State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CK 1707 (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Name of Building Owner/Operator (2)										
	16			Div	vision of	Property Manage	ement & Cons	truction					
Agencies Notified				100000000000000000000000000000000000000	t Address W. State	Street, 3rd Flr.	Blocked V Foreign Lands	DEG		\mathbb{V}	E	1	
☑ DOLWD ☐ Amende					State, Zip		The state of the s				-		
☑ DOH Amenda ☐ DCA ☒ Emerger		dina		Tre	enton, N	J 08608		U LI SEP	20	2018	1	U	
(NJAC 5:23-8) justificat		unig		Name	e of Conta	ct		Telephone Nun		414		-	
☐ Cancella	ation			Ric	k Ferrer	a	E P	.,000010		5	21 8		
				FA	CILITY I	NFORMATION		LICE	ENSIN	iG	الده	2	
Name of Facility Where Abatement is	Taking P	ace (3)			7 9	Type of Facility	(4)				-	
Residential House							School (K-1		0.1				
Street Address						22		8 (Other than K-1 private and comment)		uildin	gs,		
City (5)					,	E DOTE DE	Square Feet	# of Floors	В	ldg. A	ge		
Linden, NJ						N a 5_*							
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)	4,			
Union					100								
Name of Monitoring Firm Hired by Buil	ding Owr	er (8)	ASCM	No.	Name of Abateme							
Bio Terra Solutions						ALL PRO MA	NAGEMENT L	LC	200		7741	W	
Street Address						Street Address							
P.O. Box 1224						27 Outwater I				11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
City, State, Zip Code Union, NJ						City, State, Zip Co							
Project Manager for Monitoring Firm			Tale		NI	Garfield, NJ	07026						
Rick Eustaquio				phone	-3762	Telephone No.		License No.					
	Schedule	d Cor				973-928-4888 1188 Name of OSHA Monitor							
09 /19 /16					16	ALL PRO MA		LC					
Occupancy Status During Abatement (Sen Contract			-	Street Address							
☐ Facility Closed/Vacated During Enti						27 Outwater L	ane						
☐ Abatement Performed Outside of N Time of Abatement:AM						City, State, Zip Co							
Scope of Work (Check all that apply)				<i>e</i>		Garfield, NJ (07026			- 11			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Reno				☐ Mini-Encl	osure Procedure	ut with Negative Pressure dure *) and Non-Friable Procedure					
26 26 26			ocat						Ab	atem	ent T	уре	
Location of Asbestos-Containing Material (ACM	1) (rmai Sole	lly ely by	Ash	Description of estos Containing Mat		Amariat		_		Ť	
TO BE ABATED	"	Maint	tena	nce/		e., thermal systems in		Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
IN Facility (13)			มลเ : (12)	Staff?		surfacing, VAT, other miscellaned		SF or LF)	val	7	Suls	sure	
(13)	Y		No	N/A		other miscellaned	ius)				ite		
Kitchen] [\boxtimes	VAT,Ma	astic		120 SF	\boxtimes				
Living Room, Kitchen, Stairs] [White S	Swirled Textured	Finish	400 SF					
Furnace Exhaust					Cemen	t Pipe		2 LF					
Name of Registered Waste Hauler			1.000	JDEP \		Cubic Yards of	Name of Regis	tered Landfill					
Century Waste Services LLC			Н	auler II 32797		Waste As Needed	IESI Bethlehem Landfill						
City, State				32131		Disposal Date	City, State						
Elizabeth, NJ		TBD Bethleh											
Completed By (Print or Type)				Signature)	1	Da	ate.	1,	11				
Allen Monchik	Proje	ect N	lana	ager			1	_	9/	17	1/4	>	

CK 1707

Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator ((2)		1 1		- (
09 /	14 /	16		Di	vision of	Property Manag	^(∠) ement & C ons t	ruction	n n	d C	, , , , , ,	= 1		
Agencies Notified	Type Notific				et Address			EGE		/ <u> </u> E		7		
⊠ EPA				20	W. State	Street, 3rd Flr.					-	A Company		
☑ DOLWD	☐ Amende				State, Zip		- 11	ll och	0.0	10		111		
Ø DOH	Amenda		-	1	enton, N.			SEP 7	20	10	Lan	- 1		
DCA (NJAC 5:23-8)	justificat	ncy (includir	g		e of Conta			Telephone Nun	nher		1	- 1		
(110/10 0.20 0)	☐ Cancella			7-2-08	ck Ferrer	33		1		JOF,	- &			
				FA	CILITY II	NFORMATION		LIGEN	SING	1				
Name of Facility Where	Abatement is	Taking Plac	e (3)				Type of Facility	(4)						
Residential House							School (K-12							
Street Address								3 (Other than K-1: rivate and comme		uildin	ne			
	-						homes, etc.)		roidi D	diidii	95,			
City (5)		1 1	1935 N				Square Feet	# of Floors	В	ldg. A	ge			
Linden, NJ									- 1					
County (6)				Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	ished)			-		
Union														
Name of Monitoring Firm	Hired by Bui	lding Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)							
Bio Terra Solutions	S	- 5				ALL PRO MA	NAGEMENT L	LC						
Street Address			W 153	1		Street Address								
P.O. Box 1224						27 Outwater								
City, State, Zip Code			1	- 19		City, State, Zip Co								
Union, NJ						Garfield, NJ	07026							
Project Manager for Mon	itoring Firm	100	Tel	ephone	No.	Telephone No.								
Rick Eustaquio			9	73-494	4-3762	973-928-4888								
Start Date (10)		Scheduled (Name of OSHA M	lonitor NAGEMENT LI	NT LLC						
Occupancy Status During	Abatement (-51			Street Address								
☐ Facility Closed/Vacate				ement		27 Outwater I	ana							
☐ Abatement Performed					scribe	City, State, Zip Co								
Time of Abatement: _	AM	PM/	PN	1	_AM	Garfield, NJ								
Scope of Work (Check al	I that apply)		-			Carriera, No	07020	11			-			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		□ Re	enova emolit			☐ Mini-Encl	ontainment with Negative Pressure nclosure nag Procedure kempted (*) and Non-Friable Procedure							
		I:	Loca	ation	T	M Moll-Exel	inpled () and Nor	i-i nable i roceuc	_	atem	ont T	Cuno		
Location			Norm:	ally		Description o	f			-	1	T		
Asbestos-Containing TO BE ABA				lely by ance/		stos Containing Ma		Amount	Removal	Repair	inca	Enclosure		
IN Facili			todial	Staff?	(1.6	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	lova	a -	psu	uso		
(13)			(12		-	other miscellaned		,	-		Encapsulate	ē		
2 nd Floor		Yes	No	N/A	VAT			450 SF				-		
Basement					VAT,Ma	etic		700 SF				1		
					1					屵		12		
Exterior					Shingle	?S		3,700 SF						
Name of Device 1101	4-11-1		Ц.			lou v	1		\Box	Ш	Ш			
Name of Registered Was Century Waste Serv				NJDEP ' Hauler II		Cubic Yards of Waste	Name of Regist							
		3279		As Needed	Augustus est augus	hem Landfill								
City, State Elizabeth, NJ					Disposal Date TBD	City, State Bethlehem,	PA	,,,						
Completed By (Print or Ty	/pe)	Title			-	Signature	1		aje /	1	1			
Allen Monchik		Project	Mar	ager		TOVE			9//	41	16			

Date of Notification (1)		Name of Building Owner/Operator (2)															
9/	16 /	16	_			rcus L. V					/ Job #1608-210	9 Ch	k. #4	478			
Agencies Notified	Type Notific	ation			Street	Address											
⊠ EPA					481	4 Outloo	ok Dr	rive, S	Suite 20	01	D F C	5 1	1 W	F			
⊠ DOLWD	☐ Amende				City, S	State, Zip	Code					5	1 10		5		
☑ DHSS ☐ DCA	Amendm Emerger				Wa	II Towns	hip,	NJ 07	7753								
(NJAC 5:23-8)	justificati		uding		Name	of Contac	ct				Telephone Numb	er n	20	16			
	☐ Cancella	ition			Hea	ather Fal	koff						20				
					FA	CILITY II	NFOF	RMAT	ION		ASBESTO	SC	TINC	801	&		
Name of Facility Where A		Taking F	Place ((3)						Type of Facility	(4) LIC	ENS	ING				
Winchester Garden	IS									School (K-1	2)						
Street Address											8 (Other than K-12) private and commerce		uilding	js,			
333 Elmwood Aven	ue									homes, etc.							
City (5)										Square Feet	# of Floors		ldg. A	ge			
Maplewood							where the beautiful to the state of			473,763	5		89				
County (6)					Cour	nty Code (7)(STA	ATE US	E ONLY)		rior if being demolis						
Essex											sing/Assisted Li	ving					
Name of Monitoring Firm	350	ding Ow	ner (8	()	ASCM	No.	10000000			ent Contractor (9	60						
Criterion Laborator	ies						Α	Asbes	tos an	d Mold Servic	es, Corp.						
Street Address							Stre	eet Ad	ldress								
A750	3370 Progress Drive, Suite J									oulevard							
City, State, Zip Code									City, State, Zip Code								
Bensalem, PA 1902							Hainesport, NJ 08036										
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No. License No.										
Mike Panepresso					15-244		6	09-70	2-0400								
Start Date (10)9 /27 /	appears and a	Schedul 9			tion Da		Name of OSHA Monitor EMSL Analytical, Inc.										
Occupancy Status During	Abatement (Check o	only on	ne)				eet Ad									
□ Facility Closed/Vacate	C-1000 000000000000000000000000000000000				ment					te 130 North							
Abatement Performed	Outside of N	ormal Fa	acility	Hou	s - Des	cribe			e, Zip Co				<u> </u>	_	-		
Time of Abatement: _	AM	PM/		PM-		AM				, NJ 08077							
Scope of Work (Check all	that apply)							Plant Control			: 0						
≥3 sf or ≥3 lf			Ren	ovati	on				Mini-Enc	ainment with Ne losure	gative Pressure						
≥160 sf or ≥260 lf] Dem	olitio	on					g Procedure							
			la I	!				X	Non-Exe	mpted (*) and No	on-Friable Procedure	1					
Location	of			.ocat orma				Door	vinting a	£		Ab	atem	ent T	ype		
Asbestos-Containing N	Material (ACN	1)	Used	Sole	ely by	Asbe	estos		ription o	terial (ACM)	Amount	Rer	Repair	Enc	Enc		
TO BE ABA IN Facilit			Main Custo				e., the	ermal s	ystems i	insulation,	(Specify	Removal	oair	aps	Enclosure		
(13)	У			(12)	otan.				ng, VAT, scellane		SF or LF)	a		Encapsulate	ure		
		,	Yes	No	N/A					,				ie.			
Hardin Lobby H301-B						Pipe In	sulat	tion			8 IF						
]														
												П	П	П	П		
		Г	7 1		П										\exists		
Name of Registered Wast	e Hauler			N	JDEP V	Vaste	Cuh	oic Yar	ds of	Name of Regis	L stered Landfill						
Freehold Cartage, Inc. Hauler ID No.							Was	ste		GROWS L							
City, State					02265		5 Disr	posal [Date								
Freehold, NJ							1	/28/18		te City, State Morrisville, PA 19067							
Completed By (Print or Type) Title								¥									
Kimberly A. Trumbetti Office Coordinator								Sign	ature /	Date							
	mator	B		1	XII			-1-1	4-	0							

ASB-41 MAY 11

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

Date of Notification (1)			Name of Building Owner/Operator (2)											
9/16	_ /1	6		Wa	yne Seni	ior C	itizens R	unr	nymede Corp	/ Job #1502	2-1959 (Chk.4	479	
	Notification	1		Street	Address					DEC	C	7/7 []	7 6	
⊠ EPA ⊠ Ini				100	Runnyn	nede	Drive			IID) E C	; <u>L</u>	U V		-11
	nended nendment :	ш.		City, S	State, Zip (Code				1131				\blacksquare
	nergency (Wa	yne, NJ (07470	0				Pan	20	10	
	stification)	moluding	9	Name	of Contac	t				Telephone Nu	umber	- 40	10	
□ Ca	ncellation			Vin	cy Brund	0							2234	
				FA	CILITY IN	NFOR	MATION			ASBES			ROL	&
Name of Facility Where Abatem	ent is Takir	ng Place	(3)						Type of Facility	(4)	ICENS	ING		
Edward Sisco Sr. Citizen	s Village								☐ School (K-12	2)				
Street Address								-		8 (Other than K-			L-24	
100 Runnymede Drive									homes, etc.	rivate and comr	nerciai b	ullain	ys,	
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
Wayne									9000	1		40		
County (6)				Cour	nty Code (7	7)(STA	TE USE ONL	LY)	Current Use (Pr	rior if being dem	olished)			
Passaic									R-2					
Name of Monitoring Firm Hired I	y Building	Owner	(8)	ASCM	No.	Nan	ne of Abat	eme	ent Contractor (9))				
Criterion Laboratories						A	sbestos	and	d Mold Service	es, Corp.				
Street Address						Stre	et Addres	s						
3370 Progress Drive, Sui	te J					38	859 Sylo	n B	oulevard					
City, State, Zip Code						City	, State, Zip	р Со	ode					
Bensalem, PA						Н	ainespor	rt, N	IJ 08036					
Project Manager for Monitoring I	irm		Tele	phone	No.	Tele	phone No).		License No.				
Mike Panepresso			21	5-244	-1300	60	09-702-04	400		00862				
Start Date (10)		eduled C	omple	tion Da	te (11)	Nan	ne of OSH	A M	onitor				21-719-511	
9 / 30 / 16	- _	10 /	1	_ / _	16	E	MSL Ana	lyti	cal, Inc.					
Occupancy Status During Abate	ment (Che	ck only	one)			Stre	et Address	s						
☐ Facility Closed/Vacated During						20	00 U.S. R	out	e 130 North					
Abatement Performed Outsid						City	, State, Zip	o Co	de			-	-	
Time of Abatement:A	MF	PM/	PM-		AM	C	innamins	son	, NJ 08077					
Scope of Work (Check all that ap	ply)													
		⊠ Re	novati	on			☐ Full C		ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf			molitio				Glove	ebag	Procedure					
							⊠ Non-E	Exer	mpted (*) and No	n-Friable Proce	dure			
Landing			Locat Vorma				_				Al	atem	ent T	/pe
Location of Asbestos-Containing Materia	I (ACM)	Use	d Sole	ly by	Ashe	stos (Description		erial (ACM)	Amount	Re	Re	En	E
TO BE ABATED		1	intena todial S			., ther	rmal syster	ms i	nsulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)		Cus	(12)	otan !			urfacing, V er miscella			SF or LF)	'al		Encapsulate	ure
V. 37		Yes	No	N/A	ĺ	Otti	ici illiscelle	anec	ous)				te	
Units 110,210,310,410,510,1	12,212				Popcor	n Ce	iling (1 '	'str	rip per unit)	approx. 5 S	F 🗆			
312, 412, 512										ner unit				
SAME UNITS AS ABOVE					Floor T	ile &	Mastic (14 8	SF per unit)	140 SF				
											П	П	П	П
Name of Registered Waste Haul	NJDEP Waste													
Carnevale Disposal Hauler II 17297						Was	te		GROWS La					
City, State	Disposal Date City, State						- Inches							
Hamilton, NJ			10/1/16 Morrisville, PA 19067											
Completed By (Print or Type) Title						Signature Date								
Kimberly A. Trumbetti Office Coordinator						9-10-10								
					XX	A			110	1	U			

