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Name of Registered Wa JEG Inc.	ste Hauler		100	IJDEP V lauler ID		of Wa	Yards ste	Name o	f Registered Landfl	H			
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South Orange Project Manager for Mor	1.	Telepho	ne No		Ma	rlton, NJ	08053	٧n		-			
City, State, Zlp Code							City, S	tate, Zip Code					
Street Address PO Box 354			,	,			Street	Address East Stow		1			
A. Seine Ligh Street Address						/A			ilding Cor			LL	C
Hudson Name of Monitoring Firm	Hired by Building C	Wner (8)		ASCA			Name	Reside	ntial for Se	nior	'S		
Jersey City			1	County	Code (7)	n			for if being demolis			<u>J</u>	
City (5)								Square Feet	# of Floors	В	ldg. A	_	
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Ocean Tower Street Address	rs							□ School (K-□ Subchapte	R (Other than K.1	2)			
Name of Facility Where		Place (3)					Type of Facility	(4)				
□ DCA	☐ Cancellation			Nich	olas I	Cang	elos	i		-			
□ DOH	☐ Emergency (i justification)	ncluding	1		Contact	144 (2000.	<i></i>	Telephone Nu	mber			
□ DEP □ DOL	Amended Amendment		_ `		rlton.		18051	3					
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Agencies Notified	Type Notification			Street A	ddress	wers	Fres	servation,	LLC Ass	21	ICE	NS	MI
9/	14/2016		,		Building			A 1 - 4 - 1	TIC Ass	FE		(30)	V. 10

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Check # 2741

	oțification (and the same		Name of	Building Owner / Ope	rator (2)	HERO & ARREST AND A		11. 11.	1.1/20
09/	/	/16				PSE&G						
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	er, NJ 0880						City, State, Zip Code	9				
	ngr. For Mo	onitoring F	irm		Telephone Nu	mber						
ic House					908-218-1108		East Hanover, NJ 079	936		ATTENDED TO THE		
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	- 100 - 10	-					Non-Exempted (*) ar		ble Proce	dure		
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20) Date of Notification (1): Name of Building Owner/Operator (2): 9/22/16 KEARNY BOARD OF EDUCATION Agencies Type Notification Street Address: 2016 SEP 27 PM 1: 34 Notified 172 MIDLAND AVE (X) Initial Notification City, State, Zip Code: (X) EPA (X) DEP () Amendment KEARNY, NJ 07032 4 SUESTUS CUMTRO Notification (X) DOL Name of Contact: () Emergency Telephone Number: MR. MARK BRUSCINO () Cancellation (X) DOH (X) DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3): KEARNY Type of Facility (4): HIGH SCHOOL NORTH BUILDING () School (K-12) (X) Subchapter 8 (Other than K-12) Street Address: 336 DEVON STREET () Other (i.e., private & commercial buildings, homes, etc.) City & State (5): KEARNY, NJ Square Feet: NA # of Floors: 4 Bldg. Age: NA County (6): County Code (7) Current Use (Prior if being demolished): ESSEX (STATE USE ONLY) HIGH SCHOOL Name of Monitoring Firm Hired by Building ASCM No.: Name of Abatement Contractor (9): Owner:(8) 0004 BRIGGS ASSOCIATES S/M Enterprise of NJ, Inc. Street Address: Street Address: 3 CROSSWICKS STREET 339 North 6th Street City, State, Zip Code: City, State, Zip Code: BORDENTOWN, NJ 08505 Prospect Park, NJ 07508 Project Manager for Monitoring Firm: Telephone No.: Telephone No.: License No.: MICHAEL 609-298-5520 (973) 595-6955 00641 Start Date (10): Scheduled Completion Date (11): Name of OSHA Monitor: 10/06/16 8/31/17 S/M Enterprise of New Jersey, Inc. Occupancy Status During Abatement (Check only one) Street Address: () Facility Closed/vacated During Entire Period of Abatement P.O. Box 8265 (X) Abatement Performed Outside of Normal Facility Hours City, State, Zip Code: (X) Other - Describe: Occupied /unoccupied Haledon, NJ 07538 Scope of Work (Check all that apply): (X) Full Containment with Negative Pressure
 (X) Wrap & Cut
 (X) Glovebag Procedure
 (X) Non-Friable Procedure $\begin{array}{l} () \geq 3 \text{ sf or } \geq 3 \text{ lf} \\ (X) \geq 160 \text{ sf or } \geq 260 \text{ lf} \end{array}$ (X) Renovation () Demolition Is Location Abatement Location of Normally Description of Type Asbestos-Containing Material Used Solely by Asbestos Containing Material (ACM) (i.e., thermal systems insulation, (ACM) Maintenance/ Encapsula Enclosure surfacing, VAT, or Remova TO BE ABATED Custodial/ Amount Repair other miscellaneous) IN Facility Staff? (Specify (12)(13)SF or LF) No N/A 1ST, 2ND, 3RD, 4TH, FLOORS X PIPE / FITTING 4,119 LF X 1ST, 2ND, 3RD, 4TH FLOORS X FLOOR TILES/MASTIC 21,545 SF X KITCHEN X DUCT INSULATION 400 SF X Name of Registered Waste Hauler: NJDEP Waste Cubic Yards Name of Registered landfill: SERVICES TRANSPORT GROUP, INC. Hauler ID No .: of Waste: **IESI** 20990 City, State: Disposal Date: City, State: NEW CASTLE, DE 11/30/16 WAYNESBURG, PA 19720 Completed By: Title: Signature: Date: MIKE ALTADOUKA PRESIDENT 9/22/16

Ch1419



Date of Notification (1)		DATE	0.00		f Building		perator	(2)				E ,		- 1-		
09/21/16				1011/2021 10351	mmed A	ZIZ										
Agencies Notified			93	Street A	ddress					2019	SEP 2	27	AH I	0: 2	7	
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× DOH	DEP DOL Amended Amendment # Emergency (including justification) DOH DCA Cancellation				f Contact					Tel	ephone	Num	ber '	G	- 57	
DCA	me of Facility Where Abatement is Taking Placerivate Residence reet Address y (5) lifton unty (6) assaic me of Monitoring Firm Hired by Building Owner /A reet Address y, State, Zip Code oject Manager for Monitoring Firm art Date (10) 0/01/16 cupancy Status During Abatement (Check Only Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac Other – Describe: ope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Ye basement me of Registered Waste Hauler				nmed A								Δ			
	Abatement is Takin	g Place (3)		FACI	LITY INFO	ORMATI	ON	Туре	of Facility (4	1)						
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City, State, Zip Code									ip Code ń, NJ 070	57						
Project Manager for Mor	0/01/16 10/04				ne No.		Teleph 862-	none N 221-9			Licens 0110		•			
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Name of Registered Waste Hauler				IDEP W		Cubic of Was			Name of F		red Lar	ndfill				
Newark Carting Inc.				409		1			GROW		-0					
City, State Newark, NJ						Dispos 10/05	sal Date 5/16		City, State Morrisvi		A					
Completed by Leslaw Nalodka		Title Preside				S	ignature	-N	1/1	_		Date 09/	e '21/'	16		

CM710

Agencies Notified Type Notification Initial DEP DOL Amendment # Emergency (including justification) Cancellation Taking Place (3) Former Exxon Station Street Address 222 North Livingston Ave. City (5) Livingston County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address
DEP DOL Amended Amendment # Livingston, NJ 07039 Name of Contact Shailesh Patel FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Former Exxon Station Street Address 222 North Livingston Ave. City, (5) Livingston County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address
Name of Contact Shailesh Patel FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Former Exxon Station Street Address 222 North Livingston Ave. City (5) Livingston County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address
Name of Facility Where Abatement is Taking Place (3) Former Exxon Station Street Address 222 North Livingston Ave. City (5) Livingston County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) N/A School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) Current Use (Prior if being demolished) Name of Abatement Contractor (9) Delfa Contracting LLC. Street Address 522 7th St.
Street Address 222 North Livingston Ave. City (5) Livingston County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) Current Use (Prior if being demolished) Name of Abatement Contractor (9) Delfa Contracting LLC. Street Address 522 7th St.
222 North Livingston Ave. City (5) Livingston County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Other (i.e. private & commercial buildings, home etc.) Floors Bldg. Age Current Use (Prior if being demolished) Current Use (Prior if being demolished) Name of Abatement Contractor (9) Delfa Contracting LLC. Street Address 522 7th St.
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N/A Delfa Contracting LLC. Street Address Street Address 522 7th St.
Street Address Street Address 522 7th St.
522 7th St.
City, State, Zip Code City, State, Zip Code
Union City NJ 07087
Project Manager for Monitoring Firm Telephone No. Telephone No. 201 216-9603 License No. 01206
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09-23-16 09-24-16 Delfa Contracting LLC
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: Union City NJ 07087
Official sity the order
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure
Abatement
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Type
Yes No N/A
Roof, x Roof 250 SF X
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill
Delfa Contracting LLC Hauler ID No. 35240 of Waste 5 Tullytown Resource Recovery Facilit
City, State Union City, NJ Disposal Date O9-27-16 City, State Tullytown, PA
Completed by Jaime Delgado Title Proj. Manager. Signature 09-21-16





Date of Notification (1) 9/23/16	Agencies Notified. Agencies Notified. Agencies Notified. Type Notification Initial Amended Amendment # Emergency (including justification) Cancellation Name of Facility Where Abatement is Taking Place From Keller Private Home Street Address City (5) Long Beach Twp NJ 08008 County (6) Ocean Name of Monitoring Firm Hired by Building Owner N/A Street Address City, State, Zip Code Project Manager for Monitoring Firm Start Date (10) 10/6/16 Occupancy Status During Abatement (Check Only Facility Closed/Vacated During Entire Period					Owner/C vate H	Operator Iome	(2)		201	E CED	27				
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City (5)	***************************************							Squa	etc.) are Feet	T#0	f Floors		В	ldg. A	ae	
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	Agencies Notified. Type Notification						 (1) (1) (1) (2) (2) (2) (2) (2) 		atement Cor	tractor	(9)			The state of		
N/A							Pern	aco l	Inc.							
Street Address	City, State, Zip Code Project Manager for Monitoring Firm Start Date (10) Sched						Street						1573			
								30x 3								
City, State, Zip Code									Zip Code Iin NJ 080	91						
Project Manager for Me	Project Manager for Monitoring Firm						Teleph	2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		01	License	o No				
Project Manager for Mon							856-				00727					
Start Date (10)		Schedule	d Com	pletion	Date (11)	-	Name	of OS	HA Monitor							
10/6/16		10/12/1		100000000000000000000000000000000000000			Sam									
Occupancy Status Durin	ng Abatement (Ched	k Only One	e)				Street	Addre	ess				-			
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(13)	1.5			г —		other	miscellar	neous,)				val	air	Encapsulate	sure
		Yes	No	N/A											CD	
Exterior 9	Exterior Siding					Exte	erior Si	ding		18	300 SF	1	ĸ			
Name of Registered Wa		IN	JDEP W	l /aste	Cubic	Yards		Name of	Registe	ered Land	dfill					
	Н	auler ID		of Wa			G.R.O.	0.000.00	0,00 2011							
		22	2459		4											
City, State Elm NJ						/	sal Date		City, Stat Morrisv		A 1906	7				
Completed by		Title					2/10 Signature		WOITIGV			Date			. 1 1	
Anthony T Perna		Presid	dent			,	Jigi latan	1	/			9/20)		
					NUMBER OF STREET		1	/					703	2		

(1) # 3099

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Date of Notification (1)	40	4.0					Owner/Operator (2		Construction				
9 /	13 /			Prir	iceton U	niversity-Office	of Design and	2015 CED o	7 6	440			
Agencies Notified	Type Notifica	ition				Address			2016 SEP 2	/ Al	711	: 53	j
☐ EPA ☑ DOLWD						Elm Dr.			A				
☑ DHSS	Amendme		22/1	6		tate, Zip C			& LIC	3 66	11	TUL	
□ DCA	☐ Emergend	ALCO STATE OF THE PARTY OF THE	V	-		iceton, N					46		
(NJAC 5:23-8)	justification	on)				of Contact			Telephone Num	nber			
	☐ Cancellati	ion			Rob	ert Orte	go		·				
					FAC	CILITY IN	FORMATION						
Name of Facility Where	Abatement is T	aking Pla	ace (3	()				Type of Facility (4)				
Princeton Universi	ty-McCosh F	dealth C	ente	r				School (K-12)		27			
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr	ivate and comme	<) ercial bu	ildino	IS.	
Frist Lane								homes, etc.)					
City (5)				-=	-			Square Feet	# of Floors	BI	dg. A	ge	
Princeton													
County (6)			1 = 172		Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
MERCER								Library					
Name of Monitoring Firm	Hired by Build	ing Own	er (8)	- 1	ASCM	No.	Name of Abateme						
ATC Group Service	es LLC				0009	8	BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address							Street Address						
Three Terri Center							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode		-100			
Burlington, NJ 080	16						BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm		1	Tele	phone	No.	Telephone No.	27	License No.				
Michael Keehn				60	9-386	-8800	215-788-6040		00509				
Start Date (10)	S	Schedule					Name of OSHA N						
9 / 23 /	16	9_	- / -	24	_ / -	16_	BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During	g Abatement (0	Check on	ly one	∋)			Street Address						
☐ Facility Closed/Vacate							1123 BEAVE	R STREET					
Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: _	AIVI-1.00	3P1VI/	—-	VI- <u>12</u>	2.00AN	1	BRISTOL, PA	19007					
Scope of Work (Check a	II that apply)							-1	ativa Deceause				
		\boxtimes	Reno	vati	on		☐ Full Con	tainment with Neg losure	alive Piessule				
☐ ≥160 sf or ≥260 lf			Dem					g Procedure		009 260 0			
							☐ Non-Exe	mpted (*) and Nor	n-Friable Procedi		70		
1.000-000-0			Is L	ocat rma			Description				1	ent T	T
Location Asbestos-Containing) t	Jsed			Asbe	Description o stos Containing Ma		Amount	Rer	Repair	Enc	Enclosure
TO BE ABA	ATED		Maint		nce/ Staff?		., thermal systems	insulation,	(Specify	Removal	air	aps	losi
IN Facil	ity			12)	olan?		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	Гe
(13)		Y		No	N/A		Other miscellane	ous)				e	
1st floor south corrid	or	1		X		Pine Ins	sulation-Wrap &	Cut	5 LF		П	П	
			-	7					8 LF				
Basement Janitor's	Jloset		J			Pipe ins	sulation - Wrap	& Cut	0 LF				-
											Ш	Ш	Ш
] [
Name of Registered Was	ste Hauler			2000	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
BRISTOL ENVIRON	MENTAL, IN	IC.		Н	auler II		Waste	G.R.O.W.S	NORTH LAN	OFILL			
City, State					18706		<1 Disposal Date	City, State					
BRISTOL, PA 1900	7						9/23/2016		LLE, PA 19067				
000 00 and 000 000 44 000 1 1 1 1 1 1 1 1 1 1 1 1		Title					Signature			ate			
Completed By (Print or T	ype)	Estir	mata	-				Scoliro / 1		1/1	9/1	10	
Brian Scafiro		ESU	nato	I.			Ollan &	scofero / J	1	9/20	1//	U	

CK 3092

Name of Building Owner/Operator (2) Date of Notification (1) Princeton University-Office of Design and Construction 9 13 / 16 Agencies Notified Type Notification Street Address M Initial 200 Elm Dr. □ EPA □ DOLWD 9557 ☐ Amended City, State, Zip Code Amendment #_ ☑ DHSS 6909 Princeton, NJ 08544 ☐ Emergency (including ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) Robert Ortego Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Princeton University-McCosh Health Center Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, Frist Lane homes, etc.) Bldg. Age Square Feet # of Floors City (5) Princeton County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) County (6) Library MERCER Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 00098 BRISTOL ENVIRONMENTAL, INC. ATC Group Services LLC Street Address Street Address 1123 BEAVER STREET Three Terri Center City, State, Zip Code City, State, Zip Code BRISTOL, PA 19007 Burlington, NJ 08016 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 609-386-8800 215-788-6040 00509 Michael Keehn Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 9 / 23 / 16 BRISTOL ENVIRONMENTAL, INC. 9 / 23 / 16 Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code AM-3:00PM/____PM-12:00AM Time of Abatement: BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ✓ Mini-Enclosure✓ Glovebag Procedure ⊠ Renovation ≥3 sf or ≥3 If Demolition ≥160 sf or ≥260 lf ■ Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Encapsulate Removal Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes No N/A 5 LF X X Pipe Insulation-Wrap & Cut 1st floor south corridor П П Name of Registered Landfill N.IDEP Waste Cubic Yards of Name of Registered Waste Hauler Hauler ID No. Waste G.R.O.W.S. NORTH LANDFILL BRISTOL ENVIRONMENTAL, INC. 18706 <1 Disposal Date City, State City, State MORRISVILLE, PA 19067 9/23/2016 BRISTOL, PA 19007 Title Signature Completed By (Print or Type) Estimator Brian Scafiro

