Address						Street									
City, State, Zip Code						100000000000000000000000000000000000000		Zip Code erlin NJ 080	91						Í
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 856-		No. -9800		Lice 007		No.			
Start Date (10) 9/26/17	Schedule 10/2/1		pletion [Date (11)		Name Sam		SHA Monitor							
Occupancy Status During Abatement (Chec	k Only On	e)				Street	Addı	ress		J.					
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	Hours	ent	<u> </u>	_	City, S	State,	Zip Code							
Scope of Work (Check All That Apply)			A												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenova emolit				2	1 0	Full Containm Mini-Enclosure Blovebag Pro- Non-Exempte	e cedur	re				ure	
	Is	Locati	on ·										Ab	atemer Type	it
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	lormal d Sole intenar todial S (12)	ly by nce/	Asbest (i.e.	os Con therma surfa	escription taining I I system acing, VA miscella	Mater is ins AT, or	-		Amoun (Specif SF or Li	y	Removal	T	Щ	Enclosure
	Yes	No	N/A									_	+	- 0	
exterior siding			X		exte	erior sid	ding			1900 S	SF_	х	-		
	+		-								_	+	+	+	
	+											-	+	+	_
Name of Registered Waste Hauler United Roll Off		H	JDEP W lauler ID 2459		Cubic of Wa	Yards aste		Name of G.R.O			and	fill			1
City, State					100000	sal Date	?	City, Sta		VOMESTIC TRANSPORT	00.000000000000000000000000000000000000	0			
Elm NJ					10/2			Morris	ville	PA 19					
Completed by Anthony T Perna	Title Pres	ident				Signatur	e /				1	Date 9/13/	17		

Print Form

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Date of Notification (1) 09 /	14 /	17				e of Buildir alters Re	. 54	wner/Operator ential	(2)		SEI 30	1/.	8 :	2017		世
Agencies Notified	Type Notific	cation		- 15	Stree	et Address					ASBEST	OSC	ON	TDO	1 0	
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□ DCA	☐ Emerger	-	cludin	a q	Ba	ırnegat, N	1J 0	8005								
(NJAC 5:23-8)	justificat	ion)		~	0000000	e of Conta	ct			T	elenhone N	lumbo	•			
	☐ Cancella	ition			Vie	ctor										
					FA	CILITY II	NFC	RMATION								
Name of Facility Where A	Abatement is	Taking	Place	(3)					Type of Facil							
Residence Street Address									School (K		ther than K	(12)				
									Other (i.e. homes, et	, priva	te and com	merci	al bu	ilding	js,	
City (5)									Square Feet		# of Floors		BI	dg. A	ge	
Surf City			201						2000		2			65		
County (6) Ocean					Cou	inty Code (7)(ST	TATE USE ONLY)	Current Use (f being dem	nolishe	ed)			
Name of Monitoring Firm	Llies of her Deall	di 0		(0)	1000				Residenc							
N/A	nired by Bull	aing O	wner	(8)	ASCN	l No.		ame of Abatem		. ,						
Street Address		 					-	Guardian Co	ntracting, in	C.						
ou out / tour ood								reet Address 1889 Route 9	1 IIn:4 C4							
City, State, Zip Code		200	the same					ty, State, Zip C								
								Toms River,		08754	5					
Project Manager for Moni	itoring Firm		100	Tel	ephone	No.	-	elephone No.			License No		_		- 122	- 2111 5
34								732-349-9932	2		00624	***				
Start Date (10)	(Schedu	led C	ompl	etion Da	ate (11)	Na	ame of OSHA N	Monitor							-
09 /26 /	17	_ 09	9_ /	_2	8 /	17		E.M.S.L. Ana	lytical							
Occupancy Status During					40-20-		St	reet Address								
☐ Facility Closed/Vacate	ed During Enti	re Peri	od of	Abate	ement		'	1056 Stelton								
Abatement Performed Time of Abatement: _	AM-	ormai i PM	-acilit	y Hou PN	ırs - De: I-	scribe AM		ty, State, Zip Co								
								Piscataway, I	New Jersey (08854						
Scope of Work (Check all	that apply)							☐ Full Con	tainment with N	legativ	o Proceuro					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			∏ Re ⊠ De					☐ Mini-Enc	closure g Procedure mpted (*) and I	-						
24 40	100			Loca									Aba	ateme	ent T	ype
Location Asbestos-Containing I		4)		Norma	ally ely by	0-1		Description of	of		20 0	İ	Z,	Z,	ш	ш
TO BE ABA	TED	'/	Ma	inten	ance/	(i.e	e., th	Containing Ma ermal systems	insulation,		Amount (Specify		Removal	Repair	ıcap	clos
IN Facilit (13)	:y		Cusi	odiai (12)	Staff?		_	surfacing, VAT	, or		SF or LF)		val	7	Encapsulate	Enclosure
(10)		Ī	Yes	No	N/A	1	0	ther miscellane	ous)				- 8		te	100
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Name of Registered Wast	e Hauler				NJDEP	Waste	Cu	bic Yards of	Name of Reg	nietoro	d Landfill		ш	Ш	ш	
Guardian Contractir				1 3	dauler I 2022	D No.	Wa	aste	T.R.R.F.	gistere	u Lanumi					
City, State							-	sposal Date	City, State			-				
Toms River, New Je							C	09/29/17	Tullytow	n, Pe	nnsylvani	ia				
Completed By (Print or Ty	rpe)	Title	03				*	Signature	//			Date	1	-		
Nicholas Fernicola		Pro	oject	Man	ager				1	H		9	114	11-	7	

N. C.	, w		AI	D	
29	Date of Notification	n (1)			
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	Agencies Notified ⊠ EPA ⊠ DOLWD		Ini	Notific tial nended	

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Date of Notification (1)					N			250	wner/Operator (2)	H CE	D. 1	0 0	247	
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Agencies Notified	Type Notific	ation			S	tree	t Address				L	-	1		
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□ DCA	☐ Emergen					Oal	k Ridge,	NJ	07438						
(NJAC 5:23-8)	justificati			9	N	lame	of Contac	ct			Telephone Nur	nhar			
	☐ Cancella	tion				Che	eryl Palk	0	V 2						
						FA	CILITY IN	NFC	ORMATION						
Name of Facility Where A	Abatement is	Taking	Place	(3)			-111			Type of Facility (4	1)				
Residence										☐ School (K-12)					
Street Address										☐ Subchapter 8 ☑ Other (i.e., pri	(Other than K-1	2)	منامان،		
										homes, etc.)	vate and commi	erciai bi	ullaing	js,	
City (5)			-					204.00		Square Feet	# of Floors	В	ldg. A	ge	
Seaside Heights										1000	1		60	T	
County (6)					1	Cour	nty Code (7	7)(S7	TATE USE ONLY)	Current Use (Prio	r if being demol	ished)			
Ocean										Lumber Yard					
Name of Monitoring Firm	Hired by Build	ding C	wner	(8)	AS	SCM	No.	N	ame of Abateme	ent Contractor (9)					
								Guardian Co	ntracting, Inc.						
Street Address			in .					St	treet Address						
									1889 Route 9	, Unit 61					
City, State, Zip Code								Ci	ity, State, Zip Co	ode					
									Toms River, I	New Jersey 087	55				
Project Manager for Moni	itoring Firm			Те	leph	one	No.	Te	elephone No.		License No.				
									732-349-9932		00624				
Start Date (10)							te (11)	Na	ame of OSHA M	lonitor					
09 /25 /		0	9_/	_2	26	. / .	17		E.M.S.L. Anal	ytical					
Occupancy Status During								St	treet Address						
☐ Facility Closed/Vacate									1056 Stelton						
Abatement Performed								Ci	ity, State, Zip Co	ode					
Time of Abatement: _			···	—FI	vi		AIVI		Piscataway, N	New Jersey 088	54				
Scope of Work (Check all	that apply)											-11-211000-			
☐ ≥3 sf or >3 lf			Re	nova	ation				☐ Full Cont☐ Mini-Encl	ainment with Nega	tive Pressure				
≥160 sf or ≥260 lf			⊠ De						☐ Glovebag	Procedure					
									Non-Exer Non-Exer	mpted (*) and Non-	-Friable Proced	ure			
Lagation				Loc	ation	1			_	_		Ab	atem	ent Ty	уре
Location Asbestos-Containing I		n l	Use	d Sc	lely		Ashe	stos	Description of Containing Mar		Amount	Re	Re	En	En
TO BE ABA	TED				nance I Sta		(i.e	., th	nermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facilit (13)	ty		Cus	(12		uu r			surfacing, VAT, other miscellane		SF or LF)	/a		Encapsulate	ure
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exterior			П		Г		asbesto	20.0	siding		900 sf				
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Name of Registered Wast	te Hauler						Vaste	CL	ubic Yards of	Name of Registe	ered Landfill				_
Guardian Contraction					Haul	ler ID	No.	W	aste	T.R.R.F.					
City, State					20	223	6	_	sposal Date	City, State					
Toms River, New Je	rsev								9/27/17		Pennsylvania				
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Nicholas Fernicola	PO)	1981 600 664	oject	Mar	nace	or			Signature	/ /	/ D	ate		1.	3
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State Of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 12:120)

DECEIVE DISFP 1 8 2017

Date of Notification (1) 09/05/17			Nar	ne of B	uilding Owne		2)				
Agency Notified x EPA	Type Notification			Stre	et Addr	esses 321 Elm	St.,	ASBESTOS (IOL .	3	-
X DEP X DOL X DOH	Initial Amended Amended # xx Emergence		uding	W		NJ 0790	L			00000-		
DCA	Justification Cancellation			Nar Jan	ne of Co	ontact	_T	elephone Ni1	ť			
			F	ACIL	ITY IN	FORMATIO	N	, e	4			
Name of Facility Where House Street Addresses	Abatement is	Taki	ng Pla	ce (3)			Type of Fac School (I Subchapt	K-12) er 8 (Other than (I	K-12)			
City(5) Westfield			50 - M 13				x Other (i	e. private & community # of Floors	nercial Bldg.		lding	ţs,
County (6) Union			Coun		e (7) (ST	TATE USE	Current Use	(Prior if being de	emolis	hed)	555-7466	
Name of Monitoring Firm (8)\- IRIS Environmenta			Owner		CM No.	Name of A	batement Co	ntractor (9)				
Street Address 2333 Route 22 West		-				Street Addre	ess: ook Rd., #150	0				
City, State, Zip Code Union NJ 07083						City, State,						
Project Manager for Mon	itoring Firm		lephon 3-206-0			Telephone 973-628-782	No.	License No				
Start Date (10) 09/06/17	Schedul 09/06/1	7	•		ta (11)		SHA Monito onmental Lab	oratories, LLC				
Occupancy Status During Facility Closed/Vacated Abatement Performed	During Entire P	eriod o	of Abate	ement	re	Street Addre	22 West					
Other -Describe				, 1104		City, State, Union NJ (
Scope of Work (Check all a	apply)						Full Contain Mini-Enclo	nment with Negative	Pressu	ire		
> 3 sf or > 3 lf xx $> 160 \text{ sf or} > 260 \text{ lf}$					enovation emolition	7	Glovebag P		abla pr	ocedi	ıra	
Location of		1 0	s Locat Normal	ion		Description		Jed () and Non-111		atem		
Asbestos-Containing ma TO BE ABAT IN Facility (13)	ED	M	ed Sole aintena Custodi Staff? (12)	nce/ al	(i.e.,	os Containing M thermal system Surfacing, VA' Other miscellar	s insulation, Γ, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Side Shingles (House)		Yes	No	N/A	6:4- 6	l.:		1.000 07				
orde omigres (House)			X		Side S	hingles		4,200 SF				
							4					
Name of registered Wast Pezo Inc.	e Hauler		DEP V 6224	Vaste I		Cubic Yards o Waste		 Registered Landfie anagement of Penr		nia		
City, State Lincoln Park, NJ 07035						Disposal Date		e e Pennsylvania				
Completed by Ike Pezic	Title President	58-11-				Signature /	Hang	Data 09/05/17				

State of New Jersey Check # 16088 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) of Notification (1) Name of Building Owner/Operator (2) Deborah Damask 9/14/2017 Agencies Notified Type Notification Street Address []EPA [X] Initial SEP 1 8 2017 Notification []DEP City, State, Zip Code []Amended Maplewood, NJ, 07040 [X] DOL Notification **ASBESTOS CONTROL &** [X] DOH Name of Contact LICENSING Telephone Number []EMERGENCY Deborah Damask []DCA []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Deborah Damask []School (K-12) []Subchapter 8 (Other than K-12) Street Address [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (STATE USE ONLY) Maplewood Essex Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) N/A AZTECH MANAGEMENT, Inc. 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 -25 -17 09- 27-N/A 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 [X]>3 sf or >3 lf [X] Renovation [X]Mini-Enclosure []>160 sf or >260 lf []Demolition [X]Glove-bag Procedure []Non-Friable Procedure Is Abatement Type Location Location of Description of Normally NCHOSD NC Asbestos-Containing Asbestos-Containing Used Solely Amount REP Material (ACM) Material (ACM) (Specify M O V AP By Maintenance/ TO BE ABATED (i.e., thermal systems SF or Custodial AI In Facility insulation, surfacing, VAT, LF) Staff (12) A U (13)or other miscellaneous) No R N/A Basement X Pipe Insulation 45 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. 17040 of Waste 1.0 AZTECH MANAGEMENT, INC. Minerva Enterprise INC Disposal Date City, State

