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

Date of Notification (1)	Name of Building Owner/Operator (2)																
09/20/2016					Raymor	nds					177						
Agencies Notified	Type Notification		3	Street Ad	ldress												
EPA DEP	Initial									201	SEP 2	7 -	17 15				
	Amended	21			e, Zip Co		100				O OLI Z	. I A	H II):	59			
☑ DOL	Amendment Emergency				wken, h	47 070	186										
DOH	justification)				Contact					l ele	phone Nu	mber	12/	101			
☐ DCA	Cancellation				Raymor												
Name of Facility Where	Abatement is Takin	n Plane (3)		FACIL	JTY INFO	RMAII	ION	Type	e of Facility (4	4)							
PRIVATE	Abatement is Takin	g 1 lace (0)						170	5.8								
Street Address								H	School (K-1 Subchapter		er than K-1	2)					
OB OCT I I I I I I I I I I I I I I I I I I I	Ī							X	Other (i.e. p	rivate 8	commerc	ial buil	dings,	home	s,		
City (5)								Sau	etc.) are Feet	# nf	Floors	TE	ildg. A	ae			
Weehawken									800 SF		2		87				
County (6)				County C	ode (7)				rent Use (Pric	or if bei	na demolis	shed)					
Hudson					ISE ONLY)			00	(· · · ·		3	50000 E					
Name of Monitoring Fin	m Hired by Building	Owner (8)		ASCM	No.		Name	of Ab	atement Cor	tractor	(9)						
N/A		· · · · · · · · · · · · · · · · · · ·			100-000-3				st Environ		530.70						
Street Address							Street	Addre	ess								
							1126	515	st								
City, State, Zip Code							City, S	State,	Zip Code								
							Nort	h Be	rgen, NJ 0	7047							
Project Manager for Mo	nitoring Firm		T	Telephor	ne No.		Teleph	none l	No.		License I	No.					
						201-708-4270 01300											
Start Date (10)	15. (1)					Completion Date (11)				Name of OSHA Monitor IRIS ENVIRONMENTAL							
09/22/2016	016					EN/	VIRONME	NTAL									
Occupancy Status Duri	ng Abatement (Che	ck Only One	)				Street										
	cated During Entire								22 West								
Abatement Performance Other – Describe:	med Outside of Non	nal Facility I	Hours	1					Zip Code								
							Unic	on N.	J								
Scope of Work (Check	All That Apply)	Visite in the second					-	=									
≥3 sf or ≥3 lf >160 sf or >260 lf			enova				5	d 5	ull Containm		Negative	Pressu	ire				
≥160 sf or ≥260 lf		L De	emolit	1011				G G	ini-Enclosure Blovebag Pro								
			1.52					IN	lon-Exempte	d (*) an	d Non-Fria	ble Pro	CHO W				
		ls L	ocati	on										emen /pe	į.		
Location		No Used	ormal		de 100 au		escription		WE STONE AND VISION IN STREET			-	Τ.	T	Г		
Asbestos-Containin TO BE A			ntena				itaining l I system		ial (ACM)	77.5	mount Specify	70	_	En	Ш		
In Fac	THE RESIDENCE OF THE PARTY OF T	Custo	dial 9 (12)	Staff?	(1.0.	surfa	acing, VA	T, or			or LF)	Remova	Repair	aps	Enclosure		
(13	3)		(12)			other	miscella	neous	5)			oval	air	Encapsulate	sure		
		Yes	No	N/A										0			
Baser	ment		Х			Pipe	Insula	ation		5	55 LF	X					
		+										1	1				
				-								-	-				
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						- 3											
Name of Registered W	aste Hauler			JDEP W		100000000000000000000000000000000000000	Yards	WED.	Name of	Registe	ered Landf	ill					
TRI STATE - ASSO	OC INC		1	lauler ID 9951	No.	of Wa	70000000		MINER	V EN	TERPRI	SE IN	C				
City, State				JJJ 1			sal Date		City, Stat	ie				-			
BRONX NY						TBD		10	100000000000000000000000000000000000000		RG OH	0					
Completed by		Title					Signatur	277	1	1	<u></u>	ate			-		
CARLOS ESQUIV	EL		TYI	MANAC	GER		1	En .	unfler	wy		09/20/	2016	ò			
							17	7	7	11		-					
ASB-41 (R-06-08)						/	* 50 n	ot use	e this form fo	r asbes	tos licensu	ire exe	mpted	activ	ities.		

(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 09/21/2016 Agencies Notified Type Notification Street Address EPA Initial 2016 SEP 27 AM 10: 59 City, State, Zip Code DEP Amended X DOL Amendment # WESTFIELD NJ 07090 Emergency (including Name of Contact Telephone Number DOH justification) PAUL GALASSO DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PRIVATE School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age WESTFIELD 3,000 SF 2 76 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) BERGEN N/A Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL Street Address Street Address 1126 51ST City, State, Zip Code City, State, Zip Code NORTH BERGEN NJ 07047 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 201-708-4270 01300 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/01/2016 10/03/2016 IRIS ENVIRONMENTAL Occupancy Status During Abatement (Check Only One) Street Address 2333 RT 22 WEST Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: UNION NJ Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No NA 2,600 SF EXTERIOR SIDING X ACM X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. TRI STATE - ASSOC INC MINERVA ENTERPRISE INC TBD 19951 City, State Disposal Date City, State **BRONX NY** TBD WAYNESBURG OHIO Completed by Signature CARLOS ESQUIVEL SAFETY MANAGER 09/21/2016

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

ASB-41 (R-06-08)

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

CHECK # 361

Date of Notification (1) 09/21/2016						Name of Buildi								
Agencies Notified		Noti	ification	Type		Street Address 200 Route 17 South,	Suite#215	2016	SEP	27	MII:	00		
⊠ EPA		X In	nitial Noti	fication		City, State, Zip Code						- 0		
□ DCA 図 DOL		100 N T 100 N T	Amended Imergend	57.54	eation	Mahwah, NJ 07430		T Talan	lana h	li ina la a a	-	Ü.		
⊠ DEP			Cancelle		Jation	Name of Contact: Mike Chain		relep	none i	lumber	itHG			
⊠DOH					540U/TV/W			1						
Name of Facility Where A	hatement is	Taking	n Place (	(3)	FACILITY INF	Type of Facility (4)								
ADPP Enterprises, Inc	Datomontio	Taking	9 1 1400 1	<u> </u>		School (K-12) Subchapter 8 (oth	ner than K-12)							
Street Address 200 Route 17 South, Su	ite#215					X Others (i.e. private Sf 3800 Floors 2	& commercial b	uildings,	homes	, etc.				
City (5) Mahwah,NJ07430	County (6) Bergen	1			y Code (7) Use Only)	Current Use (prior if b		d):						
Name of Monitoring Firm I CSA ,Inc.	Hired by Blo	dg. Owr	ner (8)	ASCM	No.	Name of Contractor (S BL Contracting Inc	9)							
Street Address 45Marine Lane						Street Address 5 Marquerite Lane								
City, State, Zip Cod Brick NJ08724						City State, Zip Code Towaco 07082								
Projec Manager for Monit Mike Chane	oring Firm		ephone 1 -921-922			Telephone Number 973-901-0153		<u>Licen</u> 0126	se Nur 5	<u>nber</u>				
Scheduled Start Date (10) 10/01/16	1		neduled ( 05/16	Complet	ion Date (11)	Name of OSHA Monitor BL Contracting Inc.								
Occupancy Status During □acility Closed/Vacated □  ☒ Abatement Performed	During Entire	e Perio	d of Aba	tement		Street Address 5 Marguerite Lane								
Describe						City, State. Zip Code								
□Other - Describe:						Towaco, NJ 07082								
Source of Work (Check al	that apply	1					xNon EXampte	d and No	n Eriah	lo Proco	dure			
□ ≥ 3 sf or ≥ 3 区 ≥ 160 sf or					☐ Renovation ☑ Demolition		Mini-Enclosure OGlove bag Pro Full Containment	e cedure						
Location of Asbestos-	Is	Locatio	n Norma	ally	Description of A	sbestos Containing Mat	erial Amo	unt	Abate	ement T	/pe			
Containing Material (ACM Facility (13)	) in Us	ed Sole int/Cus			(ACM) (i.e. therr surfacing, VAT,	nal systems insulation, or other misc.)	(Spe	cify SF F)	Remov	ve Repair	Encap	Enclose		
Poof		ÉS T	NO	NA 🔀	Roof material		1,40	n sf	X					
Roof														
Outside				X	Transite		200	Sí	X					
Name of Reg. Waste Hauler Waste Management of Pennsylvania  NJDEP Waste Hauler ID # 32604						Cubic Yards of Waste 138 bags  Name of Registered La T.R.R.F					Landfil	1		
							Disposal	Date		City, S Tullyto				
Completed by (Print or Ty Nedo Vasilic	pe)	Title Pres	sident			Signature Neda	Vasige	Date	12040		Ay wan			
			-		/V Cecs	V42/14C	0921	/2016						