Ch 5714

Agencies Notified SpA Agencies Notified SpA Dobb Interial Manager for Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Castact (as private & Commercial Buildings, Name of Contact (as private & Commercial Buildings, Name, Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Asstement Contractor (9) Portact Address Country (8) Co	Date of Notification (1) 9/23/16					Building C s Labin					9818	CED o	7	412	10		
DOP Control	Agencies Notified	Type Notification		5	Street Ad	idress					C 21 121	2-7-2		FORE T	10:	20	
Amendment # Long Beach Twp NJ 08008		The second secon			City Cto	to Zin Co	10				A şe	2510	0		1.0		
County (e) Cou		Amendment #						08008			Š	Ł LIC	ĒH	SIA	G	- 1	
Name of Facility (Where Abstement is Taking Place (3) Charles Labin Private Home Street Address Substitute School (K-12) Substitute Subst		justification)	ncluding	1 0							Tele	ephone N	Numl	er			
Sarbed (K-12) Subchapter 6 (Other than K-12) Subchapter 6 (A		DI (0)		FACIL	LITY INFO	RMAT	ION	-								
Shook (A-Ft-2) Shoo			Place (3)														
Square Feet	Street Address								×	Subchapter Other (i.e. p	8 (Othe				lings,	home	es,
County (6) County (7)	City (5)								- 6		# 01	Floors		В	ldg. A	ge	-
Cocan Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Permaco Inc.	Long Beach Twp N	J 08008									100			1	5+		
Street Address Street Address Street Address PO Box 329 PO Box 329	# DEC 7: 500										r if bei	ng demo	olishe	d)			
City, State, Zip Code		Hired by Building C	wner (8)		ASCN	l No.					tractor	(9)					
City, State, Zip Code City, State, Zip Code West Berlin NJ 08091	Street Address														1		
Project Manager for Monitoring Firm	City, State, Zip Code			-													
Start Date (10) 10/6/16 Start Date (10) 10/6/16 Street Address Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Street Address Full Containment with Negative Pressure Glovebage Procedure Non-Exempted (*) and Non-Friable Procedure Solely by Maintenance Outsided IStaff? (12) Yes No N/A Bottom of house Name of Registered Waste Hauler United Roll Off Name of Registered Waste Hauler United Roll Off Street Address Full Containment with Negative Pressure Glovebage Procedure Non-Exempted (*) and Non-Friable Procedure Abbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Full Containment with Negative Pressure Glovebage Procedure Non-Exempted (*) and Non-Friable Procedure Abbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Full Containment with Negative Pressure Mini-Enclosure Aboutement Address Full Containment with Negative Pressure Mini-Enclosure Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Monni-Enclosure Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Full Containment with Negative Pressure Mini-Enclosure Abatement Address Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mini-Enclosure Aboutement Address Full Containment with Negative		0									91						
10/12/16 Same	Project Manager for Mor	nitoring Firm			Telephor	ne No.											
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code					pletion [Date (11)				HA Monitor						2012	
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State City, State City, State Completed by City, State City, State City, State Completed by City, State City, State City, State City, State Completed by City, State City, State Completed by City, State Completed by City, State Completed State City, State Completed State City, State Completed State City, State Completed State Completed State City, State Completed State City, State Completed State Completed State City, State Completed State City, State Completed State Completed State City, State Completed State Completed State City, State Completed State City, State Completed State Completed State City, St	Occupancy Status Durin	g Abatement (Check	Only One	l.				Street	Addres	SS							
Scope of Work (Check All That Apply) 3 sf or \times 3 lf 2 lf 0 sf or \times 260 lf	Abatement Perform	ated During Entire P ned Outside of Norma	eriod of Ab al Facility H	atem lours	ent			City, S	State, Z	ip Code				-			
≥3 sf or ≥3 if ≥160 sf or ≥260 lf Percentation Percentage P	- I reserve viscous viscous constraints	All That Apply															
Second Demolition Demolition Demolition Demolition Demolition Demolition Demolition Demolition Demolition Description of Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Non-Exempted (*) and Non-Friable Non-Exempted (*) and Non-Friable Non-Exempted (*) and Non-Friable Non-Exempted (*) and Non-Exempted	I STATE OF THE PARTY OF THE PAR	л ттас Арргу)	T Re	novat	tion			E] Ful	II Containme	ent with	Negativ	/e Pr	essu	re.		
Substitution Subs	The second of the second secon								Mir	ni-Enclosure							
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Bottom of house X Transite Board 500 SF X								3				d Non-F	riable	Pro	cedur	е	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Pes No N/A Bottom of house Name of Registered Waste Hauler United Roll Off Visual Roll Off Completed by Title Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF Asbestos Containing Material (ACM) (Specify SF or LF) For LF As			110000000000000000000000000000000000000		000000												t
Maintenance/ Custodial Staff? (12) Wes No N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A			Used	Solel	y by	Ashesi				L(ACM)	А	mount					
Bottom of house	TO BE AB	ATED	- CONTRACTOR				therma	l system	s insula		(5	Specify		Rer	Re	nca	End
Bottom of house				(12)							Si	OI LF)		nova	pair	slusc	osur
Name of Registered Waste Hauler United Roll Off City, State Elm NJ Completed by Title NJDEP Waste Hauler ID No. 22459 Cubic Yards of Waste 3 G.R.O.W.S. Cubic Yards Of Waste G.R.O.W.S. City, State Morrisville PA 19067			Yes	No	N/A									_		ite	O .
United Roll Off Hauler ID No. 22459 of Waste 3 G.R.O.W.S. City, State Elm NJ Disposal Date 10/12/16 City, State Morrisville PA 19067 Completed by Title Signature Date	Bottom of	house			Х		Tra	nsite B	oard		50	00 SF		х			
United Roll Off Hauler ID No. 22459 of Waste 3 G.R.O.W.S. City, State Elm NJ Disposal Date 10/12/16 City, State Morrisville PA 19067 Completed by Title Signature Date																	
United Roll Off Hauler ID No. 22459 of Waste 3 G.R.O.W.S. City, State Elm NJ Disposal Date 10/12/16 City, State Morrisville PA 19067 Completed by Title Signature Date		Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Ye Bottom of house Ame of Registered Waste Hauler nited Roll Off ity, State im NJ															
United Roll Off Hauler ID No. 22459 of Waste 3 G.R.O.W.S. City, State Elm NJ Disposal Date 10/12/16 City, State Morrisville PA 19067 Completed by Title Signature Date		istered Waste Hauler					0.11						-1611				
City, State Disposal Date City, State Elm NJ 10/12/16 Morrisville PA 19067 Completed by Title Signature Date		ste Hauler		H	auler ID		of Wa			160000000000000000000000000000000000000	0.000	ered Lan	atili				
EIm NJ 10/12/16 Morrisville PA 19067 Completed by Title Signature Date				22	2459			sal Date		70.0							
												A 1906	7				
Anthony I Perna President	Completed by Anthony T Perna		Title Presid	ent				Signatur	0	- Comba					3		



Date of Notification (1)				Name of	Building	Owner/C	perator	(2)							
Septen	nber 23, 2016		C	Colgate	-Palmol	live									
Agencies Notified	Type Notification			Street A	ddress					21	116 SEP 2	7 1	12 10		
□ EPA	Initial		4	00 Eib	ow Lane	е					10 OLI 2	1 F	17 11	1: 3	7
DEP	Amended			City, Sta	ite, Zip Co	ode									
DOL	Amendment		— E	Burlingt	on, NJ (08016					2 1 10			ILC !	
□ DOH	Emergency justification)			Name of	f Contact					Te	ephone Nur	nber	ME	1	
DCA	Cancellation		F	roject	Manage	er				1					
W The second second					LITY INF		ON					W -			
Name of Facility Where	Abatement is Takin	g Place (3))					Тур	oe of Facility (4)					
Colgate-Palmolive									School (K-12						
Street Address									Subchapter 8 Other (i.e. pr				dinas	home	
400 Elbow Lane								\boxtimes	etc.)	ivate	a commerci	ai buii	ungs	поше	25,
City (5)								Squ	uare Feet	# 0	f Floors	E	Bldg. /	\ge	
Burlington, NJ 08016	3								TBD		TBD		-	BD	
County (6)					Code (7)	20		Си	rrent Use (Prio	r if be	ing demolish	red)			
Burlington				(STATE)	USE ONLY,						Facility				
Name of Monitoring Firm	rlington, NJ 08016 punty (6) rlington ame of Monitoring Firm Hired by Building Owner W Corporation reet Address 90 Bristol Rd ity, State, Zip Code puntainside, New Jersey 07092 roject Manager for Monitoring Firm piect Manager art Date (10) Schee 10/7/16 ccupancy Status During Abatement (Check Only Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac Other - Describe:					oodad o	Name	of A	batement Cont	ractor	(9)				-
LEW Corporation							The M	/AC	K Group, LL	C.					
Street Address							Street								
1090 Bristol Rd							1500	Kind	s HWY N, S	STE	209				
City, State, Zip Code									, Zip Code						
Mountainside, New J	Jersev 07092						Chern	v Hi	II, NJ 08034						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph	*		-	License N	0.			
Project Manager			9	08-654	4-8068		(973)	759	- 5000		00781				
Start Date (10)		Schedule	d Con	npletion	Date (11)				SHA Monitor						
10/7/16	5			10/31/1	6		The M	1AC	K Group, LL	C.					
Occupancy Status Durin	g Abatement (Ched	k Only On					Street								
Facility Closed/Vac	ated During Entire	Period of A	haten	nent			1500 I	Kind	s HWY N, S	STE	209				
Abatement Perform									, Zip Code						
Other - Describe:							Chern	v Hi	II, NJ 08034						
Scope of Work (Check A	II That Apply)											-			
≥3 sf or ≥3 lf		⊠ R	enova	tion			[ull Containme	nt wit	Negative F	ressu	ге		
≥160 sf or ≥260 lf		PER	emolit				Ţ	1	Mini-Enclosure						
							ł		Glovebag Proc Non-Exempted (Droce	dure		
									4011-Exempled) and	Non-i nabic	11000		emen	
	80	70	Locat Iormal											/pe	`
Location Asbestos-Containing			d Sole		Ashas		scription		ial (ACM)	,	mount				
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In Facil	lity	Cust	odial 9 (12)	stan?	2 5	surfa	cing, VA	AT, o	r	S	F or LF)	em	Repair	aps	clos
(13)			1/			other	miscellar	neou	s)			Remova	air	Encapsulate	Enclosure
		Yes	No	N/A								-		Ф	
door	s			X			caulk	8		5	140 If	X			
doors				-/-			oddiii				1 10 11		1		
												-			
Name of Registered Was	ste Hauler		10000	IJ DEP W		7,927,000	Yards		Name of R	Regist	ered Landfill				
Newswitz Onestina / F	-1		H	lauler ID		of Wa			0			000	1110	,	D.E.
Newark Carting / Freehold Cartage				222	.53	Direction	1.4		The second secon	e chacto _ c	Co./ BFI /	0 ۲ ک	VVS	IR	KF_
City, State	1.1						sal Date		City, State					- ·	
Newark / Freehold, N	IJ	T:41				14	0/31/1		Newburg	/ Im	perial / Mo	-	ille,	PA	
Completed by		Title	96000 may			8	Signature		1///_	1	10000	te			
Michael Cooper		Presid	ent			10.00					9/2	3/16			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

CH30372	NOTI	(Pur	suant to	NJAC	8:60 an	d 12:120	0)	1		1- 1			
Date of Notification (1) September 23, 2010	5		N	ame of Bu	ilding Ov	vner/Opera Jacobs	ntor (2) Dem	olition & Cart. 1916	ing 3		3 7	2	
Agencies Notified [X] EPA [] DEP [X] DOL Type of Notificatio [X] Initial N [] Amende Amende	n Notification	cation		ity, State, 2		РОВо	x 9	4.5	SEP 27 AM ESTOS & LICENSIM	10: 3 4G	7 JL		
[x] DOH justifica	ation)				Linda			Tel	ephone Number		•		
Name of Facility Where Abatement is Taking P	lace (3)		FACIL	ITY INF	FORMA	ATION	Туре	e of Facility (4)					
Residence Street Address								į j	School (k-12) Subchapter 8 (other Other (i.e., private			l buildi	ngs,
	Secretary and the						-	C 3	homes, etc.) # of Floors	Bldg.			
Manasquan	County ((S	ounty Code TATE US	e (7) E ONLY				1 being demolished)	Didg.	6()	
Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone			- A	SCM No.		Name of	Abate	Resideno ment Contractor (9 Guardia)		Inc.			
Street Address City, State, Zip Code						Street Ad	ldress	1889 Ro	ute 9, Unit 61				
City, State, Zip Code				City, Sta		Toms R	iver, New Jerse		55-12	71			
Project Manager for Monitoring Firm Telephone Nu Scheduled Start Date (10) Scheduled Co						Telephor 732-34	9-99	32	License N 00624	umber			
Scheduled Start Date (10) Scheduled Co 10/4/16 10/5/16				Date (11)				A Monitor E.M.S.L	. Analytical				
10/4/16 10/5/16 Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of [] Abatement Performed Outside of Normal Facility						Street A		Code	elton Road	000	 5 /l		
[] Other – Describe							1 ,	10	vay, New Jerse		34		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf		[] F	Renovatio Demolitic			[[[x] 1	Mini-Enclosure Glovebag Procedu	with Negative Pres re) and Non-Friable)		re		
[X] 2100 St 0t 2200 ft											ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custo Staff (12)					Ash N (i.e. inst	Description destos-Co Material (A., thermal ulation, SI VAT, er miscel	ntaini ACM) syste urfaci or	ms ng,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbest	os sidir	ıg			1400 sf	X			
										-			-
Name of Registered Waste Hauler	Name of registered waste radio					ards of Wa	ste	Name of Registe T.R.R.F.	red Landfill				
City, State		20	Disposa 10/6/1		3	City, S		Pennsylvania	3				
Guardian Contracting, Inc. 20				Signatur	re		/		7.	Date 9/2	e 3/201	6	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OF	R RENOVATION WO	ORK, AND METHOD(S) T	TO BE USED	
xi.	DESCRIPTION OF WORK PRACTICES AND EN AND RENOVATION SITE:	IGINEERING CONT	TROLS TO BE USED TO P	2010 SE PREVENT EMISSIONS O	
	Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be place	roped off with caution to ed in double 6 mil. Bags,	ape and warning signs. Plastic , sealed and labeled and placed	sheeting will be placed on the in a locked container for disposi	ground below and the asbestos will be sal.
xii.	WASTE TRANSPORTER #1 Name: Guar	dian Contracting	, Inc.		
	Address: 1889	Route 9, Unit 61	1		
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nich	olas Fernicola		13	
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.	R.F.	1961		
	Location: Bord	lentown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMI	ENT AGENCY, PLE	ASE IDENTIFY THE AGE	NCY BELOW AND ATT	ACH COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begi	n (MM/DD/YY):	The second secon
xv.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:			101	*
	Explanation of how the event caused unsafe condition	ions or would cause e	quipment damage or an unr	easonable financial burden	:
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLI ASBESTOS MATERIAL BECOMES CRUMBLE				OR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND EVALUABLE FOR INSPECTION DURING NOR	VIDENCE THAT TH	IE REQUIRED TRAINING	HAS BEEN ACCOMPLI	PART M) WILL BE ONSITE DURING ISHED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owne	r/Operator)	September 23, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	N IS CORRECT.		1,/	
	Nicholas Fernicola / Project Manager (Printed Name/Title)	<u> </u>	(Signature of Owne	r/Operator)	September 23, 2016 (Date)