ASB-41 MAY 11

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

CHEKNO 9379 Print Form

PECSIVEL

Date of Notification (1) 09/16/2016		Name of Building Owner/Operator (2) Mercer County Improvement Authority 2016 SEP 2							P 20	A	410	: 3/			
Agencies Notified Type Notification EPA Initial		80		nilton Ave			5A 46			458ES	109	ÜU	HTI	201	
DEP X Amended Amendment # 6	, dina			e, Zip Code n, NJ 086								451	MG		
□ Emergency (incl justification) □ Cancellation	uding	10000	ame of (Contact ns					Tele	phone Nun	nber				
			FACIL	ITY INFOR	MATIO		_								
Name of Facility Where Abatement is Taking Pl Mercer County Courthouse and Anne Street Address						I	☐ S	f Facility (4 chool (K-12 ubchapter (2) 8 (Othe	er than K-12	2)	N	=		
209 South Broad Street						-	et	tc.)		commercia				S,	
City (5) Trenton							Square ~ 46,8	800	6	Floors	70	dg. A	je		
County (6) Mercer				ode (7) SE ONLY)				it Use (Prio thouse ar		ng demolish fices	ed)				
Name of Monitoring Firm Hired by Building Own	ner (8)	\dashv T	ASCM					ement Cont			20				
Pennoni Associates Inc. Street Address			00102	2	-	Street A			ital S	ervices, Ir	IC.				
515 Grove Street Suite 1B						42 Ric	dge R	load							
City, State, Zip Code Haddon Heights, NJ 08035						Phoer	y, State, Zip Code noenixville, PA 19460								
Project Manager for Monitoring Firm Thomas Adams		40.000	elephon 56 65	ne No. 6-2912		Telephone No. License No. 00836									
	cheduled 9/29/20		Completion Date (11) Nam					lame of OSHA Monitor Neuber Environmental Services, Inc.							
Occupancy Status During Abatement (Check C	nly One)					et Address								
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	iod of Ab Facility F	ateme Hours	nt		-		Ridge Road State, Zip Code								
Other – Describe:						Phoe	noenixville, PA 19460								
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	× Re	novati	on			×	Full Containment with Negative Pressure								
≥160 sf or ≥260 lf	☐ De	emolitic	on			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	(4.1	ocatio										Abate	ement	t	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Mair	Solely stenand dial St	by ce/	(i.e. tl	os Conta hermal : surfac	scription aining M systems cing, VA niscellan	aterial insula T, or		(amount Specify F or LF)	Remova	Repair	e Encapsulate	Enclosure	
(3)	Yes	No	N/A										ite	Ф	
Throughout			Χ	7000		ached ⁻		982	200	Attached					
Old Courthouse Basement			_X_			ed Spi			_	Attached	-				
Old Courthouse Various Areas			X	Plas	ster De	ebris C	Clean	Up	- 2	20 SF)	X				
								D		11			1		
Name of Registered Waste Hauler Horizon Disposal	Ha	JDEP W auler ID 1416	CO1000000	of Was	ste		I CONTRACTOR OF THE CONTRACTOR		ered Landfi llytown La						
City, State Fairless Hills, PA		Disposal Date 2/2016-8/20					osal Date City, State								
Completed by Patrick Larney						ignature Date 09/16/2016									
2000			Ivialiagei					-		1					

RECEIVEL

2015 SEP 20 AM ID: 31

3.4 SUMMARY OF WORK

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 A 209 South Broad Street Trenton, New Jersey 0860	nnex
Description	Total Estimated Quantity
Plaster Partition Walls	46,000 SF
Plaster Perimeter Wall	30,000 SF
Plaster As Drop Ceiling	17,630 SF
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 M Mercer County Courth 209 South Broad Str Trenton, New Jersey 0	nouse eet
Description	Total Estimated Quantity
Plaster Walls	1,000 SF
Plaster Ceilings	1,000 SF
Pipe Fittings	50 each

2016 SEP 20 AM 10: 31

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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	LF	650		And the second s	
	Carpet	SF	2,728			
2 Layers	Tile & Mastic	SF	2,728			
Total						

FECTIVED

								Name of Building Owner/Operator (2)										
Date of Notification (1) 09/15/2016				Honey	well Inte			(2)			2016 S	EP 2	0.0	Al	110	: 38		
Agencies Notified Type N	otification			Street Ad		3												
	itial				bor Roa						<u> </u>	3 Tu	3	U.	k, T	20		
DOL A	mended mendment #_				te, Zip Coo Plains, N		950				0 SHE &	LIC	EA	451	NG			
DOH jus	mergency (in- stification) ancellation	cluding	1 1	Name of Glen S	Contact					Tel	ephone Nu	mber						
	ariociiadori			6-17-31-31-31	LITY INFO	RMATI	ON					-1.00.30						
Name of Facility Where Abateme Fitness Center	nt is Taking I	Place (3)	V					Table 1	of Facility (4)									
Street Address 101 Columbia Road								S	Subchapter 8 Other (i.e. pr	(Oth			ildin	igs, h	nome	s,		
City (5)									tc.) e Feet	T # 0	f Floors		Blde	g. Ag	ie.	_		
Morris Township								6,400)	1	s ir saide nobelleums.		35	9-7-12				
County (6) Morris					Code (7) JSE ONLY)				nt Use (Prior Int/Fitness			shed)						
Name of Monitoring Firm Hired by Assessment Resources &			_)	ASCN N/A	1 No.				ement Cont onmental									
Street Address 111 John Street Suite 538			-					Addres 2 Que	s ens Plaza	a Sou	uth							
City, State, Zip Code New York, NY 10038							City, S	State, Zip Code g Island City, NY 11101										
Project Manager for Monitoring F	eject Manager for Monitoring Firm						Teleph	License I										
Paul Ottens Start Date (10)							718-349-0900 28675 Name of OSHA Monitor											
09/14/2016		12/17/20	016	.•				rtin McRea										
Occupancy Status During Abater	nent (Check	Only One	9)					et Address Kennedy Blvd.										
Facility Closed/Vacated Dur Abatement Performed Outsi Other – Describe:							City, S	State, Zip Code onne, NJ 07002										
Scope of Work (Check All That A	nnly)						Day	orine, i	NJ 07002									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		enova emoliti	70070			Þ	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		le l	oooti	00					LACTION	() =:			1971		ment			
Location of		N	_ocati ormal	ly		De	scription	n of					_	Ту	oe .	_		
Asbestos-Containing Materia TO BE ABATED In Facility (13)	I (ACM)	Mair	d Sole ntenar odial S (12)	nce/		os Con thermal surfa	taining ! I system cing, V miscella	Material ns insula AT, or		(Amount Specify F or LF)	Remova	1	Repair	Encapsulate	Enclosure		
(10)		Yes	No	N/A		outeri	mocna	neodaj				a	-	7	ilate	ıre		
					Please	see a	ittache	d quar	ntity list									
Name of Registered Waste Haul	er		IN	JDEP V	Vaste	Cubic	Yards		Name of F	Regist	ered Landf	511						
ATC	H	lauler ID 4310		of Wa	iste		Minerva			222								
City, State Shirley, NY 11967		Disposal Date 09/16/2016 01/					Date City, State											
Completed by Ann A. Ali	Signature bliance Assistant					nature Date												
AIII A. AII	mari(JE ASS	ıstarit		2	09/15/2016												

M17 Fitne	ess Center			
			Quant	ities
Floor	Location	ACM	SF	LF
1st Floor	SE Corner Office	Mastic	500	
		Totals	500	0

RECEIVED

2016 SEP 20 AM 10: 38

A SHESTUS CONTROL & LICENSING

PERSIL GE

CK 81456

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)
FAL JOB# 16-1449

Date of Notification (1) 09/15/2016			Name of Building Owner/Operator (2) Honey well International												
	T 11.00			<u> </u>		arration	Idl			2010	SEP 20) Abd	111.	~ ~	
Agencies Notified EPA	Type Notification		100	treet Ad 15 Ta	oress bor Roa	d									
EPA DEP DOL	Amended Amendment #				e, Zip Coo Plains, N		50			U 35	ESTUS & LICE	NSIA	ITE	OL	
X DOH X DCA	Emergency (in justification) Cancellation	cluding	9.0	lame of Slen S	Contact						ephone Nu		. <u>u</u>		
M DON	Caricellation				ITY INFO	RMATIC	DN								
Name of Facility Where A	Abatement is Taking	Place (3)		TAGIL		TUNATIO	714	T	ype of Facility (4)					
Fitness Center								E	School (K-1						
Street Address 101 Columbia Road								Ex					ings,	home	es,
City (5)				-0-0				S	etc.) quare Feet	# 01	f Floors	В	dg. A	ge	_
Morris Township								6	,400	1		3	200		
County (6) Morris					code (7) ISE ONLY)	_			urrent Use (Pri acant/Fitnes			hed)			
Name of Monitoring Firm Assessment Resour				ASCM N/A	No.				Abatement Cor						
Street Address		0, (,)					Street	Ad	ldress				11/11/2	SOMORE	
111 John Street Sui	te 538								Queens Plaz	a Sou	ıth				
City, State, Zip Code New York, NY 1003	8						City, State, Zip Code Long Island City, NY 11101								
Project Manager for Mon Paul Ottens	itoring Firm		- 1	elephor		Telephone No. License No. 718-349-0900 28675									
Start Date (10) 09/14/2016		Scheduled 12/17/20		oletion [Date (11)		Name of OSHA Monitor Martin McRea								
Occupancy Status During				1			0.0000000000000000000000000000000000000	et Address							
Facility Closed/Vaca		20 (4)		ant.				et Address 4 Kennedy Blvd.							
Abatement Perform	ed Outside of Norma	I Facility H	ours	2111			711000 and 2000 co.	State, Zip Code							
	U That A = 1.0			111,000-11-11		_	Bayo	on	nne, NJ 07002						
Scope of Work (Check Al	ii That Apply)	I⊠ noo	novati				×	Full Containment with Negative Pressure							
× ≥160 sf or ≥260 lf		property.	nolitic				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure							
							P_		Non-Exempte	d (*) an	а Non-Fria	DIE Pro		e ement	
Location	of.	A 11 TO 10 CO 10 CO	ocatio rmally	2339-7		Dor	scription		£					ре	
Asbestos-Containing	Material (ACM)	Used : Maint				tos Cont	aining N	Mai	terial (ACM)		mount			Ш	ш
TO BE ABA		Custoo		1979 LW	(i.e.		system cing, VA		nsulation, or		Specify F or LF)	Remova	Repair	caps	Enclosure
(13)		-				other n	niscellai	nec	ous)			oval	뫔	Encapsulate	sure
		Yes	No	N/A	Di							-			
	· · · · · · · · · · · · · · · · · · ·				Please	see at	tache	ed (quantity list			-			
							7-2	_				-			
	+											-			
Name of Registered Was	ste Hauler	T N.	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Landfi	11				
ATC	Ha	auler ID		of Was	Waste Yards Minerva Enterprises										
City, State Shirley, NY 11967	Disposal Date City, State 09/16/2016 A J Waynes					State nesburg, OH 44688									
Completed by Ann A. Ali	Signature liance Assistant				/ \/ // //										
		3 , 1001	- 10111		-2	1	74			2. 10/2					

M17 Fitne	ess Center			
			Quant	ities
Floor	Location	ACM	SF	LF
1st Floor	SE Corner Office	Mastic	500	
		Totals	500	0

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2016 SEP 20 AM 10: 38

ASSESTOS CUNTROL & LICENSING CK3511

Project #

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

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Check	11	2511	
neck	#	2211	

			Na	me of B	uilding Ow	ner/Or	perator (2	2)			2016 SE	P 21	7	BM	in:	3
Date of Notification (1)					an-Engl				School				_	rara	10.	- 7
08/17/2016	1 - 11 115 11			eet Ado		SHIC	WITTE	gioria	Concor		1125	34. H	6	3.1	-	
Agencies Notified	Type Notification		1	Main							21	101		J - ;	11	U
EPA EPA	Initial				, Zip Code						- 1	- (4)		- 11:	i Q	
DEP	Amended Amendment	ŧ			an, NJ (6									
DOL	Emergency (i			me of C		0112				Tele	phone Nur	nber				
DOH	justification) Cancellation		1,000		etrucha											
DCA DCA	Cancellation		VII		ITY INFOR	MATI	ON									
Name of Facility Where	Abatement is Taking	Place (3)		I AOIL				Type of	Facility (4))						
Taylor Mills Scho		1 5/21						☐ Sc	hool (K-12)						
Street Address									bchapter 8	(Othe	er than K-1 & commerc	2) ial hui	Idin	ias h	omes	
77 Gordons Cros	sina Rd							Ot et		ivale c	x commerc	iai bai	iuii i	90, 11		,
	ising red		20.0753					Square		# of	Floors		Bld	g. Ag	е	
City (5) Manalapan	ı, NJ								Han /Drin	if hoi	na domolis	hed)				
County (6)					ode (7) SE ONLY)			Curren	Use (PRO	i bei	ng demolis	neu)				
Monmouth Coun	ty		1,-				I Name	of Abata	ment Cont	ractor	(9)					
Name of Monitoring Fi	rm Hired by Building	Owner (8)		ASCM	No.						(0)					
AHERA								Address	ation LL	<u></u>			-			-
Street Address							72 Bro									
P.O BOX 385								tate, Zip							_	
City, State, Zip Code										20						
Oceanville, NJ 08							100000000000000000000000000000000000000	oipri i	NJ 0786	99	License	No.		7.0		
Project Manager for M	Ionitoring Firm		100	elephor			100000000000000000000000000000000000000				01133					
John Smoyer					52-1833			133-25	A Monitor		01100		_			
Start Date (10)		Scheduled		oletion L	Date (11)		1000000		nmental							
09/30/2016		10/04/20					(C.) (C.)	Addres								-
Occupancy Status Du	ring Abatement (Che	ck Only One	2)					RT 22								
Facility Closed/V	acated During Entire	Period of Al	bateme	ent			100000000000000000000000000000000000000	State, Zip					_			
Abatement Perfo	ormed Outside of Nor	nal Facility	Hours					n, NJ (
Scope of Work (Chec							1011101	1, 140	7,000							
_	K All That Apply)		,] Full	Containme	ent wit	th Negative	Pres	sure	8		
≥3 sf or ≥3 lf ≥160 sf or ≥260	If		enovat emoliti				1	Min	i-Enclosure	9						
2 100 St 01 2200								Glo	vebag Pro	cedure	e nd Non-Fri	able F	roc	edur	e	
				366000	Г			_ NOI	I-Exemple	u () a	na mon-i m	T			ment	
		1	Locatio	707.0									182	Ту	pe	
Loca	tion of	1	lormall d Solel	STATE OF THE STATE	Anhani	D	escription ntaining I	n of Material	(ACM)		Amount				т	
Asbestos-Contain	ning Material (ACM) ABATED	Mai	ntenar	ice/	(i.e.	therm:	al system	ns insula	ition,		(Specify		R ₀	R	Encapsulate	Enc
	acility	Cust	odial S (12)	staff?		surf	facing, VA	AT, or		\$	SF or LF)		Remova	Repair	nsd	Enclosure
(13)		(12)		4	otner	r miscella	ineous)				1	a l	7	late	Ē
		Yes	No	N/A								+				-
5 location- Hallo	way		×		Fittings					50 L	_F	_	×			_
		+														
Name of Registered	Waste Hauler		I N	JDEP V	Vaste		ic Yards		Name of	Regis	stered Land	dfill	511.E		1-27	
			1.000	lauler ID	No.		Vaste		G.R.O.	W.S						
Nick Restoration	LLO		3	3782		TBI	oosal Dat	·e	City, Sta							
City, State Randol	ph, NJ 07869					TB[Tullyto		PA					
50-5 900004 0-0 900		Title				IDL		ire.				Date				
Completed by		Title Presi	dont				Signatu \$	111/2	li.	76	1	08/1	7/2	2016	ì	
Elvira Mrda		Presi	uent		.012004135		L	CU 14		,						

