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X DOH X DCA	Emergency (in justification) Cancellation	cluding			f Contact	'Ange	elo	i	-	10.5.3	lephone I 01) 833	Numb	er				
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Name of Monitoring Firm Hire Environmental Design		vner (8)		ASCN 0009				of Abater Contrac	ment Co	ntracto							
Street Address 5434 King Avenue, Sui	ALCONOMIC					-	Street	Address	V = W		K						
City, State, Zip Code Pennsauken, NJ 08109							City, S	tate, Zip	Code								
Project Manager for Monitorin			- 1	Telepho	ne No.		M	ne, New	Jerse	y 074	License	- No					
Jay Murray Start Date (10)		chedul		(856)	316-9516 Date (11)	6	(973)	928-50 of OSHA			00874						
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See Attache	d																
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Name of Registered Waste H Service Transport Group			Ha	JDEP W auler ID		of Wa		77			ered Land		_				
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Date of Notification (1) 8-19-19			Name	of Buildin	g Owner	/Operato	r (2)	Wildess and						- I have	1000				
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617 Stokes Rd, Suite	4-318								sville	Rd									
City, State, Zip Code Medford, NJ 08055						City, S	tate, 2	Zip Cod											
Project Manager for Monitoring Firm			Telepho			Teleph	one N	lo.			icense	No.	72752						
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Start Date (10) 9-17-19	12-20-		mpletion Date (11)  Name of OSHA Monitor  Precision Environmental Company																
Occupancy Status During Abatement (Ch	eck Only O	ne)				Street	-				лпраг	ı y							
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	e Period of rmal Facilit	Abaten y Hours	nent			5500 Old Brecksville Rd City, State, Zip Code													
Scope of Work (Check All That Apply)						Independence, Ohio 44131													
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ohn Savage	Title Vice	Presid	lent		Sig	nature So	ha	50	waa		Da	ite							

## Hudson Generating Station Precision Environmental Work Hours

SEP 2 7 2019

ASBESTOS CONTROL & LICENSING

Week 1 (Week of 9/16/19)

Monday off

Tuesday: 7am to 5:30pm (Sept 17th Start)

Wednesday: 7am to 5:30pm Thursday: 7am to 5:30pm Friday: 7am to 5:30pm Saturday 7am to 3:30pm

Sunday: off

Week 2-

Monday: 7am to 5:30pm Tuesday: 7am to 5:30pm Wednesday 7am to 5:30pm Thursday 7am to 5:30pm

Friday off Saturday off Sunday off

\*\*Precision Environmental shall follow the above listed work hours on a rotating two week schedule\*\*

This schedule shall take effect at the listed state date

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

E	C	E		E	Print Form
	SEP	2 7	2019	The state of the s	

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mer (8)	ASC	M No.		Name	of Abatement	Contracto	or (9)										
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1) 8-19-19			Name of Building O	wner/Oner		ASBESTOS	CONT	DAT	-	*******
Agencies Notified Type Notification			Street Address	LC		LICE	VSING	HUL	. čŧ	Lagrange of the
DEP DOL Amended Amendment #	1		401 N Michigan City, State, Zip Code Chicago, IL 606		te 1630	1411				
DCA justification) Cancellation			Name of Contact Genaro Holguin	-		Telep	hone Nu	ımber		
Name of Facility Where Abatement is Taking F Hudson Generating Station	Place (3	)	FACILITY INFORM	MATION	Type of Fac		796-65	93		
Street Address Dutfield Avenue					School Subch	l (K-12)	nen V 44	21		
City (5) Jersey City					Other etc.) Square Feet	(i.e. private & co	mmerci	al buil		
County (6) Hudson		C	ounty Code (7)		627,470	10 (Prior if being d		15	Bldg. 7 5	Age
Name of Monitoring Firm Hired by Building Own TBD	er (8)	1	ASCM No.	Name	of Abatement	Contractor (0)				
Street Address				Street	Address	nmental Con	npany			
City, State, Zip Code				City, Sta	Old Brecks ate, Zip Code					
roject Manager for Monitoring Firm		Tel	ephone No.	Telepho	endence, O		nse No.			
117.	20 10	omple	tion Date (11)	Name of	12-6040 OSHA Monito	012	12			
Ccupancy Status During Abatement (Check Only Facility Closed/Vacated During Entire Period Abatement Performed Outside of Named En		ement		Street Ac	on Environi Idress Ild Brecksvi	mental Comp	pany			
Abatement Performed Outside of Normal Fac Other – Describe:	ility Hou	ırs		City, State	e, Zip Code ndence, Oh					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demol			XXX	Full Containm Mini-Enclosure Glovebag Proc	ent with Negative				
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Yes SEE ATTACHED LIST	(12) No	N/A	other mis	ng, VAT, or cellaneous		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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of Registered Waste Hauler vare Valley Container	NJI Hai 128	DEP V uler ID 338	Vaste Cubic Yar No. of Waste 900	ds		gistered Landfill				
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State ing, PA leted by			Disposal D	ate	City, State Newburg,	5000		_	_	-