Chook # PAT9

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

Date of Notification (1) Name of Building Owner/Operator (2)															
9/	21 /	16			Jam	es Smith	and I	Pauline Ro	ota 20	16 SEP 27	åH II	: 60	)		
	Type Notificat	ion			Street	Address							,		
	☑ Initial								Δ.,	33E\$10\$1	CAT	12111			
☑ DOLWD ☑ DHSS	Amended Amendmer	nt #		Ī	City, S	tate, Zip C	ode			& LICEN	SING				
	☐ Emergency		dina		Run	nson, NJ	07760	)		1	01110				
(NJAC 5:23-8)	justification	1)		Ī	Name	of Contact				Telephone Nu	mber				
	☐ Cancellation	on			Jam	es Smith	n				4				
					FAC	ILITY IN	FORM	ATION		224					
Name of Facility Where Ab	atement is Ta	king P	lace (3	3)					Type of Facility (						
N/A									☐ School (K-12 ☐ Subchapter 8		12)				
Street Address									Other (i.e., pr	ivate and comm		uildin	gs,		
City (5)									Square Feet	# of Floors	Е	ldg. A	ge		
Rumson									1,400	1		68 y			
County (6)					County Code (7)(STATE USE ONLY) Current U					or if being demo	lished)				
Monmouth						, ( ,	***		Residence	•					
Name of Monitoring Firm H	Hired by Buildi	na Owi	ner (8)		ASCM	No.	Name	of Abateme	ent Contractor (9)						
N/A			(-,		N/A		1,0450		az Mat Remov	al, Inc.					
Street Address							Street	Address		and what an arrange of the second					
							494	East 41s	t Street						
City, State, Zip Code							City, S	State, Zip Co	ode						
							Pat	erson, NJ	on, NJ 07504						
Project Manager for Monitor	oring Firm			Tele	lephone No. Telephone No.					License No.					
							973	3-345-0022	!	00507					
Start Date (10)					tion Dat		110000	of OSHA N							
10 /5 / _	16	10	_ / -	15	_ / _	16	Sar	me as abo	ve						
Occupancy Status During							Street	Address							
☐ Facility Closed/Vacated						arib a									
Abatement Performed Time of Abatement:							City, S	State, Zip Co	ode						
Scope of Work (Check all	that apply)							П г.:II 0	4-14 - 146 NI	- ti D					
☐ >3 sf or >3 lf			Ren	ovati	оп			☐ Mini-End	tainment with Neg closure	gative Pressure					
≥160 sf or ≥260 lf		$\boxtimes$	Dem	olitic	on			☐ Gloveba	g Procedure						
ļ									empted (*) and No	n-Friable Proce					
	,			ocat			_				A	bater	nent T	ype	
Location of Asbestos-Containing N					ely by	Ashe		Description of	aterial (ACM)	Amount	7.0	Re	Ē	E	
TO BE ABA		× 7			nce/			nal systems		(Specify	Kemova	Repair	cap	Enclosure	
IN Facility	У			diai ( (12)	Staff?			facing, VAT r miscellane		SF or LF)	<u>a</u>		Encapsulate	ure	
(13)			Yes	No	N/A		otne	r miscellane	eous)				te		
Roof						Roof SI	hingle	s		1,400 SF	×				
Exterior Windows					$\boxtimes$	Windov	w Caul	king		80 LF					
		-   F	7		П						TIF	1	IП	П	
Name of Registered Wast	e Hauler				JDEP V	Vaste	Cubic Yards of Name of Registered Landfill								
East Coast Haz Mat		ıc.		1000	lauler II		Waste	е	10 man and a second 700	., North W/M	of PA				
City, State				1	419		15 Dispo	sal Date	City, State			19-50	71117		
Paterson, NJ								15-16	Morrisville	; PA					
Completed By (Print or Ty	rpe)	Title						Signature	1/1/	7	Date			-	
James Unger	F-3/	0.0010000000	Estin	nato	r/Proi	ect Mgr.		/	4 12			7	-/	1	
ASS 44		J						prin	1 77%		/	1	/	6	

ASB-41 MAY 11

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

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

Date of Notification (1)/	Name of Building	Owner/Operator	(2)										
9/21/16	MR.	MR. DAYID ATKAM SFP 27 AMIL: DD											
Agency Notified Type Notification	Street Address			14.1									
D EPA Sinital					mot		$\neg$						
□ DEP □ Amended	City, State, Zip C		c=N.	A TICE TO	7047								
Amendment #	Name of Contac	11 8000	GC	Telephone Number									
☐ DOH justification) ☐ DCA ☐ Cancellation	MA	ATICIN				121							
	FACILITY INF	ORMATION	2										
Name of Facility Where Abatement is Taking Place (3)	-	4%	Type of Facility	(4)									
WR. D. ATICIA	J		☐ School (K-12	)									
Street Address		:	Je Other (i.e. pri	(Other than K-12) vate & commercial bu	dangs,								
			Square Feet	# of Floors B	ldg. Age								
Caty (5)		•	7500.		194	0							
NORTH BERGEN	10 100	O STATE USE	Carrent Use (P)	for if being demolisher	g)								
County (6)	County-Code (7 ONLY)	) (SIAIE USE	STO	ONE.									
HUDSON	ASCM No.	Name of Abates	ment Contractor (S										
Name of Monitoring Firm Hired by Building Owner (5)	, word two	10 10 20 10	moval In										
Street Address		Street Address											
Office Language	24	450 Sou	th River	St									
City, State, Zip Code		City, State, Zip	Code										
		Hackens	ack, N.J	. 07601									
Project Manager for Monitoring Firm	elephone No.	Telephone No.		License No.									
	F. 28	201-329		00388			_						
Start Date (10) Scheduled Comple	1	Name of OSHA		ontal									
10/5/16 10/10	The second secon	Omega Street Address	Environm	EIILAI		المست	_						
Occupancy Status During Abatement (Check only one	)		uyler St										
D Facility Closed/Vacated During Entire Period of Abo	ement	City, State, Zip				597 (1205)							
D Abatement Performed Outside of Normal Facility He Describe: 8:09AM 10 5:0	PM -			,N.J. 076	06								
Scope of Work (Check all that apply)	/	0.84	Containment with	Negative Pressure									
21≥3≤0≥3∦	A Renovation	2 Min	i-Enclosure webag Procedure	2									
☐ ≥ 160 sf or ≥ 260 lf	☐ Demoision	∠a Gio	n-Exempted (*) an	d Non-Friable Proced	ure								
	s Location	X			Alex	atem Type							
	Normally :	Description	o of		П	T	T						
	sed Solety by	estos Containing I	Material (ACM)	Amount (Specify	2	Eno	Enclosure						
TO BE ABATED  IN Facility	Construction	e., fineratal system surfacing, V/	AT, or	SF or LF)	Removal	Panhir	000						
(13)	(12)	other miscella	necus)		Na I	Hale	9						
Yes	No N/A												
BASEPLENET		MEL IN SUL	MION	90 LF	X								
DAZVOLI	The state of the s												
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	+ + + + -						T						
Name of Registered Waste Hauter	NUDEP Waste Hauler	Cubic Yards o	-	istered Land									
	D No.	Weste	Minerv	a Enterpri	ses ,	LL(	J						
	17109	Disposal Date	City, State										
City, State	1	10/b/1		sburg, Oh,	44688								
Hackensack , N.J. 0760	<u> L</u>	Signature	1	D	ate_ /	1.							
Completed by Title			Moiore	ا کسا	4/21	114	0						
J.Maiorano Estima	ator		10-00	1		/							

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

Check # 11177

Name of Building Owner / Operator (2) Date of Notification (1) Richard J. Sinopoli, Jr. September 23, 2016 2016 SEP 27 AMII: 06 Street Address Type Notification Agencies Notified EPA DEP City, State & Zip Code Initial XIDOL Barnegat, NJ 08005 Amended XIDOH Amendment #\_ Telephone Number Name of Contact DCA Cancellation Richard Sinopoli, Jr. FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Residence Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, home, etc.) Bldg. Age Square Feet # of Floors 40 years 1.188 City (5) Current Use (Prior if being demolished) Barnegat, NJ 08005 Residence County Code (7) County (6) USE ONLY Ocean Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Synatech, Inc. N/A Street Address Street Address 829 Radio Road City, State & Zip Code City, State & Zip Code Little Egg Harbor, NJ 08087 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00817 609-296-6916 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) Synatech, Inc. November 3, 2016 October 4, 2016 Street Address Occupancy Status During Abatement (Check only one) 829 Radio Road Facility Closed/Vacated During Entire Period of Abatement City, State & Zip Code Abatement Performed Outside of Normal Hours Little Egg Harbor, NJ 08087 Other - Describe: Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation  $\geq$ 3 sf or  $\geq$  3 lf Glovebag Procedure Demolition ≥160 sf or ≥260 lf Non-Exempted(\*) and Non-Friable Procedure Abatement Type Description of Is Location Normally Used Location of Amount (Specify Asbestos-Containing Solely by Maintenance or Asbestos-Containing Material (ACM) SF or LF) Material (ACM) Custodial Staff? (12) TO BE ABATED (i.e., thermal systems IN Facility Enclosure insulation, surfacing, VAT Removal Repair (13)or other miscellaneous) N/A No Yes X 950 SF Siding X Exterior Name of Registered Landfill Cubic Yards of Waste NJDEP Waste Name of Registered Waste Hauler Hauler ID No. Grows Landfill 27429 Synatech, Inc. City, State Disposal Date City, State Morrisville, PA November 4, 2016 Little Egg Harbor, NJ Date Signature Title Completed By September 23, 2016 **Executive Administrator** Diane Aloia