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Mr. & Mrs. Mark Schwarz 9/15/16 Agencies Notified Type Notification Street Address EPA Initial City, State, Zip Code DEP Amended × DOL Jersey City, NJ 07304 Amendment # Emergency (including Name of Contact Telephone Number DOH justification) Debbie DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) home School (K-12) Street Address Subchapter 8 (Other than K-12) × Other (i.e. private & commercial buildings, homes, etc. City (5) Square Feet # of Floors Bldg. Age 2000 Jersey City 2 62 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Hudson Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/26/16 10/26/16 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: basement Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Removal ncapsulate Custodial Staff? Repair surfacing, VAT, or In Facility SF or LF) (12)(13)other miscellaneous) Yes N/A No basement pipe insulation 10 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Freehold Cartage Western Berks Landfill 15959 TBD City, State Disposal Date City. State Freehold, NJ TBD Birdsboro, PA Completed by Title Signature Date

A. Scott Higgins

President

9/15/16

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Dominick Vincy 9/15/2016 Agencies Notified Type Notification Street Address [X] Initial []EPA Notification City, State, Zip Code []DEP []Amended Newark, NJ, 07104 [X] DOL Notification [X]DOH Name of Contact Telephone Number []EMERGENCY Dominick Vincy []DCA []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Dominick Vincy []School (K-12) [] Subchapter 8 (Other than K-12) Street Address [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5 County (6) Essex County Code (7) 2100 2 90 (STATE USE ONLY) Current Use (Prior if being demolished) Newark Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number (973) 744-8800 00371 N/A Sched. Completion Date (11) Scheduled Start Date (10) Name of OSHA Monitor 9-24-16 9-26-16 N/A Month Day Month Day Year Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [X] Full Containment with Negative Pressure $[X] \ge 3$ sf or ≥ 3 lf [X] Renovation []Mini-Enclosure []>160 sf or >260 lf []Demolition [X] Glovebag Procedure []Non-Friable Procedure Abatement Type Location Location of Description of Normally NCAPSU NOTO Asbestos-Containing Asbestos-Containing Amount Used E Material (ACM) Solely Material (ACM) (Specify EPAIR By Main-TO BE ABATED (i.e., thermal systems SF or OV tenance/ S In Facility Custodial Staff (12) insulation, surfacing, VAT, LF) A (13)or other miscellaneous) R Yes No N/A E Basement X Boiler 40 Sf X Basement X 115 LF X Piping Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. of Waste 1.5 AZTECH MANAGEMENT, INC. Minerva Enterprise INC 17040 City, State Disposal Date City, State Montclair, NJ 07042 9-27-16 Waynesburg, Ohio 44688 Completed By (Print or Type) Title Signáture Date Constantine Vivian President 9/15/2016

CHECK # 15000

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

Date of Notification	Na	ame o	f Buil	ding	Owner/Operator	r (2))		75						
9/15/2016				Mik	olt	Fod	or				** 1				
Agencies Notified	Type Notifi	cation	St	reet	Addre	ss									
[]EPA	[X]Initia	1								2	016 S	EP :	20	AK	10: 5
[]DEP	Notif	ication	C	ity,	State,	Zip	Code								
[X]DOL	[]Amende			Blo	omfi	eld	NJ,07003			5	101	Sil	5	Luh	TRO
[X] DOH	Notif	ication	N.	o eme	f Cont	act			Telephone	Number	- 1	Lit	EM	SIR	G
	[]EMERGE	NCY			olt		or								201
[]DCA	[]Cancel	lation									. 3				
					FACII	ITY I	INFORMATION								
Name of Facility Who	ere Abatemer	nt is Tal	king	Plac	ce (3)			Ty	pe of Facili	ty (4)					
Mikolt Fodor									[]School (L 1	v 10	,	
Street Addres								-11	[]Subchapt [X]Other (i						
										ildings,					
Souther Harry Steeley, 1997 and 1997								Sq	uare Feet	# of Fl	oors	1	-	Age	
City (5		County	y (6)Esse	ex	1000000000	nty Code (7)		1400	2		- 1 - 3	2		
Bloomfield						102	ALE OUR ONLY	Cu	rrent Use (P	rior if !	being	dem	olis	hed)	
				l= 0.00			Name of Abate	Щ	+ Cantanatan	- /0)		LILL DES			
Name of Monitoring 1 Owner (8) N/A	Firm hired b	oy Build	ing	ASC	M No.		11		AGEMENT,		XQL-				
Street Address							Street Address								
							86 Chri	sto	pher St.						
City, State, Zip Co	ity, State, Zip Code						City, State, Montcla		NJ 0704	12					
Project Manager for	roject Manager for Monitoring Firm						Telephone Nu	mber			Lice	nse	Numb	er	
indicate in the second	roject Manager for Monitoring Firm						(973)74	4-8	800		00	37:	1		
Scheduled Start Date	out was a second	ched. Co		tion	Date	(11)	Name of OSHA	Mon	itor						
9/26/16 Month Day Y		9/27/ Month	Da		Year		N/A								
Month Day Y Occupancy Status Du [X] Facility Clo	ring Abatem	ent (Che	ck c	only (one)	11=10-01	Street Addres	ss							
of Abatemen []Abatement Pe		side of	Nor	mal F	acilit	v	City, State,	Zin	Code			_	-		
Hours - Desc	cribe: «OffHo	urs Desc	crip	t»		- 2	Dicy, Beace,	LIP	0040						
[]other - Desc			ncy	Descr	ipt»			-							
Scope of Work (Chec	k all that	apply)					[]Full	Con	tainment wit	h Negati	ve Pr	essu	re		
[X]≥3 sf or	: ≥3 lf		[X]] Reno	vation		[]Mini	-Enc	closure		No. Parish and				
[] <u>></u> 160 sf	or ≥260 lf		1] Demo	lition				Procedure ble Procedu	re					
			_	Is			£ 32.000				200	Aba	teme	nt I	
Locatio				cation			Descripti Asbestos-Co			Amour	+	R	R	E	E
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TO BE AF	BATED			Mair			(i.e., therma			SF o	r	0	PA	PS	0
In Faci (13)	5 2 4 5 5 1 TH		Cus	stodi ff (1	al	lr	sulation, sur or other misc			LF)		A	I R	Ū	U R
,,	Ye	es	No	N/A										E	
Basement	Basement						e insulat	ion	L	105 1	£	X			
Name of Registered	Waste Haule	r	1000000	DEP W		1990	bic Yards	10	Name of Regis					~	
AZTECH MANAG	SEMENT,	INC.		1040	ID No.	oi	Waste 1.5		Minerva	Enter	prı	se	TN	٥	
City, State			1				sposal Date	c	City, State			gaca.		_	
Montclair, NJ	Montclair, NJ 07042						9/28/16		Waynesb	urg, 0	hio	44	688	3	
Daniel D. (D. 1-1-	Completed By (Print or Type) Title						Signatur		-/-	/-	F	ate		r ijo-	
Completed By (Print		Presi	de	a t			/ c	1	1-11			9/15/	201	6	
COMP CENTURE A							1 11	en	Gallen VII	1					



1100			((Pu	rsuan	t to NJA	C 8:	60 and 5:1	6)			85	in.	- 4		
Date of Notification (1)			100	T	Name	of Building	g Owr	ner/Operator ((2)		等性数			-	= 4.	- 120
8/	11 / _	16			Veri	izon					981	6 CED	•	^		
Agencies Notified	Type Notifica	ation	_	-	Street	Address					201	6 SEP	2	U i	1111	D: 'q
⊠ EPA					15 E	East Mon	itgon	nery Place,	Lowe	r Level	A			_		
□ DOLWD				.		tate, Zip C				7.	4 5	BEST	Sec. 16	4	U11	TRO
⊠ DHSS		ent # <u>2-9/1</u>		2		sburgh,		5212				& LI	UE	H.	M	G
DCA (NJAC 5:23-8)	☐ Emergene justification		ig	ŀ	Name	of Contac	t				Telephone N	umber				_
(☐ Cancellat	- T. T.			Ant	hony Po	rta				1					
					FAC	CILITY IN	FOR	MATION								
Name of Facility Where A	batement is T	aking Plac	e (3)					Туре	of Facility (4)					
Verizon Hightstown	CO									chool (K-12						
Street Address											(Other than K ivate and com		anii.	dina		
393 Mercer St.										omes, etc.)	ivate and com	mercial	Jun	ung	٥,	
City (5)									Squa	re Feet	# of Floors	1	3ld	g. Ag	je	
Hightstown											Carlie.					
County (6)					Coun	ty Code (7)(STA	TE USE ONLY)	Curre	nt Use (Pri	or if being dem	nolished)				
Mercer									Of	fice						
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	1	ASCM	No.	Nan	ne of Abatem	ent Co	ntractor (9)	1.72					
TTI Environmental,	Inc.						В	RISTOL EN	IVIRO	NMENTAL	_, INC.					
Street Address							Stre	et Address								
1253 N. Church St							1	123 BEAVE	R ST	REET						
City, State, Zip Code			*********				City	, State, Zip C	ode	200-111-111-1-11			2:100			
Moorestown, NJ 08	057						В	RISTOL, PA	4 1900	7						
Project Manager for Moni	toring Firm		1	Tele	phone	No.	Tele	ephone No.			License No	- N				
Harold Baldwin				85	6-840	-8800	2	15-788-6040	0		00509					
Start Date (10)	S	Scheduled	Con	nplet	tion Da	te (11)	Nan	ne of OSHA N	Monitor							
_9 / _16 /	16	9	/ _	21	_ / _	16	В	RISTOL EN	IVIRO	NMENTAL	_, INC.					
Occupancy Status During	Abatement (Check only	one	e)	12		Stre	et Address								
☐ Facility Closed/Vacate							1	123 BEAVE	R ST	REET						
Abatement Performed						cribe	City	, State, Zip C	ode		46					-
Time of Abatement: _	AIVI- <u>5:U</u>	<u>UPIVI/</u>	_PI	VI- <u>1:</u>	3UAIVI		В	RISTOL, PA	4 1900	7						
Scope of Work (Check all	that apply)							N = "0			-72					
≥3 sf or ≥3 lf		⊠ F	eno	vatio	on			☐ Mini-En		0.77	ative Pressure	9				
≥160 sf or ≥260 lf				olitio				☐ Gloveba	g Proc	edure						
						I		☐ Non-Exe	empted	(*) and No	n-Friable Proce					
Location	of			ocati rmal				Description	of			F	ba		ent T	уре
Asbestos-Containing			sed	Sole	ly by	Asbe	stos (Containing Ma		(ACM)	Amount	2		Repair	Enc	Enc
TO BE ABA	TED	IV.			nce/ Staff?		e., the	rmal systems	insula		(Specify	Vellional		oair	aps	Enclosure
IN Facili (13)	ty			(12)	Juli :			urfacing, VAT ner miscelland			SF or LF)	2	-		Encapsulate	ure
(10)		Yes	5	No	N/A		Oti	ior impocharic	3000)						e	
Basement MER#1		\boxtimes	1			Duct in	sula	tion			400 SF	[2				
Basement Boiler room	m		Ī	7	П	Floor ti	le ar	nd mastic			600 SF	Σ	1	П	П	I_{I}
			+										7	$\overline{\Box}$	П	
			-										-	П		
Name of Registered Was	te Hauler				JDEP \	Naste	Cut	oic Yards of	Nar	ne of Regis	tered Landfill					
BRISTOL ENVIRON		IC		833	auler II 18706	O No.	Was	ste	100	ROWS L						
City, State					10/00			oosal Date	City	, State						
BRISTOL, PA								/22/2016		IORRISVI	LLE, PA					
Completed By (Print or T	ype)	Title	_					Signature				Date				
Brian Scafiro		Estim	ato	r				Dun	Sax	(2)		9/1	5	115		



Date of Notification (1)				Name o	f Building	Owner/Operator (2	2)					
	/ 16			Veriz				2016 SEP 2	0 4	MIC	1: 41	8
Agencies Notified Type N	lotification			Street A	Address							
⊠ EPA ⊠ Initi				15 E	ast Mont	tgomery Place, I	Lower Level	458 <u>£510</u> & L/0	50	INT	Rn	1
☑ DOLWD ☑ Am					ate, Zip C	70.00		& LIC	ENS	ING	-	-
M DUOS	endment # <u>1</u>		6	Pitts	burgh, F	A 15212						
	ergency (ind ification)	cluding	-		of Contact			Telephone Numb	oer			
(143/10 0.20 0)	ncellation			Anth	ony Por	ta		200				
						FORMATION	(1)					
Name of Facility Where Abateme	nt is Takino	Place	(3)	FAC	ILIT IIX	Ordinariore	Type of Facility (4)				
	nt is raking	1 1000	(0)				School (K-12))				
Verizon Hightstown CO							Subchapter 8	(Other than K-12))	ildina	c	
Street Address							homes, etc.)	ivate and commer	Ciai Du	nung	5,	
393 Mercer St.							Square Feet	# of Floors	Ble	dg. Ag	ge	
City (5)							-1					
Hightstown				Count	v Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
County (6)				Count	y Code (1)	(OTATE OOL ONE)	Office	T. (1815)				
Mercer	0 1111 - 0	/	0\	ASCM N	lo	Name of Abateme		-				
Name of Monitoring Firm Hired b	y Building C	wner (8) /	42CM I	40.	Special Company and Company of the C	VIRONMENTAL	INC.				
TTI Environmental, Inc.						Street Address	VIICORMETTIC	-,				
Street Address						1123 BEAVE	PSTREET					
1253 N. Church St												
City, State, Zip Code						City, State, Zip Co						
Moorestown, NJ 08057						BRISTOL, PA	13007	License No.				
Project Manager for Monitoring F	îrm			phone N		Telephone No. 215-788-6040		00509				
Harold Baldwin			2-07-	6-840-				00000				
Start Date (10)		uled C	omplet	ion Dat	e (11)	Name of OSHA M		INC				
8 / 25 / 16		N.	170	LU_			VIRONMENTAL	_, 1140.				
Occupancy Status During Abater	nent (Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated Durin	g Entire Per	riod of a	Abater	nent		1123 BEAVE						
M Abatement Performed Outside	e of Normal	Facility	/ Hour	s - Desc	cribe	City, State, Zip Co						
Time of Abatement:Al	M- <u>5:00</u> PM/		PM-1:	30AM		BRISTOL, PA	19007					
Scope of Work (Check all that ap	ply)			1.0		₩ Full Con	tainment with Neg	ative Pressure				
100		⊠ Re	novati	on		☐ Mini-End	losure	ative i resoure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☐ De				☐ Gloveba	a Procedure	- Fishla Dragglu				
⊠ ≥100 31 dt =200 ii	,					∐ Non-Exe	mpted (*) and No	n-Friable Procedu			+ T	
		9,99	Locat						-	atem		T
Location of			Norma d Sole		Ache	Description of stos Containing Ma		Amount	Removal	Repair	Enc	Enclosure
Asbestos-Containing Materia TO BE ABATED	I (ACM)	Ma	intena	nce/	(i.e	., thermal systems	insulation,	(Specify	Vou	air	aps	los
IN Facility		Cus	todial	Staff?		surfacing, VAT other miscellane		SF or LF)	8		Encapsulate	УTе
(13)		Yes	(12) No	N/A		otner miscenarie	:ous)				е	
		⊠ ⊠			Duct in	sulation		400 SF				
Basement MER#1				12		le and mastic		600 SF				
Basement Boiler room				Ш_	11001 11	ie and madeo			To	In		
									+-	분	믐	H
Name of Registered Waste Haul	er		IN	JDEP V	Vaste	Cubic Yards of	Name of Regis					
BRISTOL ENVIRONMENT			F	lauler IE		Waste	GROWS L	ANDFILL				
				18706		Disposal Date	City, State		the second like the			
City, State							MORRISVI	LLE, PA				
BRISTOL, PA	7.00					Signature	1	, D	ate ,	7		
Completed By (Print or Type)	Title		40.5			A.	0.0.	10	9/1	110	6	
Brian Scafiro		stima	ror			prian	scarco	170	1/,	/ /		SAME
ASB-41 \$ 5/6/0 8	*	Do not	use ti	his form	for asbes	tos licensure exem	pted activities.	v				

