te of Notification (1)			Name	e of Build	ding Ov	wner/Operator (2	Wise	C.F.				_	
9	/16/16			et Addre	00			OLI			10	- 1	
encies Notified	Type Notification		Stree	et Addre	55	V.				_		_	
EPA	Initial Initial	1	Cibi	State, Z	in Code	9							
DEP	Amended Amendment #		City,	State, 4	ip oou.	Collin	ngswood, NJ	08108	(Fire I		-	_	
DOL	☐ Emergency (include	ling	Nom	ne of Cor	ntact			Telephone Num	ber	-			
DOH	justification) Cancellation	-	Man	16 01 001	Am	anda Wise						_	
DCA	Caricellation					RMATION							
			F	ACILITY	INFOR	CINIATION	Type of Facility	y (4)					
ame of Facility When	re Abatement is Taking P	ace (3)					- O-bool /V	12\	10)				1
	Reside	ntial						r 8 (Other than K-1 private & commercial	ız) cial buildi	ings,			1
treet Address							homes, etc	G.)					4
							Square Feet	# of Floors	Bio	dg. A			
City (5)	5N 22V	1.3	TT				2400			100)+/-	_	4
	Collingsw	700a, I	VJ C	ounty C	ode (7)	(STATE	Current Use (Prior if being demo	olished)				
County (6)			U	ISE ONL	.Y)							_	
	Camden		I ASC	CM No.	T	Name of Abate	ment Contractor	(9)	ioco T-	10			Ì
Name of Monitoring I	Firm Hired by Building Ov	ner	ASI	OIVI IVO.		Ste	evens Enviro	nmental Servi	ices, in	IC.		_	-
(8)	MECS		_		-	Street Address	3						
Street Address	DOD 241						PC	Box 322					-
	PO Box 341				= $+$	City, State, Zip	Code	NTI 00501	1				
City, State, Zip Code	Crosswicks, NJ 0	8515					Allento	wn, NJ 08501					7
		17	eleph	one No.	-	Telephone No.	0.500	License Ne	0049	13			
Project Manager for	Monitoring Firm		(609)	298-4	1070		259-9688		0017	_			-
	Weisgarber	uled Con				Name of OSH	A Monitor	MECS					
Start Date (10)			/7/16					MECS		_			=
9/28/1	16				_	Street Addres	SS D	O Box 341					
Occupancy Status	During Abatement (Chec	riad of Al	natem	ent				J B0X 341					_
☐ Facility Closed/	Vacated During Entire Performed Outside of Norma	Facility	Hours			City, State, Zi	p Code	: also NII 085	15				
Abatement Per	ormed Outside or Norma						Crossw	ricks, NJ 085	15				=
Other - Describ	e: 8am - 4:pm						Containment wit	h Negative Pressu	re				
Scope of Work (C	heck all that apply)		24.0			☐ Mini	-Enclosure						
≥3 sf or ≥3 lf		Rer	novation nolition	n n				end Non-Friable Pro	cedure	-5.5			
≥160 sf or ≥26	0 If	Пре	nomino.			Non	-Exempled () al	Id Hom .		Ab	atem		
			ocatio						L		Туре	-	
		Used	mally Solely			Description	on of	Amount				П	
Lo	cation of aining Material (ACM)	Main	tenan	ce/	Asbe	estos Containing e., thermal syste	Material (ACM)	1 To	4	Re	2	Encapsulate	
Asbestos-Cont	E ABATED		istodia Staff?	al	(1.6	surfacing.	VAI, OF	SF or LF)	Removal	Repai	psu	
- IN	l Facility		(12)			other miscel	laneous)			a		ate	
	(13)	Yes	No	N/A									+
		res		1477		The amount Day	ct Insulation	4 lf		×			1
R	asement		×		1	nermai Duc	ot Inquilation	14 lf		×			
	awl Space	×				Thermal Due	ct Insulation			×			T
			×		Γ	Thermal Pap	er Insulation	1 - 0 51	-	-			1
2:	nd Floor	-						of Registered Land	Hfill				_1
	Little de Maidas	-		NJDEP		Cubic Yard	ds Name			1£11	Ē		
Name of Regist	ered Waste Hauler	т		Hauler II	O No.	of Waste	J	GROW	S Lanc	11111			=
Name of region	nvironmental Servi	ces, in	<u>. </u>	18.	292	Disposal D	Date City, S	tate	111 1	D 4			
Stevens Er						TO A STATE OF THE PARTY OF THE		Morris	sville, l	MA			_
Stevens Er		STT				10/7/	16/1-01						
Stevens Er City, State	Allentown	, NJ					/		Date		6/1	6	

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

D&S Proj. #: 16-278		(Pursua	nt to NJAC	8:60	and 12:120)							14.	
(1/#10815							-1/1				-		
Date of Notification (1)	Name of	Building Owner	r/Operator (2)					SEP	1 6 5	016			
0 9 /1 3 /1 6		ara reiman				12		ULI	185 4	.010			
Agencies Notified Type Notification	Street Ac	idress											
EPA Initial Amended							7/ 2				LŒ		
Amendment #:	City, Stat	e, Zip Code					-2-					Bernet en	
DOL Emergency	MAP	LEWOOD, N	J 07040						-	-	Selection .		esteria
DOH (including justification)	Name of	Contact					Lelepho	one Num	iber				
DCA Cancellation	BAR	bara reiman								_			
		FACIL	ITY INFORMA	TION									
Name of facility where abatement is	taking place (3)					Туре	of Facility		4.01				
#** - 1980 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 198	31 , ,							ool (K -		tha	n V 1	۵۱	
BARbara reiman								chapter 8 er (Privat				۷)	
Street Address							Bldg	s./Home	s, etc.				
						Squ	are Feet	# of F	loors		Bldg	g. Ag	е
City (5)	County (6)				inty Code (7) ite use only)	-	rrent Use	(Prior if h	peing de		ieher	1)	
MADI EMOOD	ESSEX			(318	tile use only)	Cui	rrent Ose	(1101111	Jenig u	511101	131100	'/	
MAPLEWOOD Name of Monitoring Firm Hired by B			ASCM No.		Name of Abatemen	nt Contra	ctor (9)						
ramo or morning			D&S RESTOR	RATIO	N, INC.								
Street Address					Street Address								
			20 California A				10		-		-		
City, State, Zip Code					City, State, Zip Code								
				_	Paterson, NJ 0 Telephone Number			Llice	ense Nu	mbe	r		
Project Manager for Monitoring Firm		Phone Numb	er		973-345-8020			2.00	0110		80		
				_	Name of OSHA Mo								
Start Date (10)	Sched. Com	pletion Date (11	1)		D & S Restora	ation, Ir	nc.						
09/27/16	10/15/16		No. of the Control of		Street Address								
Occupancy Status During Abatement					20 California A					-	_		
Facility closed/vacated during and Abatement performed outside Describe:	entire period of a of normal facility	hours-			City, State, Zip Cod								
Other-Describe: NORMAL Ho	OURS			-	Paterson, NJ (_	
Scope of Work (check all that apply)						ontainmer enclosure	nt w/neg	ative pr	essu	ire		
\boxtimes >3 sf or >3 lf	Renovation					Glove	bag proce	edure					
≥160 sf or ≥260 lf	Demolition					Non-E	Exempted	(*) and l		ble	R	dure E	
Location of	Is location norm		S				Amour	nt	- 1	9	е	n	E
asbestos-containing material (acm) to be	staff(12)		Descripti material		asbestos-containing		(Speci	fy SF or	100	m	p a	c	c
abated in facility (13)	Yes N	lo N/A		,	50		LF)		1	v e	i	р	-
BASEMENT			PIPE INSU	JLAT	TION	2	23 1 ft			X			
BASEMENT (inside soffits)			PIPE INSU				50 1 ft			X			
D. LODATED T. (HISTON SOLITO)													PROSE
4									[14
							Terri		[Ц	Ш	
Registered Waste Hauler	NJDEP Ha		Cubic Yards of	Wast	e Name of Register TULLYTOW?	red Land	ifill OURCE	RECO	VERY				
D & S RESTORATION, INC.	13506	Disposal	1 yd. Date		City, State	-1, 1000	Jones			EXCELLER.			PARTITION OF THE
City, State PATERSON, NJ 07503		09/28/			TULLYTOW	N, PA							
Completed by (Print or Type)	Title		Signature					-	ate	116			
BOGDAN JOLDZIC	PRESIDENT			Ver	tod activities			109	9/13/20	110	-		
	Do not use this	torm for asbes	tos licensure e	xemp	ted activities.								

D&S Proj. #: 16-276	(Pursu	State operation of Asburant to NJAC	estos A 8:60 ar	batement nd 12:120)	The second secon				7			PS
Date of Notification (1)	Name of Building Own	ner/Operator (2)				III SE	P 19	201	6		U	
Agencies Notified Type Notification EPA Initial Amended Amendment #:	robert merkle Street Address City, State, Zip Code									E E		
DOL Emergency (including justification)	Upper Montclair, Name of Contact	, NJ 07043	and the second			Telephon	e Numbe	er				men.
DCA Cancellation	robert merkle						-5		_			_
		CILITY INFORM	IATION		TTV	pe of Facility ((4)					_
Name of facility where abatement is taken robert merkle Street Address	king place (3)					School Subch	apter 8 (Other Commetc.		ial	2) J. Age	-
	County (6)		Count	/ Code (7)	5	quare reet	# 01 1 100	013				
City (5)	County (6)			use only)		Current Use (P	rior if be	ing de	mol	ished)	
Upper Montclair	ESSEX	ASCM No.		lame of Abatement	Con	tractor (9)						_
Name of Monitoring Firm Hired by Bldg	J. Owner (8)	ASCIVI NO.	1.1	D & S RESTOR								
Street Address			S	treet Address 20 California A	ve.				positi			
City, State, Zip Code Project Manager for Monitoring Firm	Phone Nun	mber		Paterson, NJ 0 elephone Number 973-345-8020	7503	3	Licens	se Nui		r		
Start Date (10)	Sched. Completion Date	(11)	<u> </u>	Name of OSHA Mo D & S Restora		Inc.						
10/12/16	10/28/16			Street Address								
Occupancy Status During Abatement (Facility closed/vacated during en Abatement performed outside of Describe: NORMAL HOL	ntire period of abatement. normal facility hours-		_	20 California A City, State, Zip Cod Paterson, NJ (e 0750	3		lue ar		IFO.		
Scope of Work (check all that apply) Sopremble Sopremble Sopremble	denovation demolition				Mir Glo	Containment ni-enclosure ovebag proced n-Exempted (lure				edure	
Location of asbestos-containing material (acm) to be	s location normally used so by maintenance/custodial staff(12)	Descrip	otion of as al (ACM)	bestos-containing		Amount (Specify LF)		9	e m	Repai	Encap	EncL
abated in facility (13)	Yes No N/A			ON		85 l ft				Г	П	\vdash
BASEMENT		PIPE INS	SULATI	JN		03111			1	一	盲	愩
								[旦	旦
						1600		[Ц	Ш	
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of 1 yd.	of Waste	Name of Register TULLYTOW City, State	N, R	ESOURCE	RECOV	ERY	-			market y to f
City, State PATERSON, NJ 07503 Completed by (Print or Type)		3/16 Signature)	TULLYTOW	N, F	PA	Dat					
BOGDAN JOLDZIC	PRESIDENT Do not use this form for ast	pestos licensure	exempte	d activities.			09	0/13/2	.016)		

N #					of NJ							
						Abatement and 12:120)	-					
D&S Proj. #: 16-280			(Fulsu	ant to NoA	0.00	and 12.120)		e en en e		==		
Date of Notification (1)	Na	me of Buil	ding Own	er/Operator (2	2)			OFD -	57	10		
0 9 / 1 3 / 1 6	ll a	nthony P	ANTAN	0			125 2	SEP 13	- 20	10		
Agencies Notified Type Notification		eet Addres					S					
EPA Initial Amended							76.30					
DEP Amendment #:	Cit	y, State, Z	ip Code				h-2 - h- 0					Nest 140 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
☑ DOL ☐ Emergency	-	kinelwor	th, nj 070	33								manuscribits.
DOH (including	11 -	me of Con	THE RESERVE OF THE PERSON NAMED IN				Telephon	e Number				
justification)		anthony l	PANTAI	NO								
Cancellation	Ш	untilon			MATION							
			FAC	LITY INFORM	MATION		T of Facility	4)				
Name of facility where abatement is	taking plac	e (3)					Type of Facility (4) I (K - 12)				
anthony PANTANO							Subch	apter 8 (Oth	er th	an K-	12)	
Street Address								(Private/Con		cial		
								/Homes, etc. # of Floors		Bld	g. Ag	16
	Losus	. (6)			T Cour	nty Code (7)	Square Feet	# 01 110015		Dio	9. 7.5	,0
City (5)	Count	y (b)				te use only)	Current Use (P	rior if being	demo	olishe	d)	
west orange	ESS	EX						ŭ				
Name of Monitoring Firm Hired by B	ldg. Owner	r (8)		ASCM No.		Name of Abatement	Contractor (9)					
						D & S RESTOR	RATION, INC.					
Street Address						Street Address						
						20 California A			_			
City, State, Zip Code						City, State, Zip Code						
						Paterson, NJ 0		TLicense N	Limb	or		
Project Manager for Monitoring Firm		Ph	one Numb	per		Telephone Number 973-345-8020			169	ы		
						Name of OSHA Mor						
Start Date (10)	Sched.	Completion	on Date (1	1)		D & S Restorat						
09/28/16	10/14	/16				Street Address						
Occupancy Status During Abatemen	t (Check or	nly one)	UM-ASS-T-S-			20 California A	venue					
Facility closed/vacated during	entire perio	od of abate	ement.			City, State, Zip Code	е					
Abatement performed outside Describe:		acility nou	rs-									
Other-Describe: NORMAL H	OURS					Paterson, NJ 0						
Scope of Work (check all that apply	')						Full Containment Mini-enclosure	w/negative p	ress	ure		
\boxtimes >3 sf or >3 lf	Renovation	n					Glovebag procedu	ıre				
≥160 sf or ≥260 lf	Demolition						Non-Exempted (*	and Non-fr				-
Location of	Is location by mainte	normally	used sole	У					e e	R	E n	E
asbestos-containing material (acm) to be	staff(12)	nance/cus	stodiai		otion of a	sbestos-containing	Amount (Specify	SF or	m o	p a	С	n
abated in facility (13)	Yes	No	N/A	materio	ii (AOIVI)		LF)	1	v	i	a p	L
				7 PIPE INS	TT ATT	ION	81 1 ft		e	-	П	+
BASEMENT		X		chimney			2 sq ft			H	늄	卌
BASEMENT		LX	-	1 cummey	HIHIDIC	Pucking	2 39 11		H	F	Ħ	市
			-	-					一	Ī	I	T
			-	1					一			TO
Registered Waste Hauler	INJDF	P Hauler	ID#	Cubic Yards	of Waste	Name of Registere	ed Landfill	l				
D & S RESTORATION, INC.	135			1 yd.		TULLYTOWN	, RESOURCE R	ECOVER'	Y	-		Barter (Spirit 1964)
City, State			Disposal			City, State	AT DA					
PATERSON, NJ 07503			09/29/	Signature		TULLYTOW	N, FA	Date				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT	-0	_ Cignature				09/13/	201	5		

