Ch 2702		ирп	Pursuan	State of M N OF AS V to NJA	8:60 and	1 12:12	0)	T		G		<u>U</u>	rint.F
Date of Notification (1) 9-12-2018		Smil	Name	of Building	Owner/C	perato	r (2)		LJ LJ	SLP	21	20	18
Agencies Notified Type Notification				Builder	s, LLC								
☐ EPA ☑ Initial				Address Nest 36t	th Street				AS	DBEST	08.0		HDL.
DEP Amended Amendment				tate, Zip C					Louise	pr many.	C. C. C. C. C.		A Care
X Emergency		a	100	nne, NJ									
▼ DOH justification) □ DCA □ Cancellation		3		of Contact rt Field					Telephone	Number			
Name of Facility Where Abatement is Takin	- DI	10)	FAC	ILITY INF	ORMATIC	ON							
Residential	ig Place i	(3)					Тур	e of Facility (4	12.				
Street Address							×	School (K-1, Subchapter Other (i.e. p	2) 8 (Other than F rivate & commo	K-12) ercial bu	ildinas	s hom	200
City (5)								etc.)			322		
Bayonne, NJ 07002	#3						17(	are Feet 00	# of Floors 2	1100	Bldg. 75+	Age	
County (6) Hudson			County (STATE	Code (7) USE ONLY	n		Cur	rent Use (Pric	r if being demo	olished)			
Name of Monitoring Firm Hired by Building	Owner (8	)	ASCI	M No.		Name Gree	of Ab	patement Con	tractor (9) al Services,	II C			
Street Address						Street	-			220			
City, State, Zip Code							. 170	nia Avenue	)				
								Zip Code ity, NJ 073	04				
Project Manager for Monitoring Firm	ject Manager for Monitoring Firm						one I		License 01174				
Start Date (10)	Schedul	led Cor	npletion	Date (11)				SHA Monitor	01174				
9-12-2018	9-12-2	018		120 &					al Services,	LLC			
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Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of all Facility	Abater y Hour:	nent s		-			nia Avenue Zip Code					
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Scope of Work (Check All That Apply)	_					<u> </u>							
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ersey City, NJ	_				9-12-20			City, State Morrisvill	e, NJ				
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Date of Notification (1) 9-14-2018			ame of Build (irk A Shat		/Operato	r (2)			- SEI	7-2-	0 2	018-
Agencies Notified  Type Notification  Type Notification  Initial Amended Amendment	nt #	Ci	treet Address ity, State, Zip ersey City,	Code	06			. A	SBEST	OS (	CONT	ROL
□ DOH	1)	Na	ame of Conta	ict				Telephone	Number			
Name of Facility Where Abatement is Taki Residential	ing Place (3	3)	FACILITY II	NFORMAT	ПОИ	Тур	e of Facility (4	4)				
Street Address  City (5)							School (K-1; Subchapter Other (i.e. pretc.)	2) 8 (Other than I rivate & commo	K-12) ercial bu	ilding	s, hom	ies,
Jersey City, NJ 07306 County (6)						Squa 210	are Feet 0	# of Floors		Bldg. 75+	Age	
Hudson		(\$1	unty Code (7	() LY)				r if being demo	lished)			
Name of Monitoring Firm Hired by Building Street Address	Owner (8)		ASCM No.		Gree	n En		ractor (9) al Services,	LLC			
City, State, Zip Code	ity, State, Zip Code						ess nia Avenue Zip Code					
Project Manager for Monitoring Firm	Tal	ephone No.			y Cit	ty, NJ 0730						
Start Date (10)	Control of the Contro						8855	License 01174				
9-14-2018	9-14-20	18	etion Date (1	1)			HA Monitor vironmenta	al Services,	LLC			
Occupancy Status During Abatement (Cher X Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A	hatement			City, St	irgin ate, Z	ia Avenue					
Scope of Work (Check All That Apply)					Jerse	y Cit	y, NJ 0730	)4				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enovation emolition			×	Mir	ni-Enclosure ovebag Proce	t with Negative dure *) and Non-Fri			-	
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Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Main Custo	ntenance/ odial Staff (12)	Asbe	estos Cont e. thermal surfac other m	aining Ma systems bing, VAT niscellane	insula , or	(ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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lame of Registered Waste Hauler reen Environmental Services			P Waste r ID No. 889	Cubic Y of Was				gistered Landf orth Landfill	ill			
ity, State ersey City, NJ				Disposa 9-14-2			City, State Morrisville	The trade of the state of the s				
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Date of Notification (1) 9-14-2018				of Building Chabot						P 2	0 2	018	CONTRACTOR
Agencies Notified Type Notificati	on		Street A	Address					ASBE				- <u></u>
EPA X Initial DEP Amended X DOL Amendment				ate, Zip Co Providen		07974	1	!	<u> </u>	LICES	. 1111		
			Name o	of Contact Chabot					1 Talantana Ni	ımhar			
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Name of Facility Where Abatement is Ta Residential	king Place (	3)					Ту	pe of Facility (4					
Street Address							Ħ		2) 8 (Other than K- rivate & commer		dinas.	home	es.
City (5) New Providence, NJ 07974				e e				etc.) uare Feet 59	# of Floors	E	31dg. A		
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Name of Monitoring Firm Hired by Buildin	ng Owner (8	)	ASCN	M No.				batement Continuing	tractor (9) al Services, L	LC			
Street Address						Street	Add						
City, State, Zip Code					City, S	tate	Zip Code City, NJ 073						
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph	none		License 01174	No.				
Start Date (10) 9-15-2018	Schedul 9-15-2		npletion	Date (11)		Name	of O	SHA Monitor	al Services, L	LC			
Occupancy Status During Abatement (Ch	eck Only O	ne)				Street					- N. 175		
Facility Closed/Vacated During Entil Abatement Performed Outside of No Other – Describe:						City, S	tate,	inia Avenue					
Scope of Work (Check All That Apply)						Jerse	ey (	City, NJ 073	04				
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				E ×	1	Mini-Enclosure Glovebag Proce					
20 N EV	10 0000	Locati					-	VOIT EXCHIPITED	() and world ha	lble i io	Abate	ement pe	7-00
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole aintena todial S (12)	ly by nce/		tos Conta thermal:	systems ing, VA	later s ins T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Bedroom		X	-			VAT			108 SF	Х	_		
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic	Yards		Name of R	Registered Landfi	II			
Green Environmental Services		Н	lauler ID 034889	No.	of Was				North Landfill	ii)			
City, State ersey City, NJ					Dispos 9-15-2			City, State Morrisvil			- History or a		
Completed by Liliana Serrano	Title Offic	e Mar	nager			gnature		000 00		ate	018		

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Date of Notification (1) (1) 9 - 15 - 2018		Building Owner  ATS/	or/Operator	r <b>(2)</b> 1411	トナフ	F	JE	C	E				
Agencies Notified Type Notification		S	treet A		CLIB	1 10			3				$\dashv$
EPA Initial								d a		SEP	20	20	18
DEP Amended Amendment #	**	C	ity, Sta	te, Zip Code LClClOII	0	1-1	11/2012	. T.	-401	. (	0	77	7
Emergency (in		-   N	lame of	Contact Contact	1116	$NC^{l}$	IVELL	1 Toloni	DC AFIN	abort/	CIV	J.J.	긝
DOH justification)  Cancellation			MA	rshal	1 150	Tyl	7						-1
				LITY INFORM				-					
Name of Facility Where Abatement is Taking		, :	_			Parties	of Facility (4	97 N		<b>10</b>			
Regidential Di	<u>uell</u>	1116	1		-,		School (K-1) Subchapter	2) 8 (Other t	han K-12	9			
			٠.			商(	Other (i.e. p	rivate & c	ommercia	al build	ings, l	nomes	5,
City (5) Haddonfie	1-1					Squar	re Feet	#of FI		BI	dg. Ag		$\neg$
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Camden.		6	STATE L	Code (7) USE ONLY)			nt Use (Prio			ieu)			
Name of Monitoring Firm Hired by Building On	wner (8)		ASCM	No.	Name		tement Con				-		$\dashv$
Quality Environmental Concepts	1,000	-	None	)			vironmen						
Street Address			desende en			t Addres 3 Norti	s h <b>Tucka</b> h	oe Road	i				
City, State, Zip Code				***************************************			ip Code					-	$\dashv$
Williamstown, New Jersey 08094							wn, New						
Project Manager for Monitoring Firm Edward Knorr			elephoi 356-62	ne No. 29-1166		hone N -629-1			icense N 1086	0.			
Start Date (10)	Scheduled			Date (11) 0 \ 8			lA Monitor vironmen	tal Con	cepts		-		
Occupancy Status During Abatement (Check			<u> </u>	0,0	Stree	t Addres	SS						$\dashv$
Facility Closed/Vacated During Entire Pe	eriod of Ab	aleme	ent		1		h Tuckah	oe Road	i 				
Abatement Performed Outside of Norma Other – Describe:	I Facility I	iours				T12	ip Code	lomou	00004				
Scope of Work (Check All That Apply)					AAM	iaiiisiu	wn, New	Jersey	00034			1	$\dashv$
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≥160 sf or ≥260 lf	William Co.	molitic				Mir Mir	ri-Enclosure	1	ogamec i	100001	-		
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Location of Asbestos-Containing Material (ACM)	Used	rmally Solely	rby	Asbestos C	Descriptio		(ACIA)	Amo			. 31	1	$\dashv$
TO BE ABATED	Main Custo	tenani dial St		(i.e. then	mal systen	ns insula	ation,	(Spe	cify	Re	ZI	Encapsulate	Enc
In Facility (13)		(12)			rfacing, V. er miscella			SFo	rLF)	Remova	Repair	nsde	Enclosure
-8 ** X	Yes	No	N/A			્	saajarinegs			E .		ale	· 6
Crawl Space off of		-	X	Asbes	tac	Aic	Call	マロ	LF	V			$\neg$
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Name of Registered Waste Hauler	<u> </u>		DEP W		bic Yards		Name of I	Registere	d Landfill				$\dashv$
Quality Environmental Concepts			iuler ID 710	No. of	Waste y 2	Cy	Salt	em () iste	Pan	ty	50	lid	
City, State Williamstown, New Jersey			-	Dis	posal Date		City, State	9			سي ب	****	-
Completed by	Title			Abstracemen	IBI	)	<u>Al</u>	lowo		12			
Edward Knorr	Vice P	resid	lent	*	Signatur	LITTI	Ok	Kner	U Da	ite () 9~	15	-15	ع ا

Check# 13758

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) September 17, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPTE(REHS) ☐ EPA 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS ■ Amended Notification # DCA ■ Emergency (including City, State, Zip Code X DOL PISCATAWAY, NJ 08854 justification) SEP 2 0 2018 X DEP- No Longer REQUIRED Name of Contact **□**Cancelled Telephone Number X DOH MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** ASSESTOS CONTROL & FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ALEXANDER JOHNSON HALL, BLDG# 3100 School (K-12) ☐Subchapter 8 (other than K-12) Street Address XI Other (i.e. private & commercial buildings, homes, etc.) COLLEGE AVENUE CAMPUS Sq. Feet: N/A # of Floors: 3 Bldg. Age: 100+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC NEW BRUNSWICK (State Use Only) **MIDDLESEX** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/28/18 10/15/2018 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: ☑ Other- Describe: Schedule: PHASE I 9/28 - 10/1 & PHASE II FAIRLAWN, NJ 07410 10/11-10/15 - 5PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure □ > 3 sf or >3 lf Renovation ☐ Mini-Enclosure X ≥ 160 sf or > 260 lf Demolition ☐ Glove bag Procedure / Wrap & Cut X Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) NO YES NA Room 101 A (PHASE I) X VAT 80 SF X 2<sup>nd</sup> Floor (PHASE II) X VAT 3000 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 25 CY Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 G.R.O.W.S. North Landfill See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 10/15/2018 19067 NJ DEP# 4509 215-736-1700 Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT September 17, 2018 Raymond C. Pedalino MANAGER

State of New Jersey - Notification of Asbestos Abatement E C E

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

Date of Notification (1)								DEF 20	CUID IL
September 17, 2018					Name of Building Owner	er/Operator (2	1	011V 2 10 10 10 10 10 10 10 10 10 10 10 10 10	Attack
Agencies Notified		Notification	T		RUTGERS, THE	STATE UN	VERSITY	COENJ	. mercen
7 Igoriales (Votilled		Notification			Street Address			BESTOS CON	
□ EPA		□ Initial			ENVIRONMENTA	L HEALTH	& SAFE	TY DEPT	G
□ DCA				tification #1 -	27 ROAD 1, BLD0	4086. LIV	INGSTO	N CAMPUS	
X DOL		TYPO on			City, State, Zip Code				
		☐ Emerg	ency	(including	PISCATAWAY, N.	J 08854			
DEP – No Longer REQUIRE	:D	justific	ation	)`	Name of Contact		Telephor	ne Number	
IN DOH		☐ Cance		<u> </u>	Michael Smith ENV HE	ALTH &		45.2550	
			nou		SAFETY	X20 ROMAN BUOMA	040.44	13.2330	
Name of Facility Where Abateme				FACILITY II	VFORMATION				
Medical Science Bldg #	TOFT	king Place (3)			Type of Facility (4)				
Wedical Science Bidg #	1251				School (K-12)				
Street Address					☐Subchapter 8 (other th	an K-12)			
RBHS Newark Campus					Other (i.e. private	& commercial l	ouildings hor	mes etc.)	
					Sq. Feet: Unknown	# of Floor	s: 8 Blda	Age: 80 ves	re
	ounty (6	)		ty Code (7)			<u> o Diag. /</u>	igo. oo yea	
Newark E	ssex		(State	Use Only)	Current Use (prior if being	na demolishe	i): Academ	nic	
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Name of Monitoring Firm Hired by	/ Bldg. C	Owner (8)	ASCM	1 No.	Name of Contractor (9)				
ATC ASSOCIATES			0098	3					
Charat Add					GREENWOOD ABA	TEMENT	ONSULT	ANTS INC	
Street Address					Street Address			rarro, aro.	
3 TERRI LANE									
City, State, Zip Code					511 MAIN STREET				
BURLINGTON, NJ 0801	^				City State, ZipCode			***************************************	
Project Manager for Monitoring Fi	О				Butler, NJ 07405				
BRIAN KEARNY	<u>rm</u>	Telephone N			Telephone Number		License N	umber	
DRIAN KEARNY		609-386-8	800						
Scheduled Start Date (10)	-	Cabadulado	1.17		973-492-0477		00840		
September 27, 2018		Scheduled Co	ompletio	on Date (11)	Name of OSHA Monitor				
20 10 11 21, 20 10		Septemb	er 30,	2018	F				
Occupancy Status During Abate	ment (	heck only on	0)		Envirovision, Inc.				11
Facility Closed/Vacated D	urina F	ntire Period o	E) f Abata	mont	Street Address				
Abatement Performed Ou	tside of	Normal Facili	ty Hou	re _	20-21, Bldg E Waga	arour Bood			*
Describe		rronnar r aoin	ty i loui	3 -	City, State, Zip Code	araw Koau			
Other - Describe: 5pr	n – 5a	m –(24 hrs	8 W	eekende as	Oity, Otate, Zip Code				
Needed)		(		continuo ao	Fairlawn, NJ				
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Source of Work (Check all that app	olv)								
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				X Renovation		LiFull Conta	inment with	Negative Press	ure
<b>⊠</b> ≥ 160 sf or ≥ 260					1	☐Mini-Enclo			
100 31 01 <u>2</u> 200				■Demolition		☐Glovebag I	Procedure		
	lalas	alian Manuali				X Non-Exem	pted (*) and	Non-Friable Pr	rocedure
Location of Asbestos-Containing	Solely	ation Normally by Maint./Cus	Used	Description of Ast	pestos Containing Material	Amoun	t Aba	atement Type	
Material (ACM) in Facility (13)	Staff?	(12)	toulai	VAT, or other mis	ial systems insulation, surfaci	2014 TABLE	y SF	nove Repair Enca	Carles
	YES		AV	7711, 01 011101 11113	cen.)	or LF)	Ken	love Repair Effica	ip Enclose
G572	I I VA					400			
	_					180 s	f X		
Name of Reg. Waste Hauler		NJDEP Waste	Hauler	ID#	Cubic Yards of Waste:				
See Hauler Below # 1 & 2 See Below				10 11		ĺ		egistered Landfill	
Hauler #1) Greenwood Abar			to In-	D.M 1110	5	Discontinuity		North Landfi	H
NJ DEP # 12561	temen	Consultan	is, inc	. – Butier, NJ 0	7405	Disposal Da		City, State	
			F2.10			September	30, 2018	100 New Ford Road, Morriso	
Hauler #2) Newark Carting,	Inc. – P	Newark, NJ (	4509,	NJ DEP # 19551				19067	/ille, PA
								215-736-1700	)
Completed by (Print or Type) Title									
Paymond C Destain					Signature		Date	-	
Raymond C. Pedalino	이 사는 전에 가는 어느 가게 하게 하시기 보고 있는데 가는데 가게 되었다면 하게				Raymond C. Pedalino			ber 17, 2018	8
	M	ANAGER			Conditions Of Legisland		17.77111	,	700
FAC # 2018-060			4-1-						

