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(not	1540
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	PAIN	(F	ursuan	t to NJAC 8:6	60 and 12	2:120)	pr	C/-1 1	<i>></i>		-	Paga annua -
Date of Notification (1) 8/1/2017	A A BALLO			of Building Ov te Property			(2) viation LLC	10	EC				
Agencies Notified Type	Notification			Address TY Route 6	39			A CONTRACTOR OF THE PARTY OF TH	SEI	2 2 5	. or	17	A Transport
DEP DOL	Amended Amendment #		City, St.	ate, Zip Code)		A THE RESERVE OF THE PARTY OF T		Y ULI) 20		
	Emergency (includin justification) Cancellation	g	Name of Days	of Contact				Tel	ephone N	umber	ONT G	ROL	-J - å
Street St				ILITY INFOR	MATION					1			
Name of Facility Where Abater Private property/Sussex	nent is Taking Place Aviation LLC	(3)					Type of Facility School (K-	(E 6)					
Street Address 136Route 565							Subchapte Other (i.e. etc.)	er 8 (Oth			ldings	, hom	es,
City (5) Sussex New Jersey							Square Feet 1300	# of 2	f Floors		3ldg. <i>i</i> ⊦50	Age	
County (6) Sussex	(A)			Code (7) USE ONLY)			Current Use (Pr	ior if bei	ng demoli	shed)			
Name of Monitoring Firm Hired N/A	by Building Owner (8	3)	ASCN N/A	M No.			of Abatement Co Solutions Se						
Street Address N/A				V	1 3 3 3		Address 51st Street						
City, State, Zip Code N/A					1		ate, Zip Code Bergen NJ 0	7047				0	
Project Manager for Monitoring	Firm	T	Telepho	ne No.			ne No.		License	No.			
N/A Start Date (10)	Schedu	led Cor	N/A	Date (11)	200		52-9685 f OSHA Monitor		01320				
8/11/2017	8/20/2		ripietion	Date (11)			vironmental		atories				
Occupancy Status During Abate					237753653		ddress						
Facility Closed/Vacated Do Abatement Performed Out Other – Describe:	uring Entire Period of side of Normal Facilit	Abaten y Hours	nent S		Cit	y, Sta	Route 22 We ate, Zip Code NJ 07803	St				V = 1 == 10.	
Scope of Work (Check All That	Apply)				01	HIOH	143 07 603						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×××	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	8			e	
	l:	s Locati	ion							T	Abate	emen	t
Location of	1 0%	Normal ed Sole			Descript			7925			1 1 1	ре	
Asbestos-Containing Materi. TO BE ABATED In Facility (13)	Ma Cus	aintenar stodial S (12)	nce/ Staff?	(i.e. the	containin ermal syste surfacing, her misce	ems i		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Endosure
Basement	Yes	No	N/A									(D	
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First Floor	/		X		9x9 Flo				5SF	X			
FIISUFIOOI			X	vvalis	and ce	iling	Board	160	60SF	X			
Name of Registered Waste Hau	ler	IN	JDEP W	aste C	ubic Yard	le	Name of	Penieter	red Landfil				
Newark Carting Inc		Н	auler ID	0.000	f Waste				em Rd L		II		
City, State Po Box 5670				Di	isposal Da	ate	City, Stat 2335 A		tter Rd I	3ethle	ehem	PA	
Completed by Marcos Regato	Title Pres	ident	200		Signat		res /le	en k		ate /1/201	17		

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Date of Notification (1)	PAT	17	Name o	of Building Ow	ner/Operato	or (2)			HECK(H	567	245	81	
09-18-17	H AMAL	1		o Health So	olutions, I	nc. (dt	a Expre	ss Scr		^			
Agencies Notified Type Notifica	tion			Address Parsons Poi	nd Dr.		Marine States		SEP	25	20	17	11
DEP X Amende			The state of the s	ate, Zip Code din Lakes, N				AS	BESIO	SCC	NTE	301	8
	ncy (including	7		of Contact		=1	L		ephone No	CMCI	NG		Nation (Contraction)
DCA Cancella				Potocki					·				
Name of Facility Where Abatement is T	aking Place	(3)	FAC	ILITY INFOR	MATION	Tuno	of Facility	(4)					
Traine of Facility Whole Abatement is 1	aking riace ((3)					School (K-	80.05					
Street Address 100 Parsons Pond Road						×	Subchapte	er 8 (Oth	er than K-1 & commerc		dings	, hom	es,
City (5) Franklin Lakes							re Feet	# 01	Floors		Bldg. /	-	
County (6)				Code (7) USE ONLY)		Curre	nt Use (Pr		ng demolis		0) 0		
Bergen Name of Monitoring Firm Hired by Build	ing Owner (8)	ASC		Name		nmercial tement Co	ntractor	(9)				
BEM Systems, Inc. Street Address						nacle E	Environm	nental (Corp.				
100 Passaic Ave							Street						
City, State, Zip Code Chatham, NJ 07928						State, Z Istadt,	ip Code NJ 0707	'2					
Project Manager for Monitoring Firm Venkat Balasubramanian			Telepho (908)	one No. 598-2600	11 20000000	hone No			License N	10.			
Start Date (10) (2)09-21-17	Schedu 03-01-		npletion	Date (11)	F 19 19 19 19 19 19 19 19 19 19 19 19 19		HA Monitor						
Occupancy Status During Abatement (C		95				t Addres		110.					
➤ Facility Closed/Vacated During En	ire Period of	Abaten	nent				38th Stre	eet					
Abatement Performed Outside of N Other – Describe:	lormal Facilit	y Hours	5		ST03	State, Zi v York,	p Code NY 100	118					
Scope of Work (Check All That Apply)						anex.) 						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	_	Renova Demolit				Min Glo	i-Enclosur vebag Pro	e cedure	Negative I				
	Is	s Locati	on			_ 1401	LACITIFIC	d () and	i i i i i i i i i i i i i i i i i i i	10	Abate	emen	t
Location of	He	Normal ed Sole	ly		Description			22			Ty	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	aintenar stodial S (12)	nce/	(i.e. the	Containing I rmal system surfacing, V/ her miscella	ns insula AT, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									е	
B1: Entire Beams & Columns			X		Fireproof			22,4	400SF	х			
B1: Columns			X	Jo	oint Comp				800SF	х			
B2: Entire Beams & Columns			X		Fireproof	ing		22,4	100SF	х			
B2: Columns			Х		int Comp	ound		-	300SF	х			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		Н	JDEP W auler ID 1310	No. of	ubic Yards Waste BD		Name of Minerva		red Landfill rprises				
City, State Shirley, NY / Bronx, NY	10				isposal Date	4	City, Stat -Wayne		OH 4468	38			
Completed by Kevin Moriarty	Title Proje	ect Ma	nager		Signatur	e /	81/1	7	Da	te 9-18-1	17		

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Date of Notification (1)	09/07/12		Nan	ne or build	ang Owner	C	DUM	TY	OF M		RI	5	common and
Agencies Notified	Type Notification		Stre	et Addres	is 10	COV							
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DOH DCA	justification) Cancellation			ne of Con	A A .	DEL	1 AG	ICAZ	Telephone Nur	ilbei	1	10	
			11.7		INFORMAT	ION		Facility (<u> </u>				
Name of Facility Where	Abatement is Taking	Place (3)	0			r		hool (K-1	20.				
Street Address							Su	bchapter her (i.e. p	8 (Other than K-1) private & commerci	2) ial build	ings,	home	ıs,
7 9 GCH City (5)	HIP OF U	MI.	REL	<i>)</i>		-	Square	:.) Feet	# of Floors	BI	dg ₂ Ag	ge	
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County (6) MORK	715			inty Code ATE USE 0			Current		or if being demolisi	hed)			
Name of Monitoring Firm		wner (8)	F	ASCM No.	()		A R		ntractor (9)				
# 5 5 Street Address						Street A	Address						
P.O. BOX (565					014. 04	-4- 7in	L 57					
City, State, Zip Code	117 08	625				PATO	ERSU	Ode OM	NJ 075	701			
Project Manager for Mo			Tel	ephone N	2 1711	Telepho 9436	one No.		License N	10.			
Start Date (10)		Scheduled	Comple	tion Date		Nomo	FOCHA	Monitor	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•7			
09118	8/1+		30/1	7		Street A			GEV				
Occupancy Status Durin Facility Closed/Vac	ng Abatement (Check cated During Entire Po			t		144	MI	W c	57				
Abatement Perform	med Outside of Norma	al Facility	Hours			City, Sta	ate, Zip	Code	NJ OF	501	1		
Scope of Work (Check						MIC							
≥3 sf or ≥3 lf			enovation emolition					Containm Enclosur	ent with Negative	Pressu	re		
≥160 sf or ≥260 lf			emonition			Ū	/ Glove	ebag Pro		ble Pro	cedur	е	
		Isi	Location								Abate	ment pe	1
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		Yes	No	N/A	0					1	-		
ROOF	iKG		-			OFFI				i/			
FIRST	FL				75	1	214			V			
0475	COE			<	TRAN	517	E			V			
Name of Registered Wa	aste Hauler	,	Llou	EP Waste		c Yards			Registered Landfi	F	,		
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City, State	CN NO				100	osal Date	1	MOO.	te RiSV 10	LL €	- c	P4	
Completed by	1.0/	Title	(e/O	3-23-2000		Signature		1		ate /	7/1	2	
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Date of Notification (1)	20 / 1	7			of Buildin	g Owner/Operator (26 E V		L	7	3			
Agencies Notified	Type Notification	1		Street	Address				- 10					
⊠ EPA	☐ Initial			Wh	ittlesey l	Road, CN 863	SEP 25 201	7 19						
⊠ DOLWD	Amended				State, Zip (100						
□ DCA	Amendment	*		Tre	nton, NJ	08625 ASI	STOS CONTE	001.0						
(NJAC 5:23-8)	Emergency (i justification)	nciuain	3		of Contac	1 10000	LICENSING	Telephone Numb	er					
	☐ Cancellation			Wil	liam Shi _l	op	Control of the Contro		100					
						FORMATION								
Name of Facility Where A	Ahatement is Takir	n Place	(3)	I A	CILITI	IFORWATION	Type of English	(4)						
Bayside State Priso		ig i lace	, (3)				Type of Facility (School (K-12							
Street Address	211							(Other than K-12)						
4293 Route 47							Other (i.e., pr	rivate and commerc	ial bu	uilding	js,			
City (5)							homes, etc.)	T.,	-					
A CONTRACTOR AND ADDRESS OF THE ADDR							Square Feet	# of Floors		dg. A	ge			
Leesburg							10,000	1		60				
County (6)				Cour	ity Code (7	()(STATE USE ONLY)		or if being demolish	ed)					
Cumberland							Prison							
Name of Monitoring Firm		Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Environmental Con	nection, Inc					Guardian Co	ntracting, Inc.							
Street Address						Street Address								
120 North Warren S	Street					1889 Route 9	, Unit 61							
City, State, Zip Code						City, State, Zip Co	ode							
Trenton, New Jerse	y 08608					Toms River,	New Jersey 08	755						
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.						
Steve Mania			6	09-392	-4200	732-349-9932		00624						
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor									1000					
09 /21 /	_17	09 /	22	2 /	17	E.M.S.L. Ana	lytical							
Occupancy Status During	Abatement (Chec	ck only	one)			Street Address				-				
☐ Facility Closed/Vacate				ment		1056 Stelton								
Abatement Performed					cribe	City, State, Zip Co	nda .							
Time of Abatement: _							New Jersey 088	254						
Scope of Work (Check all	that apply)										777			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Re				☐ Mini-Enc 図 Glovebag	g Procedure	n-Friable Procedure						
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Location	of	1	Norma	lly		Description o	f			atem	T	1		
Asbestos-Containing			d Sol			stos Containing Ma	terial (ACM)	Amount	Removal	Repair	l nc	Enclosure		
TO BE ABA			intena todial	Staff?	(i.e	, thermal systems		(Specify	VOL	ar.	aps	losu		
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		Yes	No	N/A							Ф			
tag shop			\boxtimes		asbesto	os pipe insulatio	n	8 If	\boxtimes					
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Name of Registered Was	te Hauler		N	JUEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill	_	1—				
Guardian Contracti	ng, Inc.		F	lauler II 20223		Waste 1	T.R.R.F.							
City, State				~~~~		Disposal Date	City, State							
Toms River, New Je	ersey					9/22/17		Pennsylvania						
Completed By (Print or Ty	/pe) Titl	e				Signature		/ Date	a /		<i>r</i>			
Nicholas Fernicola		Project	Man	ager		Signature	(-t -	A Date	91	101	17			
ASB-41							- W		1	- 1	-	_		

Date of Notification (1)				Nar	ne of Buildi	ina O	wner/Operator	E C E	1	WEE	7				
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	oe Notifica Initial	ation		Stre	et Address	3	The second	SEP 2	5 0	017	H				
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	Amendme	The second second		1 (3)	, State, Zip		l la-								
		cy (includir	ng		arnegat, l		8005 AS	BESIOS	CON	TROL &	Met of the contract of the con				
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	Cancellat	tion		V	ictor	_ 2			si						
N CE W				F.	ACILITY I	NFC	RMATION								
Name of Facility Where Abate	ment is T	Taking Plac	e (3)					Type of Fa	cility (4	4)					
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Street Address								Subcha	pter 8 i	Other than K vate and com	(-12) mercia	l hi	ildin	ne.	
01- (5)								homes,	etc.)	ate and com	moroid			90,	
City (5)								Square Fee	et	# of Floors		Ble	dg. A	ge	
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County (6) Ocean				Co	unty Code	(7)(ST	ATE USE ONLY)	Current Use	e (Prio	r if being dem	nolishe	d)			
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[1000000]							Guardian Co	ntracting, I	nc.						
Street Address						St	reet Address								
City Chats 77 O. I							1889 Route 9	, Unit 61							
City, State, Zip Code						Cit	ty, State, Zip Co	ode							
Decided Manager C. M. V.							Toms River,	New Jersey	y 0875	55					
Project Manager for Monitoring	J Firm		Te	elephone	No.		lephone No.			License No.	6				
Charl Data (40)			L				732-349-9932			00624					
Start Date (10)10 /02 /17		cheduled C					me of OSHA M								
	- F39	10/				1	E.M.S.L. Anal	lytical							
Occupancy Status During Abar						Str	eet Address								
 ☐ Facility Closed/Vacated Du ☐ Abatement Performed Outs 	ring Entire	e Period of	Aba	tement			1056 Stelton								
Time of Abatement:	AM-	PM/	y Ho Pi	urs - De M-	SCribe AM	1 8	y, State, Zip Co								
						F	Piscataway, N	lew Jersey	0885	4					
Scope of Work (Check all that	apply)						□ Eull Cont	oinmont with	Name	in December			25/21/70		
≥3 sf or ≥3 lf		☐ Re						osure		ive Pressure					
≥160 sf or ≥260 lf		⊠ De	emoli	tion			Glovebag	Procedure							
		lo	100	ation	T	-	⊠ Non-Exer	npted (*) and	Non-l	Friable Proce		0505			
Location of			Norm	nally			Description of				L	Aba	_	ent T	
Asbestos-Containing Mater	ial (ACM)	(CANA)		olely by nance/	Asbe	stos	Containing Mat	erial (ACM)		Amount		R er	Repair	Enc	Enclosure
TO BE ABATED IN Facility		200000		I Staff?	(i.∈	e., the	ermal systems i	nsulation,		(Specify		Removal	air	aps	Sols
(13)			(12	2)	1		surfacing, VAT, her miscellaned			SF or LF)	1	<u>n</u>		Encapsulate	ire
		Yes	No	N/A				::::::::::::::::::::::::::::::::::::::						е	
exterior house					asbesto	os s	iding			650 sf	5		П	П	П
exterior garage			\boxtimes		asbesto	os si	idina		-	550 sf		7			
			П				9		-	000 51					
				4							L	1	Ш	Ш	Ш
Name of Desistant 194	1		Щ		1										
Name of Registered Waste Hau				NJDEP Hauler I		Cut	oic Yards of	Name of R	37742	ed Landfill					
Guardian Contracting, Ir	ic.			2022		3		T.R.R.F							
City, State						Dis	posal Date	City, State							
Toms River, New Jersey						1	0/5/17	Tullytov	vn, Pe	ennsylvania	a				
Completed By (Print or Type)	1	Title				-	Signature	1			Date	1		7	
Nicholas Fernicola		Project	Mar	nager			1	_	1	,	9	1	1/11	1 -	
CD 44							1	1.	111		1	E.M.		F 1	7.2

ASB-41 JAN 13

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 Lynx Waste & Recycling, Inc. 20 / Agencies Notified Type Notification Street Address **⊠** EPA P O Box 188 □ DOLWD ☐ Amended ASSESTOS CONTROL City, State, Zip Code **⊠** DOH Amendment # LICENSING Spring Lake, NJ 07762 ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Richard Hyde **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 and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Avon By the Sea 1800 1 65 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __10__ / __03 / __17 10 / 04 / 17 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-__PM/__PM-__AM Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 If ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 If □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Encapsulate 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 exterior \boxtimes asbestos siding 1600 sf \boxtimes

Name of Registered Waste Hauler Guardian Contracting, Inc.	10,00	IJDEP Was lauler ID N 20223	Name of Registered Landfill T.R.R.F.		