Print For State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) SEP 2 7 2019 Name of Building Owner/Operator (2) 8-19-19 HRP Hudson, LLC Agencies Notified Type Notification Street Address 717 ASBESTOS CONTROL & EPA 401 N Michigan Ave, Suite 1630 Initial LICENSING DEP Amended City, State, Zip Code DOL Amendment # Chicago, IL 60611 Emergency (including DOH justification) Name of Contact DCA Cancellation Genaro Holguin Telephone Number 312-796-6593 Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Hudson Generating Station Type of Facility (4) Street Address School (K-12) **Dutfield Avenue** Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, X City (5) Jersey City Square Feet # of Floors County (6) Bldg. Age 627,470 10 55 Hudson County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) Power Plant ASCM No. Name of Abatement Contractor (9) Street Address Precision Environmental Company Street Address City, State, Zip Code 5500 Old Brecksville Rd City, State, Zip Code Project Manager for Monitoring Firm Independence, Ohio 44131 Telephone No. Telephone No. License No. Start Date (10) 216-642-6040 Scheduled Completion Date (11) 01212 9-3-19 Name of OSHA Monitor 12-20-19 Occupancy Status During Abatement (Check Only One) Precision Environmental Company Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours 5500 Old Brecksville Rd Other - Describe: City, State, Zip Code Scope of Work (Check All That Apply) Independence, Ohio 44131 ≥3 sf or ≥3 If × ≥160 sf or ≥260 lf Renovation × Full Containment with Negative Pressure Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Location of Normally Abatement Asbestos-Containing Material (ACM) Used Solely by Description of Туре Asbestos Containing Material (ACM) TO BE ABATED Maintenance/ Amount (i.e. thermal systems insulation, Custodial Staff? In Facility Encapsulate (13)(Specify surfacing, VAT, or Removal (12)Repair SF or LF) other miscellaneous) Yes No N/A SEE ATTACHED LIST Name of Registered Waste Hauler NJDEP Waste Delaware Valley Container Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 12838 Cumberland County Landfill City, State 900 Redding, PA Disposal Date City, State Completed by Newburg, PA Title John Savage Signature Vice President Date 8-19-19

<sup>\*</sup> Do not use this form for ashester !!-

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Agencies Notified Type Notification		100	Street Ad	The state of the s			Spr-35 Spr-		95.			9000	
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Street Address 407-413 Summit Avenue						□ St	ibchapter her (i.e. p	8 (Othe	er than K-1: commerci	2) al build	ings, l	ome	s,
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Street Address					1 15559555	Address Virginia	a Avenu	е					
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Other – Describe:	i i donity	110013					, NJ 07	304					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf  × ≥160 sf or ≥260 lf		Renovation Demolition  Full Containment with Negative Pres Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable F											
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City, State Jersey City, NJ					posal Dat 3-2019		City, Sta Morris		Α				
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Nicholas Fernicola

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Date of Notification (1)		2020			11 17		Owner/Operator (2	2)	Soil bed		7	10	K		
	/	19			Reg	ency De	velopment		resistati filippi	ASPESTOS C	ONTE	OL	periodene R		
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□ DCA	☐ Emerge	91116 HJJJJ	cludina		Lak	ewood, N	NJ 08701								
(NJAC 5:23-8)	justifica				Name	of Contact	i e			Telephone Numb	er				
	☐ Cancell	lation			Jac	k		J-124		732-664-3982	2				
					FAC	ILITY IN	FORMATION								
Name of Facility Where	Abatement is	Taking	Place (	3)				Type of Fac	cility (4)						
Residence								School (		Other than K 12\					
Street Address								Other (i.	e., priv	Other than K-12) ate and commer		ilding	s,		
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Street Address							Street Address							_	
01100171001000							1889 Route 9	). Unit 61							
City, State, Zip Code							City, State, Zip Co								
							Toms River,	New Jerse	y 0875	55					
Project Manager for Mon	itoring Firm			Tel	ephone	No.	Telephone No.			License No.					
							732-349-9932	2		00624					
Start Date (10)		Sched	uled Co	mpl	etion Date (11) Name of OSHA Monitor										
10 /07 /	19	_1	0_/	1	1_ /	19	E.M.S.L. Ana	lytical							
Occupancy Status Durin	g Abatement	t (Check	only or	ne)	100-11-12-		Street Address		211111111111111111111111111111111111111						
□ Facility Closed/Vacat							1056 Stelton								
Abatement Performed				-			City, State, Zip C	ode							
Time of Abatement:	AIVI	PN	///	_PN	·	AM	Piscataway,	New Jersey 08854							
Scope of Work (Check a  □ ≥3 sf or ≥3 lf  □ ≥160 sf or ≥260 lf	ll that apply)		☐ Ren	VE-31003			☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure								
			ls l	Loca	ation							atem	ent Ty	уре	
Location Asbestos-Containing TO BE AB IN Facil (13)	Material (AC ATED	CM)	Used Mair	nten	lely by lance/ I Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
exterior			Tes	N <sub>C</sub>	N/A	acheet	os roof			500 sf				П	
				45 20		1						1		] [	
exterior				$\boxtimes$		asbest	os siding			2800 sf			Ш	Ш	
							Tip .								
Name of Registered Wa Guardian Contract				- 10	NJDEP Hauler I 2022:	D No.	No. Waste T.R.R.F.								
City, State Toms River, New J	lersey						Disposal Date 10/11/19	City, Stat		Pennsylvania					
Completed By (Print or	Type)	Title	9				Signature	1		Da	ate		1		

**Project Manager** 

Ir	W	14	Pol	29
CK	3	74	15	7

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

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W	-	SERVICE	PERMITTER	MARCH ST	persona a valorario		
M		<b></b>	0	-	ากสก		