## State of New Jersey - Notification of Asbestos Abatement)

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

Date of Notification (1)					I M				Part Con
September 14, 2018					Name of Building Owner			* OF N.	į
Agencies Notified		Notification	Type		RUTGERS, THE S Street Address	TATEUN	IVERSIT	LOLINA	77 1 2 AW
		IXI Initial		cation		11541	0.04==	LICHISING	0 C 60
☐ EPA		Amende			ENVIRONMENTAL	HEALIH	& SAFE	IY DEPT.	Water State Company of the State Company
□ DCA					27 ROAD 1, BLDG	4086, LIV	INGSTO	N CAMPUS	
X DOL				(including	City, State, Zip Code	000=1			
DEP - No Longer REQUIF	RED	justific		)	PISCATAWAY, NJ	08854			
<b>X</b> DOH	4007-000	☐ Cance	lled		Name of Contact			ne Number	
					Michael Smith ENV HE	ALTH &	848.44	45.2550	
				FACILITY IN	FORMATION				
Name of Facility Where Abaten	nent is Ta	king Place (3)			Type of Facility (4)				
Medical Science Bldg	# 7257				School (K-12)				
Street Address	-				Subchapter 8 (other tha	n K-12)			
RBHS Newark Campu	S				Other (i.e. private &	commercial h	wildings ho	mes etc.)	
					Sq. Feet: Unknown	# of Floor	s: 8 Blda	Age: 80 year	
<u>City (5)</u>	County (6	5)	Count	ty Code (7)		<u>// 0/ / 100/</u>	o. o <u>biag.</u> .	Age. oo year.	5
Newark	Essex		(State	Use Only)	Current Use (prior if being	a demolished	i): Academ	nic	
							-,. , toudon		
Name of Monitoring Firm Hired	by Bldg. (	Owner (8)	ASCN	/ No.	Name of Contractor (9)				
ATC ASSOCIATES		S A S 507 ( ) - 786 A 49	0098	3					
Charact A. I.					GREENWOOD ABA	TEMENT C	ONSULT	ANTS, INC.	
Street Address 3 TERRI LANE					Street Address				
3 IERRILANE									
City, State, Zip Code					511 MAIN STREET				
BURLINGTON, NJ 080	116				City State, ZipCode				
Project Manager for Monitoring	Firm	Telephone N	umbaa		Butler, NJ 07405				
BRIAN KEARNY	CHIII	609-386-8			Telephone Number		License N	umber	
		009-300-0	0000		973-492-0477		00040		
Scheduled Start Date (10)		Scheduled Co	ompletio	on Date (11)	Name of OSHA Monitor		00840		
July 27, 2018		July 30, 2		2.20.0 (1.1)	Name of Colina Monitor				
		757			Envirovision, Inc.				
Occupancy Status During Aba	tement (	Check only on	<u>e)</u>		Street Address				
Facility Closed/Vacated	During E	ntire Period o	f Abate	ment					
Abatement Performed C	Dutside of	f Normal Facili	ity Hou	rs -	20-21, Bldg E Waga	raw Road			
Describe		(0.4.1			City, State, Zip Code				
☑Other – Describe: 5	om – 58	am –(24 hrs	s & VV	eekends as	Fairlaum N.I				
Needed)					Fairlawn, NJ				
Source of Work (Check all that a									
Source of Work (Check all that a	apply)					2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -			
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				-		□Full Conta	inment with	Negative Pressu	ire
≥ 3 si or ≥ 3 ii ≥ 160 sf or > 26				Renovation		■Mini-Enclo			
160 st or ≥ 26	U			■Demolition	I	<b>⊒</b> Glovebag l	Procedure		
	Lista				I	X Non-Exem	pted (*) and	d Non-Friable Pro	ocedure
Location of Asbestos-Containing		cation Normally y by Maint./Cus		Description of Ast	pestos Containing Material al systems insulation, surfacir	Amoun	t Aba	atement Type	
Material (ACM) in Facility (13)	Staff		itodiai	VAT, or other mis	rell )		y SF   Ren	move Repair Encap	Enclose
	YES	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	AV	Vivij or other mis	oci.,,	or LF)	1101	nove repair Lineap	Liiciose
G572		X		VAT		180 s	f 🗵		
	VAI					100 S	1 121		
Name of Reg. Waste Hauler   NJDEP Waste Hauler ID #				- ID #	Cubic Yards of Waste:		Name of D	egistered Landfill	
See Hauler Below # 1 & 2 See Below					5			North Landfill	
Hauler #1) Greenwood Ab	atemen	t Consultan	ts Inc	- Butler NIO	7405	Disposal Da			
NJ DEP # 1256	1	it oonsultan	13, 1110	Dutter, No 0	7403	September	30 2018	City, State 100 New Ford	Mill
Hauler #2) Newark Carting		Nowant NIC	14500	NY DED # 10551			00, 2010	Road, Morrisvi	
	5, Inc. – )	inewalk, MJ	14307,	NJ DEP # 19551				19067	
								215-736-1700	
Completed by (Print or Type)	Т:	itle			Cignotus				
Raymond C. Pedaline		ENIOR PR		`T	Signature		<u>Date</u>		
	ANAGER	OULC	, 1	Raymond C. Pedalino		Septem	ber 14, 2018		
7AC # 2018 060	IV	MINAGER							

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Date of Notification (1)	17 /	18	8				of Buildir	ng Owner/Operator	(2)	100	SEP 2	0 8	2018	
Agencies Notified  ☑ EPA  ☑ DOLWD	Type Notifi				S	treet	Address E State			ASB	ESTOS LIGEN	CON	TRO	1.8
☑ DOLWD	☐ Amende Amendr		<i>‡</i>		Ci	ity, S	tate, Zip	Code		L-Market and the control of the	ENDING THE SE	PROPERTY.		inania.
□ DCA	⊠ Emerge			-		Tre	nton NJ	. 08609						
(NJAC 5:23-8)	justifica		iloidali	19	Na	ame	of Contac	ct		Telephone N	dumher			
	☐ Cancella	ation				Han	k Guan	erri		609-433-				
	1					FAC	CILITY IN	NFORMATION						
Name of Facility Where A	batement is	Takin	g Plac	e (3)	12			Oranization	Type of Facility	(4)				_
Commercial Buildin						oper	rtv)		School (K-12	(B) (C)				
Street Address 130 Chambers St.						•			Subchapter Other (i.e., p	8 (Other than herivate and com	(-12) imercial t	ouildir	ngs,	
City (5)									homes, etc.) Square Feet	# of Floors	1,	NI-I-	A	
Trenton									7500	1 1/2	1	Bldg.	100	
County (6)					C	Count	v Code (7	)(STATE USE ONLY)			t' - t 1\	+/-	70	
Mercer							,, 0000 (/	NOTHIE GOL ONE!	Vacant	ior ii being den	nolisnea)			
Name of Monitoring Firm I	Hired by Bui	Iding (	Owner	(8)	ASO	CM N	VO.	Name of Ahatem	ent Contractor (9)					
Health & Safety Serv		5		(-)		J.,,		1	nmental Manag					
Street Address								Street Address	illielitai wanag	ement, inc.				
PO Box 365								8436 Enterp	rica Avanua					
City, State, Zip Code								City, State, Zip C						
Berlin, NJ 08009								Philadelphia						
Project Manager for Monito	oring Firm			Te	elepho	ne N	lo.	Telephone No.	, 1 A 19133	License No				
James Proctor	**************************************				856-4			215-365-5810	1	1156	5			
Start Date (10)	1	Sched	luled (					Name of OSHA N		1130				
9 / 18 /	18	1	0_ /		10_			USA Environ	mental Manage	ement, Inc				
Occupancy Status During	Abatement (	Check	conly	one)				Street Address						
☐ Abatement Performed (	During Enti Dutside of N	ormal	riod of	Abat	emen	t 		8436 Enterpr						
Time of Abatement: 7:0	00 AM-5:30	PM/	r aciiii	у по РМ-	urs - L	Jesci AM	ibe	City, State, Zip Co						
Scope of Work (Check all t								Philadelphia,	PA 19153					
≥3 sf or ≥3 lf	пат арргу)		□R€	nova	ation			☐ Full Con	tainment with Neg	ative Pressure				
⊠ ≥160 sf or ≥260 lf			⊠ D∈	moli	tion			☐ Gloveba	g Procedure mpted (*) and Nor	n-Friable Proce	dure			
1.00000					ation						Ab	atem	ent T	ype
Location of Asbestos-Containing M		1)		Norm	lely by	v	Achoo	Description o		121 11		_	T	1
TO BE ABAT	ED	"	Ma	inten	ance/		(i.e.	tos Containing Ma , thermal systems	insulation.	Amount (Specify	Removal	Repair	nca	nclo
IN Facility (13)			Cus	todia (12	Staff	?	10000000	surfacing, VAT,	or	SF or LF)	val	=	Encapsulate	Enclosure
(10)		İ	Yes	No	1	/A		other miscellane	ous)				ate	(D
Emergency Building C					Roofing	Wet Demolition	1	7500 Sf		П	П			
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						-								
Name of Registered Waste	Hauler		Ц	_			esta T	01: 7						
USA Environmental N		nt, In	C		NJDEI Hauler 326	IDI	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Cubic Yards of Waste 80	Name of Registe Waste Mang					
City, State Philadelphia, PA								Disposal Date	City, State					
			17-2					10/10/18	Tullytown P	a.				
Completed By (Print or Type Kevin Meldrum	e)	Title Pro	oject	Mar	ager			Signature	Much		Date 9-/	17	6 7 3	e
SB-41								1/1	1 000		11	1	16	)

State of New Jersey

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CK 2703	NO	TIFICATIO	State of New Jer. ON OF ASBESTO to NJAC 8:60	SABATE	MEN	)		E (		9 1	
Date of Notification (1) 9-13-2018			of Building Owne Velez	r/Operato	r (2)			SE	P	2 ()	2018
Agencies Notified Type Notificati	on		Address							Main contract	
EPA Initial							ļ A	SBEF	TOS	10	TEDI.
DEP Amended Amended Amended			tate, Zip Code by City, NJ 073	305			!		-		***
DOH Emergence	cy (including		of Contact				Telephone N	umher			
DCA Cancellat			Velez					umber			
Name of Facility Where Abatement is Ta	king Place (3)	FAC	ILITY INFORMA	TION	Typ	e of Facility (4)					
Residential	3 (1)				Т	School (K-12)					
Street Address					×	Subchapter 8	(Other than K- vate & commer	12) cial bui	ldings	s, hom	ies,
City (5) Jersey City, NJ 07305					Squ 372	are Feet	# of Floors 2		Bldg.	Age	
County (6) Hudson		(STATE	Code (7) USE ONLY)		Curr	rent Use (Prior	if being demoli	shed)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASC	M No.	Name	of Ab	atement Contr nvironmenta	actor (9) I Services, L	.LC			
Street Address				Street 235		ess nia Avenue					
City, State, Zip Code						Zip Code ity, NJ 0730	4				
Project Manager for Monitoring Firm		Telepho	one No.	Teleph 201-			License 01174	No.			$\neg$
Start Date (10) 9-13-2018	9-13-2018		Date (11)			HA Monitor	Services, L	I C			
Occupancy Status During Abatement (Ch	eck Only One)			Street	Addre	ess					
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	Period of Abat rmal Facility Ho	ement urs		City, S	tate, Z	nia Avenue Zip Code					
Scope of Work (Check All That Apply)				Jerse	ey Ci	ty, NJ 0730	4				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		vation olition		×	Mi Gl	ni-Enclosure ovebag Proced	with Negative lure ) and Non-Fria			·e	
Location of	Is Loc	nally	De	escription					Abate	ement /pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used So Mainter Custodia (12	nance/ al Staff?		ntaining M al systems acing, VA miscellan	insula T, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
D	Yes No	30   10000						'al	7	late	ле
Basement	X		Pipe	e Insula	tion		160 LF	х			
								-			
Name of Registered Waste Hauler		NJDEP W	aste Cubic	Yards		Name of Day	gistered Landfil				
Green Environmental Services		Hauler ID 0034889	No. of Wa			I consequence expension of	North Land				
City, State ersey City, NJ			1 - 50 - 70 - 70	sal Date -2018		City, State Morrisville	, PA				
Completed by iliana Serrano	Title Office Ma	anager	(	Signature	s s)	100 Sa 1	Da	ate 13-20	)18		

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	Dato of Notification (1) 9/14/18		1	iome of	Building Owner  Skilyof	- 5		Sive.	VALE	57	الما				
	Agencies Netfied Type Notification .	-	1	Propi A	Screek			- 1	1	1	A STATE OF	led.	ros	COL	TROL&
	EPA C intitel DEP Amended		1		ia, Zip Code .	IVERY		- 1	17/4	V-PA		77	ICE!	IGIN	9
	DOL Amendment if Emergency (in justification)	volutiling.		Same of	Control VAL	<u> </u>	2. (	274		sotone Nut		119	i f.L.	-	]
	DOH Justification) DCA Cancelation			Ge		SOTEL	(A	a.		01-664	- 73	46	¥rstan inst		
	Name of Facility Where Abstanced in Taking	Plece (2	)	FACE	University of the second	non	Туро	W Fee	野河	and the factor of the factor o	*****	<del></del>	,	-	
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	County (8) RESULTION.		1	Soundy ( STATE)	lode (T) HEE CHILY)	SHUMSHAMI	Curre	W Um	4	ing demoleh NSE	adj				
	Name of Montoring Fern Hint by Building C	writer (A)		ASCA	No.				ting Inc.		And the least of				
	Street Address			<u></u>	·	Breek	Addres	8	ment littlebishin	al alder Allemahlet Adamste ac	:			-	
	City, State, Zip Code	-	The same of the sa	and the second s		CRY, S	derin, Zi	р Ск		all times and the second second	er Palet Main	Access to the last of the last	to interessed		
	Project Menager for Monitoring Firm	· ·	7	alacito	M No.		and Pr		IJ ()7432	License Na	3.	200000000	West Commen	Metama	
	Start Date (10)	n ein auticia	vi Flore	mission i	Jain (11)	201-	262-5 of OSK	841	erene'- kombiorables	00158				- Andrews	
	9/15/18 Occupancy Status During Absternent (Chack	9	/30/	Pleasou (	n an management at a second	Ome	igs En	nite:		grvices in	Ö		ares o	-	
	Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal			ent	•	280	Addres Huyler	SL						and dispus	
4,0	Abatement Performed Outside of Norma Other - Describe:	i Fecility	Houra				kensa		1 (7608			and and	Service Cons.		
1.	Scope of Work (Cheek All That Apply)	Secondary of the Party of the P		alakar parakan		No.	y georgiananaser Info	modelle d	and the second second	DOMESTICAL PROPERTY WAS	COMMISSION	-		$\neg$	
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	Statement Mary Commencer C	Т.	******	Mingley (Spinister)			New	-Era	noting (*) an	d Han-Friek	P.Pro		emani	_	
	Location of	Use	Locati termali d Colet	y u bu	Antipestos Co	escription	10(		- Andrews				PERSONAL PERSONAL		
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	Name of Registered Waste Hauter			DEP W		o Yards .	•			ared Landfill	ŀ			-	
	Newark Carting Inc.	SELECT COMPANIES		509		1			inci Centr	al Sanitary	/ Ler	Mpr	in the same of	II PERSON	
	Newark, NJ 07105	T-W		*****		ON ON			Argyl, P						
	Joseph Vocaturo	Vice	Presi	dent		Signature	V	r bel 1	5.00	De 9	1/4/	18	- m - m/2		

Denot use this i m for aspectos licensure exempted activities.

CH 4627

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

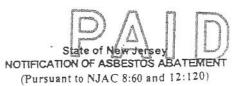
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Date of Notification (1)	-16-18		- 1	Name of Busio	ing Owner/Operator	SAGLIC	ASSES	TOS	GO	NT)	Öİ,
Agencies Notified	Type Notification	on	-	Street Address	s		Marine Marine Company	1 1 12			(M) - 1)
□ BPA	☑ Initial										=
☐ DEP	Amended Amendment			City, State, Zip	Code	A1 \					2 = -
⊠ DOL	☐ Emergency	(including			IACON	14.).				:.1	
Ø DOH □ DCA	justification Cancellation		1	Name of Conta	ect		Telephone Numb	per			
	- Carponatori			ED							=
				FACILITY IN	FORMATION	T = - 25 - 92	- //				
Name of Facility Where	Abatement is Tak	ing Place	(3)			Type of Facilit					
	SIDENC					School (K-	r 8 (Other than K-12	?)			
Street Address						Other (i.e., homes, etc	private & commercia	al buik	tings		
City (5)						Square Feet	# of Floors	BI	dg. A	ge	
	IMODAL					1500		_	50	+	_
County (6)				County Code	(7) (STATE		rior if being demolis	hed)			
CAPE	WAY		_	USE ONLY)			CANT				
Name of Monitoring Firm	Hired by Building	Owner	AS	SCM No.	Name of Abatem	nent Contractor (	100000000000000000000000000000000000000				
(8)	/A				Street Address	(FMCO	IMC			_	=
Street Address					360	i S. SPU	RUCE LIE	•			
City, State, Zip Code					City, State, Zip C	ode				_	
City, State, 21p code					MA	PLE SH	ADE N.J	05	05	_	
Project Manager for Mon	itoring Firm		Teleph	one No.	Telephone No.	0 6177	License No.	יר ז		G.	
					Name of OSHA	9-04/6	1 2 01			_	=
Start Date (10)			mpletion — [S	Date (11)	Name of USHA	MILA					
Occupancy Status Durin					Street Address					- 215	
Facility Closed/Vacate	od During Entire P	eriod of Al	bateme	nt		.:					_
Abatement Performed	Outside of Norm	al Facility	Hours		City, State, Zip C	ode					
Other - Describe:											=
Scope of Work (Check a	I that apply)				D EUR COD	stainment with Ne	egative Pressure				
		Reno	ovation		Mini-End	closure	39341011000010				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			olition		Gloveba	ag Procedure	on-Friable Procedu	e			
цд-		1			MOREA	empled ( ) and is	CI FITIBULE I TOCCOL	7	bater	ment	
		1	cation nally						Typ		
Location o	f	Used S	olely b	y	Description of	orial (ACM)	Amount			_	
Asbestos-Containing M	aterial (ACM)		nance/ todial	Asbes	tos Containing Mat thermal systems in	nsulation.	(Specify	R	D	Encapsulate	Enclosure
TO BE ABAT IN Facility	ED	Sta	aff?	(1.0.)	surfacing, VAT,	or	SF or LF)	Remova	Repair	psc	losi
(13)		(1	2)	_	other miscellaneo	XLS)		val	5	ilate	1.6
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		-	-								
			TNID	-P Waste	Cubic Yards	Name of Reg	istered Landfill	1			
Name of Registered Was	te Hauler		Hauk	ex ID No.	of Waste	Cr	M(MUK	1			
KLEMCO	THIC		117	904_	Disposal Date	City, State :				-22	
City, State	LOT IN T	•				wood	O BINE	M.	)		_
	NE W. J				Signature	$\sim$	Date	11	-1	8	
MICHAEL LLOW		PRES			_ Thele	1/h_	1-1-	10		0	_
- Maria											

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIA C 8:60 and 12:120) SEP 2 0 2018

Ch46!	21				ION OF AS	BESTOS ABATE C 8:60 and 12:12		The second secon	SE	P 2	0	2018	3
Date of Notification (1)	16-18			Na	me of Build	ing Owner/Operator		HITO	ACTI	ATA		ingent.	7! 8
Agencies Notified	Type Notificat	ion		Str	eet Address			ZATITO	TO THE	QU.		1 2 200	
[] EPA					0017100100	155 RT	50	<u>~</u>		_			Cont Con-
	Amended			City	y, State, Zip	Code		7		-		-dill-	
Ø DOL	Amendmen Emergency		lina		G	RELIMFIE	LO MI.	T	580	30	į		
<b>⊠</b> DOH	justificatio	n)	3	Nai	me of Conta	ct		Tele	phone Num	ber			
□ DCA	Cancellatio	n			BR	UCE							
				F	ACILITY IN	FORMATION							
Name of Facility Where	Abatement is Ta	king Pla	ce (3)				Type of Facili	ty (4)					
RE	SIDEN(	E					School (K-						
Street Address							Subchapte Other (i.e.,				lding	_	
							homes, et		x commerc	ai Dui	iui igs	٥,	
City (5)							Square Feet	# of	Floors	. B	ildg. A	Age	
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County (6)						7) (STATE	Current Use (I			shed)			
CAPE V	MAY				E ONLY)			CAU	I T				
Name of Monitoring Firm	Hired by Buildin	g Owne	r	ASC	M No.	Name of Abatem		2.5					
(8)	JA						IMCO I	NC					_
Street Address		534				Street Address	000						
						369	S SPIRI	JCE	ALE				
City, State, Zip Code						City, State, Zip Co	ode ESHAD	ie y	U.J	08	05	2	
Project Manager for Moni	toring Firm		Tele	ephone	e No.	Telephone No. 856-77	9-0472	Lice	nse No.	37	1		
Start Date (10)	I Sch	eduled I	Comple	tion D	ate (11)	Name of OSHA M							=
9-26-18		10-	6-				NA						_
Occupancy Status During						Street Address							
Facility Closed/Vacate					)							_	=
Abatement Performed	Outside of Norm	al Facili	ty noui	S		City, State, Zip Co	хое	3					
Other - Describe:													=
Scope of Work (Check all	that apply)					☐ Full Cont	ainment with Ne	egative P	ressure				
☐ >3 sf or ≥3 lf .		R	enovati	on		Mini-Encl		3					
∑≥160 sf or ≥260 lf		Ø D€	emolition	n			g Procedure mpted (*) and N	on-Friahl	e Procedu	· e			
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Location of			d Solely ntenano		Ashasi	Description of os Containing Mate	rial (ACM)	Δm	ount				
Asbestos-Containing Ma TO BE ABATE			ustodia			hermal systems in	sulation,	(Sp	ecify	R	71	Enc	En
IN Facility	<b>-</b>	;	Staff?		1,1,0,0	surfacing, VAT, other miscellaneou		SF	x LF)	Removal	Repair	Encapsulate	Enclosure
(13)		_	(12)			Outer muscenameoc	, p			val	7	late	ure
		Yes	No	N/A					×			w.	
SIDING	·			X	T	RANSITE		22	JOSE	X			
		-	-										
Name of Registered Waste	Hauler		TN	DEP V	Vaste	Cubic Yards	Name of Regi	stered La	andfill			-	
MARK -0.00 NO NO				uler ID		of Waste	( ` u		M.U.	IL			
- KLEMCO	INC		-11	140		Disposal Date	City, State	بار	UY. U-	-	_		_
City, State	IAC 11.	T			1	BIPO IPSONGO	WOO	NR.	ML				
MAPLE SHE	LOE IN	. )			<u></u> L	Signature A	^-		Date		_	-	_
Completed By MICHAU KLO	MM _	SI	JP.			Mule	Un		1 4.	-11	0-	18	_