City, State

Montclair, NJ 07042

9/28/17

Signature

Waynesburg, Ohio 44688

Completed By (Print or Type) Title Constantine Vivian

President

Date 9/14/2017

Data of Natification (4)					LNI	CD 11.11	_				20 10 10				
Date of Notification (1)	14 / _	17					Shows	wner/Operator (2 ept Of Transpo	33		SEP	1 8	20)17	
⊠ EPA	Type Notifica					t Address 35 Parkw		Ave P.O.Box	500	AS	BESTO	S CI	ITAC	ROL	81
☑ DOLWD	☐ Amended Amendme				City,	State, Zip	Cod	е		The state of the s				-	-
	☐ Emergend		dina		Tre	enton NJ	086	625							
(NJAC 5:23-8)	justification		41119		Name	e of Contac	ct			Telephon	e Numbe	er			
	☐ Cancellati	ion			Lai	rry Keou	gh								
	retainment all a second and a second				FA	CILITY II	NFO	RMATION				137			
Name of Facility Where Ab	atement is T	aking Pl	ace (3)					Type of Facility	(4)				-	
New Jersey Dept Of		50		8					☐ School (K-12						
Street Address				-					☐ Subchapter	8 (Other tha	ın K-12)				
NJ Route 109/162/14	7								Other (i.e., p		ommerci	al bu	ilding	JS,	
City (5)				-					Square Feet	# of Floo	ore	T RI	dg. A	70	
Cape May, NJ							2 22				CONTROL OF THE PARTY OF THE PAR	9	1800		
County (6)					Cou	nty Code ((7)(S7	TATE USE ONLY)	Current Use (Pr	rior if being o	demolish	ed)			
US; Cape May CO.							Hotoracia de								
Name of Monitoring Firm H	lired by Build	ling Own	er (8))	ASCM	No.	- 1	ame of Abateme Graham-Tech			110				
Street Address		1000						treet Address			,				
							1	958 Jackson	Rd						
City, State, Zip Code								ity, State, Zip Co				-	-		
,,,							1	Mays Landing							
Project Manager for Monito	oring Firm		_	Tole	phone	No	-	elephone No.	9, 140 00000	License	NIo				
r reject manager for monito	ning i iiiii			1010	phone	NO.		609-561-1901		License					
Start Date (10)	Te.	chedule	d Cor	olaa	tion Do	to (11)		ame of OSHA M		01158	5				44.55
09 / 23 /	1000				/					al Camilaa	- 110				
								Graham-Tech	Environment	ai Service	S, LLC.				
Occupancy Status During A				(2.1)				reet Address							
☐ Facility Closed/Vacated☐ Abatement Performed C	During Entire	e Period	of At	ate	nent	a alla a		958 Jackson I							
Time of Abatement: 7Al	M-11:30PM/	/ F	M-	וטטר	S - Des	cribe		ty, State, Zip Co							
			_					Mays Landing	, NJ 08330						100
Scope of Work (Check all the	hat apply)							□ Full Cont	ainment with Neg	antivo Proce					
≥3 sf or ≥3 lf			Rend					☐ Mini-Encl	osure	galive riess	uie				
_≥160 sf or ≥260 lf			Dem	olitic	n			Glovebag	Procedure	- F-i-bi- D-					
			le l	ocat	ion	T		□ Non-Exer	npted (*) and No	n-Friable Pr	oceaure				
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Name of Registered Waste	Hauler		L		JDEP \	Maata	T C.	hia Vanda af	No			Ш	Ш	Ш	Ц
Graham-Tech Environ		ervice, I	LLC	2303	auler II 00345	O No.	153, 253	ibic Yards of aste	Name of Regis			ully	towr	1	
City, State				-	50000	,,,,,	Dis	sposal Date	City, State 1					- 00	
14 Read Drive Sickler	rville, NJ 08	8081							1513 Brode	entown Ro	d. Morri	svil	e,PA	A	
Completed By (Print or Type	e)	Title	2.210					Şignature			Date	1		7.0110.11 .0 2.	
Vernice Graham		Presi	iden	t				I VOI 1 M	1 (/ M)	10.	16	1-	14	- 15	+

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

				PAL	JOB#17-	1523 N	ew Star	t I	Date				7 7	-	
Date of Notification (1) 09/13/2017					f Building ., Inc. S		Operator obal	(2)	ID		G		₩ <u>l</u>		M
Agencies Notified	Type Notification		100	Street A		. 115 17				V	000	1 -			
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DEP × DOL	Amended Amendmen	t# 1			ate, Zip C Vindsor		3520							-	
	Emergency	(including			f Contact	1 0 000 E0			_	Mer	CCTT	5 2424ET	7771		-
DOH DCA	justification) Cancellation		100		sco Lin					-			Letter		
				FACI	LITY INF	ORMAT	ION			-			_		
Name of Facility Where A	Abatement is Takir	ng Place (3)						Ту	pe of Facility	(4)					
Street Address			-	2 <u></u>					School (K- Subchapte		or than l	V 12\			
148 Princeton-High	tstown Road							×					ildings	s, hom	nes,
City (5)								So	etc.) uare Feet	# 0	of Floors	— Т	Bldg.	Age	
East Windsor, NJ 0	8520							2000	0,000	3	,,,,,,,,,,		50+	, igo	
County (6) Mercer					Code (7)	Y)			rrent Use (Pr		ing demo	olished)			
Name of Monitoring Firm		Owner (8)		ASCN	1 No.		Name		batement Co		r (9)				
Ambient Group, Inc Street Address				N/A				-	vironmenta	I Serv	rices				
470 Seventh Avenu	е						Street 11-02	19770	iress lueens Plaz	za Soi	uth				
City, State, Zip Code New York, NY 1001	8								, Zip Code and City, N	Y 11	101				
Project Manager for Moni			1	Telephor	ne No.		Teleph		500		Licens	e No.			
William Loch	_		10.00		4-4615	5			-0900		286				
Start Date (10) 09/22/2017		Scheduled 12/18/20		pletion (Date (11)		33.5		SHA Monitor						
Occupancy Status During	Abatement (Chec		TOILD G.V.				Street								
Facility Closed/Vaca			50 	ent			714 k	(en	nedy Blvd.						
Abatement Performe Other – Describe:	ed Outside of Norn	nal Facility H	Hours						, Zip Code						
	. =						Bayo	nne	e, NJ 0700	2					
Scope of Work (Check Al	I I nat Apply)	500					Pro-	1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Designated	novati				×		Full Containm Mini-Enclosure		n Negativ	e Press	ure		
									Glovebag Prod	cedure	4 No F	: D-			
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(13)			(12)				niscellan	1	9	0.	0. 2.)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A			Sec					-		ite	(D)
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												_	-		
Name of Registered Wast	te Hauler		NJ	DEP W	aste	Cubic	Yards		Name of	Registe	red Lanc	Hill			
ATC			На	uler ID I 310		of Was	ste		Minerva	20.00					
City, State					Dispos	sal Date	Λ	City, State						\neg	
Shirley, NY 11967		T	-				/2017		Waynes	burg,					
Completed by Ann A. Ali		Title Compli	iance	Admi	n	S	ignature	X	1			Date 09/13/	2017		
							1			-					
ASB-41 (R-06-08)							* Do got	use	e this form for	asbest	os licens	ure exe	npted	activi	ties.

Date of Notification (1) 09/05/2017			Name of	Building Ov , Inc. S&P	vner/Operato	or (2)					SEP	2 8	20	M	200000000000000000000000000000000000000	y
Agencies Notified Type Notifi EPA Initial Amen				ddress inceton-H te, Zip Code	73	Road	d			AS	3E&T(08 (V		Rel	- &	المارية الماري
X DOL Amen	dment # gency (including	-	East V	Vindsor, N				-		Tel	anha	And the street of the street				
	cation) ellation		Franci	sco Lintor								-				
Name of Facility Where Abatement is	Taking Place (3)		FACI	LITY INFOR	MATION	Тур	e of F	acility								
Street Address 148 Princeton-Hightstown Ro	ad					×	Subo	chapte	er 8 (er than & comn		build	lings,	home	es,
City (5) East Windsor, NJ 08520							are F	eet		# of 3	Floors			ldg. A 0+	ge	
County (6) Mercer			County (Code (7) JSE ONLY)			rent U			f bei	ng dem	nolishe	d)		30,113	
Name of Monitoring Firm Hired by Bu Ambient Group, Inc.	ilding Owner (8)		ASCN N/A	I No.		e of At _ Env										
Street Address 470 Seventh Avenue					1	et Addr 02 Qu		s Pla	aza (Sou	ıth	957190.55				
City, State, Zip Code New York, NY 10018						State, g Isla			NY	11	101					
Project Manager for Monitoring Firm William Loch			Telephor 212-94	ne No. 4-4615	1000000	ohone -349-)				se No. 675				
Start Date (10) 09/18/2017	Schedule 12/18/2		npletion (Date (11)		e of Os tin M			or							
Occupancy Status During Abatement Facility Closed/Vacated During I			ent		100000000000000000000000000000000000000	t Addr Kenr		Blvc	d.							
Abatement Performed Outside of Other – Describe:					1	State, onne			02							
Scope of Work (Check All That Apply ≥3 sf or ≥3 If ≥160 sf or ≥260 If	▼ R	enova emolit				× N G	lini-En	iclosu ag Pr	ire oced	ure	Negati				.	
		Locati				188			T					Abate Ty	ment	
Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	CM) Used	I Sole ntenar odial S (12)	ly by nce/	(i.e. th	Description Containing	Materi ns insu AT, or	lation			(8	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement	163	X	19/2		Pipe Insul	ation				12	20 LF		х			
									-							
Name of Registered Waste Hauler		IN	JDEP W	aste (Cubic Yards		l Na	me o	f Rec	nieto	red Lar	ndfill				
ATC		H	auler ID 1310	No.	of Waste 0 Yards	1					rprise					
City, State Shirley, NY 11967					Disposal Date 19/20/2017	107 3		y, Sta ayne		ırg,	OH 4	44688	3			
Completed by Ann A. Ali	Title Comp	liano	e Adm	in	Signatu	re (M					Date 09/0		017		

Print Form

or PAID	P	NOTIF F)	ICATIO	State of No N OF ASI t to NJAC	BESTOS	ABATE	MENT 0)) E C	E		\mathbb{V}		n
Date of Notification (1) 09/14/2017				of Building			r (2)		SEP	18	3 2	017	and the state of t	U
Agencies Notified Type Notification			Street 989 C	Address Centerto	n Road				ASBEST	OS C	ON.	TROI	- &	Name of Street
X DOL Amended	# 03	21		tate, Zip C Irove, N		3			LIC	CENS	SINC	3		
X DOH justification) DCA Cancellation	77-2			of Contact tance G					Talonhan					
			0.0000000000000000000000000000000000000	ILITY INF		ION	A C							
Name of Facility Where Abatement is Takin Former Grain Mill, (Silo's)	g Place (3)						Facility						
Street Address 1237 Landis Avenue							☐ Su	her (i.e.	r 8 (Other than private & comm	K-12) nercial	buil	dings	, hom	es,
City (5) Pittsgrove							Square ~ 1,00	Feet	# of Floors	,	11300	3ldg. <i>A</i> 30+	Age	
County (6) Salem				Code (7) USE ONL	n		Current		ior if being dem	olishe	d)			
Name of Monitoring Firm Hired by Building Pennoni Associates Inc.	Owner (8)		ASCI	M No.					ntractor (9) ental Service	s, Inc	 S.			
Street Address 515 Grove Street Suite 1B							Address idge Ro	ad		2050				
City, State, Zip Code Haddon Heights, NJ 08035							tate, Zip enixville		9460					
Project Manager for Monitoring Firm Alan Lloyd	7		Telepho	ne No. 47-0505			one No. 933-433	32	Licens 0083	se No.		-		
Start Date (10) 08/09/2017	Schedule 09/28/2		npletion	Date (11)	1		of OSHA per Envi		ntal Service	s, Inc	·.			
Occupancy Status During Abatement (Chec	CONTY One	3)	7)	Address	A.		-				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of A al Facility	batem Hours	nent				idge Ro tate, Zip (
Other – Describe:					_		nixville,		9460					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		enova emoliti				×	Mini-E Glovel	nclosure bag Pro					e	
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair Custo	Solel ntenar odial S (12)	ice/	Asbes (i.e.	tos Conta thermal surfac	aining M	aterial (A insulation T, or	CM) n,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Can Attached Country	Yes	No	N/A								_		ate	rei I
See Attached Spreadsheet			X		See	Attach	ed		See Attache	ed X				
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City, State		01	500		Disposa	al Date		itv State					/000/2-15	