City, State Disposal Date City, State

Toms River, New Jersey 10/05/17 Tullytown, Pennsylvania

Completed By (Print or Type)

Nicholas Fernicola

Title

Project Manager

Date 9 30 17

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2017-130

(Pursuant to NJAC 8:60-7 and 12:120-7)

			to the shippening	altheory	***EMER	GEN	ICY***	Chec	k # 8587	7			
Date of Notification	(1505)		Name o	of Building Ow	ner/Operator (2	2)	IN E C	EIWE		Valla et e vo			
10 19 1/11 19	1/11/7		Ridg	ewood Boa	ard of Educa	tion		5 U V 12					
Agencies Notified EPA	Type Notific	ation	Street A	ddress	-			0 - 0019	161 111				
DEP	X Initia	I		ottage Plac	ce		SEF	2 5 2017					
X DOL	Amen	dment	The state of the s	ate, Zip Code gewood, NJ	07450		ASBEDI	OS CONTROL	.&				
▼ DOH	П		Name of	Contact		30.00	la l	Telepho	ne Numb	er		-	Seminar I and
☐ DCA	☐ Cance	ellation	Stev	e Tichenor	r		if			_			
				FAC	CILITY INFORM	IATIO	N				1.5		
Name of facility wh	ere abatemen	t is taking	place (3)					Type of Facility					
George Wash	ington Mido	lle Scho	ool					1 =	ol (K - 12	50	than I	/ 10°	
Street Address	*****							10	napter 8 (i (Private/()
155 Washingt	on Place							Bldgs	/Homes,	etc.			
City (5)		C	ounty (6)			Cou	inty Code (7)	Square Feet	# of Floo	ors	-	ldg.	Age
Ridgewood, N	NJ	1	Bergen			(Sta	ate use only)	Current Use (F		ng der	nolish	ed)	
Name of Monitoring	Firm Hired by	/ Bldg. O	vner (8)		ASCM No.		Name of Abatement		,				
n/a							B & G Restora	tion, Inc.					
Street Address							Street Address						
City, State, Zip Code							105 Ryerson F						
City, State, Zip Code	•						City, State, Zip Code Lincoln Park,						
Project Manager for	Monitoring Fire	m		Phone Numb	er	-	Telephone Number	103 07035	TLicense	Mum	205		
	3			· · · · · · · · · · · · · · · · · · ·			(973)696-686	9	The second second	378	Jei		
Scheduled Start Date	e (10)	Sch	ed. Comp	letion Date (1	1)	-	Name of OSHA Mon						
09/20/2017		0	9/21/201	7			B & G Restorat	tion, Inc.					21
Occupancy Status Di	uring Abateme	ent (Chec	only one)		-	105 Ryerson R	oad					
Facility closed/	vacated during	g entire p	eriod of ab	atement.			City, State, Zip Code						
Abatement per Describe:			al facility h	ours-									
Other-Describe						-	LincolnPark, N.	J 07035					<u> </u>
Scope of Work (che	<u> </u>	7.5				_							
	X	Renova	505/4.0v				ull Containment w/neg	gative pressure	Glove	oag pr	oced	іге	
>3 sf or >3 lf			or ≥260 If		1	X M	lini-enclosure		Non-fr	iable	огосе	dure	
Location of asbestos-conta	ainina		ion normai ntenance/c	ly used solely ustodial	N 7755 W 88			Amount		e	R	E n	E
material to be	5	staff(12)		material (A		bestos-containing	(Specify S	For	m	p a	С	n
abated in facilit	y (13)	Yes	No	N/A				LF)		V	i	a p	L
Boiler Room				X	thermal tar	k ins	ulation	10 saft		e			
Boiler Room				X	thermal tan	k ins	ulation	50 sqft			X		
Boiler Room	-			X	Thermal pip	e ins	ulation	5 lf		X			
			-										1
Registered Waste Hau	uler	IN.II	DEP Haule	r ID# 1 Cu	ubic Yards of W	aste	Name of Registered	Landfill		Ш	Ш	Ц	
B & G Restoration	n, Inc.		19563		1 yd			Resource & Re	covery	Cent	er	0-00.	4.00000
City, State Lincoln Park, NJ				Disposal Da 09/2	ate 21/2017		City, State Tullytown, F						
Completed by (Print o	r Type)	Title		-1	Signature				Date				
Gordana Luna		Secret	ary/Trea	surer		Gordana Luna 09/19/2017							

State of NJ Notification of Asbestos Abatement B& G proj. #: 2017-130 (Pursuant to NJAC 8:60-7 and 12:120-7) ***EMERGENCY*** nni Checke# 8589/- P 2017 Date of Notification (1) Name of Building Owner/Operator (2) 0 18 1/1 19 1/1171 Ridgewood Board of Education Agencies Notified Type Notification ASBISIOS CONTROL & Street Address ☐ EPA Initial 49 Cottage Place CT DEP City, State, Zip Code DOL. Amendment Ridgewood, NJ 07450 WAIVER APPROVED K DOH Name of Conlact Cancellation Talephone Number ☐ DGA Steve Tichenor FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) Georga Washington Middle School E School (K - 12) Street Address Subphapler & (Other than K-12) 155 Washington Place Other (Private/Commarcial Bldgs./Homes, etc. City (8) Square Feet | # of Floors County (6) Bldg, Ags County Code (7) Ridgewood, NJ (State use only) Bergen Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Bldg, Owner (8) NON-SUB 8 ASCM No. Name of Absternant Contractor (9) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zlp Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm hone Number Telephone Number License Number (973)696-6889 Scheduled Start Date (10) 00378 Sched. Completion Date (11) Name of OSHA Monitor 09/20/2017 B & G Restoration, Inc. 09/21/2017 Occupancy Status During Abatement (Check only one) Street Address Facility closed/sacqted during sintine period of abstament. 105 Ryerson Road Abatement performed outside of normal facility hours-City, State, Zp Gode Describe: Other-Describe: Start 3:30 om LincolnPark, NJ 07035 Scope of Work (chack all that apply) Demoillon Renovation Full Containment w/negative proceure 1) E< 10 to 2< @ Glovebag procedure ≥160 sf or ≥280 H Mini-enclosure is location normally used solely Non-frieble procedule Leesdon of ambestos-containing by maintenance/custodial meterial to be alaff(12) Description of asbestos-containing E . Amount shated in facility (13) material (ACM) m (Specify SF or n 00 ¢ No 0 Boiler Room v × thermal tank insulation Boiler Room 10 saft X thermal tank insulation Boiler Room 50 apfi Thermal pipe insulation 5 If Registered Waste Hauler NUDED Hauler ID B & G Restoration, Inc. CUbio Yards of Waste Name of Registered Landfill 19563 1 yd City, State Tullytown Resource & Recovery Center Disposel Date Lincoln Park, NJ City, State 09/21/2017 Tullytown, PA Completed by (Print or Type) Signature Gordana Luna Secretary/Treasurer

Gordana Lum

09/19/2017

Date of Notification (1)	AII	NO	TIFIC	CATIC Pursu	ON OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:	TEMENT	队造	<u>6</u> E		<u>W</u>	<u>L</u>	de
Date of Notification (1) 9 / 19 /	1	7			ne of Buildi ledford Le	ng Owner/Operator	(2)	Continued of the contin	SEP 2	5	201	7	anna di
Agencies Notified Type Noti ☐ EPA ☐ Initial	ification	n		0.000	et Address	Leas Way		ASE	ESTOS LICE	CO NSII	NTR VG	OL	10.
☐ DOLWD ☐ Amend					, State, Zip			Bandanja Auto Geno estret	ACTUAL DEVICES ON				JCH1
☑ DOH Amend			_	0.000	edford, N								
DCA Emerg (NJAC 5:23-8) Emerg	ency (i	includi	ng	-	ne of Conta			1=					
Cancel				10	uss Nagy			Teleph	hone Num	iber			
				F.	ACILITY II	NFORMATION	ON						
Name of Facility Where Abatement is Medford Leas Community Bu			ce (3)				Type of Faci						
Street Address						-	☐ Subchapt	ter 8 (Other	than K-12	2)			
1 Medford Leas Way							homes, e	e., private and commer			buildi	ngs,	
City (5)							Square Feet	# of F	Floors	I	Bldg.	Age	
Medford							10,000	1			80		
County (6)				Co	unty Code (7)(STATE USE ONLY)	Current Use	(Prior if bein	ng demolis	shed)			
Burlington								nt Commi		7-1-002310-0			
Name of Monitoring Firm Hired by Bu				ASCN	I No.	Name of Abateme	ent Contractor	(9)				n-to-	-
Management & Enviro. Consu	ulting	Serv	ices			Shade Enviro	onmental, Ll	_C					
Street Address						Street Address							
PO Box 341						623 Cutler Av	/enue						
City, State, Zip Code						City, State, Zip Co	ode						
Chesterfield, NJ 08515						Maple Shade	Shade, NJ 08052						
Project Manager for Monitoring Firm			No.	ephone		Telephone No.		Licens	se No.				_
Bill Weisgarber					3-4070	856-755-0099	00012						
Start Date (10)					ate (11) 17	Name of OSHA M EMSL Analyti	100 0 0 0 0 0 0 0 V						
Occupancy Status During Abatement						Street Address							_
☐ Abatement Performed Outside of N	Normal	Facilit	v Hou	rs - De	scribe	200 Route 130 City, State, Zip Co							
Time of Abatement:AM	PN	Λ/ <u> </u>	PM-		_AM	Cinnaminson							
Scope of Work (Check all that apply)						⊠ Full Conta	ainment with N	logative Pre-	201150				
≥3 sf or ≥3 if≥160 sf or ≥260 if			novati molitic			☐ Mini-Encl	osure			a			
			Locat			70 90W		T		T	atem	ent T	v
Location of Asbestos-Containing Material (ACN	(4)		Norma d Sole		A = h = -	Description of	8.0				_		
TO BE ABATED	vi)	Ma	intena	nce/	Asbes (i.e.	tos Containing Mate, thermal systems in	erial (ACM)	Amo (Spe		Removal	Repair	nca	
IN Facility (13)		Cust	odial (12)	Staff?		surfacing, VAT,	or	SF or		oval	=	Encapsulate	
(13)		Yes	No	N/A	1	other miscellaneo	us)					late	
Boiler Room					Breechi	ng Insulation		525	SF			П	1
Boiler Room					Boiler R	ib Packing		120	SF				1
Boiler Room					Tank Ins	ulation		225	SF			П	1
													1
Name of Registered Waste Hauler Freehold Cartage			Ha	JDEP V	No.	Cubic Yards of Waste	Name of Reg					_	-
City, State				15939		20 Disposal Data		TOTAL LAIR	uiiii				_
Freehold, NJ						10/20/2017	City, State Morrisville	e, PA					
Completed By (Print or Type) Christina Lynch	Title Vic	e Pre	sider	nt of C	perations	Signature (2)2-)	Date		1/1	7_	

Window Town NI 00005	ONTROL 8
SEP 2 5 Sep	ONTROL 8
Agencies Notified Type Notification	ONTROL 8
EPA DEP Amended Amendment # Emergency (including justification) Cancellation Cancellation Cancellation Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial building of County (6) Camden County (6) Camden	SING
DEP Amended Amendment # Emergency (including justification) Cancellation	SING
Amendment # Emergency (including justification)	er.
DOH	
Name of Facility Where Abatement is Taking Place (3) Tony Neri Private Home Street Address City (5) Winslow Twp NJ 08095 County (6) Camden Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code City, Sta	uildings, home
Tony Neri Private Home Street Address City (5) Winslow Twp NJ 08095 County (6) Camden Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Scheduled Completion Date (11) 10/2/17 Cocupancy Status During Abatement (Check Only One) Scheduled Completion Date (11) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial building out of Floors 1000+ 1000	uildings, home
Street Address City (5) Winslow Twp NJ 08095 County (6) Camden Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Telephone No. Street Manager for Monitoring Firm Telephone No. Street Address Street Address Project Manager for Monitoring Firm Telephone No. Street Address Street Address Project Manager for Monitoring Firm Telephone No. Street Address Street Address Street Address Street Address Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. Street Address	uildings, home
City (5) Winslow Twp NJ 08095 County (6) Camden Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. Street Manager for Monitoring Firm Telephone No. Street Manager for Monitoring Firm Telephone No. Scheduled Completion Date (11) 10/2/17 Name of Other (i.e. private & commercial builett.) Square Feet # of Floors 1000+ 1 Current Use (Prior if being demolished) house Name of Abatement Contractor (9) Pernaco Inc Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. 856-753-9800 00727 Name of OSHA Monitor Same Occupancy Status During Abatement (Check Only One) Street Address	uildings, home
City (5) Winslow Twp NJ 08095 County (6) Camden Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Scheduled Completion Date (11) 10/2/17 Same Square Feet # of Floors 1000+ 1 Current Use (Prior if being demolished) house Name of Abatement Contractor (9) Pernaco Inc Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. Scheduled Completion Date (11) 10/6/17 Same Docupancy Status During Abatement (Check Only One) Street Address	
Winslow Twp NJ 08095 County (6) Camden Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code West Berlin NJ 08091 Telephone No. 856-753-9800 City Name of OSHA Monitor Street Address City Name of OSHA Monitor Street No. 10/2/17 Coccupancy Status During Abatement (Check Only One) Street Address	Bldg. Age
County (6) Camden Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Start Date (10) 10/2/17 Cocupancy Status During Abatement (Check Only One) County Code (7) (STATE USE ONLY) ASCM No. Name of Abatement Contractor (9) Pernaco Inc Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. 856-753-9800 Name of OSHA Monitor Same Street Address County Code (7) (STATE USE ONLY) Name of OSHA Monitor Same Street Address	35+
Camden Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code City, State, Zip Code Croject Manager for Monitoring Firm Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Scheduled Completion Date (11) 10/2/17 Docupancy Status During Abatement (Check Only One) Name of Abatement Contractor (9) Pernaco Inc Street Address City, State, Zip Code West Berlin NJ 08091 Telephone No. 856-753-9800 Name of OSHA Monitor Same Street Address	
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City, State, Zip Code City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. 856-753-9800 O727 Start Date (10) 10/2/17 Scheduled Completion Date (11) 10/6/17 Same Occupancy Status During Abatement (Check Only One) Street Address	
West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Start Date (10) 10/2/17 Decupancy Status During Abatement (Check Only One) West Berlin NJ 08091 Telephone No. 856-753-9800 Name of OSHA Monitor Same Street Address	
Project Manager for Monitoring Firm Telephone No. 856-753-9800 Decupancy Status During Abatement (Check Only One) Telephone No. 856-753-9800 Name of OSHA Monitor Same Street Address	
10/2/17 10/6/17 Same Decupancy Status During Abatement (Check Only One) Street Address	
Occupancy Status During Abatement (Check Only One) Street Address	
Facility Closed/Vacated During Entire Period of Abatement	
Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code	
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If	
≥3 sf or ≥3 lf Renovation Demolition Full Containment with Negative Pressum Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Is Location	Abatement Type
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Location of Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF)	Encapsulate Repair
Yes No N/A	ie l
Exterior Siding x Exterior Siding 1000 SF x	
	p 1 1

Name of Registered Waste Hauler
United Containers

City, State
Elm NJ

Title

President

NJDEP Waste
Hauler ID No.
22459

Cubic Yards
of Waste

Name of Registered Landfill G.R.O.W.S.