Ch4697



SEP 2 0 2018

Name of Building Owner/Operator (2) Date of Notification (1) SURA ASBESTOS CONTROL& 6-18 Type Notification Street Address Agencies Notified SETA ITY BLUP, SUITE 513 M Initial City, State, Zip Code Amended M DOL Amendment #\_ OCTAN Emergency (including DOH DCA elephone Number justification) Name of Contact Cancellation RICH FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) 2000 40+ Current Use (Prior if being demolished) County Code (7) (STATE County (6) USE ONLY) 1 ACANIT APF Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. KLEMCE Street Address Street Address State, Zip Code City, State, Zip Code MAPLE elephone No. Telephone No. Project Manager for Monitoring Firm 56 Name of OSHA Monito Scheduled Completion Date (11) Start Date (10) Street Addres Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement City, State Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation \_\_ ≥3 sf or ≥3 ff \_\_ ≥160 sf or ≥260 ff Glovebag Procedure Demolition Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normaliy Description of Used Solely by Location of Amount Asbestos Containing Material (ACM) Maintenance/ Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, (Specify Remova Custodial TO BE ABATED surfacing, VAT, or other miscellaneous) SF or LF) Staff? IN Facility (12)NIA Yes No 2000SE TRAN SI V SIDING Name of Registered Landfill Cubic Yards NUDEP Waste Name of Registered Waste Hauler Hauter ID No of Waste INIC CITMED City, State Disposal Date City, State + MDE Signature . Completed By CHAC

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Street Address  City, State, 2tp Code  Mildland Park, Al 17432  Project Manager for Mighlioring Firm  Talephone No.  201-262-5841  Onits  Start Date (10)  City City City City City City City City	Name of Monitoring Firm Hired by Building C	wner (ii)	L			Name	of Abai		Con	NTAL . Itrector (B)		erv-	energe		
Title Midland A: 6  City, State, Zip Cot 9  Midland Park, JJ U17432  Project Manager for Manifolding Firm  Telephone No.  201-262-564  201-265-6  Start Date (10),  Gradual Completion Date (11)  Cocupancy State Outing Abatement (check Only Cne)  Featily Coseaway Acased During Enter Parled of Abatement  Abatement Parformed Outside of Normel Facility Hours  City, Starts Zip Cot 8  Hookenspork, J J C7508  Soppe of Work (Check All Thail Apply)  25 of or 23 if  21 at 00 of or 2260 if  Parl Constituting Material (ACM)  To SE ASANTED  Liciation of Infecting Constituting Material (ACM)  To SE ASANTED  Cut City, Starts  Cut Constituting Material (ACM)  To SE ASANTED  Cut City (13)  Normally Constituting Material (ACM)  To SE ASANTED  Cut City (13)  Abbestoe-Constituting Material (ACM)  To SE ASANTED  Cut City (13)  Abbestoe-Constituting Material (ACM)  To SE ASANTED  Cut City (13)  Normally Constituting Material (ACM)  To SE ASANTED  Cut City (13)  Abbestoe-Constituting Material (ACM)  To SE ASANTED  Cut City (13)  Normally Constituting Material (ACM)  To SE ASANTED  Cut City (13)  Abbestoe-Constituting Material (ACM)  To SE ASANTED  Cut City (13)  Abbestoe-Constituting Material (ACM)  To SE ASANTED  Cut City (13)  Abbestoe-Constituting Material (ACM)  To SE ASANTED  Cut City (14)  Abbestoe-Constituting Material (ACM)  To SE ASANTED  Cut City (14)  Abbestoe-Constituting Material (ACM)  To SE ASANTED  Cut City (14)  Abbestoe-Constituting Material (ACM)  To SE ASANTED  Cut City (14)  Abbestoe-Constituting Material (ACM)  To SE ASANTED  Cut City (14)  Abbestoe-Constituting Material (ACM)  To SE ASANTED  Cut City (14)  Abbestoe-Constituting Material (ACM)  To SE ASANTED  Cut City (14)  Abbestoe-Constituting Material (ACM)  To SE ASANTED  Cut City (14)  Abbestoe-Constituting Material (ACM)  To SE ASANTED  Cut City (14)  Abbestoe-Constitution of Material (14)  Abbestoe-Constitution of Material (14)  Abbestoe-Constitution of Material (14)  Abbestoe-Constitution of Material (14)  Abbestoe-Constitution of Material (14)  Abbestoe-	Estado Adriana	M							ting	j Inc.	-		17-12-7-20		
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Date of Notification (1) 9/16/2018			of Building Own of Woodbury		r (2)		ILLI SE	P 2	0 21	018	
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➤ DOH justification  DCA Cancellatio	)`		of Contact ew Ricco				Telephone No 856.466.64				
		FAC	ILITY INFORM	MATION			1				
Name of Facility Where Abatement is Taki Vacant SFD	ng Place (3)				Тур	e of Facility (4 School (K-1)					
Street Address 25 W Centre Street					×	Subchapter	8 (Other than K- ivate & commerc		dings	, home	es,
City (5) Woodbury					Squ	are Feet	# of Floors	E	Bldg. A	Age	
County (6) Gloucester			Code (7) USE ONLY) _		Cur	rent Use (Prio	r if being demolis	shed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.			patement Con onstruction					
Street Address				Street 282		ess ek Road					
City, State, Zip Code			4			Zip Code r, NJ 08031	1				
Project Manager for Monitoring Firm		Telepho	one No.	Teleph 856.		No. 3366	License 01339	No.			
Start Date (10) 9/26/18	Scheduled 11/30/18	Completion	Date (11)			SHA Monitor Ricco					
Occupancy Status During Abatement (Che	ck Only One)			Street	Addr	ess					$\overline{}$
Facility Closed/Vacated During Entire Abatement Performed Outside of Non						ek Road Zip Code		-			
Other – Describe: Scope of Work (Check All That Apply)				Bellr	maw	r, NJ 0803	l				
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Ricco Construction Corp		Hauler ID 28909	No. of	Waste 5		Salem 0		77			
City, State Bellmawr, NJ		11	Di	sposal Date TBD	,	City, State		8			
Completed by Andrew Ricco	Title Preside	ent		Signature	ad	1015M	// " // -	ate /16/1	8		

### CK# 4658



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(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) -18 HARBAUGH DEVET Agencies Notified Type Notification Street Address ASSBORD A Initial Amended City, State, Zip Code X DOL Amendment # WOODBURY HETGHTS Emergency (including DOH DCA justification) Name of Contact Cancellation SAME FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RESIDENCE School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age HARBOR 50+ 1200 County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) JACANT Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) KLEMCO Street Address Street Address 369 City, State, Zip Code City, State, Zip Code MAPLE SHADE Telephone No. Project Manager for Monitoring Firm Telephone No. 856 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monito Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure ] >3 sf or >3 lf Renovation Mini-Enclosure Demotition >160 sf or >260 If Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Normally Type Used Solely by Description of Location of Maintenance/ Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Custodial (i.e., thermal systems insulation, (Specify TO BE ABATED Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes No N/A SOOSE WING NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler 10 No. Disposal Date City, State WOOD Completed By Signature

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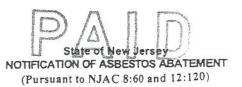
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# State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Persuant to NJA C 8:60 and 12:120)

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Street Address								r 8 (Other than private & comm		ilding	S,	
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County (6)				Co	unty Code	(7) (STATE	Current Use (F	Prior if being der	nolished	)		
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Name of Monitoring Firm		Owne		ASC	d No.	Name of Abatem	nent Contractor (	9)			10000	
(8) W/	Δ					KLEMO	O INC					
Street Address						Street Address						
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City, State, Zip Code						City, State, Zip C						
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Project Manager for Moni	toring Firm		TTe	lephone	No.	Telephone No.		License No				
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Start Date (10)	T Sch	aduled (	Compl	etion D	ate (11)	Name of OSHA N						_
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Occupancy Status During	<u></u>	ack only	(ODIA)		2	Street Address	13/2					_
Facility Closed/Vacated				ement		00000,7100.000						
Abatement Performed	Outside of Norm	al Facili	tv Hou	ITS	ļ	City, State, Zip Co	ode .					_
Other - Describe:	Outside of North	u , u	, , , , , ,			51.). OB10, 2p 01						
Scope of Work (Check all	that applied											_
Scope of Work (Check all	mer abbit)						tainment with Ne	gative Pressure	•			
≥3 sf or ≥3 lf			enovat			☐ Mini-Enc	losure a Procedure					
≥160 sf or ≥260 If		X	emolitic	A :			mpted (*) and No	on-Friable Proce	edure			
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CK# 4658



SEP 2.0 2018

Date of Notification (1)	16-18		1		ng Owner/Operator	MACHIN	LES ASSE	TOS	00	esa e	ŌĮ.
Agencies Notified	Type Notificatio	n	5	Street Address		REMONI	Continua visita di successi		427	. 7. 3	eratur.
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(5 V. 106		Dioso	(2)	FACILITY IN	FORMATION	Type of Facilit	v (4)				-
Name of Facility Where	RES 100	NCE	(3)			School (K-	12)				
Street Address	130210						r 8 (Other than K-12 private & commercial .)		dings.		
City (5)	AVALOR	1		01200		Square Feet	# of Floors	BI	dg. A		
County (6)	4 ¥20			County Code USE ONLY)	(7) (STATE	Current Use (F	rior if being demolis	hed)			
Name of Monitoring Firm			- AS	CM No.	Name of Abatem	nent Contractor (					
(8)	NIA		_   _			LEMCO	tnic				_
Street Address	7				Street Address	9 5. 5	S PRUCE 4	<b>L</b> VÉ			
City, State, Zip Code					City, State, Zip C	CE SH	ADE NO	<u> </u>	280	52	_
Project Manager for Mon	itoring Firm		Teleph	one No.	Telephone No. 856 -77	9-0472	License No.	371	_		
Start Date (10)	-	duled Co		Date (11)	Name of OSHA	Monitor N /	4				
Occupancy Status During				3	Street Address						
Facility Closed/Vacate	d During Entire Pe	eriod of A	Abateme	nt						_	-
☐ Abatement Performed ☐ Other - Describe:	Outside of Norma	al Facility	Hours		City, State, Zip C	ode					_
Scope of Work (Check al	I that apply)				☐ Full Cor	ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		☐ Ren	novation notition		☐ Mini-End	closure a Procedure	on-Friable Procedur	'e			
7-		Is Lo	ocation		IX INCIPEX	stripted ( ) and the	011110001100000	1	bater		
			mality Solety by	,	Description of			_	Тур	ње — Т	$\dashv$
Location of Asbestos-Containing M.		Mainte	enance/	Asbes	tos Containing Mat thermal systems in	erial (ACM)	Amount (Specify	B		Enc	m
TO BE ABATE IN Facility	<u>ED</u>	St	stodial laff?	(i.e.,	surfacing, VAT,	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(	12)	_	other miscellaneo	ius)		val	=	late	ure
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2(D)M	6-		\ \ \ \ \		TRAMSI	<u> </u>	7000 SF	1		$\dashv$	$\neg$
		-	$\dashv$					-			
		-		_				-			
Name of Registered Wast	a Hayler		T NJDE	P Waste	Cubic Yards	Name of Reg	istered Landfill				
Name of Registered Wast	1		2000,000,000	904	of Waste		М. С. М.	V.	A		_
City, State WAPLE	SHADE	W. J	)		Disposal Date	City, State	DBINE		il.		
Completed By	Title	C	0		Signature	120 Da		-91	5-1	8	
MICHAEL KI	July _	Su	W -		_ Me						

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Date of Notification (1) 9/17/18				Building d Amba				me		SEP	203	018	1	J
Agencies Notified Type Notification  EPA Initial			Street A					77.00	AS	BESTOS	GON	ROL.	&	-
DOL Amended Amended Amendment				te, Zip Co 1 NJ 08			32		19-12-2 mg	W	r mare a sec	times.i.	- C P	- August
□ DOH	3500	0 0 8	Name of Rich	Contact		1			Tel	ephone N	lumber			1
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Name of Facility Where Abatement is Takin Richard Ambacher Private Home Street Address	g Place (3)			*			Typ	School (K-1: Subchapter Other (i.e. p	2) 8 (Oth			dinas	home	29
Oil (F)								etc.)						,
City (5) Pitman NJ 0871								uare Feet 00+	2	f Floors		31dg. <i>F</i> 35+	ge	
County (6) Gloucester			County (	Code (7) USE ONLY	)		Cur	rent Use (Pric	or if be	ing demo	lished)			Ť
Name of Monitoring Firm Hired by Building 6	Owner (8)		ASCN	l No.				patement Con	tractor	(9)	-		-	1
Street Address						Street							-	+
	78				9	PO	Вох	329	100				*	
City, State, Zip Code								Zip Code erlin NJ 080	91					I
Project Manager for Monitoring Firm		T.	Telephor	ne No.		Teleph 856-		No. -9800		License 00727				85
Start Date (10) 9/28/18	Scheduled		pletion I	Date (11)		Name Sam		SHA Monitor						0
Occupancy Status During Abatement (Chec	k Only One	)				Street		ress						+
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe:						City, S	State,	Zip Code				100		+
Scope of Work (Check All That Apply)														-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	⊠ Re	enova emoliti				2		Full Containme /lini-Enclosure Glovebag Prod lon-Exempted	edure	2			'e	
		ocati				,							emen /pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair Custo	Sole ntenar odial S (12)	nce/		tos Cont thermal surfa		Mater s insi		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Elicioania
A 441.	Yes	No	N/A		Va					50.05	_	-	te	1
Attic	-		X		ve	rmiculi	ile		Э	50 SF	X	+-	-	H
Name of Registered Waste Hauler		N	JDEP W	aste /	Cubic	Yards		Name of	Regist	ered Land	dfill			
United Roll Off		Н	auler ID 2459		of Wa			G.R.O.						
City, State						sal Date	1	City, State	9					
Elm NJ					10/9/	18		Morrisv	rille P	A 1906	7			
Completed by	Title				S	Signature	0	7			Date	_		1
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Date of Notification (1) 9/17/18			Name	of Building On	wner/Operato	r (2)			SE	2	0 2	018	
Agencies Notified Type Notification		-		Address	ivate Home	<del>-</del>			STATE				200
EPA Initial			o in o di	, 100,000					ASBEST	08.0	CONT	ROL.	8
I I DLF II I Amended	19359		100	tate, Zip Code						CHA	SHIP	- ( <del></del> )	
DOL Amendmen Emergency					p NJ 0800	8							
DOH justification)  Cancellation		9	Name Fred	of Contact				Tele	phone N	umber			
None of Falls and			FAC	ILITY INFOR	RMATION	1112							
Name of Facility Where Abatement is Takir Fred Petrus Private Home	ng Place	(3)				Typ	e of Facility (	4)					
Street Address							School (K-1	2)		10)			
						K	Subchapter Other (i.e. p etc.)	8 (Otne rivate &	commerc	12) cial bu	ildings	, hom	es,
City (5) Long Beach Twp NJ 08008							Jare Feet	10000	Floors		Bldg.	Age	
County (6)			Country	Code (7)			00+	2			35+		
Ocean			(STATE	USE ONLY)		Ho	rent Use (Prio	age		shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	)	ASC	M No.			patement Con	tractor (	9)				
Street Address					Perr								
					Street PO I								
City, State, Zip Code		-		-		and comment	Zip Code						
					100000		rlin NJ 080	91					
Project Manager for Monitoring Firm			Telepho	one No.	Teleph 856-		No. -9800	1	License N	No.			
Start Date (10)	Schedul	led Cor	npletion	Date (11)			SHA Monitor		00121				
9/27/18	10/9/1				Sam								
Occupancy Status During Abatement (Chec	53	35	1		Street	Addr	ess						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of and all Facility	Abaten y Hours	nent S		City, S	tate,	Zip Code					-	
Scope of Work (Check All That Apply)													
23 sf or ≥3 lf ≥160 sf or ≥260 lf	Proposition 1	Renova Demolit			Z X	M G	ull Containme ini-Enclosure lovebag Procon-Exempted	edure					
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Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	intenar	nce/		Containing M rmal systems				ount ecify	77		m	m
In Facility (13)	Cus	todial S (12)	statt?	s	surfacing, VA	T, or			r LF)	Remova	Repair	caps	nclo
(10)	Yes		T	ot	her miscellan	eous)	)			oval	air	Encapsulate	Enclosure
House & Garage	No	N/A X	E	Exterior Sid	lína		2500	0.00			e	4	
			^	-	-ACTION OIG	iii iy		2500	) OF	Х			_
						-				Х			
Name of Registered Waste Hauler		15:	IDEE !										
United Roll Off		Ha	JDEP W auler ID 2459	21212 T	ubic Yards Waste		Name of R		d Landfill				
City, State			-700		isposal Date		City, State	odend <del>Visioni</del>					
Elm NJ				1000	0/9/18		Morrisvil	le PA	19067				
Completed by	Title				Signature		7		Da	te			[
Anthony T Perna	Presi	dent						2.465.00 × 00.00 00 -		17/18	3		

\* Do not use this form for asbestes licensure exempted activitie .

Nume of Registered Waste Hauter

Frophoid Cartage

Completed By (Print or Type)

Freehold, NJ

Christina Lynch

City, State

ASE-41 JAN 13 NJDEP Waste

Hauter ID No.