Disposal Date

08/09/2017

Signature

Title Project Manager

Patrick Larney

Elmer, NJ

Completed by

Date

09/14/2017

City, State

Alloway, NJ





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Date of Notification (1)				Nan	ne of Buildin	ng Owner/Operator	(2)	1 00	0 20	111	1	7
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Name of Facility Where Al	batement is T	aking Pla	ace (3)				Type of Facility	(4)				
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Project Manager for Monito	oring Firm		Te	elephone	No.	Telephone No.	<u> </u>	License No.		1909	- 100	
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PAM L	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)	Check # 3943 1 8
f Notification (1)	Name of Building Owner/Operator (2)	
2/2017	Roxbury BOE	ASSESTOS COL
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Project#				t to NJAC 8	:60 and 12:1	A 200 3 1	11	HC	neck#	394	13	18	201	7
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				ILITY INFO				-						
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1 Bryant Drive							etc.)	private t	ox Commit	cicia	Duli	uniyə,	110111	C3,
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Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.			batement Co		(9)					
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Street Address						et Add								
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Project Manager for Monitoring Firm Michael Berta			Telepho			phone			Licens					
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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) 09 14 1 Old First United Methodist Church heck# 4960 \$200 Agencies Notified Type Notification Street Address □ EPA 197 Locust Avenue **ASBESTOS CONTROL &** ⊠ DOLWD ☐ Amended City, State, Zip Code LICENSING Amendment #_ □ DHSS West Lon Branch, New Jersy 07764 ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number □ Cancellation Johnathan Campbell **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Old First United Methodist Church School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 197 Locust Avenue homes, etc.) City (5) # of Floors Square Feet Bldg. Age West Long Branch, New Jersey 07764 10.000 21 50 + County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Monmouth Church Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Lilich Corporation Street Address Street Address 606 McBride Avenue City, State, Zip Code City, State, Zip Code Woodland Park, New Jersey 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-225-8400 01104 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 09 / 27 / 17 09 / 29 / 17 IRIS Environmental Labs LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/4PM-12AM Union, NJ 07083 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Mini-Enclosure ≥3 sf or ≥3 lf □ Renovation ≥160 sf or ≥260 lf □ Demolition S Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Remova Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount nciosure Maintenance/ (i.e., thermal systems insulation, TO BE ABATED (Specify Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)(13)other miscellaneous) Yes No N/A **Basement** X П [] Pipe Insulation 30 LF X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Lilich Corporation G.R.O.W.S. Landfill 18724 2 City, State Disposal Date City, State

ASB-41 MAY 11

Woodland Park, New Jersey

Completed By (Print or Type)

Adriana Olejarova

President

Title

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

09/30/2017

Signature

Morrisville, Pennsylvania

Jan 09 2000 04:49AM NJ Asbestos Control 609,633,066	Jan	09	2000	04:49AM	NJ	Asbestos	Control	609,633,066
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ily, State, Zip Ceda	A				Gily, State, Zip C	ode					
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roject Manager for Monitoring	Firm	Tal	anorga	No.	Telephone No.		Licensa No				-
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Street Address				Street Address																
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Project Manager for Monitoring Firm					Telephone No.			none N	0.		Licen	se No.	187/2							
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 9-15-	17	Name	of Building Owner	Operator (2)	FILE	Librariaha	0.100		Ī	1
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Project Manager for Monitoring Firm		Telepho	no No	Telephone	No AV	DI IV	W	Co		S
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DOA	DOL Amendment #		_) R-	ento	n 4	7 168	SAIG	NO L	. &	
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Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code New Egypt NJ 08533	^							337				
Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*)	☐ Abatement Performed Outside of Norma	eriod of A al Facility	Hours	ent		City, Sta	ate, Zip Code		79	52	~	
Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exe	Scope of Work (Check All That Apply)					110	Jypr	/00 (<i>/ ()</i> ~	J-J.		_
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A N/A N/A							Mini-Enclosure Glovebag Pro	e cedure			3	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Perfection Front Wall Containing Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A Perfection Front Wall X Siding Shinges ' Howse Amount (Specify SF or LF) Reputable Properties of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Front Wall Reputable Properties of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Front Wall Reputable Properties of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Front Wall Reputable Properties of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Front Wall Reputable Properties of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Front Wall Reputable Properties of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Reputable Properties of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Reputable Properties of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Reputable Properties of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Reputable Properties of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	8						Nos Exemple	() 4.10 (101)	1	Abate	ment	
exterior Front Wall X Siding Stringes" 400 SF X	Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Mai	d Solel intenan odial S	y by ice/	Asbestos Cont (i.e. thermal surfa	taining Ma systems cing, VAT	aterial (ACM) insulation, , or	(Specify	Removal	Repair	Encapsula	Enclosure
CKAGGOK VKONT WIGHT		Yes	No					11000	. 4		6	
Name of Registered Waste Hauler N.IDEP Waste Cubic Yards Name of Registered Landfill	exterior Front Mall			7	Siding	Sn	ingks"	4005+	X		1	
Name of Registered Waste Hauler N.IDEP Waste Cubic Yards Name of Registered Landfill							,					
Name of Registered Waste Fladio	Name of Registered Waste Hauler		1								- .	

PA Date

City, State

Disposal Date 9-29-

PAII	·))	NOTI	FICATIO	State of New Jers ON OF ASBESTO: nt to NJAC 8:60 a	SABATER	MENT	以中一	161	OR	逃	
Date of Notification (1) 9-15	-17			of Building Owner	Operator	(2)	lead long		2017	2	
Agencies Notified Type Notificati	on		Street		nch	P	- Inner				
□ EPA . Initial □ Amended			City, S	P.O.,	Bo	x 51	LLOS LIC	OS CON CENSIN	OTRO G	L&	
	The state of the s		n	No.	ento	n 1	VJC	186	38	2	
DOH justification	in)	ig	11	of Contact	١.		Talanhaa				
LI Cancellat	ion				T2 - 07		<u>. </u>				ŗ
Name of Facility Where Abatement is Ta	king Place	(3)	FA	CILITY INFORMAT		Type of Facilit	ه y (4)	~			
	Duc	llin	5		1						
Street Address				e da	,	☐ Subchapt	ter 8 (Other than	K-12)	.nun	2 12 12 12 12	
City (5)7				*		etc.)			uilding	s, hom	nes,
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	a Owner (8	3)	LASC	M No. a	Name			Dw	elli	15	
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P.O. Box 3	37	7		45	Street A	A 67 -	337	V		7	
A H A AND A	N:		08	533	City Sta	ite, Zip Code	IA SA	TA	9		2
Project Manager for Monif ri g Firm	A	T			0.50	-		e No.	7.0		WEST TO SERVICE
Start Date (10)	Schedu							JQ.			
9-27-17				- 17				os 7			
Occupancy Status During Abatement (Che	ate of Notification (1) 9 15 - 17 Name of Building Ownse (Operator (2)										
Facility Closed/Vacated During Entire	Period of	Abaten	nent		P	O. Box	337				
Other – Describe:	mai raciii	y mours	,				117	00	~ ~	,	
Scope of Work (Check All That Apply)	Nice				[***	-Sypt	_ NJ	08	2	3	
23 sf or ≥3 lf						Full Contains	nent with Negativ	re Pressi	ıre		
2160 st of 2260 lt	784	Demolit	ion			Mini-Enclosur	re				
				1.	×	Non-Exempte	ed (*) and Non-F	riable Pro	ocedur	e	
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TO BE ABATED	100			(i.e. thermal	systems ir	sulation,	19900000000000	Re	7	Enc	En
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extenion (awalls).		×		Siding S							
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Name of Registered Waste Hauler		100 20122									
EPC Technologie	S	l Ha			6	Wasi	te Manac	eme-	4	c P	A
City, State	-		100		al Date	City, Stat	ie		• 01		4 +
	NJ		- W	9-2	9-17	Morn	isuille	PA		É	
Completed by		0 ن	+	Si	gnature	250		Date	15	_1 -	2

200 July

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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1000	□ EPA □ DOLWD □ DOH □ DCA □ (NJAC 5:23-8) □ Emergency (incl justification) □ Cancellation □ Can						ng Owner/Operator	(2)	以				111	1
/	encies Notified EPA DOLWD DOH DCA (NJAC 5:23-8) me of Facility Where Abatement is Taking Platerizon Cranford Central Office eet Address 4 Alden Street (5) ranford inty (6) nion me of Monitoring Firm Hired by Building Owners Address 346 Enterprise Ave , State, Zip Code hiladelphia, PA, 19153 ect Manager for Monitoring Firm ark Jenkins t Date (10) 09 / 18 / 17 09 upancy Status During Abatement (Check only facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Closed Normal Facility (13) Location of Subsestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Location of Closed Normal Facility (13)						mmunications			SEP ! 8	201	7	IL	刃
Agencies Notified	1.00	cation				et Address		13	1 1	3			1	1
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⊠ DOH		Control of the Contro	2 - 9/1	4/17		State, Zip				LICENS	ING	.02		
DCA			ncludin	g		anford, N	NO. TO SECURE SECURITY OF SECU	L.						
(NJAC 5.23-8)	A-10-10-10-10-10-10-10-10-10-10-10-10-10-				35,11,500,000	ex Baylor			1	Tolonhare M	177			
									1			22		
Name of Facility Where A	Abatement is	Takin	g Place	2 (3)	ГА	CILITY	NFORMATION	Type of For	oilita / /	1)				
A CONTRACTOR OF A CONTRACT OF			9 1 100	(0)				Type of Fac		*)				
Street Address			-					☐ Subchar	oter 8	(Other than K-12)				
34 Alden Street								Other (i. homes,	e., priv	vate and commer	cial b	uilding	js,	
City (5)								Square Fee		# of Floors	В	ldg. A	ae	
Cranford								21,685		2		+-50		
County (6)			-		Cou	nty Code (7)(STATE USE ONLY)	Current Use	e (Prio	r if being demolis	hed)			
							10.5	Verizon	Com	munications				
				(8)	ASCM	No.	Name of Abateme	ent Contracto	r (9)					
	Managem	ent Ir	nc.			550	BRISTOL EN	VIRONMEN	ITAL,	INC.				
							Street Address							
							1123 BEAVE							
	153						City, State, Zip Co							
			-	Tol	ephone	No	BRISTOL, PA	19007		T				
Mark Jenkins	tornig i iirri				15-365		Telephone No. 215-788-6040			License No. 00509				
tart Date (10) Scheduled Co							Name of OSHA M			00309				
09 / _18 / _17							BRISTOL EN		ITAL.	INC				
Occupancy Status During	Abatement (Street Address							
☐ Facility Closed/Vacate	d During Enti	ire Per	riod of	Abate			1123 BEAVER	RSTREET						
Abatement Performed	Outside of N	ormal	Facility	y Hou	rs - Des	cribe	City, State, Zip Co	de						
Time of Abatement:	AM	PN	// <u>5:00</u>	PM- <u>2</u>	:00AM		BRISTOL, PA	19007						
Scope of Work (Check all	that apply)				11112				-	***************************************				
≥3 sf or ≥3 If			⊠ Re	novat	ion				Negat	tive Pressure				
≥160 sf or ≥260 If			☐ De	moliti	on		Glovebag							
		91000	le	Loca	tion	T	□ Non-Exer	npted (*) and	Non-	Friable Procedure	-		. =	
			1	Norma	lly		Description of					ateme		
Asbestos-Containing N	Material (ACN	1)		d Sol intena	ely by ance/	Asbe	stos Containing Mat	erial (ACM)		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility	/			odial	Staff?	(I.e	thermal systems in surfacing, VAT,			(Specify SF or LF)	ova	air	Isde	uso
(13)				(12)	1		other miscellaned				-		ilate	œ.
D			Yes	No	N/A				_					
						2000000 000000	T/Mastic			40 SF				
						9x9 VA	T/Mastic			20 SF				
						9x9 VA	T/Mastic			20 SF				
							T/Mastic			32 SF	\boxtimes			
				200	IJDEP V lauler ID		Cubic Yards of Waste	Name of Re						
	NI GROUP	, INC	••		20990		_1		/A LA	NDFILL				
-							Disposal Date	City, State	0.5	20.011				
	20)	T.41					TBD	WAYNE	SBUI				-33	
Completed By (Print or Type Dillan DeCaro	De)	Title	timat	0"			Signature	A 0		/Ou/ Date		1		, 7
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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	SEP 1 8 20)17 <u> L</u>