Date of Notification (1)				Name of Building Owner/Operator (2)												
09 /	24 /	19				ninole Co			2) :	- Annual Control of the Control of t	7 -	14	1	71		
							71131	raction		ASBESTO:	S CONT	ROL	8	NAME AND ADDRESS OF THE PARTY O		
Agencies Notified	Type Notifica	ition				Address					ENSING					
⊠ EPA ⊠ DOLWD	Initial ☐ Amended				0.000000	Bartlett		nue								
⊠ DOH	Amendme					State, Zip C										
□ DCA	☐ Emergend	cy (inc	luding		Wes	st Creek,	NJ	08092								
(NJAC 5:23-8)	justification	on)			Name	of Contact	t		3,000	Telephone N	umber					
	☐ Cancellat	ion			Joy	ce Corlis	S			609-296-0	700					
					FAC	CILITY IN	FOF	RMATION								
"ame of Facility Where A	batement is T	aking	Place	(3)					Type of Facility	(4)						
Residence									☐ School (K-1							
Street Address			7===							8 (Other than K		مد مدالدان	_			
									homes, etc	private and comi	merciai b	ıllalıng	S,			
City (5)						in m		_	Square Feet	# of Floors	В	dg. A	ge			
Ship Bottom						178	17	17/	1350	1	10000	70				
County (6)					Coun	ty Code (7	VSTA	TE USE ONLY)	Current Use (P	rior if being dem	olished)			-		
Ocean						, (	,,-,,	, ,	Residence							
Name of Monitoring Firm	Hired by Build	lina Ov	wner (	8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9							
N/A		3		′		N.O.T.C.			ntracting, Inc.							
Street Address							-	eet Address	Turaning, mo	<u>'</u>			_	-		
							500000000	889 Route 9	Unit 61							
City, State, Zip Code								, State, Zip Co	ā.	The state of the s						
only, orato, z.p oodo							I Carrie		New Jersey 0	2755						
Project Manager for Moni	toring Firm			Tele	phone	No		ephone No.	ivew sersey o	License No.		11	-			
Trojoccivianager for wieni	toring r inn			1010	priorie	NO.	100	32-349-9932		00624						
Start Date (10)		chadu	lod C	omnla	tion Do	te (11)	0 30	me of OSHA M	×	00024						
10 / 04 /					/ /			.M.S.L. Anal								
									iyucai							
Occupancy Status During    Facility Closed/Vacate	33		55.00				200	eet Address								
☐ Abatement Performed						crihe		056 Stelton								
Time of Abatement: _							11 12	, State, Zip Co								
						3	Р	iscataway, i	New Jersey 0	8854						
Scope of Work (Check all	tnat apply)							☐ Full Cont	tainment with Ne	egative Pressure						
≥3 sf or ≥3 lf			Re					Mini-Enclosure								
≥160 sf or ≥260 lf		[	Der	molitic	n			☐ Gloveba	g Procedure	on-Friable Proce	oduro					
		T	le	Locat	ion			M MOII-EXE	impled ( ) and N	Thable Floce			ont T	1400		
Location	of		N	Ioma	lly			Description o	ıf			patem		T		
Asbestos-Containing	Material (ACM	)		d Sole				Containing Ma	terial (ACM)	Amount	Rem	Repair	Enc	inc		
TO BE ABA IN Facili				ntena odial	Staff?	(i.e		ermal systems		(Specify	Removal	a-	aps	Enclosure		
(13)	ıy			(12)			ot	surfacing, VAT, her miscellane	ous)	SF or LF)	<u> </u>		Encapsulate	ē		
			Yes	No	N/A								Ф			
exterior				$\boxtimes$		asbesto	os si	idina		1350 sf		In	П	П		
		-								-		+		+=		
	30000							_		П	$  \Box  $					
Name of Registered Waste Hauler						Vaste	Cul	oic Yards of	Name of Reg	istered Landfill						
Guardian Contracting, Inc.						O No.	Wa		T.R.R.F.							
City, State						3		posal Date	City, State		1	-				
Toms River, New Jersey						10/07/19 Tullytown, Pennsylvania										
Completed By (Print or Type) Title							4400	Signature	1	Date /						
Nicholas Fernicola	rear We	1000	oject	Man	ager						91	11	10			
		1			_						11	1411	1 1			

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(X)					to NJAC 8:						E G		P.M	4 E			
Date of Notification (1) 9/20/2019					Building O ck Board					M	٥٥٦		0.04	0	Algeriting	The second secon	
Agencies Notified	Type Notification		1	Street A					- 1		SEF	21	201	y	Lames of the lames	71	
EPA	× Initial				lerrison S								one oundere		-	MODERN	
DEP X DOL	Amended Amendment #				te, Zip Cod ck, New .		y 0766	6	\$ L		ASBEST	OS C		OL 8	4	-	
▼ DOH	Emergency (in justification)	cluding	1	Name of	Contact				<i>a</i> h		Telephor	ne Num	ber		and the same of	- Learner	
▼ DCA	Cancellation				thony D'A						(201) 8	33-55	26				
Name of Facility Where	Abatement is Taking	Place (3)	)	FACI	LITY INFO	RMAT	ION	Туре	e of Facilit	y (4)						-	
Eugene field Admir								×	School (F	(-12)							
Street Address									Subchap Other (i.e					ngs, h	ome	s,	
One Merrison Stree	<b>∃</b> t		Little Committee					Sau	etc.) are Feet	86	# of Floo			dg. Ag			
City (5) Teaneck								30,0		- 1	2	13	63				
County (6) Bergen					Code (7) USE ONLY)	-			ent Use (i ministrat			molish	lished)				
Name of Monitoring Firm Environmental Des		wner (8)		ASCN 0009			100000000000000000000000000000000000000		atement ( racting,		ctor (9)						
Street Address 5434 King Avenue,	Suite 101					7777	Street 1385		ess ley Road	d. Su	ite K						
City, State, Zip Code	0410 101					_			Zip Code								
Pennsauken, NJ 08	3109							10001104 10	New Jers	sey 0	and the same of						
Project Manager for Mor Jay Murray	nitoring Firm		- 1	Telepho (856) 6	ne No. 316-9516		Telepi (973		No. 3-5040		008	ense No 374	).				
Start Date (10) 10/14/2019	1.23	Schedule 12/31/2		pletion	Date (11)		100000000000000000000000000000000000000		SHA Monit racting,								
Occupancy Status Durin	ng Abatement (Check	Only On	e)				Street				14 - 17						
Facility Closed/Vac	cated During Entire Pened Outside of Norma	eriod of A	batem	tement urs 1385 Valley Road, S													
Other – Describe:	ned Outside of Norma	ii Facility	Hours	Wayne, New Jersey 07470													
Scope of Work (Check A	All That Apply)	_					Б	न									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emolit					I M	ull Contain		with Neg	ative P	ressur	e			
2100 01 01 2200 11							P	× G	Blovebag Flon-Exemi	roced	lure	n-Friah	le Prod	cedure	e.		
		ls	Locati	on					OT EXCTI	100	) and the	11100	T	Abate	ment		
Locatio	n of	1	Normal d Sole	ly			escription						-	Ту	oe		
Asbestos-Containing TO BE AB		Ma	intenar	nce/			ntaining I al system		al (ACM) ulation,		Amour (Speci	fy	Re	, l	Enca	Enc	
In Faci	ility	Cus	todial S (12)	ыап?			acing, V/ miscella				SF or L	.F)	Remova	Repair	Encapsulate	Enclosure	
(.0)	5)	Yes	No	N/A									<u>a</u>		ate	ē	
See Atta	ached																
						1891, 700											
Name of Registered Wa		IJDEP V lauler ID	3.00000	Cubic of Wa	c Yards aste		The same of the sa		egistered Entorpri								
Service Transport C		0990		TBD					Enterpri	ses, L	LU						
City, State New Castle, Delawa	are				Dispo TBD	osal Date	e	City, S Way	nesb	urg, Oh	io						
Completed by		Title	0 100	ictort			Signatu	re	12/		Date 9/20/2019						
Ljiljana Sekularac		UITIC	e ASS	istant				_	1/	1		3/	40121	10			