State of NJ Notification of Asbestos Abatement D&S Proj. #: 16-275 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) SEP 1 9 2016 0 9 1/1 2 1/1 16 ianet scott Agencies Notified Type Notification Street Address Initial EPA ASBESTOS CONTROL A Amended DEP City, State, Zip Code Amendment #: DOL HO-HO-KUS, NJ 07423 Emergency (including DOH. Name of Contact Telephone Number justification) D DCA ianet scott Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) janet scott Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) HO-HO-KUS BERGEN Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Project Manager for Monitoring Firm Telephone Number Phone Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 09/26/16 Street Address 10/14/16 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure Mini-enclosure
Glovebag proce \times >3 sf or >3 lf Renovation M Glovebag procedure ___ ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E е by maintenance/custodial P n asbestos-containing Amount Description of asbestos-containing m staff(12) p C (Specify SF or material (acm) to be material (ACM) C a a abated in facility (13) Yes No N/A V p PIPE INSULATION 40 L FT X basement X BASEMENT BOILER **BOILER INSULATION** 70 SQ FT Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 2 vds. Disposal Date City, State City, State 09/27/16 PATERSON, NJ 07503 TULLYTOWN, PA Signature Completed by (Print or Type) Date

09/12/16

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

Title

PRESIDENT

BOGDAN JOLDZIC

K# 568	8	N		CATION	OF ASBE ON NJAC 8	STOS	ABATE		Т		E G			V.	127	
Date of Notification (1) 9/14/16			1		Building C gan Priva			(2)			SEP	1 (3 2	016		U
Agencies Notified EPA DEP DOL	Type Notification Initial	al. ratio a	(idress te, Zip Coo ottom N)8			1		IS O	in.		8	- 17
DOH DCA	Emergency (in justification) Cancellation	cluaing	01.0	Name of Pat	Contact					Те	lephone N	Numb	er			
Tomas de la constant				FACIL	LITY INFO	RMATI	ON			_						
Name of Facility Where Pat Egan Private H		Place (3)					Ту	e of Facility							
Street Address	ionie							×	School (K- Subchapte Other (i.e. etc.)	er 8 (Oth	ner than K & comme	(-12) ercial	build	ings,	home	es,
City (5) Ship Bottom NJ 08	008							2.5	uare Feet 00+	# 0	of Floors			dg. A 5+	ge	
County (6) Ocean				County C	Code (7) JSE ONLY)			Cu	rrent Use (P	rior if be	ing demo	lishe	d)			
Name of Monitoring Firm	n Hired by Building Ov	vner (8)		ASCM	l No.		Name Pern		batement Co	ontracto	r (9)					
Street Address							Street PO E									
City, State, Zip Code									, Zip Code erlin NJ 08	091						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telepl 856-		No. -9800		License 00727					
Start Date (10) 9/27/16		Schedule 10/3/16		pletion l	Date (11)		Name Sam		SHA Monito	r						
Occupancy Status Durin	ng Abatement (Check	Only Or	ne)				Street	Add	ress							
	cated During Entire Pened Outside of Norma						City, S	State	, Zip Code							
Scope of Work (Check A	All That Apply)						l						_			
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		_	Renova Demoliti						Full Containr Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure)				9	
	1)	2.7	Locati											Abate Ty	ment pe	
Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) BATED ility	Use Ma Cus	d Sole intenar todial S (12)	ly by nce/ Staff?		tos Con therma surfa		Mate is ins AT, o			Amount (Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	o: ::	Yes	No	N/A			-: 0:	-I'		-	400 CE					
Exterior	Siding			X		Exte	erior Si	din	3	1.	400 SF		x			
										10.		100				
Name of Registered Wa United Roll off	iste Hauler		Н	JDEP W auler ID 2459		of Wa	Yards ste		G.R.C		tered Lan	атш				
City, State Elm NJ	S					Dispo 1.0/3/	sal Date	3	City, St Morris		A 1906	7				
Completed by Anthony T Perna		Title Pres	ident				Signatur	e				Date 9/1		3		

1)		NC	TIFIC	State ATION OF	of N ASB	ew Jei	Sey ABATEMENT		EGI		W		ĺ	
Date of Notification (1)	<u>, </u>	(F	oursu				and 12:120) er/Operator (2)	-113(1	The same of the sa			_	Щ	
9-14-16	,			Chemour	s Cor	npany F	C LLC		SFP	1 9 20	016			
Agencies Notified		cation Type		Street Ad 1007 Mar		20					710		-	J
☑ EPA ☑ DEP ☑ DOL	☐ In 図 Ai	ntial mended		City, Stat Wilmingto				7	43BESTOS LICE	CONT	ROL	. &	1	
**************************************		mergency (Includir	ng -	Name of				The state of the s			abar			
☑ DOH ☐ DCA		ustification) ancellation		Chris O					l Telepho	one Nun	nber			
		141		FACIL	I YTL	NFORM	ATION)					-9/3	91370
Name of Facility When Chamber Works Plant		ent is Taking Place	e (3)					Type of Faci						
Street Address Rt 130 South								School (K	ter 8 (other th . private & co			ıildir	ngs	Ģ.
City (5) Deepwater								homes, e Square Feet		ors	BI	dg.	Age	Э
County (6) Salem						ounty Co SE ONL	de (7) (STATE	Current Use	(prior if being	g demoli	ished)		
Name of Monitoring Fi Harvard Environm		by Bldg. Owner (8)		ASCM No).		of Contractor (9) ty Environmen	tal						
Street Address 761 Pulaski Hwy						Street	Address New Churchma				-(0.2)			3.3 E
City, State, Zip Code Bear, De		90					ate, Zip Code Castle, DE 197	720						
Project Manager for M Wesly Morrison	lonitoring F		The second second	one No. 26-2333		Teleph	one Number 322-8946		License 00578		r			
Scheduled Start Date 1-2-16	(10)	Scheduled Com 12-31-16				Name	of OSHA Monitor ty Environmen	tal	(16-003A)					
Occupancy Status Dur	ring Abate	ment (Check only	one)			Street	Address	1						
 ☐ Facility Closed/Vac ☐ Abatement Perform 	ated Durin	ng Entire Period of	Abater	ment			lew Churchma	ns Road						
Other - Describe: U	Jnoccupie	d area.	ty Hour	S -			Castle, DE 197	20						
Scope of Work (Check $\boxtimes \ge 3$ sf or ≥ 3 lf $\boxtimes \ge 160$ sf or ≥ 260 lf	all that ap	pply)				ovation nolition	☐ Mini-Enclo☑ Glovebag)			
			I	s Location	1						Al	oate Ty	me pe	nt
Asbestos-Conta TO BE	cation of aining Mate E ABATED acility (13)			Normally ed Solely aintenanc Custodial Staff? (12)	by e/		Description stos Containing M thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or	Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A									
Thermal Systems Thermal Systems				X			nal coverings throunal coverings throu		10,000LF 3,000SF		X	X	X	
Floor Tile /Mastic				x		Floor	tile and mastic thro	oughout area	2,300SF		X			
Name of Reg. Waste F S&J Transport.	Hauler		ID	DEP Was No. 217	te Ha	uler	Cubic Yards of Waste >30	Constoga	leg. Landfill					
City, State Woodstown, NJ							Disposal Date TBD	City, State Morgantow						
Completed by Evelyn Walsh	Titl Of	e fice Manager					Signature			Date 9-14	-16			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 9-14-16 Dupont Nemours Company SFP 1 9 2016 Agencies Notified Street Address Notification Type Rt 130 South ☐ Initial **⊠** DEP City, State, Zip Code ASBESTOS CONTI-⊠ DOL Deepwater, NJ 08023 ☐ Emergency (Including Name of Contact □ DOH Justification) Telephone Number ☐ DCA ☐ Cancellation Chris Orange FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Chamber Works Plant School (K-12) Street Address Subchapter 8 (other than K-12) Rt 130 South Other (i.e. private & commercial buildings, homes, etc. City (5) Square Feet # of Floors Bldg. Age Deepwater County (6) County Code (7) (STATE Current Use (prior if being demolished) Salem USE ONLY) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Harvard Environmental County Environmental Street Address Street Address 761 Pulaski Hwy 461 New Churchmans Rd. City, State, Zip Code City State, Zip Code Bear, De New Castle, DE 19720 Project Manager for Monitoring Firm Telephone No. Telephone Number License Number Wesly Morrison 302-326-2333 (302) 322-8946 00578 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1-2-16 12-31-16 County Environmental (16-003A) Occupancy Status During Abatement (Check only one) Street Address 461 New Churchmans Road ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Other - Describe: Unoccupied area. New Castle, DE 19720 Scope of Work (Check all that apply) ☑ Full Containment with Negative Pressure $\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$ Mini-Enclosure □ Renovation ≥ 160 sf or ≥ 260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Used Solely by Asbestos Containing Material (ACM) Amount Location of Maintenance/ (i.e. thermal systems insulation, (Specify Encapsulate Enclosure Asbestos-Containing Material (ACM) Custodial Removal surfacing, VAT, or Repair SF or LF) TO BE ABATED Staff? other miscellaneous) IN Facility (13) (12)Yes No N/A Thermal Systems X Thermal coverings throughout area 10,000LF X Thermal Systems Х Thermal coverings throughout area 3,000SF Floor Tile /Mastic Floor tile and mastic throughout area X 2,300SF X Name of Reg. Waste Hauler NJDEP Waste Hauler Name of Reg. Landfill Cubic Yards of S&J Transport. ID No. Waste Constoga 03217 >30 City, State Disposal Date City, State Woodstown, NJ TBD Morgantown, PA Completed by Signature Date Evelyn Walsh Office Manager

9-14-16

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) Name of Building Owner / Operator (2) Date of Notification (1) AT&T Corporation 09 16 16 Street Address Agencies Notified Type of Notification 200 Laurel Ave - Room 1A-117 City, State, Zip Code **EPA** Initial Amended Bedminster NJ 1 DOH Amendment # Name of Contact Telephone Number DOL Emergency w/ justification Mark Morrison Cancellation FACILITY INFORMATION LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) AT&T Folsom School (K-12) Street Address Subchapter 8 (Other than K-12) 1 Other (I.e., private & cmmercial 1001 Blackhorse Pike bldgs., homes, etc.) **Building Age** City (5) # Of Floors County (6) County Code (7) Square Feet Folsom Atlantic 10,000 +/- 50 Current Use (Prior if being demolished) Office Building Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO Name of Abatement Contractor (9) ATC Group NorthStar Contracting Group, Inc. Street Address Street Address 3 Terri Lane Suite 4 City, State, Zip Code 32 Williams Parkway Burlington, NJ 08016 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number 609-479-8512 John Lutz East Hanover NJ. 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 03 16 10 00860 973-772-3660 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NorthStar Contracting Group, Inc. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway MON-FRI. Other - Describe: City, State, Zip Code 7:00AM-3:30PM East Hanover, NJ. 07936 Scope of Work (Check All That Apply) Demolition Full Containment with Negative Pressure 1 Renovation 1 >3sf or >3lf Mini - Enclosure ≥160 sf or ≥260 lf 1 Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Description of Location of ls Abatement Type Asbestos Containing Location Asbestos - Containing N Material (ACM) Normally Material (ACM) Amount E R N C TO BE ABATED Used (l.e., thermal systems (Specify M E C in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P 0 V P (13)by Mainor other miscellaneous) tenance/ Δ S S I Custodial U R Staff (12) R YES NO N/A 400 SF Basement Floor Tile & Mastic Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill Service Transport Group Hauler ID No. Yards Minerva Landfill 58 Pyles Lane SW2117 of Waste City, State Disposal City. State New Castle, DE. Date 8955 Minerva Poad Waynesburg, OH. 44688 Completed by (Print or Type) Date Title Signature-Richard Semega 9-16-16 Project Manager