15939

Vice President of Operations

Cubic Yards of

Disposal Date

09/28/2018

Signature

Waste

91718

Dala

Name of Registered Lendfill

Fairle & Landfill

Morri: ville, PA

City, Stel



SEP 2 0 2018

Date o	f Notification	(1)			Nam	e of Buildin	ng Owner/Operator (2)			W # 11	7	7		1
9/14	/18					y Hearr			į	ASBESTOS	G C C	NTS	OL	2
Agenci	es Notified	Type N	otification			t Address				LICE	NSI	MG	1 191 190	
	EPA	X	Initial									11.000	Michael	Consumit Francis
	DEP		Amended		City,	State, Zip (	Ode						-	-
X	DOL		Amendment #		Berl	keley He	eights, NJ 07922							
X	DOH		_ Emergency (includin	ıg	Name	of Contac	t		T-1					
	DOH DCA		justification) Cancelation		Tob	y Hearn								
	Deri		Caricelation				ACILITY INFORMA	TION	1					
Name o	f Facility Wh	ere Abat	ement is Taking Place (3)			- 1	ACILITY INFORMA	Type of Facility (4)						
Resid	ence							_	12)					
Street A	ddress								21.70 E					
									r 8 (Other tha					
City (5)								Other (i.e.	private & Con	nmercial buildings, h	ome	s, etc	.)	
	ley Height	ts. NJ (	18879					Square Feet	# of Floors	Bldg. Age	-			
		,,				-		2020	2	55+				
County ( Union							Code (7) USE ONLY)	Current Use (Prior if b	eing demolished)	)				
		Firm Hire	ed by Building Owner (8)					Home						
			,				ASCM No.	Name of Abatement (						
Street Ad	ddress							Unicorn Contrac	ting Corp.					
								Street Address						
City, Stat	e, Zip Code							32 Willow Way						
								City, State, Zip Code						
Project N	Manager fo M	onitorin	g Firm			Talaaha	- 1	Woodland Park,	NJ 07424			6		
						Telepho	ne No.	Telephone No.		License No.				
Start Dat	e (10)				Schadu	lad Camal	etion Date (11)	973-333-9176		01331				
09/26/	18				9/29/		etion bate (II)	Name of OSHA Monito						
Occupano	y Status Duri	ng Abat	ement (Check Only One)		3/23/	10		Envirovision Con	sultants, Inc.					
	acility Clo	sed/Va	cated During Entire Pe	riod of Al	bateme	nt			חק חוק- זר	-				
	Abatement	Perfor	rmed Outside of Norm	al Facility	Hours	5.7		20-21 Wagaraw City, State, Zip Code	ra., blag. 35	-t				
$\boxtimes$ (	Other - Des	cribe:	8AM START					Fair Lawn, NJ 07	//10					
Scope of \	Work (Check	All That	Apply)						410		-			
× >	3 sf or ≥3	lf			X	Renova	ition	☐ Full Contain	ment with No.	gative Pressure				
□ ≥	:160 sf or ≥	≥260 If				Demoli	tion	Mini-Enclos		Bative riessule				
								⊠ Glovebag Pr	1010T					
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	Asbestos-0	Locati Containir	on of ng Material (ACM)	U	Normall sed Solely			Description of			_	T	ype	_
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				1							-			
ame of R	egistered Wa	ste Haul	er		NIDERM	aste Haul	er ID No	Cubi- V- 1 C						
	Contracti				00358		is no.	Cubic Yards of Waste	.1	Name of Regustered				
ty, State								Disposal Date	117	Fairless Hills La	ndfill			
/oodla	nd Park, N	New Je	rsey					TBD TBD		City, State				
ompleted				Title				Signature	/	Morrisville, PA	1			
hivko N	likolov			Presid	ent			1//	1/1	//	Date			
										/	19/1	4/18		

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Date of Notification (1)					Nar	ne of Build	ding C	Owner/Operator	(2)		EP 2	Λ	201	0	1
	17/	18	<u> </u>		С	umberla	nd R	Regional Scho	ool District		EP 4	U	CUI	0	1
	ype Notific	ation			Stre	et Addres	s					ALP ALL	itusenaem	mmana.	
57	☑ Initial	9			6	5 Love L	ane			ASBE	STOS			OL. 8	k
☑ DOLWD ☐	Amende Amendm				City	State, Zi	р Сос	de		- 1000-1000-1000-1000-1000-1000-1000-10	LICES	-11	MIN.	4271.W-	
The state of the s	☐ Emerger			- a	В	ridgeton	, NJ	08302							
(NJAC 5:23-8)	justificat			3	Nan	ne of Cont	act			Telephone N	Number				
	Cancella	tion			T	om Smit	h			856-498-					
					F	ACILITY	INFO	ORMATION							
Name of Facility Where Aba	atement is	Taking	g Place	e (3)					Type of Facility	(4)					
Administration Buildi	ng								School (K-12	2)					
Street Address		7000000							Subchapter	8 (Other than I	<-12)				
65 Love Lane									Other (i.e., p		nmercia	bu	ıldıng	s,	
City (5)									Square Feet	# of Floors		Blo	lg. A	je .	-
Bridgeton									20,000	2			70	, -	
County (6)					Co	unty Code	(7)(S	TATE USE ONLY)	Current Use (Pr	rior if being der	nolished	1)			
Cumberland								200		tion Building		,			
Name of Monitoring Firm His	red by Buil	ding (	Owner	(8)	ASCI	Л No.	N	lame of Abatem	ent Contractor (9)				-		
PARS Environmental,	Inc.								onmental, LLC						
Street Address							S	treet Address	•			-			
500 Horizon Drive, Su	ite 540							623 Cutler A	venue .						
City, State, Zip Code							С	ity, State, Zip C							
Robbinsville, NJ 0869	1						- 1	Maple Shade							
Project Manager for Monitor	ing Firm			Te	lephon	e No.		elephone No.	,	License No	1				
Rafael Torres						0-7277		856-755-0099	)	00842					
Start Date (10)		Sched	uled C	omp	letion D	ate (11)		ame of OSHA N		00042					
09 /26 /						18	1	EMSL Analyt							
Occupancy Status During At							St	treet Address						188	
☐ Facility Closed/Vacated D	During Enti	re Per	riod of	Abat	ement			200 Route 13	0 North						
Abatement Performed Ou	utside of No	ormal	Facility	y Ho	urs - De	scribe	Ci	ity, State, Zip Co	ode						
Time of Abatement:	AIVI	PI	///	_PIN	/I	_AM		Cinnaminsor	i, NJ 08077						
Scope of Work (Check all that	at apply)						- dilac	N= " 0							/
≥3 sf or ≥3 lf			⊠ Re	nova	ition				tainment with Neg	gative Pressure	•				
≥160 sf or ≥260 lf			☐ De	molif	tion			☐ Glovebag	g Procedure						
								☐ Non-Exe	mpted (*) and No	n-Friable Proce	edure				
Location of				Loca	ation ally							Aba	teme	nt Ty	уре
Asbestos-Containing Mat	erial (ACM	)	Use	d So	lely by	Ast	estos	Description of Containing Ma		Amount	1	D	Re	E	Ē
TO BE ABATE	D				ance/ I Staff?	(i	.e., th	ermal systems	insulation,	(Specify	3	Pamova	Repair	Encapsulate	Enclosure
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(10)		İ	Yes	No			O	illei miscellane	ous)					te	
Boiler Room						-	hing	Insulation		8 LF		7	$\Box$	П	П
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Name of Registered Waste F	lauler			1.33	NJDEP			ibic Yards of	Name of Regis	tered Landfill		-			
Freehold Cartage					Hauler 1593			aste 1	Fairless La	ndfill					
City, State					1000			sposal Date	City, State						
Freehold, NJ							100	09/28/2018	Morrisville,	PA					
Completed By (Print or Type)		Title						Signature			Date			-	
Christina Lynch		Vi	ce Pr	esid	ent of	Operation	ons	Mela	K)		9/1	٦.,	10		



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-	SEP	2 0	2018	International Control of Control
	CKH	11-	76	- James

ivko Nikolov		Preside	ent				-11	1	Date 9/14/18						
oodland Park, N	lew Jersey	Title				TBD Signature	//_	Morrisville, PA		5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
y, State			00338	44		3 Disposal Date	17	Fairless Hills La	ndfi	I					
me of Registered Wa nicorn Contracti			NJDEP W 00358	/aste Hau 11	er ID No.	Cubic Yards of Waste		Name of Regustered			-	1			
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									+	+	+	-			
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	Yes	No X	N/A	D	IPE INSULATION		250.15	_	Repair	late	sure				
	(13)		(12)			surfacing, VAT, or other miscellaneous)		SF or LF)	Removal	Re	Encapsulate	Enclosure			
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						⊠ Glovebag Pre									
≥160 sf or ≥	260 If			Demo	ition	Mini-Enclosu									
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cope of Work (Check						Fair Lawn, NJ 07	410		_						
☑ Other - Des		ii raciiity	Hours			City, State, Zip Code	110								
	sed/Vacated During Entire Pe Performed Outside of Norma			nt		20-21 Wagaraw F	Rd., Bldg. 35-E								
		elast - C e i				Street Address									
09/25/18	ing Abatement (Check Only One)		9/29/	/18		Envirovision Con	sultants, Inc.								
itart Date (10)					letion Date (11)	Name of OSHA Monito									
						973-333-9176		01331							
Project Manager fo M	onitoring Firm			Teleph	one No.	Telephone No.	0/727	License No.			_				
						Woodland Park,	NJ 07424								
City, State, Zip Code						City, State, Zip Code									
						32 Willow Way									
Street Address						Unicorn Contrac	ting Corp.								
	was names (4.7 obst.) mine a strong (5.00 ft ) (5.00 ft ) (5.00 ft )				ASCM No.	Name of Abatement C									
	Firm Hired by Building Owner (8)					Home									
County (6) Middlesex					Code (7) USE ONLY)	Current Use (Prior if be	eing demolished)								
County (6)				Ic	C-1 (7)	2090	2	55+							
City (5) South Amboy, N	NI 08879					Square Feet	# of Floors	Bldg. Age							
C:L. (E)						☑ Other (i.e.	orivate & Comm	ercial buildings, h	nome	s, etc	:.)				
Street Address							8 (Other than I								
						School (K-1	2)								
Name of Facility Who Residence	ere Abatement is Taking Place (3)					Type of Facility (4)			-						
				- 1	ACILITY INFORMA	TION	1		_						
□ DCA	☐ Cancelation		INOD	ert Kan	124		732-589-224	12							
⊠ DOH	justification)	5	1000000	of Conta ert Kalı			Telephone Numb								
⊠ DOL	Amendment #  Emergency (including				NJ 08857										
□ DEP	☐ Amended			State, Zip								102.0			
□ EPA															
Agencies Notified	Type Notification		Stree	t Address		- /	- Evane	LICE	717	NG					
9/14/18				ert Kal			9	ASBESTOS	S 00	INTE	101	R			
Date of Notification	(1)		Nam	e of Build	ng Owner/Operator (2)			1CKT	11	76	2	and the same			

00/14/201	otification (1):	: T			ng Owner/Operator	and 12:20/N.J.A.C	17:26-2.12)	-		G		
09/14/201	8		Passaic	Valley V	Vater Commission	(2)					- ^	
Agencies Notified	Type Notifica	tion	Street A	ddress:				14		SEF	2	0 20
□ ÉPA	□ Initial		1528 Ma					1	1			
□ DEP	☐ Amended Amendment#:		City, Sta Clifton,	ite, Zip (	Code:			-	AS	REST	080	CONT
□ DOL.	☐ Emergency		Name of	Contact	1			Lance	IS 70 to 2000	L	CENT	SING
E Pou	(including	1	Joseph A				Telephone N					A CO. O' Co.
□ DOH □ DCA	justification)  □ Cancellation	)					201-398-396	0				
Name of Fa	cility Control	Building	,		FACILITY I	NFORMATION						
800 Union I			,			Type of Facility						
						☐ School (K-12 ☐ Subchanter 8	) (Other than K-12)					
City/ (5) Totowa		County (	6);		unty Code (7):	☐ Other (i.e., pri	ivate & commerci	al building	s home	e etc		
rotoma	1 '	Passaic		075	512	Square Feet:				3, 010.)	20	
								# of F	loors:			
						Bldg. Age						
Name of Mo	onitoring Firm	Hired by	Buildir	ig Owne	r: ASCM No.:	Name of Abote	Control Building ement Contracto	- (0)				
THENVIR	CONMENTAL	÷.			0003			г (9):				
Street Addre			Policy and his			Apex Develo	pment, Inc.					
1253 North	Church Stre	et				Street Address:						
City State 5	r:- 0 1					358 Broads	wav					
City, State, Z						City, State, Zip	Code:					
Moorestown	n, NJ 08057					Newark, NJ (						
Project Mana Mike Stocku	ger for Monite	oring Fire	m:	2-10-17	Telephone No.:	Telephone No.:		2200 - 21				
					609-304-3969	(973) 350-0101		cense No.:	F			
Start Date (10 9/28/18	0):	Sched	iuled Co	mpletio	n Date (11):	Name of OSHA		215				
		10/4/	18			Metro Analytica	al Laboratories					
Coupancy Stat	tus During Abat	ement (Cl	neck only	one)		Street Address:				-		
Abatement Po	ed/vacated Durin erformed Outsid	ng Entire I	Period of	Abateme	nt	255 West 36th S	treet, Suite 203	;				
escribe:	orionned Outsid	e of Norm	iai Facilii	y Hours		City, State, Zip (	Code:					0.00
Other						New York, New	York, 10018					
escribe:												
cope of Work	(Check all that a	apply):	WRAP	& CUT A	ND O&M CLEAN	PPPOCEDURE						
$\geq 3 \text{ sf or } \geq 3$	lf			□ Reno		TROCEDURES	☐ Full Contain	ment with	n Nega	tive P	recent	ro
≥ 160 sf or ≥	≥ 260 If			☐ Dem			☐ Mini-Enclos ☐ Glovebag Pr	aire	. I togu	LIVE	icssui	
		I	s Locat	ion			□ Non-Exempte	d (*) and	Non-Fr	iable l	Proced	dure
Locat	tion of		Normal	ly	D	escription of				Abat	temen	nt
	aining Materia	al Use	ed Sole	ly by	Asbestos Con	taining Material (A	ACM)			1	ype	
TO BE A			aintena Custodi		(1.0., 11101111	al systems insulation	on,		72		団	I
IN Fa		,	Staff?		other	miscellaneous)	24 E 5030	mount	em	Re	са	ncl
(1.	3)	1	(12)					pecify or LF)	Removal	Repair	Encapsulat	Enclosure
RAWL SPA	ACE	Yes	No	N/A	El Down		51	J. LI.)	=		lat	l'e
J. O. P			X		CLOVEDAC:	INSULATION	8 LI	7	*			4
RAWL SPA	ACE		X		(GLOVEBAG)	CION (IVE)			-			*
WIND DIT					I I E INSULA	TION (WRAP & 0	CUT) 792	LF		*		
CATT L SI A		+										
TWE ST												
ne of Registe	ered Waste Ha	ıuler		VIIII	Waste Haulan ID	0 1 1 1					1	
me of Registe	ered Waste Ha E TRUCKINC	uler: i/APEX		NJDEI 19551	Waste Hauler ID 1 APEX- 0035729	1 001 040	n i vaiii	of Regist	tered la	andfil	1:	
me of Registe IMY BYRNI v, State:	E TRUCKING	auler: B/APEX	Dispos	NJDEI 19551 sal Date:	APEX-0035729	of Waste: 30	n i vaiii	e of Regist ERVA EN	tered la	andfil RISE	l: S, INC	C.
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Date of Notification	on (I)		Nam	e of B	uildi	ng	Owner/Opera	to	or (2)		0	e r	77	
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Agencies Notified	Type Notific	ation	Str	eet Ad	dress	-	_	2214700		TIM				- 1
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[X] DEP	[X]Initial Notific	ation	Cit	y. Sta	te, Z	ip	Code		Ŧ.	13 1	0 2 1			
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(×) DOH	Notific		Nan	ne of C	ontac	ŧ			Tele	phone Numb	er El	ENS	ING	
[ ]DCA	[ ]Cancell	ation	Joe	e Bilotti	. Faci	ilitie	s Director		908-	713-4177	Sem <del>a-</del> eva	ereseries.		
			Ш			_	FORMATION	-						
Name of Facility W	here Abatemen	t is Ta	king	Place	(3)				Type of Facili	ty (4)				
North Hunterdon Re	gional High Sc	hool - R	Room	125					X]School	(K-12)	her t	han !	K-12	)
Street Address								-	[ ]Other	(i.e., pri uildings,	vate	S COL	nmer	-
1445 Rt. 31 S.									Square Feet	# of Floor	s Bl	.dg.	Age	
City (5)		County	(6)				Y Code (7) E USE ONLY)		50,000 Current Use (1	2 Prior if he	ing d	50	ishe	<u>a)</u>
Annandale, NJ 0880	1	Hunter	rdon		1/2	31714	LE USE UNEI)	1	School Building			CILO		/
Name of Monitoring Owner (8)				ASCM N	lo.	TIN	Name of Abat	e	ment Contractor	(9)				
				004		1	our Strong E	Βı	uilders Inc.					
Briggs Associates. Street Address				004			Street Addre							
3 Crosswicks St.						11	180 Sargean	t A	Avenue					
City. State. Zip C	ode					-  -	City. State,		Zip Code					
Bordentown, NJ 085	05	Firm IT	eleni	one Nu	mher	-119	Clifton, NJ 07			ILice	nse N	umbe		
Michael Hoodak, EP.							973-614-037	-		0080			_	
Scheduled Start Da	te (10)   Sch	ed.Comp	letic	on Date	(11)		Name of OSHA		Monitor	1000				
0   9   /   1   9   /   Month / Day /   Occupancy Status D	1 8 0 Mo	nth / Che	Day	/ 1 1 Yea	8		our Strong E				P. W.			
XJFacility Clos-									-					
of Abatement []Abatement Per Hours - Descr []Other - Descr	ibe:	le of No	ormal	Facili	ty	1	180 Sargean		Zip Code					
Scope of Work (Che		oply)		-			Clifton, NJ 07	70	)13					
[ ]Demolit [X]>3 sf o	ion		   	Renovat	ion		[ ]Min [ ]Glo	ni	Containment w: -Enclosure ebag Procedure Friable Procedu		ze Pre	ssur	e	
				is ation	T			-			Aba	temen	t Ty	/pe E
	ABATED 111ty		Norm So. by I tens Cus Sta	mally sed lely Main- ance/ todial ff(12)		(i.	Descripting the state of the st	nt (A l	aining (CM) systems acing, VAT,	Amount (Specify SF or LF)	REMOVAL	REPALR	NUAPSUL	NCLOSURE
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Name of Registered	Waste Hauler			DEP Was			ubic Yards f Waste		Name of Regis	tered Land	Fill		-5-00-00-0	
Four Strong Builder	s, Inc.			609			The state of the s		G.R.O.W.S., In	C				
City. State						103	isposal Date	e	City. State					
Clifton, NJ							15		Tullytown, PA	<u></u>	60G	E		
Completed By (Prin	t or Type) T	itle	V///				Signatu	FE	111		D	ate		
Bilyana Kulakovska		Office Ad	dmini	strator			( Co	1	In a	1	9	/17/1	8	
U2D_41														

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Date of Notification (1) 09/14/2018				f Building ( Roberso		r/Operator	(2)	l las	2	SEF	2	0	2018	
Agencies Notified Type Notification	7		Street A	Address					A C	BEST	00	CC16	menter:	\1 R
X EPA		_	Ruthe	ate, Zip Co rford, NJ		70		Lones	AG	0	CE	VISIN	G	
DOH justification)  DCA Cancellation				f Contact Roberso	n			Te	lephone	Numb	er			
Name of Facility Where Abatement is Takin	n Place (	3)	FACI	ILITY INFO	ORMA	TION	Type of Facility	, (A)						
House	g i lace (						School (K	-12)						
Street Address							Subchapt Other (i.e etc.)				build	lings,	home	es,
City (5) Rutherford							Square Feet N/A	# c	of Floors A			ldg. A	ge	
County (6) Bergen				Code (7) USE ONLY)	_		Current Use (F House	rior if be	ing dem	olishe	d)		10	
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	ЛNo.			of Abatement C Abatement,		(9)					
Street Address							Address osengren Av	enue						
City, State, Zip Code						City, S	State, Zip Code wa, NJ 07512							
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	none No. 345-8685		Licens 0131					
Start Date (10) 09/26/2018	Schedul 09/27/		mpletion I	Date (11)		Name	of OSHA Monito		0.0.			-		
Occupancy Status During Abatement (Chec							Address osengren Ave	enue						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: occupied	nal Facility	Hours	nent S			City, S	tate, Zip Code wa, NJ 07512				-7.35			
Scope of Work (Check All That Apply)						1010	wa, 140 07 5 12	-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Emmo	Renova Demolit				×	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure					В	
Location of		Locat			-								ment pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole iintena todial ( (12)	nce/		os Co therm surf		faterial (ACM) s insulation, T, or	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							_			te	
Basement		X			Pip	e Insula	tion	3	35 LF		X			
Name of Registered Waste Hauler			JDEP W	/aste	Cuhi	c Yards	Name	f Registe	ared I an	dfill				
D&S Abatement, Inc.		H	lauler ID 0996		of W	aste /	20000	Manag			Α			
City, State Totowa, NJ		1			Disp TBD	osal Date		ate ville, P	A					
Completed by Ned Joksimovic	Title Proje	ect Ma	anager			Signature	A	/		Date 09/1		018		