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Date of Notification (1)							ng Owner/Operator	(2)					1	
	4/	17			M	ark Beltz		į.	_				_	9
Agencies Notified Ty	pe Notific	ation	-	-	Stree	et Address			_	ASBESTOS	S CONT NSING		8	- 1
	Initial				P.	O. Box 5	5	<u></u>	-	LICE	NOINC	- CULTURA CONTRACT	unificación	
	Amende				City	State, Zip	Code		5-011			-	-	
□ DHSS	Amendm			-	1000000000	vedesbor								
DCA (NJAC 5:23-8)	Emerger justificati		cludin	g		e of Contac			1-	Telenhone M	1			
t v	Cancella					ark Beltz	or.		ol a	relemme				
									-8					
Name of Facility Where Abat	omont is	Tokin	a Dias	- (2)	r.A	ACILITY	NFORMATION	1 =						
Resident	cilient is	Iakiii	y Flac	e (3)				Type of Facilit	5000)				
Street Address			-					School (K-		Other than K	_12\			
Street Address								Other (i.e.,	priva	ate and com	mercial I	ouildin	gs,	
City (5)								homes, etc	c.)					- compatibility
City (5) Bridgeport, NJ								Square Feet		# of Floors	1	Bldg. A	ge	
								1705Sf		2Floors		194	5	
County (6) US; Salam CO.					Cou	inty Code (7)(STATE USE ONLY)	Current Use (F	Prior	if being dem	olished)	30.20 M		
							-	Resident						
Name of Monitoring Firm Hire	ed by Build	ding ()wner	(8)	ASCN	l No.	Name of Abateme	2.5	- 50		VA-200			
Chroat Address								h Environmer	ntal	Service, LI	LC.			
Street Address							Street Address							
City Chaty 7: O I							958 Jackson							
City, State, Zip Code							City, State, Zip Co		Pre-12-22-20					
D 1 144							Mays Landin	g, NJ 08330						
Project Manager for Monitorin	ng Firm			Tel	ephone	No.	Telephone No.			License No.	37.00			
							609-561-1901			01158				
Start Date (10)				and a second		ate (11)	Name of OSHA M	31E-141E-E-151				International Section 1		
09 /23 /1					7_ /	17	Graham-Tech	n Environmen	ital :	Services, L	LC.			
Occupancy Status During Aba							Street Address							
☐ Facility Closed/Vacated D	uring Entir	re Per	riod of	Abate	ement		958 Jackson	Rd						
Abatement Performed Out Time of Abatement: 7AM-	side of No	ormal	Facilit	у Ноц	rs - Des	scribe	City, State, Zip Co	ode						
							Mays Landing	g, NJ 08330						
Scope of Work (Check all that	t apply)				X									
≥3 sf or ≥3 if			⊠ Re	novat	ion		☐ Full Cont Mini-Enc	ainment with Ne	egati	ve Pressure				
_≥160 sf or ≥260 lf			☐ De	moliti	on			Procedure						
		-					☐ Non-Exer	mpted (*) and N	on-F	riable Proce	dure			
Location of				Loca Vorma			D				A	batem	ent T	уре
Asbestos-Containing Mate	rial (ACM)	Use	d Sol	ely by	Asbe	Description o stos Containing Mai			Amount	Re	Re	En	ш
TO BE ABATED IN Facility	<u>)</u>				ance/ Staff?	(i.e	., thermal systems i	nsulation,		(Specify	Remova	Repair	cap	Enclosure
(13)			Ous	(12)			surfacing, VAT, other miscellaned			SF or LF)	val	1	Encapsulate	sure
* * *			Yes	No	N/A		other miscenanet	Jus)					ate	
Basement			П		П	Pine Inc	sulation			175LF				
					+=	i ipe iik			-	1/3LF			П	Ш
												П	П	П
				П	П				1					
Name of Registered Waste Ha	auler				JDEP I	Naste	Cubic Yards of	Name of Regi	stere	ed Landfill				
Graham-Tech Environm		ervic	e, LL		lauler il	O No.	Waste	1		th Landfill	& Tull	dow.	,	
City, State					00345	500	Dienocal Data		/i	Lanuilli	G Tull	, 1000	•	
14 Read Drive Sicklervi	lle. N.I O	8024					Disposal Date	City, State		D.:				
	,						/	1513 8700	ent	own Rd. M	OFFISVI	iie,PA	4	
Completed By (Print or Type) Vernice Graham		Title					Signature	a M	3		Date	¥ 1	1	7
vermoe Granani		Pr	eside	nt			NUM	U V V	M	1	4	-/5	t "1	1 1

ASB-41 MAY 11

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



PAID

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) PAL. JOR#17-1523 New Start Date

			PAL	JOB# T 1 - 1	1523 Ne	ew Star	ST Da	ate -						-	-
Date of Notification (1) 09/13/2017			Name o	of Building E, Inc. S	Owner/	Operator)虐	G		V			1
Agencies Notified Type Notification Type Notification Initial Amended Amendment Emergency (i		_	148 P City, St East \	Address Princeton ate, Zip Co Windsor,	ode		Roa	d		SEP	8	20	17		
DOH justification Cancellation	rioladirig			of Contact isco Lint	on				Parket IV STEE					العاملية ا	
No. 15 10 116			FAC	ILITY INF	ORMAT	ION			·						
Name of Facility Where Abatement is Taking Street Address	Place (3)						School (K- Subchapte Other (i.e.	-12) er 8 (Oth			build	linas	hom	e s
148 Princeton-Hightstown Road					-		×	etc.)			Ciciai				53,
City (5) East Windsor, NJ 08520							10,	uare Feet ,000	3	of Floors		5	ldg. <i>A</i> 0+	\ge	
County (6) Mercer				Code (7) USE ONLY)			rent Use (Pr fice Space		eing demo	olishe	d)			
Name of Monitoring Firm Hired by Building C Ambient Group, Inc.	wner (8)	•	ASCI N/A	M No.				oatement Co rironmenta							
Street Address 470 Seventh Avenue						Street 11-02		ess ueens Pla	za Soi	uth					
City, State, Zip Code New York, NY 10018								Zip Code and City, N	NY 11	101					
Project Manager for Monitoring Firm William Loch			Telepho 212-94	ne No. 44-4615		Teleph 718-3				Licens 286					
	Schedule 12/18/2		npletion	Date (11)		Name of Martin		SHA Monitor		1					
Occupancy Status During Abatement (Check	Only Or	ne)				Street		경기전							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:								nedy Blvd. Zip Code						***************************************	
					_	Bayo	nne	, NJ 0700	2						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If	X R		tion				1 -	···!! Caataiaa		. N E					
≥160 sf or ≥260 lf	tenova emolit				×	M G	ull Containm lini-Enclosur lovebag Pro on-Exempte	e cedure					a		
	Is Loc						,	on Exempte	4 () 4.1	<u>a 1101111</u>	Table		Abate	ment	
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	intenar odial S (12)	nce/		thermal surface	aining M systems cing, VAT niscellane	insu T, or		(8	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure	
Basement	Yes	X			Pine	Insulat	tion		11	20 LF		x			
					po	modici					+		-		
							_				+	-			
											+	-			
Name of Registered Waste Hauler		N	JDEP W	aste /	Cubic	Yards		Name of	Registe	ered Land	dfill				-
ATC			auler ID I310	No.	of Was	rds		Minerva	55-3-3-3-1 MARK	rprises			N 2-77-L		
City, State Shirley, NY 11967					Dispos 09/25	al Date /2017	\setminus	City, Stat Wayne		OH 4	4688				
Completed by Ann A. Ali	Title Comp	olianc	e Adm	in	S	ignature	A	H			Date 09/1	3/2	017		

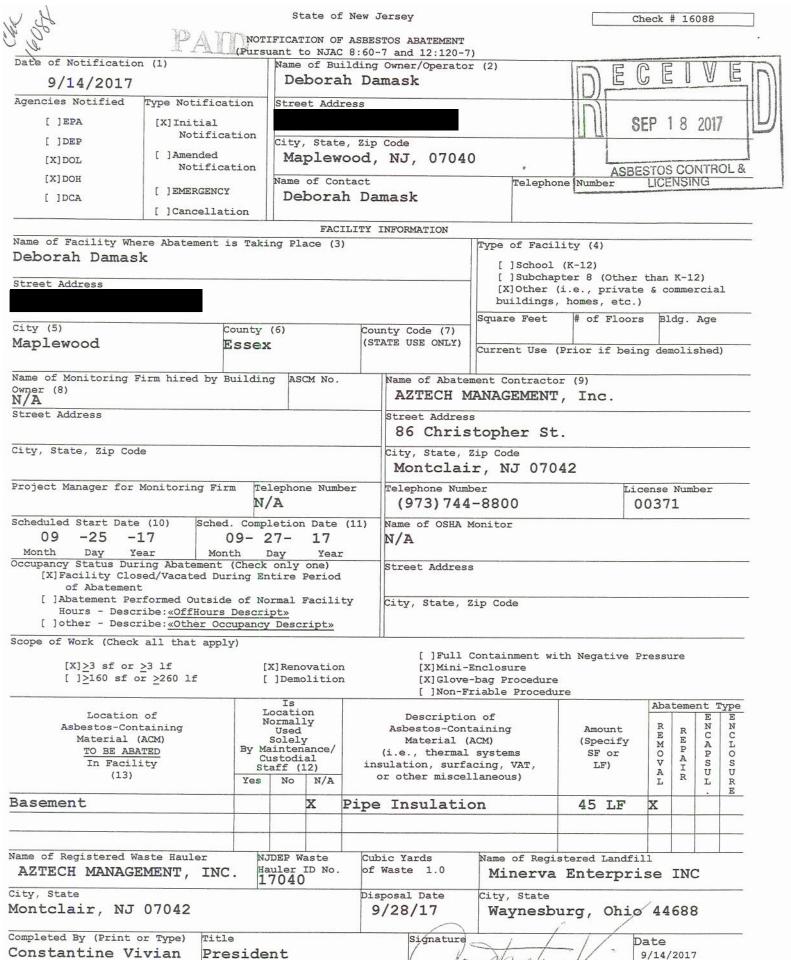
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) PAL JOB#17-1523

Date of Notification (1) 09/05/2017				Building Owner/ Inc. S&P Glo		(2)	The same of the sa		SEP	28	201	1	U
EPA	otification ial nended			ddress inceton-Hight te, Zip Code	stown I	Road		AS	BESTS LIE)\$ (00 ENSI	WH	YOL &	A STATE OF THE PARTY OF THE PAR
DOL An	nendment # nergency (including tification)		East W	Vindsor, NJ 08 Contact sco Linton	3520		No. 10 (1890)	To	lork -		_		
DCA Ca	ncellation			LITY INFORMAT	ION							-	
Name of Facility Where Abatemer Street Address 148 Princeton-Hightstown		3)	770			☐ So		12) er 8 (Oth	er than ! & comm		uildir	ngs, hor	nes,
City (5) East Windsor, NJ 08520	1000					Square 10,000	Feet	# o	f Floors		Bld 50	g. Age +	
County (6) Mercer			County (Code (7) JSE ONLY)			Use (Pr Space		ing dem	olished)		
Name of Monitoring Firm Hired by Ambient Group, Inc.	Building Owner (8)	ASCN N/A	1 No.	PAL	of Abate Enviror	nmenta						
Street Address 470 Seventh Avenue					11-0	Address 2 Quee	ns Pla	za Soı	uth				
City, State, Zip Code New York, NY 10018					Long	state, Zip Island		NY 11					
Project Manager for Monitoring Fit William Loch				4-4615	718-	349-09			Licens 286				
Start Date (10) 09/18/2017	12/18/	2017	npletion I	Date (11)	Mart	of OSHA	ea	· · · · · · · · · · · · · · · · · · ·					
Occupancy Status During Abatem			. aat			Address Kenned							
Facility Closed/Vacated Durin Abatement Performed Outsic Other – Describe:	de of Normal Facilit	y Hours	i			state, Zip onne, N)2					
Scope of Work (Check All That Ap	oply)				-	-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The state of the s	Renova Demolit			>	Mini-l Glove	Enclosus ebag Pro	re ocedure	n Negation				
		s Locati	on			1 14011-	LACITIPA	1	id HOIF	TIUDIC I		bateme	nt
Location of	-	Normal ed Sole	ly	De	escription	n of				-		Туре	-
Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACIVI) M	aintenar stodial S (12)	nce/			s insulation		(Amount Specify F or LF)		Removal	Encapsulate	Enclosure
Basement		- V		Pipe	e Insula	ation		1.	20 LF	2	ζ .	+	+
	EA									\neg	\top		\top
										7	1	1	
Name of Registered Waste Hauler ATC		Н	JDEP W auler ID 4310			1			ered Lan erprises				
City, State Shirley, NY 11967					sal Date 0/2017		City, Sta Wayne		, OH 4	14688			
Completed by Ann A. Ali	pliano	e Adm		Signature	Th				Date 09/0	5/20	17		

Print Form

Mr. 7								ew Jersey			drama-weeken			
49/20	PAI	D	NOT					BESTOS ABAT C 8:60 and 5:10		DEG	E		7 [200
Date of Notification (1)					Nar	ne of	Building	g Owner/Operator (2)					1
09 /	14 /	17			C	ld Fi	irst Un	ited Methodist (Church	Check#	4960	\$20	O	
Agencies Notified	Type Notifi	ication			Stre	et Ad	ddress							
☐ EPA					1	97 L	ocust	Avenue		ASBES	TOPC	ONITE	201	0
□ DOLWD	☐ Amende	6:431			-		te, Zip C				ICENS		IUL	Dt.
⊠ DHSS	Amend							ranch, New Jers	v 07764				ombquar-itis	
DCA (NJAC 5:23-8)	☐ Emerge justifica		cluding	1			Contac		, 0,,0,	Telephone N	as L			
(NUMO 3.23-0)	☐ Cancell				1000000			Campbell		Tolor				
Name of Facility Where A	hatement is	Taking	Place	(3)	г	ACIL	-11 1 111	FORMATION	Type of Facility	(4)				
Old First United Me			j i iace	(3)					School (K-1					
Street Address		laren							Subchapter	8 (Other than K-1	12)			
197 Locust Avenue									Other (i.e., p	private and comm	ercial b	uilding	s,	
City (5)									homes, etc.	<u> </u>				
Most I as a Descrip	Marrie Lane	077	704						Square Feet	# of Floors	B	ldg. A	ge	
West Long Branch,	New Jers	ey uri	64				0 1 /7	VOTATE 110E 011111	10,000	21		50 +		
County (6)					Co	unty (Code (/)(STATE USE ONLY)		rior if being demo	lished)			
Monmouth								1	Church				19300000	
Name of Monitoring Firm	Hired by Bu	ilding C	Owner (8)	ASC	M No.		Name of Abateme)				
N/A								Lilich Corpor	ration					
Street Address								Street Address						
								606 McBride						
City, State, Zip Code								City, State, Zip Co						
									rk, New Jerse	ey 07424				
Project Manager for Moni	toring Firm			Te	lephor	e No.		Telephone No.		License No.				
					200			973-225-8400		01104				
Start Date (10)	1000-000		luled C					Name of OSHA N	See the state about the					
09/27/	17		9_ /		29_ /	1	7	IRIS Environ	mental Labs L	LC				
Occupancy Status During	Abatement	(Check	conly c	ne)				Street Address						
☐ Facility Closed/Vacate								2333 Route 2	2 West					
Abatement Performed			Charles Choca			escrib	be	City, State, Zip Co	ode					
Time of Abatement: _	AIVI	P	VI/4PIVI	124	(IVI			Union, NJ 07	083					
Scope of Work (Check all	that apply)			-		44		_						
☐ >3 sf or >3 lf			⊠ Re	nove	etion			☐ Full Cont Mini-Enc	tainment with Ne	gative Pressure				
≥160 sf or ≥260 lf				moli					g Procedure					
								☐ Non-Exe	mpted (*) and No	on-Friable Proced	lure			
			79.50	Loc	ation						Al	atem	ent T	ype
Location Asbestos-Containing I		IM)			olely by		Ashe	Description o stos Containing Ma		Amount	Re	Re	m	m
TO BE ABA	TED	,			nance/			., thermal systems	insulation,	(Specify	Remova	Repair	cap	Enclosure
IN Facilit	ty -		Cus	(12	ıl Staff' 2)	-		surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(13)			Yes	No		A		other miscellane	ous)				e	
D				-		-		1-4!		20.1.5	- I			F-1
Basement					44	1	ipe ins	sulation		30 LF			Ш	LI
		T. Letter Deve												
			П		+							1	П	[7]
Name of Posistared Miss	to Haules			Ц	NJDE	D M/a	cto	Cubic Yards of	Name of Regi	etered Landfill		LL.	LJ	1- i
Name of Registered Was	ie nauier				Haule			Waste	G.R.O.W.S					
Lilich Corporation					187			2		o. Lanuilli				
City, State								Disposal Date	City, State					
Woodland Park, Ne	samen as as a series.							09/30/2017	Morrisville	e, Pennsylvani				
Completed By (Print or Ty	ype)	Title			200,000	*****		S/gnature \	/) \	1	Date /	/		7-
Adriana Olejarova		P	reside	ent				1 Vlax			1//9	1/2	0/1	1
ASB-41			Da		this f-	f-	v a a b = -1	lan line day of	stad activities		//	or all officers		
MAY 11		150	DO not	use	UIIS TO	III for	aspest	os licensure ekemp	neu activities.					