			State of N	iew Jei	csey		CI	ieck #	1307	2	
CHID	073				OS ABATEMENT						
0,110					and 12:120-7)						
Date of Notification 9/23/2016	1 (1)	N	ame of Buil Robert		wner/Operator	(4)	. =	c			
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Agencies Notified	Type Notificati	on S	treet Addre	SS							
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[X] DOL	[]Amended		Bloomfi	eld,	NJ,07003		A E T				
[X] DOH	Notificat		lame of Cont	act		Telephone	Number	OF II	7:10	110	1
	[]EMERGENCY		Robert	Pate	erson	-	-	TY.		2	
[]DCA	[]Cancellati	on									
	1		FACII	ITY I	NFORMATION						
Name of Facility Who	ere Abatement is	Takin	g Place (3)			Type of Facili	ty (4)				
Robert Paters						[]School ((K-12)				
						[]Subchapt	er 8 (Other	than	K-12)	
Street Addres							e., privat uildings, ho			-	
							# of Floor			100	
2/1- /5	la-	and the f	6) Essex	Com	aty Code (7)	Square Feet	2	333	ig. 1 19	-90	
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Bloomileid						Current use (F	TIOI II DEI	ng den	.0110	1100,	į
			ASCM No.		Name of Abate	ment Contractor	(9)				
Name of Monitoring Owner (8)	Firm nired by Bu	illaing	ASCM NO.			ANAGEMENT,					
N/A											
Street Address					Street Addres						
						stopher St.	•3				
City, State, Zip Co	de				City, State,						
					Montclai	ir, NJ 0704	12				
Project Manager for	Monitoring Firm	n Tel	ephone Numb	er	Telephone Num	ber	T.:	icense	Numb	er	
110,000 1		N/			(973) 744	1-8800		0037	1		
- 1 1 1 1 Charles Date	- (10) Cahad	Compl	etion Date	(11)	Name of OSHA	Monitor					
Scheduled Start Dat 10/2/16		/3/16		(11)	N/A						
	Year Mon		av Year		F-7				0.00		
Occupancy Status Du	ring Abatement	(Check	only one)		Street Addres	ss					
[X] Facility Clo of Abatemen	osed/Vacated Dur	ing En	tire Period		20						
Abatement Pe	erformed Outside	of No:	rmal Facili	ty	City, State,	Zip Code					
Hours - Des	cribe: «OffHours	Descri	pt»								
[]other - Des	cribe: «Other Occ	cupancy	Descript»								
Scope of Work (Chec	k all that apply	A)			וויימו	Containment wi	th Negative	Pressi	ire		
[X]≥3 sf or	- >3 lf	[2	K]Renovation	1		-Enclosure	ar negacare				
[]>160 sf	or >260 lf]Demolition		**************************************	ebag Procedure					
		1	Is		[]Non-	Friable Procedu	re	Aba	teme	ent :	Type
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Date of Notification (1)				MR	. Ra	GER V	NS SAL	SFP 27 AMID:	10			-	1
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DOH DOA	☐ Cancellation			4.	12:5	EN KA	22		-	_	-		7
			FA	CILIT	TY INFO	RMATION				-	-	_	-
Name of Facility Where	Abatement is Taking Place	(3)			•		Type of Facility	y (4)					
Name of Faulty Files	In. WEST			-			School (K-1	2)	8				-
	TICK VI CO .			-			☐ Subchapter	8 (Other than K-12) rivate & commercial bui	idinas				
Street Address					. ×		homes, etc	INGR & COMMISSION	-	50			
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County (6)				ILY)	2008 (/)	SIMIEGOE	(7)	ESIDEN CE					
	52 ×.			- 1		Name of Abates							
Name of Monitoring Fire	n Hired by Building Owner	AS	CM No).	()-	Best Re	2						
(8)			-					10				_	_
Street Address	·					Street Address		- C+					
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City, State, Zip Code			*			City, State, Zip		T 07601					
	2							J. 07601			-	-	-
Project Manager for Mo	nitoring Firm	Tele	phone l	No.		Telephone No.	7111						
,							-7444	. 00300			-	_	-
Start Date (10)	Scheduled Co				10	Name of OSHA	Monitor						
10/4/16		15	116	>			Environ	пептат					_
Occupancy Status Duri	ng Abatement (Check only	one)		0.7		Street Address		<u>.</u>					
n rath ChrodNana	ted During Entire Period o	f Abater	ment				uyler S	<u>-</u>		2		_	-
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Other - Describe:	ed Outside of Normal Face 8:00AMTO	7:0	37.1	`	`	5. па	CKensac	R ,11.0. 070.					-
Scope of Work (Check	all that apply)					□ Full	Containment w	ith Negative Pressure					
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☐ ≥ 160 sf or ≥ 260 lf				Dem	OSSOU	1⊒ Glo	vebag Procedu	and Non-Friable Proced	Tae Can			_	_
									1	Ab	Typ	755	R
			ocation	77		22			F	T	1		_
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	ABATED addity			•		statacing, V/	AT, or	SF or LF)	-1	OVA	NA P	sule	INB
(13)		(12)			GERET MISCESS	security)	**		-	1	6	0
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Best Rem	oval Inc	101	171	.09		34/2C	7 Miner	A THICETALL		,			_
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Date of Notification (1) 9/23/16					Building On tein Pro			(2)		21	116 SEF	2 2 7	. ,	1 - 1		
Agencies Notified	Type Notification			treet Ad 01 Eas	_{dress} st Main (Stree	t									0
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≥ DOH	Emergency (justification) Cancellation	ncluding	2.5	lame of Will Cu	Contact mmings					Tele	phone N					
			_	FACIL	ITY INFO	RMAT	ION									
Name of Facility Where	Abatement is Taking	Place (3)							of Facility (4 School (K-12	2)						
Street Address 20-21 Wagaraw Ro	oad				Tel -			×	Subchapter I Other (i.e. pr etc.)				uildi	ngs, h	nome	S,
City (5) Fair Lawn									re Feet	# of	Floors		BIG 67	lg. Ag	ie	
County (6) Bergen				County C	ode (7) SE ONLY)			Curre	nt Use (Prio	r if bei	ng demol	lished)			
Name of Monitoring Fire EnviroVision Cons		Owner (8)		ASCM 00079					tement Con onmental			_C				
Street Address 20-21 Wagaraw R	oad, Building 35	 E						Addre	ss 33, 4 E Ga	ate Di	rive					
City, State, Zip Code Fair Lawn NJ 074									ip Code , NJ 0741	8						
Project Manager for Mo	onitoring Firm			Telephor	ne No.		100000000000000000000000000000000000000	hone N -764-2			License 703	∍ No.				
Start Date (10) 9/26/16		Scheduled		pletion [Date (11)		Name	of OS	HA Monitor							
Occupancy Status Duri	no Abatement (Chec	k Only One)			-	Stree	t Addre	SS	-						
× Facility Closed/Va	cated During Entire med Outside of Norn	Period of At	atem	ent			City,	State, Z	ip Code					2 		
Scope of Work (Check								~		7				00/220		
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Locati Asbestos-Containir <u>TO BE A</u> In Fai (13	ng Material (ACM) <u>BATED</u> cility	Mair Custo	(12)	nce/ Staff?		os Co therm surf		Materia ns insul AT, or		(kmount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A					-							
clos	set			X		pip	e insul	ation			24 LF		X			
Name of Registered W	aste Hauler		N	JDEP W	/aste	Cub	ic Yards		Name of	Regist	ered Lan	dfill				
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City, State Freehold, NJ							osal Dat	е	City, Stat Birdsbo		А					
Completed by A. Scott Higgins	and the second s	Title Presid	dent	MI			Signatu	re	De	_		Date 9/2		ĭ		

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Date of Notification (1)		Name of	Building Owner to record w	Operator	(2) Cer : 8	9	. 1	is E		J3	Jt.	KIROL
Agencies Notified Type Notification EPA initial DEP Amended			o cens	House	ROAD	S) 6x	L	JET	O.I	√G
EPA intral DEP Amended Amendmen	l dž	City, Sta	ns, Zip Gode	ر معرم	SIA	12 9 1 1 1	17406	7				
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DOH justification		1	TOHLU								_	
Name of Fedity Where Abstemant is Takin	o Place (%)	FAGI	LITY INFORMA	TON	Type of Fa	dility (4)			-	-		
GELBRAL GREEN !	475					ol (K-12)						
Street Address 37 Mountain Av.	5				Subc Other etc.)	tapler 5 (Ot G.e. private	her than K-12 & commercia		lings,	hame	16,	
SPRINGERLY NJ			17		Square Fe	0	of Floors		6 d			
County (8) LLUION		County C	Gode (7) USE ONLY)		-	9073	eing demolish	eci)				. *
Marae of Monitoring Firm Hirad by Building	Owner (8)	ASCN	f No.			nt Contract cting inc.	of (9)	_			.]	10
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City, State, Zip Code					tale, Zip Co and Park,	200				سسو		
Project Manager for Monitoring Firm	,	Telepho	ne No.		ione No. 25 2-564 1		Ucense No 00156	2.	50			
Start Dairy (10) /10 /16	Scheduled C		Date (11)		o oska m ga Enviro		Services Inc	g.				
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire		da nihas risk			Address Huyler St	tes						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor- Other - Describe:	mel Facility Ho	TALB			tata, Zip Co censack,	de N.J. 0760	6					
Scope of Work (Check All That Apply)			-	-	- LIBET							(
23 mf or 23 ff 2150 sf or 2200 if		elition			Min-En Gloveba	clesure og Procedur						1
					Non-Ex	empted (*) s	nd Non-Frisbi			evnerit		
Location of	16 Los	nally		Asseriation	of.					pe		
Asbestos-Conteiring Metarial (ACM) TO BE ABATED In Facility (13)	Vaed & Melnis Custodio (1	si Spaff?	Asbestos Co fl.s. thorm sur	ntaining f	feterial (AC s Insulation, .T. or		Amount (Specify SF or LF)	Removal	Repair	Emcupatede	Endosure	
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APARTMENT 790		-	PI	PB		-	200 6	صر	_			
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Neme of Registered Waste Hauler Newark Carting, Inc.		NUDEP W Hawler ID 04509		ic Yarda	1		tered Landilli rai Sanitary	Lan	d門I	l		
Ohy, State Newark, N.J. 07105			Disp	To 16		y, State en Argyl, I	A 08072					
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	29 /	16			1			- T	wner/Operator (2 vertsity - Offic	2) e of Design an	d Construction	1	-		
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□ EPA					10,750,000		Address Elm Dr				A			- 1	
	8 / 29 / 16 Is Notified Type Notification Initial Amended Amendment #2-9 Emergency (inclustification) Cancellation If Facility Where Abatement is Taking Placeton University- Engineering Quadress In St In St Amended Amendment #2-9 Emergency (inclustification) Cancellation In St In St In St						tate, Zip C	Cod	е			1	317	UL	
				F	rir	ceton, N	J U	08544		à LICE	15.01	7 G			
	8						of Contact	t			Telephone Num	ber	177		
					F	Rob	ert Orte	go				- 4			
					F	FAC	CILITY IN	IFC	DRMATION						
Name of Facility Where Ab	patement is T	aking	Place	(3)						Type of Facility (4)				
Princeton University	- Engineer	ing C)uadr	ang	le					School (K-12)				
Street Address		(376.0)		8078	-						(Other than K-12		. erurea-a	220	
Olden St										homes, etc.)	ivate and comme	rcial bi	Illaing	JS,	
City (5)	2-27-25-27-2		A-7-32.		16,16					Square Feet	# of Floors	BI	dg. A	ge	
Princeton															
County (6)					C	oun	ty Code (7	7)(S7	TATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
MERCER	me of Facility Where Abatement is Taking Princeton University- Engineering Queet Address Olden St y (5) Princeton unty (6) MERCER me of Monitoring Firm Hired by Building On ATC Associates Inc. eet Address Bromley Corporate Center-Three Teley, State, Zip Code Burlington, NJ 08016 oject Manager for Monitoring Firm Michael Keehn and Date (10) y / 21 / 16 y g cupancy Status During Abatement (Check Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal Firm Time of Abatement:AM-3:30PM/_ oppe of Work (Check all that apply)														
Name of Monitoring Firm F	Hired by Build	ding O	wner (8)	ASC	CM	No.	N	lame of Abateme	ent Contractor (9)					
ATC Associates Inc	8 / 29 / 16 Type Notification								BRISTOL EN	VIRONMENTAL	., INC.				
Street Address	8 / 29 / 16 cies Notified							S	treet Address						
Bromley Corporate (8 / 29 / 16 Princies Notified PA								1123 BEAVE	R STREET					
City, State, Zip Code								С	ity, State, Zip Co	ode					
Burlington, NJ 08016	6								BRISTOL, PA	19007					
Project Manager for Monito	oring Firm			Те	lepho	ne l	No.	Te	elephone No.		License No.				
Michael Keehn				6	609-3	386	-8800		215-788-6040		00509				
Start Date (10)	8 / 29 / 16 encies Notified EPA DOLWD DHSS DCA (NJAC 5:23-8) me of Facility Where Abatement is Taking Parinceton University- Engineering Quaeet Address Diden St (S) Princeton Unity (6) MERCER me of Monitoring Firm Hired by Building Own ATC Associates Inc. Bet Address Bromley Corporate Center-Three Terr (S) State, Zip Code Burlington, NJ 08016 Diject Manager for Monitoring Firm Michael Keehn It Date (10) Schedule 9 / 21 / 16 9 Cupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period Abatement Period Abatement Period During Entire Period During En							N	ame of OSHA M	lonitor					
9 / 21 /	gencies Notified ☐ EPA ☐ DOLWD ☐ DHSS ☐ DCA ☐ (NJAC 5:23-8) ☐ DCA ☐ (NJAC 5:23-8) ☐ DCA ☐ Emergency (inclusting justification) ☐ Cancellation ☐ Cancellati								BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During	Abatement (C	Check	only c	ne)				S	treet Address						
	975								1123 BEAVER	R STREET					
								C	ity, State, Zip Co	ode					
Time of Abatement:	AIVI-3.30	JPIVI/_		PIVI-	12.30	JAIV	1		BRISTOL, PA	19007					
Scope of Work (Check all t	that apply)								Π F. II O 1	-iith No-	-ti D				
			⊠ Re	nova	ation				☐ Full Cont	ainment with Neg losure	ative Pressure				
☐ ≥160 sf or ≥260 lf			☐ De						☐ Glovebag	Procedure					
							T		⊠ Non-Exe	mpted (*) and Nor	n-Friable Procedu	-	- (50-5) -		
(anation a	£				ation ally				Description			Ab	atem		T
)	Use	d So	olely b		Asbe	sto	Description o s Containing Ma		Amount	Rer	Repair	Enc	Enclosure
TO BE ABAT	ED				nance I Staf				hermal systems i	insulation,	(Specify	Remova	air	aps	losu
	Abatement Performed Outside of Normal Time of Abatement:AM-3:30PM/ cope of Work (Check all that apply) 3 ≥3 sf or ≥3 lf 2 ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility				2)	i.			surfacing, VAT, other miscellane		SF or LF)	<u>n</u>		Encapsulate	ле
(13)		Ī	Yes	No	N	I/A			other misochane	040)				e	
Crawlspace underneat	th B2 and E	36B	\boxtimes]	Pipe Fit	ttin	ngs		6 LF				
Throughout 1968 addt	ion			\boxtimes]	Joint co	om	pound		4 SF				
B6A, B4 and H121			\boxtimes]	Damage	ed	floor tile		33 SF					
			T]											
Name of Registered Waste			NJDE	EP V	Vaste	C	ubic Yards of	Name of Regis	tered Landfill				1		
				er II 706	No.	W	/aste	The second contract the second	NORTH LAND	FILL					
City, State	Olden St ity (5) Princeton ounty (6) MERCER ame of Monitoring Firm Hired by Building O ATC Associates Inc. treet Address Bromley Corporate Center-Three Te ity, State, Zip Code Burlington, NJ 08016 roject Manager for Monitoring Firm Michael Keehn tart Date (10) 9 / 21 / 16 9 ccupancy Status During Abatement (Check Facility Closed/Vacated During Entire Peril Abatement Performed Outside of Normal II Time of Abatement:AM-3:30PM/_ cope of Work (Check all that apply) 2 > 3 sf or > 3 lf > 160 sf or > 260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) rawIspace underneath B2 and B6B hroughout 1968 addtion 6A, B4 and H121 ame of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. ty, State BRISTOL, PA 19007 completed By (Print or Type) Title							Di	isposal Date	City, State					
BRISTOL, PA 19007										MORRISVII	LE, PA 19067				
Completed By (Print or Typ	DHSS Amendment #2- DCA Emergency (inc justification) Cancellation							1	Signature	0 -	D	ate ,	/		
Brian Scafiro	5.00	Es	timat	or					Duan	Scolie	100	3/2	1//	6	

Date of Notification (1)			Name	of Building	g Owner/Operator (2	2)	00(0.00				
8 / 29 / 16			Prin	ceton U	nivertsity - Office	e of Design an	d Construction	27 /	HI): 5	2
Agencies Notified Type Notification			Street	Address			and agreement				
☐ EPA ☐ Initial			200	Elm Dr			å satili & Lit	ý.	13	p.C	
□ DOLWD			City, S	tate, Zip C	Code		a LIU	CHO	HIC		
		50 100	Prin	ceton, N	IJ 08544						
DCA Emergency (in justification)	cluding	3	Name	of Contac	t		Telephone Num	per			
(NJAC 5:23-8) Justification)			Rob	ert Orte	ao		1000	1			
		-			IFORMATION		The state of the s			-	
	Di	(0)	FAC	ILIII IIV	IFORIVIATION	Type of Facility	4)				-
Name of Facility Where Abatement is Taking Princeton University- Engineering			e			School (K-12)				
Street Address						Subchapter 8	(Other than K-12 ivate and commer) rcial bu	ildino	ıs	
Olden St						homes, etc.)	ivate and comme	Olai De	manng	,	
						Square Feet	# of Floors	Bl	dg. A	ge	
City (5) Princeton						1000 m Prizes Person - 2 min 1000					
			Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
County (6)			Oodii	ty code (Monnie de die '						
MERCER	Yunor	/0\ T	ASCM	No	Name of Abateme	ent Contractor (9)				170	
Name of Monitoring Firm Hired by Building (Jwner	(0)	ASCIVI	NO.		VIRONMENTA	INC.				
ATC Associates Inc.					Street Address	VIICORNIERVI	_,				
Street Address	2.0				1123 BEAVER	CTPEET					
Bromley Corporate Center-Three T	erri La	ane									
City, State, Zip Code					City, State, Zip Co						
Burlington, NJ 08016					BRISTOL, PA	19007	I Canada Na				
Project Manager for Monitoring Firm			ephone I		Telephone No.		License No.				
Michael Keehn		6	09-386	-8800	215-788-6040		00509				_
Start Date (10) Sched			etion Da		Name of OSHA M		INC				
ON HOLD	/		/ _		BRISTOL EN	VIRONMENTAL	_, INC.				
Occupancy Status During Abatement (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated During Entire Pe	riod of	Abate	ment		1123 BEAVER	R STREET					
Abatement Performed Outside of Normal	Facilit	y Hou	rs - Des	cribe	City, State, Zip Co	ode					
Time of Abatement:AM-3:30PM/		PM-1	2:30AN	1	BRISTOL, PA	19007					
Scope of Work (Check all that apply)											
	⊠ n.		ion		☐ Full Cont Mini-Enc	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf		enovat			☐ Glovebar	Procedure					
≥160 sf or ≥260 lf					Non-Exe Non-Exe	mpted (*) and No	n-Friable Procedu				
	1100	Loca						Ab	atem	ent T	ype
Location of		Norma			Description o		Amount	Re	Re	En	En
Asbestos-Containing Material (ACM)		aintena	ely by ance/	Asbe	stos Containing Ma	terial (ACIVI)	(Specify	Remova	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility	100000000000000000000000000000000000000		Staff?	(1.0	surfacing, VAT,		SF or LF)	val		sula	ure
(13)		(12)			other miscellane	ous)				ate	
	Yes	No	N/A								\vdash
Crawlspace underneath B2 and B6B	\boxtimes			Pipe Fi	ttings		6 LF				닏
Throughout 1968 addtion		\boxtimes		Joint co	ompound		4 SF		Ш	Ш	
B6A, B4 and H121				Damag	ed floor tile		33 SF				
Name of Registered Waste Hauler		1	NJDEP V	Vaste	Cubic Yards of	Name of Regis					
BRISTOL ENVIRONMENTAL, INC.		F	18706		Waste	G.R.O.W.S	NORTH LAND	FILL			
City, State			10100		Disposal Date	City, State					
BRISTOL, PA 19007						MORRISVI	LLE, PA 19067				
Completed By (Print or Type) Title	9				Signature	1 1		ate /	1,,		
Table 1	stima	tor			Dries	~ Scoliri	1-1	9/9/	116		
Brian Scattro											