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

Ch 303LB

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

CM 1000														
Date of Notification (1) Sep	September 22, 2016						wner/Oper Sanfor	ator (2) d Street, L	LC	3 0 2010 SEP 27	30	28		
Agencies Notified  [ X ] EPA		Notifica			Street Ad	idress	1124 E	East Ridge	wood Av	enue, Suite 101				
[ ] DEP [x] DOL [x] DOH	Amen	dment #	ification  ncluding		City, Star	te, Zip Code	Ridge	vood, NJ (	07450	ã LICE	H311	i G	<i>1</i> L	
[ ] DCA	justifi	cation)			Name of		Khosla		Te	lephone Number				
				FAC	ILITY I	NFORM	ATION							
Name of Facility Where Ab Res: Street Address	atement is Taking idence	Place (3	)					Type of Fa	[ ] [ ] [ x ]	School (k-12) Subchapter 8 (oth Other (i.e., private			l buildir	ngs,
								6 6		homes, etc.)	Dlda	Λ αρ		
City		Count	y (6)		County C (STATE	ode (7) USE ONLY	)	Square feet # of Floors Bldg. Age 2000 sf 2 100					0	
East Orange		Esse	X					Current U	Residen	oeing demolished)				
Name of Monitoring Firm I	Hired by Building (	)wner (	8)		ASCM No. Name of Abatement Contrac					9)	Tura			
Gua Street Address	rdian Contract	ing, In	ic.		Street Address				Guardia	n Contracting,	IIIC.		1122/1237	-
	9 Rte. 9, Unit 6	51							1889 Ro	oute 9, Unit 61				
City, State, Zip Code Ton				City, Sta	te, Zip Code	Toms R	iver, New Jerse	ey 087	55-12	71				
Project Manager for Monito	Number				ne Number		License Number							
Nicholas Fern	9932	2 732-349-9932 letion Date (11) Name of OSHA Monitor				itor	00624							
Scheduled Start Date (10) 9/23/16			9/26/1		on Date (1	.1)	Name of	OSFIA MOI		. Analytical				
Occupancy Status During A	Abatement (Check	only one	:)				Street A	ddress	1056 54	elton Road				
	lity Closed/Vacated tement Performed								(1980) (1					
	er – Describe	Juside	OI NOIMAL F	actility F10	Juis		City, Sta	te, Zip Code	Piscatav	way, New Jerse	y 088	54		
Scope of Work (Check all t	hat apply)						[ x ]			with Negative Pres	sure			
2 2	5.72		r 1	-			[		Enclosure pag Procedu	<b>*</b> 0				
	f or ≥3 lf 0 sf or ≥260 lf		[x]	Renova Demoli			[			) and Non-Friable l	Procedu	ге		
[					T						Abat	ement '	Гуре	
			Is Location	on		1	Descripti	on of			R	R	Е	E
Location			Normally u				estos-Co			Amount	E	E	N	N
Asbestos-Containing N		Mai	Solely by ntenance/C				Material (, thermal			(Specify SF or LF)	M	P A	CA	CL
TO BE ABA in facility		Iviai	Staff	ustoutai			ılation, sı				0	I	P	0
(13)	,		(12)				VAT,				V	R	S	S U
		YES	s NO	N/A		oth	er miscel	laneous)			A L		L	R E
		I Ex	ti Martini.	INA						7 lf	X	-	E	E
Boiler room X						stos pipe		on —————			X	1	-	
Kitchen X				1	1	stos floor	tile			375 sf 680 sf	X	-		-
Living room X				-		plaster					X	-	-	-
Kitchen X				Dry		1 6771	Tat	CD:-t-	780 sf	A				
Name of Registered Waste Hauler  Guardian Contracting, Inc.  NJDEP Waste Haule 20223				TID No.	Cubic Ya	ards of Wa		e of Registe .R.R.F.	red Landfill					
City, State Dispo					osal Date		City, S		neylvani	. 1				
Toms River,		Title		9/2/	9/27/16 Tullytown, Pennsylva				uio y i v aiilio	Date				
Completed by (Print or Type)  Nicholas Fernicola  Title  Project Manager				ger	N. Jel					9/22/2016				

Guardian Contracting, Inc. 1889 Route 9 Suite 61 Toms River, New Jersey 08755

	Date Received
2016	SEP 27 AH 11:07
4 5 a	E-153 1 1-01

### DEMOLITION / RENOVATION NOTIFICATION

Oper	ator Project #:		Postmark: Notific			fication:				
I.	TYPE OF NOTIFICATION (O - Original R - R	evised C - C	Cancelled):	0	II.	IS ASBESTOS PRESENT? (Y	es/No):	Y		
Ш.	FACILITY INFORMATION (identify owner, rem	noval contracto	or and other	operator)						
	OWNER NAME: Sanford Stre	et, LLC								
	Address: 1124 East R	idgewood A	Avenue, S	uite 101	-					
	City: Ridgewood	State:	NJ		Zip:	07450				
	Contact: Raman Khos	sla			Tel:	973-868-7946				
	REMOVAL CONTRACTOR: Gua	ardian Cont	tracting, I	nc.		NJ License: 00624	4			
	Address: 188	9 Route 9,	Unit 61							
	City: Toms River	State:	New Je	ersey	Zip:	08755				
	Contact: Nic	holas Ferni	icola		Tel:	732-349-9932				
	OTHER OPERATOR (if different)					NJ License:				
	Address:									
	City:	State:			Zip:					
	Contact:				Tel:					
IV.	TYPE OF OPERATION (D - Demo O - Ordere	ed Demo R	- Renovation	n E - Emergency	Renovation):	Е				
V.	FACILITY DESCRIPTION (Including building na	ame, number a	and floor or	room number)						
	Building Name: Residence	************								
	Address: 89 Sanford S	Street	X							
	City: East Orange	State:	NJ		County:	Essex				
	Site Location: boiler room, kitchen,	living room	1							
	Building Size: 2000 sf	# of Floo	ors:	2	Age in Y	ears: 100				
	Present Use: Residence			Prior Use:	Residen	ce				
VI.	PROCEDURE, INCLUDING ANALYTICAL ME	THOD, IF A	PPROPRIA'	TE, USED TO DET	ECT THE PRE	SENCE OF ASBESTOS MATER	RIAL:			
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS?  APPROXIMATE AMOUNT OF ASBESTOS INC		Т				Non	friable		
				RACM				s Material To Be		
	Regulated ACM to be removed     Category I ACM not removed			To Be Removed		LOCATION	Rer	noved		
	Category II ACM not removed						Cat I	Cat II		
	Pipes (Linear feet): 7 lf		Asbesto	os pipe insulatio	n	Boiler room				
	Surface Area (Square feet): 375 sf, 680 s sf	f & 780	Floor ti	ile, wall plaster	& dry wall	Kitchen, living room				
	RACM Off Facility Component (Cubic feet):									
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM.	/DD/YY)	Start:	9/23/	16	Complete: 9/2	6/16			

NOTIFICATION OF DEMOLITION	AND RENOVATION (	continued
----------------------------	------------------	-----------

		ORK, AND METHOD(S	) 10 BE 00E	
DESCRIPTION OF WORK PRACTICES AND E AND RENOVATION SITE:	NGINEERING CONT	TROLS TO BE USED TO	O PREVENT EMISSIONS OF	ASBESTOS AT THE DEMOLITION
place by hand scraping all saturated materials, place in do	uble 6 mil. Bags, sealed a	and affixed with appropriate	warning labels and placed in a close	d/locked container for-disposal.
WASTE TRANSPORTER #1 Name: Gua	rdian Contracting	g, Inc.		
Address: 188	9 Route 9, Unit 6	1		
City: Toms River	State:	New Jersey	Zip:	08755
Contact Person: Nicl	nolas Fernicola			
WASTE TRANSPORTER #2 Name:				
Address:		W		
City:	State:		Zip:	
Contact Person:				1
WASTE DISPOSAL SITE Name: T.R.	R.F.			
Location: Boro	dentown Road			
City: Tullytown	State:	Pennsylvania	Zip:	19007
Telephone: 215-943-9732		Permit #:	101494	
IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLEA	ASE IDENTIFY THE AC	ENCY BELOW AND ATTAC	CH COPY OF ORDER
Name:		Title:		
Authority:			S.	
Date of Order (MM/DD/YY):		Date Ordered to Be	gin (MM/DD/YY):	
FOR EMERGENCY RENOVATIONS				
Date and Hour of Emergency (MM/DD/YY):				
Description of the Sudden, Unexpected Event:				
Explanation of how the event caused unsafe conditi	ons or would cause eq	uipment damage or an u	nreasonable financial burden:	
				R PREVIOUSLY NONFRIABLE
THE DEMOLITION OR RENOVATION AND EV	IDENCE THAT THE	E REQUIRED TRAININ	G HAS BEEN ACCOMPLISH	RT M) WILL BE ONSITE DURING ED BY THIS PERSON WILL BE
Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Own	er/Operator)	September 22, 2016 (Date)
I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.		$\wedge$ 1	
Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Own	er/Operator)	September 22, 2016 (Date)
	Full enclosure procedures, negative air (HEPA) units to be place by hand scraping all saturated materials, place in do Encapsulation of all surfaces where removal took place. A surfaces.  WASTE TRANSPORTER #1 Name: Guan Address: 1888  City: Toms River  Contact Person: Nick  WASTE TRANSPORTER #2 Name: Address:  City:  Contact Person: Waste Disposal site Name: T.R.  Location: Bord  City: Tullytown  Telephone: 215-943-9732  If DEMOLITION ORDERED BY A GOVERNMEN Name: Authority:  Date of Order (MM/DD/YY):  FOR EMERGENCY RENOVATIONS  Date and Hour of Emergency (MM/DD/YY):  Description of the Sudden, Unexpected Event:  Explanation of how the event caused unsafe condition of the Sudden, Unexpected Event:  I CERTIFY THAT AN INDIVIDUAL TRAINED INTHE DEMOLITION OR RENOVATION AND EVAVAILABLE FOR INSPECTION DURING NOR!  Nicholas Fernicola / Project Manager (Printed Name/Title)  I CERTIFY THAT THE ABOVE INFORMATION Nicholas Fernicola / Project Manager (Printed Name/Title)	Full enclosure procedures, negative air (HEPA) units to be put in place prior to ren place by hand scraping all saturated materials, place in double 6 mil. Bags, sealed. Encapsulation of all surfaces where removal took place. All materials to be kept w surfaces.  WASTE TRANSPORTER #1 Name: Guardian Contracting Address: 1889 Route 9, Unit 6  City: Toms River State:  Contact Person: Nicholas Fernicola  WASTE TRANSPORTER #2 Name:  Address:  City: State:  Contact Person: Nicholas Fernicola  WASTE DISPOSAL SITE Name: T.R.R.F.  Location: Bordentown Road  City: Tullytown State:  Telephone: 215-943-9732  If DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLE. Name:  Authority:  Date of Order (MM/DD/YY):  FOR EMERGENCY RENOVATIONS  Date and Hour of Emergency (MM/DD/YY):  Description of the Sudden, Unexpected Event:  Explanation of how the event caused unsafe conditions or would cause ed as BESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OI I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISION: THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HO  Nicholas Fernicola / Project Manager  (Printed Name/Title)  I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.  Nicholas Fernicola / Project Manager	Full enclosure procedures, negative air (HEPA) units to be put in place prior to removal. All asbestos containing place by hand scraping all saturated materials, place in double 6 mil. Bags, sealed and affixed with appropriate Encapsulation of all surfaces where removal took place. All materials to be kept wet during entire operation. F surfaces.  WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.  Address: 1889 Route 9, Unit 61  City: Toms River State: New Jersey  Contact Person: Nicholas Fernicola  WASTE TRANSPORTER #2 Name:  Address:  City: State:  Contact Person:  WASTE DISPOSAL SITE Name: T.R.R.F.  Location: Bordentown Road  City: Tullytown State: Pennsylvania  Telephone: 215-943-9732 Permit #:  If DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AC Name:  Authority:  Date of Order (MM/DD/YY): Date Ordered to Be FOR EMERGENCY RENOVATIONS  Date and Hour of Emergency (MM/DD/YY):  Description of the Sudden, Unexpected Event:  Explanation of how the event caused unsafe conditions or would cause equipment damage or an underscription of the Sudden, Unexpected Event:  Explanation of how the event caused unsafe conditions or would cause equipment damage or an underscription of the Sudden, Unexpected Event:  Explanation of how the event caused unsafe conditions or would cause equipment damage or an underscription of the Sudden, Unexpected Event:  Explanation of Procedures to Be Followed in the Event That Unexpected Asbestos Material Becomes Crumbled, Pulverized, or Reduced to Power of the DeMoLITION or RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS, HOURS. (Required after, Norther Demolity That The Above Information is Correct.  Nicholas Fernicola / Project Manager  (Frinted Name/Title) (Signature of Own In Certify That The Above Information is Correct.	Full enclosure procedures, negative sir (HEPA) units to be put in place prior to removal. All abbestos containing insulation will be saturated with a place by hand scraping all saturated materials, place in double 6 mill Bags, seaded and affixed with appropriate warning liabels and placed in a close and place of all surfaces where removal look place. All materials to be kept wet during entire operation. Final closuing will consist of HEPA surfaces.  WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.  Address: 1889 Route 9, Unit 61  City: Toms River State: New Jersey Zip:  Contact Person: Nicholas Fernicola  WASTE TRANSPORTER #2 Name:  Address:  City: State: Zip:  Contact Person:  WASTE DISPOSAL SITE Name: T.R.R.F.  Location: Bordentown Road  City: Tullytown State: Pennsylvania Zip:  Telephone: 215-943-9732 Permit #: 101494  IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND AITAC Name:  Authority:  Date of Order (MM/DD/YY):  Description of the Sudden, Unexpected Event:  Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:  DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND Of ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER  I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE FROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPATHED EMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEPINCOOMPLISH AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)  Nicholas Fernicola / Project Manager  (Printed Name/Title) (Signature of Owner/Operator)  I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.  Nicholas Fernicola / Project Manager