Disposal Date

City, State Morrisville PA 19067

Signature Date 9/20/17

Completed by

Anthony T Perna



PAID

	-		0047
CED	1	5	2017
	E.	. 1	C U 1 1

Data af Nauc	(4)							111	i. SE	4 6 5	, 20	1 /	
Date of Notification	(1) 09-20-2017	N	lame	of Bu	uilding	Owner / Operat	tor (2)	148	1,-2				i
Agencies Notified	Type Notification			Addr		CHOOL		-	ASUES	1081	ON	nol	-8-
⊠ EPA	- 200000000000	1	45 P	lainf	ield A	venue		Name of States	ASSES	LICEN	SINC	2	Special Contractor
☐ DEP ☐ DOL	Initial				& Zip			Low	DEN SERVICE DE LA COMPANSION DE LA COMPA	article of the Party of			
□ DOL □ DOH □	☐ Amended ☐ Emergency				NJ 08 ontact								
□ DCA	Cancellation			n Pro						Teleph	one N	lumb	er
Name of Facility Wh	nere Abatement is Taking I	21000 (2)	FA	CILI	TY INF	ORMATION							
Brothers House - St	Joseph High School	riace (3)	1			Type of Faci							
Street Address	http://							ther than K-	12)				
145 Plainfield Ave	nue					Other (i	.e. privat	e & commer	cial buildin	gs, hon	nes,	etc.)	
City (5)	10					Square Feet		# of Floors		Bldg. Ag			
City (5) Metuchen, NJ 08840	County (6) Middlesex	Cou	nty C	ode	(7)	5,000		2			100	1	
Metaorien, No 00040	Ivilualesex					Current Use	(Prior if	being demol	ished)				
Name of Monitoring	Firm Hired by Building Ow	ner (8)		ASC	CM No	. Name of Aba	atement	Contractor (9	3)				
Health and Safety S	ervices					Resource Ma	anageme	ent Group, Li	., _C				
Street Address P.O. Box 365						Street Addre	SS						
City, State & Zip Coo	de .	-		-		2115 Hamilto							
Berlin, NJ 08009	10					City, State & Trenton, NJ		е					
Project Manager for	Monitoring Firm	Teleph	one	Numb	oer	Telephone N			License N	lumber			
Mr. Jim Proctor		856-45				609-914-427			2.00.100 11	0118	35		
Scheduled Start Date 9-29-2017				e (11))	Name of OS							
	uring Abatement (Check o	9-30-20) 1 /			J&S Environi Street Addre		aboratories,	Inc.				
☐ Facility Close	ed/Vacated During Entire F	Period of	Aba	teme	nt	2333 Route 2							
	erformed during Normal H	lours:				City, State &		e					
Describe: (6:00am - 6:00pm					Union, NJ 07							
Scope of Work (Che	pied During Abatement												
	an and apply)						ull Containm	ent with N	enative	Pres	erire		
≥3 sf or ≥3 lf		\boxtimes	Rend	vatio	n			/lini-Enclosur		oganvo		Joure	
☐ ≥160 sf ≥260	lf .		Dem	olitior	1			Glove Bag Pr	ocedures				1
Lo	cation of	1.1.						Ion-Exempte					
Asbesto	os-Containing	Norma	catio			Description Asbestos-Con	n ot Itaining		Amount Specify	Aba	atem	ent T	ype
Mate	rial (ACM)	100000000000000000000000000000000000000	ely by			Material (A			F or LF)			т	m
TO BI	E ABATED	Mainte				(i.e., thermal s			<i>f</i>	Ren	Re	nca	nc
in	Facility (13)	Custod	ial St 12)	taff?		nsulation, surfactor or other miscell		Γ		Remova	Repair	Encapsula	Enclosure
	()			N/A		or other miscen	arieous)			<u>a</u>		ılat	Iге
Ground Floor bedro	ooms			_	Pine I	nsulation			50 LF			\neg	
			=	H	- ipe i	aiutioii			20 LF			뉘	님
			T								H	귀	H
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Nome of Deer's	AL												
Name of Registered	vvaste Hauler			EP V		Cubic Yards	Name	of Registered	Landfill				
Resource Manageme	ent Group, LLC			ier ID 5218	140.	of Waste TBD	Growe	Landfill					
City, State	***			0		Disposal Date	City, St					-	
Trenton, NJ 08619						TBD	Morrisv						
Completed By (Print	or Type)		Title			Signature)		-, -,		Date			_
Mr. Brian Haney				ident						09-20	-201	7	
						1							

APPROVED BY: Franklin Meyers

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

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Data of Nationalia (4)		T					F	GE	WI	I je	
Date of Notification (1) 9/19/17				wner / Operato ship Board		.cotion	N.5.	<u> </u>	<u>U</u>	<u> </u>	
Agencies Notified Type Notifi	cation	Street Addre		Silip Board	oi Eut	Ication					121
☐ EPA				ninistration	Bldg.	County R	oute 516	FP 25	20	17	
☐ DEP ☐ Initi		City, State 8				10	1 bil - 4				1
	ended	Matawan,		47	ATT	in l				-	
	ergency	Name of Co		M.			ASDE	Telepho	one N	rumb	eř
DCA Car	ncellation	Mr. Frank	Frazzit	ta		L	· · · · · · · · · · · · · · · · · · ·	-			geog
		FACILIT	Y INFO	RMATION			*.*				
Name of Facility Where Abaten	nent is Taking Place	(3)		Type of Facil		Amorani sene en over	as as usate				
Voorhees Elementary Scho	ool			School (
Street Address						Other than I					
11 Liberty Street				Square Feet		# of Floors				tC.)	
City (5)	County (6)	ounty Code ((7)	4				Bldg. Ag			
Old Bridge	Middlesex	ourity Code ((1)	28,000 Current Use		f boing dom	•		40+		
Old Bridge	Middlesex			School	(1101 11	being dem	olistieu)				
Name of Monitoring Firm Hired	by Building Owner (8) ASC	CM No.	Name of Aba	tement	Contractor	(0)				
Environmental Connection		7 7	ZIVI INO.	Bristol Env							
Street Address		-		Street Addres		ontan, mo					
120 North Warren Street				1123 Beave						00-11-1	
City, State & Zip Code				City, State &							
Trenton, NJ 08010 Project Manager for Monitoring	Eirm Tale	nhana Niumb		Bristol, PA			1	N			
Rollie Jones		phone Numb -392-4200	ber	Telephone N (215) 788-6			00509	Number			
Scheduled Start Date (10)	Scheduled Completi		Y	Name of OSI		nitor	00303				\neg
9/20/17		0/17		Bristol Env							
Occupancy Status During Abate	ement (Check only or	ne)		Street Addres							
Facility Closed/Vacated				1123 Beave	r Stre	et					
Abatement Performed 0		ours - 7am to	3pm	City, State &							
Describe: 3:30PM -				Bristol, PA	19007						
Facility Occupied During Scope of Work (Check all that a				l							
Coope of Work (Check all that a	ірріу)				П	Full Contair	ment with	Negative	Pres	sure	a
≥3 sf or ≥3 If		Renovation	n			Mini-Enclos				ou, o	
≥160 sf ≥260 lf		Demolition	n			Glove Bag I	Procedures	S			
					\boxtimes	Non-Exemp	ted and N	on-Friable	Pro	cedu	re
Location of	30395	Location		Description			Amount		ateme	ent Ty	уре
Asbestos-Containi Material (ACM)	3.000 St. 1000 St. 10	mally Used Solely by	,	Asbestos-Con Material (A			(Specify SF or LF)			m	0000
TO BE ABATED		ntenance or	(i.e., thermal s			01 01 11)	Re	Z.	Encapsulate	Enclsoure
in Facility	Cust	odial Staff?		ulation, surfac				Remova	Repair	psu	Isou
(13)	Yes	(12) No N/A	or	other miscella	aneous	5)		<u>a</u>	_	late	Ire
Boiler Room	Nes			T			C.L.E.			$\overline{}$	
Bollet Koolii		 		Transite p	ipe		5 LF		H	뮈	H
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		HHH						-	H	H	H
		HH							H	H	H
		HHH						TH	H	H	H
Name of Registered Waste Hau	ler		200 January 1990	ubic Yards	Name	of Register	ed Landfill	l			
C		Hauler ID		Waste			1227				
Service Transport Inc.		20990		2 Cu Yd		rva Landfi	<u> </u>				
City, State New Castle, DE				sposal Date 21/17	City, S	State 1 esburg, C	NLI				
Completed By (Print or Type)		Title	100000	gnature	wayi	iesuurg, C	/11	Date		745 27	
Gino Pizzigoni		Project	31	4/1° ()	r	1 -		/17		
		Manager	r /	Dino P	My	your /	SIL	3/13			

GI17203

nK+ 6368	PAID		CATIO	tate of Ne N OF ASE to NJAC	BESTOS	ABATE		ır 10,	E (C E			The state of the s	
Date of Notification (1) 9/20/17				of Building Lugikis		11 . C. C		1	S	EP 25	201	7	1	1
Agencies Notified Typ	e Notification		110000000000000000000000000000000000000	Address	1 1110	10 11011	-						1	-
⊠ EPA ⊠	Initial							Ā	SBE	STOS C	ONTE	NOL	&ı	1
DEP DOL	Amended Amendment #			ate, Zip C				L	OLUMN TURBORI	LIGEN	SHYLA			_
	Emergency (including	ng		bottom I		80		***						
DOH DCA	justification) Cancellation		Mark	of Contact					Te	ephone N	umber			
				ILITY INF	ORMAT	ION								
Name of Facility Where Abate		(3)					Ту	pe of Facility (4)					
Mark Lugikis Private F Street Address	Home							School (K-12			40)			
Offeet Address							K	Subchapter of Other (i.e. precto.)				ldings	, hom	es,
City (5)								uare Feet	1 200	f Floors	1	Bldg. A	\ge	
Ship bottom NJ 08008				0.7.				000+	1.			35+		
County (6) Ocean				Code (7) USE ONLY)			rrent Use (Prio	r if be	ng demoli	shed)			
Name of Monitoring Firm Hired	d by Buildina Owner (8)	ASC	/I No.		Name		batement Conf	ractor	(9)				
N/A	, ,	-,						Inc.	Ιασισι	(3)				
Street Address						Street	Add	ress						
				×.		POI	Box	329						
City, State, Zip Code						1 - 4 C C C C C		Zip Code erlin NJ 080	91					
Project Manager for Monitoring	g Firm		Telephone No. I Completion Date (11)				753	No. I-9800		License 00727	No.			
Start Date (10)	Schedi	uled Cor	npletion	Date (11)		Name	of O	SHA Monitor						
9/29/17	10/5/					Sam	e							
Occupancy Status During Aba		*				Street	Addı	ress		4.				
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:						City, State, Zip Code								
Scope of Work (Check All Tha	t Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli	ition tion			×	N	Full Containmen Aini-Enclosure Glovebag Proce Non-Exempted	edure				e	
		ls Locati	ion								1	Abate	ement	
Location of	100	Normal sed Sole	ly			scription					_	Ty	ре	
Asbestos-Containing Mate TO BE ABATED	I (ACIVI)	laintena	nce/			aining M systems		ial (ACM)		mount specify	R	_	Enc	щ
In Facility (13)	Gu	stodial 8 (12)	Statt?	,	surfa	cing, VA	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A		Ou let 1	iliscellari	leous	"			Val	=	ulate	ure
Exterior Siding		INO	X		Exte	rior Sic	ding		12	00 SF	×	-		
		1												
											+			
		+					Liver Ex				+-			
Name of Registered Waste Ha	uler	I	JDEP W	/aste	Cubic	Yards		Name of R	egiste	red Landfi	11	<u> </u>		
United Roll Off		H	lauler ID 2459		of Was			G.R.O.V		. Ju Lundii	"			
City, State					Dispos	al Date		City, State				-		
Elm NJ					10/5/			Morrisvil	le P	19067				
Completed by Anthony T Perna	Title	sident			S	ignature	0	2			ate 9/20/1	7		
	1 1 10	-IWWIIL			,		100			11 6				

Drint	Form
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

595	PAID	NOTIF	Pursua	ION OF A	New Jerse ASBESTOS AC 8:60 ar	ABATE nd 12:12	U)	D	EG	EI	V	E		-
Date of Notification (1) 09-19-2017				e of Build S Realt	ing Owner y LLC	/Operato	r (2)		SEP	2 5	2017	7	السا	- Non-
Agencies Notified	Type Notification			et Addres Outwat	er Lane				ASBEST	OS CC	NTB	OL	<u></u>	
X EPA X DEP X DOL	Initial Amended Amendment #		City,	, State, Z	ip Code J 07026			Locations	CONTRACTION DESCRIPTION	CENSI				-
☑ DOL ☑ DOH DCA	Emergency (incliging justification) Cancellation	uding		ne of Cor					Telephone	Number				_
☐ DCA	Cancellauon		F	ACILITY	INFORMA	TION	1 = 45	acility (4)				-		-
Commercial Build	Abatement is Taking Pl ng	lace (3)					Sch Sub	ool (K-12)	Other than	K-12)	uildina	s, hor	nes,	
Street Address 64 Outwater Lane							Oth etc.)	# of Floors		Bldg.	Age		
City (5) Garfield NJ 07026	3		T 0-	h. Cod	0 (7)		N/A Current	Use (Prior	N/A if being der	nolished	N/A			
County (6) Bergen			(\$7	unty Cod	ONLY) _	Nor	Comm	nercial Bu	uilding					-
Name of Monitoring Fi	rm Hired by Building Ow mental	mer (8)		ASCM N	0.	Ar	max Contr	acting LI	_C	×				_
Street Address 2108 Fulton St, S						P	eet Address O BOX 73							
City, State, Zip Code						W	y, State, Zip Ioodland F	Code Park NJ (
Brooklyn NY 112 Project Manager for M	Ionitoring Firm			elephone 47-241			lephone No. 73-692-62	98		ense No. 266		S00:14118-9		
Kayode Adefisoy Start Date (10)		Scheduled 08-13-20	Comp			Na A	me of OSHA	Monitor racting L	LC					
08-03-2017 Occupancy Status D	uring Abatement (Check						reet Address O BOX 73							
01 10	/acated During Entire Poormed Outside of Norma	eriod of Ab	ateme	ent		Ci	ity, State, Zip Voodland	Code	07424					
Scope of Work (Che ≥3 sf or ≥3 lf	ck All That Apply)	X Re	enovat	ion on			× Min	i-Enclosure	ent with Ne	gative Pr	ressure	Э		
≥160 sf or ≥260) If		,,,,out	.,,			X Glo	vebag Pro	d (*) and No	on-Friabl	e Proc	edure)	
		Is	Location	on								Abate Ty	ment	Т
Asbestos-Conta	eation of ining Material (ACM) <u>EABATED</u> Facility (13)	Used Mai Cust	ormall d Sole ntenar odial S (12)	ly by nce/ Staff?	(i.e. th	s Contain nermal sy surfacin	ription of ning Material ystems insula ng, VAT, or scellaneous)	ation,	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	
	Warehouse Space	Yes	No	N/A X		Pipe II	nsulation		410	LF	Х			-
Ground Lavel,	Warehouse Space										+	-	-	
				-							1			-
			L	NJDEP V	Vaste	Cubic Y	/ards	Name o	of Registere	d Landfi	H			
Name of Registere			1	Hauler ID 003618	No.	of Was 7 cy	te		ess Hills					_
City, State Woodland Park						Dispos 06-20	-2017 /	City, St Morri	sville PA		Date			_
Completed by	(110	Title		Nanage		Si	ignature	1.	0		09-19	-201	17	

	and and														_
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Date of Notification (1) 09/07/17	PA	ID			of Building lia Villag						.=. 0	- 20	47	of the state of th	And the state of t
Agencies Notified T	ype Notification			Street A							SEP 2	5 20	1/	- James	4
⊠ EPA □	Initial				South Wo		enue		- ya da			parties based to the	n to the state of the state of	لِ	-
DEP	Amended	ш		100	ate, Zip Co					ASGE	310S	CONT	HUL	, či	
		(including	,		n, NJ 07	036			Louise	Tolo	phone N		AND PERSONS ASSESSED.	STATE AND DESCRIPTION OF THE PERSON OF THE P	Spendous
DOH DCA	justification) Cancellation				ael Gora	S				1 Tele	priorie i	- Aditibei			
				21/10/2009/2009	ILITY INFO		ION			7				_	
Name of Facility Where Aba	atement is Takin	g Place (3)					Туре	of Facility	(4)					
Apartment Building Street Address									School (K-Subchapte		r than K	-12)			
126 South Wood Ave	nue							N (Other (i.e.				dings	home	es,
City (5)								- 6	etc.) re Feet	# of	Floors	T E	Bldg. A	Age	_
Linden								2,00		" 0"	2		50+-	3-	
County (6)			T		Code (7)			- marianta	nt Use (Pri	ior if bein	ng demol	lished)			
Union				(STATE	USE ONLY)			rtment B			(%)			
Name of Monitoring Firm Hi	red by Building	Owner (8)	ASC	И No.		and the first of the second		tement Co						
N/A									Solution	s, LLC					
Street Address								Addres							
City, State, Zip Code							TOWNER THE		p Code		0				
									J 07461						
Project Manager for Monitor	ring Firm		T	Telepho	ne No.		Teleph	one No	Э.	T	License	No.			
							973-	997-1	650		01309)			
Start Date (10) 09/08/16				mpletion	Date (11)		Name Ame		IA Monitor						
Occupancy Status During A	hatament (Chac	9/12/1					Street								
		C. C					100000000000000000000000000000000000000		30th Stre	et					
Abatement Performed	Outside of Norn	nal Facilit	Abaten y Hours	nent s					p Code						_
Other – Describe:		-				_	New	York	NY 100	16					
Scope of Work (Check All T	hat Apply)							8							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	Renova Demolit				X	Min Glo	Containm i-Enclosure vebag Pro- n-Exempte	e cedure				e.	
		1	s Locati	ion		(2-01-0-02 m)-				4 / 4				ement	
Location of			Normal	lly		De	scription	of					Ту	/pe	
Asbestos-Containing Ma TO BE ABATE		00000000	ed Sole aintena				taining M systems				nount pecify	77		En	П
In Facility		Cus	todial 9 (12)		(1.0.	surfa	cing, VA	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure
(13)						other n	niscellan	eous)				val	¥.	ulate	ure
			No	N/A			11C-1041			70 0.000				(D)	
1st Floor			Х			30200	oor tiles				6 S.F.	х			_
2nd Floor			Х			Li	noleun	า			S.F.	х			
Roof			Х			roofing	g & flas	shing		400	S.F.	х			
Name of Registered Waste	Hauler			JDEP W	/aste	Cubic	Vards		Name of	Register	ed I and	fill			
Atlantic Carting	. ,		Н	lauler ID		of Was	ste		G.R.O.		Ju Luiiu				
City, State			1	90713		Dispos	10 sal Date		City, Stat	- the contract of					_
Wayne, NJ						1 53	mpleti	on	Morris		A				
Completed by		Title	.:	10			ignature		C,	/		Date	/4 7		
Bilyana Stankovic		Pres	sident			1	rely	ana	Star	rkov	uc	09/07/	17		