Date of Notification (1)				Name	e of Buildin	ng Owner/Operator (2)	2016 CED	07.			
8/	29 / 10	3		Pri	nceton l	Jnivertsity - Office	e of Design an	id Constructi	ion A	H 10	: 52	
Agencies Notified	Type Notification			5000000	t Address			0 555	300.	ivi	n:Qt	
Ø DOLWD 6831					State, Zip			- & LH	SEHE	HG		
☑ DHSS & 824	Amendment #		-	550		NJ 08544						
DCA	Emergency (in justification)	ncludin	g	Name	e of Conta	ct		Telephone N	umber			
(NJAC 5:23-8)	☐ Cancellation			Ro	bert Orte	ego		-	-			
				FA	CILITY II	NFORMATION						
Name of Facility Where A	Abatement is Takir	g Place	e (3)	50300			Type of Facility	(4)				
Princeton Universit				е			School (K-12		46)			
Street Address		-001150-001					Subchapter 8 Other (i.e., p			uildin	as.	
Olden St							homes, etc.)					
City (5)							Square Feet	# of Floors	E	ldg. A	Age	
Princeton												
County (6)				Cou	nty Code ((7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished)			
MERCER												
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abatem						
ATC Associates In	c.					BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						
Bromley Corporate	Center-Three T	erri L	ane			1123 BEAVE						
City, State, Zip Code						City, State, Zip C						
Burlington, NJ 0801						BRISTOL, PA	19007					
Project Manager for Moni	toring Firm			ephone		Telephone No.		License No.				
Michael Keehn					-8800	215-788-6040		00509				
Start Date (10) 9 / 8 /	10 100				16 (11)	Name of OSHA N BRISTOL EN	IONITOT VIRONMENTAL	_, INC.				
Occupancy Status During	Abatement (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacate	d During Entire Pe	riod of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed Time of Abatement:	Outside of Norma AM-3:30PM	l Facilit	y Hou PM- <u>1</u>	rs - Des 2:30Al	scribe M	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all	that apply)											
≥3 sf or ≥3 if ≥160 sf or ≥260 if		⊠ Re	enovat emoliti	ion on		Mini-Enc Glovebag	ainment with Neg losure g Procedure mpted (*) and Noi		dure			
		Is	Loca	ion	1				At	atem	ent T	ype
Location of Asbestos-Containing Model TO BE ABA IN Facility	Material (ACM) TED	Use Ma	Norma ed Sole intena todial	ely by nce/	Asbe (i.e	Description of estos Containing Ma e., thermal systems surfacing, VAT,	terial (ACM) insulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	<i>j</i> .	-	(12)	T	-	other miscellane					ate	
Crawl space undernea	ath B2 and	Yes	No	N/A	Pipe Fi	ttings		6 LF				
RSR Throughout 1968 add				To the		ompound		4 SF	Ø			
	шоп			+=	-			33 SF			П	
B6A, B4 and H121		<u> </u>			Damag	ed floor tile		33 31	ᆛ片			H
		Ш	Ш		<u> </u>	O this Variation	Name of Regist	orod Londfill			Ш	
Name of Registered Waste BRISTOL ENVIRONM			7,500	JDEP \ auler II 18706	O No.	Cubic Yards of Waste 2		NORTH LAN	IDFILL			
City, State BRISTOL, PA 19007						Disposal Date	City, State MORRISVIL	LE, PA 1906	7			
Completed By (Print or Typ	oe) Title	1	`			Signature	011		Date /	./		
Brien Sofire	J	stin	rate	r		Buch	Scafin (5)	7	8/2	9/16	5	

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

Date of Notification (1)					Name	of Building	g Owner/Operator (2)					
8 /	11 / _	16	_		Veri	zon			2016 SEP 27	AHI	0:3	2	
Agencies Notified	Type Notifical	tion			Street	Address							
⊠ EPA	☑ Initial	0			15 E	ast Mor	tgomery Place,	Lower Level	Aumis108 & Licen	UU!,	TEL		
⊠ DOLWD				1		tate, Zip C			& LICE	SIPE	G		
⊠ DHSS	Amendme			6			PA 15212						
☐ DCA	☐ Emergeno		ding	-		of Contac			Telephone Num	ber			
(NJAC 5:23-8)	justificatio					hony Po			1				
	Cancellati	011					IFORMATION						
	-		1	(2)	FAC	ALLIT IN	FURNATION	Type of Facility	(4)				
Name of Facility Where A		aking P	lace	(3)				School (K-12					
Verizon Hightstown	1 CO							Subchapter 8	Other than K-12)			
Street Address									rivate and comme	rcial bi	uilding	gs,	
393 Mercer St.								homes, etc.) Square Feet	# of Floors	R	ldg. A	ne	
City (5)								Square reet	# 011 10013		og. /	90	
Hightstown								O t lles (Dei	if being demalis	shod)			
County (6)					Coun	ty Code (7)(STATE USE ONLY)		or if being demolis	sileu)			
Mercer								Office					
Name of Monitoring Firm	Hired by Build	ing Owr	ner (8	8)	ASCM	No.		ent Contractor (9)					
TTI Environmental,							BRISTOL EN	VIRONMENTAL	L, INC.				
Street Address							Street Address						
1253 N. Church St							1123 BEAVE						
City, State, Zip Code							City, State, Zip C						
Moorestown, NJ 08	057						BRISTOL, PA	19007					
Project Manager for Moni				Tele	phone	No.	Telephone No.		License No.				
Harold Baldwin				85	6-840	-8800	215-788-6040)	00509				
Start Date (10)	S	chedule	ed Co	mple	tion Da	te (11)	Name of OSHA N	Nonitor					
8 / 25 /	1.00	OK			LD		BRISTOL EN	VIRONMENTAL	_, INC.			V V V	
Occupancy Status During		heck or	nlv o	ne)			Street Address						
☐ Facility Closed/Vacate	d During Entire	e Period	d of A	Abater	nent		1123 BEAVE	R STREET					
□ Pacifity Closed/Vacate □ Abatement Performed	Outside of No	rmal Fa	cility	Hour	s - Des	cribe	City, State, Zip C	ode	0 - 00				
Time of Abatement: _	AM- <u>5:00</u>	PM/	F	PM- <u>1:</u>	30AM		BRISTOL, PA						
Scope of Work (Check all			-					50 10 100 100 100	Maria Nazi inconsisso				
Scope of Work (Check an	(nat apply)	100						tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			Rer	novati nolitio	on		☐ Gloveba	g Procedure					
≥160 sf or ≥260 lf		_	Dei	HOIRIC	HE:		☐ Non-Exe	empted (*) and No	n-Friable Procedu				/
			Is	Locat	ion					Ab	atem	ent T	ype
Location	of			orma			Description	of	Amount	Re	Re	E	E
Asbestos-Containing I)		d Sole ntena		Asbe	estos Containing Ma e., thermal systems	insulation	(Specify	Removal	Repair	Encapsulate	Enclosure
TO BE ABA	TED	100	10.1001	odial S		(1.€	surfacing, VAT	, or	SF or LF)	Va	-	lusc	Sure
IN Facilit (13)	У			(12)			other miscellane	eous)				ate	10
(10)		Y	/es	No	N/A					-	-	_	
Basement MER#1		D	3			Duct in	sulation		400 SF		Ш	Ш	Ш
Basement Boiler roor	n	D	a	П		Floor ti	le and mastic		600 SF	\boxtimes			
Basement Boner 1001			_	$\overline{\Box}$									
		L		Ш							П	П	П
							(9)					ш	
	e Hauler			4.000	JDEP \		Cubic Yards of	Name of Regis					
Name of Registered Wast		0		H	auler II 18706		Waste	GROWS LA	ANDFILL				
Name of Registered Wast BRISTOL ENVIRON	MENTAL INC						D: 10-40	City, State					
BRISTOL ENVIRONI	MENTAL INC						Disposal Date		22722 1272				
BRISTOL ENVIRONI City, State	MENTAL INC						Disposal Date	MORRISVII	LLE, PA				
BRISTOL ENVIRONI City, State BRISTOL, PA							Signature		LE, PA	ite /	1		
BRISTOL ENVIRONI City, State		Title Esti	mat	or						ite 9/1	/16		

Ck# 3076

1000	h		NOT	(Pi	ursua	nt to NJA	AC 8:60 and 5:1	6) (Je# 30	7	6		
Date of Notification (1)	()	16			1	e of Buildin	g Owner/Operator	(2)	2016 SEP	27	AH	10:	32
Agencies Notified	Type Notific				Stree	t Address	ntgomery Place,	Lower Level	438EST & 11	ÚS.	ğ,	a Tir	.OL
⊠ EPA 1284		d				State, Zip		201101 20101	<u> </u>	-EA		ŧG-	
☑ DOLWD 1260 ☑ DHSS /277	Amendm						PA 15212						
DCA	☐ Emerger		ncludin	g		e of Contac			Telephone Numb	per			
(NJAC 5:23-8)	justificat				The state of the state of	thony Po				*			
	Cancella	111011			70.00		NFORMATION			-			
Name of Facility Where A	hotoment is	Takin	n Place	= (3)				Type of Facility	(4)				
Name of Facility Where A	CO.	Diction	9 1 120	J (0)				School (K-1	2)				
Verizon Hightstown								Subchapter Other (i.e., r	8 (Other than K-12) private and commer	i cial b	uildir	gs,	
Street Address								homes, etc.					
393 Mercer St.								Square Feet	# of Floors	В	ldg. A	Age	
City (5)													
Hightstown				-10-21-3	Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)			
County (6)								Office					
Mercer Name of Monitoring Firm	Jired by Buil	dina	Owner	(8)	ASCM	No.		ent Contractor (9					
		on g		1.56			BRISTOL EN	VIRONMENTA	L, INC.				
TTI Environmental, I	110.						Street Address						
Street Address 1253 N. Church St							1123 BEAVE	R STREET					
			<u> </u>				City, State, Zip C	ode					
City, State, Zip Code Moorestown, NJ 080	57						BRISTOL, PA	4 19007					
Project Manager for Monito				Tele	ephone	No.	Telephone No.		License No.				
Harold Baldwin	ornig i min			The second second		0088-0	215-788-6040)	00509		00-11-0		
		Sched	duled C	omple	tion Da	ate (11)	Name of OSHA						
Start Date (10) 8 / 25 /						16_	BRISTOL EN	VIRONMENTA	L, INC.				Legis:
Occupancy Status During	Abatement (Street Address						
☐ Facility Closed/Vacated	During Enti	re Pe	riod of	Abate	ment		1123 BEAVE	R STREET					
53 at toward Dorformed	Just side of No	orma	Facilit	V ⊔on	S - Des	scribe	City, State, Zip C	ode					
Time of Abatement:	AM- <u>5:0</u>	OPM/		PM-1	:30AM		BRISTOL, PA	19007					
Scope of Work (Check all t							M Full Con	tainment with Neg	rative Pressure				
			⊠ Re	novat	ion		☐ Mini-End	closure	gatire i recours				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				molitic			Gloveba	g Procedure	n-Friable Procedure				
≥ 160 St 01 ≥ 200 "							□ Non-Exe	empled () and NO	II-I Hable I Toocooli		atem	ent T	vpe
			1 555	Local			Description of	of		-	_	1	
Location of	-torial (ACM	1)		d Sole		Asbe	stos Containing Ma	iterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing Ma	ED (ACM	',		intena todial		(i.e	., thermal systems surfacing, VAT	insulation,	(Specify SF, or LF)	ova	F	psu	Sur
IN Facility			Cusi	(12)	Stati!		other miscellane	ous)	0. (0. –)	-		late	e
(13)			Yes	No	N/A					_	_		
Basement MER#1			×			Duct in	sulation		400 SF				
Basement Boiler room			\boxtimes			Floor til	le and mastic		600 SF				
Dasomoni											Ш		Ц
				П									
Name of Registered Waste	Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Regis					
BRISTOL ENVIRONM	ENTAL IN	С		H	auler II		Waste	GROWS LA	ANDFILL				
		-			18706		Disposal Date	City, State					
City, State							88	MORRISVII	LLE, PA				
BRISTOL, PA		791					Signature	1 1	/ Date		./,	,	
Completed By (Print or Type)	Title	stimat	0.5			Brie	Scolin	8 / 28 8	11/	///	0	
Brian Scafiro		ES	rimat	.01			Pour	- File	170		-		
.1	1.						/ ovom/	adjusting but	V				

NOTIFICATION OF ASBESTO (Pursuant to N.J.A.C. 8:60

Date of Notification (1)		·					Owner / Operator		22					
	PARTIES NAME OF TAXABLE			-			ction and Electr	ric	20	IB SEP 2	7 1	MI	7: 5	
	pe Notific	ation	1.3		t Addı					5-5-50		111111	J. J	4
			Ľ	18 Ge	eorge	town F	Road				-			
DEP [(City, S	State	& Zip	Code		-	& LIC	Caro	111	TU	L
N DOI 1			-\	۸ / - : - ا-		- NII.	20500			SE LIL	CMO	MI	1	
Second 4			_			n NJ (TT.1		h	1	
	12 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	10 TO	400			ontact				I ele	ephor	ne i	umi	ber
DCA [Can	cellation	(Jnan	dru G	uppi				- A				1
				FAG	CILIT	Y INF	ORMATION			1				
Name of Facility When	e Abatem	ent is Taking Pl	ace (3				Type of Facili	ity (4)			772	1.0		
			A.	*			School (I							
Street Address							Subchap	ter 8 (Othe	er than K-12)					
Building 3001									& commercial b	uildings, l	home	s, et	c.)	
							Square Feet		f Floors		. Age			
City (5)		County (6)	Co	untv C	Code (7)	- '				J			
		Burlington					Current Use I	Prior if he	ing demolished	4)				
1 OIL DIX AI D 00041		Durnington	4				Vehicle Mair		1000	-/				
Nome of Manitorina Ei	rm Hirad	by Puilding Own	or (9)		IASC	M No.	Name of Aba						-	
			ei (o)		117				ent Group, LL					
Street Address	VICES, LL	0			111		Street Addres		in Group, LL	0				$\overline{}$
PO Box 365							2115 Hamilto		Suite 202					
	1						City, State &		00.00 = 0=					
Berlin, NJ 08009	to .						Trenton, NJ							
	lonitorina	Firm	Teler	hone	Numb	per	Telephone N		Lice	ense Num	ber			
Mr. Jim Proctor			0.0000000000000000000000000000000000000	839-2		5070	609-977-618				1185	5		
	(10)	Scheduled Con			-)	Name of OSH							
	(.0)		10-23		, (, , ,				aboratories Ir	1C				
	ring Abate	ement (Check or					Street Address			103				
					ateme	nt	2333 Route	74775						
	ies Notified Type Notification EPA						City, State &							
							Union, NJ 0							
							-							
		1.1.22						☐ Ful	I Containment	with Nega	ative F	res	sure	
≥3 sf or ≥3 lf			\boxtimes	Ren	ovatio	on		Mir	ni-Enclosure					
≥160 sf ≥260 lf	f		П	Den	nolitio	n		☐ Glo	ve Bag Proced	dures				
									n-Exempted ar	nd Non-Fr	iable	Proc	edu	re
Loca	ation of		ls	Locat	ion		Description		Amo	ount	Abat	eme	nt T	ype
Asbestos	-Containi	ng		nally l			Asbestos-Con		(Spe			T	1	
				olely I			Material (A		SF or	r LF)	77	200	E	Щ
				tenan		١.	(i.e., thermal s				em	Re	cap	Clo
			Custo	odial S	Staff?	'	nsulation, surface				Remova	Repair	Encapsula	Enclosoure
((13)		Yes	(12) No	N/A	-	or other miscell	aneous)			<u>m</u>		ate	le
D 11 11 0004			103	140						_		-		
Building 3001			Ц.	Ц			Insulation		2,055 S	F			늬	
Building 3001				Ш		Floor	tile & mastic		950 SF					
				П	П									
			n	T	I		· · · · · · · · · · · · · · · · · · ·				П			
			T	Ħ	IT						FIT	Ħ	m	
Name of Registered W	Vaste Har	ıler		N.I	DEP V	Waste	Cubic Yards	Name of	Registered La	ndfill	<u></u>			-
l				1000	uler II		of Waste		3					
Resource Management	Group, LL	.C		0.00000	35218		TBD	Grows La	andfill					
City, State							Disposal Date	City, Sta	te				-	
Hamilton, NJ 08619							TBD	Morrisvil						
Completed By (Print or	DEP				e: Pre	sident	Signature/	1//	6/1	П	ate 0	9-23	3-20)16
- 2p.2.00 = j (i mit oi	as Notified PA DEP			1.10		J. 30/11	Klin	VI	HI I,			********		1270,700
							Him.	411	114,					1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