Print Form

Date of Notification (1) 09/14/2018				Name (	N OF ASPESTOS t to NJAC 8:60 ar of Building Owner, Garetano		51.5 %	Constant Park	SE	EP 2	2-0	2018
Agencies Notified	Type Notification	1			Address			-				L. harbarover
× EPA × DEP × DOL	Initial Amended Amendmer			City, St	ate, Zip Code				ASBES	STOS LIGE	NSIN	VTRC IG
DOH DCA	Emergency justification Cancellatio	(includin	g -	Name o	of Contact Garetano			Tel	lephone Nu	mber		
Name of Facility Where	Ahatement is Taki	na Dlace	(2)	FAC	ILITY INFORMAT	TION	T (F	70				
House	Abatement is Taki	ng Place	(3)				Type of Facility					
Street Address							School (K Subchapt Other (i.e etc.)	er 8 (Oth	er than K-1 & commerci	2) ial buil	ldings	, hom
City (5) Millburn County (6)							Square Feet N/A	N/A	· · ·	1	Bldg. /	Age
Essex				(STATE	Code (7) USE ONLY)		Current Use (F House	rior if bei	ng demolisl	hed)		
Name of Monitoring Fir N/A	m Hired by Building	Owner (8	3)	ASC	M No.	Name D&S	of Abatement C Abatement,	ontractor Inc.	(9)			<u> </u>
Street Address						(0)07/	Address osengren Av	enue				
City, State, Zip Code							tate, Zip Code wa, NJ 07512	2				
Project Manager for Mo	nitoring Firm			Telepho	ne No.		one No. 345-8685		License N 01311	lo.		
Start Date (10) 09/2 <b>4</b> 5/2018		Schedu 09/26/		mpletion	Date (11)	1	of OSHA Monito Abatement, I	22				
Occupancy Status Durin	ng Abatement (Che	ck Only O	ne)				Address					
Facility Closed/Vac	cated During Entire ned Outside of Nor	Period of	Abaten	nent			osengren Ave	enue				
X Other – Describe:	occupied	nai racilit	y Hours	5			tate, Zip Code wa, NJ 07512	2				
Scope of Work (Check / ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	-	Renova Demolit			×	Full Containr Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure				·e
Locatio	n of		s Locati Normal	lly	De	scription					Abate	ement /pe
Asbestos-Containing	g Material (ACM) BATED	Ma	ed Sole aintena stodial S	nce/	Asbestos Con (i.e. thermal	taining M	aterial (ACM)	3222	mount pecify	Remova	Repair	Encapsulate

X

Project Manager

Title

NJDEP Waste

Hauler ID No.

20996

**Duct Insulation** 

Cubic Yards of Waste

Disposal Date

Signature

TBD

TBD

City, State

Totowa, NJ

Completed by

Garage

Name of Registered Waste Hauler

D&S Abatement, Inc.

100 SF

Name of Registered Landfill

City, State

Morrisville, PA

Waste Management of PA

X

Date

09/14/2018

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242105		NOTII	FICATIO	IN OF AS	ev Jerse BESTOS C 8:60 an	ABATE	N.	r	B	EC	E		V	E
Date of Notification (1) 09/14/2018				of Buildin en Pediç	g Owner/go	Operato	r (2)			SEP	2	0	2016	}
Agencies Notified Type Notification  EPA Initial			Street	Address					A	SBEST	OS (			)L &
X DEP Amended Amendment				tate, Zip ( n Orang	Code e, NJ 0	7079		t.		E. ( )	J. L. A. V.	runnere	Arrase	CAS PARA
X       DOH       ☐       Emergency justification)         ☐       DCA       ☐       Cancellation			0.00	of Contac en Pedig					Telenhon	a Numbe	ar			
N. CE W. L.			FAC	ILITY IN	FORMAT	ION								
Name of Facility Where Abatement is Takir House	ng Place (	(3)					Тур	e of Facility (	10.5					
Street Address							×		8 (Other than orivate & com		uildi	nas	home	es
City (5) South Orange							Squa	etc.) are Feet	# of Floor		Blo	ig. A		
County (6) Essex				Code (7)				ent Use (Prid	N/A or if being der	molished	N/	Α	-	
Name of Monitoring Firm Hired by Building N/A	Owner (8	)		M No.	"/			atement Con						
N/A Street Address		-				D&S Street	S. S. S. S. S. S. S. S. S. S. S. S. S. S	tement, In	C.					
						11 R	osen	gren Aver	nue					
City, State, Zip Code								Zip Code NJ 07512						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 973-	none N	lo.	Licer 013	nse No.				
Start Date (10) 09/24/2018	Schedul 09/25/		mpletion	Date (11)	)	Name	of OS	HA Monitor ement, Inc						
Occupancy Status During Abatement (Chec						Street		35//	<u>.                                    </u>		Miller)	_		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: occupied	Period of	Abaten	nent			11 R	osen	gren Aven	nue					
	idi i dollit	y rioui.						ip Code J 07512						
Scope of Work (Check All That Apply)  x ≥3 sf or ≥3 lf	X F						1 _							
≥160 sf or ≥260 lf		Renova Demolit				×	Mi	ni-Enclosure ovebag Proc	edure					
	le	Locati	ion				1 100	n-Exempled	(*) and Non-	Friable P			ment	
Location of	1	Vormal	ly		Des	cription	of					Ту		
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Used  Maint Custoo							I (ACM) ation,	Amount (Specify SF or LF)	) Kemova	-	Repair	Encapsulate	Enclosure
	No	N/A							a	-	7	late	ıre	
Crawl space		X			Die	Inculat	lia-		70.0	1	I			
Orawi space		^			Pipe	Insulat	tion		75LF	Х	-		-	
lame of Registered Waste Hauler		l NI	JDEP W	lacto	Cultin	Vorde		I NI-		16				
&S Abatement, Inc.		Н	auler ID 0996		of Was	7 G T T T T T T T T T T T T T T T T T T			legistered Lar lanagemer		ι.			
ity, State otowa, NJ					Dispos TBD	al Date		City, State Morrisvil						
ompleted by ed Joksimovic	Title Proje	ct Ma	nager			gnature		La/	.5, 17,	Date 09/14	100	10		

Choloo		NOTII (I	ursuan	N OF ASI	BESTOS 8:60 an	ABATE	MENT 0)				CI	والمراجعة والمراجعة	-		-0	10
Date of Notification (1)				of Building		Operato	r (2)			IF	1	E	G	E	r	W
09/17/2018 Agencies Notified Type Notification				el Quint	ana						Ur				U	<u>U</u>
	on		Street /	Address					b.							
EPA X Initial DEP Amended			City St	ate, Zip C	'ode				-		Bords	S	EP	20	2	018
X DOL Amendm	ent#			ville NJ					1		4					
➤ DOH Emergen	cy (including	9		of Contact	Teller's Secondary				TA	lenh	nell	AGA R	arc.	SCC	\$ B 7***	7001
DCA Cancellat			Migue	el Quinta	ana				1 14	icpin	JII Carl	MAINING	OI.	ENSI	NG	HOL.
			FAC	ILITY INF	ORMAT	ION	And the second						- Trans	Landing Section	* 3600	STRUCTURE
Name of Facility Where Abatement is Ta House	king Place (	(3)					Туре	of Facility (	4)							
Street Address								School (K-1	2)							
Street Address							×	Subchapter Other (i.e. p	8 (Oth	er th	an K	(-12)	wildi	nae h	omo	
City (5)								etc.)				i Ciai L				:5,
Belleville							Squa	re Feet	# c	f Flo	ors		Blo	ig. Ag	е	
County (6)		T	County	Code (7)	SCHOOL BUILD		Cum	ant Has /D-is	161-							
Essex				USE ONLY	n			ent Use (Prio sidential	or ii be	ing a	emo	iisnea	)			
Name of Monitoring Firm Hired by Buildin	ng Owner (8	)	ASC	M No.		Name	of Aba	atement Con	tractor	(9)	_					
							v LLC									
Street Address						Street	Addre	SS								
						246	Gasto	on Ave.								
City, State, Zip Code						0.00		ip Code								
Designet Manager for Marita day 51						0.0000000	1510-151-1110X	IJ 07026								
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				11312	ense					
Start Date (10)	Schodul	lad Cor	nolation	Data (11)		- AR - 12	)262-			01	369	lit.				
09/27/2018	09/28/			Date (11)		100000000000000000000000000000000000000	v LLC	HA Monitor								
Occupancy Status During Abatement (Ch			-			Street		2								
Facility Closed/Vacated During Entir	15.1	55-	nent					on Ave.								
Abatement Performed Outside of No	ormal Facility	y Hours	3			City, S	tate, Z	ip Code								-
Other – Describe:					_			IJ 07026								
Scope of Work (Check All That Apply)						625										
× ≥3 sf or ≥3 lf	process.	Renova					Ful	I Containme	nt with	Neg	ative	Pres	sure			
≥160 sf or ≥260 lf		Demolit	ion			×		ni-Enclosure ovebag Proc								
				,	15 NO-5			n-Exempted		d No	n-Fri	able F	roce	dure		
	Is	Locat	ion										Α	batem		
Location of		Normal ed Sole				scription						-	_	Туре		_
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/		tos Cont thermal					mou		-		Ī	П	m
In Facility	Cus	todial 8 (12)	Staff?	(,,,,	surfac	cing, VA	T, or	don,		or L		Kelliova	Ĭ.	Repair	3	Enclosure
(13)		(/			other m	niscellan	leous)					DVG	5	air a		sure
	Yes	No	N/A											6	Ď	
Basement		Х			Pipe	insula	tion		6	6 LF		x				
										0.000	d-see				1	
Name of Registered Waste Hauler			JDEP W		Cubic of Was			Name of R	egiste	red L	andf	fill		_	1	-
Rizov LLC	Rizov LLC							Fairless	Hills	Lan	dfill					
City, State			037825		TBD	al Date		City, State			_			77-5		-
Garfield, NJ					TBD			Morisvill								
Completed by	Title				Si	ignature					E	Date		416	-	
Aleksandra Rizova	Own	er				7	7/1	6			(	09/17	7/20	18		

Date of Notification (1)					Name	of Buildin	g Ow	vner/Operator (	2)	- 1117	I			
9 / 1	9 / _	18			100000000000000000000000000000000000000			THE STATE OF THE S	ement & COns	truction F	D [	⊃ n	η.//	E
Agencies Notified Ty	pe Notifica	ation			Street	Address				HALE !	0 1	-	$-\mathbb{W}$	-13
⊠ EPA ⊠	Initial				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Stre	et - 3 <sup>rd</sup> Floor					THE THE	
The state of the s	] Amended	20.0000			City, S	State, Zip (	Code				ח י	2.0	004	0
□ DOH	Amendme	-	:		F	nton, NJ				14 Li 5t	1	2 0	201	5
DCA (NJAC 5:23-8)	] Emergeno justification		luding	3		of Contac	W. S.			Telephone Numb	or	-	_	
6.0	] Cancellati							r-design mai	nager	ASBES	STOS	001	TRI	3.1C
		V						RMATION	3	- Commence of the commence of		12016		erannu.
Name of Facility Where Aba	tement is T	aking	Place	(3)		0.2.11	0.	T T T T T T T T T T T T T T T T T T T	Type of Facility	(4)				
Costello Preparatory		0.50							☐ School (K-1:					
Street Address							-		☐ Subchapter	8 (Other than K-12)				
800 Carranza Road									Other (i.e., p     homes, etc.)	rivate and commerc	cial bu	ilding	IS,	
City (5)									Square Feet	# of Floors	BI	dg. A	ge	
Tabernacle									15,000			50+		
County (6)					Cour	nty Code (7	)(ST/	ATE USE ONLY)	Current Use (Pr	rior if being demolish	ned)			1
Burlington								25	<					
Name of Monitoring Firm Hir			wner (	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)	)				
USA Environmental M	anageme	nt			0011	12	(	Controlled E	nvironmental :	Systems				
Street Address							Str	eet Address						-
344 West State							1	121 N. Beth	lehem Pike - S	uite 60				
City, State, Zip Code							Cit	y, State, Zip Co	ode					=
Trenton, NJ 08618							5	Spring House	e, PA 19477					
Project Manager for Monitori	ng Firm			Tele	phone	No.	Tel	lephone No.		License No.				19
William Weisgarber					09 656		2	15 542 7000		00847				
Start Date (10)						te (11) 18	1	me of OSHA M	lonitor					
Occupancy Status During At								eet Address					un en	
☐ Facility Closed/Vacated □					ment				ehem Pike - S	uito 60				î
Abatement Performed Ou						cribe	L	y, State, Zip Co		uite 60				
Time of Abatement: 7:00	AM- <u>5:00</u> P	M/	PI	M	AM			Spring House						
Scope of Work (Check all tha	at apply)	7,-11073									S			
≥3 sf or >3 If			⊠ Re	novat	ion			☐ Full Cont	ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf			De					☐ Glovebag	Procedure					
	11-2-2/4-1-2					Т		∐ Non-Exe	mpted (*) and No	n-Friable Procedure	9			
Location of				Loca Norma				D			Ab	atem	ent T	ype
Asbestos-Containing Mat	erial (ACM)	)	Use	d Sol	ely by	Asbe	stos	Description o Containing Ma		Amount	Re	Re	En	E E
TO BE ABATE				intena	nce/ Staff?		., the	ermal systems i	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)			Ouoi	(12)	Otan:			surfacing, VAT, her miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
37			Yes	No	N/A		0.	nor modelland	ous)				te	
Bathroom/Showers						This is	Dec	on of Space		less than 3LF				
							9							
				П	П						П	П	П	П
Name of Registered Waste H	lauler			I	JDEP I	Naste	Cut	oic Yards of	Name of Regis	stered Landfill	Г		_	
Geppert Recycling				1 20	lauler II		Wa		The control of the co	erks Communtiy	Lar	dfill		
City, State		1100-0-20					Dis	posal Date	City, State					
Hatfield, PA									Birdsboro	PA 19508				
Completed By (Print or Type)	)	Title						Signature	1.	Dat	e		-	
Patricia Visco		Of	fice N	Mana	ger			Poeter	u Mics	e 9	/19	/20	310	

											Pr	int Fo
noch			ICATION	ate of New Jersel OF ASBESTOS to NJAC 8:60 ar	ABATE				G		$\mathbb{V}$	E
Date of Notification (1) 8/21/2018 - REVISED 9/14/2	2018			f Building Owner rojects	Operato	r (2)			SEP	20	2018	and an annual section of
Agencies Notified Type Notification	on		Street A	ddress Broadway			35 110 110 110 110	ASB	ESTO:	COL	TRO	1.8
✓ EPA Initial ✓ DEP ✓ DOL Amended Amendment		r	City, Sta	ite, Zip Code Ork, NY 10	0001				1100	1015 (h 1016) 1016)	0	
Emergend	cy (including			f Contact	1 000			Telephone	Mumbar		te me	
V DOH justification  ✓ DCA Cancellat				Bennington				215-533				
Name of Equility Minary Abatament in Ta	Li- Di "		FACI	LITY INFORMAT	ION							
Name of Facility Where Abatement is Ta Former Henry Bonsall Eleme			I			Туре	of Facility (4	)				
Street Address	Silitary O	CHOO	ı				School (K-12	?) 8 (Other than I	V 12)			
1575 Mt. Ephraim Ave							Other (i.e. pr etc.)	ivate & comm	ercial bu	ildings	, home	es,
city (5) Camden, NJ						1 .	re Feet	# of Floors		Bldg.		
County (6)			County	Codo (7)		100,		4		75+	•	
Camden			(STATE	USE ONLY)		Sch	ool	r if being demo	olisned)			
Name of Monitoring Firm Hired by Buildir	g Owner (8)	<u>_</u>	ASCN		Name		tement Cont	ractor (9)				
Whitman		25.2	001	10				alty Contra	acting	1		
Street Address 7 Pleasant Hill Rd.					1	t Addres						
City, State, Zip Code				1			e Ave, Su	uite 110				
Cranbury, NJ 08512							ip Code S, PA 19	342				
Project Manager for Monitoring Firm			Telepho	ne No.		hone No		Licens	e No			
Kevin T. Lovely		17	732-39	90-5858		364-9			1103			
Start Date (10) 9/17/18	Schedul 10/30/			Date (11)		of OSF	HA Monitor					
Occupancy Status During Abatement (Ch						Addres						
Facility Closed/Vacated During Entire Abatement Performed Outside of No.	e Period of a	Abatem / Hours	nent				gress Dri	ive				
Other – Describe:					Bens	salem	n, PA 19	020				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If		Renova Demolit				Min Glo	ni-Enclosure ovebag Proce	nt with Negativedure (*) and Non-F			re	
Location of	2.0	Locati								Abat	ement ype	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	Asbestos Cor (i.e. therma surfa		Material is insula AT, or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					, , , , , , , , , , , , , , , , , , , ,			ate	G)
BOILER ROOM			X		er Insu			2,000 Sf	x			
BOILER ROOM			X	Pipe	e Insula	ation		300 Lf	х			
BOILER ROOM			X	Brea	ch Insu	ulation		1,500 Sf	x			
Name of Registered Waste Hauler		L	JDEP W	lasta   C. L.	Vant		<u> </u>					
Mercer Group Interr	ationa	1 10	lauler ID		e Yards aste		Language of	tegistered Lan vn Resourc		cover	y Lar	ndfill
City, State 1519 Rev S. Howard Woodson	Jr. Way, <sup>-</sup>	Trento	on, NJ	AND RESERVED OF THE PROPERTY AND ADDRESS OF THE PARTY OF	sal Date Requir		City, State Tulleyto					
Completed by Jack Tomasura	Title Sr. E	stim	ator		Signatur	e; ]	In ALDI		Date 09/14	1/201	8	