C/V5# 16903 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 9/19/17 Linda Evans Agencies Notified Type Notification Street Address **EPA** Initial City, State, Zip Code DEP Amended 2017 5 X DOL Amendment #_ Chatham, NJ 07928 Emergency (including Name of Contact Telephone Number DOH justification) DCA Cancellation Linda LIUENSING **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) home School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age Chatham 2100 2 70 County (6) Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/28/17 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: attic, basement, garage Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Enclosu TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Attic pipe insulation 75 LF X X Basement X pipe insulation 30 LF X Garage X pipe insulation 50 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Freehold Cartage Wester Berks Landfill 15939 TBD City, State Disposal Date City, State Freehold, NJ TBD Birdsboro, PA Completed by Title Signature Date A. Scott Higgins President 9/19/17

		,,,	(Pursua	ant to NJA	C 8:60	and 12:1	20) \	loal	16	71	1		
Date of Notification (1) 9/19/17			Nam	e of Buildir	ng Owne	r/Operat	or 2		W P		1		
Agencies Notified Type Notificati				par Exca	vating		IIIVI-		V E	15	111		
	OH			et Address High St	40.04		Total Control		-	1	Ш		
EPA Initial DEP X Amended	6		-	State, Zip			JU UI SI	EP 25 20)17	L	///		
× DOL Amendme	ent#			wood Nu		ρ			1	General	1		
DOH Emergence justification	cy (includ	ing		e of Contac			ASELS	OSICONIT			Contract of the Contract of th		
DCA Cancellation	on			1 Locava				ICENTERING	lonel Nom	be			
Name of Facility Mr.				CILITY IN		TION	Andrew Control of the	nero.					
Name of Facility Where Abatement is Tall Associated with Apartment Com	king Place	e (3)					Type of Facili	ity (4)					-
Street Address	piex						School (K-12)					
203 Faller Drive							Subchar	oter 8 (Other th	nan K-12)				
City (5)							Other (i.etc.)	e. private & co	mmercial	bu	ilding	s, ho	mes
New Milford							Square Feet	# of Flo	ors	T	Bldg.	Age	-
County (6)							3000	2			85	- 3-	
Bergen			(STATE	y Code (7) E USE ONL	ΥI		Current Use (Prior if being d	lemolishe	d)	-		-
Name of Monitoring Firm Hired by Building	Owner /	'01			"		boiler room	of apartme	ent com	ple	ЭX		
Januari,	y Owner (0)	ASC	CM No.		Name	of Abatement C	Contractor (9)			-		-
Street Address					· ·		Environmen	ital Services	s, LLC				
							Address	0 . 5 .					
City, State, Zip Code							30x 483, 4 E	Gate Drive			osumma.		
							tate, Zip Code wood, NJ 07	7/10					
Project Manager for Monitoring Firm			Telepho	one No.			one No.						
							764-2276	70:	ense No.				
Start Date (10)	Schedu	ıled Co	mpletion	Date (11)			of OSHA Monito	(4) (4)	J	7777			
9/25/17	10/30	/17		80 5			o. GOTH (MOTHE	,,					
Occupancy Status During Abatement (Che						Street	Address						
Facility Closed/Vacated During Entire	Period of	Abater	ment										
Abatement Performed Outside of Norr Other – Describe: basement	mal Facili	ty Hour	S			City, St	ate, Zip Code			-			
Scope of Work (Check All That Apply)													
0.0000000000000000000000000000000000000	_												
≥3 sf or ≥3 lf ≥ 260 sf or ≥260 lf	-	Renova				×	Full Containn	nent with Nega	ative Pres	1123	re		
		Demoli	ion				Mini-Enclosu	re					
							Glovebag Pro Non-Exempte	cedure ed (*) and Non	-Friable F	Pro	-edur	·6	
	100	s Locati							I		Abate		ıt
Location of Asbestos-Containing Material (ACM)		Normal ed Sole			Des	cription o	of				Ту	ре	
TO BE ABATED	Ma	intena	nce/	Asbest	os Conta	aining Ma	aterial (ACM) insulation,	Amount	2.7			m	
In Facility (13)	Cus	todial S (12)	Staff?	(1.0.	surfac	ing, VAT	. or	(Specify SF or LF		U	R	Encapsulate	CHIC
(10)	-	(/	_		other m	iscellane	ous)		7 0		Repair	psui	Enclosure
	Yes	No	N/A						ū	-		ate	ō
Boiler room behind 203 Faller Dr		X		ceilin	g plast	er	240 LF	×	+		-		
			X			nsulatio		60 LF		+			-
			х			insulati			X				
			^		nollei	irisulati	on	150 SF	×				
Name of Registered Waste Hauler		N	IDEP Wa	note T	0.11								
reehold Cartage		Ha	auler ID N		Cubic Y of Wast		Name of	Registered La	ndfill		-		
The state of the s			939	3177776	TBD	-0	Wester	Berks Land	dfill				
city, State reehold, NJ		2100			Disposa	I Date	City, State	9					
Completed by	Title		2.5		TBD		Birdsbo						
. Scott Higgins		Signature				1		Date					
	Presi	aent					UN		9/19/1	17			

State of New Jersey

TO A TITLE	NOTIFICATION OF ASBESTOS ABATEMENT
PALL	(Pursuant to NJAC 8:60 and 5:16) CEWED
	Name of Building Owner/Ordettes (2)

Date of Notification (1)					Name	of Building	g Ow	vner/Operator (2)		7				
	20 /	17			Joh	nn Cumb	0		SEP 25	201	,311	95	2		
Agencies Notified	Type Notifica	ation			Street	Address			- VEI - 3	4.51	1				
⊠ EPA								Í			1				
□ DOLWD	☐ Amended	The second second		h	City S	State, Zip C	code	ASL	ESTUS CO	NTO	019				
☑ DOH	Amendm	20102 VII.				sippany,			LICENSII	NG	ULX				
☐ DCA	☐ Emergen		ding			20010		07054	mesopolium management	Terisorial site					
(NJAC 5:23-8)	justification				Name	of Contac	t			Т	elephone Num	nber			
	☐ Cancellat	tion			Joh	n Cumb	0			Ĺ	•				
N					FA	CILITY IN	FOI	RMATION							
Name of Facility Where A	Abatement is 1	aking Pl	ace (3)					Type of Facili	ity (4)					
Residence									School (K						
Street Address	_			0.00							Other than K-12 ate and comme		uildin	as.	
									homes, et						
City (5)									Square Feet		# of Floors	E	ldg. A	ge	
Manahawkin									800 sf		1		65		
County (6)					Cour	ty Code (7	VST	ATE USE ONLY)		Prior	if being demoli	ichod)			
Ocean					Cour	ity Code (r	1017	ATE USE ONET)			ii being demoii	sneu)			
									Residenc	_					
Name of Monitoring Firm	Hired by Build	ding Own	er (8)	A	SCM	No.	Na	me of Abateme	ent Contractor	(9)					
N/A							(Guardian Co	ntracting, In	c.					
Street Address								eet Address	7,6	- 12				-	
							E856	1889 Route 9	Unit 61						
City State 7in Code															
City, State, Zip Code								y, State, Zip Co							
							1	Toms River, I	New Jersey	0875	5				
Project Manager for Moni	toring Firm		Т	elep	hone	No.	Tel	lephone No.			License No.				
							7	32-349-9932			00624				
Start Date (10)	5	Schedule	d Com	pleti	on Da	te (11)	Na	me of OSHA M	lonitor					-	
10 / _02_ /						17	1000000	E.M.S.L. Anal							
Occupancy Status During	Ahatement (Check or	ly one	1			Str	eet Address							
☐ Facility Closed/Vacate															
☐ Abatement Performed						Cance.		056 Stelton							
Time of Abatement:							City	y, State, Zip Co	ode						
Time of Abatement.				101-		Aivi	F	Piscataway, N	New Jersey (0885	4				
Scope of Work (Check all	that apply)														
☐ ≥3 sf or ≥3 lf			_		1220			☐ Full Cont	ainment with N	Vegati	ve Pressure				
\(\sum_{\geq} \geq 160 \text{ sf or \$\geq 260 lf}\)		-	Renov					☐ Mini-Enc	7,77						
24 - 100 31 01 - 200 11			Demo	IILIOI						Non-F	riable Procedu	ire			
			Is Lo	catio	20					T				T	
Location	of		Nor					Description o				A	atem	ent i	1
Asbestos-Containing I		0 1	Jsed S			Ashe	stas	Containing Ma			Amount	Re	Re	E	Ē
TO BE ABA			Mainte					ermal systems i			(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit	ty	(Custod		taff?	100	5	surfacing, VAT,	or		SF or LF)	val	~	us	Sure
(13)				12)		-	ot	her miscellane	ous)					ate	(D
		Y	es 1	No	N/A										
exterior				1		asbesto	s s	iding			800 sf			П	П
			_												
							13					+	12		
				1	100.00			1,471;						닏	
			1 L											Ш	П
Name of Registered Was	te Hauler			0.5500000	DEP V		1000000	bic Yards of	Name of Re	gister	ed Landfill				
Guardian Contraction	ng, Inc.			-0-0000	uler II 20223		Wa		T.R.R.F.						
City, State		(6)						posal Date	City, State						
Toms River, New Je	ersey						1	0/05/17		n, Pe	ennsylvania				
Completed By (Print or Ty	(ne)	Title		22				Signature	1	1		ato /			
Nicholas Fernicola	(60)		not 8#		~~-		825	Jigilatule		1)		ate/	1	·	
Micholas Ferricola		Proje	ect M	ana	ger			1	6 6	57		1/2	11	ž.	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

				(Pursu	ant to NJ	AC	8:60 and 5:1	6)) E	C	E	11 11	// [3 6	7
Date of Notification (1)					Na	me of Buildi	ng (Owner/Operator	(2)	11-1	6	5	1 /	1	4	H
9 / _	7 /	1	7					nergy Compa	1 1	9-521				1.000	A substitution of the subs	The same of the sa
Agencies Notified	Type Noti	fication	ı		Stre	eet Address				limity	SEP	2	2	717	i.L	1
⊠ EPA					1	0 Legion I	Pla	ce- Building A		Menters					-	
☑ DOLWD ☑ DHSS	☐ Amend		4		City	, State, Zip	Cod	de	I	ASB	ESIC	OS C	ONT	ROL	8	
□ DCA	⊠ Emerg			-	IV	lorristown	1, N	IJ 07960		NO February our		ENS			a 404	
(NJAC 5:23-8)	justifica		ioiddii	19	Nar	ne of Conta	ct			Tel	ephone	Num	ber		and come to	
	☐ Cancel	lation			J	ohn Greco	0			. 1	-20					
					F	ACILITY II	NFO	ORMATION								
Name of Facility Where A	batement is	Takin	g Plac	e (3)			20010		Type of Facility	(4)						1000
JCP&L									☐ School (K-1							
Street Address									Subchapter	8 (Oth	er than	K-12)		111100	
Intersection of E. /	Atlantic A	ve.,	E. Po	oint	Pleasa	ant Ave. a	& S	Stone Harbor	Other (i.e., phomes, etc.		and co	mmer	cial d	ullain	gs,	
City (5)									Square Feet		of Floor	'S	В	ldg. A	ge	
Ocean Gate, NJ										1						
County (6)					Co	unty Code (7)(S	TATE USE ONLY)	Current Use (Pi	rior if b	eing de	emolis	hed)			
Ocean									Substation		167		100			
Name of Monitoring Firm I	Hired by Bu	ilding (Owner	(8)	ASC	И No.	N	ame of Abateme	ent Contractor (9))						
1 Source Safety & H	ealth, Inc.	•						AbateTech, Ir	ıc.							
Street Address						7.2	S	treet Address								
140 S. Village Ave.,	Suite 130							30 Maple Ave	. PO Box 25							
City, State, Zip Code							Ci	ity, State, Zip Co	de							
Exton, PA 19341								Lumberton, N	J 08048							
Project Manager for Monito	oring Firm		-00	Te	ephone	No.	Te	elephone No.		Lic	ense N	lo.	-			
Brian Hovendon				(10-52	4-5525		609-265-2107		0	0529					
Start Date (10)						ate (11)	Na	ame of OSHA M	onitor							
9 / 12 /	17		9 /	_1	2 /	17		EMSL Analyti	cal							
Occupancy Status During							St	reet Address								
☐ Facility Closed/Vacated	During Ent	ire Per	iod of	Abat	ement		:	200 Route 130	North							
Abatement Performed (Outside of N	lormal	Facility	y Hou	ırs - De	scribe	Cit	ty, State, Zip Co	de							
Time of Abatement:		PIV	w	_PIV		_AM		Cinnaminson,	NJ 08077							
Scope of Work (Check all t	hat apply)								. 7 20 21							
≥3 sf or ≥3 if			⊠ Re	nova	tion			☐ Full Conta	ainment with Neg	gative F	ressur	re				
☐ ≥160 sf or ≥260 lf			☐ De					☐ Glovebag	Procedure							
				1					npted (*) and No	n-Friat	le Proc	cedure	1			
Location of	6	1		Loca				D	1				Ab	atem	ent T	-
Asbestos-Containing Ma		1)	Use	d So	ely by	Asbes	stos	Description of Containing Mate	erial (ACM)	4	Amount		Re	Repair	En	Enclosure
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) Millville Public Schools / Job #1707 5 79 Check #9450 9 18 / 17 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 101 North 3rd Street **⊠** DOLWD □ Amended City, State, Zip Code ASELSTOS CONTROL & **⊠** DHSS Amendment #1 LICENSING Millville, NJ 08332 ☐ Emergency (including X DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Bob Ryan **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Millville Senior High School School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 200 North Wade Blvd homes, etc.) City (5) Square Feet # of Floors Bldg. Age Millville 200,000 2 50+ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Cumberland Education Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brinkerhoff Environmental Services, Inc. 00100 AbateTech, Inc. Street Address Street Address 1805 Atlantic Avenue 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Manasquan, NJ 08736 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Gary W. Fleming 732-223-2225 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor / _29 / 17 10 / 31 / 17 **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: 7AM-3:30PM/3:30PM-12AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) $\square \ge 3$ sf or ≥ 3 If $\square \ge 160$ sf or ≥ 260 If □ Renovation ☐ Mini-Enclosure ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Encapsulate 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 A103, B100, D101, D105 X Cove Base Mastic 300 LF X П П A103, B100, D101, D105 X Chalk Boards/Mastic 280 SF X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. AbateTech, Inc. Waste G.R.O.W.S. Landfill 18750 40 City, State Disposal Date City, State Lumberton, NJ 10/31/17 Tullytown, PA

ASB-41 **MAY 11**

Completed By (Print or Type)

Gwendolyn Trumbetti

Operations Coordinator

Signature

Date

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

Date of Notification (1)				- Ne	and of Duillet			IN E 16 1		W	15	
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* Do not use this form for asbestos licensure exempted activities.