	9							(0)						
Date of Notification							wner / Operator		22/33/17					
A i NI-tiG-d		tion			Addre		e Office, LLC/	NJIA	2016 SE	P 27 F	iii 10:	51)		
	DEP DOL Amended #3 DOH Emergency DCA Cancellation Dee of Facility Where Abatement is Takin ure NJ Turnpike Headquarters Et Address Et Hess Plaza (5) County (6) Dodbridge Middlese Dee of Monitoring Firm Hired by Building of Benvironmental Inc Et Address East Bridge Street Det Manager for Monitoring Firm Frisbee Eduled Start Date (10) Scheduled B/29/16 Describe: Desc					ss ront F	Plaza					- 0		
	M Initial					Zip Co			3		c n I	111		
	Name of the last o			*		0710			å	IPFNS	THIC			
TOTAL STREET	1.00				of Cor					Tel	ephor	ie Nu	ımbe	er
			F	losa	na Ca	puto				-				
	S/2/2016 Notified Type Notification PA			EAC	'II IT'	/ INIE(ORMATION			1			_	_
Name of Espility M/	hara Ahatama	nt is Taking DI	202 /3		/ILII	IINI	Type of Facilit	ry (4)						
			ace (S	,			School (K							
Street Address	ike rieuuqu	artoro					Subchapt	ter 8 (Other tha	an K-12)					
The same at the same and the same at the s							Other (i.e	. private & con	nmercial	buildings,	, home	es, et	c.)	
One ricos riaza							Square Feet	# of Flo			g. Age			
City (5)		County (6)	Cou	inty C	ode (7)								
				*		8	Current Use (I	Prior if being d	emolishe	ed)				
Woodbridge		Middicocx					School							
Name of Monitoring	Firm Hired b	v Building Own	ner (8)		ASC	M No.	Name of Abat	ement Contrac	ctor (9)					
		, sanang em	(-)					ronmental, l						
Street Address							Street Addres	S						
	Street						1123 Beave			711111000000				
							City, State & 2	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Morrisville, PA 1	9067						Bristol, PA		Terr		1			
	r Monitoring F	irm			Numb	er	Telephone Nu			ense Nur	mber			
Jim Frisbee			267-9		-		(215)788-60		00	509				
		Scheduled Cor			e (11)		Name of OSH	IA Monitor i ronmental l i	20					
		. (6)	9/22				Street Addres		16.					
Occupancy Status	During Abater	ment (Check of	nly one	e) of Aba	atemer	nt	1123 Beave							
					atomo:		City, State & 2							
	renonned O	atside of North	ai i ioc	113			Bristol, PA							
	State Sta		AM to	3:30 [PM		Briotor,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
			1111 10											
Coope of from (or		7 /						Name of the last o		t with Ne	gative	Pres	sure	
≥3 sf or ≥3	## PROVIDED TO PR					n		Mini-En						
≥160 sf ≥26	DCA					1			Bag Proce			_	ene seren	
	Type Notification EPA DEP DOL Amended #3 DOH Emergency DCA Cancellation The of Facility Where Abatement is Taker NJ Turnpike Headquarters The of Monitoring Firm Hired by Building Benvironmental Incest Address East Bridge Street State & Zip Code Trisville, PA 19067 The ect Manager for Monitoring Firm Frisbee The duled Start Date (10) Schedule 8/29/16 The price of Work (Check all that apply) Sa sf or ≥3 If Abatement Performed Outside of Describe: Facility Occupied During Abatem pe of Work (Check all that apply) Sa sf or ≥3 If Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Floor Boiler Rm, Mech Hall and Mer Room The Of Registered Waste Hauler The Castle, DE The pleted By (Print or Type)								_	and Non-F				
				_ocat			Description		9355555	nount pecify	Aba	teme	ent i	ype
		g		nally l olely l			Asbestos-Con Material (A			or LF)			Ш	
					ce or		(i.e., thermal sy				Remova	Re	Encapsulate	Enclosure
			12000		Staff?	j	insulation, surfac				VOU	Repair	nsc	uso
	(13)			(12)			or other miscella	aneous)			<u>a</u>	-37	ate	Гe
			Yes	No	N/A					- 0-				
1st Floor Boiler F	Rm, Mech H	all and Hall		\boxtimes			Boiler Breed		-	5 SF		井	H	H
Boiler Room							1" Fittin	<u> </u>		EA	X	H	H	H
Boiler Room							2"Fittin		_	EA		H	Η	H
Boiler Room							6" Fittin			EA		井	井	H
Boiler Room	ccupancy Status During Abatement (Ch						12" Fittir	ng	5	EA		H	Η	믐
	The Hess Plaza Ty (5) County (6) Middles The Monitoring Firm Hired by Building JB Environmental Inc. The Address East Bridge Street Ty, State & Zip Code Corrisville, PA 19067 Coject Manager for Monitoring Firm The Frisbee The Address The							T		1011			Ш	لبال
Name of Registere	d Waste Haul	er		- STORY		Naste	Cubic Yards	Name of Reg	gistered L	andfill				
	2			Ha	uler II		of Waste	Minerva La	ndfill					
	ort Inc.				2099	90	10		iiuiii					
City, State							Disposal Date 9/23/2016	City, State Waynesbu	ra OH					
[] [[마다 : [[[[[[[[[[[[[[[[[[Tit	1-	·	Cianatura				Date	- 6		
	ancies Notified EPA						Signature	7	1 1	P	9/2	,/	11.	
Gino Pizzigor	11			100	oject anage		Signature Line Pa	gregou	17		7/2	1/1	L	

Data SNI-tiSection (1)	Name of Building C	wner / Operator	(2)					
Date of Notification (1) 8/2/2016	O&R Woodbridg	e Office. LLC/N	NJTA	2016 SEP	27 1	W 10)	0
Agencies Notified Type Notification	Street Address	0 000, ===			- 1	nit	. 0	U
EPA 6784	One Riverfront F	Plaza		1		-		
	City, State & Zip Co			9 1 1	SELE.	- 11	I.U	L
DEP Soft Minital Amended #2-8/29/				x LI	CENS	ING		
□ DOH □ Emergency	Name of Contact			T	elephor	ne Nu	ımbe	er
DCA 6787 Cancellation	Rosana Caputo			<u></u>				
2	FACILITY INFO	DOMATION						
Table 1	FACILITY INFO	Type of Facility	, (A)		-			
Name of Facility Where Abatement is Taking I	Place (3)	School (K						
Future NJ Turnpike Headquarters			er 8 (Other that	n K-12)				
Street Address		Other (i.e.	private & com	mercial building	s, home	es, e	(c.)	
One Hess Plaza		Square Feet	# of Floo		ldg. Age			
City (5) County (6)	County Code (7)	- Oqualo i col	011100		-3 - 3			
	County Code (1)	Current Use (F	Prior if being de	molished)		-100		
Woodbridge Middlesex		School	nor ir being de	monoriou				
	(0)	Name of Abate	mont Contract	for (0)				
Name of Monitoring Firm Hired by Building Ov	ner (8) ASCM No.		onmental, in					
RJB Environmental Inc		Street Address		10.				
Street Address		1123 Beaver						
56 East Bridge Street		City, State & Z						
City, State & Zip Code Morrisville, PA 19067		Bristol, PA 1						
Project Manager for Monitoring Firm	Telephone Number	Telephone Nu		License N	umber			
Jim Frisbee	267-991-9212	(215)788-604		00509		san waxa		
	ompletion Date (11)	Name of OSH						
8/29/16	ON HOLD	Bristol Envir	ronmental In	с.				
Occupancy Status During Abatement (Check	only one)	Street Address	3					
Facility Closed/Vacated During Entire	Period of Abatement	1123 Beaver	Street					
Abatement Performed Outside of Nor		City, State & Z	ip Code					
Describe:		Bristol, PA 1	9007					
	AM to 3:30 PM							
Scope of Work (Check all that apply)			S = "0			Droo		
	Para Sastance A Cale Value (CO)			tainment with N	egative	Pres	Sure	•
≥3 sf or ≥3 lf	Renovation	l	Mini-End					
≥160 sf ≥260 lf	Demolition	1		ag Procedures empted and Non	Crioble	Dro	andu	ıro
		5		Amount				
Location of	Is Location	Description Asbestos-Cont		(Specify	ADa	neme	:111 1	ype
Asbestos-Containing	Normally Used Solely by	Material (AC		SF or LF)			Ш	_ m
Material (ACM) TO BE ABATED	Maintenance or	(i.e., thermal sy			Removal	Re	Encapsulate	Enclosure
in Facility		nsulation, surfaci	ing, VAT		nov	Repair	nsd	OSL
(13)	(12)	or other miscella	ineous)		<u>a</u>	_	late	Te
	Yes No N/A							-
1st Floor Boiler Rm, Mech Hall and Hall		Boiler Breec	hing	675 SF		Ш		
Boiler Room		1" Fitting	g	16 EA				Ш
Boiler Room		2"Fitting]	16 EA			Ц	Ш
Boiler Room		6" Fitting	g	2 EA		Ш	Ц	
Boiler Room		12" Fittin	g	5 EA		Ш		
							Ш	
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards	Name of Regis	stered Landfill				
	Hauler ID No.	of Waste						
Service Transport Inc.	20990	10	Minerva Lar	natili				
City, State		Disposal Date	City, State	- 011				
New Castle, DE		9/23/2016	Waynesburg	g, UH	15			
Completed By (Print or Type)	Title	Signature	7 ~		Date	,	,	
Gino Pizzigoni	Project	4-11	-		8/	29/	16	
3.55.00	Manager	Lfu!	2(2)		1	.1.		

GI 16099 B

10 CK

2016 SEP 27 5M ID: 50

Date of Notification	(1)			N	ame	of Build	dina O	wner / Ope	erator (2)		UIU SEF	21 F		: 5	IJ_
	8/2/2016								LLC/NJTA	5					
Agencies Notified	Type Notific	cation		S	treet	Addres	S				2.11	ČĒN3	- 17-1	110	i
⊠ EPA						Riverfr					X L.	U.L. M.C	The Lo		
DEP	Initia		0140			State & Z									
□ DOL	7 D	ended #1-8/2	2/16			rk, NJ		2							
		ergency cellation				of Cont						Telep	phon	e Nu	mber
M DOA	Can	Cenation				na Cap						4			
7			-	(6)	FAC	ILITY	INFO	RMATION							
Name of Facility Wh			Plac	e (3)				Type of F							
Future NJ Turnpi Street Address	ke neauqu	arters		-				-	ol (K-12)						
One Hess Plaza									hapter 8 (Oth					-	36
One ness Plaza								Square Fe	r (i.e. private	of Floors	rcial build		_	, etc	:.)
City (5)		County (6)		Cour	nty C	ode (7)		Joquale Fe	361 #1	UI FIDORS	\$4	Bldg.	4ge		
			- 1	0001	ny O	000 (1)		Current Lle	se (Prior if be	ing doma	liabad\				
**Oodbiidge		Midulesex						School	se (FIIOI II De	ang demo	iisnea)				
Name of Monitoring	Firm Hirad b	V Building O	wner	(8)		ASCM	No		Abatement Co		0)				
	County (6) Middlese of Monitoring Firm Hired by Building Cenvironmental Inc Address st Bridge Street tate & Zip Code sville, PA 19067 Manager for Monitoring Firm					ASCIVI	140.		nvironmen		9)				
Street Address	st Bridge Street State & Zip Code							Street Add		iai, iiic.					
	t Address ast Bridge Street State & Zip Code								ver Street						
City, State & Zip Cod	State & Zip Code								& Zip Code					-	
Morrisville, PA 19	risville, PA 19067							Bristol, P							
	Monitoring F	irm				lumber		Telephone	Number		License	Numbe	r		
Jim Frisbee					1-92			(215)788-			00509				
	(10)	Scheduled Co				(11)			SHA Monitor						
				23/16	<u> </u>		-		rvironment	al Inc.					
					hate	ment	- 1	Street Add							
		157/				mem			& Zip Code						
	nonnea ou	tolde of Itolii	1101 11	Ours			- 1	Bristol, P							
	ied During A	Abatement 7	AM to	ā 3:3	0 PM	4	- 1'	5115t01, F1	K 19007						
Scope of Work (Check				,									-		
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	0000-1276 13-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1								Full	Containm	ent with N	legative	e Pre	ssur	е
≥3 sf or ≥3 lf			\boxtimes			ation				-Enclosur					
≥160 sf ≥260 l	f			D	emol	ition				e Bag Pro					
										-Exempte	d and Nor	-Friable	e Pro	cedu	иге
	ition of		27.27.2	Loc	70/2			Description		1	Amount	Ab	atem	ent T	уре
	-Containing al (ACM)			many Solely	/ Use	ea	As	sbestos-Co Material (A			Specify			_	
	ABATED				ance	or	(i.e	e., thermal		3	F or LF)	Re	20	nc	E
in F	acility		Cus		I Stat	ff?		ation, surfa				Removal	Repair	aps	clos
(*	13)		Yes	(12		-	or c	ther misce	llaneous)			\ val	Ę.	Encapsulate	Enclosure
of miles	** * ** **		res	12	N/	7A								-	
st Floor Boiler Rm,	Mech Hall	and Hall			+		В	oiler Bree			75 SF		Ц	Ц	Ш
oiler Room			X	H	+-			1" Fittir			6 EA		Щ		
oiler Room			X	H	4			2"Fittin			6 EA		Щ	Ш	
oiler Room			X	H	+-	-		6" Fittir			2 EA			Ш	
oiler Room				H	+-	-		12" Fitti	ng		EA				
ame of Pegistered Wi	of Registered Waste Hauler)	Cub	ic Yards	Name of D	20126222		البال			Ш
ame of Registered VV	iste nautei			1 1500		ID No.	100000000000000000000000000000000000000	aste	Name of R	egistered	Landfill				
ervice Transport In	ce Transport Inc.						0	10	Minerva L	andfill					
ty, State							Disp	osal Date	City, State					10000	
ew Castle, DE								23/2016	Waynesb	urg. OH					
ompleted By (Print or	Гуре)			Tit	le		Sign	ature		0,		Date		,	
ino Pizzigoni	1000 B			Pr	ojec	:t		11-	0.	`		8/3	22	11/2	
				B.F.	anac	TOP	1 %	Teno	1 Man	MAN.		0/0	1	10	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

00 CH	(Purs	uant to N.J.A	C. 8:60 and	12:120)	CL #	3073
Date of Notification (1) 8/2/2016		Name of Building	g Owner / Operato	or (2)	2018 SEP 27	AH 10: 50
Agencies Notified Type Notificati	on	Street Address		-		10.00
EPA 8345		One Riverfron	t Plaza		Natures. Radils	otinul.
		City, State & Zip			\$- LH-EM	81.14
DEP Initial Amend	ed	Newark, NJ 07				
□ DOH ₹3≥1 □ Emerge		Name of Contact				Telephone Number
DCA 8338 Cancell		Rosana Caput	F-6'			- Telephone Number
A DCA D5 -	ation	Nosana Caput	.0			1
		FACILITY IN	FORMATION			
Name of Facility Where Abatement	is Taking Place	(3)	Type of Facili			
Future NJ Turnpike Headquar			School (k	<-12)		
Street Address			Subchap	ter 8 (Other t	than K-12)	
One Hess Plaza			Other (i.e	e. private & c	ommercial buildi	ngs, homes, etc.)
			Square Feet	# of F	loors	Bldg. Age
City (5)	ounty (6) C	ounty Code (7)				
	iddlesex	, , , ,	Current Use (Prior if being	demolished)	
Woodbridge M	Iddiesex		School		deritoriorioa)	
		1 1000111		amont Cont.		
Name of Monitoring Firm Hired by E	sullaing Owner (8	ASCM No				
RJB Environmental Inc			Bristol Envi		inc.	
Street Address			Street Address			
56 East Bridge Street			1123 Beaver			
City, State & Zip Code		S.F.	City, State & Z			
Morrisville, PA 19067			Bristol, PA 1		T	
Project Manager for Monitoring Firm		phone Number	Telephone Nu		License	Number
Jim Frisbee		-991-9212	(215)788-604		00509	
[MANG 64 BANG 12 BANG	eduled Completi		Name of OSH			
8/29/16		3/16	Bristol Envir		nc.	
Occupancy Status During Abatemer	nt (Check only on	e)	Street Address			
Facility Closed/Vacated Duri			1123 Beaver			
Abatement Performed Outside	de of Normal Ho	urs –	City, State & Z			
Describe:	and the second s	6	Bristol, PA 1	9007		
Facility Occupied During Aba	atement 7 AM to	3:30 PM				
Scope of Work (Check all that apply))			_		
						legative Pressure
≥3 sf or ≥3 lf	\boxtimes	Renovation		Mini-En		
≥160 sf ≥260 lf		Demolition		Glove E	Bag Procedures	
_				Non-Ex	empted and Nor	-Friable Procedure
Location of	Isl	Location	Description of		Amount	Abatement Type
Asbestos-Containing		nally Used	Asbestos-Conta	(C)	(Specify	
Material (ACM)		olely by	Material (ACI)		SF or LF)	2 5 5
TO BE ABATED		tenance or	(i.e., thermal sys			Rep Rep
in Facility	Custo	AND THE RESERVE AND ADDRESS OF THE PARTY OF	nsulation, surfacin			Enclosure Encapsulate Repair
(13)	Yes	(12) No N/A	or other miscellan	icous)		ate re
st Floor Boiler Rm, Mech Hall a			Boiler Breech	iing	675 SF	
Boiler Room	\boxtimes		1" Fitting		16 EA	
oiler Room			2"Fitting		16 EA	
oiler Room			6" Fitting		2 EA	
oiler Room		FIFT	12" Fitting		5 EA	
The state of the s	H	HHH				THINITI
ame of Registered Waste Hauler		NJDEP Waste	Cubic Yards N	lame of Region	stered Landfill	
ame of Registered waste namer			of Waste	.ao or regit	JUSTOG LANGINI	
ervice Transport Inc.		20990		linerva Lan	dfill	
The first of the f		4 30 30 30 30 30		ity, State		
ity, State				nıy, State Vaynesbur g	OH	
ew Castle, DE		17:11		vaynesburg		10.4
ompleted By (Print or Type)			Signature	٠.	1 .	Date 8/2/16
ino Pizzigoni		Project	H. P.		11	8/2/16
		Manager	Jens 1 M	pyone	1	/ /