Ch 10547		NOT	TFIC	ATIC	ON OF A	New Jersey SBES/NOS ABA IAC/8:60 and 5:	TEMENT	DE	G	E		/ E
Date of Notification (1)						ing Owner/Operator	(2)		SEP	2 (	20	10
9/18/	18			P	SE&G /	Job # 1809-5351	Check #105	47	JEF	2 (	20	10
Agencies Notified Type Notif	fication			Stre	et Address	1						
☑ EPA ☑ Initial	2 %			40	000 Hadle	ey Road		ASI	BESTO	18.0	ONT	101.8
☑ DOLWD ☐ Amend				City	State, Zip	Code		TOWNS LANGUE, I	1.31	TNC.	ON VIEW	
□ DCA □ Emerge	ment #_			S	outh Plai	nfield, NJ						
(NJAC 5:23-8) justifica		ciuuiiię	3	Nam	ne of Conta	ıct		Telephone No	ımber	-		
☐ Cancel	lation			K	en Carme	elia		609-410-0				
				F	ACII ITY I	NFORMATION		000 110 0	-			
Name of Facility Where Abatement is	Takino	Place	(3)	.,	TOILITTI	IN ONWATION	Type of Facility (	(A)				
PSE&G- Central Gas Plant			(-)				School (K-12					
Street Address							Subchapter 8		12)			
164 Silver Lake Avenue							Other (i.e., pr homes, etc.)			buildir	ngs,	
City (5)							Square Feet	# of Floors	- 1	Bldg. /	Ane	
Edison, NJ								0		Jiug. I	190	
County (6)		A-51 (19)		Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Pric	or if heing demo	olished)	-		
Middlesex				1000	,	. , ,	Gas Plant	or it being derin	Jiloi leu			
Name of Monitoring Firm Hired by Bu	ilding O	wner (	8)	ASCN	1 No.	Name of Abateme						
Health & Safety			, I		130 G 700	AbateTech, I						
Street Address						Street Address						
PO Box 365						30 Maple Ave	PO Box 25					- 1
City, State, Zip Code						City, State, Zip Co						
Berlin, NJ 08009						Lumberton, N						
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.			_	-
James Proctor				•	331.73	609-265-2107		00529				
Start Date (10)	Schedu	led Co	mple	tion Da	ate (11)	Name of OSHA M		00025				_
_9_ / _27_ / _18_			177		18	EMSL Analyti						
Occupancy Status During Abatement	(Check	only or	ne)			Street Address						-
☐ Facility Closed/Vacated During Ent	ire Perio	od of A	bater	nent		200 Route 130	0 North					
☐ Abatement Performed Outside of N	lormal F	acility	Hour	s - Des	scribe	City, State, Zip Co						
Time of Abatement:AM	PM/		PM-		_AM	Cinnaminson						
Scope of Work (Check all that apply)							, , , , , , , , , , , , , , , , , , , ,					-
☐ >3 sf or >3 lf	r	7 0					ainment with Nega	tive Pressure				
≥ 160 sf or ≥ 260 lf		Ren Dem				☐ Mini-Encl	T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-					
							npted (*) and Non-	Friable Proced	ure			
			.ocati	970 T. S. S. S. S. S. S. S. S. S. S. S. S. S.					Al	oatem	ent T	уре
Location of Asbestos-Containing Material (ACM	A)	Used	ormal Sole			Description of			Z.	Z	ш	ш
TO BE ABATED	"	Main	tenar	nce/	(i.e	stos Containing Mat , thermal systems in	erial (ACM)	Amount (Specify	Removal	Repair	ıca	Clo
IN Facility	- 1	Custo	dial S (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	=	Encapsulate	Enclosure
(13)	Η,	Yes	No.	N/A	1	other miscellaneo	ous)			1	ate	(D)
Exterior					0.17					-	_	
Exterior					Coal Ta	r Wrap		20 LF				
	L	] [										
	] [											
	1											
Name of Registered Waste Hauler			100000	DEP V		Cubic Yards of	Name of Registe	red Landfill		- 0		
Environmental Transport Grou	р			uler ID NJD00	006920	Waste 10	G.R.O.W.S. L	andfill				
City, State						Disposal Date	City, State					
Flanders, NJ						10/1/18	Morrisville, F	PA				
Completed By (Print or Type)	Title		2			Signature	A	D	ate	10		
Gwendolyn Trumbetti	Ope	eratio	ns C	oordi	nator	(C)	114		ate Q -	18.	18	

nch			NO		ATIO		BE	Jersey STOS ABA 8:60 and 5:1		DE	G	E		$\mathbb{V}$	
Date of Notification (1)					Nam	e of Buildin	ıg_O	wner/Operator-	(2)		SEP	2	0 2	018	- 1
9/	18 /	1	8		Ir	enton Wa	ter	Works / Job	#1806-5321					0.0	enton Walley
Agencies Notified	Type Notifi	ication	1	/	Stree	et Address				ASE	EST	350	'ON'	TROI	R
⊠ EPA	☐ Initial		/		Ro	oute 29					Lic	EN	SINC	j	. 00
⊠ DOLWD			_/		City,	State, Zip (	Cod	е		-	1		4-1-14-4		Manager .
☐ DCA	Amendr Emerge		_	.~	Tr	enton,NJ	086	604							
(NJAC 5:23-8)	justifica		iiciuuii	ig	Nam	e of Contac	ct			Telephoné	Numb	er		_	
	☐ Cancell				Br	adley Mea	ase			856-786					
		1						RMATION		7		_			_
Name of Facility Where A	batement is	Takin	g Plac	e (3)					Type of Facility	(4)					
Trenton Water Worl	ks- Ewing	Boos	ster S	tation	1				School (K-12						
Street Address									Subchapter						
Route 29			,						Other (i.e., p homes, etc.)		mmerc	ial b	ulldin	gs,	
City (5)									Square Feet	# of Floors	S	В	ldg. A	ge	
Trenton, NJ 08604													J		
County (6)					Cou	nty Code (7	)(ST	ATE USE ONLY)	Current Use (Pr	ior if being de	molish	ed)			
Mercer									Booster Sta						
Name of Monitoring Firm I	Hired by Bui	lding (	Owner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)						
Environmenal Conn	ection, Inc	•					1	AbateTech, Ir							
Street Address							Str	reet Address							
120 N. Warren Stree	t						;	30 Maple Ave	. PO Box 25						
City, State, Zip Code				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Cit	ty, State, Zip Co	ode						
Trenton, NJ 08608								Lumberton, N	IJ 08048						
Project Manager for Monito	oring Firm			Tele	phone	No.	Te	lephone No.		License No	0.				_
Steve Mania			/	6	09-392	4200	6	609-265-2107		00529					
Start Date (10)						ite (11)	Na	me of OSHA Me	onitor						
9 / 17 /	18	/_	9/	_ 20	_ / .	18	Æ	ÉMSL Analyti	cal						
Occupancy Status During							Str	eet Address							
☐ Facility Closed/Vacated	During Enti	re Pe	riod of	Abate	ment		2	200 Route_130	North						
Abatement Performed ( Time of Abatement:	Outside of N	ormal	Facilit	y Hour	s - Des	cribe	City	y, State, Zip Co	de						
			VII			Aivi	C	Cinnaminson,	, NJ 08077						
Scope of Work (Check all t	hat apply)							☐ Full Conta	ainment with Neg	ative Pressur	'A				
☐ ≥3 sf or ≥3 lf			⊠ Re					☐ Mini-Enclo	osure	alive i ressui					
≥160 sf or ≥260 if			☐ De	molitic	n			☐ Glovebag	Procedure npted (*) and Nor	- Friable Proc	adura				
	-		Is	Locat	ion			Z NON-EXCH	inpied ( ) and ivo	I-I Hable I Too	caure		atam	ont Tu	mo.
Location of	f		1	Norma	lly			Description of						ent Ty	
Asbestos-Containing M		1)		d Sole intena				Containing Mate		Amount		₹em	Repair	nc	ncl
TO BE ABAT IN Facility				todial S		(i.e.		ermal systems in surfacing, VAT,		(Specify SF or LF)		Removal	air	sqe	Enclosure
(13)				(12)	_	1		her miscellaneo		OI OI LI	'	_		Encapsulate	Ге
			Yes	No	N/A										
Exterior Roof						Transite	Sh	ingles		1,000 SF	F	$\boxtimes$			
Bathroom						Floor tile	e &	Mastic		30 SF					
Name of Registered Waste		12722	JDEP V			oic Yards of	Name of Regist								
AbateTech, Inc.	Abate recii, inc.							ste 0	G.R.O.W.S.	Landfill					
City, State					18750		Disp	posal Date	City, State						
Lumberton, NJ							9	/20/18	Tullytown,	PA					
Completed By (Print or Type	75	Title	8				_	Signature	an		Date			.0>	
Gwendolyn Trumbett	i	0	perati	ons (	Coordi	nator		X	WVO		0	1.	8.	18	

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1111				(1	ursu	ant to N.	IAC	8:60 and 5:	16)					$\prod$
Date of Notification (1)					Nar	ne of Build	ing (	Owner/Operator	(2)		7.0			
	14 /	1	8		P	SE&G /	lob	# 1807-5343	Check #10	195 SEP	20	2018		115
Agencies Notified	Type Notif	fication	1		Stre	et Address	;			17300				Later J.
⊠ EPA	☐ Initial				40	000 Hadle	y F	Road	ļ	ASEEDT	19 001	Tarabayar	- 0	Ve
☑ DOLWD ☑ DHSS			# <b>2</b>		City	, State, Zip	Cod	de	ONTE	1.10	Page 15		. (4	
□ DCA	☐ Emerge			nα	S	outh Plai	nfie	ld, NJ					e	** ** ** TT
(NJAC 5:23-8)	justifica	ation)	iloidai	''9	Nam	ne of Conta	ct	3		Telephone N	umber			
	☐ Cancel	lation			A	ndrew Pu	k			201-481				
					F	ACILITY I	NF	ORMATION					15431	
Name of Facility Where A	batement is	Takir	ig Plac	ce (3)					Type of Facility	(4)				
PSE&G- Hope Creel	k Island								☐ School (K-12					
Street Address									Subchapter 8					
299 Alloway Creek I	Neck Rd.								Other (i.e., property)		nerciai c	ullain	gs,	
City (5)									Square Feet	# of Floors	Е	ldg. A	ge	
Salem, NJ														
County (6)					Cou	inty Code (	7)(S	TATE USE ONLY)	Current Use (Pri	or if being dem	olished)			
Salem								•	District Office					
Name of Monitoring Firm I	Hired by Bu	ilding (	Owner	(8)	ASCN	1 No.	N	ame of Abateme	ent Contractor (9)			200		
Health & Safety							1	AbateTech, I						
Street Address							S	treet Address		100000				
PO Box 365								30 Maple Ave	e. PO Box 25					
City, State, Zip Code								ity, State, Zip Co						
Berlin, NJ 08009								Lumberton, N						
Project Manager for Monito	oring Firm			Tele	ephone	No.	-	elephone No.		License No.				
James Proctor			_	1			-	609-265-2107		00529				
Start Date (10)		Sched	iuled C	Comple	etion Da	ate (11)	Na	ame of OSHA M	lonitor			-		
9 / 10 /	18		9/	/ _28	8_ /	18		EMSL Analyti	ical					
Occupancy Status During A	Abatement	(Check	conty	one)_			-	reet Address						
☐ Facility Closed/Vacated					ment			200 Route 13	0 North					
☐ Abatement Performed C	Dutside of N	lormal	Facilit	y Hou	rs - Des			ty, State, Zip Co						
Time of Abatement:	AM	PN	///	PM		_AM	1	Cinnaminson						
Scope of Work (Check all ti	hat apply)						1		,					
☐ >3 sf or >3 lf									ainment with Nega	ative Pressure				
≥3 \$1 61 ≥3 11 ≥ 160 sf or >260 lf			_	enovati				☐ Mini-Encl						
								Non-Exer     Non-Exer	npted (*) and Non	-Friable Proced	dure			
		i		Locat							Ab	ateme	ent Ty	уре
Location of Asbestos-Containing Ma				Norma	,		2.400.000	Description of		****	R	D	ш	ш
TO BE ABATE	ED	")	Ma	intena	nce/			Containing Mat ermal systems in		Amount (Specify	Removal	Repair	าса	nclo
IN Facility			Cus	todial ( (12)	Staff?			surfacing, VAT,	or	SF or LF)	oval	=-	Encapsulate	Enclosure
(13)		1	Yes	No.	N/A	+	of	ther miscellaned	ous)				ate	u l
Exterior		-		1000000	100000		ъ:							
Exterior						Transite	PI	pe		600 LF	$\boxtimes$			
Name of Registered Waste				10000000	JDEP \auler [[	(1) 1 (1) (1) (1) (1) (1) (1) (1) (1) (1		bic Yards of	Name of Registe					
Environmental Transp	port Grou	р				006920	Wa 4	oste O	G.R.O.W.S.	Landfill				
City, State								posal Date	City, State	DIVENT				
Flanders, NJ	2.77-27						9	/28/18	Morrisville,	PA				
Completed By (Print or Type		Title						Signature	- 0/	1	Date			
Gwendolyn Trumbetti		Op	erati	ons C	Coordi	nator		ICm	ΛVÕ		9	14	18	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 9 14 / 18 / Job #1807-5350 Check #10493 Juvenile Justice Commission Agencies Notified Type Notification Street Address ASBESTOS CONTROL & ☐ Initial 1001 Spruce Street **⊠** DOLWD City, State, Zip Code X DHSS Amendment #1 Trenton, NJ 08625-0107 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation John Davis **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) JJC- Johnstone Campus- Valentine Hall School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 99 West Burlington Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Bordentown County (6) Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) Burlington Pool House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Matrix New World Engineering AbateTech, Inc. Street Address Street Address 120 Eagle Rock Avenue, Suite 207 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code East Hanover, NJ 07936 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Gavin Gilmore 201-481-2415 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 11 / 18 9 / 28 / **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Removal Used Solely by Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement Mechanical Room X П **Duct Vibration Cloth** 664 SF П $\boxtimes$ Mechanical Room X Valves & associated gaskets П 4 total X **Exterior Chiller** X П П Gaskets assoc. with fiberlgass pipe 6 total $\boxtimes$ Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 40 City, State Disposal Date City. State Lumberton, NJ 9/28/18 Tullytown, PA Completed By (Print or Type) Title Signature Jennifer Piraine **Operations Coordinator**

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09/14/2018

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Burstant to N.J.A.C. 8:60 and 12:120) White the state of New Jersey Compared to the state of New Jers

Date of Notification (1)			g Owner / Operat		0,000 (1	1 (2	
9/18/18			MMUNICATION	S	I promote to	@ F1 R R	-
Agencies Notified Type Notification		Street Address	0.0		IIn) L		W E
DEP   Initial	<u></u>	132 JARVIS R	The second secon			The state of the s	
□ DOL □ Amend		City, State & Zip					
□ DOH □ Emerg	E.	SICKLERVILL Name of Contact				SEP 2 0 20 Telephone Nui	18
	500 9050	CHARLIE MES			Ne2 865	Telephone Nui	mber
		FACILITY IN	FORMATION		ASE	ESTOS CONTI	<u></u>
Name of Facility Where Abatemer	nt is Taking Place (	3)	Type of Faci	lity (4)	The track of the state of the s	LICENSING	
VERIZON TURNERSVILLE W	ORK CENTER	99	School				
Street Address			, Subcha	pter 8 (Other tha	n K-12)		
132 JARVIS ROAD				e. private & com			:.)
City (5)	C=t (C)	1 0 1 (7)	Square Feet	100,000,000,000	ors	Bldg. Age	
Land Belle December 1999		unty Code (7)	7000		1	75	
SICKLERVILLE	CAMDEN			(Prior if being de	emolished)		
Name of Monitoring Firm Hired by	Building Owner (9)	IACOM N	GARAGE C				
USA ENVIRONMENTAL MAN	IAGEMENT, INC	ASCM N	BRISTOL E	atement Contract			
Street Address 8436 ENTERPRISE AVE			Street Addre				
City, State & Zip Code		- 545 AND	City, State &	ER STREET			
PHILADELPHIA, PA 19153			BRISTOL,				
Project Manager for Monitoring Fir	m Teler	hone Number	Telephone N		License N	lumber	
MARK JENKINS		365-5810	215-788-60		2.00.100 14	00509	
	cheduled Completic		Name of OSI				
10/1/18 Occupancy Status During Abatem	10/3			NVIRONMENT	TAL INC		
Facility Closed/Vacated Du	ent (Check only one uring Entire Period	e) of Abatement	Street Addres	ss ER STREET			
Abatement Performed Out			City, State &				
Describe: 5:00 PM - 1:			BRISTOL, I				
Facility Occupied During A	batement		J. 1.0102, 1	A 10001			
Scope of Work (Check all that app	ly)			F_4 000 80 80 0			
≥3 sf or ≥3 lf		Danauatiaa			ainment with N	egative Pressu	ire
≥160 sf ≥260 lf	×	Renovation		Mini-Encl	0.000		
	2	Demolition			g Procedures		
Location of	le l	ocation	Dogorintio		mpted and Non		-
Asbestos-Containing	1 N Daniel (1970) 58	nally Used	Description Asbestos-Con		Amount (Specify	Abatement	Туре
Material (ACM)		olely by	Material (A		SF or LF)		
TO BE ABATED		enance or	(i.e., thermal s	ystems	testi dentitiisus (#	Rer Re	enc
in Facility (13)		dial Staff? (12)	insulation, surface			Repair	Enclsoure
(10)	Yes	No N/A	or other miscell	arieous)		<u>a</u> 7	re
BOILER ROOM			PIPE INSULA	ATION	40 LF		$\exists \Box$
		TIT			10 21		
							TH
			<u> </u>				11
							TH
						THIF	TH
Name of Registered Waste Hauler		NJDEP Waste	시 : [[] 전상 [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	Name of Regist	tered Landfill		
SERVICE TRANSPORT GROU	ID INC	Hauler ID No.	of Waste	MINIEDVALA	NEELL		
City, State	i , iivo.	20990	2 Disposal Data	MINERVA LA	MUFILL		
NEW CASTLE, DE 19720			Disposal Date TBD	City, State WAYNESBUF	RG, OH 44688	3	
Completed By (Print or Type)		Title	Signature			Date	
PATRICK T. DeCARO		Estimator		+ A B.	. /~.	9/18/18	
			rance	Ti De Ca	WITH		

B & G proj. #:

Date of Notification (1)

Agencies Notified

DEP

☐ EPA

X DOL

X DOH

☐ DCA

Chris Meyers

Street Address

City (5)

Ramsey

Street Address

City, State, Zip Code

Scheduled Start Date (10)

Completed by (Print or Type)

Gordana Luna

09/28/2018

Project Manager for Monitoring Firm

10 19 1/1 18 1/11 18 1

2018-189

Type Notification

Initial

Amendment

Cancellation

X

Check # 9192 Name of Building Owner/Operator (2) Chris Meyers Street Address City, State, Zip Code Ramsey, NJ 07446 Name of Contact Telephone Number Chris Meyers **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Bergen Residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number Phone Number License Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. 09/28/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code

Date

09/18/2018

Describe:	e of florinar	Tacility Hot	112-		Lincoln Park, NJ	07035				
Scope of Work (check all that appl	y)	7	-							
☐ Demolition 🔀	Renovation	n		□F	ull Containment w/negat	ive pressure 🕱 Glove	ebag pr	oced	ure	
▼ > <u>3</u> sf or > <u>3</u> If	≥160 sf or	≥260 If		X A	Mini-enclosure	☐ Non-	-friable	proce	dure	
Location of asbestos-containing material to be		n normally enance/cus	used solel stodial		sbestos-containing	Amount (Specify SF or	Rem	Rep	E n c	E
abated in facility (13)	Yes	No	N/A	material (AOW)		LF)	o v e	a	a p	L
irst fl kitchen area			X	pipe insulation		9 If	X			
				]						
				]						
Registered Waste Hauler B & G Restoration, Inc.		EP Hauler 19563	ID# C	Subic Yards of Waste 1/2	Name of Registered La Grand Centr					
City, State Lincoln Park, NJ			Disposal I 09/2	Date 29/2018	City, State Pen Argyle, F	PA				