.li	(ALL)					STOS ABATEMENT -7 and 12:120-7	1		-		-	
Date of Notification	n (1)	,				g Owner/Operator		IF E	; E	1	\mathbb{W}_{-}	=
9/14/2017			S	ien 1	Aval	os						7
Agencies Notified	Type Notific	ation	Str	eet Add	iress				- 1			-11
[]EPA	[X]Initial							II III SE	P 1	8 21	017	
[]DEP	Notifie	cation	Cit	y, Stat	e. Zir	Code						1
[X]DOL	[]Amended				- 10 y -	NJ,07042		ASBES	TOS	CONT	ROL	8
[X]DOH	Notific	cation	Nam	e of Co	ntact		Telonh		ICEN			-
[]DCA	[]EMERGENO	CY		ien 2		os	ILE LAW					
	[]Cancella	ation										
				FAC	CILITY	INFORMATION						
Name of Facility Whe	ere Abatement	is Tak	ing E	lace (3)		Type of Faci	lity (4)	ac 4 fb ac			
STEH AVAIOS							[]School					
Street Address							[]Subchap	pter 8 (Other (i.e., privat	thar	K-1	2)	1
							buildings	, homes, etc.)	Ошше	TCTA	1
City (5)		h	(6)		- 1-		Square Feet	# of Floor	s B	ldg.	Age	
Montclair		County	2000			unty Code (7) TATE USE ONLY)						
		1336.	<u>.</u>		,-		Current Use	(Prior if bei	ng de	moli	shed)
Name of Monitoring F	irm hired by	Buildin	ng A	SCM No		Name of Abate	ment Contracto	m /0\				
Owner (8) N/A							ANAGEMENT					
Street Address						Street Address		,				
							topher St	1				
City, State, Zip Cod	e					City, State, 2						
				***			r, NJ 070	42				
Project Manager for	Monitoring Fi	rm Te	lepho	one Num	ber	Telephone Numb			cense	Mum	hor	
			/A			(973) 744			0037		Der	
Scheduled Start Date	(10) Sche	d. Comp	letic	n Date	(11)	Name of OSHA M	fonitor					-
09 -22 -1		9 -2				N/A						
Month Day Ye Occupancy Status Dur	ar Mo	nth	Day	Yea	r							
[X] Facility Clos	ed/Vacated Du	ring E	ntire	Period	I	Street Address	Đ.					
of Abatement []Abatement Per		de of No	ormal	Facili	tv	Git Gt-t- m						
Hours - Descr	ibe: «OffHours	Descri	ipt»		- Ly	City, State, Z	ip Code					
[]other - Descr			y Des	cript»								
Scope of Work (Check	all that app	ly)				ר וויים ו	'ontsinment wi	th Manation				
[X]≥3 sf or			1.00	novatio		[X]Mini-E	Containment wi Enclosure	th Negative	Press	ıre		
[]≥160 sf o	r <u>></u> 260 lf	[] Der	nolitio	n		bag Procedure					
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Location Asbestos-Cont			locat.	Lly		Description Asbestos-Cont		******	R		E	E
Material (ACM)	D 16	Use Sole	Ly .		Material (A	5-10-16-16-16-16-16-16-16-16-16-16-16-16-16-	Amount (Specify	E	R	CA	C
TO BE ABA In Facili		C	ustod		in	(i.e., thermal		SF or	0	PA	P	0
(13)	- 01	Yes	aff	(12) N/A		sulation, surfacer or other miscel.		LF)	A	I R	U	S
Basement			-	2000000000							L	R E
basement		-		X	Pipe	Insulation	n	115 LF	X			
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ame of Registered W-		5.100.0		Waste _ID No.		oic Yards Waste 1.5	Name of Regis			Tare	,	
		i lead					MINELVA	Enterpri	se	TINC	-	
AZTECH MANAGE		· 1	704	0								_
AZTECH MANAGE	MENT, INC	-· <u>î</u>	704	0		sposal Date	City, State			CCC		
	MENT, INC	- 1	704	0		sposal Date 0/26/17		ırg, Ohic	44	688	3	
AZTECH MANAGE ity, State fontclair, NJ ompleted By (Print o	MENT, INCOMPANDED TO TITLE Type) Title	Le Le		U					44	688	3	
AZTECH MANAGE	MENT, INCOMPANDED TO TITLE Type) Title	L		<u> </u>		/26/17						



Jan	09	2000	04:49AM	NJ	Asbestos	Control	609,633,066
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			0.0000000000000000000000000000000000000
28/12	/2317	11:1	į.

State of New Jersey
NOTIFICATION OF ASBESTOS ARATEMEN
(Pursuant to NJAC 8:80 and 5:18)

page 1

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M	SEP	demons	8	2017	
		7	13.5	V.	

		NC		CATIO	N OF A	New Jarsey SBESTOS ARA AC 8:80 and 5:			SEF	0 1	8	20
Date of Notification (1)		-	Nerv	e of Buld	ng Owner/Operator	(2)	===				
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Agencies Notified	Type Notifi	Calion			at Addmes				L	IUE	INO	140
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(NJAC 5:28-8)	justifica			Num	c of Conta	q		11-			=	-
	☐ Cáncell	elian .	0	8	llla							
				FA	CILITY	NFORMATION						
Name of Facility What	a Abalement le	Taking Pla	(E) mon				Type of Facility	y (4)				
Our Lady of Sorr	rows Parish						School (K-1	(2)				
Street Address							Subchapter	8 (Other than K	L12)			
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City (5)					-					×		
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County (6)				To	-b. Care	TIME TO LINE OF THE	8,000	2		80		
Atlantic				Col	inty Gode	TISTATE USE ONLY		LIDI & pailed gam	oished)			
Name of Monkening F	in March B.	140	- (0)			-, <u> </u>	Church .					
		iding Owns	Fr (B)	ASCN	No.		rent Contractor (9				STEEL SALES	
MDG Environmen	MAI, LLC						onmentel, LLC	2				
Street Address						Street Address						
1000 Mapiswood	Drive, Suite	207	Wang Care Care			823 Cutler A	VENUE					
City, State, Zip Cèda						City, State, Zip C	àde .					-
Meplo Shade, NJ	06052					Maple Shede	NJ OBOBZ					
Project Manager for Ma	onitoring Firm		Tal	ephone	No.	Telephone No.		Licansa No	,	Compression		
Chris Macri			2	56-75	5-9300	868-756-DOR	9	00842				
Start Date (10)		Scheduled	Conjul	elkil D	ate (11)	Name of DGHA	fantar	1				
09 / 13					17	EMSL Analy						
Occupancy Status Duri						Bucol Address	mour, mo.					
Facility Closed/Vec												
Abatament Parform	ed Outside of N	omai Earl	Heu Hou	ווייסיוויט	uestes.	200 Route 12			-		Contract Con	
Time of Abstement						City, State, Zip C						
					w	Cinnamingo	n, NJ 08077					
Scope of Work (Chack	all that apply)					T E II Con	talamento attack the	- eth-s Deshau				
S ≥3 #1 or ≥3 #		⊠ F	tenova	tlan		⊠ Mini-End	telmment with Ne	detta Lidetmic				
≥160 of ar ≥260 M)omolib	or		⊠ Gloveba	g Procedure					
						U Non-Exe	mpted (*) and No	on-Friedia Proce	dura			
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Asbestas-Containin		an Ue	ed So		Anke	Description of the Containing Ma		A	32	Repa	Enc	E
TO BE AS	MIED	W	lainten			., thornal systems		Amount (Specify	1 3	Sand		100
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Soiler Room		2			Pipo Fl	tting insulation		7 LF	×			
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lame of Registered Wa	tale Hauler			JOEP		Cubic Yards of	Name of Regis	leted Landfill				
Shada Environme	ntel, LLC		ŀ	lauler I	기본 발표하다 하는 그리	Weste	Atlantia Co	ounty Utilities	Author	ity		
City Blate				3242	<u> </u>	Disposal Date	City, State			-		_
Maple Shade, NJ						\$\15/2017		. Tau				
							cat ustbo	r Township, I				
completed By (Print or	(ype)	Tive	and the same			Signalus	10		Date			
Christina Lynch		Vice P	reside	mit of	Operation	na (my)	a L)	9/12	11-	}	
							The same of the sa			Acres de la		

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^{*} Do not use this form for aspestes hearsure exempled activities.

)			(Pursua	nt to NJ/	AC 8:60 and 5:1	6)				-	\neg	
Date of Notification (1)				Nam	e of Buildin	g Owner/Operator (2)	IU U SEP	1	2 2/	117		
09 /	14 /	17		Ne	w Jersey	Dept Of Transp	ortation	III III	5.3	J 21	11/		
Agencies Notified	Type Notific	ation		Stree	et Address							-	
	Initial	7900-75000		0.0000000000000000000000000000000000000		av Ave P.O.Box	600	ASBESTOS CONTROL &					
☑ DOLWD	☐ Amended				1035 Parkway Ave P.O.Box 600 LICENSING City, State, Zip Code								
□ DHSS	Amendm			2000	Trenton NJ 08625								
DCA (NJAC 5:23-8)	☐ Emergen justification		ing	1	e of Contac			Telephone Numb	ner		-		
(NOAO 3.25-0)	☐ Cancellat			100	rry Keou			relephone Warns	101				
						NFORMATION		- 4					
Name of Facility Where Al	patement is 7	Taking Pla	ce (3)		OILII I	41 OKIMATION	Type of Facility	(4)					
New Jersey Dept Of							☐ School (K-12						
Street Address							Subchapter 8	8 (Other than K-12)					
NJ Route 109/162/14	7						homes, etc.)	rivate and commer	cial bi	ııldıng	S,		
City (5)							Square Feet	# of Floors	В	dg. A	ge		
Cape May, NJ										1800			
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)	-//			
US; Cape May CO.							945743						
Name of Monitoring Firm F	lired by Build	ding Owne	er (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
						Graham-Tech	n Environment	al Service, LLC.					
Street Address						Street Address							
						958 Jackson							
City, State, Zip Code						City, State, Zip Co						201-11-	
						Mays Landin	g, NJ 08330			00			
Project Manager for Monito	oring Firm		Te	elephone	No.	Telephone No.		License No.			CFCW -		
01 15 1 (10)						609-561-1901		01158		11000000			
Start Date (10)	1000000	Scheduled				Name of OSHA M			2-140				
09/23/				30/			Environment	al Services, LLC	;. 				
Occupancy Status During						Street Address							
☐ Facility Closed/Vacated☐ Abatement Performed (acriba	958 Jackson							
Time of Abatement: 7A					scribe	City, State, Zip Co							
Scope of Work (Check all t	hat apply)					Mays Landing	g, NJ 08330						
N 3501 88	пат арріу)					☐ Full Cont	ainment with Neg	ative Pressure					
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□≥100 SI 01 ≥200 II		LJ	Demol	tion			Procedure moted (*) and No.	n-Friable Procedur	e				
	-	T	Is Loc		T				1	atem	ent T	vpe	
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Asbestos-Containing M TO BE ABAT		' P	/lainte	nance/		stos Containing Ma		Amount (Specify	Removal	Repair	nca	nclo	
IN Facility		C	ustodia (1)	al Staff?		surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure	
(13)		Ye	T			other miscellane	ous)				ate	w	
Pier Barges in the Bay					Pier Ba	rnes		300LF				П	
			-	-	1101 50	.900		30021	-	1			
			\perp		-						Ш	Ш	
Name of Registered Waste				NJDEP		Cubic Yards of	Name of Regis	tered Landfill		-			
Graham-Tech Enviro	nmental S	ervice, L	LC.	Hauler I 0034		Waste	G.R.O.W. N	lorth Landfill &	Tully	towi	1		
City, State						Disposal Date	City, State						
14 Read Drive Sickle	rville, NJ 0	8081					1513 Brode	entown Rd. Mor	risvi	lle,P/	4		
Completed By (Print or Typ	e)	Title	15-111100			Şignature		Dat	e\				
Vernice Graham		Presi	dent			VO11 18	1 (/ M	10-10	1-	14	- 11	+	