TNH	1480	NOTIF	ICAT				ew Jersey BESTOS AB	ATE	MENT	E	G E		E		7
1K315	Z PA						C. 8:60 and				9 [5		<u></u>	7	Annual State of the State of S
Date of Notification	(1) 9-24-2019				of Bui		Owner / Operator	r (2)		l SE	:P 2	7 2019	)	Lond	1
Agencies Notified	Type Notific	ation			Addre					L					
⊠ EPA	N 1-161-				x 644							CONTRO	316		-
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□ DOH		ergency			of Cor		001				1	Telephor	ne Nu	ımbe	er
☐ DCA		cellation	Ha	250	Kneb						1	201-394-	0257	7	
Name of Facility W	here Ahatem	ent is Taking Pl	ace (3)	FA	CILIT	Y INFO	ORMATION Type of Facili	ty (A)							
East Hill Gardens A			ace (3)				School (F								
Street Address							☐ Subchap	ter 8 (	Other than	K-12)					
14 Bliss Avenue							Other (i.e	e. priva						c.)	
							Square Feet		# of Floor	S		Bldg. Age	9		
City (5)		County (6)	Cour	nty C	ode (	7)	30,000		2				45		
Tenafly, NJ		Bergen					Current Use (		f being der	nolished	i)				
Name of Manitorine	- Fire Hissall	Duilding Our	(0)		1400	M No.	Security Build		t Cantrast	(0)					
Name of Monitoring Health & Safety Se		by Bullaing Owi	iei (o)		ASC	IVI IVO.	Resource Ma								
Street Address							Street Addres								
PO Box 365							2115 Hamilto								
City, State & Zip Co	ode						City, State &		ode						
Berlin, NJ 08009 Project Manager fo	r Monitorina	Eirm	Teleph	one l	Mumh	or	Trenton, NJ 0			Lice	neo N	lumber			
Jim Proctor	i wontoning		856-83			CI	609-914-4279			Lice	51130 1	0118	5		
Scheduled Start Da 10-8-201		Scheduled Cor	npletion		(11)	))	Name of OSH J&S Environn			es. Inc.					
Occupancy Status		ment (Check or	nly one)		-		Street Addres								
		During Entire P				nt	2333 Route 2								
		uring regular op	erating	Hour	S:		City, State &		ode						
							Union, NJ 07	003							
	Facility Occupied During Abatement pe of Work (Check all that apply)														
_	S 1045 °		-						Full Cont		with N	legative	Pres	sure	
≥3 sf or ≥3     ⇒460 -f > 26					ovatio				Mini-Encl		duraa				
≥160 sf ≥26	זו טכ			Dem	olitior	า			Glove Ba Non-Exer			n_Friahle	Pro	edu	re
1	ocation of		Isla	ocatio	on		Description	n of	NOII-LAGI		ount		teme		
Asbes	stos-Containi	ng	Norma	ally U	sed		Asbestos-Con	taining	9		ecify			1000	
	iterial (ACM)			ely b			Material (A			SF o	r LF)	70		Enc	П
	BE ABATED in Facility		Mainte				i.e., thermal sinsulation, surfac					l me	Repair	aps	Enclosure
	(13)			(12)	taii:		or other miscell					Remova	a:	Encapsulate	Sul
	3 - 2			No	N/A							-		te	d
Unit I-Basement					$\boxtimes$	Pipe	Insulation			32	LF				
A															
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					<u> </u>							ᆜᆜ			F
Name of Desistant	d Mastalle	lor		IN IF	DED !	Monto	Cubic Yards	Non	e of Regis	torod I a	ndfill			Ц	
Name of Registere	d vvaste Hau	lier		250.00	uler ID		of Waste	ivan	ie of Regis	tered La	mami				
Resource Manager	ment Group,	LLC			5218		TBD	Grov	vs Landfill						
City, State Trenton, NJ 08619	<del>-</del>						Disposal Date TBD		State risville, PA	77					
Completed By (Prir				Title			Signature		/		orest-lier	Date			
Mr. Brian Haney	it of Type)			A 12:2274559	siden	it	Bhan	/	May			9-24-	2019		
<del>.</del>						-	KITTEL	l	yy						