Signature

Secretary/Treasurer

Gordana Luna

NO CY			NOTIF (P	ICATIO	N OF ASBESTOS to NJAC 8:60 a	ABATE	ME (0)	NT		) <u>_</u> [	C	E		V	E
Date of Notification (1) 08/17/2018					of Building Owner ers University	Operato	r (2)		The state of the s		SEI	3 2	0	2018	100
Agencies Notified	Type Notification				Address	#07 D		"4	1 3-7	Epril :	0 01			- 010	N-45
EPA DEP	Initial  Amended		-		ston Campus ate, Zip Code	#2/ Ro	oad	#1	l-man	AGE	1,0		ere encountre en en en en	nemas,	1 0
X DOL	Amendment #		_		away,NJ 088	54			F		. 1		17	-	
DOH DCA	Emergency (in justification)	ncluding			f Contact					ephone I					
☐ DCA	Cancellation			AT TARRESTANCE	Cocilovo				73	2-932-2	291	7			
Name of Facility Where		Place (	3)	FAC	ILITY INFORMA	ION	Ту	pe of Facility	(4)						
Language Laborato Street Address	ory Bldg 3036		0015-0					School (K-	12)						
College Ave. Camp	us						×	Subchapte Other (i.e.					dinas.	home	es.
City (5)								etc.)		Floors			ldg. A		
New Brunswick								500	2	1 10013		1000	0+	ige	
County (6) Middlesex					Code (7) USE ONLY)			urrent Use (Pr noccupied	ior if bei	ng demo	lishe	ed)			
Name of Monitoring Firm ATC Group	Hired by Building O	wner (8)		ASC	/I No.	Name Yanr	of A	Abatement Co zi Environn	ntractor nental	(9) Service	es,	Inc.			
Street Address 3 Terri Lane						Street	Add	dress							
City, State, Zip Code								nelon Rd S	uite 10	)2					
Burlington, NJ 0801	6							e, Zip Code n, NJ 0740	5						
Project Manager for Mon	itoring Firm			Telepho	ne No.	Teleph	none	300, -0 0000000		License 01228					
Start Date (10)	15	Schedul	ed Con	pletion	Date (11)			OSHA Monitor		01220		-			_
9/5/2018	1	10/15/2			69 NC K			zi Environn	nental	Service	es, l	nc.			
Occupancy Status During						Street 135 I		dress nelon Rd S	uita 10	12					
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norma	Facility	Abatem Hours	ent		City, S	tate	, Zip Code			-				-
Scope of Work (Check Al	I That Apply)					Kinn	elo	n, NJ 0740	5						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	, , , , , , , , , , , , , , , , , , , ,		Renova Pemoliti			×		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					e	
			Location									6	Abate Ty	ment	
Location Asbestos-Containing	Material (ACM)	Use	lormall d Solel	y by	De Asbestos Con	scription taining M		rial (ACM)	Ar	mount	1		1 y		
<u>TO BE ABA</u> In Facili			intenar odial S		(i.e. therma	systems cing, VA	s ins	sulation,	(S	pecify or LF)		Ren	Re	Encapsulate	Enclosure
(13)			(12)			miscellan			0.	OI LI )		Removal	Repair	sula	osure
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Mailbox Room, Wom	li.il			Х		VAT				03 sf	_	X			
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& Bathro Name of Registered Was			1.51	X		V . I									
Yannuzzi Group, Inc.			Ha	JDEP W auler ID	No. of Wa	Yards ste		Name of Growa/							
City, State			17	467	80 Dispo	sal Date	200	City, Stat		oo miiiS					
Kinnelon, NJ					(March 2017)	#2018		Fairless		PA					
Completed by		Title				ignature		M	1	1	Date				-
John Mucha		Sr. Pi	roject	Manag	ger	Sil	~	1. la		·   '	10/	15/2	018		

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

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no (x	_		NOT		MOITA		BES	STOS ABAT :60 and 5:1			SE	P 2	2.0	201	8
Date of Notification (1)  09 /	18 /	18			I			ner/Operator (	20 (25) II	1 1					
					IVIU	memberg	UIL	an Renewal	, LLC	AS	eco		CO	3	31.8
Agencies Notified	Type Notifica	ation			Stree	t Address				1		35.1	1. 1	10	
⊠ EPA	☐ Initial				2 E	Broad Stre	eet,	Suite 400							
⊠ DOLWD	Amended	1.70000			City,	State, Zip C	Code								
□ DCA	Amendm  Emergen				Blo	omfield,	NJ (	07003							
(NJAC 5:23-8)	justificati		auding	3	-	of Contac	9211-2411			Telephone N	Jumbe	ar .			
, , , , , , , , , , , , , , , , , , , ,	☐ Cancellat				Wa	rren Spra	ake			908-670-					
								RMATION		000-070	0111				
Name of Facility Where A	batement is 1	Γaking	Place	(3)					Type of Facility	(4)	3-32				
Commercial									School (K-12						
Street Address									☐ Subchapter	8 (Other than I	<-12)				
1200 Randolph Roa	d- Building	12							Other (i.e., p homes, etc.)		nmerci	al bu	ilding	JS,	
City (5)				-					Square Feet	# of Floors		RI	dg. A	76	
Plainfield									Oquaic i cci	# 011 10013			uy. A	ge	
County (6)					Cour	aty Code (7	1/07/	TE USE ONLY)	Current Llee /Dr	ion if holes des	!!	1/			
Union					Cour	ity code (i	JOIA	TE USE UNLT)	Current Use (Pr	ior ii being der	nolisn	ea)			
Name of Monitoring Firm I	Hirad by Duile	dina O		(0)	ACCM	NI-	I NI-			+:					
Bio Terra Solutions	mileu by build	ung O	wher (	(0)	ASCM	NO.	507		ent Contractor (9)						
									NAGEMENT L	LC					
Street Address							1000	eet Address							
P.O. Box 1224								7 Outwater							
City, State, Zip Code							City	y, State, Zip Co	ode						
Union, NJ							G	Sarfield, NJ	07026						
Project Manager for Monit	oring Firm			77370000000	phone		Tel	ephone No.		License No	).				
Rick Eustaquio				97	73-494	-3762	9	73-928-4888		1188					
Start Date (10)	5	Schedu	ıled C	omple	tion Da	ite (11)	Nar	me of OSHA M	lonitor						
/		100			/ .	19	Α	LL PRO MA	NAGEMENT L	LC					
Occupancy Status During							Stre	eet Address							
Facility Closed/Vacated	d During Entir	re Peri	od of	Abate	ment		2	7 Outwater I	ane						
Abatement Performed Time of Abatement:	Outside of No	ormal I	acility	/ Hou	s - Des	cribe	City	, State, Zip Co	ode						
Time of Abatement.				F IVI-		AIVI	G	Sarfield, NJ	07026						
Scope of Work (Check all	that apply)									888 880					
≥3 sf or ≥3 lf			□ Re	novati	on				ainment with Neg	gative Pressure	Э				
≥160 sf or ≥260 lf			⊠ De					☐ Glovebac	Procedure						
1940 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850 -						¥		☐ Non-Exe	mpted (*) and No	n-Friable Proc	edure				
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Location of Asbestos-Containing N		.		Norrna	ely by	0.00		Description o	f		ı	D	D	Ш	Ш
TO BE ABA		"	Ma	intena	nce/	Asbe:	stos the	Containing Ma rmal systems i	terial (ACM)	Amount (Specify		Remova	Repair	nca	nclo
IN Facility			Cust		Staff?	(,,,,	S	surfacing, VAT,	or	SF or LF)		ova	=	psu	Enclosure
(13)		1	V	(12)	T 21/0	1	oth	ner miscellane	ous)			_		Encapsulate	G.
Act TI		-	Yes	No	N/A		1000.00								-
1 <sup>st</sup> Floor		_		Ш		Pipe Ins	sula	tion- Wrap a	nd Cut	650 LF		$\boxtimes$			
Name of Registered Waste	e Hauler			1 (38)	JDEP 1		10.000	oic Yards of	Name of Regis	tered Landfill					
ATC/ Century Waste	, LLC				lauler II W-243	D No. 10/32797	Wa:	ste s Needed	Minerva Ente Fairless Land		NS No	orth	Land	fill/	
City, State								posal Date	City, State						
Shirley, NY/ Elizabet	th, NJ						Т	BD	Waynesbu	rg, OH/ Mor	risvill	le, P	Α		
Completed By (Print or Ty	pe)	Title						Signature		10055	Date	- 1			
Allen Monchik	arruli.	1000000000	oject	Man	ager				701 1.1	•			^		
					J-,			Allen	Monchik		9/1	8/1	8		

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Francisco Car	S	EP_	2 0	2018	}	The state of the s

Date of Notification (1)				Name	of Buildin	g Owner	/Operator (	2)	12 6	ULI	-	U CI	110
08/28/	18						Renewal			1. mg		and the market	was the same
Agencies Notified Type Notification	ation			Street	Address				_   A	SBEST	08	TOM!	501.
☑ EPA ☑ Initial					road Stre	eet Su	ite 400		t			111.	- 1867 p. 1
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(NJAC 5:23-8) justificati					of Contac	1000			Telephone N				
☐ Caricella	1011			_	rren Spra				908-670-	5711			
Name of Facility Where Abatement is 1	Takina Di	//		FA	CILITY IN	NFORM	ATION						
Commercial	aking P	ace (	5)					Type of Facility					
Street Address		-						School (K-12 Subchapter 8		(-12)			
1200 Randolph Road- Building	12							Other (i.e., pr			build	ngs,	
City (5)								homes, etc.) Square Feet	# of Floors		Dida	Age	
Plainfield								Oquale i eet	# 01 F10015		blug.	Age	
County (6)		. 107 NV E		Cour	nty Code (7	7)(STATE	USE ONLY)	Current Use (Pri	or if being dem	nolished	f)		
Union											,		
Name of Monitoring Firm Hired by Build	ding Owr	er (8)	1	ASCM	No.	Name	of Abateme	ent Contractor (9)					
Bio Terra Solutions						2009000		NAGEMENT LI	C				
Street Address							Address	TO TOLINE IT I					
P.O. Box 1224							Outwater I	ane					
City, State, Zip Code							tate, Zip Co				_		
Union, NJ							field, NJ						
Project Manager for Monitoring Firm		- 1	Tele	phone	No.		one No.		License No				
Rick Eustaquio			97	3-494	-3762	973	-928-4888		1188				
Start Date (10)	chedule	d Con	nplet	tion Da	te (11)	Name	of OSHA M	onitor					
09 /06 /18		54		_ / _	19	ALL	PRO MA	NAGEMENT L	_C				
Occupancy Status During Abatement (0						Street	Address						
☐ Facility Closed/Vacated During Entir						27 0	Outwater I	_ane					
Abatement Performed Outside of No	rmal Fa	cility F	lour	s - Des	cribe	City, S	tate, Zip Co	ode					
Time of Abatement:AM	PIVI/_		-IVI-		AIVI	Gar	field, NJ	07026					
Scope of Work (Check all that apply)							7 5 0	-11 - 111 - 51					
≥3 sf or ≥3 lf		Reno	vatio	on		[2 [	Mini-Enc	ainment with Neg	ative Pressure	2			
☐ ≥160 sf or ≥260 lf	$\boxtimes$	Demo	olitio	n		Ī	Glovebag	Procedure					
		1- 1	4.			L	Non-Exe	mpted (*) and Nor	n-Friable Proce				
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Asbestos-Containing Material (ACM	)   1	Jsed :	Sole	ly by	Asbe		escription on Intaining Ma	terial (ACM)	Amount	1	D 2	, m	E
TO BE ABATED		Maint Custoo				., therma	al systems i	nsulation,	(Specify		Removal	cap	Enclosure
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Name of Registered Waste Hauler		-   -	_	JDEP V	Vaste	Cubic	Yards of	Name of Regist	ered Landfill	_	-   -	ا ا د	
ATC/ Century Waste, LLC			H	auler ID	No.	Waste		Minerva Enter	prises/GROW	/S Nort	h Lar	dfill/	
City, State			S	vv-243	10/32797		leeded al Date	City, State	ill		-		
Shirley, NY/ Elizabeth, NJ						TBD			g, OH/ Morr	ievilla	PΛ		
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Allen Monchik	CONTRACTOR OF	ect M	ans	nger			gnature			Date			
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Date of Notification (1)					Name	of Buildin	g Ov	/ner/Operator (	2)						
	/	18			Mu	hlenberg	Url	oan Renewal	, LLC	A C		~~~	MENAPHERS	THE RES	- L
Agencies Notified Type	e Notifica	ation			Stree	t Address				AS	BEST	( )		1.17.1	11.00
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	Emergen		cluding	3		of Contac		07003							
The state of the s	ustificatio Cancellat									Telephone N					
	Jancenau	1101			vva	rren Spr	аке			908-670-8	5711				
					FA	CILITY IN	IFO	RMATION							
Name of Facility Where Abater	ment is T	aking	Place	(3)				9	Type of Facility (	4)					
Commercial									School (K-12)						
Street Address								-1125	Subchapter 8				lalia a	_	
1200 Randolph Road- B	uilding	11							Other (i.e., pri homes, etc.)	vate and com	mercia	l bui	ilaing	s,	
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Plainfield													9	,-	
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Union					000	ity oode (i	ДОТА	TE OOL ONET	Current Ose (File	i i being den	IOIISHE	1)			
Name of Monitoring Firm Hired	by Build	lina C	Jumar	(0)	ASCM	No	INIO	ma of Abatama	ent Contractor (9)						
Bio Terra Solutions	by Dulla	ing c	/WIICI (	(0)	AGGIVI	IVO.	1 .			•					
Street Address									NAGEMENT LL	.C					
Property Control of the Control of t								eet Address							
P.O. Box 1224							1130	7 Outwater I							
City, State, Zip Code							Cit	y, State, Zip Co	ode						
Union, NJ							(	Sarfield, NJ	07026						
Project Manager for Monitoring	Firm			Tele	ephone	No.	Tel	ephone No.		License No.					
Rick Eustaquio				9	73-494	-3762	9	73-928-4888		1188					
Start Date (10)	S	ched	uled C	omple	tion Da	te (11)	Na	me of OSHA M	onitor						
09 /06 /18		_ 0	2 /	_ 28	3_ / .	19	A	LL PRO MA	NAGEMENT LL	.c					
Occupancy Status During Abat	ement (C	Check	only	one)			Str	eet Address							-
☑ Facility Closed/Vacated Dur					ment			7 Outwater L	ane						
☐ Abatement Performed Outsi	ide of No	rmal	Facility	y Hou	rs - Des	cribe		, State, Zip Co				_			
Time of Abatement:	AM	PN	N	_PM		AM	1	Sarfield, NJ							
Scope of Work (Check all that a	annly)							partielu, No	07020						
	appiy)							☐ Full Cont	ainment with Nega	ative Pressure					
□ ≥3 sf or ≥3 lf			Re					☐ Mini-Encl	osure						
⊠ ≥160 sf or ≥260 lf			⊠ De	moliti	on			☐ Glovebag	Procedure  mpted (*) and Non	Frieble Dese					
		-1	Is	Loca	ion	Т		□ NOII-EXE	npied ( ) and Non	-Friable Proce	eaure				_
Location of				Norma				Description of	f			Aba		ent Ty	/pe
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TO BE ABATED				intena odial	Ince/ Staff?	(i.e		rmal systems i		(Specify		Removal	pair	ap	Enclosure
IN Facility (13)			ouo	(12)	Otair.			surfacing, VAT, her miscellaned		SF or LF)		<u>a</u>		Encapsulate	ure
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ATC/ Century Waste, LL				H	lauler II	O No.	Wa		Minerva Enter	orises/ GROV	VS Not	th L	andi	fill/	- 1
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City, State							1000	posal Date	City, State						
Shirley, NY/ Elizabeth, N	J						T	BD	Waynesbur	g, OH/ Morr	isville	, P.	A		
Completed By (Print or Type)		Title						Signature			Date				
Allen Monchik		Pr	oject	Man	ager			Allon	Monchik		9/18	3/1	8		
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Date of Notification (1)				Name	of Buildin	g Ow	ner/Operator (	2)	1	SEP 8	2.0	2019	0
	18	_		Mu	hlenberg	Urb	oan Renewal	, LLC	1				
Agencies Notified Type Notifica	ation			Stree	Address				1000	J. James	WARTE TO	and the	
☑ EPA ☑ Initial				2 E	road Str	eet,	Suite 400		1.756.				4.8
☑ DOLWD ☐ Amended				City,	State, Zip (	Code					-	7.30	
☑ DOH   Amendme     ☐ DCA   ☐ Emergen		all as as		Blo	omfield,	NJ (	07003						
DCA Emergen (NJAC 5:23-8) justification		uaing		100	of Contac	- August eve		The second	Telephone N	umher	- 1		
☐ Cancellat				Wa	rren Spra	ake			908-670-5				
				FA	CILITY IN	IFOF	RMATION			>>0)17475			
Name of Facility Where Abatement is T	aking F	Place	(3)					Type of Facility (	(4)				
Commercial								☐ School (K-12	)				
Street Address								Subchapter 8			.11.41		
1200 Randolph Road- Building	11							Other (i.e., pr homes, etc.)	ivate and com	mercial b	ullaing	s,	
City (5)								Square Feet	# of Floors	В	dg. A	ge	
Plainfield													
County (6)				Cour	nty Code (7	)(STA	ATE USE ONLY)	Current Use (Pri	or if being dem	olished)			
Union						,							
Name of Monitoring Firm Hired by Build	ding Ow	vner (	8)	ASCM	No.	1		ent Contractor (9)					
Bio Terra Solutions						A	ALL PRO MA	NAGEMENT LI	LC				
Street Address						Stre	eet Address						
P.O. Box 1224						2	7 Outwater	Lane					
City, State, Zip Code						City	y, State, Zip Co	ode					
Union, NJ						G	Sarfield, NJ	07026					
Project Manager for Monitoring Firm			- Control	phone		Tel	ephone No.		License No.				
Rick Eustaquio			-	73-494		9	73-928-4888		1188				
Start Date (10) S			35		te (11)		me of OSHA M						
				_ ′ -	19_			NAGEMENT LI	_C				
Occupancy Status During Abatement (C Facility Closed/Vacated During Entire							eet Address		•				
☐ Abatement Performed Outside of No	e Pello	A 10 DI	Abater	ment c Doc	cribo		7 Outwater I						
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Scope of Work (Check all that apply)				nis es ins		G	Barfield, NJ	07026				100	
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Location of Asbestos-Containing Material (ACM	,		d Sole		Acha	etne	Description o Containing Ma		Amount	R	R	Щ	Щ
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ATC/ Century Waste, LLC					0/32797	Α	s Needed	Fairless Land	•		IIII	/	
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Name of Facility Where A	Abatement is	Taking	Place	(3)					Type of Facility	(4)					
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Bio Terra Solutions		Š			10020	1071			NAGEMENT L						
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Project Manager for Moni	itorina Eirm			T-1-		NI		Sarfield, NJ	07026						
Rick Eustaquio	toring Firm				phone			ephone No.		License					
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Cance	lation			Wa	rren Spr	ake			908-670-	5711			
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Commercial								School (K-12) Subchapter 8	) (Other then b	( 10)			
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1200 Randolph Road- Buildi	ig 9							homes, etc.)					
City (5)								Square Feet	# of Floors		Bldg	g. Age	
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Name of Monitoring Firm Hired by B	ilding (	Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					
Bio Terra Solutions						A	LL PRO MA	NAGEMENT LL	_C				
Street Address						Str	eet Address						
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City, State, Zip Code			0.00			City	, State, Zip Co	ode		-117-7-2			
Union, NJ							arfield, NJ						
Project Manager for Monitoring Firm			Tele	phone	No.		ephone No.		License No	,			
Rick Eustaquio				73-494			73-928-4888		1188	,			
Start Date (10)	Scheo	luled C	omple	tion Da	te (11)		me of OSHA M		1100				
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Occupancy Status During Abatemen							eet Address	CEMENT EE					
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Scope of Work (Check all that apply)						- 6	arfield, NJ	07026					
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<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		☐ Re ☑ De	novati				Mini-Enc						
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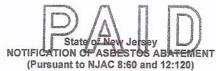
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Name of Monitoring Firm	Hired by Build	ding C	wner (	(8)	ASCM	No.	Na	me of Abateme	ent Contracto	or (9)									
Bio Terra Solutions	•			(-)			1	LL PRO MA			С								
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Time of Abatement:	AM	PN	1/	_PM		AM		arfield, NJ											
Scope of Work (Check all  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	that apply)		□ Re ☑ De					<ul><li>☐ Mini-Enc</li><li>☑ Glovebag</li></ul>						5.51					
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Location of Asbestos-Containing N TO BE ABAT IN Facility (13)	Material (ACM <u>FED</u>	1)	Use Ma	d Sol	ely by ance/ Staff?	Asbe (i.e	., the	Description of Containing Ma rmal systems surfacing, VAT, ner miscellane	terial (ACM) insulation, , or		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure			
4 ct FI			Yes	No	N/A					_					е				
1 <sup>st</sup> Floor		_	<u> </u>			Pipe Ins	sula	tion- Wrap a	nd Cut	_	400 LF								
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ATC/ Century Waste	, LLC				lauler I SW-243	10/32797		s Needed	Fairless L	andfi	II SINO	7.0 N	J. (11		/				
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Date of Notification (1)			Name of Building Owner/Operator (2)											
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1200 Randolph Road- Building	g 8							Other (i.e., p homes, etc.)		nmercia	al bu	ildin	js,	
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Name of Monitoring Firm Hired by Buil	ding Ov	vner (	8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)			_			
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P.O. Box 1224							27 Outwater I	ane						
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Union, NJ						10000	Garfield, NJ							
Project Manager for Monitoring Firm		_	Tele	phone	No		lephone No.	07026	111		_			
Rick Eustaguio				•	-3762	1	973-928-4888		License No	),				
A CONTRACTOR OF THE PROPERTY O	Schedul	lad C							1188					
09 /06 /18					19	1275563	me of OSHA M ALL PRO MA	onitor NAGEMENT L	LC					
Occupancy Status During Abatement (	Check of	only o	ne)			-	eet Address				_			
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DOH DCA	Emergency ( justification) Cancellation	including	-		f Contact						ephone					
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Street Address 188-189 Main Stree	et							×	School (K-12 Subchapter of Other (i.e. pretc.)	(Oth				dings,	home	es,
City (5) Ridgefield						***************************************			re Feet	# o	f Floors A			ldg. A	ge	
County (6) Bergen	***************************************	<del></del>			Code (7) USE ONLY			Curre	ent Use (Prio MERCIAL	r if bei BUIL	ng dem DING	olishe	d)			
Name of Monitoring Firm N/A	Hired by Building (	Owner (8)		ASCN	/ No.		Name EHV	of Aba	atement Cont ATEMENT	ractor	(9)					
Street Address								Addre	ss KLIN STR	EET						
City, State, Zip Code			4.15.50						ip Code ON,NJ,075	24						
Project Manager for Moni	toring Firm			Telepho	ne No.			none N -333-5			Licens 0127					
Start Date (10) 09/27/2018									HA Monitor ATEMENT	LLC						
Occupancy Status During	Abatement (Chec	k Only One	)				Street		ss KLIN STR	CET						
Facility Closed/Vaca Abatement Performe Other – Describe:							City, S	tate, Z	ip Code							
Scope of Work (Check All	That Apply						FAI	Ensu	ON,NJ,075	024						
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City, State Bronx,NY			Ι.,			Q	sal Date	Λ	City, State 900 Min	erva	rd Wa	vnes	bur	a Oł		<u> </u>
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Date of Notification (1)	1000						ng Owner/Operator	(2)		SEF	2 (	20	18
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Name of Facility Where		Taking	Place	e (3)				Type of Facility	(4)				
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Street Address								☐ Subchapter ☐ Other (i.e., p	8 (Other than h	K-12)	buildi	200	
5 Crosswick Chest	erfield Roa	d						homes, etc.	)	IIIICIGIAI	Dulluli	igs,	
City (5)								Square Feet	# of Floors		Bldg.	Age	
Chesterfield								11431.6	2		107		
County (6)					Co	unty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being den	nolished	i)		
Burlington								Vacant					
Name of Monitoring Firm		lding C	Owner	(8)	ASC	ЛNo.	Name of Abateme						
Finog Environment	tal						Asbestos and	d Mold Service	es, Corp.				
Street Address							Street Address						
617 Stokes Rd., Su	ite 4-318				-		3859 Sylon B	*TROTHER D. 1 (1911) - 1 (1911)					
City, State, Zip Code							City, State, Zip Co						
Medford, NJ 08055				1-			Hainesport, N	NJ 08036					
Project Manager for Mon Rebecca Rubinitz	itoring Firm			1000	lephone		Telephone No.		License No	).			
Start Date (10)		C = l= = d	ll O	- 0.00	7.0	15-2211	609-702-0400		00862				
8 /_ 6 /						ate (11) 18	Name of OSHA M						
					0_ /		EMSL Analyti	ical, inc.					
Occupancy Status During							Street Address						
<ul><li>☐ Facility Closed/Vacate</li><li>☐ Abatement Performed</li></ul>	Outside of N	ormal	100 of Facilit	Abate v Hor	ement irs - De	scriba	200 U.S. Rout						
Time of Abatement:	AM	PN	//	PN	1	_AM	City, State, Zip Co						
Scope of Work (Check all							Cinnaminson	, NJ 08077					
	tilat apply)					☑ Full Containment with Negative Pressure							
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			☐ Re				☐ Mini-Encl	losure		F83			
24 - 100 31 01 - 200 11			M De	mont	ЮП		☐ Glovebag  Non-Exer	g Procedure mpted (*) and No	n-Friable Proce	edure			
			Is	Loca	ation			( ) = = = ( )			Abaten	nent T	vne
Location				Norm:	ally lelv bv		Description of					T	1_
Asbestos-Containing I TO BE ABA		1)			ance/		stos Containing Mat ., thermal systems i		Amount	1	Repair	nca	nclo
IN Facilit			Cus		Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)		Repair	Encapsulate	Enclosure
(13)		+	V	(12		-	other miscellaned	ous)	****		_	late	Ø.
Four Locations			Yes	No							-	+	
Four Locations							sulation		100 LF	_		븯	
Roofing in conj with o	demo			10 23		Floor T	ile		800 SF	- 2		브	
contractor					ᆜ		Eva ware in war			_		1	
During Demolition							Blok Insulation		Unknowr	n [			
Name of Registered Waste Hauler NJDEF						Waste D No.	Cubic Yards of Waste	Name of Regis				**A =!	
Waste Management					1727		5	Grand Cen	tral				
City, State							Disposal Date	City, State					
Lafayette, NJ							9/30/18	Penn Argy	le, PA				
Completed By (Print or Ty		Title					Signature			Date			
Kimberly A. Trumbe	tti	Of	fice (	Coor	dinato	r		1		9-	13-1	8	
CD 41		-		_			1	Y 10		4 6	0.055		