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1100									AC 11 0	1	0		1 -
Date of Notification (1)	44 /	16			28765		ng Owner/Operator (2)					
8/		16			Ve	rizon			20	6 SF	20	1 8	MI
Agencies Notified EPA 1284	Type Notific	ation				et Address			***				4 4 11
Ø DOLWD 1260		d					ntgomery Place,	Lower Level	. 5.	450	TP	S (*)	11
☑ DHSS /2 77	Amendm	C-1				State, Zip			=		ÌĈE	-	-
□ DCA	☐ Emerger		uding	9	-		PA 15212				-100	_ 1 1 1 1	12.83
(NJAC 5:23-8)	justificati					e of Conta	1000		Telephone Nur	nber			
	☐ Cancella	tion			An	thony Po	orta						
					FA	CILITY	NFORMATION						
Name of Facility Where	Abatement is	Taking F	Place	(3)				Type of Facility	(4)				
Verizon Hightstown	1 CO							School (K-12					
Street Address									(Other than K-1 rivate and comme		uildin	ns	
393 Mercer St.								homes, etc.)		310.01 0	onon,	95,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Hightstown								+					
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
Mercer								Office					
Name of Monitoring Firm	Hired by Build	ding Ow	vner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
TTI Environmental,							BRISTOL EN	VIRONMENTAL	, INC.				
Street Address			80.00				Street Address						
1253 N. Church St							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Moorestown, NJ 08	057						BRISTOL, PA						
Project Manager for Moni			25-5-2	Tel	ephone	No.	Telephone No.		License No.				_
Harold Baldwin				100		0088-0	215-788-6040		00509				
Start Date (10)	15	Schedule	ed C	omple	etion Da	ate (11)	Name of OSHA M	onitor					
8 / 25 /					1		The agreement common to the common terms of th	VIRONMENTAL	., INC.				
Occupancy Status During		Check o	nly r	ne)			Street Address					Television	
☐ Facility Closed/Vacate					ment		1123 BEAVER	STREET					
Abatement Performed	#100mm - 100mm					scribe	City, State, Zip Co			-			
Time of Abatement: _	AM- <u>5:0</u>	<u>0</u> PM/		PM- <u>1</u>	:30AM		BRISTOL, PA						
Scope of Work (Check all	that apply)		000				51110102,171						
		100						ainment with Nega	ative Pressure				
≥3 sf or ≥3 lf ≥160 of or >260 lf		_	-	novat			☐ Mini-Encl						
≥160 sf or ≥260 lf] De	moliti	311		☐ Glovebag	npted (*) and Non	-Friable Procedu	re			
			ls	Loca	tion					Ab	atem	ent T	vpe
Location				lorma	illy elv bv		Description of				_		1
Asbestos-Containing N TO BE ABA		1)		intena	2 2		estos Containing Mat e., thermal systems i		Amount (Specify	Remova	Repair	nca	nclo
IN Facilit			Cust		Staff?	(1.0	surfacing, VAT,		SF or LF)	Ova	=	Encapsulate	Enclosure
(13)		-		(12)	1	-	other miscellaned	ous)		-		late	,e
			/es	No	N/A						_		
Basement MER#1						Duct in	sulation		400 SF				
Basement Boiler roon	n	D	3			Floor ti	le and mastic		600 SF	\boxtimes			
		-			I_{\Box}		24.1.2.7.7.1.1.1.2.1.1.1.1.1.1.1.1.1.1.1.1						П
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				Ц							Ш	Ш	Ш
Name of Registered Wast				2.0	IJDEP I lauler II		Cubic Yards of Waste	Name of Registe					
BRISTOL ENVIRONI	MENTAL IN	С		- 15	18706		vvaste	GROWS LA	NDFILL				
City, State							Disposal Date	City, State					
BRISTOL, PA								MORRISVIL	LE, PA				
Completed By (Print or Ty	pe)	Title					Signature	1 0	/ Da	ite /	1		
Brian Scafiro	man (PS 4)	Esti	mat	or			Bris	Scalin	1:0	8/1	1//	6	
SB-41 001/	6						No.	patirio	17	1	/		
SB-41 BS 1610	40	* Do	not	use th	is form	for asbest	tos licensure exempl	ed activities.	1				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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WOCh				(Pt	ırsuar	nt to NJA	C 8:60 and 5:1	6)	PAGE	= 1		- (날
Date of Notification (1)	16 /	16	-		Name Pri	of Buildin	g Owner/Operator (niversity-Office	2) of Design and		535111110	S SE	IP 2	20	AM
Agencies Notified EPA DOLWD	Type Notific	d			Street 200	Address Elm Dr. State, Zip 0				45				
☑ DHSS ☑ DCA	Amendm Emerger		ıdina		Pri	nceton, N	J 08544							
(NJAC 5:23-8)	justificat		201119		Name	of Contac	t		Telephone N	lumbe	r			
	☐ Cancella	tion			Rol	pert Orte	go							
					FA	CILITY IN	IFORMATION		45 0-2-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-					
Name of Facility Where A				3)				Type of Facility						
Princeton Universit	y-Firestone	e Librai	ry					School (K-12		(-12)				
Street Address								Other (i.e., p			al bu	ilding	js,	
Washington Rd			2015-2	11-05				homes, etc.)			1 = 1			
City (5)								Square Feet	# of Floors			ig. A	ge	
Princeton					T C	t 0-1- /7	VOTATE LIGE ONLY	1,000,000	8	مادالمد	_	70		
County (6) MERCER					Cour	ity Code (/)(STATE USE ONLY)	Current Use (Pr		nolish	ea)			
Name of Monitoring Firm		ding Ow	ner (8)	ASCM		Name of Abateme	and the second of the second o						
ATC Group Service	s LLC				0009	98		VIRONMENTA	L, INC.					
Street Address							Street Address							
Three Terri Center							1123 BEAVE							
City, State, Zip Code							City, State, Zip Co							
Burlington, NJ 0801				Tale	nhana	No	BRISTOL, PA	19007	License No					
Project Manager for Moni Michael Keehn	toring Firm				phone 19-386		Telephone No. 215-788-6040		00509	1.				
Start Date (10)	10	Schedule	ed Co		300		Name of OSHA M		00303					
)_ /		50.41700 (0.000.000.000.000.000.000.000.000	VIRONMENTAI	L. INC.					
Occupancy Status During							Street Address						2000	
☐ Facility Closed/Vacate					ment		1123 BEAVE	RSTREET						
☐ Abatement Performed						cribe	City, State, Zip Co							
Time of Abatement: 7:	:00AM-3:30	PM/	PM		AM		BRISTOL, PA							
Scope of Work (Check all	that apply)												12.70	
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			Ren Dem				☐ Mini-Enc ☐ Gloveba	tainment with Neg losure g Procedure mpted (*) and No						
29 7.349	6~0			.ocat			5.873 CNC333				Ab	atem	ent T	ype
Asbestos-Containing N TO BE ABA IN Facilit (12)	Material (ACN TED	1)	Used Main Custo	tena	ely by nce/		Description of stos Containing Ma ., thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
(13)		Y	/es	No	N/A		other miscellane	ous)					fe	
Levels B, A and 1		D				Pipe an	d pipe fitting Ins	sulation	4190 LF		\boxtimes			
Levels B, A and 1						Floor til	le and mastic		18,440 SI	F	\boxtimes			
Levels B, A and 1		D				Joint co	ompound		16,520 SI	F	\boxtimes			
Levels B, A and 1		D				Acousti	ical ceilin plaste	r	2,222 SF		\boxtimes			
Name of Registered Wast BRISTOL ENVIRONI		VC.		1 2000	JDEP V	No.	Cubic Yards of Waste	Name of Regis G.R.O.W.S	tered Landfill . NORTH LA	NDFI	LL			
City, State BRISTOL, PA 19007					18706)	Disposal Date	City, State MORRISVII	LLE, PA 190	67				
Completed By (Print or Ty		Title					Signature			Date				
Brian Scafiro	F ~ /	100000000000000000000000000000000000000	mato	or			Bursa	filog)		100000000000000000000000000000000000000	121	/16	7	
		_												_

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

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rate		1	-				

Date of Notification (1)					Nam	e of Buildin	a Ov	vner/Operator ((2)	ra	SC Z	_			
9 / _	16 /	16							of Design and	Construction	Bals Si	ΕP	20	Al	10:
Agencies Notified EPA	Type Notific	ation			100000000000000000000000000000000000000	et Address 0 Elm Dr.				۵	1365	51	US	ÜĹ	JHĪ
□ DOLWD		d				State, Zip					0	H	CE	145	1410
☑ DHSS	Amendm	-				inceton, l									
□ DCA (NJAC 5:23-8)	☐ Emerger justificati		cluding	3		e of Contac				Telephone N	Jumber				
(NOAC 3.23-0)	☐ Cancella	28			10000000	bert Orte				releptione	10111001				
				-				DRIATION		1					
Name of Facility Where A	hatament is	Takina	Diago	(2)	F.A	ACILITY II	NFO	RMATION	Tune of Facility	/4\		_			
Princeton Universit				: (3)					Type of Facility School (K-12	2)	17721				
Street Address									Subchapter 8			hu	lding	15	
Washington Rd									homes, etc.)		mercia		ii dii i g	,,	
City (5)									Square Feet	# of Floors		Blo	g. A	ge	
Princeton									1,000,000	8		7	0		
County (6)					Cou	inty Code (7)(ST/	ATE USE ONLY)	Current Use (Pr	ior if being den	nolished	1)			
MERCER									Library						
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCN	1 No.	Na	me of Abateme	ent Contractor (9)			-			
ATC Group Services	s LLC				000	98	E	BRISTOL EN	VIRONMENTA	L, INC.					
Street Address							Str	reet Address							
Three Terri Center								1123 BEAVE	R STREET						
City, State, Zip Code							Cit	y, State, Zip Co	ode						
Burlington, NJ 0801	6						E	BRISTOL, PA	19007						
Project Manager for Monit	toring Firm			Te	lephone	No.	Te	lephone No.		License No),				
Michael Keehn				6	09-38	6-8800	2	215-788-6040	1	00509					
Start Date (10)		Schedi	uled C	ompl	etion D	ate (11)	Na	me of OSHA N	lonitor						
ON HOBADI						17	E	BRISTOL EN	VIRONMENTAL	_, INC.					
Occupancy Status During	Abatement (Check	only o	ne)				eet Address							-
☐ Facility Closed/Vacate					ement			1123 BEAVE	R STREET						
☐ Abatement Performed	8.477					scribe		y, State, Zip Co							
Time of Abatement: 7:	00AM-3:30F	PM/	PI	VI	AN	1		BRISTOL, PA							
Scope of Work (Check all	that apply)									estive Procesure					
≥3 sf or ≥3 lf			⊠ Re					☐ Mini-Enc		alive Pressure	7				1
≥160 sf or ≥260 lf			☐ De	molit	ion				g Procedure	. Edukto Book					
			l.	1	4:	T		□ Non-Exe	mpted (*) and No	n-Friable Proce				-	
Location of	of			Loca				Description o	£					ent T	ype
Asbestos-Containing N		1)	Use	d So	lely by	Asbe	estos	Containing Ma		Amount	2	Domous	Repair	Enc	Enclosure
TO BE ABAT	TED				ance/ Staff?		e., the	ermal systems	insulation,	(Specify	2		air	aps	losi
IN Facility (13)	У		Ousi	(12				surfacing, VAT, ther miscellane		SF or LF)	2	2		Encapsulate	Jre
* *			Yes	No	N/A									Ö	
Levels B, A and 1			\boxtimes			Firepro	ofin	g		1,620 SF					
Levels B, A and 1			\boxtimes			Radiate	or lir	ner		320 SF					
Levels B, A and 1			\boxtimes			Spline,	plas	ster & Drywa	II ceiling	15,924 SF	F [2				
Name of Registered Waste	e Hauler			100	NJDEP		100000	bic Yards of	Name of Regis	tered Landfill					
BRISTOL ENVIRONM	MENTAL, IN	VC.			Hauler 1870		Wa	iste	G.R.O.W.S.	NORTH LA	NDFIL	L			
City, State					1010		Dis	posal Date	City, State						-
BRISTOL, PA 19007								***	MORRISVII	LE, PA 190	67				
Completed By (Print or Ty)	pe)	Title					1	Signature			Date	_			
Brian Scafiro		1.0000000000000000000000000000000000000	timat	or				The second secon	sifu (e)		9/	16	lir		
								10100)	and the		./.	1	No.		