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PO Box 365						30 Maple Ave	PO Boy 25					
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Berlin, NJ 08009						Lumberton, N						
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Jim Proctor			- 6	09-83	9-2434	609-265-2107		License No.				
tart Date (10)	Sched	uled C	omple	etion D	ate (11)	Name of OSHA Mo	onitor	00529				
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Abatement Performed Outside of Time of Abatement:AM- cope of Work (Check all that apply	of Normal PM Y) ACM)	Facility Re Del	y Houine PM- PM- PM- Inovatii molitic Locati formal d Sole informal Mo Mo Mo Mo Mo Mi	on on ion ion ily ily by nce/Staff?	Asbes (i.e., Roofing Flashing Pitch Portile Vaste (i.e.,	200 Route 130 City, State, Zip Coc Cinnaminson, Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneous Material Parapet cket Flashing & Mastic Cubic Yards of Naste Disposal Date	inment with Negrouse Procedure pted (*) and Non sulation, rs) Name of Registe G.R.O.W.S. I	Amount (Specify SF or LF) 12,000 SF 660 SF 290 SF 12,000 SF ered Landfill	Removal X	Repair	1	Т
Abatement Performed Outside of Time of Abatement:AM- cope of Work (Check all that apply 1 ≥ 3 sf or ≥ 3 lf 1 ≥ 160 sf or ≥ 260 lf Location of Asbestos-Containing Material (A TO BE ABATED IN Facility (13) terior Roof terior Roof Floor The of Registered Waste Hauler TGI State Janders, NJ 07836	of Normal PM y)	Facility Re Del	y Houine PM- PM- PM- Inovatii molitic Locati formal d Sole informal Mo Mo Mo Mo Mo Mi	on on ion ion ily ily by nce/Staff?	Asbes (i.e., Roofing Flashing Pitch Portile Vaste (i.e.,	200 Route 130 City, State, Zip Coc Cinnaminson, Full Conta Glovebag Non-Exem Description of tos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneous Material Parapet cket Flashing & Mastic Cubic Yards of Waste	inment with Negrore Procedure pted (*) and Non rial (ACM) sulation, r s) Name of Registe G.R.O.W.S. I	Amount (Specify SF or LF) 12,000 SF 660 SF 290 SF 12,000 SF ered Landfill	Removal X	Repair	1	T
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Date of Notification (1)						g Owner/Operator	A 3 45					
	13 /1	17		PS	SE&G / Jo	ob #1708-5204	Pg.2 Che	ck# SEP	2 E	201	7	
Agencies Notified	Type Notification	n		Stree	et Address		1 -	el ten.				_
⊠ EPA	☐ Initial			40	00 Hadley	/ Road	1		na Brotzabarongo, mo	n page for the second		
					State, Zip (ASELSTOS	CO	NTR	OL 2	Ġ.
☐ DCA	Amendment	_			uth Plain		1	LICE	NSII	VG_	-	water-spirit
(NJAC 5:23-8)	Emergency (justification)		ng		e of Contac			Telephone Num	har			_
	Cancellation			100000000000000000000000000000000000000	ristina M	(T)		relephone Num	ber			
The state of the s				FA	CILITY IN	IFORMATION						
Name of Facility Where Ab			e (3)				Type of Facility	(4)				
PSE&G- South 5th St	reet Substation	on					School (K-1	2)				
Street Address							Subchapter	8 (Other than K-12	.)			
501-511 Bergen Stre	et						homes, etc.	private and comme	rcial b	uilain	gs,	
City (5)							Square Feet	# of Floors	TB	Bldg. A	lae	
Harrison, NJ 07029							30				.90	
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	I rior if being demolis	shed)			
Hudson				-53.53.53	,	(Constitution of the Park	Substation	157	nica)			
Name of Monitoring Firm H	ired by Building	Owner	(8)	ASCM	No.	Name of Abateme	100					_
Health & Safety Serv			**/			AbateTech. I		T.				
Street Address						Street Address						
PO Box 365						30 Maple Ave	DO Poy 25					
City, State, Zip Code						City, State, Zip Co	E MINE O COMMISSION OF COMMISS					
Berlin, NJ 08009												
Project Manager for Monito	ring Firm		Tol	ephone	No	Lumberton, N	NJ 08048					. 17. 7
Jim Proctor	ing rum)-2431	Telephone No.		License No.				
Start Date (10)	Scho	dulad C	-	A CONTRACTOR OF THE PARTY OF TH	ate (11)	609-265-2107 Name of OSHA M		00529				
8 /30 /		10	337									
	_ \ _	33.				EMSL Analyti	cai					
Occupancy Status During A						Street Address						
☐ Facility Closed/Vacated☐ Abatement Performed C	outside of Norma	Facilit	Abate	ment	oribo	200 Route 13						
Time of Abatement:	AM- P	M/	y nou	. Des	AM	City, State, Zip Co						
			_			Cinnaminson	, NJ 08077					
Scope of Work (Check all the	iat apply)					□ Eull Cont	sinmont with No.	anti an Danasana				
≥3 sf or ≥3 lf		⊠ Re	enovati	ion		☐ Mini-Enc	ainment with Neg osure	ative Pressure				
≥160 sf or ≥260 lf		☐ De	emolitio	on		☐ Glovebag	Procedure					
		Т.					mpted (*) and No	n-Friable Procedur	е			
Location of		783	S Locat Norma						Ab	atem	ent T	ype
Asbestos-Containing Ma		Use	ed Sole	ely by	Ashes	Description of tos Containing Mat	rerial (ACM)	Amount	Re	Re	Ē	E
TO BE ABATE			intena todial		(i.e.	, thermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)		Cus	(12)	Stall?		surfacing, VAT, other miscellaned	or	SF or LF)	<u>a</u>	115	Encapsulate	ure
(3-7)		Yes	No	N/A		other miscellanet	ous)				te	200
2nd Floor					Floor tile	e & Mastic		12,000 SF		П	П	-
and Floor						ar on Columns		48 SF				
						a. on ociamic		40 01	-			-
				-								
lome of Desisters (1M)			Щ									
lame of Registered Waste	nauier			JDEP \ auler I[Cubic Yards of Waste	Name of Regis					
		W-11		00069	2061	12	G.R.O.W.S.	North Landfill				
City, State						Disposal Date	City, State					
Flanders, NJ 07836					1	10/31/17	MOrrisville	, PA 19067				
ompleted By (Print or Type) Title	9			-	Signature	-	Dat	e	-		
						Community of the first of the f	Ol.	1	4 4	Carrie Direct	-	
Gwendolyn Trumbetti	0	perati	ons (oordi	nator		UMMIT	0	1113	311	-	

Data del Co									>		
Date of Notification (1)	17				ing Owner/Operator Job # 1609-5066	(2) COUR	TESY NOTIFICA	TIO		\mathbb{W}_{j}	[]
Agencies Notified Type Notified	,	`		et Address			THE SE	2-2-	/	017	Selfe Section and the self-
☑ DOLWD ☑ DHSS ☑ Amende Amendm	7.1	1	City,	State, Zip	Code		11 001		0 -	.017	10.
DCA Emerger		lind	Sc	uth Plair	nfield, NJ						
(NJAC 5:23-8) justificat			Nam	e of Conta	ict		Telephone Num	OS (CON	TRC)L &
Cancella	tion		Gr	eg Maro	ne			UEN	DIM	<u> </u>	Marketine
·	-		F.A	CILITY	NFORMATION		20 M		-	*	_
Name of Facility Where Abatement is	Taking Pla	ace (3			III ORIIIATION	Type of Facility	(A)		_		
PSE&G- Control House						School (K-12					
Street Address						☐ Subchapter 8	8 (Other than K-12))			
98 Cook Road						Other (i.e., p homes, etc.)	rivate and commer	cial b	uildin	gs,	
City (5)						Square Feet	# of Floors	B	ldg. A	ne.	
Nutley, NJ						V.			iug. 7	ige	
County (6)			Cou	nty Code ((7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Essex						Control Hou	ise				
Name of Monitoring Firm Hired by Build	ding Owne	er (8)	ASCN	No.	Name of Abateme	ent Contractor (9)					
Health & Safety Services					AbateTech, I	nc.					
Street Address					Street Address						
PO Box 365					30 Maple Ave	e. PO Box 25					
City, State, Zip Code					City, State, Zip Co	ode					
Berlin, NJ 08009					Lumberton, N	NJ 08048					
Project Manager for Monitoring Firm		I	elephone	No.	Telephone No.		License No.				
Jim Proctor		-	856-452		609-265-2107		00529				
	Scheduled				Name of OSHA M	lonitor					
9 / 18 / 17			22_ /	_17/	EMSL Analyti	ical					
Occupancy Status During Abatement (Street Address						
Facility Closed/Vacated During Entit	e Period	of Aba	tement		200 Route 13	0 North					
Abatement Performed Outside of No Time of Abatement:AM	ormal Faci PM/	ility Ho	ours - Des M	Scribe AM	City, State, Zip Co						
Scope of Work (Check all that apply)					Cinnaminson						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renov Demoi			☐ Full Cont ☐ Mini-Encl ☐ Glovebag		ative Pressure				
							n-Friable Procedure	е			
Location of		Is Loc Norn						Ab	atem	ent T	уре
Asbestos-Containing Material (ACM		sed S	olely by	Ashe	Description of estos Containing Mat		Amount	Re	Re	m	m l
TO BE ABATED	_ N		nance/ al Staff?		e., thermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)	0.0	(1)			surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure
	Ye	s N	o N/A		other miscellane	ous)				ite	
Exterior Wall				Plaster			>3SF				
								П	П	П	П
		П	П								
Name of Registered Waste Hauler			NJDEP	Naste	Cubic Yards of	Name of Regist	arad Landfill		ш	П	ш
Waste Management			Hauler II 18750	O No.	Waste 2	G.R.O.W.S.					
City, State					Disposal Date	City, State					
Camden, NJ					9/22/17	Tullytown,	PA				
Completed By (Print or Type)	Title				Signature		Dat	е		507	
Gwendolyn Trumbetti	Opera	tions	(m	MT		11	11	11-	1		
SB-41	_					1111		9	VV	11	I

	140					8:60 and 5			MEC	EI	7/7	E	- Pro-		
Date of Notification (1)				•						'	111-15	<u> </u>	\mathbb{V}	<u>E</u>	
9 /	13 /	1	7					wner/Operato			08-5205 Çhe	-I- #040	0		
Agencies Notified	Type Notific							lorgy comp	Jan	iy 7 300 #111	U LI SE	K #340	201	7	
⊠ EPA	☐ Initial	cation			1	et Address				The state of the s					hasoso
☑ DOLWD		ed						e- Building	J A		L				
☑ DHSS	Amenda		3		2000	State, Zip				į.	ASBEST	OS CO CENSII	NIH	OL &	St.
□ DCA	☐ Emerge		ncludir	g	_	orristown		J 07960		04000	The Committee of the Co	7411011	VCI	NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	hinesis en
(NJAC 5:23-8)	justificat Cancella					e of Contac hn Greco	••				Telephone N	umber	2		
	- Caricelle	20011			200						1		-		
Name of Facility Where A	hatament is	Takin	a Diaa	a (2)	FA	CILITY	NFC	RMATION							
JCP&L	Datement is	Takili	y Plac	e (3)					- 1	Type of Facility					
Street Address										School (K-1	2) 8 (Other than K	12)			
150 Ridgedale Aven										Other (i.e., p	rivate and com	nercial b	uildin	as.	
City (5)	ue									homes, etc.)			9	
Whippany, NJ										Square Feet	# of Floors	В	ldg. A	ige	
County (6)					Cou	nti Cada (71/07	ATE LIDE ONLY	0						
Morris					Cou	nty Code (/	1)(51	ATE USE ONLY	Y)	Substation	rior if being dem	olished)			
Name of Monitoring Firm I	Hired by Buil	dina (Owner	(8)	ASCM	No	NI	ama of Abata							
1 Source Safety & H			JWIICI	(0)	AGGIVI	NO.		AbateTech,		nt Contractor (9)				
Street Address		-					-	reet Address	A						
140 S. Village Ave.,	Suite 130						100000			PO Box 25					
City, State, Zip Code				-			-	ty, State, Zip							
Exton, PA 19341							1	Lumberton.							
Project Manager for Monito	oring Firm			Tele	ephone	No	-	lephone No.	, 144	0 00040	License No.				
Brian Hovendon				11	10-524		1 .	609-265-21(07		00529				
Start Date (10)		Sched	uled C			te (11)		me of OSHA	51.5	nitor	00329				
9 / 5 /		d.	9 /		1 /	17		EMSL Analy							
Occupancy Status During	Abatement &	Check	only				-	eet Address	,						
☐ Facility Closed/Vacated					ment			200 Route 1	120	No with					
☐ Abatement Performed (Outside of No	ormal	Facilit	y Hou	rs - Des	cribe		y, State, Zip	3000				-		
Time of Abatement:	AM	PN	Λ/	_PM		AM		y, State, Zip t Cinnaminso							
Scope of Work (Check all t	hat apply)							Jiiiiaiiiiiis	JII,	NJ 06077					
	11.37		_					□ Full Co	nta	inment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re ☐ De						nclo	sure					
			□ ре	monte) I I			☐ Gloveb	ag kem	Procedure pted (*) and No	n-Friable Proced	dure			
				Locat									atem	ent T	vpe
Location o		.		lorma d Sole				Description						_	
Asbestos-Containing M TO BE ABAT		1)		intena				Containing Mermal systems			Amount	Removal	Repair	nca	Enclosure
IN Facility			Cust	odial	Staff?	(1.6.	,	surfacing, VA	T, o	or	(Specify SF or LF)	ova	=	psu	nsc
(13)		-	V	(12)	T			her miscellan			,			Encapsulate	e
Control Room			Yes	No	N/A										
						Floor til	e &	Mastic			300 SF				
Basement						Duct Wo	ork				25 SF				
Control Room				\boxtimes		Misc. He	eat	Resistant P	Pap	er	400 SF				
													П	П	
Name of Registered Waste	Hauler				JDEP V			oic Yards of		Name of Regis	tered Landfill				-
AbateTech, Inc.				H	auler ID 18750	COLORES DATE	Wa 2			G.R.O.W.S	Landfill				
City, State					10100			posal Date	+	City, State				- // -	-
Lumberton, NJ						1	/	/14/17		Tullytown,	PA				
Completed By (Print or Typ	e)	Title				- A		Signature				Date 1	. 1	/	1
Gwen Trumbetti		O	erati	ons (Coordi	nator			(MM		al	ih	11	1
3D 44								1	V	11 1 1 1 1		-11	10	8 8	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Data of Natification (4)		-		Ter			_/_	parameter Ha				7	
Date of Notification (1) 9 / 11	/ _1	7				ing Owner/Opera Job # 1609-506	1	COURT	ESY NOTIF	CATIC	N E		A CONTRACTOR OF THE PARTY OF TH
Agencies Notified Type No ☑ EPA ☑ Initial		1			et Address 000 Hadle		/	A CONTRACTOR OF THE CONTRACTOR	SEP 2	2 5 21	117		圳
☑ DOLWD ☐ Amer		u		City	, State, Zip	Code		2000 5000		_		-	-
☐ DCA ☐ Emer	dment #		_	S	outh Plai	nfield, NJ			05:	OOM	TDO!	ا	100
(NJAC 5:23-8) justifi	cation)	riciuali	ig	Nam	ne of Conta	ct			SBESTOS Telephone			_ Ct	-
☐ Canc	ellation			G	reg Maro	ne		L		2 college	- was a supplement	The state of the s	резеняем
				F	ACILITY	NFORMATION			-				
Name of Facility Where Abatement	is Takin	g Plac	e (3)					pe of Facility (4	1)				
PSE&G- Control House		8	3 5				1000	School (K-12)	,				
Street Address		-					-	Subchapter 8	(Other than K				
98 Cook Road								Other (i.e., printed homes, etc.)	vate and com	mercial	buildin	gs,	
City (5)		Artist					Sq	uare Feet	# of Floors	1	Bldg. A	Age	
Nutley, NJ												.5-	
County (6)				Cou	inty Code (7)(STATE USE ONL	Y) Cu	rrent Use (Prio	r if being dem	nolished)			
Essex								Control Hous					
Name of Monitoring Firm Hired by B	uilding (Owner	(8)	ASCN	l No.	Name of Abate	ement C	Contractor (9)					
Health & Safety Services						AbateTech							
Street Address						Street Address	3						
PO Box 365						30 Maple A	Ave. Po	O Box 25					
City, State, Zip Code						City, State, Zip	Code						
Berlin, NJ 08009						Lumberton	n, NJ 0	8048					
Project Manager for Monitoring Firm		1//	Tel	ephone	No.	Telephone No.			License No.				
Jim Proctor			8	56-452	2-1311	609-265-21	07		00529				
Start Date (10)	Sched	uled C	ompl	etion Da	ate (11)	Name of OSHA	Monito	or	I.				
_9 / _18 / _17_		9/	_1	8 /	17_	EMSL Anal	lytical						
Occupancy Status During Abatemen						Street Address							
☐ Facility Closed/Vacated During Er						200 Route	130 No	orth					
Abatement Performed Outside of	Normal	Facility	/ Hou	rs - Des	scribe	City, State, Zip	Code						
Time of Abatement:AM	PIV	nv	_PIV		AIVI	Cinnamins	on, NJ	08077					
Scope of Work (Check all that apply)													
≥3 sf or ≥3 lf		□ Re	novat	ion		∐ Full Co Mini-E		ent with Negat	ive Pressure				
☐ ≥160 sf or ≥260 lf		De		2.201.000		☐ Gloveb	oag Pro	cedure					
						☐ Non-E	xempte	d (*) and Non-f	Friable Proce	dure			
Location of			Loca Iorma			D				Al	atem	ent T	уре
Asbestos-Containing Material (AC	M)	Use	d Sol	ely by	Asbe	Description stos Containing N		(ACM)	Amount	Re	Re	Ē	E
TO BE ABATED			ntena	ance/ Staff?		, thermal system	s insula		(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)		Ouot	(12)			surfacing, VA other miscellar		1	SF or LF)	<u> </u>		Encapsulate	ure
		Yes	No	N/A	1	ou.ro. modoliai	icoda)					te	
Exterior Wall		П			Plaster		-		>3SF		\Box		
The state of the s				+	1				- 001	-		ᆜ	
		\sqcup										Ш	Ш
											П	П	П
Name of Registered Waste Hauler			N	JDEP V	Vaste	Cubic Yards of	Na	me of Register	ed Landfill			_	-
Waste Management			Н	lauler IE	200	Waste		3.R.O.W.S. L					
City, State				18750		2 Disposal Date		y, State				10-5-12	
Camden, NJ						9/18/17		rullytown, PA	A				
Completed By (Print or Type)	Title					Signature		,		Date			-
Gwendolyn Trumbetti	ALL III ALL II	eratio	ons (Coordi	nator	Signature	100	, 7		ale	1	1.	
SB 41	J - P						XIA	11		- 1	111	11	