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

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111		1	5	- 11	14/	
1.77	-		, learner t		#174	
1						1

Date of Notification (1)					Nam	e of Buildin	g Owner/Operator	(2)	1111 5	EP 2	n	אוות	1
	3 / _	18				utgers Un	•		1807-2328		. #5		,
Agencies Notified T	ype Notifica	ation			Stre	et Address			ASBE	POTR	Code	Train	VI 50.
N-202	Initial				33	Knightsl	oridge Road		Lawrence and the second	Lich:			· L. GE
	Amended     Amended     Amendm     Amendm	202			City,	State, Zip	Code				- 1.4	30.7	and Maria Car
DHSS □ DCA □	Amendm Emergen			7	Pi	scataway	NJ 08854						
(NJAC 5:23-8)	justificati		Juding	4	Nam	e of Contac	t		Telephone Nun	nber	29/11-2		
	☐ Cancellat	tion			Jo	an Stanto	on, PE		848-445-24				
					F	CILITY IN	FORMATION				-		
Name of Facility Where Aba	atement is T	aking	Place	(3)				Type of Facility	(4)				
Building #3084 - Kree	eger Learr	ning A	Anne	x				School (K-1					
Street Address						-		Subchapter	8 (Other than K-1) rivate and comme	2)	iildin		
151 College Avenue								homes, etc.		iciai bi	illuliti	JS,	
City (5)								Square Feet	# of Floors	В	dg. A	ge	
Piscataway								14000	1		40		
County (6)					Cot	inty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demol	shed)	- 111		
Middlesex								Vacant					
Name of Monitoring Firm Hi		ding O	wner (	(8)	ASCN	No.	Name of Abatem	ent Contractor (9)					
Criterion Laboratories	s						Asbestos ar	nd Mold Service	es, Corp.				
Street Address							Street Address						
400 Street Road							3859 Sylon I	Boulevard					
City, State, Zip Code							City, State, Zip C	ode					
Bensalem, PA 19020							Hainesport,	NJ 08036					
Project Manager for Monitor	ring Firm			Tel	ephone	No.	Telephone No.		License No.				
Mike Panepresso						4-1300	609-702-040	0	00862				
Start Date (10)						ate (11)	Name of OSHA	Monitor					
9 / 24 / _	18	10	0_/	_2	6_ /	18	EMSL Analy	tical, Inc.					
Occupancy Status During A	The company of the company			0.000			Street Address						
☐ Abatament Berfament C							200 U.S. Rot	ite 130 North					
Abatement Performed On Time of Abatement:	AM-	rmal F PM	-acility //	y Hou PM	rs - De -	scribe AM	City, State, Zip C						
Scope of Work (Check all th							Cinnaminso	n, NJ 08077					
	at apply)	86					☐ Full Cor	tainment with Neg	gative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			□ Re ⊠ De				☐ Mini-En						
24 _ 100 01 01 <u>2</u> 200 11		,	M De	monu	OII		☑ Non-Exe	g Procedure empted (*) and No	n-Friable Procedu	ire			
				Loca							atem	ent T	уре
Location of				Norma	ally ely by	1	Description			D	70	ш	m
Asbestos-Containing Ma TO BE ABATE		)		inten		Asbe	stos Containing Ma	aterial (ACM)	Amount (Specify	Removal	Repair	nca	nclo
IN Facility	-		Cust		Staff?	(	surfacing, VAT		SF or LF)	oval	=	Encapsulate	Enclosure
(13)		-	Yes	(12) No	N/A	+	other miscellane	eous)				ate	O
Exterior		-			N/A		t Board Siding		1500 SF				
Exterior		-					ar Paper Vapor	Barrier	4500 SF				
Exterior		-			-			2011101				][	
LXCHO	-		_		Roofing	1		14,000 SF		Ш	Ш		
Name of Desisters d March 1									Ш	Ш			
Name of Registered Waste Hauler NJDEP \ Champion Hauler II							Cubic Yards of Waste	Name of Regis					
3270							5	Grand Cen	tral				
City, State							Disposal Date	City, State					
Hainesport, NJ							10/26/18	Penn Argy	le, PA				
Completed By (Print or Type	)	Title					Signature	ń	Di	ate			
Kimberly Trumbetti	Off	fice C	Coor	dinato	r	1 XX			9-11	4-1	8		

3h512r	2		NOT	IFIC (F	ATIO	State of New Jersey TON OF ASSESTOS ABATEMENT Sulant to NUAG 8:60 and 5:16)								M			
Date of Notification (1)		100000000000000000000000000000000000000	Name of Building Owner/Operator (2)  HealthSouth Corporation  SEP 2 0 20  / Job #1609-2116 Ch								<u> </u>						
Agencies Notified	Type Notifica	ation	-		Stree	t Address	All		-		CONTRACTOR	rowan		-			
⊠ EPA					33	ASBEST							&				
□ DOLWD	Amended Amendme	340,500				City, State, Zip Code											
□ DHSS		100	Birmingham, AL														
DCA (NJAC 5:23-8)	9		e of Contac	2747 370 3747			Telephone N	lumber									
(**************************************		Eli	zabeth M	lann		205-970-7850											
					FΔ	FACILITY INFORMATION											
Name of Facility Where A	batement is T	akino	Place	(3)	- 17	CILITI	VI OKIVIATION	•	Type of Facility	of Facility (4)							
HealthSouth Rehab								Type of Facility (4) School (K-12)									
Street Address									☐ Subchapter 8 (Other than K-12)								
14 Hospital Drive										☑ Other (i.e., private and commercial buildings, homes, etc.)							
City (5)					-	Square Feet # of Floors Bldg. Age											
Toms River									84,619	3							
County (6)						nty Code (	7)(STATE USE ON	IN	84,619 3 over 30  Current Use (Prior if being demolished)								
Ocean			,	, ,(011112 002 0111	/	Rehab Hospital											
Name of Monitoring Firm	(8)	ASCM	No.	Name of Abat	eme	ent Contractor (9)											
Horizon						d Mold Services, Corp.											
Street Address							Street Addres		согласа, согр.								
PO Box 316								T	Boulevard								
City, State, Zip Code							City, State, Zi										
Thorofare, NJ 08086	6								NJ 08036								
Project Manager for Monit	toring Firm			Te	ephone	No.	Telephone No	Service S		License No.							
Dave or Steve Flani		56-848		609-702-0			00862										
Start Date (10) Scheduled Complet							Name of OSHA Monitor										
							EMSL Ana										
Occupancy Status During				Street Address													
☐ Facility Closed/Vacated During Entire Period of Abatem						:!			ute 130 North								
☐ Abatement Performed Outside of Normal Facility Hours Time of Abatement:AMPM/ PM-						AM	City, State, Zip		900 900								
8						•	Cinnamin	son	, NJ 08077								
Scope of Work (Check all	that apply)						⊠ Full C	ont	ainment with Ne	gative Proceuro							
	nova					osure	gative Flessule										
≥160 sf or ≥260 lf			☐ De	molit	ion				Procedure	- F.:-LI B	on the second						
			le	Loca	tion	T	☐ M011-1	Exer	mpted (*) and No	n-Friable Proce							
Is Location of Normall							Description	on of	f		C. Caraci	Abatement Type					
Asbestos-Containing Material (ACM) Used Solel							stos Containing	tos Containing Material (ACM)			Removal	Repair	Encapsulate	Enclosure			
TO BE ABATED Maintena IN Facility Custodial 3						(i.e	, thermal systems insulation, surfacing, VAT, or			(Specify	lova	음	aps	losu			
(13)			nessen	(12	)		other miscella			SF or LF)	<u>n</u>		ulat	Гe			
WOODP BALL			Yes	No	N/A								O				
Next Phase - Ceiling						Popcor	n Ceiling			TBD							
actual scope of work to follow					$\boxtimes$												
prior to start of project on 10/1																	
DER TOM VUORHEES 9-18-18 0 0																	
Name of Registered Waste Hauler NJ						Waste	Cubic Yards of	f	Name of Regis	gistered Landfill							
Waste Management		1727;		Waste 5	Grand Central												
City, State							Disposal Date		City, State								
Lafayette, NJ				10/31/2018	3	Penn Argyle, PA											
Completed By (Print or Type) Title							Signature	-	Date								
Kimberly A. Trumbetti Office Coord						r	MI		9-15-18								
ASB-41				M/	4			-110	1	200							

16164	NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC-8\60 and 5:16)												B	E (	G			7 E		
Date of Notification (1)		Switzer			N		of Buildin	SEP. 2.0 2018												
	31 /	18				Our Lady of Guadalupe Parish / Job #1807-2326 Schk. NA 2018														
Agencies Notified	Type Notifica	ation			S	Street Address														
□ EPA	☐ Initial					221 Deptford Road							ASBESTOS CONTROL							
☑ DOLWD ☑ DHSS	Amended Amendme				C	City, State, Zip Code										100	MPSS A.			
□ DCA	Emergen			Glassboro, NJ 08028																
(NJAC 5:23-8)	justification	tion)				Name of Contact							Telephone N	Telephone Number						
	☐ Cancellat	ion				Glinario					609-410-0125									
						FAC	CILITY IN	IFOF	RMATION	ı										
Name of Facility Where A	Abatement is T		Type of Facility (4)																	
Lindenwold Presch							☐ School (K-12)													
Street Address		☐ Subchapter 8 (Other than K-12)																		
100 South Avenue			Other (i.e., private and commercial buildings, homes, etc.)																	
City (5)							Square F	eet	# of Floors		Bldg. Age									
Lindenwold											40000	)	5		1	1929				
County (6)							ty Code (7	)(STA	TE USE ON	LY)	Current Use (Prior if being demolished)									
Camden		1011					Residential													
Name of Monitoring Firm Hired by Building Owner (8)							No.	Nar	me of Abat	teme	ment Contractor (9)									
Horizon Environmental							Ac-100 200 200 200 200 200 200 200 200 200					d Mold Services, Corp.								
Street Address	_	Street Address																		
PO Box 816		3859 Sylon Boulevard																		
City, State, Zip Code		City, State, Zip Code																		
Thorofare, NJ 0808	Hainesport, NJ 08036																			
Project Manager for Monitoring Firm Telephone No.									Telephone No. License No.											
							-0800	609-702-0400					00862							
Start Date (10) Scheduled Completion Date (1									Name of OSHA Monitor											
_8 / 2 / 18 _ 8 / 3						1	18	EMSL Analytical, Inc.												
Occupancy Status During Abatement (Check only one)								Stre	eet Addres	s										
☐ Facility Closed/Vacated During Entire Period of Abaten								2	00 U.S. F	Route	te 130 North									
☐ Abatement Performed Outside of Normal Facility Hours						Des			, State, Zi	1020000000	20 150 000 000	70.00						-		
Time of Abatement:AMPM/PM-							Cinnaminson, NJ 0807													
Scope of Work (Check all	that apply)				- 130					•						-	-	-		
≥3 sf or ≥3 lf	☐ Full Containment with Negative Pressure  ☐ Mini-Enclosure																			
25 si of 25 ii 260 sf or ≥260 lf	ation tion								edure											
Non-Exempted (*) and Non-Friable Procedure																				
Is Locati															Ab	Abatement Type				
Location of Normal Ashestos-Containing Material (ACM) Used Sole						οv	Aaba		Description				A		Removal	Re	En	m		
TO BE ABATED Mainte						e/		estos Containing Material (ACM e., thermal systems insulation,					Amount (Specify			Repair	cap	Enclosure		
IN Facility				Custodial S (12)				surfacing, VAT, or					SF or LF)		<u>val</u>		Encapsulate	sure		
(13)			Yes N			N/A		oti	ner miscell	laneo	ous)						ate			
COURTESTY NOTIFIC	CATION ON	LY				<u> </u>					- 122									
Crawlspace					15	3	O&M C	leanup					60 LF			П	П	П		
				-	-		Ouiii Oi	Can	ир			-	00 L1	-	_					
															Ц	Ц	Ц	Ц		
						]														
Name of Registered Wast			Waste Cubic Yards of Name of Registered Landfill																	
Waste Manauellielli							auler ID No. Waste 17273 5				Grand Central									
City, State												City, State								
Lafayette, NJ				8/3/18 Penn Argyle, PA																
Completed By (Print or Ty	rpe)					Signatur	1					9								
Kimberly A. Trumbe										OK III								_		
	(May 275)	000000	event to the PETALOR							1	XI									