CK 2540 Check#2590

MAY 11

Date of Notification (1)				Name	of Building	Owner/O	perator (2	2)	1 1 1.	100	1		
09 /	14 / 16						Y-1						
Agencies Notified	Type Notification		-	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED AND ADDRESS	Mencher Address		-	20	16 SEP 19 A	H 10:	52		
☐ EPA	Initial			Otiobt	Addiess								
□ DOLWD □	Amended		-	City S	tate, Zip C	nde			JESTOS C		OL.		
DHSS	Amendment #_				600 500				& LICENS	ING			
DCA (NJAC 5:23-8)	Emergency (in justification)	cluding			Orange, North of Contact				Telephone Num	her	-		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cancellation				Mencher				Tromphone Nan	1001			
					CILITY IN	CODMA	TION						
Name of Facility Where A	Abatement is Taking	Place (31	FAC	>ILIII IN	FURINA	TION	Type of Facility	(4)				
Private house	to acontone to running	1.000 (· /					School (K-12					
Street Address								Subchapter 8	(Other than K-1 2				
									rivate and comme	rcial bu	ilding	S.	
City (5)								homes, etc.) Square Feet	# of Floors	I Ric	dg. Ag	10	
South Orange, NJ 0707	79						2	oquaro i oot	11 01 1 10010	0.	ag. / \	10	
County (6)				Count	y Code (7) (STATE US	SE ONLY)	Current Use (Pr	ior if being demoli	shed)			-
Essex					A. A. A. A.			***********	3				
Name of Monitoring Firm	Hired by Building C	wner (8) /	ASCM	No.	Name o	f Abateme	ent Contractor (9)	·				
						Gr Tech							
Street Address		000000000				Street A							
						576 Val	ley Rd#	283					
City, State, Zip Code						The second secon	ate, Zip Co						
						Wayne,	NJ 0747	70					
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telepho	ne No.		License No.				
						973-638	3-1777		01127				
Start Date (10)		luled Co				Name o	f OSHA N	lonitor	<u> </u>				
		19 /		_ / -	16	Envirov	ision Co	nsultants,Inc					
Occupancy Status During						Street A	ddress		5				
Facility Closed/Vacate								Road, Bldg .#	35E				
Abatement Performed Time of Abatement:						City, Sta	ate, Zip Co	ode					
					,	Fair Lav	wn, NJ 0						
Scope of Work (Check all	I that apply)					H		and decontaming and decontaming tainment with Ne	nation with negative	e press	sure		
>3 sf or >3 If 2 160 sf or 260 If		⊠ Ren	ovati	on			Mini-Enc	losure					
≥ 160 sf or ≥260 lf		☐ Der	nolitio	n		\bowtie	Gloveba	g Procedure	Tent with Negativ on-Friable Procedu	e Press	sure		
		l is	Locat	O.D.			NUII-EXE	mpleu () and No	II-PHADIE PIOCEGI	-	1	- · T	
Location		N	ormal	ly		De	scription o	of			atem		
Asbestos-Containing		100 CO (100 CO)	Sole Sole			tos Cont	aining Ma	terial (ACM)	Amount	Rer	Rep	Enc	Enc
TO BE ABA		4500		Staff?	(i.e.		systems cing, VAT	insulation,	(Specify SIF or LF)	Remova	Repair	apsı	Enclosure
(13)			(12)				niscellane		Oli Ol El j	<u>a</u>		Encapsulate	6
		Yes	No	N/A								(b	
Basement				\boxtimes	Pipe insu	lation			35 LF	\boxtimes			
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Name of Registered Was	ste Hauler		NJE	EP Waste	Hauler ID No.	Cubic Ya	rds of Wast	Name of Regi	stered Landfill				
Gr Tech LLC			(03378	35	TBI		T.R.R.F. Inc					
City, State						Disposa	I Date	City, State					
Wayne, NJ 07470						TBI)	Tullytown, P	A				
Completed By (Print or T	ype) Title	9				Sig	gnature /			ate			
N.Jevtic	Ow	ner					He	who wenas	0	9/14/16	5		
ASB-41							- 1/						

State of New Jersey - Notification of Asbestos Abatement

CK 12361

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<u> </u>				11 (D. 11) - 0/0	(2)					
Date of Notification (1)			Name of Building Owner/Ope The Valley Hospital							
September 7, 2016	- N. 115 - 11 - 1	T	-	Street Address	2010 58	Fig	En	11: 5F		
Agencies Notified	Notification						, , , , ,	0 0		
⊠ EPA		Notification	1	223 North Van Dien A	venue					
□ DCA	Amendn	nent		City, State, Zip Code	_ P & D			1.01		
x DOL				Ridgewood, NJ 074	50-2736	I INF	Man.	0		
☑ DEP	Emerger	cy (including	T	Name of Contact		Teleph	one Nur	mber		
x DOH	justific			William Stasiak	4		A STATE OF THE PARTY OF T	N. COLORON		
	justilic	alion		William Otabian						
		FA	CILITY INFO	ORMATION		-				
Name of Facility Where Abatement is	aking Place (3)			Type of Facility (4)						
The Valley Hospital				☐ School (K-12)						
Cheel Wing- Orthopedic Re	nlacement		- 1	☐Subchapter 8 (other than K-	12)					
	piacement			Other (i.e. private & cor		ildinas.	homes.	etc.)		
Street Address				Sq. Feet: Unknown	# of Floors	4 B	lda Aa	e 50÷	vear	s
223 North Van Dien Avenue				Sq. reet. Olikilowii	7 011 10010	<u>.</u> - <u>D</u>	149.719	<u>u.</u>	,	
City (5) County	(6)	County Code (7		Current Use (prior if being de	emolished):	Hosp	oital			
Ridgewood Berg	en	(State Use Only	()	Danient Goo (Inc.)	(1)					
Name of Monitoring Firm Hired by Bldg	. Owner (8)	ASCM No.		Name of Contractor (9)				100		
Colden Corporation	3			GREENWOOD ABATE	MENT CC	DNSU	_TANT	S, INC.		
Colden Col polation					344					
Street Address		-		Street Address						
28 Washington Street				268 MAIN STREET						
City, State, Zip Code		-1		City State, ZipCode						
Ballston Spa, NY 12020				Butler, NJ 07405						
Project Manager for Monitoring Firm	Telephone I	lumber		Telephone Number		Licens	e Numbe	er		
	347.435			973-492-0477	1	0084	0			
Jim Miades			441	Name of OSHA Monitor						
Scheduled Start Date (10) September 19, 2016	August :	Completion Date (11)	EMSL inc.						
				Street Address						
Occupancy Status During Abatemen				Street Address						
Facility Closed/Vacated Durin	g Entire Period	of Abatement		1056 Stelton Road						
Abatement Performed Outsid	e of Normal Fac	ility Hours -		City, State, Zip Code						
Describe Other – Describe: 5 Phases				Piscataway, NJ 08854	-					
Other – Describe: 5 Phases	eptember 19- 3	oth Day Shift								
Phase 1- 3	eptember 19-3	U - Day Still								
Source of Work (Check all that apply)										
Oddioc or Tyolk (official distribution)				x F	ull Contain	ment w	ith Nega	ative Pres	ssure	
≥ 3 sf or ≥ 3 lf		F	Renovation		Mini-Enclo	sure				
□≥ 160 sf or ≥ 260			Demolition	G	lovebag Pro	ocedure	9			
<u>□</u> ≥ 160 \$1 01 ≥ 200		-	Scinolition		lon-Exemp			-Friable F	Proced	ure
Location of Asbestos-Containing	Is Location	Normally Used So	olely D	escription of Asbestos	Amoun			ent Type		
Material (ACM) in Facility (13)		ustodial Staff? (12		Containing Material (ACM) (i.e.	(Specif	y SF		Danais 5		naloco
material (terri) in territory (te)	ÝES	NO NA		nermal systems insulation,	or LF)		Remove	Repair E	ncap E	nciose
			S	urfacing, VAT, or other miscell.)						
Patient Rooms		X	S V	AT & Mastic	7,000	sf	X			
Patient Rooms							-			
						- (D i -	to real Law	7611		
Name of Reg. Waste Hauler	NJDEP Wa		Cubic Yards of Waste:		Name	dowfill L	tered Lar	IGIIII		
See Hauler Below # 1 & 2	See Belov	V		80					2	
Hauler #1) Greenwood Abater	nent Consult	ants, Inc Bu	ıtler, NJ 0		Disposal Da		SS 5 3	City, State Route 2,		
NJ DEP # 12561				1	August 3	0,201		Bridgepor		
Hauler #2) Newark Carting, Inc	Newark, N	J 04509, NJ DE	P # 19551					304-842-2		
Completed by (Print or Type)	Title			Signature		Date		province	32245.3	
Marin Graure	SENIOR F	ROJECT		The state of the s		Sep	tembe	er 7, 20	16	
Indian Ordano	MANAGE			Marin Graure						

REDECKTE 2044

											# H E	200			
Date of Notification (1) 9/6/2016					Building (ij Realty		Operator	(2)	0.0	10 CED	10 5	M In	. 50		
Agencies Notified	Type Notification		1 2	Street Ad 362 To	ddress Innelle A	venue	9		20	18 SEP	15 6	in tu	-43		
EPA DEP DOL	Initial Amended Amendment			City, Sta	te, Zip Co City, No	de			Đ.	- n	ICEH.	Unit UNIC	70	L	
DOH DCA	Emergency justification) Cancellation	MATERIAL DOLLAR	1.0		Contact rinderjit	Singh				Teleph	none Nur	nher			
				FACIL	ITY INFO	RMATI	ON								
Name of Facility Where A Former Power Gas Street Address		g Place (3	5)						of Facility (4 School (K-1) Subchapter	2)	than K 1	2)			
512 North Broad St	reet							×	Other (i.e. p etc.)				lings,	home	es,
City (5) Elizabeth								Squar ~ 3,0	re Feet 100	# of FI	loors	B 4	ldg. A 0	ge	
County (6) Union				County C (STATE L	Code (7) ISE ONLY)				nt Use (Prio mercial	or if being	demolish	ned)			
Name of Monitoring Firm TBD	Hired by Building	Owner (8)		ASCM	No.		100000000000000000000000000000000000000		tement Con acting, LL)				
Street Address							T272-10-0	Addres Valle	ss y Road, S	Suite K					
City, State, Zip Code									p Code ew Jersey	/ 07470					
Project Manager for Mon	itoring Firm			Telephor	ne No.		Teleph	none No	D.	L	icense N	0.			
Start Date (10) 9/16/2016	0	Schedul 9/30/2		pletion [Date (11)		Name	of OSF	HA Monitor acting, LL	.C					
Occupancy Status During	a Abatement (Chec	k Only Or	ne)				Street	Addres	SS						
Facility Closed/Vac	ated During Entire	Period of	Abatem						y Road,	Suite K					
Other – Describe:		nai Facility	/ Hours			_			ip Code ew Jersey	y 07470)				
Scope of Work (Check A	ll That Apply)														
23 sf or ≥3 lf 2160 sf or ≥260 lf			Renova Demolit				i ×	Mir Glo	l Containme ni-Enclosure ovebag Proc n-Exempted	e bedure				e	
		1.	Locati						LXOIIIptoc	1 / 4/10 /	1011 1 1141	1	1,446	ement	t
Location	o of	100	Vormal	20,510		De	scription	of					Ту	ре	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Ma	ed Sole intenar todial S (12)	nce/		tos Con therma surfa	taining N I system acing, VA miscellar	//aterial s insula kT, or		(Spe	ount ecify r LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										Ф	
Roo	f	X			Roof	Memb	rane	-	3,00	0 SF	x				
									11.5						
Name of Registered Was	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Registere	d Landfil	I			
Service Transport G	roup, Inc.		10.000	lauler ID 0990	No.	of Wa			Minerva		orises, l	LC			
City, State New Castle, Delawa	re					TBD	sal Date	1	City, State Waynes		Dhio				
Completed by Predrag Sarcev		Title Vice	Presi	dent			Signatur	e			10000	ate /9/20	16		