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10 . ,													
Date of Notification (1)	11 /	16	_			-	Owner/Operator (2 OMMUNICATION		2016 CED	27	211	10	
Agencies Notified	Type Notification	ion			Street	Address			2016 SEP	<1	MIT	i): ;	52
⊠ EPA					4 NE	ELSON D	RIVE		A				
☑ DOLWD	Amended Amendmen	nt #3-9	9/21/	16		tate, Zip C			& L10	FU	211	TE	U.L.
□ DCA	☐ Emergency						NJ 08055				UIN	U	
(NJAC 5:23-8)	justification	3.5				of Contact			Telephone Numb	er			
	☐ Cancellation	n			ALE	X BAYL	OR						
	/ W				FAC	ILITY IN	FORMATION						
Name of Facility Where A		king F	Place	(3)				Type of Facility (
Street Address 4 NELSON DRIVE								Other (i.e., pri homes, etc.)	(Other than K-12) vate and commen	cial bu	ildinç	gs,	
City (5)								Square Feet	# of Floors	Bi	dg. A	ge	
MEDFORD								7000	2				
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Prid	or if being demolis	hed)			
BURLINGTON								COMMUNICA	ATIONS				
Name of Monitoring Firm	Hired by Buildir	ng Ow	mer (8	3) /	ASCM	No.	Name of Abateme	ent Contractor (9)					
USA ENVIRONMEN	ITAL MANAG	EME	NT				BRISTOL EN	VIRONMENTAL	., INC.				
Street Address							Street Address						
8436 ENTERPRISE	AVENUE						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co						
PHILADELPHIA, PA							BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm				phone I		Telephone No.		License No.				
MARK JENKINS					5-365		215-788-6040		00509				
Start Date (10) / /					tion Dat		Name of OSHA N BRISTOL EN	ionitor VIRONMENTAL	., INC				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate							1123 BEAVR	STREET					
					s - Des 30AM	cribe	City, State, Zip Co						
Scope of Work (Check al	9 A M -		127				BRISTOL, PA		5				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Rer Der				☐ Mini-End ☐ Gloveba	g Procedure	ative Pressure n-Friable Procedur	e e			
		T	Is	Locat	ion						atem	ent T	уре
Location			N	orma	lly	356 570	Description of		\$ _ 100 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	2000	_	T	1
Asbestos-Containing TO BE ABA		- 4		d Sole ntena			stos Containing Ma		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facili	_		Cust		Staff?	(surfacing, VAT	, or	SF or LF)	val		sula	sure
(13)		-	Yes	(12) No	N/A		other miscellane	ous)				ite	
BASEMENT ENGINE	ROOM		X			VAT/MA	ASTIC		775 SF				
BASEMENT ENGINE	ROOM	1	X			VIBRAT	TION DAMPER C	LOTH	4 SF				
BASEMENT ENGINE	ROOM (Unde	er [X			VAT/MA	ASTIC		90 SF				
Generator-Separat	te Mobilizatio	n) [
Name of Registered Was		INC.	· · · · · ·	(20/21)	JDEP V auler II 20990	No.	Cubic Yards of Waste	Name of Regis MINERVA I					
City, State NEW CASTLE, DE					20330		Disposal Date	City, State WAYNESB	URG, OH				
	Completed By (Print or Type) Title						Signature	6 .0-	d j- Da	ite /	/	,	
Patrick T. DeCaro		Est	timat	or			Palsiek	D. 1940	ace / fl 9	ite /2/	//	0	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Cl # 3093

nna		N	IOTII					TOS ABAT :60 and 5:16		Cle #	309	3		
Date of Notification (1)	11 /	16						ner/Operator (2		2016 5	SEP 27	B.P.	(11):	52
Agencies Notified EPA DOLWD	Type Notifica ⊠ Initial ⊠ Amended		_		4 N	Address ELSON D		Έ		4.5	IS AUG			
⊠ DOH	Amendme	7		16		DFORD, I		08055		2/-	CIOL	1101	÷ U	
DCA (NJAC 5:23-8)	☐ Emergend justificatio	on)	uaing			of Contact				Telephone N	umber			
				349113-331	FAC	CILITY IN	FOR	RMATION						
Name of Facility Where A MEDFORD CENTRA Street Address 4 NELSON DRIVE		aking I	Place	(3)					Type of Facility (4 ☐ School (K-12) ☐ Subchapter 8 ☐ Other (i.e., pri homes, etc.)	(Other than K	mercial b			
City (5) MEDFORD									Square Feet 7000	# of Floors	В	dg. A	ge	
County (6) BURLINGTON					Coun	ty Code (7)(STA	ATE USE ONLY)	Communication		olished)			
Name of Monitoring Firm	Hired by Build	ding Ov	vner (8)	ASCM	No.			ent Contractor (9)					
USA ENVIRONMEN	TAL MANA	GEME	NT						VIRONMENTAL	., INC.				
Street Address								eet Address 1123 BEAVE	DOTREET					
8436 ENTERPRISE	AVENUE													
City, State, Zip Code PHILADELPHIA, PA 19153 City, State, Zip Code BRISTOL, PA 19007														
Project Manager for Mon	itoring Firm			100000000000000000000000000000000000000	phone		1000000	lephone No. 215-788-6040		License No 00509				
MARK JENKINS	10	Sabadu	lod C	-	15-365 tion Da	Company of the Compan		me of OSHA N		00000				
Start Date (10) 9 / 19 /					. /				VIRONMENTAL	., INC				
Occupancy Status During								eet Address	OTDEET					
☐ Facility Closed/Vacate ☐ Abatement Performed Time of Abatement: _	Outside of No	ormal F	acility	Hour	s - Des	cribe	City	y, State, Zip Co BRISTOL, PA	ode					
Scope of Work (Check al	I that apply)							F3 = 10		ativa Deceause		-303476		
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf]	⊠ Re	novati molitic				☐ Mini-End	tainment with Nega losure g Procedure mpted (*) and Nor					
		Т	ls	Locat	ion							atem	ent T	уре
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM TED	1)	Use Mai Cust	(12)	ely by ince/ Staff?		e., the	Description of Containing Ma ermal systems surfacing, VAT ther miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	20011		Yes	No	N/A	VAT/MA	ASTI	IC		775 SF		\vdash	П	\Box
BASEMENT ENGINE								N DAMPER C	LOTH	4 SF				
						VAT/MA				90 SF		П	П	
BASEMENT ENGINE Generator-Separat					$\frac{1}{\Box}$	VAINW	AO 11							
Name of Registered Was		0.1.)			JDEP V	Waste	Cul	bic Yards of	Name of Regist	tered Landfill				
SERVICE TRANSPO		P, INC		H	auler II 2099(aste	MINERVA L	ANDFILL				
City, State NEW CASTLE, DE							DIS	sposal Date	City, State WAYNESB	URG, OH				
Completed By (Print or Type) Title Signature											Date			
Patrick T. DeCaro	,,,,,		timat	tor										

. 3			85				
MO C	NOT		ATION OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1	6)	_ r	- 1/1 x
Date of Notification (1)	11 / 16			ng Owner/Operator		2016 SED	27 61112
-				OWNERDING	NO	2010 0[]	27 AM 10:5
Agencies Notified EPA	Type Notification		Street Address			A = 0.00	A 24 =
⊠ EPA	☐ Initial ☐ Amended		4 NELSON			2 1	22 YUNING
Ø DOH	Amendment #1-2/25	/16	City, State, Zip			4 (.)	CEMOING
☐ DCA	☐ Emergency (including	3	MEDFORD,	A control of the cont	<u> </u>		
(NJAC 5:23-8)	justification)	-	Name of Contac			Telephone Number	er
	☐ Cancellation		ALEX BAYL	_OR			k.
			FACILITY II	NFORMATION			
	Abatement is Taking Place	(3)			Type of Facility (4	5)	
MEDFORD CENTRA	AL OFFICE				School (K-12)		
Street Address					Other (i.e., pri	(Other than K-12) vate and commerci	ial buildings.
4 NELSON DRIVE					homes, etc.)		ar z z manige,
City (5)					Square Feet	# of Floors	Bldg. Age
MEDFORD					7000	2	
County (6)			County Code (7	7)(STATE USE ONLY)	Current Use (Prio	r if being demolishe	ed)
BURLINGTON					COMMUNICA	TIONS	
Name of Monitoring Firm	Hired by Building Owner (8) /	ASCM No.	Name of Abateme	ent Contractor (9)		
USA ENVIRONMEN	TAL MANAGEMENT			BRISTOL EN	VIRONMENTAL	INC.	
Street Address				Street Address			
8436 ENTERPRISE	AVENUE			1123 BEAVE	R STREET		
City, State, Zip Code		est-Mo-		City, State, Zip Co	ode		
PHILADELPHIA, PA	19153			BRISTOL, PA	19007		
Project Manager for Monit	toring Firm	Telep	hone No.	Telephone No.		License No.	
MARK JENKINS		21	5-365-5810	215-788-6040		00509	
Start Date (10)	Scheduled Co	mpleti	on Date (11)	Name of OSHA M	onitor		
ON HOLE	2/		_ /	BRISTOL EN	/IRONMENTAL,	INC	
Occupancy Status During	Abatement (Check only or	ne)		Street Address			
☐ Facility Closed/Vacated	d During Entire Period of A	batem	ent	1123 BEAVR	STREET		
	Outside of Normal Facility			City, State, Zip Co	de		
Time of Abatement:	AMPM/ <u>5:00</u> F	M-1:3	MAU	BRISTOI PA	19007		

Scope of Work (Check all that apply)											
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		enovat emoliti			☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure	ıre			
	233	Loca						At	aten	nent T	уре
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use	Norma ed Sol aintena todial (12)	ely by ance/ Staff?		Description of bestos Containing Mai.e., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							e	
BASEMENT ENGINE ROOM	\boxtimes			VAT/N	MASTIC		775 SF	\boxtimes			
BASEMENT ENGINE ROOM	\boxtimes			VIBRA	ATION DAMPER C	LOTH	4 SF				
BASEMENT ENGINE ROOM (Under	\boxtimes			VAT/N	MASTIC		90 SF				
Generator-Separate Mobilization)	<u></u>										
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	D.	71 7720	JDEP V auler ID 20990	No.	Cubic Yards of Waste	Name of Regis	stered Landfill				
City, State NEW CASTLE, DE					Disposal Date	City, State WAYNESB	URG, OH				

Patrick T. DeCaro

Completed By (Print or Type)

Title

Estimator

Signature

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Cl # 29.50

							Mayor Carlo Donate Pro	OK . 2	, 00			
Date of Notification (1)	11 /	16	_	- 1		ding Owner/Operat		201	6 SEP	27	F	d ir
Ø EPA 46 48	Type Notific ⊠ Initial				treet Addres			<u> </u>	- ()	<u> </u>	<u>#1</u>	111,
	Amende Amendn	2000 m		Ci	ty, State, Zi	p Code			五门	DE	1101	
☑ DOH 4587	Emerger		dina		MEDFOR	D, NJ 08055			[.	U.C.	7.	NU
(NJAC 5:23-8)	justificat	tion)	om ig	Na	me of Cont	act		Telephone	Numbe	r		
	Cancella	ation			ALEX BAY	rLOR						
					FACILITY	INFORMATION						
Name of Facility Where Aba	atement is	Taking P	lace (3)			Type of Fac	cility (4)		-		
MEDFORD CENTRAL	. OFFICE						School (
Street Address							☐ Subchap	oter 8 (Other than le., private and con	K-12) nmercia	al bui	dinas	
4 NELSON DRIVE							homes, e				umge	1
City (5)							Square Feet	# of Floors		Bld	g. Age	e
MEDFORD							7000	2				
County (6)				C	ounty Code	(7)(STATE USE ONLY		(Prior if being der	nolishe	d)		
BURLINGTON			- 1-1					NICATIONS				
Name of Monitoring Firm Hir				ASC	M No.	Name of Abater						
USA ENVIRONMENTA	L MANA	GEMEN	1				NVIRONMEN	TAL, INC.		255-0		
Street Address	ENUE					Street Address						
8436 ENTERPRISE AV	ENUE					1123 BEAVI				CUplins		
City, State, Zip Code PHILADELPHIA, PA 19	14.52					City, State, Zip (
Project Manager for Monitorin			TT	elephon	o Ma	BRISTOL, P	A 19007					
MARK JENKINS	ng Film		1	and law ver	5-5810	Telephone No. 215-788-604	0	License No.				
Start Date (10)	S	cheduled	Com			Name of OSHA		00509	129-11-25	-		
_2 / _25 / _1	1				16	1	VIORILOT VIRONMENT	AL, INC				
Occupancy Status During Aba	atement (C	heck only	one)			Street Address						
☐ Facility Closed/Vacated Du						1123 BEAVR	STREET					
Abatement Performed Out						City, State, Zip C	ode				_	-
Time of Abatement:	_AM	_PM/ <u>5:0</u>	UPM-	1:30AN	1	BRISTOL, PA	19007					
cope of Work (Check all that	apply)											_
] ≥3 sf or ≥3 lf] ≥160 sf or ≥260 lf		-	enova emoli			☐ Mini-End	losure g Procedure	egative Pressure	p.1525			
		T 1	s Loc	ation	T		impled () and N	Ton-Fliable Floced		neton	nont 7	T. cm
Location of			Norm	ally		Description o	f .			_	nent 1	ype
Asbestos-Containing Mater TO BE ABATED	ial (ACM)			lely by ance/	Asbes	stos Containing Ma , thermal systems i	terial (ACM)	Amount	Removal	Repair	Encapsulate	- II CIOSUIE
IN Facility		Cus		Staff?	(i.e.	surfacing, VAT,		(Specify SF or LF)	ova	air.	psu	000
(13)		Yes	(12 No	T	1	other miscellaned	ous)				late	d
SEMENT ENGINE ROO	M	\boxtimes			VAT/MA	STIC		775 SF				E
ASEMENT ENGINE ROOF	M				VIBRATI	ON DAMPER C	_OTH	4 SF				
SEMENT ENGINE ROOF	M (Under				VAT/MAS	STIC		90 SF				Е
Generator-Separate Mob	oilization)											
me of Registered Waste Hau		viC	1933	JDEP V		Cubic Yards of Waste	Name of Regis					
ERVICE TRANSPORT G	MOUP, IN	ŧ0.		20990			MINERVA	LANDFILL				
, State EW CASTLE, DE						Disposal Date	City, State WAYNESB	URG, OH				
npleted By (Print or Type)	Tit	le				Signature	22.5	Da	te			_
atrick T. DeCaro	E	Estimat	or			Patrick "	P. D'Care	/-d 2	In //	6		

ASB-41 PD 16009

* Do not use this form for asbestos licensure exempted activities. E: WILL COME BACK FOR VAT UNDER GENERATOR FINE TO BE DETERMINED

State of New Jersey - Notification of Asbestos Abatement



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

					Name of Building Owner/O	nerator	(2)			-	
Date of Notification (1)					Medexpress	perator					
September 22, 2016		Lating	F		Street Address		70	16 SEP	21 AL	111.	-0
Agencies Notified		Notification 1		lion	370 Southpointe Dr.	Suite	100		L I MI	111.6	.'0
			Votificat	1-		Juite	100				
X EPA				rtification #2	City, State, Zip Code	217		7 - Edil		- T-	19
DCA		Postponed	By Own	ner	Canonsburg, PA 15	31/_		211	SELION		e L
x DOL		☐ Emerge	ency (ir	ncluding	Name of Contact		Tel	lephone N	umber	10	
X DEP		justific			Mr. Ryan Rodeheaver		-		1		
x DOH		□ Cancel									
		La Caricei	içu	FACILITY INFO	ORMATION						
Name of Facility Where Abate	amont is Ta	king Place (3)		TAGILITTIN	Type of Facility (4)						
Medexpress	sincin is ra	Killy I lace (o)			School (K-12)						
Medexpress					Subchapter 8 (other than	K-12)					
Street Address					Other (i.e. private & construction)		rial buildin	nas homes	etc.)		
251 N. Broadway					Sq. Feet: Unknown	# of F	loors: 1	1 Blda A	ge: 70	vears	
Cit. (5)	County (6	1	County	Code (7)	Out out	11 011	10010.	. 2144.1			
City (5)	Salem	7		Jse Only)	Current Use (prior if being	demolis	hed):				
Pennsville, NJ	Salem		Totale e	700 011177	Current Ose (prior il being	domono					
	L	201	40014	Na I	Name of Contractor (9)						
Name of Monitoring Firm Hire			ASCM I	NO.	INATILE OF CONTRACTOR (8)						
Environmental For	rensics,	LLC			GREENWOOD ABAT	EMEN	T CONS	SULTAN	TS, INC		
Stroot Address					Street Address				-, -, -	1000	
Street Address					<u> </u>						
3 Clementon Way					511 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
Lawrenceville, NJ 0	8648				Butler, NJ 07405						
Project Manager for Monitoria		Telephone N	lumber		Telephone Number		Lic	ense Num	ber		
Lance Berens	119 1 11111	609.495.		57			-				
Lance Berens		000.100.			973-492-0477		00	0840			
Scheduled Start Date (10)		Scheduled C	Completion	n Date (11)	Name of OSHA Monitor						
September 26, 2016		October	15, 201	16							
•		No. of the second			EMSL inc.						-
Occupancy Status During A	Abatement	(Check only o	ne)		Street Address						
Facility Closed/Vaca	ted During	Entire Period	of Abater	ment	1056 Stelton Road						
Abatement Performe			ility Hour	S -	City, State, Zip Code						
xDescribe - Vacar					City, State, Zip Code						
Other - Describe: S	pace va	cant during	g durat	ion	Piscataway, NJ 088	854					
7a	am-6pm				, locataway, ito						
	200				*						
Source of Work (Check all th	at apply)							ant with N	onativo D	roccure	
				-	•ditese			ent with N	egative F	lessure	
≥ 3 sf or ≥ 3					ion		Enclosur				
□≥ 160 sf or ≥	260			Demolition			oag Proc		F	Drass	dura
					A Company of the Comp		xemptea mount	(*) and N	ment Typ		Jule
Location of Asbestos-Contai		ocation Norma		Description of Asi	bestos Containing Material nal systems insulation, surfaci		Specify SI	Manage of the Control	mem ryp	<u>_</u>	
Material (ACM) in Facility (13	0.60	ely by Maint./C ff? (12)	ustoulai	VAT, or other mis			rLF)	Remo	ve Repair	Encap	Enclose
	YE		NA	, 2. 03.0. 1110							
Vacant Space			X	VAT & Masti	С	5	,000 sf	X			
racant opace			_		OCAN						
Name of Reg. Waste Hauler NJDEP Waste Hauler ID #					Cubic Yards of Waste:		Na	ame of Rec	istered La	ndfill	
See Hauler Below # 1 8			40		M	leadowfill	Landfill				
300					G	.R.O.W.S	3				
XX 1 (11) 0	J A L - /		onto I	o Dutlos N. I.	07405	Disnos	al Date		City, Sta	te	
Hauler #1) Greenwood	a Abatem	ent Consult	ants, in	ic. – Butler, NJ	07405		ber 15,	2016	Route 2,	177701 - 16900	
NJ DEP #1		NI DED # 10551		- 0.0	20. 10,		Bridgepo		4		
Hauler #2) Newark Car	ting, Inc	- Newark, NJ	NJ DEP # 19551					304-842	-2784		
				Cianatura		T D	ate				
Completed by (Print or Type)	Title	DO IE	> T	Signature			ale Septem	her 22	2016	
Marin Graure		SENIOR P		J	Marin Grau	re		oehteili	DC: 44,	2010	
		MANAGE	3	0.		00000 ==					