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

GAC Project # 060-16					Name of Building Owner/Operator (2)							
Date of Notification (1) Septen	nber 21,	2016			RUTGERS, THE STATE UNIVERSITY OF NJ							
Agencies Notified  DEPA		Notification	otificatio	on cation #1-	ENVIRONMENTAL H 27 ROAD 1, BLDG 40	EALTH & 8	SAFET SSTOR	TY D	EPT.7	AH I	1:09	
□DCA ☑ DOL		new start & □ Emerge			City, State, Zip Code PISCATAWAY, NJ 08	8854		-	-	2 (1)	ΤĒÇ	
☑ DEP- No Longer REQUI ☑ DOH	RED	justific	ation)		MICHAEL SMITH, EN		Telepho	ne Nu	mber [		7	
				E . O. U. T. / IN. I								
				FACILITY INF	INFORMATION Type of Facility (4)							
Name of Facility Where Abate SCHOOL DENTAL MI	ment is Tak EDICINE	ing Place (3) , BLDG# 7	253		School (K-12) Subchapter 8 (other than h	(-12)						
Street Address RBHS NEWARK CAN	IPUS	4-51			Other (i.e. private & comr	mercial buildin	gs, home Bldg.	es, etc. Age:	.) 60+ ye	ars		
City (5) NEWARK	County (6	SEX		Code (7) se Only)	Current Use (prior if being	demolished):	ACAD	EMIC				
	J. L. Dida (	Dumos (8)	ASCM N	do	Name of Contractor (9)			- 1 C-11				
Name of Monitoring Firm Hire ATC	d by Blag. (	Owner (6)	0098	NO.	GREENWOOD ABATEMENT CONSULTANTS, INC.							
Street Address					Street Address							
3 TERRI LANE					268 MAIN STREET							
City, State, Zip Code BURLINGTON, NJ	08016				City State, ZipCode BUTLER, NJ 07405							
Project Manager for Monitorin		Telephone	Number		Telephone Number		License	Numb	per			
BRIAN KEARNY	ig i iiii	609-386		973-492-0477 00840								
Scheduled Start Date (10) 09/30/16		Scheduled 10/31/16		n Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC	•						
Occupancy Status During A	Abatement	(Check only of	<u>one)</u> Abatemen	t	Street Address 20-21 WARGARAW ROAD							
■ Abatement Performed C     Describe	outside of N	lormal Facility	/ Hours -		City, State, Zip Code	ROAD						
☑Other – Describe: Schedule: 5PM – 5AM (	24 HOUR	S & WEEKE	ENDS AS	S NEEDED)	FAIRLAWN, NJ							
Scope of Work (Check all that	at apply)				П	Full Contains	nent with	h Nea	ative Pres	ssure		
$\square \ge 3 \text{ sf or } \ge 3$				Renovation Demolition		Mini-Enclosu Glovebag Pr	re					
≥ 160 sf or	≥ 260 11			Demonton	X	Non-Exempte	ed (*) an	nd Nor	-Friable I	Procedi	ure	
Location of Asbestos-Contai Material (ACM) in Facility (13	3) Sol	ocation Norm lely by Maint./0 aff? (12) ES NO	ally Used Custodial	Description of As (ACM) (i.e. then VAT, or other mi	sbestos Containing Material mal systems insulation, surfaci	Amoun	t	Abate	ment Typ	<u>e</u>		
C-Level		X		VAT		1400	0 SF	X				
The state of the s										-		
Name of Reg. Waste Hauler See Hauler Below #1	& 2	NJDEP Wa	r ID#	Cubic Yards of Waste:	40 CY	G.R.C	of Reg	istered La S. North	andfill Landf	fill		
Hauler #1) Greenwood Aba	tement Co	nsultants, Inc.	NJ 07405	I	Disposal Da 10/31/201			City, Sta 100 Nev	v Ford I			
NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509					Rd. Morrisv 19067 215-736-170					, га		
Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT					Raymand C. Pedalino Date September 21, 2016						16	
4		MANAGE	. 17.				1					

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

#### GAC Project # 060-16

Date of Notification (1)	0.2046			Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ							
September	9, 2016 Notificati	n Type		01 1 1 1 1 1							
Agencies Notified		Notificat	tion	ENVIRONMENTAL F	IFAL PHIS	SAF	ÊTY	ĎĒPT:	Se		
DEPA			fication #	27 ROAD 1, BLDG 4	086 LIVII	JGST	ON C	AMPU	s		
DDCA				City, State, Zip Code	000, 21411	1001	0110	7 divil O		-	
⊠ DOL		rgency (i	ricidaling	PISCATAWAY, NJ 0	8854		33.7	11.0	UL -		
☑ DEP- No Longer REQUIRED		fication)		Name of Contact	0004	Telep	hone N	lumber			
⊠ DOH	□ Cano	elled		MICHAEL SMITH, EI	NV	. 10100	110110	10111001			
22 2011				HEALTH & SAFETY	CONTRACTOR OF THE PARTY OF THE						
			FACILITY INF				-				
Name of Facility Where Abatement	s Taking Place (	3)	TATOLETT	Type of Facility (4)							
SCHOOL DENTAL MEDIC				School (K-12)							
		8 T T 7/8		Subchapter 8 (other than	K-12)						
Street Address				Other (i.e. private & com		ings, ho	mes, et	tc.)			
RBHS NEWARK CAMPUS	•				of Floors: 4				ears		
City (5) Cou	nty (6)	County	Code (7)		to distance we						
NEWARK	ESSEX	(State	Use Only)	Current Use (prior if being	demolished)	: ACA	ADEMI	C			
Name of Monitoring Firm Hired by E	ldg. Owner (8)	ASCM		Name of Contractor (9)							
ATC		0098	3	CDEENINGOD ABAT	ENSENT C	ONICII	ITAN	ITC IN			
				GREENWOOD ABAT	٥.						
Street Address				Street Address							
3 TERRI LANE				268 MAIN STREET							
City State Zie Code				City State, ZipCode							
City, State, Zip Code BURLINGTON, NJ 080	16			BUTLER, NJ 07405							
Project Manager for Monitoring Firm		e Number		Telephone Number	License Number						
BRIAN KEARNY		36-8800		Telephone Walkber							
BRIAN REARM	000-0	0-0000		973-492-0477		0084	10				
Scheduled Start Date (10)	Schedule	d Completic	on Date (11)	Name of OSHA Monitor							
09/23/16	10/24/	6		1							
	f land			ENVIROVISION, INC	•						
Occupancy Status During Abaten			. Po	Street Address							
□ Facility Closed/Vacated During				20-21 WARGARAW F	ROAD						
Abatement Performed Outside	of Normal Fac	ity Hours -		City, State, Zip Code							
Describe  Other – Describe:											
Schedule: 5PM – 5AM (24 HC	IIDS & WEE	CENDS A	S NEEDED)								
Scriedule. SF W - SAW (24 TIC	ONO & WELL	(LINDO A	O NELDED)	FAIRLAWN, NJ							
Scope of Work (Check all that apply	()										
-	-				Full Contain	ment w	ith Neg	gative Pre	essure		
□ ≥ 3 sf or ≥ 3 lf			⊠Renovation		Mini-Enclose	ure					
≥ 160 sf or ≥ 260	If		Demolition		Glovebag P						
					Non-Exempt					ure	
Location of Asbestos-Containing	Is Location Nor		Description of As	bestos Containing Material	na. (Speci	S 500	Abate	ement Ty	oe .		
Material (ACM) in Facility (13)	Solely by Main Staff? (12)	/Custodial	VAT, or other mis	mal systems insulation, surfacion	or LF)	2	Remo	ve Repair	Encap	Enclose	
	YES NO	NA	VAT, or other mis	scen.)	0. 2. /						
			N/AT		4400	0 00	X			T	
C-Level	X		VAT		1400	0 51		_	-	-	
										-	
Name of Reg. Waste Hauler		Vaste Haule	er ID #	Cubic Yards of Waste:	15 CY			gistered L S. North		au	
See Hauler Below #1 & 2	See Be	ow				G.R.	U.VV.S	o. NOTT	Landi	111	
Hauler #1) Greenwood Abatemen	NJ 07405		Disposal Da		1111-1111-1111-1111	City, St					
NJDEP # 12561			10/24/20	16			w Ford I				
Hauler #2) Newark Carting, Inc.,						19067	rrisville,	ra			
NJ DEP# 4509								215-73	5-1700		
Completed by (Point or Time)		Signature Date									
Completed by (Print or Type)  RAYMOND C. PEDALING	CT						9, 201	6			
TATINIOND C. PEDALING	SENIOR MANAG	~ .	Raymand C. Pedalino September 9, 2010						(5+07)		