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16000	_ 0	1		0 /	,

Date of Notification (1)				Name of	Building (Owner/C	Operator	(2)	22-20-4		-				23.51	
9/11/16			11.64		ship of N					2	016 SE	PI	9	MA	11:1	16
Agencies Notified	Type Notification			Street A	ddress									, 11 1	11.1	.0
EPA EPA	× Initial			4233	Kennedy	Blvd				D	501	Ti	3 i	TIL	(F.D)	n.
DEP	Amended		(City, Sta	te, Zip Co	de		W-00-			300	Iñ	FH	SIL	0	et.
DOL	Amendment		-	North	Bergen,	NJ							- 11	10 11/E	U	
□ DOH	Emergency (including	1	Name of	Contact					Tele	phone I	Numb	er			
DCA	Cancellation															
				FACI	LITY INFO	RMAT	ION									
Name of Facility Where		g Place (3)						Туре	of Facility (4))						
Commercial Buildin	1g								School (K-12 Subchapter 8		- 4b 10	(40)				
Street Address	4								Other (i.e. pri				build	ings,	home	es,
5301 Kennedy Blvo	<u> </u>								etc.)	T 41 - 6			1.0			2002
City (5) North Bergen								500	are Feet	2	Floors		1	dg. A 0+	ge	
County (6)				County	Code (7)		-			- 20	a domo	liaha	- 37	0+		
Hudson					JSE ONLY)				ent Use (Prior mmercial B		ig demo	nisi10	١)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN					atement Contr		(9)					
n/a	by ballaring	- 11.101 (0)		n/a					Contractin		450/50					
Street Address							Street			90						
n/a									ade Ave							
City, State, Zip Code							City, St	tate, 2	Zip Code							
n/a									NJ 07026							
Project Manager for Mor	itoring Firm		1	Геlерhо	ne No.		Teleph	one N	10.		License	e No.				
n/a				n/a			9734	60.6	026		0125	5				
Start Date (10)		Scheduled	Com	pletion	Date (11)		Name	of OS	HA Monitor							
9/20/16		9/31/16					Harm	nony	Contractin	g Inc						
Occupancy Status Durin	g Abatement (Chec	k Only One)				Street	Addre	SS			8822500				
Facility Closed/Vac Abatement Perform				ent					ade Ave							
Abatement Perform Other – Describe:		nal Facility H	lours						Zip Code							
						_	Garfi	ield,	NJ 07026	18 1257		201470				
Scope of Work (Check A	III That Apply)						-	10								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		THE REAL PROPERTY.	novat				-		ıll Containmer	nt with	Negativ	e Pre	ssur	е		
2 100 SI 01 2200 II		N De	moliti	On				1155.00	ini-Enclosure ovebag Proce	edure						
							×	No	on-Exempted	(*) and	Non-Fr	riable	Prod	edur	9	
		ls L	ocatio	on										Abate Ty	ment	
Location		No Used	rmall				scription					-		1 у	he	
Asbestos-Containing TO BE AB			tenar				taining M systems				nount pecify		ת		En	ш
In Facil		Custo		taff?	(1.0.		cing, VA		ation,		or LF)		Remova	Repair	caps	nclo
(13)			(12)			other r	miscellan	eous)					oval	air	Encapsulate	Enclosure
		Yes	No	N/A											e	
Exteri	or			X		Roofi	ing Mat	erial		2.5	00 SF		ζ.			
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					-	177 40				-			Ç. samta			
Name of Registered Was	10000	JDEP W auler ID	(F)(F)(F)(F)	Cubic of Wa	Yards ste		Name of R	100 Technical		dfill						
Harmony Contracting	6,666	33137	. 10.	TBD			GROWS	S Lan	dfill							
City, State				Dispo	sal Date		City, State									
Garfield, NJ						TBD			Morrisvi	lle, P	Α					
Completed by		Title				1988	Signature					Date				
Tina Caporino		Secre	tary			U	in Co	المارة	ins			9/1	1/16	5		

CHECK# 1659

Date of Notification (1) 09/12/2016			Name of GRAI	of Building NT SIET	Owner/0	Operator NS	r (2)					el les		
Agencies Notified Type Notified Initial				Address						16 SEP 1				
	nded ndment # gency (including		City, St BRID	ate, Zip Co GETON	ode NJ 08	083				a Lic	EH:	NH(n.UI	
✓ DOH justifi	cation) ellation			of Contact WHITE					Tel	ephone Nu	mber			
Name of Facility Where Abatement is	s Taking Place (3	5)	FAC	ILITY INF	ORMAT	ION	Туре	of Facility	(4)					
RESIDENTIAL Street Address							N		er 8 (Oth	er than K-1. & commerc		ldings	, hom	es,
City (5) BRIDGETON							Squa 159	are Feet 94	# of	Floors		31dg. / 50+	Age	200.00
County (6) CUMBERLAND				Code (7) USE ONLY)			ent Use (Pr SIDENTI		ng demolis	hed)			
Name of Monitoring Firm Hired by Bu ACER ASSOC.	uilding Owner (8)		ASCI	M No.		Name ASS	of Aba	atement Co D ENVIF	ontractor RONME	(9) ENTAL SI	ERVI	CES	INC	;.
Street Address 1012 INDUSTRIAL DRIVE							Addre	ss MS RUN						19-00
City, State, Zip Code WEST BERLIN NJ 08091						City, S	State, Z	ip Code	J 08062	2				
Project Manager for Monitoring Firm MATT DEPALMA			Telepho 856-8	ne No. 09-1202	2		none N			License N 01145	lo.			
Start Date (10) 09/13/2016	Schedule 09/15/2		npletion	Date (11)		Name EMS		HA Monitor						
Occupancy Status During Abatement	AC 9.76	2					Addre		TU				-	
Facility Closed/Vacated During I Abatement Performed Outside o Other – Describe:	Entire Period of A of Normal Facility	batem Hours	ent			City, S	state, Z	30 NOR		 7				
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 if ≥160 sf or ≥260 if	STATE OF THE PARTY	enova emoliti	0.000			7	- Min	ni-Enclosur ovebag Pro	e cedure	Negative F				
	177.00	Locati				1000		anompto	4 () 4.110	TVOIT TIGE		Abate	ement pe	
Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	Mair Used	ormall d Solei ntenar odial S (12)	y by ice/	Asbesi (i.e.	tos Conta thermal surfac	scription aining M systems sing, VA niscellan	fateria s insula T, or	(ACM) ation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
KITCHEN	Yes	No	N/A X	1	OINT C	OMD	OLIVI		11	4 SF			te	u
	-	^	0	OINT	JOIVIE	OON		144	4 51	X				
Name of Registered Waste Hauler		I N.	JDEP W	aste	Cubic `	Yards		Name of	Register	ed Landfill				
ASSURED ENVIRONMENTAL	SERVICES		auler ID 034895		of Was					NDFILL				
City, State MULLICA HILL NJ			×			al Date /2016	\sim	City, Stat		RG, OH				
Completed by RON SWANSON	Title GENE	ERAL	MANA	AGER	Si	gnature	Love	eph	XUID9	Dat 09	e 9/12/2	2016		

09/12/2015 12:32PM 18562248799

ASSURED SERVICES

PAGE 83/04

Date of Notification (1)		NOTII	Pursue	on of A int to NJ/	New Jers 3BESTO: AC 8:50 a	ABATE nd 12:12	10)	or C	HEG	K# 1	65			
09/12/2016			Name GR	ANT SI	ng Owner	Operato NS	r (2)	, ;			7			-
Agencies Notified Type Notification	n		Strae	Addenau					50.11	å Lio	/	UN	160][,
EPA Initial Amended Amended Amended	rt #		City, 8	State, Zip DGETO	Code N NJ 08	3083	and the same		55	/				-
DOH Emergency justification Cancellation)		Name	of Conta	d				11-	MARIA N	umhe	11	-	-
Name of Fecility Where Abstement Is Taki	ng Place (3	3)	FA	CILITY IS	FORMAT	ION			4			-		
RESIDENTIAL STREET Address				_			Ty	School ()					The same of the sa	
City (5)								Subcheo	ter 8 (Cht	er than K- & commer	12) ciel bu	iliding	ā, har	nes,
BRIDGETON County (8)					= -250		Son 16	uere Feet 184	# 5	d Floors	T	Bidg. 50+	Age	
CUMBERLAND			County (STAT)	y Code (? EUSE ON!	m		CM	ment Use (FESIDENT	rior if be	ing damoli	shed)	_		
Name of Monitoring Firm Hired by Building ACER ASSOC.	Owner (8)		ASC	M No.		Name	of Al	etement C ED ENVI	onitacia	(2) ENTAL 5	Ph.	1000	. /	
1012 INDUSTRIAL DRIVE		location,				Street	Addi			ELA INTE	CHA	ICE	S IIVK	<i>s</i> .
City, State, Zip Code WEST BERLIN NJ 08091					the same of the sa	City, St	tale.	Zip Code A HILL N	-					
Project Manager for Monitoring Firm MATT DEPALMA		T	Telephi ese.s	one No.	Ø :	Telaph	one i	No.	J 0808	License	No.	-		
Start Date (10) 09/13/2016	Schadular 09/15/2	d Com			572.1	Name	of OS	-4676 HA Monão	,	01145				
Occupancy Status During Abatement (Chac	k Only One	B)				EMS Street A								
Facility Closed/Vacated During Entire 8 Abatement Performed Outside of Norm Other – Describe:			ine			200 F	PT.	130 NOR						
Scope of Work (Check All That Apply)			_			CINN	MAL	NOON	U 0807	7				
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		ocatio					NC	n-Exemple	d (*) mag	Non-Frial	le Pro	oedur Abate	THE OWNER WHEN	
Asbestos-Containing Material (ACM)	Used	Solely Solely	bw .	Achad		cription o					-	Ту		
TO SE ASATED In Facility (13)	Chatos	tenand dial St (12)	38/ 387?	(1.a.	thermul (surfac other m	ing, VAT,	insuli or	etion,	(5)	nount recify or LF)	Removal	Repar	Encepoulate	Endiature
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Name of Registered Waste Hauler												-	-	\dashv
ASSURED ENVIRONMENTAL SER	VICES	Hat	DEP WA	No.	Ouble Y of Wast 12	ends B		Name of		d Landfill				
City, State MULLICA HILL NJ					Dispose 09/15/	Date		City, State			_			-
Completed by RON SWANSON	TIII GENER	RAL I	MANA	QER		neaufe	meh	-	CHOOK		74.575	210		_

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Date of Notification (1)	Name	of Building Ow	vner/Operator	(2)		177.9	20	
9-12-16	K	Y/E U	15X/E	FR	2515	SEP !	9 5	K :
Agencies Notified Type Notification	Stree	Address			- 100			
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DEP Amended Amendment #	_ 75	TMAK		J.	10	02 b l	ULIT.	,,,,
Emergency (including	Name	of Contact	-		Telephone Numb	per		
DOH justification) Cancellation	K	YIE						-
		CILITY INFOR	RMATION	Type of Facility ((4)			
Name of Facility Where Abatement is Taking Place (3)			School (K-1				
Street Address				Subchanter	8 (Other than K-12)		as bor	200
Street Address				Other (i.e. p	orivate & commercial	Dullair	igs, non	ies,
City (5)				Square Feet	# of Floors	Bld	g. Age	
PITMAN NI				1200	12		4	
County (6)	Cour	nty Code (7) TE USE ONLY)		Current Use (Pri	ior if being demolished	ea)		
CAMPEN			Name	e of Abatement Co	ntractor (9)	*		-
Name of Monitoring Firm Hired by Building Owner (8)		47300		PLAYAR		107	100	-
ALAS ENU, INSP. Street Address		9/500	Stree	Address	200 5/000			
PO BOX 1/645			Po) /30X	11587			
City, Ştate, Zip Code			City	State, Zip Code	24 1011	/		
DHUA PA 18/16			1	4///3 /	License No	2		
Project Manager for Monitoring Firm		phone No.	21-	phone No.		o. 7/		
JA500		tion Date (11)		7-784-4694 e of OSHA Monito		16		
Start Date (10) Schedu	30 -/		1	FRAINT	LUA			
Occupancy Status During Abatement (Check Only C		U	Stree	et Address				
File at 100 dea Entire Period of	Abatement							
Abatement Performed Outside of Normal Facility Other – Describe:	ty Hours	6 1ASY41	EMAY City,	State, Zip Code				
Scope of Work (Check All That Apply)	/			_/				
≥3 sf or ≥3 lf	Renovation			Full Contains Mini-Enclosu	ment with Negative F	Pressur	е	
≥160 sf or ≥260 lf	Demolition			Glovehag Pr	ocedure	-le Dess	oduro.	
				☐ Non-Exempt	ted (*) and Non-Friat		Abatem	ent
	Is Location			march Salesy			Туре	
Location of Us	Normally sed Solely b	y Ashes	Descripti tos Containing	ion of g Material (ACM)	Amount			T
TO BE ABATED	faintenance stodial Staf	(i.e.	thermal syste	ems insulation,	(Specify SF or LF)	Removal	Repair	nolo
In Facility (13)	(12)		surfacing, other misce	lianeous)	3, 3, 2, ,	ova	pair	Enclosure
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1 7	1	100	SULAT	ion PAGE	1/8 /20	1/		
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	N. I.C.	ED Waste	Cubic Yard	is Name	of Registered Landfi			
Name of Registered Waste Hauler		DEP Waste ler ID No.	Cubic Yard of Waste	is Name	of Registered Landfi	ill		
			of Waste	1	50000 0 min			
Name of Registered Waste Hauler AMERICAM WASTE City, State			of Waste Disposal D	1	50000 0 min			
AMERICAN WASTE City, State MARITON NJ.	Hau		of Waste Disposal D 9-28	rate City, S	State	Date		
AMERICAN WASTE City, State MARITON Sempleted by Title	Hau	ler ID No.	of Waste Disposal D	rate City, S	State	Date	12-1	16

Name of Registered Vilesia Heider

Conquisted by

ARR-01

RIVELDRAN

Best Removal Inc

Hackensack , N.J. 07601

page 1

09/14/2015 11:24AM 201329744B PAGE 02/04 BEST REMOVAL INC EMPREFUCE REQUEST FOR HOTIFICATION OF ASSESTED ABATEMENT State of New Jersey 2016 SEP 19 AH-11: 18 10 DAY WAIDER (Pursuant to NJAC 8:00 and 12:120) 3737 Date of Notification (1) Name of Building Owner/Operator (2) M. ZEIRI 9-14-16 Againsy Notified Type Nothlession Street Address D EPA C Intole D DEP G Amended City, State, Zip Code # DOL Amendmore # TEAMPEK, NI 07666 di Emergancy (including Name of Contact Tolsor S DON (usification)