noch

Date of Notification (1) 09/21/16							perator	(2)								
Agencies Notified	Type Notification			Street Ac	idress				2016	SFP.	27 AF					
EPA DEP DOL DOH	Initial Amended Amendment Emergency justification)	#01 (including	-		te, Zip Coo cus, NJ Contact	de			A 42 E	l Tele	phone N	lumbe		-		€
≥ DOH ≥ DCA	Cancellation			E4.00	TT/ INFO	DAKAT	ON.				20.0004	10				
Name of Facility Where Yan Julia Li Street Address	Abatement is Takin	g Place (3)		FACIL	LITY INFO	RMAII	ON		of Facility (4 School (K-12 Subchapter Other (i.e. pr	2) 8 (Othe			a sild	inge	home	
City (5) Secaucus			= 1/					- e	etc.) re Feet		Floors			dg. A		0,
County (6) Hudson County				County C	ode (7) ISE ONLY)			Сипе	nt Use (Prio	r if bei	ng demol	lished	1)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.		1	of Aba Abate	tement Con ment	tractor	(9)					
Street Address							1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Addres 9 87th	Street Su	uite A	4					
City, State, Zip Code							3500		ip Code gen, NJ 0	7047						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telepi	hone No -293-6	0.		License 01223					
Start Date (10) 10/28/16		Scheduled 11/28/1		mpletion (Date (11)				HA Monitor II CONSU	LTIN	G LLC					
Occupancy Status Durin X Facility Closed/Vac				nent				Addres	ss JTE EAST	SUI	TE 107					
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	Hour	S			18.0		ip Code J 07083							
Scope of Work (Check A	All That Apply)							_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova				2	Mir Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure					Э	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Locat	\$1500 GCO											ment	
Locatio Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Used Mair Custo	ntena odial (12)	ely by ince/ Staff?		tos Con therma surfa	escription taining I I system acing, V/ miscella	Material ns insula AT, or		(3	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Basem	nent	Yes	No	N/A			TSI			2	50 LF	2	ζ			
Duscin	ion.															
Name of Registered Wa			1	NJDEP W Hauler ID 14509		Oubic of Wa	Yards aste		Name of WASTE		*		ГG	ROV	VS N	١.
City, State HILLSIDE, NJ				Dispo	sal Date	Э	City, State MORRI		LE PA							
Completed by Bryan Parra		Title Proje	ct M	anager			Signatur	e e				Date 09/2		6		

MO#19730006954

Date of Notification (1)				Name	of Building	Owner/C	perator (2	')		-	2 =	+	
Accepted 22 - 22	23 , 16							2.					
Agencies Notified	Type Notification			Tara Je					2018 SEP 2	7 (111	.,	=,
EPA	✓ Initial			Street	Address				10 to 0 CT 2	1 6	III I I	: Ú	f
☑ DOLWD	Amended			City C	tota 7:- C	a d'a							
□ DHSS	Amendment #_				tate, Zip Ci				ž LIČ	O U	ult.	Till	-
☐ DCA	Emergency (inc	cluding			Park, N.						IMU		
(NJAC 5:23-8)	justification) Cancellation				of Contact				Telephone Numb	er			
	Cancellation				McClutch:				·				
				FAC	CILITY IN	FORMA	TION						
Name of Facility Where A	Abatement is Taking	Place	(3)					Type of Facility					
Private house								School (K-12	2) 8 (Other than K-1 2)				
Street Address									private and commerc	ial bu	ilding	S,	
								homes, etc.					
City (5)								Square Feet	# of Floors	Blo	dg. Ag	je	
Asbury Park, NJ 07712	2												
County (6)				Count	y Code (7) (STATE US	SE ONLY)	Current Use (Pr	ior if being demolish	ned)			
Monmouth													
Name of Monitoring Firm	Hired by Building C	wner (3)	ASCM	No.	Name o	f Abateme	nt Contractor (9)				
						Gr Tecl	n LLC						
Street Address						Street A	Address						
							lley Rd#						
City, State, Zip Code						(1-54887-0) 100-0	ate, Zip Co						
		-017				and the same of th	NJ 0747	0	-T.:				
Project Manager for Mon	itoring Firm		Tele	phone		Telepho			License No.				
0	Т					973-63			01127				
Start Date (10) 10 / 03 /				tion Da		Name o	of OSHA M	ionitor					
		34	9-1-	_ / _	10			nsultants,Inc					
Occupancy Status During				500 (500 kg		Street A	Address						
					ariba			Road, Bldg .#	35E				
Time of Abatement:	AM- PI	raciity V/	PM_	s - Des	AM		ate, Zip Co						
		•				Fair La	wn, NJ 0						
Scope of Work (Check al	I that apply)					Н		and decontami tainment with Ne	nation with negative gative Pressure	press	ure		
≥ 3 sf or >3 lf		☑ Re	novati	on		\boxtimes	Mini-Enc	losure					
☐ ≥ 160 sf or ≥260 lf		☐ De	nolitie	on		H	Glovebag Non-Eye	g Procedure	Tent with Negative on-Friable Procedur	Press	ure		
		le	Loca	ion			NOTIFIEXC	mpted () and it	T TIABLE 1 TOCCUGI		atem	ant Ti	vno
Location	of		lorma			De	scription a	of		-			
Asbestos-Containing		18000000	d Sole ntena	ely by		stos Cont	aining Ma	terial (ACM)	Amount	Ren	Repair	nc	incl
TO BE ABA		1		Staff?	(i.e		I systems I cing. VAT.	insulation,	(Specify SIF or LF)	Removal	air	apsı	Enclosure
(13)			(12)				niscellane		Oli Ol El)	<u>m</u>		Encapsulate	Гe
		Yes	No	N/A				· · · · · · · · · · · · · · · · · · ·				CD	
Hallway-first floor				\boxtimes	Ceiling p	olaster			90 SF				
		П	П										
										1			1
		Ш	Ш								Ш	Ш	Ш
2)													
Name of Registered Was	ste Hauler	-	NJ	DEP Waste	Hauler ID No.	Cubic Ya	ards of Wast	Name of Reg	stered Landfill				
Gr Tech LLC				003378	35	TB	D	T.R.R.F. Inc					
City, State		-		.00011		Disposa		City, State					
Wayne, NJ 07470						TBI		Tullytown, F	Δ				
Completed By (Print or T	vpe) Title	9				1	gnature /	1 uniyown, r	Da	te			
							/	1 1					
N.Jevtic ASB-41	Ow	ner						who wena	d 109/	23/16)	257.01.005	

09/22/2016 11:50

KD.234 #002

CH3341

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

	. 1		14			MC 0.86 6110 0.11	, , , , , , , , ,	-9118 - CF-P	7 7	F-14-1	·	ميد
Date of Notification (1)				Name	of Bulldir	og Owner/Operator (2)		77. 17	17	-	+3
9 / 22	1 / _ 1	8		Die	ocase of	Camden				70 - 74	1.1	
Agencies Notified Ty	pe Notification	1		Stree	azerbbA i			0 1 13			+	J.
M EPA N	(milia)			63	i Market	Stroot		SE L. M.	走的	10	G :	
	Amended	۵		City.	State, Zip	Code	."	with the	MAT	- 57an	Ť	_
L317	Amendment i	_	-		mden, N			47/4			1	
DCA (NJAC 5:23-8)	Emargency (i	includin	g	12.2	of Conta			Telleuno na Nui	ilia			
	Cancellation			1000	t William	70	L!	i cushila un 1401	1		ì	
The same of the sa		, ,		F6	CILITYII	NFORMATION			5.4	10.000.41	01.7##7E	1911 L
Name of Facility Where Abate	ement la Takir	no Plac	e (3)		OILIT I	IN OTHER POPULATION	Type of Facility Is	4)		-		_
Saint Joseph Pro-Cath												
Street Address							School (K-12)	(Other than K-1	2)	64657000		
2907 Federal Street							Other (l.e., pri	vata and comm	ercial b	ulidin	ña'	
City (5)							Square Foot	# of Floors	P	ldg. A	ra.	
Camdon			100				10.000	2		70	90	
County (6)	4-11 1-1			Cou	niv Code (T)(STATE USF DNLY)		1			, ,,,,	
Camden				1	.,,	Motivid and investi	Church	1 1 00119 00110	ilai isa j			
Name of Monitoring Firm Hire	d by Building	Owner	(8)	ABCM	No.	Neme of Abelamo			1110			
MDG Environmental, L			(- r			and the second s	onmental, LLC					
Street Address			—			Street Address			f. f (40)			
1000 Maplewood Drive.	. 9uito 207					623 Cutler Av	/enuo					
Chy, Stale, Zip Code						Chy, Stale, Zip Co	ode				_	
Maple Shade, NJ 08082	!					Maple Shade	NJ 08052					
Project Manager for Monitorin	g Firm		Te	ephone	No.	Talaphona No.		Lioense No.				
Chris Macri			1 8	56-765	-9300	856-755-0099		00842				
Start Date (10)		duled C	onipi	elian Da	te (11)	Name of OSHA M	ionitor					
09 / 23 / 10	8	00	2	0 1	10	EMSL Analyt	ical, inc.					
Occupancy Status During Abe	tement (Chec	k only	one)			Street Address				-		
To Facility Closed/Vacated Du	oring Entire Pe	erlod af	AUAII			200 Route 13	0 North					
Abatement Performed Out						City, Stale, Zip Co	nde				70.	
Time of Abatement:	_AMP	.M.	PN		АМ	Cinnaminson	, NJ 08077					
Scope of Work (Check all that	apply)					FRANCE						
⊠ >3 8f or >3 if		⊠ Re	TOVA	ilon		Mini-Enci	sinment with Nega	live Pressure				
2 ≥160 ef or ≥260 If		□ De				Glovebeg	Procedure					
- y-y-						Non-Exor	mpted (*) and Nun-	Friable Procedu	ire			
			Lone Vorm			-			AD	alem	ont T	ypa
Lecation of Asbeston-Containing Mate	rial (ACM)	U84	080	laly by	Ásbe	o neliginado Date:		Amount	Remo	R	Encape	LL LL
TO BE ABATED		Me	Inten	ence/ Eleff?		. thermal eyelems i	neuletion,	(Specify		Repair	- Cay	Encosure
IN Facility (13)		Cue	(12			surfacing, VAT, other miscellaned		SF or LF)	82		Balake	an
,		Ase	No	N/A	1		/				8	
Basement/Boller Room		In	×		Pipe In	Bulation		284 LF		Ø	П	T
		1		10	, .p= 010			72ª H	+=	I D	1	1
	-			14			44.77				<u>u</u>	
								, //	П	П	LI	II
Name of Registered Wasto Ha	uler		_	JOEP V	Vaste	Cubic Yards of	Name of Regista	red Landill	1		_	_
Freehold Cartage	H-154(47)			Hauler IC	No.	Agesta	Cumberland		(fil)			
City, Stells				15939		Disposal Date	City, State				. 141 60	
Freehold, NJ						09/26/2015	Newburg, PA					1
Campleled By (Print or Type)	Tille						111111111111111111111111111111111111111		nin.			_
Christina Lynch			a mled a	ant ~6 C	peretion	Signature	10	, ,	ala (O.C	2 .0	,	1
STREET, STREET		NA LU		CH C	Pata(10)	- TOWN			1200	1	UP	

LI MAL

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



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

Date of Notification (1)		200	-	7			Owner/Operator (2	2)	772			Y	
8 /	29 /	16			Gen	eral Grow	vth Properties		DDen -				
Agencies Notified	Type Notificati	on		-	Street /	Address			2018 SE	P27	AH	1::	12
⊠ EPA					110	N. Whack	er Drive						2
☑ DOLWD	☐ Amended					ate, Zip Co			- Paoto	1115		10.21	3,
☑ DOH	Amendmen		_			ago, IL 6			基 [.ICEH	711		11
□ DCA	☐ Emergency		ng	-		of Contact			Telephone Nu			`	
(NJAC 5:23-8)	justification Cancellatio					y Webb							
							ORMATION					-	-
Name of Facility Where	Ab atamont in To	kina Dla	00 /2	2 \	FAC	ILII I INF	ORWATION	Type of Facility (Ά) -				
		King Fia	UE (U	")				School (K-12					
Woodbridge Cente	I IVIAII							Subchapter 8	Other than K-	12)			
Street Address	antar Driva							Other (i.e., pr homes, etc.)		nercial bu	ilding	S,	
250 Woodbridge C	enter Drive							Square Feet	# of Floors	Blo	ig. Ag	ie.	
City (5)	7005							1,633,000	2		15		
Woodbridge, NJ 07	7 095				Cour	ty Codo (7)	(STATE USE ONLY)	Current Use (Pri		olished)			
County (6)					Coun	ty Code (:)	STATE OSE ONET)	Commercial		2110110-27			
Middlesex Name of Monitoring Firm	. I lise of her Decilois	na Own	- /0\		ASCM I	No. T	Name of Abateme						
		ng Owne	:1 (0)	1	43CIVI I	NU.		onmental, LLC					
Criterion Laborato	ries, inc.					_	Street Address	Jiiiiciitai, EEO					
Street Address	Cuite I						623 Cutler Av	/enue					
3370 Progress Driv	ve, Suite J						City, State, Zip C						
City, State, Zip Code													
Bensalem, PA 190				T (N-	Maple Shade	, NJ 00032	License No.				-
Project Manager for Mor				4000000	phone I	000000	Telephone No. 856-755-0099	1	00842				
Michael Panepress					5-244		Name of OSHA N		00042				
Start Date (10)	1 2000	cheduled						oratories, Inc.					
					_ / _	10		oratories, inc.					
Occupancy Status Durin							Street Address	D : 0 :14-					
☐ Facility Closed/Vaca						ariba		ss Drive, Suite	J				
	AM-	rmai Fac	:00	nour PM-7	s - Des 7:00AN	1	City, State, Zip C						
				_			Bensalem, P	A 19020				7	
Scope of Work (Check a	all that apply)						☐ Full Con	tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf		\boxtimes	Ren	ovati	on		Mini-End	closure					
☐ ≥160 sf or ≥260 lf			Dem	nolitio	n		☐ Gloveba	g Procedure empted (*) and No	n-Friable Proce	dure			
			1- 1			1	⊠ Non-Exe	shipted () and ive	MI-I Mable 1 1000		atem	ent T	vne
Lacation	n of			.ocat orma			Description	of		50000			
Location Asbestos-Containing		1 1	Jsed	Sole	ly by	Asbes	stos Containing Ma	7.73 Co. 1 a. 1	Amount	Removal	Repair	nca	Enclosure
TO BE AB	SATED			itena	nce/ Staff?	(i.e.	, thermal systems		(Specify SF or LF)	SVOI	ai-	sde	uso
IN Fac				(12)	otum.		surfacing, VAT other miscelland		31 01 11)	=		Encapsulate	Гe
(10)		Ye	es	No	N/A			,				w	
Tenant Space 1470				\boxtimes	П	Wall Ca	ulk		10 LF				
Tenant opace 1470			-			111311 - 3					П	П	In
		L		Ш									-
												Ш	Ш
Name of Registered Wa	aste Hauler			IN	JDEP !	Waste	Cubic Yards of	Name of Regi	stered Landfill				
Freehold Cartage				23.0	lauler II	D No.	Waste		nd County La	ındfill			
City, State					02265	5	1 Disposal Date	City, State					
Freehold, NJ							10/07/2016	Newburg,	PA				
	T 0\	T;41-								Date		-	
Completed By (Print or	(ype)	Title	D	اء:ما	nt of	Operation	Signature	6)		9/2	31	0	
Christina Lynch		vice	Pre	SIGE	ent or	Operation	13 MICH		ン	4/2	2011	X	