## nock

ASB-41

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

#### CHECK#25864

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

Date of Natification (1)					Name of Building Owner/Operator (2)								
Date of Notification (1)						-							
9/23/2016					PRIVATE R		ICE	<del> </del>					
Agencies Notified	Type Notificat	ion			Street Addres	S		& LICENSING	124				
EPA EPA	只 Initial			. 1									
☐ DEP	Amende			#	City, State, Zi								
□ DOL	☐ Emerger	360000	cluding		WILLINGBO		J						
□ DOH	justificati				Name of Cont	act			Telep	hone	Numb	er	
DCA	☐ Cancella	ition			DAVID D'A	NDREA		4		K et le			
				F	ACILITY INF	ORMA	TION						
Name of Facility Where At	patement is Ta	king Pl	ace (3)					Type of Facility (4)					
PRIVATE RESIDENCE								School (K-12)					
Street Address				T-11111-11				☐ Subchapter 8 (Othe	r than	K-12	)		
								Other (i.e., private &	& com	merci	al buil	dings)	
City (5)								Square Feet	# of F	loors	Bldg.	Age	
WILLINGBORO								7					
County					County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if bei	ng de	molish	ned)		
BURLINGTON													
Name of Monitoring Firm H	lired by Buildir	ng Owr	er (8)		ASCM No.	Name of	Abatement Conti	ractor (9)					
MECS						CREAN	A RIDGE ENVI	RONMENTAL INC.					
Street Address						Street A							
P.O. BOX 341							CK FOREST R	OAD					
1.0. BOX 541								OND					
CROSSWICKS, NJ 085	1.5					City, State, Zip Code HAMILTON, NJ 08691							
Project Manager for Monito		Talan	hone N	^		Telepho			Licen	se No			
L	orning i mini	Louis Se							0067		te.		
BILL WEISGARBER		70000	15-114		on Data (11)	609-890	OSHA Monitor		0007	0			
Start Date (10)				ompieu	on Date (11)		OSHA MONITO						
9/20/2016	A1	9/28/2				MECS	11			-	-		
Occupancy Status During						Street A							
☐ Facility Closed/Vacat					ent	P.O. BO							
Abatement performed ou	tside of workin	g hour	s 5PM-	2 AM			ite, Zip Code						
						CROSS	WICKS, NJ 08:						
Scope of Work (Check all	that apply)							Full Containment w	ith Ne	gative	Pres	sure	
≥ 3 sf or ≥ 3 lf					Renovat			Mini-Enclosure					
≥ 160 sf or ≥ 260 lf					Demoliti	on		Glovebag Procedur					
								☐ Non-Exempted (*) 8				cedure	
		F	Locati						Abate	ement	Туре		
Location of Asbestos-0	Containing		mally l				stos Containing hermal systems	Amount (Specify SF or	ת		En	ш	
Material (ACM) TO BE		Total establish	Solely b	/Custo			, VAT, or other	LF)	Remova	Repair	Encapsulate	Enclosure	
Facility (13)		16497 Television	Staff?			niscellan			OVa	pair	lus	Sui	
		Yes	No	N/A			/		=		ate	Ğ.	
THROUGHOUT			X		NFVAT & M	IISC. A	CM	1250 S.F APPROX.	X				
Name of Registered Wast	e Hauler	-			NJDEP Waste		Cubic Yards of	Name of Registered Lar	ndfill				
					Hauler ID No.		Waste	PK					
BLOOM WASTE SERV	ICES, INC.						20 YDS	GROWS					
City, State							Disposal Date	City, State					
CHERRY HILL, NJ							9/30/2016	MORRISVILLE, PA					
Completed By Title							(27-Mar	Date					
DAVID D'ANDREA PRESIDENT						16	und A. i	Kindres	9/23/	2016			

	State of New Jersey
NOTIFIC	ATION OF ASBESTOS ABATEMENT
(P	ursuant to NJAC 8:60 and 5:16)

ND CK		NOT				BESTOS ABAT C 8:60 and 5:16				2 (1)	-	
Date of Notification (1)					a maranana	Owner/Operator (	28					
	11 / 16			VEF	RIZON CO	OMMUNICATION	IS	2016 SEP 2	7 B	HI	1: 31	n
	Type Notification				Address ELSON D	RIVE	/¥:				enas	•
	Amended	1 0/22	140	City, S	tate, Zip C	Code		& LIC				<u> </u>
☑ DOH ☐ DCA	Amendment #4			ME	DFORD, I	NJ 08055		CE LIC	CHO	INC		
(NJAC 5:23-8)	justification)  Cancellation	cidding			of Contact			Telephone Num	ber			
Name of Facility Where Ab	etomont in Taking	Diese	(2)	FAC	JILITY IN	FORMATION	Tune of Facility /	4)	· ·		01014	
MEDFORD CENTRAL		riace	(3)				Type of Facility ( ☐ School (K-12)					
Street Address	LOFFICE							Other than K-12	)			
4 NELSON DRIVE	VA 550							ivate and comme	rcial bu	ilding	S,	
City (5)	V-4 5-58	12000					homes, etc.) Square Feet	# of Floors	T DI	d = 0		
MEDFORD							7000	# of Floors	В	dg. A	ge	
County (6)	33	- Page 1		Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
BURLINGTON			187				COMMUNIC	ATIONS				
Name of Monitoring Firm F USA ENVIRONMENT			8) /	ASCM	No.	Name of Abateme	ent Contractor (9) VIRONMENTAL	INC.				
Street Address		10/14/25				Street Address			8107		11110	-
8436 ENTERPRISE A	VENUE					1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					-
PHILADELPHIA, PA	19153					BRISTOL, PA						
Project Manager for Monito	oring Firm		Tele	phone	No.	Telephone No. License No.					- 550	
MARK JENKINS	33)		21	5-365	-5810	215-788-6040 00509						
Start Date (10)	Sched	uled C	cmplet	tion Da	te (11)	Name of OSHA Monitor					-	
9 / 19 /	16 _ (	N.	HO.	LD _		BRISTOL EN	VIRONMENTAL	, INC				
Occupancy Status During /		1156				Street Address						
Facility Closed/Vacated						1123 BEAVR	STREET					
Abatement Performed ( Time of Abatement:					cribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all t	hat apply)										lo dell	
☐ >3 sf or >3 lf		M Da	novati	0.0		□ Full Cont     □ Mini-Enc	ainment with Neg	ative Pressure				
≥3 \$1 60 ≥5 11     ≥160 sf or ≥260 If			molitio				g Procedure	(9)				
THE CONTRACT AND TOWNSHIP TO BE SEE THE MEDICAL PROPERTY.						Non-Exempted (*) and Non-Friable Proced						
			Locat Normal						Ab	atem	ent T	ype
Location o Asbestos-Containing M			d Sole		Ashe	Description of stos Containing Ma		Amount	Re	Re	En	En
TO BE ABAT	ED	5000000	intena			., thermal systems	insulation,	(Specify	Removal	Repair	aps	Enclosure
IN Facility (13)		Cus	todial ( (12)	olali!		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	иге
(10)		Yes	No	N/A		oute. Anoconario	000)				e	
BASEMENT ENGINE R	ROOM	$\boxtimes$			VAT/MA	ASTIC		775 SF	$\boxtimes$			
BASEMENT ENGINE R	MOOM				VIBRAT	TION DAMPER C	LOTH	4 SF	$\boxtimes$			
BASEMENT ENGINE R	ROOM (Under	$\boxtimes$			VAT/MA	ASTIC		90 SF	$\boxtimes$			
Generator-Separate	Mobilization)											
Name of Registered Waste	Hauler	-	17633	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPO	RT GROUP, IN	0.	H	auler II 20990		Waste	MINERVA	ANDFILL				
City, State				2000		Disposal Date	City, State					
NEW CASTLE, DE							WAYNESB	URG, OH				
Completed By (Print or Typ	pe) Title	9				Signature		, D	ate ,	1		
Patrick T. DeCaro	E	stima	tor			Patrice	& D. Dec	and it	9/23	3/16	0	
ASB-41 JAN 13 PD 16 0 0 9	*	Do not	use th	nis form	for asbest	tos licensure exemp		17	1	/	- 55-011/5	