Ck# 3087

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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noch		NO					8:60 and 5:1		Pari	T E	1/1	= [_	
Date of Notification (1) 8 / 31		16		Nan P	ne of Buildir rinceton (ng O Univ	wner/Operator	(2) of Design and	Construction	120	AH	10:	49
⊠ EPA 0904 ⊠	pe Notificat Initial Amended	tion		20	et Address 00 Elm Dr	·.			A.855,	US.)U.ħ	ITR	OL.
☑ DHSS 0911	Amendme	nt #		1	State, Zip					U L 14	J. IM	Ü	
	Emergency		ng		rinceton,		70044		Telephone Nu	mhar			
	Cancellation	. 50			bert Orte								
							RMATION						
Name of Facility Where Abate	ement is Ta	king Plac	e (3)	855.55	ACILITY II	NFO	RIVIATION	Type of Facility	(4)				
Princeton University-Fi			,c (5)					School (K-12					
Street Address								Subchapter 8	(Other than K-				
Washington Rd								Other (i.e., p homes, etc.)	rivate and comm	nercial I	ouildi	ngs,	
City (5)								Square Feet	# of Floors	1	3ldg.	Age	
Princeton								1,000,000	8		70	190	
County (6)				Cou	inty Code (7	7)(ST	ATE USE ONLY)	Current Use (Pri	or if being demo	lished)			
MERCER							**************************************	Library		,			
Name of Monitoring Firm Hired	d by Buildir	ng Owner	(8)	ASCN	1 No.	Na	ame of Abatem	ent Contractor (9)	-				
ATC Group Services LL	.c			000	98		BRISTOL EN	VIRONMENTAL	L, INC.				
Street Address				-		Str	reet Address				-9-11		3-14-59
Three Terri Center						1 -	1123 BEAVE	R STREET					
City, State, Zip Code						Cit	y, State, Zip Co	ode					
Burlington, NJ 08016						E	BRISTOL, PA	19007					
Project Manager for Monitoring	g Firm		Te	lephone	No.	Tel	lephone No.		License No.				
Michael Keehn				609-386	6-8800	2	215-788-6040		00509				
Start Date (10)	Sch	heduled (Comp	letion Da	ate (11)	Na	me of OSHA M	Ionitor					
9 / 14 / 16	_ _	1		30/	17	E	BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During Abat	tement (Ch	eck only	one)			Stre	eet Address						
☐ Facility Closed/Vacated Dur						1	123 BEAVER	RSTREET					
Abatement Performed Outs Time of Abatement: 7:00Al							y, State, Zip Co BRISTOL, PA						
Scope of Work (Check all that a	apply)					-	04-40		*************				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re	enova emolit	77			☐ Mini-Encl	Procedure					
		le	1.00	ation	T	-	□ NOII-Exer	mpted (*) and Non	-Filable Procedi	-	-4	1 7	
Location of			Norm	ally			Description of	f		10000	1	ent T	T
Asbestos-Containing Materi TO BE ABATED IN Facility	al (ACM)	Ma	inten	lely by ance/ I Staff?	Asbes (i.e.	., the	Containing Mat rmal systems in urfacing, VAT,	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No			oth	ner miscellaned	ous)				te	
Levels B, A and 1		×			Pipe and	d pip	pe fitting Ins	ulation	4190 LF				
Levels B, A and 1		\boxtimes			Floor tile	e an	nd mastic		18,440 SF				
Levels B, A and 1		\boxtimes			Joint co	mpo	ound		16,520 SF				
Levels B, A and 1					Acoustic	cal	ceilin plaster		2,222 SF				
Name of Registered Waste Hau			11000	NJDEP V Hauler II	Vaste		ic Yards of	Name of Registe	ered Landfill				
BRISTOL ENVIRONMENT	IAL, INC.	9		18706		1	20.5%	G.R.O.W.S.	NORTH LAND	FILL			
City, State BRISTOL, PA 19007						Disp	osal Date	City, State MORRISVIL	LE, PA 19067				
Completed By (Print or Type)	Ti	tle					Signature	L		ate /	1	1 DOMESTIC	
Brian Scafiro		Estimat	or				Brisa	Scalina		8/3	1/,	16	

CL # 3081

State of New Jersey

NO C)	IN	OTIF					8:60 and 5:1		P		2	17	
Date of Notification (1)							. T	wner/Operator (۷.)		9528	
8/	31 /	16					Jniv	ersity-Office	of Design and	Construction1	6 SE	20	A	M 10
Agencies Notified EPA	Type Notific	cation				t Address) Elm Dr.				٥.	nr S	TuE	0	JNI
⊠ DOLWD	☐ Amende	ed				State, Zip		9			ο <u>Ε</u> δ	TÜE	143	140
□ DHSS	Amendn				127001100	nceton, I								
⊠ DCA	☐ Emerge justificat		ding			of Contac				Telephone Num	ber			
(NJAC 5:23-8)	☐ Cancella					bert Orte								
	_ ouricone	20011						RMATION						
Name of Facility Where A	hatement is	Taking P	lace (31	FA	CILITI	NF O	KIVIATION	Type of Facility	(4)				
Princeton Universit				٥)					School (K-12					
	y-riieston	e Librai	У				-		Subchapter	8 (Other than K-12				
Street Address									Other (i.e., p	rivate and comme	rcial b	uilding	JS,	
Washington Rd									Square Feet	# of Floors	IB	ldg. A	ne .	
City (5) Princeton									1,000,000	8		70	90	
					Cour	nty Code C	71/97	ATE USE ONLY)		ior if being demoli	shed)		-	
County (6) MERCER					Cour	ity code (/	1)(01)	ATE OOL ONET)	Library	ior il being demon	01100)			
	Library has Dad	lalina Ou	205 / 9	\	ASCM	No	INIO	me of Abateme	ent Contractor (9)		en me			-
Name of Monitoring Firm ATC Group Services		iding Owi	iei (o	,	0009		1000000		VIRONMENTA					
Street Address				_			Str	reet Address						
Three Terri Center							-	1123 BEAVE	R STREET					
City, State, Zip Code							Cit	y, State, Zip Co	ode	=				
Burlington, NJ 0801	6						E	BRISTOL, PA	19007					
Project Manager for Monit	toring Firm			Tele	phone	No.	Te	lephone No.		License No.				
Michael Keehn				60	9-386	-8800	2	215-788-6040		00509				
Start Date (10)		Schedule	d Cor	nple	tion Da	te (11)	Na	me of OSHA M	lonitor					
9 / 14 /	16	1_	_ / _	30	_ /	17	E	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During	Abatement (Check or	nly on	e)			Str	eet Address						
☐ Facility Closed/Vacated							1	123 BEAVER	R STREET					
☐ Abatement Performed Time of Abatement: 7:						cribe	15155573	y, State, Zip Co						
Scope of Work (Check all								BRISTOL, PA	19007					
	ттат аррту)		Reno	voti	on				ainment with Neg	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Dem					Glovebag	Procedure					
								☐ Non-Exer	mpted (*) and No	n-Friable Procedu	re			
			Is L						No.		Ab	ateme	ent T	ype
Location of		a)		rma Sole	ily ely by	Ashe	etoe	Description of Containing Mar		Amount	Re	Repair	Enc	Enc
Asbestos-Containing M TO BE ABAT		")	Maint	tena	nce/			ermal systems i		(Specify	Removal	pair	Encapsulate	Enclosure
IN Facility	1	(112)	Staff?	190		surfacing, VAT,		SF or LF)	<u>a</u>		ula	иге
(13)		V	-	No	N/A	1	Ol	her miscellaned	ous)				te	
Levels B, A and 1			-		П	Firepro	ofin	a		1,620 SF		П	П	
					П	Radiato				320 SF		П	П	П
Levels B, A and 1			-				4.030	ster & Drywa	Il ceiling	15,924 SF			$\overline{\Box}$	
Levels B, A and 1) L	_		Spille,	pias	ster & Drywa	ii centrig	10,02701				
			1 L		IDED	1/	Cul	nia Varda of	Name of Regis	tered Landfill				
Name of Registered Waste BRISTOL ENVIRONI		VC.		10000	JDEP V auler ID	No.	Wa	oic Yards of ste		NORTH LAND	FILL			
City, State				1	18706		Dis	posal Date	City, State					
BRISTOL, PA 19007								1600		LLE, PA 19067				
Completed By (Print or Typ	ne)	Title						Signature	0 -	/ . Da	te ,	1		
Brian Scafiro		Estir	nato	r				Brian	Scafer	0/-11	8/3	1/10	0	
				234.5				i.	0	-	1		-	

ASB-41

BS 16120

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

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Date of Notification (1)			Na	me of I	Building O	So ~	SHANK	SEP 20 A	H 10: 4	5		
Agency Notified	Type Notification		Str	eet Ad	dress		4.		EThe			
D EPA	ET Initial	55						A LICENS	and and	L.		-
D DEP	☐ Amended		Cit	y, Stat	E, Zip Coo	ie .	The A	07207				.
e DOL	Amendment #	q	-		Contact	44,000 11	· Co 7.	Telephone Numb)er			7
□ DCA	justification) Cancellation		Ma	mme or	UNIO	, N					_	-
			F	ACILI	TY IMPOR	MATION		//				-
Name of Facility Where	Abatement is Taking Place	≈ (3)			•		Type of Facility	(4)				
HR 3	USON SHA	100 C	e7	P			School (K-12) (Other than K-12)				
Street Address			1			:	D-Other (i.e. pri	vate & commercial	buildings	š.		
					·		homes, etc.)		Bidg. A		-	\dashv
City (5)	•		-	,			Square Feet	# of Floors		6Z		- 1
- EU	マスクミナ1	F					1800.	- C		100	_	\dashv
					Code (7) (9	STATE USE	Current Uso (Pr	rior if being demok	· ·			
County (6)			0	NLY)				SIDENCE				-
	m Hired by Building Owner	F. AS	SCM N	0.			nent Contractor (5					-
(8)				(f.e)			moval In	С			-	-
Street Address					1	Street Address		C+		1,		
						450 Sou	th River	St				\dashv
City, State, Zip Code			155				ack, N.J	07601				
		1=:		M.		Telephone No.		License No.				7
Project Manager for Mo	onitoring Firm	166	phone	: NO.		201-329	- 7 444 ·	00388				
Start Date (10)	Scheduled Co	ompletion	n Date	(11)		Name of OSHA						-
9/27/16		128	11	6			Environm	ental				-
Occupancy Status Duri	ing Abatement (Check onli	y one)	1.			Street Address	- 0.					
D Facility Closed/Vaca	ted During Entire Period o	of Abates	ment				uyler St				-	-
P Abatomont Performe	ed Outside of Normal Faci 용 : 하라 AM ~ (o	EN HOUR	S	M		City, State, Zip (ckensack	,N.J. 07	606			
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D 23 st or ≥ 3 li				2-Reno	notion	-STEIN	-Enclosure		82			
□ ≥ 160 sf or ≥ 260 ff			=	2 Dem	OSSIGN	-2 Gio	rebag Procedure -Fremated (*) as	d Non-Friable Pro	cedure			
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			ocatio vilsamo	200 Col			_	4, -	h	7		
	tion of sing Material (ACM)		Solely		Ashesi	Description os Containing N	fatorial (ACM)	Amount	İ	2	En	m
TO BE	ABATED		ntenano estodia		fic.	thermal system surfacing, VA	s insulation,	(Specify SF or LF)		Repair	Referen	Enclosure
	facility . 13)	1	(12)			other miscellar	160US)		- Augustina	Nat Nat	ulat	enne
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Best Kem	oval Inc			109		7/20	Hinery	a Enterpi	. 1000	, 11.		
City, State						Disposal Date	/ City, State	14.		0.0		
	ck , N.J. 07	601				9/28/16	Wayne	sburg, Oh	1,446	88		
Completed by	Title					Signature	Poloria	مري		116/	11	e
J.Maioran	o Est	imat	or			χ (1 //	1-/	14	>
ASB-41	* Do no	at use th	ंड रिस्ता	e for as	sbestos Ec	ensure exemple	d-activities.					

CK 3738

			1 Nas	me of	Building	Owner/Operator (2) .	*				
Date of Notification (1)	(1	PL	40	G NUT	MAGG	1 0 2016 CE	D 20	f 1/	10	,
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III DCA	☐ Cancellation					TAGGG		<u> </u>			_	_
			F	ACILI	TY INFO	RMATION						_
Name of Facility Where	Abatement is Taking Place	æ (3)					Type of Facility	(4)				
	DI HAG						School (K-12)	}				
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Street Address	8						homes, etc.)	vate & commercia	B Penned	ρ,		
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City (5)	1	325		1		29	2100.		16	35	1	
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County (6)					Code (7)	(STATE USE	Current Use (Pr	ior if being demoli	5			
BE	ola RCZN		0	MLX		* * *		SIDENC				
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(8)				٠.		Best Rei	noval In	с				
						Street Address					- 17	
Street Address				121			th River	St			3.9	
						City, State, Zip	NAME AND ADDRESS OF THE OWNER, TH	DC				
City, State, Zip Code	*/-				1		ack, N.J	07601				
								License No.				
Project Manager for Mo	unitoring Firm	Telep	phone	No.	1	Telephone No.	- 7 444 -					
	•							00300			-	-
Start Date (10)	Scheduled Co		Date	(11)	-	Name of OSHA	Mondor	. 13				
9/26/19	S 9/	27/	16	i iii			Environm	ental				
Occupancy Status Duri	ng Abatement (Check onl	y one)				Street Address						
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m 44 dament Backson	at Chabrida of Blannal Eart	HOLE HAVE BEEN	2	0		City, State, Zip	Code		7606	31		
Other - Describe:	2.6744 T 0	5:	50	KU		S. Ha	ckensack	,N.J. 0	/000			
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		No	mally		:	Description	of .	***				T
	tion of		Solely		Ache	stres Containing M	laterial (ACMI)	Amount		2	100	En E
	ing Material (ACM) ABATED	1	stoda		(i.e	_ thermal system	s insulation,	(Specify SF or LF	,	Removal	Rophir	Enciosura
(N.F	acety.	í s	±47?		120	surfacing, VA	I, or	3, 4, 2		OVA	=	Sul Sul
(13)	. 1	(12)			Other Headcoom				-	1	3 0
at a factor of the same of the	+S	Yes	No	N/A							1	1
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Name of Registered V	Vaste Hauter			laste l-	iauler	Cubic Yards of		istered Landfill				_
	oval Inc	IDN		00		Waste 7 1/20	Minerv	a Enterp	rises	,	LL	C
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City, State		5515.00				Disposal Date	City, State	.1 01	h 1. 1. /	.00		
Hackensa	ck , N.J. 07	7601				19/27/18	wayne	sburg, 01	Date_	100		
Completed by	Title					Signature	Mousi	هـ به ،	10	110	11	K
J.Maioran	o Est	imat	or			V		way.	1	118	1	2
ASB-41	* Do no	at use this	s form	for as	bestos 8	censure exchine	d activities					



Date of Notification (1) 09/16/16					Building Ov			(2)				2016	S	EP :	20	AH
Agencies Notified	Type Notification		1000000	treet Ad 12 2N	dress D STREI	ET						3;				
DEP DOL	Initial Amended Amendment		3-6		e, Zip Code /OOD No		01						ů.	Lic	Eis	311
✓ DOH	Emergency (justification) Cancellation	including	N	ame of (Contact					Tele	phone Nu	umber				
	П			FACIL	ITY INFOR	RMATI	ION			577						
Name of Facility Where	Abatement is Taking	g Place (3)							of Facility (4) School (K-12)							
Street Address									Subchapter 8 Other (i.e. privetc.)	(Othe			iildir	ngs, h	omes	,
City (5) LAKEWOOD									e Feet	# of 2	Floors		Bld	g. Ag	е	
County (6) OCEAN				ounty C	ode (7) SE ONLY)			Curre	nt Use (Prior /IE	if beir	ng demoli:	shed)				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				tement Contr PROFES		3.00					
Street Address							Street 6 Wh		ss DOVE COI	JRT						
City, State, Zip Code	-								ip Code OD, NJ 08	701						
Project Manager for Mo	ect Manager for Monitoring Firm						1 5325	none N 668-9			License 1200	No.				
Start Date (10) 09/19/16		Scheduled 09/20/16		pletion [Date (11)				HA Monitor D PROFES	SIO	NALS					
Occupancy Status Durin	ng Abatement (Chec	ck Only One)					Addre								
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of At nal Facility F	ateme	ent			City, S	State, Z	DOVE CO ip Code OD, NJ 08							
Scope of Work (Check																
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Asbestos-Containin <u>TO BE Af</u> In Fac (13	g Material (ACM) BATED cility		Solel itenan idial S (12)	ice/	Asbest (i.e.	os Co therma surf	ntaining I al system acing, V miscella	Materia Is insul AT, or	ation,	(mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
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	- I- II- I		l Ni	JDEP W	lasto	Cubi	ic Yards		Name of F	Regist	ered Land	dfill				
Name of Registered W			Н	auler ID 4509			laste		IESI							
City, State NEWARK, NJ							osal Date 20/16	9	City, State BETHLE		И РА					
Completed by JOSEPH PERLSTI	EIN	Title OWN	ER				Signatur	re		W=1		Date				