ASB-41 MAY 11

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

Date of Notification (1)					Name	of Buildin	a Ov	vner/Operator (2)					-
9 /	11 /	17			1		500	1708-5207	COUR	ESYNOTIFIC	ATION	I		M
Agencies Notified	Type Notific	ation		273 27	Stree	t Address			/111	划			1	411
⊠ EPA		treat house is			Literatura rescues	00 Hadley	, Ro	ad	S. Carlotte	7	2 - 0	205		1111
□ DOLWD	☐ Amende	d				State, Zip (SEP.	252]]/	1 Feet	7
☑ DHSS	Amendm	ent#_		g		uth Plain			-				1	
DCA	☐ Emerger		cluding	9				1, NJ		13000	FION	ron	1 2	-
(NJAC 5:23-8)	justificati					of Contac				Petephone W	mber IV	3	E OI	
	☐ Cancella	tion				Dunham			Loose				9,000,000	estativesi
None of Facility 18/1 A			Di	(0)	FA	CILITY IN	IFOI	RMATION		22				
Name of Facility Where A		laking	Place	(3)					Type of Facility					
PSE&G- Generating	Station								School (K-1)		40)			
Street Address										8 (Other than K- rivate and comn		uilding	is.	
4001 Wood Ave. So	uth								homes, etc.					
City (5)									Square Feet	# of Floors	BI	dg. A	ge	
Linden, NJ 07036														
County (6)				72	Cour	nty Code (7)(STA	ATE USE ONLY)	Current Use (Pr	ior if being demo	olished)			
Passaic									Generating	Station				
Name of Monitoring Firm	Hired by Build	ding C	wner ((8)	ASCM	No.	Na	me of Abateme	ent Contractor (9					_
Health & Safety Ser	vices						1	AbateTech, Ir						
Street Address								eet Address			. 77 -			
PO Box 365								0 Maple Ave	PO Box 25					
City, State, Zip Code		-						y, State, Zip Co	And the contract of the					
Berlin, NJ 08009								umberton, N						
Project Manager for Monit	oring Firm			Tolo	phone	No		250	13 00040	TI:				
Jim Proctor	loring r iiiii				6-452		27/100	ephone No.		License No.				
Start Date (10)	16	> - l d	1-10					09-265-2107		00529				
9 /18 /				81	ion Da	te (11) 17		me of OSHA M EMSL Analyti						
Occupancy Status During								eet Address	(T-77,1)					
☐ Facility Closed/Vacated					nent		1000		n North					
☐ Abatement Performed						cribe		00 Route 130						
Time of Abatement:	AM	PM	1/	_PM-		AM		/, State, Zip Co Sinnaminson						
Scope of Work (Check all	that apply)							□ Full Coat	nings and with Mr.					
≥3 sf or ≥3 If			⊠ Re	novati	on			☐ Mini-Encl	ainment with Ne osure	gative Pressure				
☐ ≥160 sf or ≥260 lf			☐ De					Glovebag	Procedure					
								Non-Exer	mpted (*) and No	n-Friable Proced	dure			
T 100	020			Locat Iormal							Ab	atem	ent T	уре
Location of Asbestos-Containing N		0		d Sole		Ashor	etoc i	Description of Containing Mat		Amount	R	Re	m	m l
TO BE ABA	TED (MOIN	'/		intena				rmal systems i		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility	У		Cust	odial S	Staff?	,	S	surfacing, VAT,	or	SF or LF)	val	7	lusc	sure
(13)			Yes	(12) No	N/A		oth	her miscellaned	ous)				ate	0
Exterior						Abando	ned	12" ACM co	al tar wrap	20 LF		П		П
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Name of Paristrus 1141	- U I				ПП	I was a second			1				Ш	
Name of Registered Waste					JDEP V auler ID		Cub	oic Yards of	Name of Regis					
Waste Management				11	18750		2		G.R.O.W.S	. Landfill				
City, State							Disp	posal Date	City, State	W. W				
Camden, NJ							9/	/18/17	Tullytown,	PA				
Completed By (Print or Ty	pe)	Title					-	Signature	Δ_		Date \	-		
Gwendolyn Trumbet	3	Or	erati	ons (oordi	nator			he MT	1	9/1	11	-7	
SB-41	toni E										1 ,	. 11	1	

ASB-41 MAY 11

Date of Notification (1) Name of Building Owner/Operator (2) 11 / 17 PSE&G / Job # 1705-5148 COURTESY NOTIFICATION Agencies Notified Type Notification Street Address SEP 2 5 2017 **⊠** EPA 4000 Hadley Road **⊠** DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment # South Plainfield, NJ ASSESTOS CONTROL & ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number SING ☐ Cancellation **Greg Marone FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G- Control House ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 121 Saint Andrews Blvd homes, etc.) City (5) Square Feet # of Floors Bldg. Age Clifton, NJ County (6) Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) Passaic Control House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor 856-452-1311 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 2 / 17 10 / 3 / 17 **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-__ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure 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 Repair Encapsulate Used Solely by Removal 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 Wall \boxtimes Plaster >3SF \boxtimes П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Management Waste G.R.O.W.S. Landfill 18750 2 City, State Disposal Date City, State Camden, NJ 10/3/17 Tullytown, PA Completed By (Print or Type) Signature Date Gwendolyn Trumbetti **Operations Coordinator**

ASB-41 MAY 11 MX 3813

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Date of Notification (1) 9/14/2017	Name of Bu NJIT	ilding Owner /	Operator (2)		TI OF	. 2 2017
Agencies Notified Type Notification	Street Addre	ess HALL – 323	DR. MARTIN	LUTHER	ASBES KING BLV	TOS CONTROL &
DEP Initial Notification	City, State 8	& Zip Code			10-10-1	an of the same
DOL Amended Notificati DOH Cancellation DCA	Name of Co			Tel	ephone Nu	mber
DCA	MR. TODD	K. MILLER				
		Y INFORMA	TION			
Name of Facility Where Abatement is Taking F NJIT – FACULTY MEMORIAL HALL	Place (3)		of Facility (4) School (K-12)			
Street Address			Subchapter 8 (C		1(7)	
323 DR. MARTIN LUTHER KING BLVD.			Other (i.e., priva			
City (5) County (6)	County Code (# of Floors	B	ldg. Age 136
NEWARK ESSEX	County Code (Curr	745,940 ent Use (Prior if	being demo	lished)	130
Name of Monitoring Firm Hired by Building Ow		M No. Nam	versity e of Abatement		9)	
OMEGA ENVIRONMENTAL Street Address	001		et Address	NG, INC.	IIII	
280 HUYLER STREET			CLAY STREE	T		
City, State & Zip Code			State & Zip Coo			
SOUTH HACKENSACK, NJ 07606 Project Manager for Monitoring Firm	Telephone Numb		phone Number	11222	License N	umher
ALEX PALLETS	201-310-9665	account I I Think the	706-6300		LICENSE IV	00511
	mpletion Date (11)		e of OSHA Mon	itor		
10/02/2017 Occupancy Status During Abatement (Check of	10/01/2018 only one)		et Address			
☐ Facility Closed/Vacated During Entire F	Period of Abateme	nt 10 5	9 JACKSON			
Abatement Performed Outside of Norm		1000	State & Zip Coo		104	
Describe: MONDAY – FRIDAY 8:	00 AIVI - 4:30 PI	VI LON	IG ISLAND CI	11, N1 11	101	
Scope of Work (Check all that apply)						
☐ Demolition ☒ Renova	tion		Full Conta			
Large Project			Mini-Encl	osure Procedure		
Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM					OR NON-FRIA	BLE PROCEDURES
Location of	Is Location Normally		escription of	V	Amount	Abatement Type
Asbestos-Containing Material (ACM) TO BE ABATED in Facility	Used Solely by Maintenance or		stos-Containing M) (i.e., thermal sy		(Specify are Feet or	(Specify: Removal, Repair, Encapsulation
(13)	Custodial Staff? (12)	insulation	on, surfacing, VAT er miscellaneous)		near Feet)	or Enclosure)
BASEMENT - BOILER ROOM	YES	PIPE	INSULATION	2	150 LF	TENT
BASEMENT - HALLWAY & ROOMS	NO		INSULATION		45 LF	TENT
1 ST FLOOR	NO	2001 COLUMN	INSULATION & DOW GLAZING		213 LF 76 SF	TENT EXTERIOR NON- FRIABLE PROCEDURES
2 ND FLOOR	NO		INSULATION & DOW GLAZING		213 LF 96 SF	TENT EXTERIOR NON- FRIABLE PROCEDURES
3 RD FLOOR	NO		INSULATION & DOW GLAZING		213 LF 96 SF	TENT EXTERIOR NON- FRIABLE PROCEDURES
4 TH FLOOR	NO		INSULATION & DOW GLAZING		213 LF 96 SF	TENT EXTERIOR NON-

						PROCEDURES
PENTHOUSE		NO	PI	PE INSULATION	213 LF	TENT
Name of Registered Waste Haul JIMMY BYRNE T/A JIMMY E TRUCKING		NJDEP Waste H		Cu. Yds. of Waste 90		tered Landfill #1 NTERPRISES, INC.
City, State 1199 RANDALL AVENUE, B	0474		Disposal Date TBD	City, State 9000 MINER\ WAYNESBU	VA ROAD, RG, OH 44688	
Completed By (Print or Type) THOMAS AHERN ASB-41 JUN 95 G4667	Title Project	Executive		Signature	Date 9/14/2017	

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Date of Notification							Owner / Opera			K				-	
Agencies Notified	9/21/17 Type Notific	ation			of W		ridge, Dept o	f Public	c Work		N SEP	25	2017		1
⊠ EPA	Typo Itolino	ation				h Stre	et		1	Ц	7			1	
☐ DEP		***				& Zip						-02.00	UTDI	21 8	
□ DOL		ended				0.000	J 07095		1		ASBEST	ICENSII	iG)L a	
□ DOH		rgency				ontact			į		- California de la companya della companya de la companya della co	Teleph	-	Numb	oer
☐ DCA	☐ Can	cellation		Mr. I	Denn	is Her	ıry					-			į.
				FA	CILI	TY INF	ORMATION					-			
Name of Facility Wh		ent is Taking P	lace ((3)			Type of Fac								
Vacant Residence Street Address	<u>e</u>						School								
125 Ridge Road									Other th						
120 Mage Moau							Other (i		# of Flo		ercial buildi			etc.)	
City (5)		County (6)	Co	ounty	Code	(7)	- Square ree	L	# 01 F10	oors		Bldg. A	ge		
Woodbridge		Middlesex		Junty	oodo	(1)	Current Use	(Prior it	f heina c	lam	olished)				
3-		madiocox					Residentia		i being c	ICITIO	olistieu)				
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)	AS	CM No			t Contra	ctor	(9)				
Environmental Co	onnection		3				Bristol En								
Street Address							Street Addre	202070						-111	
120 North Warren City, State & Zip Coo		(0.00					1123 Beav								
Trenton, NJ 08010						City, State 8 Bristol, PA									
Project Manager for	for Monitoring Firm				Num	ber	Telephone N		//		License	Number	-		
Dominick Dercole	ercole 6				4200		(215) 788-6				00509	ivanibei			
Scheduled Start Date	e (10)	Scheduled Cor	npleti	on Da	te (11)	Name of OS		nitor						
10/5/17			10/1				Bristol Env		ental Ir	ıc.					
Occupancy Status D Facility Close	uring Abater	ment (Check or During Entire P	nly on	e)	a t a ma	4	Street Addre	878 Tanasan							
		utside of Norma					City, State &		XXIII TO						
Describe:	orionnica or	atolac of North	21 110	uis –	7 ann t	o spiii	Bristol, PA								
Facility Occu	pied During	Abatement 7A	M to	3:30 F	PM		Direction, 17	. 10001							
Scope of Work (Cher	ck all that ap	pply)								200				-	
≥3 sf or ≥3 lf				_							ment with I	Negative	Pres	ssure	
≥3 sf or ≥3 ff ≥160 sf ≥260	If				ovatio			<u> </u>	Mini-End						
□ 100 31 = 200			\boxtimes	Den	nolitio	П					Procedures ted and No		o Dro	a a di .	
Loc	cation of		ls	Locati	ion	Т	Descriptio	-	NOII-EXE	sinp	Amount		atem		
	s-Containing	g	Non	nally i	Jsed		Asbestos-Cor				(Specify	Ab	T	CIIL I	ype
	rial (ACM) E ABATED			olely l			Material (A				SF or LF)	77		町	ш
	Facility			tenan odial S		l i	i.e., thermal s) nsulation, surfa					Remova	Repair	Encapsulate	Enclsoure
	(13)			(12)	otan.		or other miscel					ova	ar.	sula	oure
			Yes	No	N/A									te	
Exterior				\boxtimes			Transit	te			2,500 SF				
nterior throughou	ıt		Ш	\boxtimes			Joint Comp				3,500 SF				
Bedroom					Ц		Floor Ti				350 SF	\boxtimes			
Bedroom 2			H	\boxtimes			Furnace Ins	ulation			10 SF				Ц
			H	+	H							ᆜ닏	Ц		Н
lame of Registered \	Naste Haule	er	ш	N.I	DEP \	Naste	Cubic Yards	Name	of Regi	etor	ed Landfill			Ш	Ш
	and or regional viable Hadiel				uler I		of Waste	Ivanic	or regi	Stere	cu Lanumi				
Service Transport	Inc.			209	990		30 Cu Yd	Mine	rva Lar	ıdfil	II				
City, State							Disposal Date	City, S							
lew Castle, DE	or Tuesal			1			TBD	Wayn	esburg	j, O	Н				11-2-2-2-
completed By (Print of	n Type)			Title	e o ject		Signature	0 -		-	1001	Date			
Bino Pizzigoni				100000000000000000000000000000000000000	nage		Dino 1	um	MARIN	1	19K	9/21	/17		