Consolution M. ZEIRI TR 19754 FACILITY INFORMATION Warre of Facility Where Absternate in Taking Pince (3) Type of Facility (4) M. ZuiRi School (K-12) Q Euleohaption B (Other than K-12) A Other Ca. private & continuous buildings. friend, etc.) のなる Square Feet 1 100 000 Bisic Acre TEANECK . 3 96 4125 1700 Current Use (Prior & being demol Ocuraty (8) County-Code (7) (STATE USE ONLY) BERGER RESIDENCE Harris of Manifesing Plan Hard by Building Owner ASCM No. Name of Abstractors Contractor (6) Best Removal Inc Street Address 450 South River St City, State, Zip Code Clay, States, Zip Code Hackensack, N.J. 07601 Project Manager for Montaying Pero Telegraphe No. Tempatoris No. 201-329-7444 00388 Smet Date (10) Schoolided Completion Date (11) Plense of COHA Monter 9-21-16 9-22-16 Omega Environmental Occupancy Status During Abstantant (Check only one) Street Address .280 Huyler St Q Pacifity Classed/Vacated During Entire Period of Absternant O Absternant Performed Quiside of Normal Feeling House, a Ciner - Describe: \$ 64M 6 PM City, Etch. Zo Code S. Hackensack , N.J. 07606 Scope of Vierk (Check at that spots) A PLE Consistment with Negative Procesure DaSefora3M -B Renowiego Q Mini-Engleeure Q Glovebeg Pressimo -8 > 160 sfor 3 260 li 2 Demolicion C Man-Branghild (*) and Man-Printele Proceeders Ababarousi is Lecition Type Normally Loadlen of **Used Solely by** Comming National (ACAD) TO RE ARATED ... M. Family (i.e., Province operation blancing (ACM)
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9-22-16

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Signature

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Name of Registreed Lands

Waynesburg,

City, State

Minerva Enterprises , LLC

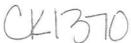
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9-14-16



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DOH Emerger justificati			Joe.	ontact				Tele	ephone Numb	er			
DCA Cancella	idori .		FACILIT	Y INFOR	MATION								_
Joseph Concolly Priva	aking Place (3) ate Home					Typ	e of Facility (School (K-1 Subchapter Other (i.e.) etc.)	2) 8 (Oth	er than K-12) & commercial	buildin	gs, ho	omes,	15
City (5) Little Egg Harbor NJ						10	uare Feet 00+	1	f Floors	35-	g. Age F	;	
County (6) Ocean			County Co						ing demolishe	d)			
Name of Monitoring Firm Hired by Build N/A	ding Owner (8)		ASCM N	No.		ne of A	batement Co Inc.	ntracto	r (9)				
Street Address				<u> </u>		et Add Box							
City, State, Zip Code			u u				, Zip Code erlin NJ 08	091					
Project Manager for Monitoring Firm			Telephone	e No.		ephone 6-753	No. 3-9800		License No 00727).			
Start Date (10) 9/27/16	Scheduled	Con	npletion D	ate (11)	1 3233	ne of C	OSHA Monito	г					
Occupancy Status During Abatement	(Check Only One	1)			Stre	eet Ado	dress						
Facility Closed/Vacated During E Abatement Performed Outside o Other – Describe:	ntire Period of Al	oaten	ment s		City	y, State	e, Zip Code						
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Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	CM) Used	nten	lely by ance/ Staff?	Asbest (i.e.	Descriptos Containion thermal sys surfacing other misc	ng Mat tems in , VAT,	terial (ACM) nsulation, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	!!
	Yes	No	N/A		- 1- d-	- C:4:		-	1400 SF	x	-		+
Exterior Siding			X		Exterio	r Siai	ng		1400 01				1
											-	-	+
					Code to Me	rdo	Name	of Ren	jistered Landf	ill		1	
Name of Registered Waste Hauler United Roll off			NJDEP V Hauler ID 22459		of Waste		G.R	O.W.S					
City, State					Disposal 10/3/16		City, Mor	State risville	PA 19067				
					Sig					Date			



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		Nam	e of Build	ing Owner/C	perator (2)				1 F 12	1.1		
e of Notification (1) /13/2016 (page 1 of 2)				EŤ HOLMI	DEL LL	<u> </u>		9810	SEP 19	AM	11: 2	3.	1
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Street Address						t Address Fullerton	Ave						200
1805 ATLANTIC AVENUE					3150 5	State, Zip C							
City, State, Zip Code MANASQUAN, NEW JERSEY 08736	6				Yor	nkers NY	10704		License No				
Project Manager for Monitoring Firm		T	elephone	No.		phone No. 1-966-003	3	1130	62028				
IASON HOOPER			32-223		Nom	o of OSHA	Monitor						
Start Date (10)	cheduled 08-01-2	Comp 017	oletion Da	ite (11)	SH	ORELINE	CONT	RACT	S INC.				
118-118-21111													
1)8-08-2010	Only One)			Stre	et Address	TON AV	/ENUE	Ε				
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Os-U8-2010 Occupancy Status During Abatement (Check Company Status During Abatement (Check Company Status During Entire Period Abatement Performed Outside of Normal Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Boiler Room Building 1 Fan Tile Units Firs 1-5 Stairwell 13 - 3rd Floor	Is No Use Mai Cust	enovatemoliti Locati lormal d Sole intena	tion ion llly sly by nce/ Staff? N/A X	(i.e. the	Descrip Containir ermal systsurfacing ther miso	FULLER , State, Zip DNKERS, Full (Mini- Glov Non- wition of ng Material tems insular , VAT, or ellaneous) S/INSULA TTINGS	Code NEW Y Containme Enclosure ebag Prod Exemptes (ACM) ion,	ORK ent with excedure d (*) and (§)	Negative F d Non-Friab Amount Specify F or LF) 200 LF 50 LF 0 SQ.FT.	Removal X X X	edure Abate Ty	pe	
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Occupancy Status During Abatement (Check Company Status During Abatement (Check Company Status During Abatement (Check Company Status During Entire Period Abatement Performed Outside of Normal Other – Describe: Scope of Work (Check All That Apply)	Is No Use Mai Cust	Location Action of the Control of th	tion ion lly lly by nce/ Staff? N/A X X NJDEP V Hauler ID	PIPE FI	Descrip Containir remal systsurfacing ther miscrip TTINGS PIPE FI Cubic Ya of Waste	FULLER , State, Zip DNKERS, Full (Mini- Glov Non- stion of ng Material tems insular , VAT, or ellaneous) S/INSULA TTINGS AT TTINGS rds	Code NEW Y Containme Enclosure ebag Prod Exempte (ACM) ion, TION Name of A&L S City, St	ORK ent with encedure d (*) and (%) Silver and (%)	Negative F d Non-Friate Amount Specify F or LF) 200 LF 50 LF 0 SQ.FT. 500 LF stered Landie	Removal X X X	Repair Repair	ment pe Encapsulate	

CK 1370

Date of Notification (1) 09/13/2016 (page 2	of 2)				Building Ow RSET HC								J	5	
Agencies Notified	Type Notification		5	Street Ac	dress					21	116 SEP	19	AM I	1:2	3
EPA EPA	Initial				RAWFORI		RNE	RRD							
DEP X DOL	Amended Amendment				te, Zip Code IDEL, NJ (Δ	30EST 211				L
DOH DCA	Emergency (i justification)	ncluding	1		Contact T KAHAN					Tele	phone Nur			<u> </u>	
☐ DCA	Cancellation				ITY INFOR										-
Name of Facility Where	Abatement is Taking	Place (3)		TAGIL	211111111111111	MATION		Type of	Facility (4	1)					
BELL WORKS Street Address							_	Scl Sul	hool (K-12 bchapter	2) 8 (Othe	er than K-1	2)			
101 CRAWFORDS	S CORNER ROA	\D					=	Oth etc	ner (i.e. pi	rivate 8	commerci	al build	lings,	home	es,
City (5) HOLMDEL	To the second se							Square 2,000	Feet	# of	Floors		ldg. A	ge	
County (6)				County C	Code (7) ISE ONLY)				Use (Prio		ng demolis	hed)			
Name of Monitoring Firm				ASCM	No.				ment Con		(9)	100000000000000000000000000000000000000			
BRINKERHOFF EN	NVIRONMENTA	L							ontracts	, Inc.					
Street Address 1805 ATLANTIC A	VENUE					100		Address ullerton	Ave						
City, State, Zip Code MANASQUAN, NE	EW JERSEY 087	736						tate, Zip cers NY					40.00		
Project Manager for Mor	nitoring Firm			Telephor 732-22	ne No. 23-2225	500		none No. 966-003	33		License N 62028	lo.	70-7		
Start Date (10) 08-08-2016		Scheduler			Date (11)			of OSHA		RAC	TS INC.				
Occupancy Status Durin	ig Abatement (Chec	k Only One	e)					Address		with the same					
	ated During Entire F							80-05-09-05-01-0-0-0-0-0-	TON A\	/ENU	E				
Other – Describe:	ned Outside of Norm	ial Facility	Hours					itate, Zip IKERS,	NEW Y	ORK)	10704				
Scope of Work (Check A	All That Apply)							-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×	Mini-l Glove	Enclosure ebag Prod	e edure	Negative				
		T						∃ Non-i	Exempted	i (") an	d Non-Fria	DIE Pro	V-01022-02	ement	t
Locatio	n of	N	Locati ormal	ly		Descri	iption	n of					T;	/pe	
Asbestos-Containing TO BE AB	g Material (ACM)	1 CONTRACTOR	d Sole ntenar			s Contain	ing N	Naterial (A			mount Specify	D	_	Enc	面
In Fac	ility	Custo	odial S (12)	Staff?		surfacing other miso	g, VA	T, or	011,		or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	1	Yes	No	N/A		Julei IIIIS	CEllai	leous)				/al	=	ilate	are
2nd Fl Bu	ilding 3			X		Duct	Rise	ers		2,7	744 LF	X			
2nd Fl Bu	idling 3			X		V	AT			48,00	0 SQ FT	X			
											-081.0.3-1				
			LN	JDEP W	lanta	Cubic Ya	rdo		Name of	Pogisto	ered Landfi	II .			
Name of Registered Wa Asbestos Transport			H	lauler ID A-371		of Waste		1	A&L Sa						
City, State Shirley NY						Disposal	Date		City, Stat Lisbon						
Completed by		Title	1 .			Sigr	natur	e7 /0.	0	2		ate	2016		
Michael Coleman		Presi	dent		2	With	K	100	na,	- yn		9/13/	2016	,	

d	1	
10	1006	15-77X
1	Ul	1000

Date of Notification (1) 9/14/16			lame of lason (Building O Chen	wner/Op	perator (2)	2	016 S	EP 19	AMI	1: 0	7	
Agencies Notified Type Notification		S	treet Ad	dress										
EPA X Initial Amended Amendment	#	C	City, Stat	e, Zip Cod	le			42	3	LICEN	SIN	G	L	
■ Emergency justification) ■ DCA □ Cancellation	_		lame of Jason (Contact Chen					Tele	nhone Nun	nber			
	- DI (0)		FACIL	ITY INFO	RMATIC	NC	Type	of Facility (4	,					
Name of Facility Where Abatement is Takin home	g Place (3)							chool (K-12	ā					
Street Address							S X	ubchapter a	(Othe	er than K-12 k commerci	2) al build	lings,	home	es,
City (5) Bergenfield								e Feet	# of 2	Floors	6 6	ldg. A 2	ige	
County (6) Bergen			County C STATE U	Code (7) ISE ONLY)			Currer	nt Use (Prio	r if bei	ng demolish	ned)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				ement Con onmental		(9) ices, LLC)			
Street Address							Addres lox 48	s 3, 4 E Ga	ate D	rive				
City, State, Zip Code								p Code NJ 0741	8					
Project Manager for Monitoring Firm		1	Telephor	ne No.			one No 764-22			License N 703	lo.			
Start Date (10) 9/23/16	Schedule 10/23/1		pletion [Date (11)		Name	of OSH	A Monitor						
Occupancy Status During Abatement (Che	ck Only One	e)				Street	Addres	S						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A nal Facility	batem Hours	ent		_	City, S	tate, Zi	p Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				×	Min Glo	i-Enclosure vebag Prod	edure	n Negative I			re	
	Is	Locatio	on									Abat	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	ormall d Solel ntenar odial S (12)	y y by nce/		tos Cont thermal surfa	scription taining M systems cing, VA miscellar	Material s insula T, or		(5	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A						74.	O(***)			Ф	
basement			Х			insula				80 LF	Х		-	-
basement			X	ext	terior b	ooiler ir	nsulat	ion		50 SF	X			-
											-	-		-
Name of Registered Waste Hauler		0.00	JDEP W		59500000	Yards		Name of	Regist	ered Landfi	I			1
Freehold Cartage			auler ID 5959	No.	of Wa	PARCON.				ks Landfi				
City, State Freehold, NJ					TBD	sal Date		City, Stat Birdsbc						
Completed by A. Scott Higgins	Title Presi	dent			3	Signature		1		1.076	ate /14/1	6		