Date of Notification (1) 09/16/16					Building Own /L DOPP	er/Opera	tor (2)			21	116	SEP	20	AH 10: 1
Agencies Notified Ty EPA DEP DEP DOL	pe Notification Initial Amended Amendment	#			dress e, Zip Code Y CITY NJ		- Continue							LIDATE(
⊠ DOH □ DCA	Emergency justification) Cancellation	(including	-	Name of				·	Telenhood	- Numb	er			
				FACIL	ITY INFORM	IATION						_		
Name of Facility Where Aba Street Address	tement is Takin	g Place (3)		10 .				of Facility (4) School (K-12) Subchapter 8)	K-12\				
Street Address							×	Other (i.e. pri			build	ings,	home	s,
City (5) JERSEY CITY							Squa 200		# of Floor			dg. A	ge	
County (6) HUDSON				County C	Code (7) SE ONLY)		Curre	ent Use (Prior 1e	if being der	nolishe	d)			
Name of Monitoring Firm His	red by Building	Owner (8)		ASCM	No.	1000000		atement Contr D PROFES	777 P. P. P. B.	5				
Street Address						10.77	eet Addre WHITE	ess DOVE CO	URT					
City, State, Zip Code						10000000	y, State, Z KEWO	Zip Code OD, NJ 08	701					
Project Manager for Monitor	ger for Monitoring Firm				ne No.	17 35325	ephone N 32-668-9		Licer 120	nse No. O	V.			
Start Date (10)		Schedule	d Co	mpletion [Date (11)			HA Monitor D PROFES	SSIONALS	S				
Occupancy Status During A	batement (Ched	ck Only On	e)			10.00	eet Addre			3125				
Facility Closed/Vacated Abatement Performed							WHITE y, State, 2	DOVE CO Zip Code	URI			-2011/9-1-1	74. 34. N	
Other – Describe:						L	AKEWO	OD, NJ 08	701					
Scope of Work (Check All T	hat Apply)						P****7							
≥3 sf or ≥3 if≥160 sf or ≥260 if				ration lition			× GI	ull Containmer ini-Enclosure lovebag Proce on-Exempted	edure				2	
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Name of Registered Waste	Hauler		_	NJDEP W	aste C	ubic Yan	ds	Name of R	Registered L	andfill				
NEWARK CARTING	and the state of t			Hauler ID 04509	SATE OF THE PARTY	f Waste		IESI						
City, State NEWARK, NJ						oisposal (9/27/16		City, State BETHLE	HEM PA					
Completed by JOSEPH PERLSTEIN		Title OWN	IER	0		Signa	ature			Date	9			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 6:16)

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Date of Notification (1)	15 /	-		Na (me of Build edar Gro	ing Owner/Operator	(2) cation	4	SEP 20			J:
Agencies Notified	Type Notifica	tion		Str	et Address	5		9110				F
⊠ DOLWD	Initial Amended			8	20 Pompi	ton Avenue			× 1.10	14,77	NU	
☑ DHSS	Amendme				, State, Zip							1
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(NJAC 5:23-8)	Justificatio	n)	m.igi	Nar	ne of Conte	od o	1000		-1		/	
	Cancellation	on			lario Galt			Telephone	Number	T	1	
						NFORMATION			- 4			
Name of Facility Where	Abatement is Te	king PL	ice (3)		Ve17(111	NFURMATION	(=		4			
North End School							Type of Facil					
Street Address			-				Subchapte	-12) or 8 (Other than	N Am			
122 Stevens Avenu	10							DUNNIE BUT OF	inmercial	build	nas	
City!(5)							THOTTIES, ST	C.)				
Cadar Grove, New	Jersey 07009						Square Foot	# of Floor	125	Bldg.	Age	
County (6)				IĆo	unity Code /	7) (STATE USE ONLY)	20,000	2		554	ė:	
Essex					The second	() JOHN'E USE UNEY)	1	Prior if being de	emolished))		_
Name of Monitoring Firm	Hired by Bulldir	ng Ówne	r (B)	ASCI	A No.	Name of Above	School					
AHERA Consultant	s Inc.			1		Name of Absterne Lilich Corpor	ent Contractor (8)				-
Street Address		-				Street Address	ation					
P.O. Box 385						606 McBride	Annu					_
City, State, Zip Code						City, State, Zip Co						
Oceanville, New Jer	say 08231					Woodland Pa						_
roject Manager for Monit	toring Firm		Tel	ephone	No.	Telephone No.	IN HEW JOSS					
John Smoyer					2-1833	973-225-5400		License N	lo.			_
Start Date (10)	Sch	reduled			ate (11)	Name of OSHA M		01104				
09 / 16 /	18	09	1 1	9 /	16							_
Occupancy Status During	Abatement (Ch	eck onfo	004)			IRIS Environm	Temai Labor	atories inc.				
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	A 8.6	PW3:3	DPM-1	2AM		City, State, Zip Co.						_
Time of Abatement:		-				Union, New Je	2160y 070B3					
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cope of Work (Check all it >3 af or >3 if >160 af or >260 if Location of Asbestos-Containing Management (13) Asbestos-Containing Management (13) arious Locations arious Locations	that apply) of faterial (ACM)	Us M Cut	s Local Normal ed Sold aintene stodial (12) No	iton lity sty by nose/ Staff?	Pipe Ins	Full Conta Mint-Enck Glovebag Non-Exem Description of stor Containing Meta , thermal systems in surfacing, VAT, o other miscellaneo.	pinment with Ne seure Procedure noted (*) and No seriel (ACM) sulation, or u.e.)	Amount (Specify SF or LF)	Removet 🗵	Repair	Encapsulate []	7
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cope of Work (Check all it >3 af or >3 if >160 af or >260 if Location of Asbastos-Containing Management of Registered Waste Lifeth Corporation y, State	that apply) of faterial (ACM) ED Hauler Jersey	Us M Cur	s Local Narma Red Sokal niterial (12) No	Iton Ily Ily Ince/ Staff? N/A D IDEP V Suller ID 17824	Pipe Ins Elbows O& M Ck	Full Conta Mini-Enck Glovebag Non-Exem Description of Ities Containing Mate Literinal systems in surfacing, VAT, o other miscellaneo. Wrapa Cutt) Cubic Yards of Waste 20 Disposal Date	einment with Ne seure Procedure poted (*) and Ne sulation, or Je Vacuum) Name of Regis G.R.O.W.S City, State	Amount (Specify SF or LF) 110 LF 65 em 2000 SF	Removet 🛛	Repair	Encapsulate	



Date of Notification (1)	16					Owner/Operator (2 Turnpike Author				1		Li
9 / 15 / _	10	-5		New	Jersey	rumpike Author	ity	9010-0		_		
Agencies Notified Type Notifica ⊠ EPA □ Initial					Address Box 5042	2		2016 S				J: ių
☐ DOLWD ☐ Amended ☐ Amended ☐ Amended				City, S	tate, Zip C	ode		7, 10.5				TRO
DOH Amendme □ DCA □ Emergence				Woo	odbridge	, NJ 07095		č	LIC	EH.	H	G
(NJAC 5:23-8) justification		aumg		Name	of Contact			Telephone Num	ber			
☐ Cancellat	ion			Jay	Mixner -	Gaudelli Brothe	ers					
				FAC	ILITY IN	FORMATION						
Name of Facility Where Abatement is T	aking F	Place	(3)				Type of Facility	(4)				
New Jersey Turnpike Exit 8A T				1			School (K-12					
Street Address								(Other than K-12		Idina	_	
New Jersey Turnpike Exit 8A			. approve				homes, etc.)					
City (5)							Square Feet	# of Floors	0.939576	lg. Ag	je	
Jamesburg							600	1		00		
County (6)				Coun	ty Code (7)(STATE USE ONLY)		ior if being demoli	shed)			
Middlesex							Access Tun	nel				
Name of Monitoring Firm Hired by Build	ding Ow	vner (3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
TTI Environmental, Inc.						Shade Enviro	onmental, LLC					
Street Address						Street Address						
1253 N. Church Street						623 Cutler Av	venue					
City, State, Zip Code			-			City, State, Zip Co	ode					
Moorestown, NJ 08057						Maple Shade	, NJ 08052					
Project Manager for Monitoring Firm		-	Tele	phone	No.	Telephone No.		License No.				
Jim Guilardi			8	56-840	-8800	856-755-0099) {	00842				
Start Date (10)	Schedu	led Co	omple	tion Da	te (11)	Name of OSHA N	Monitor					
09 /26 /16				/		EMSL Analyt	ical, Inc.					
Occupancy Status During Abatement (Check	only o	ne)			Street Address						
□ Facility Closed/Vacated During Enti	re Perio	od of A	Abate	ment		200 Route 13	0 North					
Abatement Performed Outside of No. Time of Abatement:AM						City, State, Zip Co						
Scope of Work (Check all that apply)			11.5	<u> </u>			tainment with Neg	notive Proceure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Re □ De					closure g Procedure	on-Friable Procedu	иге			
		ls	Loca	tion						atem	ent T	ype
Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	1)	Use Ma	intena	ely by ance/ Staff?	Asbe (i.e	Description of estos Containing Ma e., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		Other Hillodonane					Ф	
Tunnel			\boxtimes		Pipe Fi	ttings		8 LF				
Name of Registered Waste Hauler			-	NJDEP '	Waste	Cubic Yards of	Name of Regis	stered Landfill		1		
Freehold Cartage			1.00	tauler I	D No.	Waste 1	- Walter	nd County Lan	dfill			
City, State	3.			,000.		Disposal Date	City, State					
Freehold, NJ						09/30/2016	Newburg,	PA				
Completed By (Print or Type)	Title		7,7745		1111 COST - 1111 COST	Signature			ate		900 0	
Christina Lynch		erati	ons	Manag	jer	Miles			9/15	1	4	

ASB-41 JAN 13



Date of Notification (1) 09/16/16			- 4	Name of David	Building (Owner/	Operator	(2)					5	-	-	1
Agencies Notified	Type Notification			Street A							חותת	050	_			
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DEP	Amended				ite, Zip Co						2 - 1	E E F	i de	187		n voa
× DOL	Amendment Emergency			***************************************	a, NJ 07	044					ephone h	5 T 1	Ĕ	یا ریا رخ ل	HO	MUL
≥ DOH DCA	justification)			Name of David	Contact					Tel	ephone i	Vumbei	-		NU	
Ц вел	Caricellation				LITY INFO	RMAT	ION			_			_	-		
Name of Facility Where	Abatement is Takir	g Place (3)		17101		713111731	1014	Туре	of Facility (4	1)						
Private House									School (K-12							
Street Address									Subchapter Other (i.e. p				ildir	าตร	home	20
City (5)				7515-15					etc.)			70101 20				, ,
Verona								Squa	re Feet	# 0	f Floors		RIG	g. A	ge	
County (6)					Code (7)			Curre	ent Use (Prio	r if bei	ng demo	lished)				
Essex				(STATE U	JSE ONLY)	10 -11-11-1	 33		13.25		·					
Name of Monitoring Firm	Construction of the contract o	Owner (8)		ASCN	No.				tement Con							
Competent Superv	ISOr								Construct	tion Ir	nc.					
Street Address								Addres	_{ss} 8 West Su	ito 1/	1					
City, State, Zip Code	State, Zip Code								ip Code	110 1-	-					
	State, Zip Code								J 07512							
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.		Teleph	none N	0.		License	e No.				
							1 1 1 1 1 1 1	832-4			01155	5		1-1-1-1		
Start Date (10) 09/27/16		Scheduled 10/04/16		pletion l	Date (11)		100000000000000000000000000000000000000		HA Monitor Above							
Occupancy Status Durin	a Abatement (Che	TOTAL TOTAL CO.	510					Addres					_			_
× Facility Closed/Vac				ent			0.000	7 100101								
Abatement Perform	ned Outside of Norr	nal Facility F	lours	one			City, S	tate, Z	ip Code							
Other – Describe:						_										
Scope of Work (Check A	III That Apply)	-					-	_								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		_	nova moliti				×		II Containme		Negativ	e Press	ure			
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Location			ocation rmall										-	Ту		
Asbestos-Containing	Material (ACM)	Used Main				tos Cor	escription staining N	/lateria		А	mount				т	_
TO BE AB In Faci		Custo	dial S		(i.e.		Il system acing, VA		ation,		Specify For LF)	Kemova		Repair	ncap	Enck
(13)			(12)				miscellar				/	loval		pair	Encapsulate	Enclosure
		Yes	No	N/A											te	(b
Attic	;			X		Ve	ermiculi	te		60	00 SF	X				
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Name of Registered Was	ste Hauler		2,10	JDEP W		2000000	Yards	W	Name of F	Registe	ered Land	dfill				
Academy Construct	ion Inc.		1000000	auler ID 34422	No.	of Wa	aste		GROW	S Lar	dfill					
City, State				1166			sal Date	N. Company	City, State)						
Totowa, NJ						TBD			Tullytov		Α					
Completed by		Title					Signature	9 /	41	/		Date				
John Geleski		PM					- del	4	Tulsh			09/16	1/16	ò		

State of New Jersey

		I		ICATION Pursuant							706				
Date of Notification (1) 09-16-16					f Building ella Den		200	(2)				-			
	Notification			Street A	ddress forest A	ve.				(D)-	EC				
DEP A	nitial Imended Imendment #				ite, Zip Co lanover		936				SEI	2	0 2	016	The state of the s
DOH ju	mergency (in stification) ancellation	ncluding			Contact Palmer I	II					hone Nur		77.30	TDO	1 8
				FACI	LITY INF	ORMATI	ON			1		CEN			L CX
Name of Facility Where Abateme Commercial Property	ent is Taking	Place (3	3)						of Facility (4) School (K-12))	than 1/ 1/))			
Street Address 220 W. Westfield Ave.								Ē	Subchapter 8 Other (i.e. pri etc.)	vate & c	ommerci	al buile			es,
City (5) Roselle Park									re Feet	# of F			ildg. A	ge	
County (6) Union				County (Code (7) USE ONLY			Curre	ent Use (Prior	if being	demolish	ned)			
Name of Monitoring Firm Hired b	y Building O	wner (8)		ASCN	1 No.				tement Contr tracting LL)				
Street Address		· · · · · · · · · · · · · · · · · · ·					Street 522 7								
City, State, Zip Code									ip Code NJ 07087						
Project Manager for Monitoring F	irm			Telephor	ne No.	-	Teleph 201 2			100	icense N 1206	0.			
Start Date (10) 09-26-16	1 1	Schedule 10-04-		mpletion [Date (11)				HA Monitor tracting LL	С					
Occupancy Status During Abater	ment (Check	Only Or	ne)				Street	Addres	SS				1. 1		
Facility Closed/Vacated Dura Abatement Performed Outs	ring Entire Pe ide of Norma	eriod of A	Abate / Hou	ment rs		m next	522 7 City, St		ip Code	-11					
Other – Describe:						-	Unio	n City	NJ 07087						
Scope of Work (Check All That A		□ F	Renov	ation			E		I Containmen	t with N	egative F	ressu	re		
≥160 sf or ≥260 lf		E	Demol	ition			r r	Mir Glo No	ni-Enclosure ovebag Proce n-Exempted (lon-Friab	le Pro	cedur	e	
		Is	Loca	tion									Abate		
Location of		1	Norma	ally		Des	scription	of					Ту	ре	
Asbestos-Containing Materia TO BE ABATED In Facility (13)	I (ACM)	Ma Cus	intena todial (12)	Staff?		tos Conta thermal surfac	aining M	laterial insula T, or		Amo (Spe SF o	ecify	Removal	Repair	Encapsulate	Enclosure
Bsmt., 1st floor & 2nd	Floor	Yes	No X	N/A		Pipe	Insula	tion		670	LF	X			
Bsmt., & 2n Floor			X	+			um &			950		X			
3rd Floor	-		X				ble To			181		X			
	57 (2 NS)		X							200.00		X			
Roof 1 & 2 Name of Registered Waste Haule		31, 0-		NJDEP W	acto	Cubic '	k Flash	mig	Name of Re	5,550		I'V			
Delfa Contracting LLC			13.5	Hauler ID 35240	No.	of Was			Tullytowr			ecove	ery F	acilit	y
City, State Union City, NJ						Dispos 05-0	al Date 9-16		City, State Tullytowr	i, PA					

Signature

Date

04-25-16

Completed by

Jaime Delgado

Title

Proj. Manager.