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Date of Notification (1) 9/22/17				of Building					M	S	EP	2 5	201	7	
Agencies Notified Type Notification EPA Initial Amended			508 (Address Central A	190000000000				1 1	ASBE		s.CC			8
DEP DOL Amended Amendmen Emergency justification	(including	_	Newa	tate, Zip C ark, NJ of Contac				L		lephon	LIC	ENS	ING		
DCA Cancellation	1			orie Perr	-	TION				фион	io i i di	-			
Name of Facility Where Abatement is Takin Condemned Structure Street Address	ng Place (3	3)						Facility (nool (K-1 ochapter	2)	or than	n K 15	D)	22.50		
217-221 Fairmount Ave	-				-11-		X Oth etc.	er (i.e. p)	rivate	& comi	merci	al buil			es,
Newark, County (6)			0	0.1.5			Square F 4500	6505	3	f Floor		5	3ldg. <i>A</i> 50+	\ge	
Essex			(STATE	Code (7) USE ONL	y)		Current L Abando	oned/C	onde	mnec			e		
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.		Name Yann	of Abatem uzzi Env	ent Con vironm	tractor ental	(9) Servi	ices,	Inc.			
Street Address							Address Kinnelon	Rd Su	uite 10	02					
City, State, Zip Code							tate, Zip C elon, NJ								
Project Manager for Monitoring Firm			Telepho				one No. 218-088()		Licen 0122	ise No 28).			
Start Date (10) 9/25/17	9/29/17		npletion	Date (11)		The State of the S	of OSHA N uzzi Env		ental	Servi	ces,	Inc.			- I
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of A	baten	nent				Address (innelon	Rd Su	ite 10)2					
Abatement Performed Outside of Norm Other – Describe: condemned Building	al Facility	Hours					ate, Zip Co elon, NJ								
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Mini-En Gloveba	ntainme closure ag Proce empted	edure						
Location of	(III) (1200)	Locati ormali	55.00		Dee			J. I. J. L.	() and	111011-1	Паріс		Abate Typ	ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	Sole ntenar odial S (12)	ice/		tos Conta thermal surfac		aterial (AC insulation, , or		(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
Entire Structure	Yes	No	N/A		F	0: .	e e e e e e e e e e e e e e e e e e e		Control			_		ate	e .
Littile Structure			Х		Entire	Struct	ure	+	45	00sf	-				-
Name of Registered Waste Hauler Yannuzzi Group, Inc.		Ha	JDEP W auler ID 467		Cubic Yof Was		1,000,000	me of Recovery	-		ndfill				-
City, State 135 Kinnelon Rd Kinnelon NJ					Disposa 9/29/1			, State							
Completed by Iohn Mucha	Title Sr. Pro	oject	Manag	ger	Si	gnature		7111	6		Date 9/22	2/17			

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Date of Notification (1):	Nam	-												
8/31/17			uilding (FRANK		er/Operator (2):					EG	5	U V		
Agencies Type Notification	Stree	t Addr	ess:						m	0.5-				\parallel
() EPA Notification (X) DEP () Amendment			Zip Cod							SEF	2 5	201	7	世
(X) DOL Notification (X) Emergency	Name	e of Co	ontact:					Telephon	e Nu.					-
(X) DOH () Cancellation () DCA	JOH	Ŋ								Li	CENS	ING		
					ACILITY INFO	RM	ATION				10001100			
Name of Facility Where Abate	ement is	Takin	g Place ((3): R	RESIDENTAL	Ту	pe of Facility (4):						
							School (K-12)							
Street Address:				77 7 7		(X	Subchapter 8 () Other (i.e., prohomes, etc.)	Other than ivate & con	K-12) nmercia	l buildings	,			
City & State (5): WYCKOFF,	NJ					Sq	uare Feet: NA	A	# 01	f Floors: 1		Bldg.	Age:	NA
County (6): BERGEN			ounty Co				irrent Use (Pr	ior if being	g demo	lished):				
Name of Monitoring Firm	Hirad	-			ASCM No.:	»T	C +1							
Owner:(8)				N	NA		me of Abater			9):				
ENVIRONMENTAL CONSU Street Address:	LTING	GROU	JP, INC.			District Control	M Enterprise	of NJ, I	nc.					
PO BOX 8466					0		9 North 6th S	Stroot						
City, State, Zip Code:						_	ty, State, Zip							
HALEDON, NJ 07538							ospect Park,		Q					
Project Manager for Monitorin	Monitoring Firm: Telepho						lephone No.:	143 0730		nse No.:				
FERNANDO				3-418-4036		73) 595-6955		0064						
	Schedule 9/3/17	ed Cor	npletion	Date	(11):	Na	me of OSHA M Enterprise							
Occupancy Status During Abateme	ent (Chec	k only	one)				eet Address:			,		To the		
(X) Facility Closed/vacated During () Abatement Performed Outside	g Entire P of Norm	eriod o al Facil	f Abatem ity Hours	ent		26/2020). Box 8265 y, State, Zip (Code:						
() Other – Describe:							ledon, NJ 075							
Scope of Work (Check all that appl	ly):	7//						() F. II (
$(X) \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $(X) \ge 160 \text{ sf or } \ge 260 \text{ lf}$			(X) F () D	Reno [,] Demo	vation lition			(X) Glove	Enclos ebag Pi	ure	1 Nega	tive P	ressur	е
Location of		Locat			Desc	rin	tion of					Abate		i
Asbestos-Containing Material	Used	ormal I Sole	ly by	A	Asbestos Contain	nin	g Material (A	ACM)				13	pe	
(ACM)		intena			(i.e., thermal s	syst	ems insulati VAT, or	on,	Δ,	mount	R	-	En	En
TO BE ABATED IN Facility		ustodi Staff?					llaneous)			pecify	Removal	Repair	cap	clo
(13)		(12)							100000000000000000000000000000000000000	or LF)	val	air	Encapsulat	Enclosure
BASEMENT	Yes	No X	N/A	DIE	PE INSULATIO	NI			1.00	T.D.	37		-	
- CT					PE INSULATIO	350			160		X			
THE INS					E INSULATIO	IN			40	LF	X			
Name of Registered Waste Hau	ler:				NJDEP Waste		Cubic Yard	de	N	CD :		1.00		
SERVICES TRANSPORT GROUO, INC. Hauler ID No. 20990							of Waste:	43	IESI	e of Regis	itered l	andfil	1:	
City, State: NEW CASTLE, DE Disposal Date: 905/17							City, State: WAYNESBU	JRG, PA	9720					



PAID

V				(Pursuant to NJAC 8:60 and 5:16)						D F (2 F	7 1	\// [r	SI
Date of Notification (1)					Name	of Buildin	g Owner/Operator ((2)		111115	0 5		A L	
09/	21 /	17					w Jersey Departi	20.50	ent of Military	and Veteran	Affairs			- Company
Agencies Notified	Type Notifica	ation		-		Address		_			P 2		117	+H
⊠ EPA	☐ Initial	20011				rand a	Crossing Road	1		10 17 0.			,,,	14
☑ DOLWD	☐ Amended					State, Zip (4						\perp
⊠ DOH	Amendme				125	1.0	lle, NJ 08648				STOS C			8
	☐ Emergen		ling			of Contac				1	LICENS	SING		
(NJAC 5:23-8)	justification Cancellat				No. of the second		Parsons, Sr.			Telephone Nu	nber			
				_	- 3					***			-	-
Name of Facility Where Al	hatement is T	akina Di	200 /	21	FA	JILITY IN	IFORMATION	TE	of Fills.	(4)				
Jersey City National		-	, DOE (٠,				100000	ype of Facility (] School (K-12					
Street Address	Ouaru Air	iioi y) 3 (Other than K-1	12)			
678 Montgomery Str	root								Other (i.e., pr	rivate and comm		ilding	JS,	
City (5)								-	homes, etc.)		I DI	1- A		_
Jersey City								3	quare reet	# of Floors	BI	dg. A	ge	
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Hudson					Cour	ity Code (/	NOTATE USE ONET)	1	difelit Ose (Fil	or it being demo	iisnea)			
Name of Monitoring Firm F	Hired by Build	lina Own	er (8)		ASCM	No	Name of Abateme	ent	Contractor (9)	· · · · · · · · · · · · · · · · · · ·				_
Bio Terra Solutions		9	. (0)		100111		ALL PRO MA			C				
Street Address				-			Street Address		TOLINEIT L			-		
P.O. Box 1224							27 Outwater	La	ne					
City, State, Zip Code							City, State, Zip Co							
Union, NJ							Garfield, NJ							
Project Manager for Monito	Manager for Monitoring Firm Telep					No.	Telephone No.			License No.				-
Rick Eustaquio	The state of the s					-3762	973-928-4888	В		1188				
Start Date (10)	S	cheduled	Con	nplet	ion Da	te (11)	Name of OSHA M	vion	itor		-			_
10 /02 / _	17	_ 11	1	02	_ / _	17	ALL PRO MA	\NA	AGEMENT LI	_C				
Occupancy Status During	Abatement (0	Check on	ly one	e)			Street Address				45-14			
☐ Facility Closed/Vacated			_		nent		27 Outwater	La	ne					
Abatement Performed							City, State, Zip Co	ode	•					\neg
Time of Abatement:	AM	PM/		PM-		AM	Garfield, NJ							
Scope of Work (Check all t	that apply)		1110											
☐ ≥3 sf or ≥3 lf		\boxtimes	Dono	watic	nn.				ment with Neg	ative Pressure				
≥160 sf or ≥260 lf			Demo				☐ Mini-Enc	g P	rocedure					
							Non-Exe	emp	ted (*) and Nor	n-Friable Proced	lure			
Location o	, ¢			ocati rmal			D				Ab	atem	ent Ty	уре
Asbestos-Containing M) L	Jsed :	Sole	ly by	Asbe	Description o stos Containing Ma		ial (ACM)	Amount	Re	Re	四四	回
TO BE ABAT	ED		Maint		nce/ Staff?		., thermal systems	ins	ulation,	(Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility (13)	/			12)	,		surfacing, VAT, other miscellane			SF or LF)	a		sula	иге
(,-/		Ye	es	No	N/A		other modelland	Jou	,				te	
Exterior Windows						Caulkin	ıq			400 LF		П	П	П
							-							
	300 42 22 40			_				_				П	Ш	Ш
Name of Registered Waste	e Hauler				JDEP \		Cubic Yards of	T	Name of Regis	tered Landfill				
Century Waste LLC Hauler ID No						Waste As Needed		G.R.O.W.S	North Landfi	II				
City, State					Disposal Date	1	City, State					\neg		
Elizabeth, NJ						TBD		Morrisville	, PA					
Completed By (Print or Type) Title					Signature	1	ī	Ti	Date	/	1			
Allen Monchik		Proje	ect N	lana	ager		(17)(1)	1			91	21	1/	7
	Monchik Project Ma						11 4 4	Λ	1 1		(/	~	. /	1

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PAID	State of Nev THECATION OF ASBI (Pursuant to NJAC	ESTOS ABATES 8:60 and 12:120)	1180			#		
Date of Notification (1)	Name of Building	Owner/Operator (PLESBUT	eruan ditur	CHSER ZEWAR	DWG	OPL	4	
9 22 6 Agencies Notified Type Notification	Street Address		1	SBESTOS CONTI	201.0	1	and production of the last of	
Agences to 177 wind	City State, Zip C	ode	N.J 076	LICENSING	TOLO		CONTRACTOR OF THE PARTY OF THE	
X DEP Amended Amendment # DOL Emergency (including	- ENGI Name of Contact	EMODE	days -	Telephone Number			PERMITANTE PERMIT	
DOH Justification) Cancellation	ROBE	RT FU	DEAT 1 1				house Agriculture	
Name of Facility Where Abelement is Taking Place (3)			Type of Facility (4) FTI School (K-12)				Parameter	- Allegange of the second
FIAST PRESBUTERIAN	CHURCH		Subdisplet 8 (Other (i.e. priv	Other than K-12) ale & consecial bail	dings,	home	is,	and attended with the
Street Address 150 Pacis Ades A)E		Square Feet	# of Flows	Side F		62	ELWINEHERSE
Cay (5) ENGLEWOOD	County Code (7)	Current Use (Prior	Fibeing demolished)				Management of the second
County (6)	(STATE USE OF	LY	e of Absternant Confe	E CHURCH		7.		WWW.
Name of Monitoring Firm Hired by Building Owner (8)	NC ASCM NO.	AA AA	AAC Contracting	nc.				odujeno baraketadi
DETAIL ASSOCIATES	NC I	185	et Address 5 Vreeland Ave			<u> </u>		The second
300 GRAND 14V		Cây	, Siale, Zip Code dland Park, NJ 07	432				entrateston des
C.N. FICE OCCUPY	076 31 Telephone No	Tel	ephone No.	License No. 00156			14	addominished
Project Manager for Mornitoring Public Co. N. C. C. N. C.	201 569 Idea Completion Date	- 670%	01)262-5841 me of OSHA Monitor	tal Sandres Inc.			, 424	Standarship May May
Start Date (10)	10/16/17	Sir	me of OSHA Montas mega Environmer eet Address	ilai Soi vicco		1		Parathauthauth
I Same Shotomers (Little Only)	One) # Abatement	2	30 Huyler Street ly, State, Zip Code	A STATE OF THE PARTY OF THE PAR			-	- Particulative
Coupany Status During Postation of Period of Abetement Performed Outside of Normal Facility Coupanies Performed Outside Outs	By Hous	A	iackensack, NJ 0	7606				eneral properties
Other - Describe: Scope of Work (Check All That Apply) ≥3 of or ≥3 if ≥160 of or ≥260 if	Renovation Demolition	,	Mini-Enclosus	nent with Negative Pro re ncedure ed (*) and Non-Friable	Proc	eduse		HOLD STATE OF THE PARTY OF THE
		-	Biosid	- The state of the	,	Wates Typ	S. Crimon over	
Conference Material (ACM)	le Location Normally Used Solely by Maintenence/ Custodial Staff? (12)	Ashestos Conteil (Le. thermal sy	iption of ving Material (ACM) estems insulation, ig. VAT, or scellaneous)	Amount (Specify -SF or LF)	BAOMES	Repair	Encapaulate	Enclosurs
Translation (Translation)	es No N/A	7	INSULATION	320SF	1	de commence de	The Control of the Co	and included and
BUSEMONT - CRAWL SP.	A CONTRACTOR OF THE CONTRACTOR	Duct	110000011	and consistency of the construction of the con	pierar corrector	and despetati	Company Assistantia	STRUBBLE STRUBBLE
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Construent of the Cons	I NJDEP We	aste Cubic \	Yards Name	of Registered Landfi nd Central Sanita	l via	ndfill		
Name of Registered Waste Hauler	Hauter ID I 04509	No. of Was	Te y Gran	***	· y			-

City, State

On Pen Argyl, PA 08702

Disposal Date

Vice President

10 06/17 | Signature

Newark Carting Inc.