Thu# 10	1807 IPAI	NOT		TION	OF ASB	w Jersey SESTOS ABAT C 8:60 and 5:16	5)	ECE		7 [		And price is a fact of the second sec
Date of Notification (1)	24 /	19			of Building dley Mills	Owner/Operator (2	2)	SET 4	. 7 20	19		7
Agencies Notified	Type Notificati	ion		Street	Address				gan and seems to be of the seems of the seems			1
[1] STO	Initial							ASBESTOS	CONT	ROL	Čt.	
	Amended			City, S	ate, Zip C	ode	L	LICE	NSING	AND THE PERSON NAMED IN	-	-
⊠ DOH	Amendmer    Emergency			Mod	restown	, NJ 08057		1.				
DCA (NJAC 5:23-8)	justification			Name	of Contact			Telephone Nur	nber			
(	Cancellatio	on		Brad	dley Mills	5						
				FAC	ILITY IN	FORMATION						
Name of Facility Where Ab	atement is Ta	aking Place	(3)				Type of Facility	(4)				
Mills Residence		8					School (K-12		0)			
Street Address							Subchapter t	8 (Other than K-1 rivate and comm	2) ercial bui	ldina	S.	
							homes, etc.)			3		
City (5)							Square Feet	# of Floors	Blo	lg. Ag	je	
Moorestown							2,284	3	9	1		
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)			- 1
Burlington					2	Name to the control of the control o	Residence					
Name of Monitoring Firm F	lired by Buildi	ing Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Management & Envi					11.77		onmental, LLC					
Street Address	10. 00113411	ing out to	000			Street Address	•					
PO Box 341						623 Cutler Av	venue					
			-			City, State, Zip Co						
City, State, Zip Code Chesterfield, NJ 085	15					Maple Shade		80				
Project Manager for Monit	Maria para di mangananananananan		TTOL	ephone i	No	Telephone No.		License No.				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jilly Film		10000000	09-298		856-755-0099	)	00842				
Bill Weisgarber	Te	cheduled (	31			Name of OSHA N					-	
Start Date (10)				<u> </u>		EMSL Analyt						
Occupancy Status During	Abatement (C	Check only	one)			Street Address						
□ Facility Closed/Vacated	d During Entire	e Period of	Abate	ment		200 Route 13	80 North					
Abatement Performed Time of Abatement:	Outside of No AM	rmal Facili PM/			cribe AM	City, State, Zip C Cinnaminsor						
Scope of Work (Check all  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	that apply)		enova				itainment with Ne closure ig Procedure empted (*) and Ne		dure			
		I	s Loca		T				Ab	atem	ent T	уре
Location	TANKS TO STREET STREET	Lla	Norma	ally lely by		Description		A	R	R	m	T m
Asbestos-Containing N		1 335151	ainten		Asbe	stos Containing Ma e., thermal systems	insulation	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE ABA		Cu		Staff?	(1.0	surfacing, VAT	, or	SF or LF)	\\\ \a_{\alpha}	-	Sula	sure
(13)			(12		+	other miscellane	eous)		1		ate	1 500
		Yes	+	N/A	-							1
Basement					Pipe In	sulation		60 LF			1	1
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			+=	12								1
**				ᆜᆜ	L	7-2		1.1		lЦ		
Name of Registered Wast	e Hauler			NJDEP Hauler I 1593	D No.	Cubic Yards of Waste	Fairless L	istered Landfill andfill				
City, State Freehold, NJ	2/4/-					Disposal Date 10/08/2019	City, State Morrisvill	e, PA				
Completed By (Print or Ty	me)	Title				Signature	1		Date			
Christina Fav	he)		resid	lent of	Operatio	101 -	Tala /		9/2	10	a	

Tnu# 14	808 State	of Ne	w Jers	ev - Notifica	ation of Asbestos A	bate	ment		Che	k#	13%	55
GAC Project # 060-19 PA	TIM	OTTIC	(Pursua	ant to N.J.A.C.	8:60-7 and 12:120-7)		I	THE PERSON NAMED IN	E C	EI	W	EI
Date of Notification (1)  September		19			Name of Building Owner/O	ATE	UNIV	RSIT	Y OF	NJ	V	-
Agencies Notified  EPA  DCA  DOL  DEP- No Longer REQUIRED  DOH			lotificati ed Notif ency (ir ation)	ion ication # ncluding	Street Address ENVIRONMENTAL I 74 STREET 1603, B City, State, Zip Code PISCATAWAY, NJ ( Name of Contact MICHAEL F. SMITH	LDG )8854	4116,	Teleph	ASBES	TOS CO ICENS	ONTRO	
				FACILITY INFO	<b>HEALTH &amp; SAFETY</b>				-13			
Name of Facility Where Abatement is PHARMACY, BLDG# 3750		Place (3)		PAGILITY INFO	Type of Facility (4)  School (K-12)  Subchapter 8 (other than	n K-12)	<del></del>					
Street Address BUSCH CAMPUS					Other (i.e. private & com	nmercia	l buildin			60+ yea	ers	
	ity (6) IDDLES	SEX	County ( (State U		Current Use (prior if being	demo	lished):	ACA	DEMIC			
Name of Monitoring Firm Hired by B	ldg. Owne	er (8)	00098		Name of Contractor (9)  GREENWOOD ABAT	EME	NT CC	NSUI	LTANT	S, INC.	03	
Street Address 3 TERRI LANE					Street Address 511 MAIN STREET							
City, State, Zip Code BURLINGTON, NJ 080	16	7.V			City State, ZipCode BUTLER, NJ 07405							
Project Manager for Monitoring Firm BRIAN R. KEARNEY	Te	09-386			<u>Telephone Number</u> 973-492-0477			License	e Numbe	<u>r</u>		
Scheduled Start Date (10) 10/4/2019		heduled 0		n Date (11)	Name of OSHA Monitor ENVIROVISION, INC	 ).		0001				
Occupancy Status During Abatem  Facility Closed/Vacated During  Abatement Performed Outside	Entire Pe	eriod of Al	batement		Street Address 20-21 WARGARAW	ROAI	O, BLD	)G# 3	5E			
□ Abatement Performed Outside of Normal Facility Hours □ Facility Occupied During Abatement □ Other- Describe: Describe: Schedule: 5PM – 5AM (24 HRS. & WEEKENDS AS NEEDED)					City, State, Zip Code FAIRLAWN, NJ 074	10						
Scope of Work (Check all that apply	1)					JFull C	Containn	nent wi	th Negat	ive Pres	sure	
□≥ 3 sf or >3 if □≥ 160 sf or ≥ 260 if	Renovation Demolition	2 2 8	Mini- Glove	Enclosu e bag P Exemp	re rocedu ted (*)	re / Wra and Non	p & Cut -Friable	Procedi	ure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Description of Asb (ACM) (i.e. therm VAT, or other miss	pestos Containing Material al systems insulation, surfac cell.)	ing,	Amoun (Specif or LF)			Repair f					
Room 318		X		VAT			120 S		X			
Room 402		X		BENCH TOP	S	1	130 S	iF_	X	-		
Name of Reg. Waste Hauler See Hauler Below #1 & 2	2500	JDEP Wa ee Belov		 r ID #	Cubic Yards of Waste:	10 C	Y			tered Lar North I		1
Hauler #1) Greenwood Abatement NJDEP # 12561 Hauler #2) Newark Carting, Inc., I NJ DEP # 4509			- Butler, I	NJ 07405			7/2019			City, Stat 100 New Rd. Morr 19067 215-736-	Ford M isville,	
Completed by (Print or Type) RAYMOND C. PEDALING	) Title SEI	NIOR P	ROJE	СТ	Signature Raymond C. P.	edalin	u.	Date Sept	tembe	r 23, 20	019	