Date of Notification (1) 09-16-16	•				of Building rella Der			or (2)				6	E		V_	
Agencies Notified	Type Notification Initial			Street A 40 De	Address forest A	ve.				1 (1)	3	SE	3 0	0.7	2016	
DEP DOL	Amended Amendment				ate, Zip C Hanover		936			- Land	Sor	nud inn				
DOH DCA	Emergency justification) Cancellation				of Contact Palmer I					ITΑ	lenhôn	Nin	hè⊳	COI	TR() <u>L &</u>
Name of Facility Where A	hatement is Takir	na Place /	3/	FAC	ILITY INF	ORMAT	ION	TTV	pe of Facility	(4)	,,150					
Commercial Propert		ig Flace (3)					ı y	School (K-							
Street Address 220 W. Westfield Av	e.							E	Subchapter Other (i.e. petc.)	8 (Oth				dings	, hom	es,
City (5) Roselle Park								Sq	uare Feet	# 0	f Floors	3	Е	ildg. A	Age	
County (6) Union					Code (7) USE ONLY	o			rrent Use (Pri			nolish	ed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	И No.		100000000000000000000000000000000000000		batement Cor ontracting L		(9)					
Street Address							et Add 2 7th									
City, State, Zip Code	•							, Zip Code ity NJ 0708	37							
Project Manager for Monit	toring Firm		Telepho	ne No.			phone 216	No. -9603		Licen 0120						
Start Date (10) 09-26-16		Schedule 10-04-		mpletion	Date (11)				SHA Monitor ontracting L	LC						
Occupancy Status During		8						et Add								
Facility Closed/Vacat Abatement Performe Other – Describe:	ted During Entire d Outside of Norn	Period of Anal Facility	Abater / Hour	nent			City,		Zip Code	.7						
Scope of Work (Check All	That Apply)						UIII	OII C	ity NJ 0708	07					-	
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		Is	Locat	ion						7 2		11001		Abate	ement	:
Location of			Norma d Sole		Ashaa		scriptio		:-1/4000	11			-	1 y	ре	
Asbestos-Containing N TO BE ABAT In Facility (13)	TED	Ma	intena todial ((12) No	nce/		thermal	systen	ns insi AT, or	-	(8	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Roof		163	X	INA		Т	ransit	h_		56	80 SF		X			
1,001,			^				Tarion				00 01		Δ			
Name of Registered Waste	e Hauler		IN	JDEP W	aste	Cubic	Yarde		Name of	Registe	red I a	ndfill				
Delfa Contracting LLC			79000	auler ID 35240	No.	of Was			Tullytov				COVE	ery F	acilit	y
City, State Union City, NJ						Dispos 05-0	sal Date 9-16	е	City, State Tullytov		1					
Completed by Jaime Delgado		Title Proj.	Mana	ager.		S	ignatur	re /	2			Date 04-	25-1	6		

Date of Notification (1)			Name	of Buildir	a Owno	rlOparata	- (2)		- (\searrow	111	\	
9/13/2016 Check	#2918		Mrs.	. Megan	Leblar	noperato	IF (2)		F	(A)	= 0	71.77	E.
Agencies Notified Type Notification	n			Address				$-\ln$	<u>L</u>	G		\W	<u> </u>
EPA Initial			li)					1124					
DEP Amended			City, S	State, Zip	Code				1 (0.0	70 T	2014	
DOL Amendme	nt #		Glen	Rock, I	NJ 074	52				EP.	2 14	201	0
DOH justification	y (includin _i 1)	g	Name	of Contac	:t			Telen	hone N	umhe	r		
DCA Cancellation	on		Mega	an Lebla	anc			1			- (NTF	ROL
Name of Facility Where Abatement is Tak			FAC	CILITY IN	FORMA	TION				TIC	ENS	NG	
Mrs. Megan Leblanc	ing Place ((3)					Type of Facility	(4)					
Street Address							School (K	-12)					
							Subchapte	er 8 (Other	than K-	12)			
City (5)							Other (i.e. etc.)	private & c	ommen	ciai bi	ullding	s, hor	nes,
Glen Rock, NJ							Square Feet	# of FI	oors		Bldg.	Age	
County (6)			0	0 / (=)									
BERGEN			(STATE	Code (7)	Y)		Current Use (Pr	ior if being	demolis	shed)			
Name of Monitoring Firm Hired by Building	Owner /8	1	1000	MANIE	18 OF 18 1	T.,	Private Resi						
N/A	owner (o	,	ASC	M No.			of Abatement Co						
Street Address							Services Corpo	oration					
						The state of the s	Address 69th Street						
City, State, Zip Code	ate, Zip Code						tate, Zip Code						
						1 2 2 5 3 D 4 3 D 4 5 D 4 5 D 4	enberg, NJ 07	093					
Project Manager for Monitoring Firm			Telepho	one No.			one No.		cense N	lo			
						7.5	295-1700		1074	VO.			
Start Date (10)	Schedule	ed Co	mpletion	Date (11)		Name	of OSHA Monitor						
09/17/2016	09/19/					Same	e as above						
Occupancy Status During Abatement (Chec		(5)				Street /	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of A	Abater	ment										
Other – Describe: Starting AM	nai Facility	Hour	S			City, St	ate, Zip Code						
Scope of Work (Check All That Apply)													
	(C) _												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Design .	enova emoli	72000			×	Full Containme	ent with Ne	gative F	ressu	ire		
							Mini-Enclosure Glovebag Prod						
							Non-Exempted	d (*) and No	n-Friab	le Pro	cedu	e	
t soostes the source of	100	Locati lormal										emeni	
Location of Asbestos-Containing Material (ACM)		d Sole		Aabaa	Des	scription	of			-	13	pe	-
TO BE ABATED	572.5	ntenai odial S		Asbes (i.e.	thermal	aining Ma systems	aterial (ACM) insulation,	Amou (Speci		ת		En	ш
In Facility (13)	Oust	(12)	otan !		surfac	cing, VAT	, or	SF or L		Removal	Repair	cap	nclo
·	- T		1		other m	niscellane	eous)			oval	a.	Encapsulate	Enclosure
F: 151 0:	Yes	No	N/A									te	TD
First Floor Closet		X			Duct	Insulati	on	9 SF		x			
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	1												
Name of Registered Waste Hauler		N	JDEP Wa	aste	Cubic \	/ond-							
Freehold Carting			auler ID N		of Was			Registered L					
		15	5939		tbd		Cumber	land Lan	dfill				
City, State Freehold, NJ					Disposa	al Date	City, State					Tours of the	
Completed by	711				tbd		Newburg	g, PA		4			
Gina Betances	Title Office	Man	2005		Sig	gnature/	if 11 .	0	Date				
	Office	ividil	ayer			K	Huill	1	9/1	3/20	116		

Date of Notification (1) 9/7/20	16					ing Owner/Operat	or (2)	EGEI	. [\//	E	Total 1	240
Agencies Notified	Type Notifica	ition		-	eet Addres	chnologies	- 11		U	-	#	11
EPA BER	☐ Initial					iew Avenue		\			il	
DEP DOL	Amended Amendme	nt#			, State, Zip			1 60 30	ZU i	b	-	7
DOH	Emergence justificate	y (includ	ing		me of Co	Heights, NJ 080	097				1	-
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				F	ACILITY IN	IFORMATION		· · · · / 1 · · · · · · ·	N. P. L.	-		
Name of Facility Where Industrial Complex	Abatement is Ta	aking Pla	ce (3)				Type of Fac					
Street Address			_				Subchar	K-12) iter 8 (Other than K-	12)			
412 Grandview Ave	nue						Other (i.e	e., private 8 commerc		ilding	ıs,	
City (s)							Square Fee	etc.) t # of Floors	T	Bldg	Age	-
Woodbury Heights, County (6)	NJ 08097						1400	1		50 y	rs	
Camden				US	unty Code E ONLY)	(7) (STATE	Garage	(Prior if being demo	ished)		
Name of Monitoring Firm	Hired by Buildi	ng Owne	r	ASC	И No.	Name of Abate	ment Contracto	r (9)				_
(8)						AEi2, LLC		on the di				
Street Address	19					Street Address					722 - 5 10	
City, State, Zip Code			-			361 E. Flemi City, State, Z						
						Hammonton,						
Project Manager for M	onitoring Firm		Te	lephone	e No.	Telephone No.	Nestones	License No.				1000
Start Date (10)	I ea	heduled (lation D	-4- (44)	609-481-212		_ 00689				_
9/16/16		23/16	Оотпр	letion D	ate (11)	Name of OSHA AEi2, LLC	Monitor					
Occupancy Status During						Street Address	3		_			_
	ed During Entire	e Period	of Aba	atemen	t	361 E. Flem						
Other - Describe:	Outside of Nort	IIdi Facili	цу по	urs		City, State, Zip (Hammonton	Code , NJ 08037					
Scope of Work (Check all	that apply)					☐ Full Co	entainment with	Negative Pressure				
≥3 sf or ≥3 lf		ПR	enova	tion		Mini-En	closure	•				
∑≥160 sf or ≥260 lf		\boxtimes De	emoliti	on			ag Procedure	Non-Friable Proced	uro			
		11-000	Locati			14011-27	tempted () and	Tron-i nable Proced	_	Abate	ment	
Location o		Used	ormal d Sole	ly by		Description o	f			Ту		
Asbestos-Containing Ma TO BE ABATE			ntena ustodi		Asbest (i.e.,	os Containing Mat thermal systems i	terial (ACM)	Amount (Specify	R	R	n o	E n
IN Facility (13)			Staff? (12)		(,	surfacing, VAT, other miscellane	or	SF or LF)	m	e P	a p	0
, · · · /			(- /	Т	1	outer misocilane	Jusj		v a	a i r	u 1	u E
Metal Building		Yes	No	N/A	Tronsita	Dark		1400 SE	1		t c	e
Abandoned House		-		X	Transite	e Siding		1400 SF 1400 SF	X		-	
		1	_	A	Transici	c Siding		1400 SF	X		H	
				1			- X - X - X - X - X - X - X - X - X - X		+		\vdash	
Name of Registered Waste	Hauler			JDEP \		Cubic Yards	Name of Re	gistered Landfill		1		
AEi2, LLC			8.8	fauler ID 1376	NO.	of Waste 20	TBD					
City, State Hammonton, NJ			_			Disposal Date	City, State	_				
Completed By	ITit	tle				TBD Signature/1	TBD	Date				
Wm. Minnick		Program	Mg	r.		11/1/2	ume		6			
R-41												

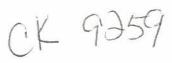
		TFICATI	ON OF AS	BESTOS ABATE C 8:60 and 12:12		GEIV	7 [7	
Date of Notification (14/16		Nar		ing Owner/Operator	(2) 05 E	-PED 0 0 200		-		
Agencies Notified Type Notificati	on	Stre	eet Addres	3-0-0	x 327		5	L	1	
Amended Amendmen Emergency		City	State, Zip	COME RIGANT	INE ASE	LIDENSON	OL-	ŝ	-	
DOH justification Cancellation	1)	Nar	ne of Conta	OB.		Telephone Num	ber			
			ACILITY IN	FORMATION		* 4				
Name of Facility Where Abatement is Tak)			Type of Facili School (K-	A. C.	2)			
Street Address					Other (i.e., homes, etc	private & commerci c.)	al buil			
City (5) BRIGANTULE					Square Feet	# of Floors	. _	ldg A 40		
County (6) ATLANTIC			unty Code (E ONLY)	7) (STATE	VAC	Prior if being demolis	shed)			
Name of Monitoring Firm Hired by Building (8)	Owner	ASCA	i No.	Name of Abatem	ent Contractor (5 7.5				_
Street Address				Street Address 369	S. SPR		٥			
City. State, Zip Code				City, State, Zip C		DE N.J	2	280	25	2
Project Manager for Monitoring Firm	T	elephone	No -	Telephone No.	79-047	License No.	14			
Start Date (10) . School Schoo	eduled Comp	oletion D		Name of OSHA N		KLEMM				
Occupancy Status During Abatement (Chi				Street Address	1 5.51	PRUCE K	WE	-		
Abatement Performed Outside of Norm. Other - Describe:	al Facility Ho	ours		City, State, Zip Co			0	४०	52	,
Scope of Work (Check all that apply)						egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Renova Demoli	ation tion		☐ Mini-Enc ☐ Gloveba ₩ Non-Exe	a Procedure	on-Friable Procedur	e			
	Is Loca Norma							bater Typ		
Location of Asbestos-Containing Material (ACM)	Used Soli Maintena Custoo	ance/	Asbest	Description of os Containing Mate thermal systems in	erial (ACM)	Amount (Specify	R	-	Enc	En
TO BE ABATED IN Facility (13)	Staff (12)	?	(1.0.1	surfacing, VAT, other miscellaneou	10	SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A				22=2	V	_	e	4
Siping		X	7	2ANSI'T	E	2750 SF	^		-	-
10 in JWate United		NJDEP V	Waste	Cubic Yards	Name of Reg	stered Landfill				-
Name of Registered Waste Hauler VLETM CO IN G		Hauter IC	STATE OF THE STATE	of Waste	AC	VA				=
City. State MAPLE SHADE	N.	<u></u>		Disposal Date	City, State	ASANTI	116	LE	1	1.7
Completed By IM i CHAF1 I/J HAWLY	10			Signature	LOX	Dateq	114	11	0	

		EMENT DEGELVED													
Date of Notification (1)	-14-1h		N	-	ling Owner/Operato	1 1 1 1 1 1	n Exenus	77 IV	10						
Agencies Notified	Type Notificati	on	S	treet Addres		111									
A DOL	Amended Amendmen		_	ity, State, Zip (CAPE MA	VTRO	TROL &								
□ DCA	justification Cancellation	1)		ame of Cont	2014 M		Telephone Num	ber							
				FACILITY IN	FORMATION										
Name of Facility Where	Abatement is Tak ESIVENI	ing Place	(3)			Type of Facili									
Street Address							er 8 (Other than K-12 private & commerci c.)		ldings	i,					
City (5)	VALON					Square Feet	# of Floors	45.0	Idg. A						
County (6)	MAY			ounty Code (SE ONLY)	(7) (STATE	Current Use (Prior if being demolis								
Name of Monitoring Firm	Hired by Building	Owner	ASC	CM No.	Name of Abatem	nent Contractor	(9)								
(8) A	1.A				Street Address	100 I	NC		_		_				
					369 S. SPRICE AUE										
City, State, Zip Code						E SHAV		0	80'	52					
Project Manager for Mon	itoring Firm		Telepho	ne No.		9-0472	License No.	141	1_						
Start Date (10) 9-76-16			mpletion - L		Name of OSHA N	Monitor N/A	+								
Occupancy Status During					Street Address										
Facility Closed/Vacate Abatement Performed Other - Describe:					City, State, Zip C	ode					_				
Scope of Work (Check all	that apply)				☐ Full Con	tainment with N	egative Pressure								
≥3 sf or ≥3 lf ∑ ≥160 sf or ≥260 lf	*	Ren	ovation notition		☐ Mini-End	closure a Procedure	Ion-Friable Procedu	re							
		Nor	cation mally		Description of			F	bate Typ						
Asbestos-Containing Material (ACM) TO BE ABATED C			Solely by enance/ itodial aff? 12)		tos Containing Mate thermal systems in surfacing, VAT, other miscellaneo	nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
	Yes	No N/A		- 1 1015	-,;~	20000	V		Ф.						
SIDING			X	1-7	RAMISIT	Ε	2500se	X		\dashv					
			_												
						T									
Name of Registered Waste	Hauler INC		Hauler	Waste ID No.	Cubic Yards of Waste	C. u	istered Landfill (, C. M, V	· F	1		_				
City, State MADLE	SHADE	M	·T		Disposal Date	City, State	VBINE								
Completed By	Title	SUP)		Signature	lox	Dateq_	16	1-	16					