Ch 3344

Date of Notification (1)				11	Name o	of Buildina	Owne	er/Operator (2	2)						
9 /	23 /	16		1		on Tate			100						
				١,						20	18 SEP OF				
Agencies Notified	Type Notificat Initial	ion		1	street A	Address					18 SEP 27	AHI	1:0	2	
Ø DOLWD	Amended			-		ata Zin C	200					7	100		
⊠ DOH	Amendme	nt #		1		ate, Zip Ci		E 4			21/67	24.13	1743	ì	
☐ DCA	☐ Emergenc		ng	-		bling, NJ of Contact		J4		17	€ L/CEIs Felephone Nur	nher			
(NJAC 5:23-8)	justification Cancellation			1		on Tate				1 '	relephone ival	IIDCI			
	Cancellation)II													
					FAC	ILITY IN	FORM	MATION	+ /F	777 7.45				-11-11-11-11-11-11-11-11-11-11-11-11-11	
Name of Facility Where	Abatement is Ta	aking Pla	ce (3)						Type of F						
Tate Residence					-3-12-1				School Subch		Other than K-1	2)			=
Street Address									Other of the control of	(i.e., priva	ate and comm	ercial b	uildin	gs,	
									homes	200	# af Floors	Tp	Ida A	~~	
City (5)									Square Fe	eet	# of Floors		ldg. A 70	.ge	
Roebling						0 1 771	/O.T.4.T	= 110E 01 10	1,200	/D-i	_ 75	liahad\	70		
County (6)					Count	ty Code (7)	(STAT	E USE ONLY)			if being demo	iisnea)			
Burlington				_					Reside						
Name of Monitoring Firm			er (8)	A	SCM I	No.		e of Abateme							
Mgmt. & Enviro. Co	onsulting Ser	vices					-	nade Enviro	nmental,	LLC					
Street Address								et Address							
PO Box 341								3 Cutler A							
City, State, Zip Code								State, Zip C		_					
Chesterfield, NJ 08	3515							aple Shade	, NJ 0805	2					
Project Manager for Mon	nitoring Firm		T		hone I		1000	phone No.			License No.				
Bill Weisgarber					9-298-		9/53/73	6-755-0099			00842				
Start Date (10)	G=1,900	cheduled					573/9934	e of OSHA N							
10 /06 /	16	10	/ _	14	_ / -	16	EN	VISL Analyt	ical, Inc.						
Occupancy Status Durin	g Abatement (C	heck onl	y one)			Stree	et Address							
☐ Facility Closed/Vacat							20	0 Route 13	0 North						
Abatement Performed							City,	State, Zip C	ode						
Time of Abatement:	AIVI	PIVI/		IVI		-\IVI	Ci	nnaminsor	n, NJ 0807	77					
Scope of Work (Check a	il that apply)							N = 110		th Mana	tive Deceasives				
≥3 sf or ≥3 lf		\boxtimes	Renov	/atic	n			☐ Mini-End		ith ivega	tive Pressure				
≥160 sf or ≥260 lf			Demo					⊠ Gloveba	g Procedur	e	e :				
						70,		☐ Non-Exe	mpted (*) a	and Non-	Friable Proced				
			Is Lo					_				A	-	nent T	ype
Location Asbestos-Containing		L	Ised S			Ashe	stos C	Description of Containing Ma		A)	Amount	Rer	Repair	Enc	Enc
TO BE AB	ATED	1 4 9	Mainte				., ther	mal systems	insulation,		(Specify	Remova	air	aps	Enclosure
IN Facil		"	ustod ()	12)	itan?			urfacing, VAT er miscellane			SF or LF)	<u>n</u>		Encapsulate	ле
(13)		Ye		Vo.	N/A		Oth	er miscenane	ious)					O	
D			D	000000	П	Elua Da	okina	g (Gloveba	~1		2 SF	×	I		T
														12	
Living Room	D			Asbesto	os Pa	aper (Glove	bag)		8 SF						
Throughout	D			Plaster					1,150 SF	\boxtimes					
]											
Name of Registered Wa	ste Hauler			100	JDEP V		10000000	ic Yards of	Name o	f Registe	ered Landfill				
Freehold Cartage				11000	auler II		Was		Cum	berland	l County Lar	ndfill			
City, State					15939			osal Date	City, Sta	ate			4		
Freehold, NJ							10	/14/2016	New	ourg, P	A				
Completed By (Print or 1	Type)	Title						Signature	~			Date			
Christina Lynch	1100/		atior	ıs N	lanag	er		mo	2	\Rightarrow		9/	23/	110	
		500 A 500 TO			_			1110	-			10	vi	·U	

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CH43ldp	N	S0 10 17 20 A S	HOITA	of New Jen DF ASBESTO NJAC 8:80	SABATE		2	TITE SEP 2	7 A	Mil.): 4	9	
Date of Notification (1) 09/21/2016		1	lame of 8	Building Owner	r/Operator Education	(2) on Ch	ack No. 4	366 \$20) ,	7	iRC		
Agencies Notified Type Notification		8	Street Ad					Ex)	W	Fil	J I		T
EPA Initial DEP Amended Amendment =				e, Zip Code	rsey 070	1831	TOP F	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	177 1.		,		
	gnibui		Vame of	Number									
				ITY INFORM	ATION			3					
Name of Facility Where Abatement is Taking P Hillside School	lace (3)				1	-	f Facility (4 chool (K-12						
Street Address 54 Orange Road						S o	ubchapter &	(Other Inch K Ivate & comme		uildi	ng⊈, h	OITHE	5 ,
City (5) Montclair, New Jersey 07042					Square 10,00	Feet	# of Floors 2		Bidg. Age 55+				
County (6) Essex		County C	se only		Current Use (Prior if being demollahad) School								
Name of Monitoring Firm Hired by Building Ow Detail Associates Inc		ASCM	No.	Name	e of Abatement Contractor (9) th Corporation								
Street Address 300 Grand Avanue					trest Address 06 McBride Avenue								
City, State, Zip Code Englewood, New Jersey 07831						State, Zip		w Jersey 07	424				
Project Manager for Monitoring Firm Stephen Jaraczewski	17155	Telephor 201-56		qeleT	Telaphona No. License No. 973-225-8400								
Start Date (10)	od Com	pletion I	Date (11)		Name of OSHA Monitor IRIS Environmental Laboratories LLC								
Occupancy Status During Abatement (Check (ie)			100	Addres								
Facility Closed/Nacated During Entire Pe Abatement Performed Outside of Normal Other - Describe: 4 PM Star.					City,	State, Zi							
Scope of Work (Check All That Apply)					Unio	on, Nev	v Jersey	07083					
3 ≤3 ef or ≥3 lf ≥180 ≤1 or ≥250 lf		svone? !llome(Min Slo	i-Enclosura vebag Proc	edure					
		1				_ NOX	i-Exampleo	(*) and Non-F	nable :		Abate		
Location of	Local	ly		Descriptio	n of			Туре					
Asbestes-Containing Material (ACM) TO SE ABATED In Facility (13) Used S Mainte Custod			nce/	(i.e. the	Conteining rmal system urfacing, V ner miscella	Naterial Bluani an AT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Endosure
BasementHallway/NextToEnctrance	Yes	No	N/A X	P	Pipe Insulation								
/Exit Door C			+	·				6 LF	-+			_	-
/EXIL DOOL O				<u> </u>									
Name of Registered Waste Hauler			NUDEP W		ubic Yards								
Lilich Corporation			fauler ID 8724	1	Wasta		2,530,012,530,0	W.S. Landfi	1			ā	
City, State Woodland Park, New Jersey					3/24/201	2	Morrisv	ille, Pennsy		_			
Completed by Momo Glavatovic	Prole	ect M	anager		Dignatu		ZX		Date 09/2		2018		

CK#0451

Date of Notification (1)			1	Name of	Building (Owner/O	perator	(2)							10	
9/23/16				Menashe Cohen Street Address 2019 SEP 21												
Agencies Notified	Type Notification		1 5	Street A	ddress						LU 1	9 OF!	21	Hill	11):	
□ EPA	× Initial										14.					
DEP	Amended			City, State, Zip Code							1-2	7 - 3		۵U,	· In	
X DOL	Amendment Emergency		-88	Tenaf	ly, NJ 07	7670	0 & LISENSING									
DOH DCA	justification) Cancellation	i -	1	Name of	Contact		10000	Telephone Number								
				FACI	LITY INFO	RMATIC	ON									
Name of Facility Where	Abatement is Takir	ng Place (3)						Тур	e of Facility (4)							
Residential House	1							П	School (K-12)							
Street Address									Subchapter 8	(Othe						
								×	Other (i.e. privetc.)	/ate &	comme	rcial bu	ildings	, home	es,	
City (5)								Squ	are Feet	# of	Floors		Bldg.	Age		
Tenafly						20		2		50+						
County (6)	1 (County Code (7)					Current Use (Prior if being demolished)									
Bergen		(STATE USE ONLY)					sidential Ho									
Name of Monitoring Firm		ASCM No. Name					atement Contra		(9)			-				
n/a							/ Contracting									
Street Address					Street											
n/a		360 Palisade Av														
City, State, Zip Code							City. St	tate.	Zip Code							
n/a	Garfield, NJ 07026						3									
Project Manager for Mo		Telephone No.				ephone No. License No.							4-17			
n/a		n/a				3460.6026 01255										
Start Date (10)	Com	ompletion Date (11) Nam				ne of OSHA Monitor										
10/03/16	3	아이가 들어지고 그는 그는 어린 어린 그가 있다면 그렇게 되었다면 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그					rmony Contracting Inc									
Occupancy Status Durir	Street Address															
	nent 360 Palisade Ave															
Abatement Perform							State, Zip Code									
Other - Describe:				_	Garf	ield,	NJ 07026									
Scope of Work (Check /	Ali That Apply)												The LV			
≥3 sf or ≥3 lf		Rer	novat	ion			×	F	ull Containmen	t with	Negative	e Press	ure			
≥160 sf or ≥260 lf		× Der	noliti	olition					lini-Enclosure							
							-		lovebag Proced on-Exempted (Non-Fri	iahla Pr	ocedu	re.		
		otion					OII EXOMPLES (14011-111	abic i i		ement					
		110000000000	mall	ation									100000000000000000000000000000000000000	уре		
Locatio Asbestos-Containing		Used S	Solel	y by	Ashes		Description of ontaining Material (ACM)			An	nount			_		
TO BE AB		Maint Custod		2127 TO 11 CO		thermal s	mal systems insulation, urfacing, VAT, or per miscellaneous)			(Specify		Z,	70	nc	Ē	
In Fac			12)	laii :					,	SF	or LF)	Remova	Repair	apsi	Enclosure	
(13)	<i>!</i> !					other m	iscellari	eous	,			val	=	Encapsulate	ure	
		Yes I	No	N/A										(D		
1st & 2nd	Floors			х	V	/all & C	eiling	g Plaster			00 SF	ĸ				
												-	+-		\neg	
												-	-			
Name of Registered Wa	ste Hauler		N.	JDEP W	aste	Cubic \	c Yards Name of Registered Landfill									
2270			Ha	auler ID		of Was				(59						
Harmony Contraction	ng mc	6	03	33137		TBD	GROWS Landfill									
City, State						10.5	al Date		City, State	_						
Garfield, NJ						TBD			Morrisvill	e, P	-					
Completed by		Title				1 5	gnature					Date				
Tina Caporino Secretary						Ile	Ira (as	Ouro			9/23/	16			

2016-33 B & G proj. #:

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 8023

				-								
Date of Notification (1)	Name	of Building Own	er/Operator (2)									
0 19 1/12 13 1/11 16	Atlar	ntic Health S	ystem			2016 SEP :	7 11112					
Agencies Notified Type Notificati		Address	,				1.110	۲-				
□ EPA □	10000	Madison Av	enue			4 LOFATA						
DEP Initial		tate, Zip Code			& LICENSING							
X DOL X Amendr		rristown, NJ		- ITCITED								
X DOH	Name o	of Contact			Telephone Number							
DCA Cancella	ation Pe	ter Palmer										
_		FAC	ILITY INFORM	IATION	ı							
Name of facility where abatement i	s taking place (3)				Type of Facility (4)						
			Noot wing	6		School	La concentration of		461			
Morristown Medical Center	r, Franklin Bu	liding, East o	x vvest wing	5			oter 8 (Other rivate/Comm		-12)			
Street Address					."		omes, etc.	ElCial				
100 Madison Avenue		9				Square Feet #	of Floors	Blo	dg. Age			
City (5) .	County (6)			inty Code (7)	O Alley (Date if heirs described)						
Morristown	Morris			(518	ate use only)	Current Use (Prior if being demolished) Hospital (non sub 8)						
Name of Monitoring Firm Hired by	Bldg, Owner (8)		ASCM No.	-	Name of Abatement C							
T&M Associates			0145		B & G Restoration	on, Inc.						
Street Address				_	Street Address							
11 Tindall Road					105 Ryerson Ro	oad						
City, State, Zip Code					City, State, Zip Code	1107025						
Middletown, NJ 07748					Lincoln Park, N	13 07035	License Nun	her				
Project Manager for Monitoring Firr	n	Phone Num 732-676-4			(973)696-6869		00378					
Kevin Burns					Name of OSHA Monit	or	-					
Scheduled Start Date (10)	WA 9950500	mpletion Date (11)		B & G Restorati	on, Inc.						
03/21/2016	10/03/2				Street Address							
Occupancy Status During Abateme					105 Ryerson Ro	oad						
Facility closed/vacated during Abatement performed outside	g entire period of e of normal facili	abatement. tv hours-			City, State, Zip Code							
Describe: Work shift				-	LincolnPark, NJ	07035						
10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000		.Juani										
Scope of Work (check all that app Demolition				X	Full Containment w/neg	ative pressure	Glovebag	oroced	ure			
) IE		2.0	Mini-enclosure	Г	Non-friable	е ргосе	dure			
> <u>3</u> sf or > <u>3</u> lf	ASSES	rmally used sole	alvi				R	R	TE:			
Location of asbestos-containing	by maintenan	ce/custodial	640	tion of	asbestos-containing	Amount	_ e m	e	n			
material to be	staff(12)		- material			(Specify S LF)	For	a	a			
abated in facility (13)	Yes	No N/A				1 2.7	v e	l r	р			
East wing central hallway		X	pipe insu	lation	& associated fittin		X	_	12			
East wing central hallway		X	VAT & ma			300 sf	X	_	14			
West wing & hallway		X	- I manufacture to the second	THE OWNER WHEN	& associated fittings	185 If	X	_	14			
West wing & hallway		X			ssociated w/fibergla			-	#			
West wing & hallway		X	VAT & m		Name of Designations	580 sf	X					
Registered Waste Hauler B & G Restoration, Inc.	NJDEP H 195	fauler ID# 63	Cubic Yards of 10	T vvaste	Name of Registered Tullytown	Resource & Re	covery Ce	nter				
		Disposal		4140	City, State Tullytown,							
City, State		1 00%	17/76 7/1/()	1176	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
City, State Lincoln Park, NJ Completed by (Print or Type)			Signature	4/10	- Tanytown,		Date					

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2016-33

*** ON HOLD ***

Check # 1	NI/A	
CHOOK	11/1	

Date of Notification	/1\	Line	of Duildi	ing Owne	r/Operator (2)			r	1010 0=0	_							
		1.1	tlantic He					4	1016 SEP 2	27 AF	10:5	8					
0 8 / 3 1 Agencies Notified	Type Notification		et Address		Otom		Love For Some 15 - 5-2										
Agencies Notified	_		00 Madis		nue				20101C	0 00	MITTE	Ĺ					
☐ DEP	Initial	11	, State, Zip								u						
₩ DOL	Amendme		Morristow		7960					0-9-9				-			
_		11	ne of Conta			NAME OF TAXABLE PARTY.		Telephone Number									
▼ DOH	Cancellat	ion							1								
☐ DCA			Peter Pa			_											
				FACI	LITY INFORMA	ATION	· · · · · · · · · · · · · · · · · · ·	1=	- f Capility	/4)							
Name of facility w	here abatement is	taking plac	e (3)					Ту	pe of Facility Scho	(4) ol (K - 1	2)						
	ledical Center,		5			Subc	hapter 8	(Other th	an K-	12)							
	iculcal contor,								X Other	(Private	/Comme						
Street Address 100 Madison	Avenue :							-	Bldgs quare Feet	./Homes		Bld	g. Ag	e			
TOU Madison	Avenue					Cal	unty Code (7)	°	quale reet	# 011110	,0.5						
City (5)	City (5) County (6)						ate use only)	Current Use (Prior if being demolished)									
Morristown		Mor	ris					Hospital									
Name of Monitori	Name of Monitoring Firm Hired by Bldg. Owner (8)						Name of Abatemer	nt Con									
	T&M Associates						B & G Restora	ation	Inc.								
Street Address							Street Address	Doo	d								
11 Tindall Road							105 Ryerson Road										
City, State, Zip Code							City, State, Zip Code Lincoln Park, NJ 07035										
Middletown			-	Telephone Number		07000	Licen	se Numb	er								
Project Manager f				one Numb 2-676-4		(973)696-68				1	00378						
Kevin Burn		_	Name of OSHA Mo	onitor													
Scheduled Start D	ate (10)	1	Completio	n Date (1	2		B & G Restor	ation	, Inc.				-				
03/21/2016	i	12/3	1/2016	*7	121		Street Address	_	.1								
Occupancy Status	During Abatemen	t (Check or	nly one)				105 Ryerson		0								
Facility clos	ed/vacated during performed outside	entire perio	d of abater	ment. s-		City, State, Zip Code											
The state of the s		-	LincolnPark,	NJ 0	7035												
	ribe: work shift		12.30an														
	check all that apply		_			П	Full Containment w/r	negati	ve pressure	¥ Glo	vebag pi	rocedu	ıre				
Demolition	. 🗵	Renovatio					Mini-enclosure	•		☐ No	n-friable	proce	dure				
\times >3 sf or >3	If []	≥160 sf or		and anial	vl -	<u></u>			T		TR	R	Е	TE			
Location of		by mainte	normally unance/cust	odial		ion of	asbestos-containing		Amount		e m	e p	n	n E			
asbestos-co material to		staff(12)			material				(Specify LF)	SF or	0	a	а	C			
abated in fa	acility (13)	Yes	No	N/A							e	ŗ	р	-			
West wing office	res & hallway			X	pipe insu	lation	1		55 lf		X	님	L.	부			
VVCSt Willig Office	oo a namay				1						ᆜᆜ	H	님	#			
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Lincoln Park	, NJ			03/2	1/16 - 12/31	1/16	Tullytow	_	1	Dat	Α.						
Completed by (Pr Gordana Lur	Signature	I Signature						31/2016									