MANAGER

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_ UK >	455		(P		to NJAC 8:			1		1	リー		0 0					Activities of the control of the con
Date of Notification (1) 9/23/2019 CHE	CK#3453				Building O HN THE				OOL	Pos		S	EP :	2 7	201	9	Section 1	
Agencies Notified	Type Notification			Street Ad	ddress					500			las !				- Inquell	-
EPA	Initial				nderson /		ue				L	A COL	ESTO	<u> </u>	WITE	OI F	_1	- Annual Control
DEP DOL	Amended Amendment	#			te, Zip Cod w, NJ 07							4001	LICI	ENS	NG		Gamerical	
□ DOH	Emergency (justification)		_	Name of	and the same of the same	022				-		Tele	phone	Num	ber			
DCA DCA	Cancellation			Fr Jos	e Gamba	ì						201	-945	-486	5			
Name of Facility Where	Ahatement is Takin	n Place /3	1	FACII	LITY INFO	RMAT	ION	Tyr	oe of Fa	cility	, (A)							
St John the Baptist		9 1 1000 (0	')					IXI	Scho									
Street Address									Subc	napt	er 8		r than				h	
239 Anderson Aver	nue								etc.)		. priv	ate &	comm	iercia				s,
City (5) Fairview									uare Fe	et		# of 2	Floors		100	dg. A 0+	ge	
County (6)		-		County C	Code (7)			11 3300	rrent Us	e (P	rior i		a dem	olishe		J+	_	-
BERGEN					ISE ONLY)			177532	chool	. (.	.,.,		9 00	0				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.		1		bateme				(9)					
N/A Street Address							EA S		rices C	orp	ora	tion						
Street Address									ress n Stree	et								
City, State, Zip Code							City, S	State,	Zip Co	de						A francisco (Constitution of the Constitution		
			=						erg, N	J 0	709	3						
Project Manager for Mor	itoring Firm			Telephor	ne No.		Telepi 201-		No. i-1700				Licens 0107					
Start Date (10)		Schedule	ed Cor	mpletion [	Date (11)		L American		SHA M		or	-						
9/27/19		9/30/20					Sam	ne as	s abov	/e						_		
Occupancy Status Durin		8					Street	Add	ress									
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norn						City, S	State,	Zip Co	de						17-12-		
Scope of Work (Check A	II That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli	ation tion				- 1	Full Con Mini-End Gloveba	closi	ure roced	iure						
		1					D	<u> </u>	Non-Exe	emp	ted (*	) and	Non-F	riable			e ment	
Location	. of	100	Locat Norma	1000 E100		D	escription	o of									ре	
Asbestos-Containing	Material (ACM)		d Sole			s Cor	taining M	Mater					nount		70		Ē	т
TO BE AB In Facil				Staff?		surfa	I system acing, VA	AT, or	r				pecify or LF)		Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other	miscella	neou	s)						oval	air	ulate	sure
		Yes	No	N/A							+		05					
Second		-	Х	-			loor Ti				+	-	SF		Х			
First FI			X				loor Ti	2000			+		SF		Х			
Mechanical Roo	m-2nd Floor		X		5	spray	ed on	ceili	ng		-	2	SF			Х		
Name of Registered We	oto Haulor			NJDEP W	laste	Cubic	Yards		No	me :	of Pa	aiete	red Lar	ndfill				
Name of Registered Was EA Services Corpor			1	Hauler ID	200-1	of Wa	aste		- 1				rprise					
	udon		_   1	01278		TBD	sal Date		1	y, St			. 61100					
City, State Guttenberg, NJ						TBD			120,000	1000		urg,	ОН					
Completed by		Title	STO A				Signatur	е	181	7				Dat				
Gina Betances		Offic	е Ма	nager					(10)	ul	d			9/2	26/20	019		- perants