State of New Jersey

(9)	(Pu	rsuant to	NJAC	8:60 and 12:120			5.11	111							
Date of Notification (4)		Name of Building Owner/Operator (2) TRANSFORMATION ENTER PRISES													
Agencies Notified Type Notification		Street A		55											
EPA S Initial		6	016	W. CLONKS I savina Rons											
☐ DEP ☐ Amended ☐ DOL Amendment #_	udin a	City, Sta	ECC HORBUR, N. D. F. P. J. State, Zip Code ASBESTOS CONTROL & ECC HORBUR, N. D. F. P. J.												
☐ Emergency (inch justification)	ouing		f Contact												
DCA Cancellation				ARBARA											
		EACH		ORMATION						_					
Name of Facility Where Abatement is Taking F	Place (3)	FACIL	311114	orana (1011	Type of Facility	(4)	-								
RESIDENCE	B CC (5)				School (K-1										
Street Address					Subchapter	8 (Other than K-12									
o account account					Other (i.e., phomes, etc.	orivate & commercia	al buik	dings							
City (5)					Square Feet	# of Floors	BI	dg. A	ge						
MARGATE					1500		-	40	> 4	VI.					
County (6) ATCANITIC		County USE Of	Code (7 NLY)	STATE		rior if being demolis	hed)								
Name of Monitoring Firm Hired by Building Own	ner I	ASCM No	T	1)											
(8) A / /3				16 es	Mco II	wc,									
Street Address				Street Address											
0,000,7,00,000			369 S. Spruce Ace-												
City, State, Zip Code				City State 7to Code											
				MAP	LICENSE NO.										
Project Manager for Monitoring Firm	Tele	phone No.		Telephone No.	License No.										
N/A	_		856-779-0472 0044							_					
	d Comple		(11)	Name of OSHA M	onitor										
	0-3	1-16		IV/A											
Occupancy Status During Abatement (Check of	only one)			Street Address											
Facility Closed/Vacated During Entire Period	of Abater	ment	L					_	_	_					
Abatement Performed Outside of Normal Fa	cality Hour	S		City, State, Zip Co	ode										
Other - Describe:								_		_					
Scope of Work (Check all that apply)				☐ Full Cont	ainment with Ne	gative Pressure									
>3 sf or ≥3 lf	Renovation			Mini-Encl											
∑≥160 sf or ≥260 lf	Demoition	1			g Procedure mpted (*) and No	on-Friable Procedur	e								
	Is Locatio	n					A	bate							
	Normally			D			Туре								
LUGATION OF	sed Solely Naintenand		Asbesto	Description of s Containing Mate	erial (ACM)	Amount			ш						
TO BE ABATED	Custodia		(i.e., t	nermal systems in		(Specify SF or LF)	Rer	Re	Encapsulate	Enclosure					
IN Facility	Staff? (12)			surfacing, VAT, on ther miscellaneou		Sr a Lr)	Removal	Repair	Insc	uso					
(13)	$\overline{}$			2001 DE 100	^		al		ate	9					
SIDING YE	≈ No	N/A					-								
51DING		XI_	I	RAMSTE		1250 SE	X								
		/													
	$\dashv \dashv$														
	+														
75 to \$100 to Under		IDEP Was	te	Cubic Yards	Name of Regi	stered Landfill	1								
Name of Registered Waste Hauler		auter ID No		of Waste	CM	CMUL	7								
KLEMCO INC		1790		Disposal Date	City, State	01400									
City. State MAPLE SHODE, N.T. O	7052			Japusai Date	_ W o	ODBINE	- , !	v.	5-						
Completed By Title				Signature Dateg-14-16											
JOSEPHILLERAM OL		- Joseph	n science			1		_							

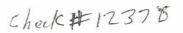
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)



Date of Notification (1) Sept 16, 2016					Name of Build PSEG Fossil		Operator (2)				W [
Agencies Notified (X) EPA		Notification (X) Initial N	lotification		Street Addres 80 Park Plaza	3	e (de l'imperiorant	The state of the s							
(X) DEP (X) DOL (X) DOH	() Amende () Cancelle		tion	City, State, Zi Newark, NJ 0	7102-4109	ASBESTOS CONTROL &									
(X) DCA					Name of Cont Domenic Fio		rion 4	LTel_N	umber	ENSIN	G				
				FACILITY IN	FORMATION										
Name of Facility Where At BERGEN GENERATING		aking Place (<u>3)</u>		Type of Facilit () School (K- () Subchapte	12) er 8 (other th	an K-12)								
Street Address 1 Victoria Terrace					(X) Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet1,000,000 # of Floors 8										
City (5) Ridgefield	County (6) Bergen		County C (State Us		Bldg. Age 63 Current Use (prior if being demolished) Electric Generating Station										
Name of Monitoring Firm H	Hired by Bldg	. Owner (8)	ASCM N	<u>o.</u>			Name of Co Absolut Ac		(9)						
Street Address					Street Address PO BOX 295										
City, State, Zip Code					City State, ZipCode FLORHAM PARK, NJ 07932										
Project Manager for Monito		Telephone I			<u>Telephone Number</u> (973) 410-9217 <u>License Number</u> 00225										
Scheduled Start Date (10) Sept 18, 2016		Scheduled Sept 18, 20	16	Date (11)	Name of OSH MECS										
Occupancy Status During / () Facility Closed/Vacated () Abatement Performed (During Entir	re Period of A	batement		Street Addres 5 Linwood Ct										
Describe				Y2	City, State, Zip Hamilton, NJ										
Other - Describe Two Sh	ifts, 12 hour	s each, 24 ho	our plant c	overage											
Source of Work (Check all	that apply)				W.C.										
() Demolition (X) Reno () Large Proj. (>160 SF or () Full Containment with N	>260 LF AC Negative Pres	ssure (X)	Mini-Enclo	osure (X) C	Glovebag Proced	dure			ACM)						
Location of Asbestos- Containing Material (ACM) Facility (13)	in Solely Staff?		stodial	Description of a thermal system surfacing, VAT	ns insulation,	Amount (S	Specify SF or	920	ment Ty		Factor				
Unit #1 Switch Yard	YES x	NO	NA	miscell.) Electrical Tap	0	30 linear	foot		Rem.	Rep.	Encap	Enclose T			
OTHER TOWNEOU TAIL	^			Liectrical rap		30 iiiieai	1001				1				
Name of Reg. Waste Haule Waste Management of Ne		NJDEP Was 17273	ste Hauler I	ID #	Cubic Yards of Waste 1 Name of Reg. La Tullytown Resor						Landfill source Recovery				
City. State Elizabeth, NJ 07114-2436							Disp. Date			City, Stat Fullytow		9007			
Completed by (Print or Typ	oe)	<u>Title</u>			<u>Signature</u> <u>Date</u>										
ROBERT GROGAN VP					9/16/16										

Date of Notification (1)				Name o	of Building C	Owner/O	perator	(2)	m	FR	E	W	E			
09/15/16		California de Santos			y Choi			(-)		50	5 4			7		
Agencies Notified	Type Notification			Street A	Address					SEP	* A	201	6	IU		
× EPA × DEP × DOL	Initial Amended			City, Sta	ate, Zip Coo	de				OEI	5 4	EU1		1		
X DOL	Amendmen Emergency	t# (including	_	1110-1110-1110	son, NJ 0	7630				CDESTO	15 00	ONTE	ROL	8		
DOH DCA	justification) Cancellation			Name o	of Contact				Te	SPESTO	mbes	ING				
_	_			FAC	ILITY INFO	RMATIC	ON									
Name of Facility Where A Danny Choi	Abatement is Takir	ng Place (3	3)					Type of Facilit	y (4)							
Street Address								School (I		er than K-1	2)					
								Other (i.e etc.)	e. private	& commerc	ial bui	ldings	, hom	es,		
City (5) Emerson,								Square Feet	# 0	f Floors	1	Bldg. A	Age			
County (6)			_	County	Code (7)			Current Use (F	Prior if be	ina demolis	hed)					
Bergen County					USE ONLY)	-				ing domoile	nou)					
Name of Monitoring Firm	Hired by Building	Owner (8)	%	ASCN	/I No.			of Abatement C Abatement	contractor	(9)						
Street Address								Address 8 87th Street	Suite A	4						
City, State, Zip Code							1017-20-07-2	itate, Zip Code								
Droiget Manager for Man								h Bergen, N.	07047							
Project Manager for Mon	itoring Firm	9		Telepho	ne No.			one No. 293-6305		License N 01223	lo.					
Start Date (10) 09/18/16		Schedule 09/28/1		npletion	Date (11)			of OSHA Monito IAMM CONS		G LLC						
Occupancy Status During		•						Address	OT 0111	TE 407						
× Facility Closed/Vaca Abatement Performe	ited During Entire I ed Outside of Norn	Period of A	baten	nent		-		ROUTE EA	STSUI	IE 107						
Other – Describe: _					Archite Transport	-		ON NJ 07083	3							
Scope of Work (Check Al	l That Apply)	_						1								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		_	enova emolit					Full Contain Mini-Enclose Glovebag Pr	ıre	Negative F	Pressu	re				
The second secon		1					×	Non-Exemp		d Non-Friab	le Pro	description.	- Land Control			
Location	of	177	Locati Iormal	200		Door	rintian	of.				Abate Ty	emeni pe			
Asbestos-Containing	Material (ACM)		d Sole			os Contai		laterial (ACM)	4 A A A A A A A A A A A A A A A A A A A	mount			ш	_		
TO BE ABA In Facili			odial S (12)		- 20	surfaci	ng, VA			Specify or LF)	Remova	Repair	Encapsulate	Enclosure		
(13)		Yes	No	N/A		other mi	scellan	eous)			oval	air	sulate	sure		
Attic		165	NO	IN/A			ther		3(00 SF	x					
7 1110		+					7.01		+	70 01	1		_			
		+ +				***				-						
				JDEP W auler ID		Cubic Y		Name o	of Registe	red Landfill						
NEWARK CARTING			33122	1509	140.	UI VVASI	5	WAST	TE MAN	IAGEMEI	NT G	ROV	VS N	l.		
City, State HILLSIDE, NJ						Disposa	l Date	City, St MORF	ate RISVILL	E PA		-				
Completed by		Title	-4 8 4			Sig	nature	DAINA	Tim	b Da						
Diyan Pana	n Parra Project							LIGHT	140 MICA 09/15/16							

				FICATION		BESTO	sey S ABATE and 12:12		4T \	110	9	40	5	10	8	139	
Date of Notification (1) 09/16/16		Name of Building Owner/Operator (2) Traci Otalora							ECEIVEN								
Agencies Notified Ty		Street A	Address														
X EPA X	× EPA × Initial										SEP	20	2016		U)		
× EPA × DEP × DOL	Amended Amendment				ate, Zip C ⁄linster,											470	
× DOH × DCA	Emergency justification)Cancellation	ii: 1070		Name o	of Contact			ASE FELEPTION ON WITH BEFOL & LICENSING									
FACILITY INFORMATION																	
Name of Facility Where Aba	tement is Takin	g Place (3)			0.1		Ту	pe of F	acility (4)	1						
Traci Otalora										ool (K-12)							
Street Address								×	Oth	chapter 8 er (i.e. pri	otner tr vate & co	ian K-1. mmerci	2) al buil	dings	, hom	es,	
City (5)				-					etc.		# of Flo	ors	TF	Bldg. A	Ane		
Bed Minster									Square Feet # of Floors B					nag. r	igo		
County (6) Somerset County					Code (7) USE ONLY)		Cu	rrent (Jse (Prior	if being d	emolish	ned)	1989			
Name of Monitoring Firm Hir	red by Building	Owner (8))	ASC	M No.		Name	of A	batem	ent Contr	actor (9)						
			<u> , </u>				The Address of the		teme								
Street Address						Street Address 1009 87th Street Suite A4											
City, State, Zip Code			City, State, Zip Code North Bergen, NJ 07047														
Project Manager for Monitori	Telepho	Telephone No. Telephone No.															
28 18					201-293-6305 01223												
Start Date (10) 09/26/16		Schedule 10/06/		mpletion	Date (11)		Name of OSHA Monitor HILMAMM CONSULTING LLC										
Occupancy Status During Ab	patement (Chec	k Only Or	ne)					Street Address 1600 ROUTE EAST SUITE 107									
Facility Closed/Vacated Abatement Performed 0	During Entire F	Period of	Abate	ment	len.						SUITE	107		-			
Other – Describe:	Outside of North	iai raciiity	/ Hou	15			UNION NJ 07083										
Scope of Work (Check All Th	nat Apply)						1				200		S 4		0.40 (4.50		
≥3 sf or ≥3 lf							>	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		ls	Loca	tion								Abatement					
Location of Asbestos-Containing Mat TO BE ABATE In Facility (13)	intena	ely by ance/ Staff?		tos Co therm sur	escription of ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)				Amount (Specify SF or LF)		Remova	Repair	e Encapsulate	Enclosure			
		Yes	No	N/A									_		ite	CD	
Basement							TSI				70 LF		x				
Basement & Ha					TSI	TSI			250 LF		x						
Name of Registered Waste H	fauler		-	NJDEP W	laste	Cub	ic Yards		I NE	ame of D	aiotorod	l andfii					
NEWARK CARTING	iadibi		1	Hauler ID 14509		0.0000000000000000000000000000000000000	aste							l.			
City, State HILLSIDE, NJ				Disposal Dat				osal Date City, State MORRJSVILLE PA									
Completed by Bryan Parra		Title Proje	ject Manager				Signature	A	VIA	nh	Pra	Da	Date 09/16/16				
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State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16 Date of Notification (1) Name of Building Owner/Operator, (2) RUTGERS, THE STATE UNIVERSITY OF NJ September 16, 2016 Notification Type Street Address Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT. ■Initial Notification **D**EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ☑ Amended Notification #1 – □DCA City, State, Zip Code new start and completion dates X DOL PISCATAWAY, NJ 08854 □ Emergency (including ■ DEP- No Longer REQUIRED Telephone Number Name of Contact justification) ROL & X DOH MICHAEL SMITH, ENV. **□**Cancelled LICENSING **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 77 HAMILTON AVENUE, BLDG# 3015 ☐ School (K-12) □Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) COLLEGE AVENUE CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 100+ years County (6) County Code (7) (State Use Only) Current Use (prior if being demolished): ACADEMIC **NEW BRUNSWICK** MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BUTLER, NJ 07405 BURLINGTON, NJ 08016 Project Manager for Monitoring Firm Telephone Number License Number Telephone Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/23/16 09/26/16 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 4PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure **X**Renovation ■ Mini-Enclosure $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ X > 160 sf or ≥ 260 lf ■ Demolition ☐Glovebag Procedure / Wrap & Cut ■ Non-Exempted (*) and Non-Friable Procedure Description of Asbestos Containing Material Location of Asbestos-Containing Is Location Normally Used Amount Abatement Type (Specify SF Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) VAT, or other miscell.) Remove Repair Encap Enclose Staff? (12) or LF) YES NO NA Rooms 100, 101B X VAT 300 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID# Name of Registered Landfill Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date 100 New Ford Mill NJDEP # 12561 09/26/2016 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 19067 NJ DEP# 4509 215-736-1700 Completed by (Print or Type) Signature Date September 16, 2016 RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino MANAGER