Date of Notification (1)			Name	of Building	Owner/Operator (2)					
8/5/	16		Prin	nceton U	niversity-Office	of Design and	Construction	11:	31		
Agencies Notified Type Notific	ation		Street	Address							
			200	Elm Dr.		\$ 5	514165 30	a TE	GI.		
□ DOLWD			City. S	State, Zip C	ode		a LICEREN	913			-
	ent # <u>1-9/8/</u>			nceton, N				-			
	cy (including	1		of Contact			Telephone Numb	er			
(NJAC 5:23-8) justificati				ert Orte	?		100000000000000000000000000000000000000				
				•	FORMATION	<u> </u>	1		_		
Name of Facility Where Abatement is	Taking Place	(3)	375-25-80			Type of Facility	(4)				
Princeton University-Firestone						School (K-12)				
Street Address						Subchapter 8	(Other than K-12)	-:-!	11-11-		
Washington Rd						homes, etc.)	rivate and commer	ciai bu	marrig	S,	
City (5)						Square Feet	# of Floors	Bi	dg. A	ge	
Princeton						1,000,000	8		70		
County (6)			Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pr	or if being demolis	hed)			
MERCER						Library					
Name of Monitoring Firm Hired by Buil	dina Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
ATC Group Services LLC	3	(-)	0009		The care convenience and the convenience of the	VIRONMENTA					
Street Address					Street Address			-			
Three Terri Center					1123 BEAVE	R STREET					
City, State, Zip Code					City, State, Zip C						
Burlington, NJ 08016					BRISTOL, PA						
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.				
Michael Keehn		60)9-386	-8800	215-788-6040)	00509				
Start Date (10)	Scheduled C	omple	tion Da	te (11)	Name of OSHA N	Monitor				70.5	
8 / 22 / 16	9/				BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During Abatement	Check only	one)			Street Address						
☐ Facility Closed/Vacated During Ent	ire Period of	Abate	ment		1123 BEAVE	R STREET					
☐ Abatement Performed Outside of N				cribe	City, State, Zip C	ode				7.5-22.5	
Time of Abatement: 7:00AM-3:30	PM/P	M	AM		BRISTOL, PA	19007					
Scope of Work (Check all that apply)					N Full Con-	tainment with No.	nativa Proceura				
☐ >3 sf or >3 If	⊠ Re	enovati	on		☐ Mini-End	tainment with Neg closure	Jalive Plessure				
⊠ ≥160 sf or ≥260 lf		emolitic			Gloveba	g Procedure					
					□ Non-Exe	empted (*) and No	n-Friable Procedur	_			
7	1 0.22	s Locat Norma			Description of	~t			atem		
Location of Asbestos-Containing Material (ACI	Λ) Use	ed Sole	ely by	Asbe	stos Containing Ma		Amount	Remova	Repair	Enc	Enclosure
TO BE ABATED	IVI	aintena todial		(i.e	., thermal systems		(Specify	VOL	air.	aps	losu
IN Facility (13)	Cus	(12)	Otali:		surfacing, VAT other miscellane		SF or LF)	<u>m</u>		Encapsulate	le l
(13)	Yes	No	N/A		other missename	,040)				œ.	
Level A Former RBSC				Floortil	e and mastic		2,650 SF				
Level A Former RBSC			T	Pipe In:	sulation		950 LF				
Level A Former RBSC				Plaster	Ceiling		130 SF				
Level A Former RBSC		Ī	T	Spline			2,520 SF				
Name of Registered Waste Hauler		1	JDEP V		Cubic Yards of	Name of Regis	stered Landfill				
BRISTOL ENVIRONMENTAL, I	NC.	F	lauler II 18706		Waste	G.R.O.W.S	. NORTH LAND	FILL			
City, State			10100		Disposal Date	City, State					
BRISTOL, PA 19007						MORRISVI	LLE, PA 19067				
Completed By (Print or Type)	Title			1711	Signature	2 .	/ Da	ite /	1		
Brian Scafiro	Estima	tor			Brian	· Sulis	1.2	9/8	11	6	

ASB-41 MAY 11 B 3 / 6 / / /

nock

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

CLFF 3075

								(KI	3	0%	5	
Date of Notification (1)	5 /	16		Nam	ne of Buildin rinceton l	ng Owner/Operator Jniversity-Office	(2) of Design and	Construction				31
Agencies Notified ⊠ EPA ₹2 46 ⊠ DOLWD ₹260	Type Notificat ⊠ Initial □ Amended	tion		Stre 20	et Address 00 Elm Dr State, Zip	1		Assign	à É.		īr.	ĜL
☑ DHSS § 222	Amendme		-		inceton,						_	
□ DCA ₹25 3 ○ (NJAC 5:23-8)	☐ Emergence		ng		e of Conta			Telephone Nu	mher			
(140/10 0.20 0)	Cancellation			Ro	bert Orte	ego		, cropitorie iva	111001			
					-	NFORMATION						
Name of Facility Where A	Abatement is Ta	aking Plac	e (3)			W OKWATION	Type of Facility	(4)	-			
Princeton Universi			****				School (K-12					
Street Address							Subchapter	8 (Other than K-1		27 (20) (20)		
Washington Rd							homes, etc.)	rivate and comm	ercial	buildi	ngs,	
City (5)							Square Feet	# of Floors	T	Bldg.	Age	
Princeton							1,000,000	8		70		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)		
MERCER							Library					
Name of Monitoring Firm	Hired by Buildir	ng Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)				10000	
ATC Group Service	s LLC			000	98	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address					2-20	
Three Terri Center						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Burlington, NJ 0801	6					BRISTOL, PA	19007					
Project Manager for Monit	toring Firm		Tel	ephone	No.	Telephone No.		License No.				
Michael Keehn			6	09-386	-8800	215-788-6040		00509				
Start Date (10)		heduled C				Name of OSHA M	lonitor		- 11-20-20-20-20-20-20-20-20-20-20-20-20-20-			0 100
8 /22 /	16	9 /		/	16_	BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During	Abatement (Ch	neck only	one)			Street Address						
☐ Facility Closed/Vacated						1123 BEAVER	RSTREET					
Abatement Performed Time of Abatement: 7:					scribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all	that apply)									7577		
≥3 sf or ≥3 if≥160 sf or ≥260 if		⊠ Re	novat moliti			☐ Mini-Encl ☐ Glovebag			re			
			Loca						At	atem	ent T	ype
Location of Asbestos-Containing M TO BE ABAT IN Facility	laterial (ACM) ED	Use Ma	Norma d Sole intena odial (12)	ely by		Description of stos Containing Mat , thermal systems in surfacing, VAT,	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		other miscellaneo	ous)				ate	
evel A Former RBSC		\boxtimes			Floortile	and mastic		2,650 SF	\boxtimes			
evel A Former RBSC	£	\boxtimes			Pipe Ins	ulation		950 LF	\boxtimes			
evel A Former RBSC		\boxtimes			Plaster (Ceiling		130 SF	\boxtimes			
evel A Former RBSC		\boxtimes			Spline C			2,520 SF	\boxtimes			
lame of Registered Waste BRISTOL ENVIRONM		6	10000	JDEP V auler ID 18706		Cubic Yards of Waste	Name of Registe G.R.O.W.S.	red Landfill NORTH LAND	FILL			
BRISTOL, PA 19007						Disposal Date	City, State MORRISVILI	_E, PA 19067				
ompleted By (Print or Type Brian Scafiro	7	tle Estimate	or			Signature	Serser 1	Da	te /5	11	6	
2.44						1/2 320	1		/			

NO CK

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

RECEIVED

Second Notified Type Notification Street Address Schamilton Avenue City, State, Zip Code Trention, NJ 08811 Telephone Number, All Collins Telephone Number,	Date of Notification (1) 09/12/2016				Building C				thority	2016	SEP 19	Al	411:	38	
DOL Amendment # 5 Trenton, NJ 08811 Name of Contact Al Collins Name of Facility Where Abatement is Taking Place (3) Al Collins Name of Facility Where Abatement is Taking Place (3) School (K-12) School (K-12			192			/enue				1	E\$165	Ü	hT:	10L	
DOH	X DOL Amendment #										ā LIGE	¥3.	HG		
Name of Facility Where Abatement is Taking Place (3) Mercer County Courthouse and Annex Street Address 209 South Broad Street County (6) Trenton County (6) Mercer County (6) Mercer County (7) County (8) Mercer County (8) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. O0102 Street Address 42 Ridge Road City, State, 212 Code Phoenixville, PA 19460 Street Address 42 Ridge Road City, State, 212 Code Phoenixville, PA 19460 Cocupancy Status During Abatement (Check Only One) Street Address Asteroid of North Check All That Apply) Asbestos Containing Material (ACM) TO BE ABATED In Facility (13) In Facility (13) In Facility (13) Name of Registered Waste Hauler Horizon Disposal Name of Registered Waste Hauler Horizon Disposal Acompleted by Title Title Name of Registered Landfill Group State County County (1) Facility State County County (2) Subopasal Date County County (2) Subopasal Date County County (3) School (4:2) Suborbayer 8 (Other than K-12) Suborbayer	× DOH justification)	cluding	13.5							Tel	ephone Nun	ber_			
Mercer County Courthouse and Annex Sitest Address City (6) Trenton County (6) Mercer County (6) Mercer County (7) Mercer County (8) Mercer County (1) Mercer				FACI	LITY INFO	RMATI	ON								
Other (i.e. private & commercial buildings, homes, etc.)	Mercer County Courthouse and Ann								School (K-1	2)	er than K-12	1			
Trenton	209 South Broad Street								Other (i.e. p etc.)	rivate a	& commercia	al buil			es,
Mercer STATE USE ONLY Courthouse and Offices										10000000	Floors	1 250	Station of the state of the sta	\ge	
Pennori Associates Inc. Street Address Street Addres												ed)			
State Street Suite B		wner (8)					100000000000000000000000000000000000000					ıc.			
City, State, Zip Code							50000000		1555 m						
Project Manager for Monitoring Firm Thomas Adams Start Date (10) Scheduled Completion Date (11) D9/16/2016 Scheduled Completion Date (11) D9/16/2016 Occupancy Status During Abatement (Check Only One) Facility Closed/Wacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Cliter - Describe: Phoenixville, PA 19460 Street Address 42 Ridge Road							City, S	State, 2	Zip Code	460				0217-00	
1/25/2016							Teleph	none N	No.			٥.			
Street Address Abatement (Check-Only One) Street Address A2 Ridge Road				pletion [Date (11))				ntal S	ervices. Ir	ıc.			
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Phoenixville, PA 19460	Occupancy Status During Abatement (Check	Only One)	_			_							_		
Scope of Work (Check All That Apply) Saf or ≥3 If ≥160 sf or ≥260 If Renovation Demolition Demolition Phoenixville, PA 19460		eriod of Ab	atem	ent			42 R	idge	Road						
≥3 sf or ≥3 if ≥160 sf or ≥260 if Pemolition Pem		al Facility H	lours			_				460					
Location of Asbestos-Containing Material (ACM) In Facility (13) Throughout Throughout Old Courthouse Basement Name of Registered Waste Hauler Horizon Disposal NJDEP Waste Hauler Horizon Disposal NJDEP Waste Fairless Hills, PA Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A See Attached Table 1 See Attached X See Attached Spreadsheet See Attached X Name of Registered Waste Hauler Horizon Disposal NJDEP Waste Hauler ID No. 10416 Disposal Date 2/2016-8/2016 Date Merrisville, PA Completed by Title Signature Description of Abatement Type Abatement Typ	Scope of Work (Check All That Apply)							_							
Location of Asbestos-Containing Material (ACM) In Facility (13) Throughout Throughout Old Courthouse Basement Name of Registered Waste Hauler Horizon Disposal NJDEP Waste Hauler Horizon Disposal NJDEP Waste Fairless Hills, PA Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A See Attached Table 1 See Attached X See Attached Spreadsheet See Attached X Name of Registered Waste Hauler Horizon Disposal NJDEP Waste Hauler ID No. 10416 Disposal Date 2/2016-8/2016 Date Merrisville, PA Completed by Title Signature Description of Abatement Type Abatement Typ	J						XXXX	FL Mi	ni-Enclosure ovebag Proc	edure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Throughout X See Attached Table 1 See Attached X See Attached Spreadsheet See Attached X See Attached Spreadsheet See Attached X See Attached		Te-10						1 NC	JI-Exempled	() an	u Non-Filab	PIC			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Throughout Old Courthouse Basement Name of Registered Waste Hauler Horizon Disposal City, State Fairless Hills, PA Completed by Title Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) See Attached Table 1 See Attached X See Attached Spreadsheet See Attached X Name of Registered Landfill GROWS/Tullytown Landfill GROWS/Tullytown Landfill City, State Fairless Hills, PA Completed by Title Signature Date OV 1000 16	Location of	A 250 CO. C.				Do	scription	of					-		
Throughout X See Attached Table 1 See Attached X Old Courthouse Basement X See Attached Spreadsheet See Attached X Name of Registered Waste Hauler Horizon Disposal NJDEP Waste Hauler ID No. 10416 City, State Fairless Hills, PA Completed by Title Signature Date Oction 10416 See Attached X Disposal Name of Registered Landfill GROWS/Tullytown Landfill City, State All Completed by Title Signature Date Oction 10416 Date Oction 10416 Date Oction 10416 Signature Date Oction 10416 Date Oction 10416 Date	Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Maint Custoo	enan iial S	ce/		os Cont thermal surfa	aining N systems cing, VA	Materia s insul T, or	ation,	(5	Specify	Remo	Repa	Encaps	Enclos
Old Courthouse Basement X See Attached Spreadsheet See Attached X Name of Registered Waste Hauler Horizon Disposal City, State Fairless Hills, PA Completed by Title See Attached Spreadsheet See Attached X Name of Registered Landfill GROWS/Tullytown Landfill City, State 2/2016-8/2016 Signature Date Control of Courthouse Basement Disposal Date City, State Advanced Spreadsheet See Attached X Disposal Date City, State Pairless Hills, PA Completed by Date Control of Courthouse Basement Disposal Date City, State Pairless Hills, PA Date Control of Courthouse Basement Disposal Date City, State Pairless Hills, PA Completed by Date Control of Courthouse Basement Disposal Date Control of Courthouse Basement Disposal Date City, State Pairless Hills, PA Date Control of Courthouse Basement Disposal Date Control of Courthouse Basement Disposal Date City, State Disposal Date Control of Courthouse Basement Disposal Date Courthouse Basement Disp	(15)	Yes	No	N/A		othern	iliscellar	ieous,				val	=	ulate	ure
Name of Registered Waste Hauler Horizon Disposal City, State Fairless Hills, PA Completed by Name of Registered Landfill Of Waste Auler ID No. 10416 Cubic Yards Of Waste Cubic Yards Of Waste Aller ID No. 10416 City, State City, State Aller ID No. 10416 City, State City, State Aller ID No. 10416 City, State All	Throughout			X	Se	ee Atta	ached '	Table	e 1	See .	Attached	Х			
Horizon Disposal City, State Fairless Hills, PA Completed by Title Hauler ID No. 10416 of Waste ~ 1,000 City, State Disposal Date 2/2016-8/2016 Morrisville, PA Date ON 14 2/2015	Old Courthouse Basement			Х	See	Attach	ed Sp	read	sheet	See.	Attached	Х			
Horizon Disposal City, State Fairless Hills, PA Completed by Title Hauler ID No. 10416 of Waste ~ 1,000 City, State Disposal Date 2/2016-8/2016 Morrisville, PA Date ON 14 2/2015															
City, State Fairless Hills, PA Completed by Title Disposal Date 2/2016-8/2016 Signature Date Control of the control of th	Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic	Yards		Name of F	Registe	red Landfill				
Fairless Hills, PA Completed by Title Signature Date			516-3		No.	~ 1,00	00				ytown Lar	ndfill			
Desirat Manager						1 700					A				
		# 01400000000000000000000000000000000000	Mai	nager		S	1 -	-	19-1	2	1.1 0.403005		2016		

2016 SEP 19 AH 11: 36

3.4 SUMMARY OF WORK

ASSECTOS SUNTROL

A. The scope of the Project includes the complete removal and proper off-site disposal of certain identified asbestos-containing materials and hazardous materials. These materials are summarized in the following summary table. The table is provided to supply Contractors with information to aid in the bidding process. The table provides an estimated scope of work for general purposes only. The Contractor shall be responsible to fully investigate the scope of work and provide a bid proposal based on all existing conditions.