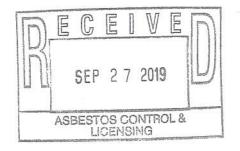
Print Form

Inv#	= 14810													Pri	nt Fo
JK 101301	LDAT			ICATION	ate of New I OF ASB to NJAC	ESTOS	ABATE			0 2 1	K		Qu	1	
Date of Notification (1) 9/24/19	MEAN T		T		f Building		Operator	(2)			EG		V	E	IF
Agencies Notified	Type Notification			Street A	n Piccui	rro				Wr	AND THE SECOND STREET,				111
П ЕРА	× Initial			Ollective	darcoo						SEP	2 7	201	9	
DEP X DOL	Amended Amendment	#			ite, Zip Co				The state of the s	and bank					-
	Emergency (		-	0.5000000000000000000000000000000000000	rn, NJ C	77041			-	Tel	ephone Nu	nher.	ITAC	3()[.8	<u>.</u>
DOH DCA	justification) Cancellation				n Piccuii	rro			1	1 19	YAD CHOCKET		ING		
Name of Facility Where	Abatement is Taking	Place (3	3)	FACI	LITY INFO	ORMAT	ION	Type	of Facility (	1)					
house	todioment to Taking	g 1 1000 (c	,,					-	School (K-1						
Street Address									Subchapter	8 (Oth	er than K-12 & commerci		dinan	homo	0.0
Oit (E)									etc.)					/ 	35,
City (5) Cranford								Squa 170	re Feet 00	2	f Floors		ildg. A 76	ge	
County (6)				County (			1111	Curre	ent Use (Pri	or if bei	ng demolish	ned)			
Union				107	JSE ONLY)			hon							
Name of Monitoring Firm	Hired by Building (	)wner (8)		ASCN	1 No.		The state of the s		itement Cor ronmenta		(9) rices, LLC				
Street Address								Addre	and the second second second		1000, 220				
0 0 7 0									83, 4 E G	ate D	rive				
City, State, Zip Code							150.00		ip Code I, NJ 074	18					
Project Manager for Mon	itoring Firm			Telephor	ne No.			none N	127		License N	0.			
								764-2			703				
Start Date (10) 10/03/19		Schedule 10/12/		mpletion [	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During		0.70	100				Street	Addre	SS					- 3/21/1929	
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norm	eriod of A al Facility	Abaten Hours	nent s		_	City, S	state, Z	ip Code						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		processors.	Renova Demolit				×	Mir Glo	ni-Enclosure ovebag Pro	e cedure	Negative F				
		Is	Locat	ion				1 140	ri-Exemple	J ( ) all	u Non-Friad	le Più	(3)	ement	:
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Asbestos-Containing TO BE ABA		Ma	intena	nce/			taining N systems				mount Specify	D		Enc	m
In Facili (13)	ity	Cus	todial ( (12)	Stall?			cing, VA niscellar			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
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baseme	ent			х		pipe	insula	tion		7	0 LF	x			
Name of Registered Was	te Hauler		11 50	IJDEP W lauler ID	77.07	Cubic of Wa	Yards ste				red Landfill		2000 A		
Newark Carting			1000	4509		TBD					al Sanitar	y Lar	ndfill		
City, State Newark NJ						Dispos	sal Date		City, Stat						
Completed by		Title				100000	Signature	9	1	99117	Da	ite			
A. Scott Higgins		Pres	ident						1/1	_		24/1	9		

Print Form

Dale of Notification (1)   Part of Pacifity (4)   Pacific (Notice Pacific (4)   Pacific (N	TOU# 1	472	1											Pr	int Fo
Agencies Notified   Type Notification   Street Address   PO Box 643	0119295PA	N		CATION	N OF ASB	ESTOS	ABATE		T (	000	s A	19	79	5	
Spread Address   Spre						Owner/	Operator	r (2)			E	E		W	E
DOH		1		Street A	Address					IK				awahroribin	
DOH	DEP Amended			City, Sta	ate, Zip Co		W. K.				S	EP 2	7 2	019	Carried or way
Name of Facility Where Abstement is Taking Place (3)	Emergency	(including	-			J 0884	16			II Tol	l a la a a A			nonfaring and	
Name of Facility Where Abstement is Taking Place (3)						rigues				90	8-361-0	STOS 888E	CON	TRO G	L&
Street Address    Subchapter 8 (Other than K-12)	Name of Facility Where Abatement is Taki	ng Place (3)		FACI	ILITY INF	ORMAT	ION	Тур	e of Facility (		alvariani senseni ett		22000		
City (5) City (6) Attantic Highlands  County (6) Monmouth Name of Registered Waste Hauler  Attention  City (5)  County (6) Monmouth Name of Registered Waste Hauler Newark NJ  City (5)  City (5)  City (5)  Attantic Highlands  County Code (7)  Assem of Abatement Contractor (9)  Assem of Abatement Contractor (9)  Assembly Code (7)  Assembly Code (7)  Assembly Code (7)  City State, Zip Code  City State															
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County (6) Monmouth Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Street Address PO Box A 483, 4 E Gate Drive City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. 973-764-2276 703 Start Date (10) 10/10/19 Scheduled Completion Date (11) 10/10/19 Scheduled Completion Date (11) 10/10/19 Scheduled Completion Date (11) Name of OSHA Monitor City, State, Zip Code City, State, Zip Code Slenwood, NJ 07418 Steet Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code  City, State Name of Registered Landfill  Cand Central Sanitary Landfill  Completed by  Title  Completed by Comple								-	uare Feet		f Floors			∖ge	
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9) ABS Environmental Services, LLC  Street Address  Street Address  Street Address  PO Box 483, 4 E Gate Drive  City, State, Zip Code  Start Date (10) 10/06/19  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vaceted During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City, State  Name of Registered Landfill  Grand Central Sanitary Landfill  City, State  Disposal Date  Disposal Date  Disposal Date  Disposal Date  Disposal Date  Date	County (6)								#X70		ng demol		00		-
Street Address  Street Address PO Box 483, 4 E Gate Drive  City, State, Zip Code Glenwood, NJ 07418  Project Manager for Monitoring Firm Telephone No. Telephone No. 1 Telephone		Owner (8)		-			Name			tractor	(0)				
City, State, Zip Code  Glenwood, NJ 07418  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  973-764-2276  703  Start Date (10)  10/10/19  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City, State  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Abatement Type  Custodial Staff?  City State  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Abatement Type  Custodial Staff?  City State  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Custodial Staff?  City State  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Abatement Type  Abatement Type  City State  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Abatement Type  City State  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement											4.4	.C			
City, State, Zip Code    City, State, Zip Code   City	Street Address						and the first of the second			ate D	rive				
Project Manager for Monitoring Firm	City, State, Zip Code						City, S	state,	Zip Code						
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10/106/19   10/12/19     10/12/19	Start Date (10)	Schadular	1 Com	plotion	Data (11)		1000000	100000			703				
Facility Closed/Vacated During Entire Period of Abatement Abatement Processribe: exterior    City, State, Zip Code	10/06/19	10/12/1	9	piedon	Date (11)		Name	01 ()	SHA Wonitor						
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City, State,				7000017 <b>4</b>			Street	Addr	ess						
Saliding debris   Saliding	Abatement Performed Outside of Nor	mal Facility I	Hours	ent		_	City, S	tate,	Zip Code						
Second   Demolition														_	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Per No N/A  Exterior  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Exterior  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Exterior  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Exterior  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Exterior  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Exterior  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Exterior  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (13)  Normally Used Solely by Maintenance/ Custodial Staff? (14)  Normally Used Solely By Absenting Material (ACM)  Amount (Specify Specify Spe	≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf						F N G	lini-Enclosure lovebag Prod	edure				•		
Secription of Asbestos-Containing Material (ACM)   Asbestos-Containing Material (ACM)   Asbestos Containing Material (ACM)   Asbestos Containing Material (ACM)   Asbestos Containing Material (ACM)   Asbestos Containing Material (ACM)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Yes No N/A     Siding debris   SFor LF									SIT EXOTIPATOR	/ / 411	3 14011-1 116	Joie i it	Abate	ement	
Name of Registered Waste Hauler   Name of Registered Waste Hauler ID No. O4509   No. O4509   Title   Signature   Date	Asbestos-Containing Material (ACM)	Used	Solel	y by	Asbes				al (ACM)	А	mount		1 9		
exterior	In Facility	Custo	dial S		(i.e.	surfa	cing, VA	T, or				Remo	Rep	ncaps	Enclo
Name of Registered Waste Hauler Newark Carting  NJDEP Waste Hauler ID No. O4509  City, State Newark NJ  Completed by  Title  NJDEP Waste Cubic Yards of Waste TBD  Disposal Date TBD  City, State Pen Argyl PA  Signature  Date	(13)			N/A		other n	niscellan	eous	5)			oval	ᆲ	sulate	sure
Newark Carting  Hauler ID No. 0f Waste TBD  City, State Newark NJ  Completed by  Title  Hauler ID No. 0f Waste TBD  Disposal Date TBD  City, State Pen Argyl PA  Signature  Date	exterior			х		sidi	ng deb	ris		80	00 SF	x			
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Newark Carting    Hauler ID No.	Name of Registered Waste Hauler		0.000						Name of F	Registe	red Landf	ill			
Newark NJ  Completed by  Title  Signature  Date			50000		No.		ste		li samata a sana a sana				ndfill		
Completed by Title Signature Date							sal Date		The state of the s						
The second community of the se			lont				ignature		1	17:1					