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

				1.1			-					
Date of Notification (1)	11 /	16				og Owner/Operator	3.504	2016 S	EP 2	7	AH I	0: 3
Agencies Notified	Type Notifica	ition			et Address			A 1, 5, 7	¥ - 5	-		+
☑ EPA ☑ DOLWD					NELSON	Security and Control of the Control		4582	210	21	ا أيا. - بيات	Int
⊠ DOH	Amendme		1/16	1	State, Zip			Ç¢	LIU	C 13	ola	u
☐ DCA	☐ Emergend		ng			NJ 08055		T=				
(NJAC 5:23-8)	justificatio			000000000000000000000000000000000000000	ne of Contac			Telephone Nur	nber			
	☐ Cancellati	ion			LEX BAYL			1				
				F	ACILITY II	NFORMATION						
Name of Facility Where A		aking Plac	e (3)				Type of Facility	3.37				
MEDFORD CENTRA	AL OFFICE						School (K-1)		2)			
Street Address								8 (Other than K-1 private and comme		uildi	nas.	
4 NELSON DRIVE							homes, etc.	)			J 1	
City (5)							Square Feet	# of Floors	E	Bldg.	Age	
MEDFORD							7000	2				
County (6)				Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)	7		
BURLINGTON							COMMUNIC	CATIONS				
Name of Monitoring Firm	Hired by Buildi	ing Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)					
USA ENVIRONMENT	TAL MANAG	SEMENT				BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address		STEPHY ST				
8436 ENTERPRISE	AVENUE					1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
PHILADELPHIA, PA	19153					BRISTOL, PA						
Project Manager for Monit			Te	lephone	No.	Telephone No.		License No.	-			
MARK JENKINS					5-5810	215-788-6040		00509				
Start Date (10)	Sc	cheduled (				Name of OSHA M	lonitor					
9 / 19 /				7 /	100	110.00.000.000.000.000.000.000.000.000.	VIRONMENTA	L. INC				
Occupancy Status During						Street Address					-	
☐ Facility Closed/Vacated				ament		1123 BEAVR	CTDEET					
Abatement Performed	[1] [2] [2] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4				scribe	City, State, Zip Co						
Time of Abatement:	AM-	PM/5:00										
FON HOLD -	9 AM -	9/2	7/1	6		BRISTOL, PA	19007					
Scope of Work (Check all	that apply)	*				⊠ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			enova			☐ Mini-Encl		auve i ressare				
≥ 160 sf or ≥260 lf		□ De	emoliti	ion			Procedure	a Caiabla Danasa				
		1 1		tion.		☐ Mou-Exer	npted ( ) and No	n-Friable Procedu		,		-0000000
Location o	£	-31	s Loca Norma			Description of			-	_	nent T	Ť
Asbestos-Containing M		Use	ed Sol	lely by	Asbes	stos Containing Mat		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT	ED	100		ance/ Staff?		, thermal systems is	nsulation,	(Specify	Von	air	aps	losi
IN Facility (13)		Cus	(12)			surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		ula	тe
(15)		Yes	No	N/A	1	other miscellance	703)				te	
BASEMENT ENGINE R	MOOM				VAT/MA	STIC		775 SF				
BASEMENT ENGINE R	MOO	$\boxtimes$			VIBRAT	ION DAMPER CI	LOTH	4 SF				
BASEMENT ENGINE R	OOM (Unde	r 🛛			VAT/MA	STIC		90 SF				
Generator-Separate	Mobilization	1) 🗆						10				
Name of Registered Waste	Hauler		1	NJDEP	Waste	Cubic Yards of	Name of Regist	ered Landfill				
SERVICE TRANSPOR	RT GROUP,	INC.	F	dauler II 2099(	The state of the s	Waste	MINERVA L	ANDFILL				
City, State						Disposal Date	City, State				- 111111	0-8-0
NEW CASTLE, DE							WAYNESBI	JRG, OH				
Completed By (Print or Typ	e) T	Title				Signature	A 10.1	y /- Da		/	,	
Patrick T. DeCaro		Estima	tor			P.I. B	1940	(M) / 6 9	7/2/	11	0	

## State of New Jersey

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

Cl # 3093.

1 10 0	)											
Date of Notification (1)  2 / 11	_ / _	16		1		ng Owner/Operator		2016 SEP 2	7 1	1111	): 3	0
	e Notifica nitial	tion			et Address			Parts IU & LIC	5 () F#3	JHI	RO	L
Z Doct	Amended	ent #2-9/1	3/16		State, Zip					1111		
		cy (includir				NJ 08055						
(NJAC 5:23-8) j	ustificatio	n)	3		e of Conta			Telephone Num	ber			
	Cancellation	on		AL	EX BAY	LOR						
				F.A	CILITY	NFORMATION	1= /=	140				
Name of Facility Where Abates MEDFORD CENTRAL O		aking Plac	e (3)				Type of Facility  ☐ School (K-1	2)				
Street Address	11100				-		Subchapter	8 (Other than K-12	)	مناطنت		
4 NELSON DRIVE							homes, etc.	orivate and comme )	(Cla) L	ullali	ys,	
City (5)							Square Feet	# of Floors	E	ldg. A	Age	
MEDFORD	***						7000	2				
County (6)				Coi	inty Code	7)(STATE USE ONLY)		rior if being demolis	shed)			
BURLINGTON							COMMUNIC					
Name of Monitoring Firm Hired			(8)	ASCN	1 No.	Control of the contro	batement Contractor (9) DL ENVIRONMENTAL, INC.					
USA ENVIRONMENTAL	MANAG	EIVIEN				Street Address	VIICOIVIEICIA					
Street Address 8436 ENTERPRISE AVE	NUE						AVER STREET					
City, State, Zip Code	NOL					City, State, Zip Co						
PHILADELPHIA, PA 191	53					BRISTOL, PA	BRISTOL, PA 19007					
Project Manager for Monitoring			Te	lephone	No.	Telephone No.		License No.				
MARK JENKINS				215-36		215-788-6040		00509				
Start Date (10)		cheduled (				Name of OSHA M	A MONITOR ENVIRONMENTAL, INC					
9 / 19 / 16				22_ /		Street Address						
Occupancy Status During Abat				omont.		1123 BEAVR	STREET					
☐ Facility Closed/Vacated Dur ☐ Abatement Performed Outsi	ing Entire	mal Facili	Abau tv Hou	urs - De	scribe	City, State, Zip Co						
Time of Abatement:	AM	_PM/ <u>5:0</u>	PM-1	1:30AM		BRISTOL, PA						
Scope of Work (Check all that a	apply)		200.000									
>3 sf or >3 lf		⊠ R	enova emolit	tion		⊠ Full Cont ☐ Mini-Enc ☐ Glovebag		gative Pressure				
≥160 sf or ≥260 lf			SITIOTIC	1011		☐ Non-Exe	mpted (*) and No	n-Friable Procedur	е			
			Loca						Ab	atem	ent T	ype
Location of Asbestos-Containing Materi	01 (A CMA)		Normed So	ally lely by	Ashe	Description o estos Containing Ma		Amount	Ren	Repair	Enc	Enc
TO BE ABATED	ai (ACIVI)			ance/ Staff?	(i.e	e., thermal systems i	insulation,	(Specify SF or LF)	Removal	air	Encapsulate	Enclosure
IN Facility (13)		Cus	(12			surfacing, VAT, other miscellane	V1200024W	31 01 11 )	=		ılate	6
(10)		Yes	No	N/A								
BASEMENT ENGINE ROOF	M	$\boxtimes$			VAT/M	ASTIC		775 SF	$\boxtimes$			
BASEMENT ENGINE ROOF	$\boxtimes$			VIBRA	TION DAMPER C	LOTH	4 SF	$\boxtimes$				
BASEMENT ENGINE ROOF	er 🛛			VAT/M	ASTIC		90 SF	$\boxtimes$				
Generator-Separate Mol	oilization	n) 🗆										
Name of Registered Waste Hau			102	NJDEP		Cubic Yards of Waste	Name of Regis					
SERVICE TRANSPORT G	ROUP,	INC.		Hauler I 2099		xintodeaeo. z	MINERVA	LANUFILL				
City, State						Disposal Date	City, State	IIBG OH				
NEW CASTLE, DE					2.50		WAYNESB			,		
Completed By (Print or Type)		Title	*			Signature	On CU	Dat	9/	15	/11	
Patrick T. DeCaro		Estima	tor			461 1	4 /	1 -	11	,		