NOTIFICATION OF ASBESTOS ABATEMENT

	MI	D	NO.		CATIO	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		D) E C		\mathbb{V}					
Date of Notification (1)	14 /	_ 17	7			ne of Buildi alters Re	ng Owner/Operator sidential	(2)	SEP 22	18	2017	у	L			
⊠ EPA	Type Notific ☑ Initial ☐ Amende					Street Address ASBESTOS CONTROL 8 LICENSING										
⊠ DOH	Amenda			_	100000000000000000000000000000000000000	City, State, Zip Code Barnegat, NJ 08005										
DCA (NJAC 5:23-8)	☐ Emerge justificat	ncy (ir	ncludir	ıg	_	e of Conta			Talashas N							
	☐ Cancella					ctor	Ot .		Telephone Nu	mber						
							NFORMATION		- 8							
Name of Facility Where Ab	atement is	Takin	g Plac	e (3)		(01211111	T. OKWATION	Type of Facility	(4)		-		-			
Residence								☐ School (K-1								
Street Address								☐ Subchapter	8 (Other than K-1 private and comm	2) ercial b	uildin	gs,				
City (5)								Square Feet	# of Floors	В	ldg. A	Aae				
Surf City								2000	2		65	J				
County (6)					Cou	inty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	lished)						
Ocean					,			Residence								
Name of Monitoring Firm H	ired by Buil	lding (Owner	(8)	ASCN	1 No.	Name of Abatem	and the second of the second o	•							
Street Address								ntracting, Inc.	9							
otroct/lauress					Street Address) IIi- 04										
City, State, Zip Code		.0			-		1889 Route 9 City, State, Zip C	and re- enemeration								
								New Jersey 08	2755							
Project Manager for Monito	ring Firm			Te	lephone	No.	Telephone No.	ivew bersey of	License No.				_			
							732-349-9932	2	00624							
Start Date (10)09 /26 /						ate (11) 17	Name of OSHA N E.M.S.L. Ana									
Occupancy Status During A Facility Closed/Vacated	During Enti	re Pe	riod of	Abat	ement		Street Address 1056 Stelton									
Abatement Performed Communication Time of Abatement:	outside of N AM	ormal PN	Facilit ///	y Hou PN	urs - De	scribe _AM	City, State, Zip Co	ode New Jersey 08	854							
Scope of Work (Check all the	nat apply)									-	_		-			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			□ Re				☐ Mini-Enc ☐ Gloveba	Procedure	gative Pressure on-Friable Procedi	ure						
,				Loca							atem	ent T	уре			
Location of Asbestos-Containing Ma TO BE ABATE IN Facility	terial (ACN	1)	Use Ma	inten todial	lely by ance/ Staff?		Description of stos Containing Ma ., thermal systems surfacing, VAT.	terial (ACM) insulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
(13)			Yes	(12 No			other miscellane	ous)	S. S. E. ,	-		ılate	ге			
exterior						asbesto	os siding		2200 sf							
											П	П	П			
			П	П	П					+-						
Name of Registered Waste	Hauler				NJDEP	Waste	Cubic Yards of	Name of Regis	stored Landfill		Ш	Ш	Ш			
Guardian Contracting				1193	Hauler II	D No.	Waste 3	T.R.R.F.	stered Landilli							
City, State Toms River, New Jers	2014						Disposal Date	City, State								
Completed By (Print or Type		T					09/29/17	Tullytown,	Pennsylvania							
Nicholas Fernicola	;)	Title Pr	oject	Man	ager		Signature		1.7	ate 9 u	.] _	7				

in the second se	AID	NOT		MOITA	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:10		DEC	E		\mathbb{V}	
Date of Notification (1)				S		g Owner/Operator (2)	SEP.	1	0. 1	017	
	14 / 17			Che	eryl Palk	0		11 14 37	7	8 2	UI/	-
Agencies Notified ☑ EPA ☑ DOLWD ☑ DOH	Type Notification ☐ Initial ☐ Amended Amendment #				Address State, Zip (Code		ASBESTO	OS C	ONT	rrol	-8
☐ DCA	☐ Emergency (in	cluding	9		11000000	NJ 07438						
(NJAC 5:23-8)	justification)				of Contac			Telephone Numb	er			
	☐ Cancellation				eryl Palk					_		
Name of Facility W/harr	A b = 4 = = - 4 ! - T = 1 !		(0)	FA	CILITY IN	IFORMATION						
Name of Facility Where A Residence Street Address	Abatement is Taking	g Place	(3)					2) 8 (Other than K-12) private and commerc		uildin	gs,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Seaside Heights							1000	1		60		
County (6)				Cour	ity Code (7	()(STATE USE ONLY)		rior if being demolish	ned)			
Ocean							Lumber Ya					
Name of Monitoring Firm	Hired by Building (Owner	(8)	ASCM	No.	Name of Abateme						
Ct. IAII							ntracting, Inc.					
Street Address						Street Address				3123		
City Chata 7: 0 1						1889 Route 9						
City, State, Zip Code						City, State, Zip Co	ode New Jersey 08	3755				
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.	-	License No.				
						732-349-9932		00624				
Start Date (10)09 /25 /					te (11) 17	Name of OSHA M E.M.S.L. Anal						
Occupancy Status During Facility Closed/Vacate	ed During Entire Pe	riod of	Abater	nent		Street Address 1056 Stelton						
Abatement Performed Time of Abatement:					cribe AM	City, State, Zip Co Piscataway, N	ode New Jersey 08	854				
Scope of Work (Check al	l that apply)		novatio molitio			☐ Mini-Encl	Procedure	gative Pressure	9			
		1	Locati						Ab	atem	ent T	ype
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM)	Use Ma Cust	Normal d Sole intenar todial S (12)	ly by nce/ Staff?		Description of stos Containing Mat ., thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
exterior		Yes	No	N/A	achasta	ne eidina		900 of				

ASB-41

City, State

Name of Registered Waste Hauler

Guardian Contracting, Inc.

Toms River, New Jersey

Completed By (Print or Type)

Nicholas Fernicola

JAN 13

Cubic Yards of

Disposal Date

Signature

9/27/17

Waste

3

Date

Name of Registered Landfill

Tullytown, Pennsylvania

T.R.R.F.

City, State

Project Manager

Title

NJDEP Waste Hauler ID No.

20223

3/43

Aero Environmental

Street Address

275 Rt 10 East

Michael Berta

Start Date (10)

09/22/2017

City, State, Zip Code

Succassuna, NJ 07876

Other - Describe:

≥3 sf or ≥3 If

≥160 sf or ≥260 If

outside of the building

Nick Restoration LLC

City, State

Completed by

Elvira Mrda

Name of Registered Waste Hauler

Randolph, NJ

Scope of Work (Check All That Apply)

Location of

Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Project Manager for Monitoring Firm

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours

P	am E	State of New Jers			DE	
Project #	NO	TIFICATION OF ASBESTO (Pursuant to NJAC 8:60 a		A CONTRACTOR OF THE PROPERTY O	Check# 39	143 1 8 2017
Date of Notification (1)		Name of Building Owne	r/Operator	(2)		
09/12/2017		Roxbury BOE			ACDEC	STOS CONTROL 8
Agencies Notified	Type Notification	Street Address				LICENSING
EPA	Initial	42 North Hillside A	ve		Localitation	LIOCITOTIVO
DEP DOL	Initial Amended	City, State, Zip Code				
DOL	Amendment #	Succasunna, 0787	6			
DOH	Emergency (including justification)	Name of Contact			Telephone Nur	mber
DOH DCA	Cancellation	John Eschmann				
		FACILITY INFORMA	TION		·	
Name of Facility Where	Abatement is Taking Place (3)			Type of Facility (4)	
School				School (K-1	2)	
Street Address				Subchapter	8 (Other than K-12	
1 Bryant Drive				Other (i.e. p	rivate & commerci	al buildings, homes,
City (5) Succasunn	a NJ			Square Feet	# of Floors	Bldg. Age
County (6)		County Code (7)		Current Use (Pri	or if being demolish	ned)
Morris		(STATE USE ONLY)				
Name of Monitoring Fir	m Hired by Building Owner (8)	ASCM No.	Name	of Abatement Cor	tractor (9)	

Telephone No.

Scheduled Completion Date (11)

Renovation

Demolition

Is Location

Normally

Used Solely by

Maintenance/

Custodial Staff?

(12)

No

X

N/A

NJDEP Waste

Hauler ID No.

0033782

Yes

Title

President

09/23/2017

973-920-9061

Nick Restoration LLC

Street Address

Telephone No.

973933-2550

Street Address 2333 Rt 22 West

City, State, Zip Code

Union, NJ 07083

Mini-Enclosure Glovebag Procedure

IRIS

Description of

Asbestos Containing Material (ACM)

(i.e. thermal systems insulation,

surfacing, VAT, or

other miscellaneous)

Cubic Yards

Disposal Date

Signature

of Waste

TBD

TBD

Wrap & pick up science lab table 13 units

72 Brookside Rd

City, State, Zip Code

Randolph, NJ 07869

Name of OSHA Monitor

License No.

01133

Full Containment with Negative Pressure

Non-Exempted (*) and Non-Friable Procedure

Amount

(Specify

SF or LF)

Name of Registered Landfill

G.R.O.W.S

Tullytown, Pa

City, State

Abatement

Туре

Removal

Date

09/12/2017

PAII

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

n.	E	C	E	0	V	E	[n]
M		SEP	1	8	2017		

Date of Notification (1) 09/05/17 Name of Building Owner/Operator (2) Elegant Homes ASBESTOS CONTROL 8 Agency Notified Type Notification Street Addresses 321 Elm St., **EPA** LICENSING Initial X DEP Amended City, State, Zip X DOI. Amended # Westfield NJ 0790 X DOH Emergency (including DCA Justification) Name of Contact Telephone Munit Cancellation Jane **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (K-12) Street Addresses Subchapter 8 (Other than (K-12) x Other (i.e. private & commercial Buildings, City(5)Square Feet # of Floors Bldg. Age Westfield County (6) County Code (7) (STATE USE Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) (8)\- IRIS Environmental Laboratories, LLC Pezo Inc Street Address Street Address: 2333 Route 22 West 4 Beaverbrook Rd., #150 City, State, Zip Code City, State, Zip Code Union NJ 07083 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone No. Telephone No. License No 908-206-0073 973-628-7829 01141 Start Date (10) Scheduled Completion Data (11) Name of OSHA Monitor 09/06/17 09/06/17 IRIS Environmental Laboratories, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other -Describe Union NJ 07083 Scope of Work (Check all apply) Full Containment with Negative Pressure Mini-Enclosure > 3 sf or > 3 lf Renovation Glovebag Procedure xx > 160 sf or > 260 lfDemolition Non-Exempted (*) and Non-Friable procedure Is Location Abatement Normally Location of Description of Type Used Solely by Asbestos-Containing material (ACM) Asbestos Containing Material (ACM) Amount Repair Remova Encapsulate TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify IN Facility Custodial Surfacing, VAT, or SF or LF) Staff? Other miscellaneous) (13)(12)Yes No N/A Side Shingles (House) X Side Shingles 4,200 SF Name of registered Waste Hauler NJDEP Waste Huler Cubic Yards of Name of Registered Landfield Pezo Inc. CS 6224 Waste Waste Management of Pennsylvania City, State Disposal Date City, State Lincoln Park, NJ 07035 Morrisville Pennsylvania Completed by Title Signature Data Ike Pezic President 09/05/17