Table 1 – Asbestos-Containing Mater Mercer County Courthouse Ar 209 South Broad Street Trenton, New Jersey 08608	nnex
Description	Total Estimated Quantity
Plaster Partition Walls	46,000 SF
Plaster Perimeter Wall	30,000 SF
Plaster As Drop Ceiling	17,630 SF c
Plaster Ceiling On Concrete Deck	48,600 SF
Drywall	12,150 SF
Sheet Flooring / Mastic	21,780 SF
Floor Tile / Mastic	11,290 SF
Red Backed Ceiling Tile	9,560 SF
Cork Hvac Duct Insulation	1,400 SF
Transite Panels	1 SF
Ebonite Boards	60 SF
Roof Equipment Mastic	40 SF
Pipe Fittings	25 each
Fiberglass End Caps	200 each /
Interior Boiler Insulation And Rib Packing	970 SF /
Pipe Insulation	4,210 LF
Fire Doors	60 each
Tank Insulation	200 SF

SF - Square Feet, LF - Linear Feet

Mercer County Improvement Authority
Mercer County Courthouse Annex and Boiler Room

Technical Specifications MCIA1501

Table 1 – Asbestos-Containing N Mercer County Court 209 South Broad Sti Trenton, New Jersey (house reet
Description	Total Estimated Quantity
Plaster Walls	1,000 SF
Plaster Ceilings	1,000 SF
Pipe Fittings	50 each

SF - Square Feet, LF - Linear Feet

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PROJECT NAME:

Area / Notes	Abatement Item	Unit	Quantity	Price/Unit	Unit Quantity Price/Unit Total Pricing Mandays	Mandays
Office and Storage Area						
	Plaster Walls	SF	2,120			
	Plaster Drop Ceilings	SF	2,728			
	Drop Ceiling	SF	2,728			
	Pipe Insulation	H	650			
	Carpet	SF	2,728			
2 Layers	Tile & Mastic	SF	2,728			
Total						

Date of Notification (1)	13 /	16				of Building ron Beck		er/Operator (2	2)		R	G (_	1,	V	ĘĮ.	
Agencies Notified	Type Notifica	tion			Street	Address					2016 S	EP	19	AH	11:	52
⊠ DOLWD	☐ Amended				City, S	tate, Zip C	ode				4 - 1 - 2	ŧ :	n a	200		-
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□ DCA (NJAC 5:23-8)	☐ Emergeno justificatio		ng			of Contact				-	Telephone Nu	ımbe	r	A F	10	
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Name of Facility Where	Abatement is T	aking Pla	ce (3))					Тур	oe of Facility (4)		17. 19			
Becker Residence		-								School (K-12))					
Street Address											(Other than K- ivate and comr		al bu	ilding	s,	
City (5)										uare Feet	# of Floors	77	Blo	ig. A	ge	
Clayton									- cordic	.800	2		100000	70		
County (6)		W	cooln -		Coun	tv Code (7)(STA	TE USE ONLY)	Cur	rrent Use (Pri	or if being dem	olish	ed)			
Gloucester									R	Residence	SS 1 SS 1 TS					
Name of Monitoring Firm	Hired by Build	ing Owne	r (8)	1	ASCM	No.	Nan	ne of Abateme	ent C	Contractor (9)						-
Mgmt. & Enviro. Co			27 10				S	hade Enviro	onm	ental, LLC						
Street Address				_			Stre	et Address								
PO Box 341							6	23 Cutler Av	venu	ue						
City, State, Zip Code							City	, State, Zip Co	ode							
Chesterfield, NJ 08	3515						M	laple Shade	, NJ	J 08052						
Project Manager for Mor	nitoring Firm		T	ele	ohone	No.	Tele	ephone No.		100	License No.		7			
Bill Weisgarber				60	9-298	-4070	8	56-755-0099	9		00842					
Start Date (10)	Com	plet	ion Da	te (11)	Nan	ne of OSHA N	/lonite	or								
09 /22 /	16	09	/ _	23	_ / _	16	E	MSL Analyt	tical	, Inc.						
Occupancy Status Durin	g Abatement (0	Check onl	y one	:)			Stre	et Address								
□ Facility Closed/Vacat							2	00 Route 13	30 N	orth						
Abatement Performer			one was					, State, Zip Co innaminsor		J 08077						
Scope of Work (Check a	Il that apply)									75 - 750-25W						
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(13)		Ye		No.	N/A	-	OII	ner miscellane	eous))					te	
Crawlspace				3		Pipe Ins	sulat	tion			70 LF		\boxtimes			
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	7			- 110-												
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Name of Registered Waste Hauler							Cub	oic Yards of	N	lame of Regis	tered Landfill					
Freehold Cartage						O No.	Wa:				nd County La	andfi	ill			
City, State								posal Date 9/23/2016	C	ity, State Newburg, I	ΡΔ					
Freehold, NJ	Tuna\	Title														
Completed By (Print or T Christina Lynch	ype)	atior	Signature Date 9/13/1						1	16						



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Name of Facility Where Aba	tement is Taking	Place (3)						Тур	e of Facility (4)							
House									School (K-12)		12	4.0\				
Street Address								×	Subchapter 8 Other (i.e. priv				lding	s, ho	me	S,
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Name of Monitoring Firm Hir N/A	red by Building (Owner (8)		ASCN	No.				patement Contratement, Inc		9)					
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City, State, Zip Code							800		Zip Code NJ 07512							
Project Manager for Monitor	ring Firm			Telephor	ne No.		Teleph 973-		No. -8685	1.8	License 01311	No.				
Start Date (10) 09/22/2016		Schedule 09/23/2		npletion l	Date (11)		1000		SHA Monitor atement, Inc							
Occupancy Status During Al	batement (Chec	e)				Street	Addı	ress					*******			
Facility Closed/Vacated	d During Entire F	Period of A	baten	nent					ngren Ave							
Abatement Performed Other – Describe:		al Facility	Hours	3					Zip Code NJ 07512							
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≥160 sf or ≥260 lf		- Common	emoli			>	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure									
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D&S Abatement, Inc 209						TBD			Waste M	anag	ement	OI PA				
City, State Totowa, NJ				Disposal Date City, State TBD Tullytown, PA												
Completed by Ned Joksimovic		Title PM				5	Signatur	е	M	12		Date 09/12	/20 <i>′</i>	6		



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City, State, Zip Code				City, State, Zip C	code	,- A1 T	10	·- :		
					E SHAD	E M.J	000	ع در	=	_
Project Manager for Monitoring	g Firm T	elephon	e No.	Telephone No. 856-77	9-0472	License No.	14			_
Start Date (10)	Scheduled Com			Name of OSHA						
9-27:-16	10-4	1	2		NA					_
Occupancy Status During Aba	tement (Check only one	e)		Street Address						
Facility Closed/Vacated Du	ring Entire Period of Aba	atement								_
Abatement Performed Outs Other - Describe:	ide of Normal Facility H	ours		City, State, Zip C	-ode					_
Scope of Work (Check all that	apply)			□ Full Cor	ntainment with Ne	native Pressure				
≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	☐ Renov			☐ Mini-End	closure ag Procedure					
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Project Manager for Mor	nitoring Firm		Teleph	ione No.	Telephone No.	0 11-0	License No.	111			
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	Caba	dulad Car	molatio	n Date (11)	Name of OSHA I						
Start Date (10)					1.0	N/ /10	L				
9-26-16		0-3		6		- IV IF				_	=
Occupancy Status Durin	ng Abatement (Che	ck only o	ne)		Street Address						
Facility Closed/Vacate				ent							
Abatement Performed	d Outside of Norma	I Facility	Hours		City, State, Zip C	ode					
Other - Describe:		// // // // // // // // // // // // //									
Scope of Work (Check a	ill that apply)				□ Full Cor	ntainment with Ne	egative Pressure				
_	94	□ Ban	ovation		☐ Mini-En						
≥3 sf or ≥3 lf		Dem			☐ Gloveba	ad Procedure					
∑≥160 sf or ≥260 lf		Ç⊒ Cem	Olloci		Non-Ex	empted (*) and N	on-Friable Procedu	re			
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Name of Registered Was	te Hauler		TNJE	EP Waste	Cubic Yards	Name of Reg	istered Landfill				
	-			ler ID No.	of Waste	C 14	1 C IM. U.	14			
1(Ltmco	INC		1	1404		1	1. (, 04.0-	-		_	
City, State					Disposal Date	City, State	10.0				
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	LADE IN	'			Signature	^ -	Date 9-	12 17	1.		
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MICHAU W	LOMM _	20	10.		- Mus						

CK4058

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

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Date of Notification (1)	Name of B	uilding Owner/Operator) S CON	STRUCTIO	AM I	1: 6	9	
Agencies Notified Type Notification □ ₽A	Street Add	7 300 7	TH ST.	2 INFW:	UN.	Īĸ()L	
DEP Amended Amendment # Emergency (including	City, State,	Zip Code EA ISLE	CITY	N.J. O	82	42		
DCA justification) Cancellation	Name of Co	ontact FRAWIC		Telephone Numb	er			
	FACILITY	YINFORMATION						
Name of Facility Where Abatement is Taking Place (3 RESIDENCE Street Address	3)			2) 8 (Other than K-12 private & commercia		dings	i,	
City (5) SEX ISLE CIT	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Square Feet	# of Floors		ldg. A		
County (6) CAPE MAY		ode (7) (STATE Y)	Current Use (P	rior if being demolis	_			
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatem	nent Contractor (9	INC .				
Street Address	: II	Street Address	S. SPI	PUCE AUG	-			
City, State, Zip Code		City, State, Zip C	Code CLE SH	ADE N.J	- 0	280	25,	2
Project Manager for Monitoring Firm	elephone No.	Telephone No. 856-77	9-0472	License No.	40	1		
Start Date (10) Scheduled Com) Name of OSHA N	Monitor /	4				
Occupancy Status During Abatement (Check only care		Street Address	+					
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility H Other - Describe:		City, State, Zip C	ode					_
Scope of Work (Check all that apply)								_
		☐ Mini-End	ag Procedure	on-Friable Procedur	dure			
Is Loca Norm						Abate Tyr	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Used So Mainten Custo Staff (12) Yes N	lely by ance/ As dial (f?)	Description of bestos Containing Mat (i.e., thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
SIDING	X	TRANSIT	TE	3000sp	X			
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	NJDEP Waste	Cubic Yards	Name of Reg	stered Landfill				
Name of Registered Waste Hauler (CUEM CO DUC.	Hauler ID No.	of Waste	_ CM.	C.MU.A.				_
City, State MAPLE SHADE MI. J	08052		City, State	OBINE A	1.7	-		_
Completed By Title SU	ρ.	Signature -	lor	Date 9,	- 10	1-	16	_