Newark, NJ 07105 Completed by

Joseph Vocaturo

City, State



PAID

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

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~			LEGGI TOUR OF	(1-	ursua	III to NJA	AC 8:60 and 5:1	In) E C	5	U	W	E					
Date of Notification (1)							g Owner/Operator	(2)	112		-		7				
9 / _	21 /	17			DO	CFabrica	tors	/ Job #1	509-2240 cch	k. #4	834		11				
Agencies Notified	Type Notific	cation			Stree	et Address			IN III OF	4	2(117	-H				
⊠ EPA					80	1 West Fi	ront STreet		l L				1				
⊠ DOLWD	☐ Amende				City,	State, Zip (Code		ASBEST	OS C	ONT	DOL	<u>_</u>				
☑ DHSS □ DCA	Amenda			-		orence, N			LIC	CENS	ING	TUL.	et.				
(NJAC 5:23-8)	☐ Emerge justificat	ncy (in	ciuain	g		e of Contac			Telephone Num	her							
(☐ Cancella				in posterior	ul Stanto	1.70		relephone Null	ibei							
							IFORMATION					-					
Name of Facility Where A	batement is	Takino	Place	e (3)	17	CILITI II	II OKWATION	Type of Facility	(4)								
DC Fabricators			, , , ,	(0)				School (K-1	1100000								
Street Address									8 (Other than K-12	2)							
801 West Front Stre	et							Other (i.e., p	private and comme	rcial b	uildin	gs,					
City (5)				-1				homes, etc.			11 /						
Florence								Square Feet	# of Floors	B	Ildg. A						
County (6)		_			Cou	ntu Cada IZ	VOTATE LIGE ONLY	10,000	1		100						
Burlington					Cou	nty Code (7)(STATE USE ONLY)		rior if being demoli	shed)							
Name of Monitoring Firm	Hired by Buil	Idina O	WDOT	/0\	ASCM	Ne	None of the	Parts Stora									
Horizon Environmen		iding O	WITE	(0)	ASCIVI	NO.	Name of Abateme										
Street Address	iicai							d Mold Service	es, Corp.								
PO Box 316							Street Address										
City, State, Zip Code							3859 Sylon B										
Thorofare, NJ 08086	:						City, State, Zip Co										
Project Manager for Monit				T-1		N	Hainesport, N	NJ 08036									
David Flanigan	Joining Fillin			1	ephone		Telephone No.		License No.								
Start Date (10)	1.	Cabadi	.11-0	- 100		0800	609-702-0400		00862								
10 / _ 2 _ /						ite (11)	Name of OSHA M										
					_ ′	17	EMSL Analyti	ical, Inc.									
Occupancy Status During							Street Address										
☐ Facility Closed/Vacated☐ Abatement Performed	During Enti Outside of N	ire Peri	od of	Abate	ment	***	200 U.S. Rout	te 130 North									
Time of Abatement:	AM-	PM	-acility /	PM.	rs - Des -	AM	City, State, Zip Co	ode									
							Cinnaminson	, NJ 08077									
Scope of Work (Check all	that apply)																
≥3 sf or ≥3 lf		1	⊠ Re	novat	ion		☐ Mini-Encl	ainment with Neg	gative Pressure								
≥160 sf or ≥260 lf		[molitic			☐ Glovebag	Procedure									
		T	- I-	1	•		☐ Non-Exer	mpted (*) and No	n-Friable Procedu	·e							
Location o	nf			Locat Iorma			D	-		Ab	atem	ent T	ype				
Asbestos-Containing M	laterial (ACN	1)	Use	d Sole	ely by	Asbes	Description of tos Containing Mat		Amount	Re	Re	E	En				
TO BE ABAT IN Facility				ntena	nce/ Staff?		, thermal systems in	nsulation,	(Specify	Removal	Repair	cap	Enclosure				
(13)	r:		Oust	(12)	otan:		surfacing, VAT, other miscellaneo		SF or LF)	/al		Encapsulate	ure				
No. con Pa			Yes	No	N/A	1	other miscellanet	ous)				te					
Two Masonry Block La	avers - Boi	ler				Asbesto	s l avor		252.05								
	., 20.				1	Aspesto	s Layer		350 SF			Ш	Ш				
										\boxtimes							
									500 - 120 -	П	П	П					
		1		П	П												
					JDEP V	Vaste	Cubic Yards of	Name of Registered Landfill									
Freehold Cartage, Inc. Haule					auler ID	The state of the s	Waste	GROWS La									
City, State					02265		5	examination and a man	num								
Freehold, NJ						Disposal Date	City, State										
						10/6/17	Morrisville,	PA 19067									
Completed By (Print or Type) Kimberly A Trumbotti						Signature	\	Dat			3						
Kimberly A. Trumbetti Office Coordin					inator		LX I		(71	-11						

ASB-41 MAY 11

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

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- Contraction	I	ASB		OS C	CIT	TRO	La	

Date of Notification (1)			Name of Building Owner/Operator (2)								
9 / 6 /	17		St	ate of Ne	w Jersey	Job	#1705-2175EChI	k2 481	2017		
Agencies Notified Type Notific	ation		Stree	et Address							
⊠ EPA ☐ Initial			20	West Sta	ate Street	or and a second	AODEOTO	0.000	177170	MANAGEMENT OF THE PARTY NAMED IN	1
☑ DOLWD ☑ Amende ☑ DHSS Amendm	- 04		City,	State, Zip	Code		ASBESTO	S CUP ENSIN		- 6	
□ DCA □ Emerger	The state of the s	na	Tre	enton, N.	J 08625	١.,			-	Tables Co.	-
(NJAC 5:23-8) justificat		119	Nam	e of Contac	ct		Telephone Num	nber			
☐ Cancella	tion		An	thony Ma	azzella		-	_			
			FA	CILITY II	NFORMATION						
Name of Facility Where Abatement is	Colorest Col	ce (3)				Type of Facility					
NJ DOT - Finance & Admin Bu	ilding					Subchanter	2) 8 (Other than K-1)	21			
Street Address						Other (i.e.,	private and comme		uilding	gs,	
1035 Parkway Avenue						homes, etc	.)				
City (5)						Square Feet	# of Floors		ldg. A	ge	
Trenton						63,280	3		40	250520	
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demoli	ished)			
Mercer						DOT Head					
Name of Monitoring Firm Hired by Buil		r (8)	ASCM	l No.	Name of Abateme	ent Contractor (9)				
Environmental Connection, In	c.				Asbestos and	d Mold Servic	es, Corp.				
Street Address					Street Address						
120 North Wareent Street					3859 Sylon B	oulevard					
City, State, Zip Code					City, State, Zip Co	ode				V. (2)	
Trenton, NJ 08608					Hainesport, N	1J 08036					
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License No.				
Roland Jones		(609-392	2-4200	609-702-0400		00862				
The state of the s	Scheduled	Comp	letion Da	ate (11)	Name of OSHA M	lonitor					
9 / 22 / 17	9	/ _2	22_/	17	EMSL Analyti	ical, Inc.					
Occupancy Status During Abatement (Street Address						
☐ Facility Closed/Vacated During Enti	re Period o	of Abat	ement		200 U.S. Rout	te 130 North					
Abatement Performed Outside of N					City, State, Zip Co	ode					
Time of Abatement: AM	PM/		Λ	_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply)	VVVII	1			120000						
☐ ≥3 sf or ≥3 lf		Renova	tion		☐ Full Cont ☐ Mini-Encl	ainment with Ne	gative Pressure				
≥160 sf or ≥260 lf	100	Demolit			⊠ Glovebag						
***		52 77 50 00					on-Friable Procedu	ıre			
	1. 5	Is Loc						Ab	atem	ent T	ype
Location of Asbestos-Containing Material (ACM	n Us	Norm sed So	lely by	Acho	Description of estos Containing Mai		Amount	Re	Re	En	m
TO BE ABATED	, N	lainten			e., thermal systems i		(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)	Cu	istodia (12	Staff?		surfacing, VAT,		SF or LF)	Val		Encapsulate	sure
(13)	Yes			1	other miscellaned	ous)				ate	
Basement Mechanical Room				Pipe In	sulation		20 LF				
Basement Mechanical Room				Elbows	/Fittings		20 Each		П	П	
		П						1	П		
		1									
Name of Registered Waste Hauler			NJDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill				
Asbestos and Mold Services, Corp.				D No.	Waste	Fairless L					
Assessed and willing services, corp.				680	5 Disposal Data	Communication of the					
Hainesport, NJ					Disposal Date 9/22/17	City, State Morrisville	PΛ				
					1	WOTTSVIlle					
Kimberly A. Trumbetti	Completed By (Print or Type) Kimberly A. Trumbetti Title Office Coordinator				Signature	Date 9-13-1				-10	1
ASB 41	Office	0001	unidlo		TM		4	12	1'		

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

Fg, D	AID	Λ	том		ATIO	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		BE	CE	1 8 17	V	E
Date of Notification (1)					Nam	e of Buildin	ng Owner/Operator	(2)		SEP 2	2 5	2017	7
09/	21 /	17	_				ard of Education			OL!	- 0	LUI	1
Agencies Notified	Type Notific	cation			Stree	et Address			1 400	COTO	. 00	1 tolored 1	01.0
⊠ EPA	☑ Initial				20	Cedar Str	eet		ASE	ESTOS LICE			JLE
☑ DOLWD	☐ Amende	10000			City,	State, Zip	Code		Personal	a Barriero for			-
☑ DOH ☐ DCA	Amendri Emerger		udina		2000	wark, NJ							
(NJAC 5:23-8)	justificat	ion)	uaing			e of Conta	Annual Inches		Telephone No	ımher			
	☐ Cancella				Lu	is Rosari	io		Telephone 14	mber			
							NFORMATION					-	
Name of Facility Where A	batement is	Taking F	Place	(3)	.,	OILII I II	NI OKWATION	Type of Facility	, (A)				
Brick Avon Academ		J		1-7				School (K-1	()(t) t)				
Street Address								☐ Subchapter	8 (Other than K-	-12)			
219 Avon Avenue								Other (i.e., homes, etc	private and comp	nercial b	uilding	js,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Newark													
County (6) Essex					Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	olished)			
Name of Monitoring Firm	Hired by Buil	ding Ow	ner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)				_
Bio Terra Solutions								NAGEMENT I					
Street Address							Street Address				_	-	
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co						
Union, NJ							Garfield, NJ						
Project Manager for Monitoring Firm Tele						No.	Telephone No.		License No.				
Rick Eustaquio							973-928-4888		1188				
Start Date (10)		Schedule	ed Co	mple	tion Da	ite (11)	Name of OSHA M	29	1 1100				_
	17	11	_ /	_ 02		17	ALL PRO MA		.LC				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacated ☐ Abatement Performed	During Entil	re Period	d of A	bate	ment		27 Outwater I	_ane					
Time of Abatement:	AM-	ormai Fa PM/4	PM-	HOUI	s - Des 1	scribe	City, State, Zip Co	ode					
Scope of Work (Check all							Garfield, NJ	07026		<u> </u>			
☐ >3 sf or >3 lf	1,472,755.0	F 7					☐ Full Cont	ainment with Ne	gative Pressure				
≥ 160 sf or ≥ 260 lf		Ĕ	Ren	iovati nolitic			☐ Mini-Encl	losure Procedure					
- 674 - 157- - 158-			, 50,				⊠ Non-Exer	mpted (*) and No	n-Friable Proced	dure			
				Locat							ateme	ent T	vpe
Location of Asbestos-Containing M		.		orma I Sole	lly ely by		Description of	f			-		
TO BE ABAT	ED	·	Mair	ntena	nce/	Asbe	stos Containing Mat ., thermal systems i	terial (ACM)	Amount (Specify	em	Repair	nca	nclo
IN Facility		1 '	Custo		Staff?	(surfacing, VAT,	or	SF or LF)	Removal	-	psu	Enclosure
(13)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	es	(12) No	N/A	1	other miscellaned	ous)	•			Encapsulate	e e
Exterior Windows			-		N/A	Caulkin	ıa		4,040 LF			П	П
							5		4,040 E1		님		븬
			-								Ш	Ш	Ш
			-										
Name of Registered Waste	Haular		1		IDEDI	071-							
Century Waste LLC	nauler				JDEP \ auler II	No.	Cubic Yards of Waste	Name of Regis	stered Landfill . North Landfi	111			
City, State					32797		As Needed Disposal Date		. Moral Lanul				
Elizabeth, NJ							TBD	City, State Morrisville	, PA				
Completed By (Print or Typ	oe)	Title					Signature	1		Data	_	1	
Allen Monchik		Proj	ect l	Vlan:	ager		THE WALL	. 11	_	Date /	21	11	7
CD 44					J			NV V		61		. 1	/

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Ship		NOT	FICATIO	State of New Jers ON OF ASBESTO: nt to NJAC 8:60 a	SABATE	EMENT (20)	Dr	EC			E	
Date of Notification (1) 9-19-17			Name PSE	of Building Owner G	/Operato	г (2)		SEP	2 5	2017		
Agencies Notified Type Notification Type Notification Initial Or Amended Amendme	HOL	D	4000 City, S	Address Hadley Road	07000			ASBESTO		NTRO		
□ DOH □ DCA □ DCA □ Cancellation	(includin	ıg	Name	h Plainfield, NJ of Contact n Neville	07086			Telephone	-			
Name of Facility Where Abatement is Tak PSEG Homestead Substation	ng Place	(3)	FAC	CILITY INFORMAT	TION	Type of Facili	ty (4)				_	
Street Address 3800 Westside Ave						X Other (i.e	ter 8 (C	Other than he	(-12) ercial be	uilding	s, hon	nes,
City (5) North Bergen						etc.) Square Feet N/A		# of Floors		Bldg.	Age	
County (6) Hudson			County (STATE	Code (7)		Current Use (I Electrical S	Prior if I witchi	peing demo	lished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC N/A	M No.	Name WRS	of Abatement C Environmen	Contract	tor (9) ervices, I	nc.			
Street Address N/A					A 100 CO	Address Id Dock Roa	d					
City, State, Zip Code N/A						tate, Zip Code ank, NY 119	980					
Project Manager for Monitoring Firm N/A			Telepho			one No. 924-8111		License 01136				
Start Date (10) 9-20-17 ON HOLD	12-20-	-17	mpletion	Date (11)		of OSHA Monito Environmer		ervices, Ir	nc.			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	Period of	Ahater	nent			Address d Dock Road	d					
Abatement Performed Outside of Norr Other – Describe:	nal Facilit	y Hour	S			ate, Zip Code ank, NY 119	80					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	-	Renova Demoli			×	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedur	e			re	
Location of	1	Locati Normal ed Sole	ly	Des	scription	of					ement /pe	1
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	intena todial 3 (12)	nce/ Staff?	Asbestos Cont (i.e. thermal surfac	aining Ma	aterial (ACM) insulation, , or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
PSEG Homestead Substation	Yes	No	N/A X	Transit	e duct	bank	1	100 LF	X	-	te	
Name of Registered Waste Hauler		1.51	IDED IA									
Waste Management Services		Н	JDEP W auler ID 7273					ered Landf ndfill Nort				
City, State Newark, NJ 07114				Disposi TBD	al Date	City, Sta Morris		A 19067				
Completed by Amanda Vallone	Title Admir	n Ops	Mana	ger	gnature Amana	la Val		10	ate -19-1	7		

State of NJ Notification of Asbestos Abatement &S Proj. #: 17-258 (Pursuant to NJAC 8:60 and 12:120) SEP Date of Notification (1) Name of Building Owner/Operator (2) 10 19 1/11 18 1/11 17 1 peter benson ASBESTOS CONTROL & Agencies Notified Type Notification Street Address LICENSING I EPA ✓ Initial Amended DEP City, State, Zip Code Amendment #: DOL] Emergency mentclair, nj 07042 (including DOH. Name of Contact Telephone Number justification) DCA peter benson Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) peter benson Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) montclair Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 09/18/17 10/13//17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of by maintenance/custodial E е asbestos-containing Amount n Description of asbestos-containing staff(12) m n p material (acm) to be C (Specify SF or material (ACM) 0 abated in facility (13) a a LF) Yes No N/A p basement PIPE INSULATION 97 l ft X basement crawl space PIPE INSULATION 10 lft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 yds TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 09/29/17 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 09/18/2017 ASB-41 Do not use this form for asbestos licensure exempted activities.

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N.C	Contract of the Contract of th		

Print Form

		(Pursuar	nt to NJA	C 8:60 a	nd 12:1:	EMEN 20)	T	nn	1 10	Th/A	V		7
Date of Notification (1) 9/19/17			Name TC B	of Buildin	ng Owner	Operato	or (2) C-S1	F 250	100	- 10	1.775	1		-
Agencies Notified Type Notification	1		Street	Address	hocken				SE	IP 19	2017			- Contract of the Contract of
DEP Amended Amendmen				tate, Zip (Code ohocke	n, PA						5 T	1 B	TO Y
DOH Emergency justification Cancellatio)	g		of Contac ew Ricc				100		elephone N	umber	י ע		9 20
Name of Facility Where Abatement is Takin	ng Place	(3)	FAC	ILITY IN	FORMAT	ION	I Typi	of Facility	(4)	- 11	11	٥-		
Vacant Building Street Address Rising Sun Sq Rd City (5)								School (K. Subchapte Other (i.e. etc.)	er 8 (Oti	ner than K- & commer	12) cial bu	ilding	s, hom	nes,
Bordentown							Squa	are Feet	# 0	of Floors		Bldg.	Age	
County (6) Burlington				Code (7) USE ONL			Cum	ent Use (Pr	nior if be	ing demoli:	shed)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		Name	of Ab	atement Construction	ntractor	(9)				
Street Address						100000000000000000000000000000000000000	Addre	ss k Road						
Cily, State, Zip Code			=======================================			City, S	State, 2	ip Code NJ 0803	31		1			
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph		lo.		License I	Vo.			
Start Date (10) 9/19/17	led Cor	πpletion	Date (11))	Name Andr		HA Monitor		0.000					
Occupancy Status During Abatement (Chec						Street	Addre	SS		W ar - a				
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other - Describe:	Period of nal Facilit	Abaten y Hours	nent S			City, S	tate, Z	Road ip Code						
Scope of Work (Check All That Apply)				W 17		веш	nawr,	NJ 0803	51					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Change	Renova Demolit					Mir	Containm ni-Enclosur ovebag Pro n-Exempte	e cedure					
	4 3	Locati	1770				140	II-Exemple	u () aiii	1 MON-FINAL	T PIC	Abat	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole intenai todial S (12)	ly by		thermal: surfac		laterial insula T, or		(S	mount pecify or LF)	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A								'a		ale	Гe
											-			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	rards		Name of	Registe	red Landfill				_
Ricco Construction Corp		1.000	auler ID I 3909	No.	of Was			Salem (3				
City, State Bellmawr, NJ					Disposa TBD	al Date		City, State Alloway					-	
Completed by Andrew Ricco	Title	er			Sig	gnature	11	11	ni	Da 9/	te 19/17			

State of New Jersey