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

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Date of Notification (1) 9/14/17	***************************************				Building Prince C				pany Inc.		SEP	1 8	3 20)17		
Agencies Notified	Type Notification		\neg	Street A					,	-	1		01-01-0		+	
⊠ EPA	✓ Initial			215 E	lleen Te	rrace					ASBEST	os c	ONT	ROL	8	
□ DEP	Amended			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ite, Zip Co						LI	CENS	SING			
☑ DOL	Amendment #		— L		ensack N	NJ 076	01									
⊠ DOH	justification)	.ioidaii ig			Contact					Tele	ephone Nun	ber				
DCA	Cancellation				abh Sha	<u> </u>				-			,			
Name of Facility Where A	hatement is Taking	Place (3	8)	FACI	LITY INFO	DRMATI	ON	Tyr	e of Facility (4)					-	
Rt-166 & 37 NJDO		11000 (0	"					17	6 650	330						
Street Address		-					•	H	School (K-1 Subchapter		er than K-12)				
Rt-166 & 37								X	Other (i.e. p	rivate 8	& commercia		lings,	home	s,	
City (5)								Sar	etc.) Und		Floors	B	lag. A	ge	\dashv	
Toms River NJ 087	53							N/		N/		100000	I/A	90		
County (6)					Code (7)			Cur	rent Use (Pri							
Ocean				(STATE U	JSE ONLY)				α.		Ð	33500				
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCN	1 No.		Name	of Al	batement Cor	tractor	(9)					
N/A							Perr	nacc	Inc.							
Street Address							Street									
							PO				iii .					
City, State, Zip Code							0.0007		Zip Code							
				Telephoi				est Berlin NJ 08091 ephone No. License No.								
Project Manager for Mon	ect Manager for Monitoring Firm						107).				
Start Date (10)	Opto (10)						856-753-9800 00727 Name of OSHA Monitor							_		
Start Date (10) 11/1/17		12/31/		d Completion Date (11)												
Occupancy Status During	Abatament (Chack		#S				Same Street Address						191500557		_	
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Facility Closed/Vaca Abatement Performed Other – Describe:	ed Outside of Norma	al Facility	Hours				City, S	City, State, Zip Code								
Scope of Work (Check Al	I That Apply)			I Hours												
≥3 sf or ≥3 lf	i mat Apply)						Г	Full Containment with Negative Pressure								
≥160 sf or ≥260 lf			Renova Demoliti					Full Containment with Negative Pressure Mini-Enclosure								
_		_						Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		1						<u> </u>	von-Exempted	1 (*) and	a Non-Friabi			ment		
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Location Asbestos-Containing		Use	d Solel	y by	Ashes		scription		ial (ACM)	А	mount			m		
TO BE ABA	ATED		intenar todial S			thermal	system	s insi	ulation,	(S	Specify	Re	D	Encapsulate	Enc	
In Facili (13)	ty	Ous	(12)	rtan:			cing, VA niscellar			SF	or LF)	Remova	Repair	squ	Enclosure	
(10)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		T		outer i	moodiidi	, icou	"			/al	=	ilate	Ire	
		Yes	No	N/A												
Undergro	ound			X		Trai	nsite P	Pipe		_	TBD	х				
Name of Registered Was	to Unular		1 81	JDEP W	laata	Cubic	Vard-		l Name of	Dazi-t	red law Jen					
	te riaulei		1115-22	auler ID		of Was					ered Landfill					
Freehold Cartage			1.	5939		TBD			G.R.O.	W.S.						
City, State						350	sal Date	;	City, Stat							
Freehold NJ		Title				TBD			Morris	/ille P/	A 19067					
Completed by		Signature					Date									

President

Anthony T Perna

9/14/17

Print Form

6 PAID)		CATION	ate of New Jerse I OF ASBESTOS to NJAC 8:60 and	ABATE				W(E TEN
Date of Notification (1) Agencies Notified Type Notification I EPA I Initial Amended Amendment # I Emergency (in justification) I DCA Cancellation		7	Street A	ate, Zip Code	Bou	Wela	BESTOS KECRI	0		18
Name of Facility Where Abatement is Taking Duplex Street Address	Place (3	3)	PAG	LITTINFORMATI					dings,	homes
City (5) South Bound BE County (6) Sant Bound	Rook K	1		08880 Code (7) USE ONLY)		Square Feet Current Use (Pri	# of Floors 2 or if being demolish		Sidg. A	
Name of Monitoring Firm Hired by Building On Street Address City, State, Zip Code	wner (8)	5	ASCA	5.33	Street	Address Late, Zip Code	chnolee	ie:		
Project Manager for Month rings Firm Start Date (10)	Schedul	ed Con		758-3365 Date (11)	609 Name	one No. 758-336 of OSHA Monitor	License N).	39	4
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of	Abatem	ent		City, S	Address O. Box tate, Zip Code W Egypt		28.	53	3
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ⇒160 sf or ≥260 lf	San Harrison Co.	Renova Demoliti				Full Containm Mini-Enclosur Glovebag Pro	ent with Negative F			e
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	S Locati Normali ed Sole aintenar itodial S (12)	ly ly by nce/ Staff?	Asbestos Cont (i.e. thermal surfa		of laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal		ement
Basement	Yes	No	,N/A	Pipe I		lation'	JOOLE	X		

Name of Registered Waste Hauler

EPC Technologies

17000

City, State

New Egypt

Title

Steve Schenker

NJDEP Waste
Hauler ID No.

Disposal Date
9-27-17

Mozni sville

PA

Signature

Signature

Sleve Schenker

President

NJDEP Waste
Cubic Yards
of Waste

Waste Management of PIA

City, State
9-27-17

Mozni sville
PA

Signature

Signature

Date
9-15-17

PAID

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

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		SEP	1	8	2017		U

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Date of Notification (1)	9-15-	17		Name	of Building Owner/			4			1	1		
Agencies Notified	Type Notification		-+	Street	Address	len	EVER	CASBERTOS CO	NTE	ROL	š4	+		
□ EPA	★ Initial				** # A A A A A			-	-		et annual			
□ DEP	☐ Amended	4		City, St	tate, Zip Code	ญ	1	1 15	A =	701	-47			
DOL	Amendment □ Emergency		-	Namo	VOR+1	1 Mai	ntiel	d NJ		106	,0			
D DCA	justification) □ Cancellation			AI	len Ever	boot	_	Telephone Nu	mber					
				FAC	LITY INFORMAT	ION								
Name of Facility Where						Тур	e of Facility							
Street Address	family "	الك و	lli	25			School_(K	-12) er 8 (Other than K-1:	21					
					a 8	×	Other (i.e.	private & commerci	al bui	ldings	, hom	es,		
City (5)	ຄ່				ن ، ن	Squ	etc.) lare Feet	# of Floors	18	3ldg. /	Age			
North	Plaint	ie la			T 07060			2		73	5+-	-		
County (6)					Code (7) USE ONLY)	Cur	rent Use (P	rior if being demolish	red)					
Name of Monitoring Firm	erset	Owner (8)		ASCI	M No. a	Name of Alt	atement Co	ontractor (9)						
The state of the s	e hno le	all n			NA	EP		chaolog	ie.	S.	T	4.2		
Street Address	2 2	7-7		-		Street Addr	ess	ED ED EED	1	W	E 6	A 250		
City, State, Zip Code	Jok J.	27	-	- ^		City State,	Box	33 7						
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Project Manager for Mos			T	Telepho	one No.	Telephone I		License N	0.		A A	500		
	ehen ked			609	758-3365	609 75				94	4			
Start Date (10) Sept 2	6 2017	~			Date (11)		Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During		k Only Or	ie)	016	2017	Street Addre		nnovagies		nc				
Facility Closed/Vac				nent		P-0	BOX	337		*				
☐ Abatement Perform ☐ Other – Describe:						City, State,					•			
Scope of Work (Check A	II That Apply)					New	Egypt	NJC	180	53	3			
≥3 sf or ≥3 lf	п тпат Арріу)	w -	anava	tion			III Cantaine	and with Nametica D						
□ ≥160 sf or ≥260 lf			lenova Jemolit			□ M	ini-Enclosur		ressu	re				
	ii.						lovebag Pro on-Exempte	cedure d (*) and Non-Friab	e Pro	cedur	е			
		Is	Locati	on							ement			
Location		- Mil	lormali d Solei	The state of the s		cription of			-	T	pe			
Asbestos-Containing TO BE ABA		Ma	intenar odial S	ice/	Asbestos Cont (i.e. thermal	aining Matena systems insu		Amount (Specify	Re	77	Enc	En		
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	3623													
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Name of Registered Was	te Hauler	1 1	l N	JDEP W	/aste Cubic	Yards	Name of	Registered Landfill						
F0. ~			H	auler ID		te 2	Was	te Manager			, D	Δ		
0.00	hnologies	>		1700		al Date	City, Stat	e		0 (1	Ar		
New Eg	tavi	NJ	X			37-17		isville P	A					
New Eg	Vac	Title	. 1	i	Si	gnature	5.0	Dat	e0	10	-/:	7		
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1	Q PA	AID	NC		CATION	ate of New Jerse OF ASBESTOS to NJAC 8:60 ar	ABATE			DE G		V	E	Tr
	Date of Notification (1)	1-15-1	7	1	Name of	Building Owner/	Operator	(2)	SIL	I TEO	7 .	Property and the second	•	III
	Agencies Notified Ty	pe Notification	7.75		Street A		0		50	1	4-8	2017		L
	☐ EPA	Initial Amended	+A)	(Boson)	City, Sta	te, Zip Code	Bo	N/	2/7	_ASBESTOR	200	-		
	DOL DOL	Amendment #_ Emergency (inc	luding	-	Varna of		ent	107	177	J We	MARIC	SPO L	- &	
	DOH -	justification) Cancellation		'	2"	any Vi	rich			-	-			-
-	Name of Facility Where Abat	tement is Taking P	lace (3)			LITY INFORMAT	ION	Туре	of Facility ((4)				
	Street Address	amily	0	W	elli	25			School (K-1	12) 8 (Other than K-1	12)			
	Street Address					-		X	Other (i.e. petc.)	orivate & commerc	ial build	lings,	home	es,
	City (5)	rtun	1)	T	()	8611			re Feet	# of Floors	В	ldg. A	ge	_
	County (6) A		10		County C	Code (7)		. (/		or if being demolis	-	0	11	
	Name of Monitoring Firm Hir		ner (8)		ASCM	No. A	Name		tement Cor	famil	y ()we	21/1	s
	EPC TEC	hne let	ies			N/A		PC	Te	chaele	qie!			
	Street Address	ox 33	7				Street	Addres 0	Box	337	5			
	City, State, Zip Code		T.V	3	08	5.33	City S	State, Zi	p Code	AL ALT	n	26	1.3	
	Project Manager for Movit ri	S 19.43*	A 400		relephor		Same Same	hone No	-	License	Vo.	10	L	Alges,
	Start Date (10)	ien ked	cheduled			758-3365 Date (11)			334 A Monitor	25 C				
	9-27-	17	9	-6	29-	17	Stract	EPC Address		hnologies	I	25		
	Occupancy Status During Ab Facility Closed/Vacated				ent		9	,0,	Box	337		B		
	☐ Abatement Performed (☐ Other – Describe:						City, S	State, Zi	p Code	AIT	083	ミス	2	
	Scope of Work (Check All Th	nat Apply)					1 1		JYPI	700	20-	رامسده الد		
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	`		novat moliti] Min	i-Enclosure		Pressu	e		
									vebag Pro	cedure d (*) and Non-Fria	ble Pro	7 3 3 7 3		
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	Location of Asbestos-Containing Mat TO BE ABATE			tenan	ice/	Asbestos Cor (i.e. therma	taining I	Material	(ACM)	Amount (Specify	R	-	Enc	En
	In Facility (13)		Custo	dial S (12)	taff?	surfa	acing, VA miscella	AT, or		SF or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A			30					ate	roi
	exterior From	Hall t			x	Siding	St	ning	es "	400 SF	X			
											-			
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	Name of Registered Waste H	Hauler			JDEP W		Yards aste	1		Registered Landfi				3 . A
		nologies		1_	1700	00	sai Date	- 1	City, Stat	te Manage	men	. 01	E t	14
	City, State New Equ	pt 1	15	×		19-	24-	-17		visuille_	PA			
	Steve Schen	,	PRES	ic.	ent		Signatur ST	e	Sch	h	late O	- 1	5-1	T
	0.500 95.10.						-							

						1/2006				F	rin	
il de la company			FICATIO	tate of New Jerse N OF ASBESTOS t to NJAC 8:60 ar	ABATE		DEGE		\mathbb{V}	E		
Date of Notification (1)	***		Name	of Building Owner/	Operato	r (2)	nen .	^	0045	-	11	
09/14/2017			Town	ship of Pittsgro	ove	1	JUJ SEP 1	8	201/	-	L	
Agencies Notified Type Notification	n			Address						100		
EPA Initial				Centerton Road	i		ASBESTOS	CON	ITRO	1 8		
DEP X Amended Amendmen	. # U3	γ		ate, Zip Code	0	L	LICE	VSIN	G			
Emergency		rg /		rove, NJ 0831	8 							
DOH justification)			of Contact tance Garton			Telephone Nu	ımber	_			
Caricellatio	11		201807000000000	ILITY INFORMAT	MOL	100000000000000000000000000000000000000	-			_		
Name of Facility Where Abatement is Taki	ng Place	(3)	FAC	ILIT INFORMAT	ION	Type of Facili	ity (4)					
Former Grain Mill, (Silo's)						School (1.7663 W					
Street Address						Subchar	oter 8 (Other than K-1	2)				
1237 Landis Avenue						Other (i. etc.)	e. private & commerc	ial bu	ildings	s, hon	ies,	
City (5)	(**************************************					Square Feet	# of Floors		Bldg.	Age		
Pittsgrove						~ 1,000	1		60+			
County (6) Salem			County (STATE	Code (7) USE ONLY)	_	Current Use (Former Gra	Prior if being demolis ain Mill	hed)				
Name of Monitoring Firm Hired by Building Pennoni Associates Inc.	3)	ASCI	M No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.								
Street Address 515 Grove Street Suite 1B	treet Address					Street Address 42 Ridge Road						
City, State, Zip Code Haddon Heights, NJ 08035					City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Alan Lloyd	_		Telepho	ne No. 17-0505	Teleph	Felephone No. License No. 610 933-4332 00836						
Start Date (10) 08/09/2017	Schedu 09/28/		npletion	Date (11)	Name of OSHA Monitor Neuber Environmental Services, Inc.							
Occupancy Status During Abatement (Cher	sk Only O	ne)	7		Neuber Environmental Services, Inc. Street Address							
➤ Facility Closed/Vacated During Entire	10000000000000000000000000000000000000		nent		Street Address 42 Ridge Road							
Abatement Performed Outside of Norr	nal Facilit	ty Hours	5		City, S	tate, Zip Code					_	
Other – Describe:					Phoe	enixville, PA	19460					
Scope of Work (Check All That Apply)						403						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×	Mini-Enclose Glovebag P	rocedure					
	1	. ! !	402			i Non-Exemp	ted (*) and Non-Friab	le Pro	200	re emen	+	
Location of		s Locati Normali								ype	-	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used S Mainte Custodia				Description of ontaining Material (AC all systems insulation facing, VAT, or r miscellaneous)		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes	No						a	-	late	ıre	
See Attached Spreadsheet			X	See	Attach	ed	See Attached	Х				
			X					X				
			V	The second second				-				

NJDEP Waste Hauler ID No.