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

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:-5"	4	1			1
7.00	4			4-	24

Date of Notification (1)	11 /	16		VERIZON COMMUNICATIONS									
Agencies Notified	Type Notificatio	on			et Addres	ACCES - MANAGEMENT CO. STANK		<del>- Ask E</del> (	LICE	NS.	ing Ing	ROL	
☑ DOLWD ☑ DOH ☐ DCA	<ul><li>✓ Amended Amendmen</li><li>✓ Emergency</li></ul>	The second second			, State, Zip EDFORD	Code D, NJ 08055	8						
(NJAC 5:23-8)	justification	)		S (0.000)	ne of Cont			Telephone No	umber				
	Cancellation	1			LEX BAY	,			65				
		DI-	(2)	F	ACILITY	INFORMATION	Type of Facility	. (4)					
Name of Facility Where Al		ing Pia	Ce (3)				School (K-1	10.00	12)				
Street Address							Other (i.e., phomes, etc.	private and comm	nercial	build	ings,		
4 NELSON DRIVE City (5)							Square Feet	# of Floors		Bldg.	Age		
MEDFORD	8						7000	2		-			
County (6)				Cou	inty Code	(7)(STATE USE ONLY)	Communic	rior if being demo	olished	)			
Name of Monitoring Firm H	lizad by Ruilding	Owne	r (8)	ASCN	f No.	Name of Abatem		10.1 - 2.17 - 1.20 - 1.00			-20		
USA ENVIRONMENT				ASCIN	1140.	1	VIRONMENTA	9)					
Street Address	712 110 111110					Street Address							
8436 ENTERPRISE A	VENUE					1123 BEAVE	R STREET						
City, State, Zip Code						City, State, Zip C							
PHILADELPHIA, PA						BRISTOL, PA							
Project Manager for Monito MARK JENKINS	ring Firm		1	ephone		Telephone No. 215-788-6040	License No. 00509						
Start Date (10)	(C-2007-00)	eduled (	Compl	etion Da	ate (11)	Name of OSHA M							
ON HOLD				/		BRISTOL EN	VIRONMENTA	L, INC					
Occupancy Status During A						Street Address							
☐ Facility Closed/Vacated ☐ Abatement Performed O					scribe	1123 BEAVR City, State, Zip Co							
Time of Abatement:	AMF	M/5:00	0PM-1	:30AM	30,100	BRISTOL, PA							
Scope of Work (Check all th	at apply)	8					24-						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	**************************************		enovat emoliti			☐ Mini-Encl ☐ Glovebag			ıre				
		ls	Loca	tion		40.91.24.91.000	T			atem	ent 7	уре	
Location of Asbestos-Containing Marana TO BE ABATE IN Facility (13)		Use Ma	Norma ed Sole intena todial (12)	elý by ince/		Description of estos Containing Mat e., thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
ž.		Yes	No	N/A				**** 0.5	57	-			
BASEMENT ENGINE RC					VAT/MA			775 SF					
BASEMENT ENGINE RC						TION DAMPER CL	.отн	4 SF					
BASEMENT ENGINE RO	$\boxtimes$			VAT/MA	ASTIC		90 SF						
Generator-Separate M	(2)					To 1: V1- 4	Name of Registe			Ш	Ш	Ш	
Name of Registered Waste H SERVICE TRANSPORT		<b>.</b>	Н	JDEP V auler ID	No.	Cubic Yards of Waste	MINERVA L						
City, State				20990		Disposal Date	City, State						
NEW CASTLE, DE							WAYNESBU	RG, OH					
Completed By (Print or Type)	Title					Signature	^ -	, Da	te /	/			
Patrick T. DeCaro		stimat	or			Patrick	1.00	iro/il -	2/2	5/0	16		
B-41 Pn 11 mn 0	±	Da 204	una th	in farms	far anhant	na linanaum avamata	ad antivition	1/		-			

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

Ch # 2956

1100	J											~ ~,		1	3.7	
Date of Notification (1)		/ _	16					ing Owner/Oper		700	20	16 SEP 2	7 A	H IC	: 5	1
Agencies Notified	Type No		tion			Street Add					۵.	instruction.				
Ø EPA 46 48 Ø DOLWD 4617	☐ Ame				L	4 NELS					147	2-010	100	HT	ROI	
Ø DOH 4587		ndmei	nt#			City, State,				8		SESTOS & LICE	MOI	NG		
□ DCA	☐ Eme			uding				NJ 08055								
(NJAC 5:23-8)		cation				Name of C						Telephone N	lumb	er		
	Cano	ellatio	n			ALEX B	AYL	LOR								
						FACILIT	TY II	NFORMATION	N						- 1811	
Name of Facility Where			king P	lace	(3)					Type of Fac		)				
MEDFORD CENTRA	AL OFFIC	CE								School (I	K-12)	Other than K	400			
Street Address										Other (i.e	e. priv	ate and com	-12) nerci	albu	ldina	S.
4 NELSON DRIVE										homes, e	etc.)					٠,
City (5)										Square Feet		# of Floors		Blo	g. Ag	je
MEDFORD										7000		2				
County (6)						County Co	de (7	)(STATE USE ONL	LY	Current Use			olishe	ď)		
BURLINGTON										COMMUN		TONS				
Name of Monitoring Firm I					AS	CM No.		Name of Abate								
USA ENVIRONMENT	TAL MAN	IAGE	MEN	T		<u> </u>		BRISTOL	ENV	IRONMENT	TAL, I	NC.				
Street Address								Street Address	5							
8436 ENTERPRISE A	AVENUE							1123 BEAV	VER	STREET						
City, State, Zip Code				City, State, Zip	Cod	е										
PHILADELPHIA, PA		BRISTOL, PA 19007														
Project Manager for Monito	oring Firm			T	elepho						icense No.					
MARK JENKINS					215-	5-365-5810 215-788-6040			40			00509				
Start Date (10)		Sche	duled	Com	pletion	Date (11)	$\neg$	Name of OSHA	Mon	nitor						
_2 / _25 / _	16	-	3	/ _	5	/ _16_		BRISTOL E	NVII	RONMENT	AL, IN	lC				
occupancy Status During A	Abatement	(Chec	k only	one)	)		1	Street Address								
Facility Closed/Vacated							1	1123 BEAV	R ST	TREET						
Abatement Performed O							1	City, State, Zip	Code							_
Time of Abatement:	AM	P	M/ <u>5:0</u>	OPM-	1:30A	M		BRISTOL, P	A 15	9007						
cope of Work (Check all th	at apply)															_
			□ □							ment with Ne	gative	Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	enova emoli				☐ Mini-En								
			_							ted (*) and No	on-Fria	ble Procedu	e			
					ation				3777.053				A	aten	ent	Гу
Location of	/ 6 0 8			Norm	ally lely by			Description		1 (4 014)			Z	R	m	7
Asbestos-Containing Mate TO BE ABATEI		1)	Ma	inten	ance/	(i		s Containing Ma hermal systems				Amount Specify	Removal	Repair	ıca	
IN Facility	_	1	Cus		Staff?			surfacing, VAT	Γ, or			F or LF)	Val	=	Encapsulate	
(13)		+	V	(12 No		$\dashv$	(	other miscellane	eous)						ate	1
			Yes		-								_	_	_	1
SEMENT ENGINE RO	OM					VAT/M	AS1	ric			7	75 SF	$\boxtimes$			
SEMENT ENGINE RO	OM		$\boxtimes$			VIBRA	TIO	N DAMPER C	LOT	ГН		4 SF	Ø			1
ASEMENT ENGINE ROOM (Under 🗵 🗌						VAT/M	AST	IC .			,	90 SF	Ø			1
enerator-Separate Mo		n)							_							
ne of Registered Waste Ha ERVICE TRANSPORT		INC		10.00	IJDEP lauler l	Waste D No.	1	bic Yards of aste	- 1	me of Registe						400
	GROUP,	1140.		$\perp$	2099		Die	nocal Data			וטאא	1 hales				_
State							DIS	sposal Date		y, State	IBC :	OU.				
W CASTLE, DE									_ V	WAYNESBU	IKG, (	UN .				
oleted By (Print or Type)		Title						Signature	0	1010	1.	Date	/			
trick T. DeCaro		Est	imato	30				Patrick	1:	D'Caro	1-ex	2/1	//	6		

### State of New Jersey ENT

	Of How boiler)
NOTIFICATION OF	ASBESTOS ABATEME
(Pursuant to	NJAC 8:60 and 5:16)

00 0	6	(				8:60 and 5:16)			1 1 5 540			
ate of Notification (1)	1)		N:	ame of	Building O	wner/Operator (2)	)					
8 /	11 / 16			Verizo	n		r	1916 SEP 27	AM 10	. 51		
	Type Notification			treet Ad				TOTAL OLI ZI	MITTO	. 42	-	
gencies Notified  EPA	☐ Initial			15 Eas	st Montg	omery Place, L	ower Level	HOUESTOS		20		_
DOLWD	⊠ Amended		C		e, Zip Coo			& LICE			L	
DHSS	Amendment #3		5		urgh, PA					ii.		_
7 DCA	☐ Emergency (inc justification)	cluding	N	ame of	Contact			Telephone Num	ber			
(NJAC 5:23-8)	Cancellation				ny Porta	1		-	_			
	- Cancon			FACIL	ITY INF	ORMATION						
lame of Facility Where	Abstament is Taking	Place (	3)				Type of Facility (4	)				
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				School (K-12)	Other than K-12	Y			
Verizon Hightstow	11 00						☐ Subchapter 8 ☐ Other (i.e., priv	vate and comme	rcial build	lings,		
Street Address							homes, etc.)					_
393 Mercer St.							Square Feet	# of Floors	Bldg	. Age		
City (5)												
Hightstown				County	Code (7)(	STATE USE ONLY)	Current Use (Pric	or if being demoli	shed)			
County (6)							Office					_
Mercer	Life d his Building (	Dwner (8	) A	SCM N	0.	Name of Abateme	ent Contractor (9)					
Name of Monitoring Fir		JWHEI (C	,   ,	•.•		BRISTOL EN	VIRONMENTAL	., INC.				
TTI Environmenta	i, inc.					Street Address						
Street Address	e0					1123 BEAVE	R STREET					
1253 N. Church S	t				-	City, State, Zip C	ode					
City, State, Zip Code						BRISTOL, PA						
Moorestown, NJ			Telen	hone N	0.	Telephone No. License No.						
Project Manager for Mo	onitoring Firm			5-840-8		215-788-6040 00509						
Harold Baldwin	Cabo	duled Co				Name of OSHA Monitor						
Start Date (10)		9 /	22	1	16	BRISTOL EN	IVIRONMENTAL	., INC.				
9 / 16						Street Address						
Occupancy Status Dur	ing Abatement (Che	ck only o	ne)	oont.		1123 BEAVE	R STREET					
☐ Facility Closed/Vac ☐ Abatement Perform	ated During Entire P	eriod oi A	Hours	- Desc	ribe	City, State, Zip C			-75-			
Abatement Perform     Time of Abatement	ed Outside of North	1/	PM- <u>1:</u>	30AM		BRISTOL, P.						
Scope of Work (Check	all that apply)					M Full Co	ntainment with Neg	ative Pressure				
		⊠ Re	novatio	nn.		☐ Mini-En	closure					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			molitio			Cloveb:	ag Procedure empted (*) and No	n-Friable Proced	dure			
≥ 160 Si 0i ≥200 ii		17533				□ Non-Ex	empled ( ) and 140		Aba	ateme	ent Ty	yp
			Locat			Description	of		-			T
Locat	on of		d Sole		Asbe	stos Containing N	laterial (ACM)	Amount	Removal	Repair	Encapsulate	3
Asbestos-Containi TO BE A	ng Material (ACIVI)		intena		(i.e	thermal system	s insulation,	(Specify SF or LF)	ova	=	nsq	0
IN Fa		Cus	todial ( (12)	Stan?		surfacing, VA other miscellar	neous)				late	1
(1	3)	Yes	No	N/A		Quioi iiii					_	+
					Duct in	sulation		400 SF				L
Basement MER#1				Ш_				600 SF				1
Basement Boiler	oom	$\boxtimes$			Floor t	ile and mastic		0000.		П	П	tr
										-	-	+
				П							Ш	1
				NJDEP	Maste	Cubic Yards of	Name of Reg	istered Landfill				
	Vaste Hauler ONMENTAL INC			Hauler I	D No.	Waste 10		ANDFILL				
Name of Registered				1070		Disposal Date	City, State					
BRISTOL ENVIR						9/22/16	MORRISV	/ILLE, PA				
BRISTOL ENVIR						TOTAL CONTROL OF CONTROLS						
BRISTOL ENVIR City, State BRISTOL, PA		-itle				Signature	1 1.	/	Date /	1/	16	
BRISTOL ENVIR	or Type)	itle Estim	ator			Signature	Sechio	/ il	Date 9/20	2/,	16	