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Date of Notification (1) 9/15/2016				Name o	of Building	Owner	r/Operato	r (2)	A		1.5	-		-		
Agencies Notified	Type Notification	n	-	-	Address	1 St. C	ondom	inium	Association	on	2016 S	EP I	9 <i>f</i>	MII	: ; 7	
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× DOL	Amendmer	nt#	_		ken,NJ,)				å	Lic	EMS	ING		
D DCA	Emergency justification	(including			of Contact					Te	lephone N					
DCA DCA	Cancellatio			Arthu	r Foyer											
Name of Facility Where	Ahatement is Taki	na Place /2\		FAC	ILITY INF	ORMA	TION									
1000 Hudson St.C	Condominium As	rig Place (3)						Туре	of Facility (4	4)						
Street Address									School (K-1	2)		161				
1000 Hudson Stre	et							×	Subchapter Other (i.e. p	o (Oth	er than K- & commer	12) cial bu	ildinas	s. hom	nes.	
City (5)									etc.) are Feet							
Hoboken								30,0		5	f Floors		Bldg. 60+	Age		
County (6)			T	County	Code (7)			0.000	ent Use (Pric		na demoli		001			
Hudson County				(STATE	USE ONLY)			artment Bu			silea)				
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCI	M No.		Name	107 11.0	atement Con							
McCabe Environm	nental Servises	LLC		118			10000		Diagnostic							
Street Address	D						Street	Addre	SS							
464 Valley Brook I	Koad								ild Ave							
Lyndhurst, NJ, 0707	7-1								ip Code	12.22			77-31-	1072		
Project Manager for Mo			_	=					dale,NJ,07	7403						
Jarred Panecki	ilitoring Firm			Telepho	ne No. 38-4839		The state of the s	none N			License I	No.				
Start Date (10)		Scheduled	Car					928-3			01181					
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≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		E-market	nova				_		I Containme	nt with	Negative	Pressi	ıre			
2.00 3/ 0/ 2200 //		☐ Der	nolit	ion			Mini-Enclosure Glovebag Procedure									
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Location Asbestos-Containing		Used :	rmall Sole				escription						13	/ре		
TO BE AB	ATED	Maint	enar	nce/			itaining M I systems				mount pecify	70		Ē	П	
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				77 - 72												
Name of Registered Was	N.	JDEP W	aste	Cubic	Yards	ds Name of Panistared Landfill										
Hazmat Diagnostic I	Ha	auler ID I	No.	of Wa		Traine of Fregretored Editions										
City, State						TBD										
Bloomingdale, NJ							sal Date		City, State	V /II /	E D A					
Completed by		Title					MORRISVILLE,PA									
Tatiana Rotaru		Clerk				5	Signature	(v) ==	Alle		Da		110			
							FO	Ulle	14.///4 // 9/15/2016							

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Date of Notification (1) 09/09/2016			1		Building C Hi Rise						9810	SFP	٥	BH!	1.5
Agencies Notified	Type Notification		-	Street Ad	dress						C010	200	2	401	1.4
	_			1 Henc	derson S	St						e - 10		200	
EPA DEP DOL	Initial Amended		-	City, State	e, Zip Coo	ie						-011	2	2011	1111
DOL	Amendment	#	_	2.70	en. NJ C						- 2	LI	Eh	SIN	G
Part of the second seco		including	- h	Name of						Tolo	nhono M	mhor			
DOH DCA	justification) Cancellation		1	Tim Be											
<u>П</u> рох	Caricellation				ITY INFO	DRAATI	ON			<u> </u>			-		
Name of Facility Where A	batement is Takin	g Place (3)		FACIL	III INFO	NIVIATI	ON	Type of	Facility (4)					
Traine of Faointy Triology	ioacomonic io manini	9						_							
Street Address									chool (K-12 abchapter 8		er than K-	12)			
Street Address								X of	her (i.e. pr	vate 8	commer	cial buil	dings	, home	es,
								et		T # 7	P-1	17	11.1		
City (5)								Square	reet	# 01	Floors	1000	lldg.	age	
Hoboken													25+		
County (6)				County C					Use (Prior	if bei	ng demoli	shed)			
Hudson				(STATE U	SE ONLY)	-	_	n/a							
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name	of Abate	ment Cont	ractor	(9)				
Health and Safety S	Services						Site	Enterp	rises, Ind	D.					
Street Address							Street	Address							
PO Box 365							211	East E	ssex Ave	9					
City, State, Zip Code							City S	State, Zip	Code	-					
									J 08221						
Berlin, NJ 08009				T-1b	- NI-		- Carlotte	THE PROPERTY OF THE PARTY OF			License	No			
Project Manager for Moni	toring Firm			Telephon				none No.			01172				
James Proctor				C E 1810 E 1111 IN	52-1311			-567-12			011/2				
Start Date (10)		Schedule		npletion [Date (11)				A Monitor	5					
09/12/16	09/16/1	6				Hea	Ith & S	afety Ser	vices	s, Inc.					
Occupancy Status During	ck Only One	e)				Street	Address	3							
☐ Facility Closed/Vaca	ated During Entire	Period of A	haten	nent			PO	Box 36	5						
Abatement Perform	ed Outside of Norr	nal Facility	Hours	5			City, S	State, Zip	Code						
Other - Describe:	Vacant		7111-2-2-4-1	-		_	08009								
Scope of Work (Check A	II That Apply)												227		
-		П.					5	Z	Cantainma	m# soci#b	Mogative	Droce	ıro		
≥3 sf or ≥3 lf			enova emolit				Ė	Full Containment with Negative Pressure Mini-Enclosure							
≥160 sf or ≥260 lf			CITIOIII	uon				Glovebag Procedure							
							2	✓ Non	-Exempted	(*) an	d Non-Fri	iable Pr			
		ls	Locat	ion										temen	t
Location	of	N	orma	lly		De	scription	n of				_	_	ype	
Asbestos-Containing	Material (ACM)		d Sole		Asbes			Material	(ACM)	A	mount		1	Ш	-
TO BE ABA			ntena	nce/ Staff?	(i.e.			s insulat	ion,		Specify	Rer	70	ıca	nc
In Facil	ity	Oust	(12)	COURSE LITTER			cing, Va miscella			5	or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		-		1		Outer	rnscend	incodoj	5			<u>a</u>	7	late	le l
. 9		Yes	No	N/A		2000		75 						1 77	
Concre	ote .			X		Cor	ncrete	Tile		60	yards	X			
0011010	,,,,		-				ACCESSION POLICE								
		1		-C. 18 (8)							-	-	-		
Name of Desistered VAL	I N	NJDEP W	laste	Cubic	Yards		Name of I	e of Registered Landfill							
Name of Registered Was			1 3	Hauler ID		of Wa						5000			
Site Enterprises Inc				0035220		20 c			Tullyto	wn La	andtill				
City, State							sal Date	е	City, State	9			X-1907.		
6626 Delilah Road I	Egg Harbor To	wnshin N						Bristol,							
Completed by	-33 . 10.20. 70	Title					Sjgnatu	re \II	- American Security			Date			
Eric Keys		OM					91	1h	12			09/09	/20	6	
LIIU INGVO		0101					\ ^		11		Mark Control			100000	1000



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Date of Notification (1)	S				Building Ov			(2)								
09/09/16			1	410 G	irand Ad	ams L	LC			21	116 SEP	19	£M.	1:1	10	
Agencies Notified	Type Notification		1 500	reet Ad		0							0.401		- 0	
⊠ EPA			200		irand St.		5B			A	393.	212.0		74		
X EPA X DEP X DOL	Amended Amendment #		11 2000		e, Zip Code en, NJ 01						& LI	DEN.	311	Ĝ	- 1.	
The state of the s	Emergency (in		-		Contact	1030				Tele	nhone Nun					
DOH DCA	justification) Cancellation		11		/lazzola						in in its	1001				
					ITY INFOR	RMATIO	ON									
Name of Facility Where A	Abatement is Taking	Place (3)						Туре	of Facility (4))						
Former Value City									chool (K-12							
Street Address									ubchapter 8 other (i.e. pri				lings,	home	s,	
Rt 66 & Rt 35								△ e	tc.)							
City (5)								140,0	e Feet	2	Floors		dg. A 5+	ge		
Ocean Township			10	ounty C	odo (7)				nt Use (Prior	-	na demolish	-	JT			
County (6) Monmouth					SE ONLY)			n/a	1. 030 (1 1101	ii Deli	.g domonoi	54/				
Name of Monitoring Firm	Hired by Building Ov	vner (8)	1	ASCM	No.		Name		ement Cont	ractor	(9)				-	
Health and Safety S		500-10-10-10-10-10-10-10-10-10-10-10-10-1					Site	Enterp	orises, Ind	: .	000-5763.					
Street Address							100000000000000000000000000000000000000	Addres							2000	
PO Box 365									Essex Ave	9						
City, State, Zip Code								tate, Zi								
Berlin, NJ 08009									NJ 08221							
Project Manager for Mon	itoring Firm			elephon	ie No. 52-1311		30.50	none No -567-1			License N 01172	0.				
James Proctor	1.7	Cabadulad							IA Monitor		011/2					
Start Date (10)		Scheduled	l.	netion L	vate (11)		Note that the		Safety Ser	vices	s, Inc.					
Occupancy Status During	0 21 Only One)	16					Addres									
MINISTER A	ated During Entire Pe		tomo	ant				Box 36								
Abatement Perform	ed Outside of Norma						City, S	State, Zi	p Code							
Other - Describe:	Vacant						Berl	in, NJ	08009							
Scope of Work (Check A	II That Apply)						82									
≥3 sf or ≥3 lf				ovation X					Containme	nt with	Negative F	ressu	re			
≥160 sf or ≥260 lf		□ Der	nolitic	polition					Mini-Enclosure Glovebag Procedure							
							>		n-Exempted		d Non-Friat	le Pro				
		100000000000000000000000000000000000000	catio	2.50										ement rpe	į.	
Location		Used :	mally Solely			De	scription	n of	(ACNA)		mount		T ,			
Asbestos-Containing TO BE AB		Maint	enan	ce/	Asbest	os Con therma	taining I svstem	Material is insula	(ACM)		mount Specify	R	וד	Enc.	En	
In Faci	lity	Custoo	lial St 12)	aff?	(1.0.	surfa	cing, VA	AT, or	and the second		or LF)	Remova	Repair	Encapsulate	Enclosure	
(13)						otner	miscella	neous)				val	₹.	ılate	ure	
		Yes	No	N/A												
Roo	f			Χ			Tile			2,	100 sf	X				
Roo		Х		F	Roofin	g		70	,000 sf	x						
												51				
Name of Registered Waste Hauler					/aste	Cubic	Yards Name of Registered Landfill									
Hauler ID No.						of Waste Tullytown Landfill										
0035220 20 cy																
City, State 211 East Essex Ave	e Linwood NIC	18221							1377							
Completed by	c. Liiiwood, No t	Title					Signature Date									
Eric Keys		OM				(91	il	2.0			19/0	109/16			
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Date of Notification (1) 9/13/16		(Oren S	Building Or endows		perator	(2)	2016 SE	EP 19	AMI	0: 5					
Agencies Notified Type Notificat EPA Initial	on		treet Ad					<u>A</u>	5.70	S [] E	IRC					
DEP Amender DOL Amender	ent #	100		e, Zip Cod ork, NY				ŝ	LIC	ENSIN	G					
DOH justificati		N	lame of	Contact					Tele	phone Nu	mber					
			FACIL	ITY INFO	RMATIC	NC										
Name of Facility Where Abatement is Ta	aking Place (3)						Type o	of Facility (4)							
Apartment Bldg								chool (K-12								
Street Address							X O	ubchapter 8 other (i.e. pr tc.)	3 (Othe ivate &	r than K-1 commerc	ial bu	ildir	ngs, I	nome	s,	
City (5)							Square	e Feet	# of	Floors			g. Ag	je		
East Orange							20,00	00	5			50	+			
County (6) Essex			County C STATE U	ode (7) SE ONLY)				nt Use (Prio tment Bu			shed)					
Name of Monitoring Firm Hired by Build	ing Owner (8)	77.7	ASCM	No.		Name	of Abate	ement Cont	ractor	(9)						
Envirovision Consultants						Harr	nony (Contractin	ng Inc							
Street Address						Street	Address	S					100001			
21 Wagaraw Rd, Bldg #35E						360	Palisa	de Ave								
City, State, Zip Code							State, Zip									
Fair Lawn, NJ 07410						Gari	field, N	IJ 07026								
Project Manager for Monitoring Firm		1000	relephon				none No			License	No.					
Guillermo Morales			e Kanen o'Anbes	36.9145		3000	460.60	-	н 3	01255						
Start Date (10)		pletion D	Date (11)				A Monitor	1								
9/22/16	6				100000000000000000000000000000000000000		Contraction	ng inc	;		_					
Occupancy Status During Abatement (0	Check Only One	∍)					Addres	s ide Ave								
Facility Closed/Vacated During En	tire Period of Al	batem	ent				110-6700-107					_				
Abatement Performed Outside of Other – Describe:	Normal Facility	nours	City, State, Zip Code Garfield, NJ 07026													
Scope of Work (Check All That Apply)			П													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	District Co.	enovat emoliti					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					e				
	T						1101	- Examples	. \ / \ \					ment		
A	923,4235	Location			, Do	scription	n of						Ту	ре		
Location of Asbestos-Containing Material (ACM	Used	Sole	ly by		tos Con	taining I	Material		А	mount				Ш	_	
TO BE ABATED	IVIAII	ntenar odial S		(i.e.		system	ns insula	ition,		Specify For LF)	IXCIIIOVA		Re	Encapsulate	Enclosure	
In Facility (13)		(12)	1000-000			miscella			01	OI LI)	OVC		Repair	sula	osur	
	Yes	No	N/A											ate	Ø.	
ENTIRE BUILDING TO				ENT	TRE B	UILDI	NG TO) BE								
BE DEMOLISHED AND DISPO	SED			DEMC				OSED								
AS ACM				Α	S ACI	M				_	-					
												-				
Name of Registered Waste Hauler	JDEP W lauler ID		Cubic of Wa	ic Yards Name of Registered Landfill												
To be determind	idulei ID		TBD	1	•	TBD	2									
City, State TBD			Disposal Date City, State TBD TBD													
Completed by	Title				3	Signatu				15	Date	141				
Tina Caporino	Secr	etary				dissa !	Cape	enic			9/13	/ 15)			