07903

Project Manager

Cubic Yards of Waste

Disposal Date

08/09/2017

Signature

~ 200

City, State

Elmer, NJ

Completed by

Patrick Larney

Name of Registered Waste Hauler

C&H Disposal Services, Inc.

Name of Registered Landfill

City, State

Alloway, NJ

Salem County Improvement Authority

Date

09/14/2017

1		PALL	D	NOT	FICATI	ON OF AS	BESTO	SABATE	MENT	以件	F	04	U	25	-11
1	Date of Notification (1)	^							_ 1		SEP	10	204	9	III
	(1)	9-15	-17		Name	of Buildin		Operato			-		2017		L
	Agencies Notified	Type Notification	n		Stree	t Address	7	inch	1	00.75	444	Lnc			_
	□ EPA	Initial			City	CA-4- 77-	.0.	<u> B</u>	0x 5	46	ESTOS LICE	NSIN	NTRC G)L&	
	DOL DOL	Amended Amendme		- 1	City, s	State, Zip (ent		11-	- 0	. ^	Tel Control of the least)	in Dealer Spine
	x DOH -	 Emergence justification 		ng	Name	of Contac		,	0:1	V J	ephone N	-	38	5	
	DCA	☐ Cancellation	ก			ary	Vino	1000000 - 100				- 471100			
	Name of Facility Where A		ing Place	(3)	FA	CILITY IN	FORMA'	TION	Type of Facil	ity (4)					
		amily 1	<u>)</u> wc	llin	S				☐ School (
	Street Address								☐ Subchar ☐ Other (i.	oter 8 (Other	er than K	-12)	ildin —		
	City (5) -		1						etc.) Square Feet						nes,
	Rent	on N	I	Ĉ	180	011			Square reet	# 01	Floors		Bldg.	Age 5+	
-	County (6) Were					Code (7)			Current Use (Prior if beir	ng demol	shed)	-1	۱ ل	
1	Name of Monitoring Firm		Owner /8	3)		M No. a	''	I Name	Single	29.		Dw	elli	25	
	EPC TE	hne		5		NINO	À	Name	of Abatement (- 4	22	9.00	e	dia.	-
	Street Address	2 2	7-	7		4 8 0		Street	Address	10 Sec. 10	1010	y is	9		18
1	City, State, Zip Code	JOK J	O T)				10	0.60	255	Ť				
	New Eq	VOT	N	J	08	53	3	A)	ate, Zip Code	SAL	ALT	A	9		2
	Project Manager for Monit	a 9 69	2	T	Teleph	one No.		Telepho	one No.	11.	License	No.		A A A	
-	Start Date (10)	hen ke		led Cor	609	758-2 Date (11)	3365	609 7	758-33	165	0	0.	34		
	9-27-1-	1	(9	29.	- 17			OF OSHA Monito		Mari'm				50,88
	Occupancy Status During							Street A	Address	<u></u>	2165	2 4	nc	-	
	Facility Closed/Vacate Abatement Performed	ed During Entire	Period of	Abaten	nent				0 . Bo		7		10		
1	U Other – Describe:		Tai i doine	, , louic			_		ete, Zip Code .		-	00	< >	•	
	Scope of Work (Check All	That Apply)							Jypi		<u> </u>	70-	53	2	
	≥3 sf or ≥3 if ≥160 sf or ≥260 if			Renova					Full Contains	ment with N	Negative	Pressu	re		
1		24		Demolit	OH			₩	Mini-Enclosu Glovebag Pr	ocedure					
			le	Location	nn	T -			Non-Exempt	ed (*) and	Non-Frial	ole Pro		e ement	
	Location o		1	Nomall	у		Des	scription o	f			L.		pe	
	Asbestos-Containing M TO BE ABAT	aterial (ACM) ED	Ma	ed Solel intenan	œ/	Asbest	os Conta	aining Ma systems i	terial (ACM) nsulation,		ount ecify	7		m	m
	In Facility (13)		Cus	todial S (12)	tatt?	,	surfac	ring, VAT,	or		r LF)	Removal	Repair	caps	Enclosure
			Yes	No	,N/A		outer in	nscenarie	ous)			val	air	Encapsulate	sure
-	15+ Floor			X	2.00	14:0.	0001	Λ	7	72	,	-			
-		ualls)	+			MRa	phea		Duct'		LF	X			
	Carcillat	-04(13)	+-+	X		Jian.	"	hing	Ic.2	1200	SF	X		-	
	*		T									-			
N	Name of Registered Waste	Hauler			DEP W		Cubic Y		Name of	Registere	d Landfill				
	EPC Tech	nologies	>	Ha	uler ID	-	of Wast	le 6	Was	teMa	nacen	ne-f		P	A
C	City, State	7					Disposa		City, Sta	te	100		0 (4 ,
C	ompleted by	ipt i	NJ Title	× .			4-2	gnature	Morn	usville		A	0		
C	true Schen	Kee	Doe	- id.	+		C	3	Sall	1	Da	Ô	1=	1 -	7

PROJECT NAME: Pitts

Pittsgrove Grain ACM Silo's Rev. 03

Area / Notes	Abatement Item Unit Quantity Notes	Unit	Quantity	Notes	Chaptio
					oratus
Silo's					
Metal Silo's (Demo & Dispose)	Caulk	LF.	2,400	2,400 Wet removal during Demo per Alternative Method Letter	-
Metal Silo's (Demo & Dispose)	Mastic	SF	972	Wet removal during Demo per Alternative Method Letter	Complete
Concrete Silo's (Demo & Dispose)	Coating	SF	21,600	21,600 Wet removal during Demo per Alternative Method I etter	

Emergency (

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

(Pursuant to NJAC 8:60 and 12:120) Name of Notification (1) Name of Building Owner/Operator (2)							P F									
Date of Notification (1)	PAL	D		Name of Building Owner/Operator (2) Thomas Bouillon Private Home											5	
9/14/17						Ion P	rivate F	lon	ne	115					Ш	
Agencies Notified	Type Notification			Street A	ddress						SE	P 1	8 20	17		
EPA DEP	Initial		-	City Sto	to Zin Co	do				10 0	-	***		113	-	
DEP DOL	Amended Amendment	#			ite, Zip Co y Hill NJ		3				<u></u>		-			
12 <u></u>		(including	\vdash		f Contact	0000				Tel	ASBES ephone N			ROL	8	
DOH DCA	justification) Cancellation		1	Tom	Oundor						opnone n	MACH OF THE)11 V C	**************************************	- Community	
					LITY INFO	ORMAT	ION			-			-			
Name of Facility Where		g Place (3)					Ту	pe of Facility ((4)						
Thomas Bouillon F	Private Home								School (K-1	12)						
Street Address								X	Subchapter Other (i.e. p				dings,	home	es,	
City (5)								Sq	etc.) uare Feet	# 0	f Floors	E	Bldg. A	ge		
Cherry Hill NJ 0800	03								+000	2		1000	35+			
County (6)		77.		County (Code (7) USE ONLY	1		Cu	rrent Use (Pri	or if bei	ng demol	ished)				
Ocean					ober in Essi						(0)					
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	ĺ.	ASCN	I No.		100000000000000000000000000000000000000		batement Cor o Inc.	ntractor	(9)					
Street Address							Street		T. 11.0.T.							
Street Address									329							
City, State, Zip Code	· · · · · · · · · · · · · · · · · · ·						100		, Zip Code							
							Wes	t B	erlin NJ 080	091						
Project Manager for Mon	et Manager for Monitoring Firm					100	Teleph	none	No.		License	No.				
	ct Manager for Monitoring Firm						856-	753	3-9800		00727	Č.				
Start Date (10)									SHA Monitor							
9/15/17		9/17/1		Same												
Occupancy Status During		3		Street Address												
X Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire I ed Outside of Norn	Period of a nal Facility	Abatem / Hours	ement urs City, State, Zip Code												
Scope of Work (Check A	Il That Apply)															
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	77.77	-	Renova Demolit	10.450					Full Containment with Negative Pressure Mini-Enclosure							
							×	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		1 .						<u> </u>	Non-Exemple	u () an	u Non-File	able FIC		ement		
Landing			Locati Normal			D-							Ту	ре		
Location Asbestos-Containing			ed Sole			tos Con		/late	rial (ACM)	Α	mount			Ш	_	
TO BE ABA			todial S		(i.e.		systems				Specify or LF)	Ren	Re	Encapsulate	Enclosure	
(13)	ity		(12)				miscellar			Oi	OI LI)	Remova	Repair	sula	osui	
		Yes	No	N/A								<u> </u>		ate	.e	
basement far	nily room			х		Floo	or tile o	nly		36	30 SF	x				
News of David				l loss :			V1		l Na	D		CII .				
Name of Registered Was	ste Hauler		100000	IJDEP W lauler ID		of Wa	Yards				ered Land	TIÍI				
United Roll Off				2459		3			G.R.O.	.W.S.						
City, State						100	sal Date		City, Stat							
Elm NJ						9/17			Morris	ville P	A 19067	7				
Completed by		Title		Signature												
Anthony T Perna		Pres	ident			9/14/17										

20 D	ATD	1	тои	IFIC			ew Jersey BESTOS ABA	TEMENT	1.1.4		3 2	62		
)	TALLU				ursua	nt to NJA	AC 8:60 and 5:1	6)	PECE] [15	IN.		
Date of Notification (1) 08 /	30 /	17					g Owner/Operator mmunications	(2)	1	0.03	7			
Agencies Notified	Type Notifica		_						SEP '8	201	1	1		
☐ EPA	☐ I ype Notifica	auon				t Address		l les						
⊠ DOLWD	⊠ Amended	d				Alden St			ASBESTOS C	ONTE	ROL 8			
□ DOH	Amendme		- 9/1	4/17	1 2000	State, Zip C			LICENS	SING				
☐ DCA	☐ Emergen					anford, N	CALL STREET, S	L	COLUMN CHANGE COMPANY	ACCOMPANY TO STATE OF THE PARTY				
(NJAC 5:23-8)	justificatio				Name	of Contac	t		Telephone Num	ber_				
	☐ Cancellat	tion			Ale	x Baylor								
					FA	CILITY IN	IFORMATION		_					
Name of Facility Where A			Place	(3)				Type of Facili	ty (4)					
Verizon Cranford C	entral Office	е						School (K-						
Street Address								Subchapte	er 8 (Other than K-12 private and comme	!) roial b	uildina	c		
34 Alden Street								homes, et		i Ciai Di	ullulling	5,		
City (5)								Square Feet	# of Floors	В	ldg. Ag	ie .		
Cranford								21,685	2	1	+-50	,-		
County (6)					Cour	nty Code (7)(STATE USE ONLY)	100000000000000000000000000000000000000	Prior if being demolis	100	- 00			
Union					000.	, 0000 (.	(CITIZE OCE ONET)	(0)	ommunications	sileu)				
Name of Monitoring Firm	Hired by Build	dina Ov	vner (8)	ASCM	No	Name of Abatem							
USA Environmental			12.12.12.12.12.12.12.12.12.12.12.12.12.1	,	/ 100III	140.	BRISTOL EN							
Street Address	manageme							VIKONIVIENT	AL, INC.					
8346 Enterprise Ave							Street Address	DOTDEET						
City, State, Zip Code	-						1123 BEAVER STREET City, State, Zip Code							
					City, State, Zip Code BRISTOL, PA 19007									
Philadelphia, PA, 19				Ι			The second control of the control of	19007						
Project Manager for Monit	toring Firm				phone		Telephone No. License No.							
Mark Jenkins				1	15-365		215-788-6040	2	00509		-000			
Start Date (10)						ite (11)	Name of OSHA N							
/18 /					3_/-		BRISTOL EN	VIRONMENT	AL, INC					
Occupancy Status During							Street Address							
☐ Facility Closed/Vacate							1123 BEAVER STREET							
Abatement Performed						cribe	City, State, Zip Co	ode						
Time of Abatement:		PIVI/	5:00	PIVI-Z	OUAW		BRISTOL, PA 19007							
Scope of Work (Check all	that apply)													
≥3 sf or ≥3 If ≥160 sf or ≥260 If				novati molitic			☐ Mini-End ☐ Gloveba	losure g Procedure	egative Pressure					
							☐ Non-Exe	mpted (*) and N	lon-Friable Procedu	_				
Location				Locat Iorma						Ab	ateme			
Asbestos-Containing N)		d Sole		Ashes	Description of stos Containing Ma		Amount	Re	Re	E		
TO BE ABA		<i>'</i>		ntena			, thermal systems		(Specify	Removal	Repair	cap		
			Cust	(12)	Staff?	884	surfacing, VAT		SF or LF)	\all		Encapsulate		
IN Facility					N/A	1	other miscellane	ous)				ate		
		-	Yes	No						+		П		
IN Facility (13)	У		Yes	No	1 100000	9x9 VAT	Γ/Mastic		40 SF ⊠ □ □					
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^{*} Do not use this form for asbestos licensure exempted activities.