ASB-41 MAY 11 135/6/0 8

## State of New Jersey

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

Date of Notification (1)				Name	of Building	Owner/Operator (	2)	7		'n	1 10		
8 / 11 /	16			Ver	izon			ANIR CED C	. "1	BILL	10		
Agencies Notified Type Notific	ation			Street	Address			2016 SEP 2	-1	HII	ij:	22	
⊠ EPA ⊠ Initial				15 E	East Mon	tgomery Place,	Lower Level						
□ DOLWD				City, S	tate, Zip C	Code			. Ü.,	101	111	ÛL	
☑ DHSS Amendm			6	Pitt	sburgh,	PA 15212		& LIC	JE H	SIF	G		
DCA Emerger (NJAC 5:23-8)		laing			of Contac			Telephone N	umbe	r			
(NSAC 3.23-5)					hony Po								
				FAC	CILITY IN	FORMATION							
Name of Facility Where Abatement is	Taking P	lace (3	3)				Type of Facility	(4)					
Verizon Hightstown CO							School (K-1		4.01				
Street Address							Subchapter Other (i.e., r	8 (Other than K- private and comments)	-12) merci	al bu	ildino	is.	
393 Mercer St.							homes, etc.					,= 1	
City (5)							Square Feet	# of Floors		Blo	dg. A	ge	
Hightstown													
County (6)				Coun	ty Code (7	)(STATE USE ONLY)		rior if being dem	olish	ed)			
Mercer							Office						
Name of Monitoring Firm Hired by Buil	ding Ow	ner (8)	1	ASCM	No.	Name of Abateme	ent Contractor (9	)					
TTI Environmental, Inc.						BRISTOL EN	VIRONMENTA	L, INC.	20				
Street Address						Street Address							
1253 N. Church St													
City, State, Zip Code							Code						
Moorestown, NJ 08057					BRISTOL, PA	10000 100000000000000000000000000000000							
Project Manager for Monitoring Firm				phone		Telephone No.		License No.	67				
Harold Baldwin				6-840		215-788-6040		00509					
,	Schedule		373		(C) (A)	Name of OSHA N							
9 / 16 / 16				_ / -	16_	BRISTOL EN	VIRONMENTA	L, INC.					
Occupancy Status During Abatement (						Street Address							
☐ Facility Closed/Vacated During Ent						1123 BEAVE	R STREET						
	ormal Fa	acility l	Hour. M- <u>1:</u>	s - Des 30AM	cribe	City, State, Zip Co BRISTOL, PA							
Scope of Work (Check all that apply)						FI = " 0 - 1		D					
☐ >3 sf or >3 lf	×	Reno	vati	on		⊠ Full Coni	tainment with Ne losure	gative Plessule					
≥ 160 sf or ≥260 lf		Dem				Gloveba							
						□ Non-Exe	mpted (*) and No	on-Friable Proce	eaure				
l			ocat rmal			Description of	of.		-			ent T	-
Location of Asbestos-Containing Material (ACM	/I)	Used	Sole	ly by		stos Containing Ma	terial (ACM)	Amount	- 1	Removal	Repair	Ênc	Enclosure
TO BE ABATED	0	Main: Custo			(i.e	., thermal systems		(Specify		VOD	air	aps	losu
IN Facility (13)			(12)	otan:		surfacing, VAT other miscellane		SF or LF)		<u>a</u>		Encapsulate	ē
(13)	Y	/es	No	N/A								Ф	
Basement MER#1					Duct in	sulation		400 SF		$\boxtimes$			
Basement Boiler room	D				Floor ti	le and mastic		600 SF		$\boxtimes$			
		] [											
Name of Registered Waste Hauler			1	JDEP V		Cubic Yards of		stered Landfill					
BRISTOL ENVIRONMENTAL IN	IC		H	auler ID 18706		Waste 10	GROWS L	ANDFILL					
City, State						Disposal Date	City, State						
BRISTOL, PA						9/22/16	MORRISV	ILLE, PA					
Completed By (Print or Type)	Title					Signature	1 0.	/	Date	1.	1	1	
Brian Scafiro	Esti	imato	r			Drien	Scefero /	Scefiro / je 9/22/16				0	

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

m (	h	NOTIFIC (P	ursu	ant f	to NJAC	8:60 and 5:16	)	1 11	i.			
(1) (1)			Nar	me of	Building C	Owner/Operator (2	)					
Date of Notification (1) 8 /	11 /	16		erize		00000000000000000000000000000000000000		2016 SEP 27	AHI	0: 3	2	
Agencies Notified	Type Notification	n			ddress							
⊠ EPA	⊠ Initial		1	5 Ea	st Montg	jomery Place, L	_ower Level	4 ab ES 103	UJA	Id		
Ø DOLWD			Cit	v. Sta	ite, Zip Coo	de		& LICEN	SIN	G		
⊠ DHSS		#2-9/15/16			ourgh, PA							
□ DCA	☐ Emergency	(including	1		f Contact			Telephone Numbe	r			
(NJAC 5:23-8)	justification				ony Porta	9						
	☐ Cancellation	1	C 10 - 5	All Market								
				FACI	LITY INF	ORMATION	Turn of Equility (4	\	-			
Name of Facility Where	Abatement is Tal	king Place (3)					Type of Facility (4	)				
Verizon Hightstov							School (K-12) Subchapter 8 (	Other than K-12)				
Street Address				10.00			Other (i.e., priv	rate and commerc	al buil	dings	ŝ,	
393 Mercer St.							homes, etc.)					
							Square Feet	# of Floors	Bld	g. Ag	е	
City (5)												
Hightstown			To	county	Code (7)	STATE USE ONLY)	Current Use (Prio	r if being demolish	ed)			
County (6)				, , , , ,	, , ,,		Office					
Mercer		(6)	100	CM N		Name of Abateme	ent Contractor (9)		-			
Name of Monitoring Fir		ng Owner (8)	AS	CIVI IN	10.		VIRONMENTAL	INC.				
TTI Environmenta	al, Inc.						VIICOIIII					
Street Address						Street Address	DOTDEET					
1253 N. Church S	t					1123 BEAVE						
City, State, Zip Code						City, State, Zip C						
Moorestown, NJ	08057					BRISTOL, PA	19007					
Project Manager for Mo		T	eleph	one N	lo.	Telephone No. License No.						
Harold Baldwin			856-	840-	8800	215-788-6040 00509						
	Sc	heduled Com	pletion	n Date	e (11)	Name of OSHA N						
Start Date (10)	/16	9 1	21	1.	16	BRISTOL EN	, INC.					
Occupancy Status Dur	ing Abatement (C	heck only one	)			Street Address	DOTREET					
☐ Eacility Closed Vac	ated During Entire	Period of Ab	ateme	nt		1123 BEAVE						
M Abstement Perform	ed Outside of Not	mal Facility H	ours -	Desc	ribe	City, State, Zip C						
Time of Abatement	:AM- <u>5:00</u>	PM/PN	1-1.30	MIVI		BRISTOL, PA	4 19007					
Scope of Work (Check	all that apply)						ntainment with Neg	ative Pressure				
☐ >3 sf or ≥3 lf		⊠ Reno	vation			☐ Mini-En	closure					
≥160 sf or ≥260 lf		☐ Demo	olition			☐ Gloveba	ag Procedure empted (*) and Nor	-Friable Procedur	е			
							Jimpiou ( ) and its			atem	ent T	ype
			cation rmally	200		Description	of				1000	T
Locati	on of	Head			Asbes	stos Containing M	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
Asbestos-Containin	ng Material (ACM) RATED		enanc		(i.e.	, thermal systems	insulation,	(Specify SF or LF)	970	air.	psu	nsc
IN Fa		Custoo	iiai Sta 12)	απ?		surfacing, VA		SF OI LI	=		llat	re
(13	3)		-	N/A		other miscenari	6003)				Ф	
		1.00			Durat in	sulation		400 SF				
Basement MER#1						le and mastic		600 SF				
Basement Boiler ro	oom			Ц	Floor til	ie and mastic			1		П	T
												H
								3.		Ш	Ш	
Name of Registered W	Vaste Hauler				Vaste	Cubic Yards of	Name of Regis					
BRISTOL ENVIRO	ONMENTAL IN	C		uler II 8706	No.	Waste 10	GROWS LA	ANDFILL				
			1 1	0100		Disposal Date	City, State					
City, State						9/22/2016	MORRISVI	LLE, PA				
BRISTOL, PA						Signature	- 6	Da	ite ,	15		
Completed By (Print o	r Type)	Title	_			4	51144		9/1	5/1	6	
Brian Scafiro		Estimato	ır			ha	vict C	\$250.00	and the state of t	1-1-		

ASB-41 MAY 11