Location of		Locati Normall	у	Description of			Abate Ty	emen /pe	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Solel intenar todial S (12)	nce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			<u>a</u>		ate	re
Pipe Tunnel	х			Thermal System Insulation	1,150 LF	Х			
Basement Hallway Areas		Х		Thermal System Insulation	350 LF	Х			
2 <sup>nd</sup> Floor		Х		Plaster	5,312 SF	X			
2 <sup>nd</sup> Floor		Х		Floor Tile & or Mastic	5,500 SF	Х			
1 <sup>st</sup> Floor		Х		Plaster	13,300 SF	Х			
1st Floor		Х		Floor Tile & or Mastic	5,500 SF	X			
Multi- Purpose Room Areas		Х		Plaster	2,600 SF	X			



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) 12 Virtua Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **⊠** EPA ☐ Initial 20 Stow Rd **⊠** DOLWD LICENSING City, State, Zip Code ☑ DOH Amendment #1 Marlton NJ 08053 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Pat Giordano 856 355-0923 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Our Lady of Lourdes-School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 1600 Haddon Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Camden >50,000 7 30+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Vertex Environmental Delta/BJDS, Inc. Street Address Street Address 700 Turner Way, Suite 105 1345 Industrial Blvd City, State, Zip Code City, State, Zip Code Aston, Pa 19014 Southampton Pa 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Don Heim 610 558-8902 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 26 / 19 11 / 30 / 19 Criterion Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 Street Road Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-3PM/\_\_\_PM-6AM Bensalem Pa 19020 Scope of Work (Check all that apply) ≥3 sf or >3 If □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Remova Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A  $\boxtimes$ Please See Attach П X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Service Transport Group Hauler ID No. Waste Minerva Landfill 20990 City, State Disposal Date City, State 58 Pyles Lane New Castle DE Waynesburg, Ohio Completed By (Print or Type) Title Signaturé Date Christine Del Viscio Asst. Administrator

I OCATION OF	10	300	T.O.T.	10 1401140010	AND DESCRIPTION OF PERSONS ASSESSED.	and the same of th				,
ASBESTOS-CONTAINING	2 2	IS LOCATION		ACPECTOR CONTAINED PARTEEN CONTAINED	AMOUNT	REMOVAL REPAIR		VCAPSULATE	ENCAPSULATE ENCLOSURE	
NANTEDIAL (ACMA)	Š	NORMALLY	<u> </u>	ASBESTOS CONTAING MATERIAL (ACM)	SPECIFY					
MAI EKIAL (ACIVI)	USED SOLEY BY	OLEY	ВУ	(IE, THERMAL SYSTEMS INSULATION	SF OR LF					
TO BE ABATED	MAINTENANCE/	ENAN	CE/	SURFACING, VAT, OR		Warner of the latest t	Listan			
IN FACILITY	CUSTODIAL STAFF?	DIAL S	TAFF?	OTHER MISCELLANEOUS)						
							*********			
Cellar	YES	NO	NO N/A				_			
Hallway	Î	×		Pipe Insulation fiberglass seam mastic	50 Fa		>			
Hallway adjacent M elevator	Î	×	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, where the Owner, which is the Owner, which i	Pipe Insulation	A5 1 E	>		Annual Control of the last		
Lab/hall adjacent Bye office	Î	×		Pipe Insulation	35 15	< >	+	and the Control of th		
David Bye Office	Ĺ	×	The second second	Pipe Insulation	1 00 1	< >	$\dagger$		The second second	
Hallway adjacent boiler room	Í	1,	The same of the sa	Dination of	100 LF	× :	+	THE RESERVE OF THE PERSON NAMED IN		
Room C 32	T	T	meraposan and	i paragraphi	100 LF	×	-			
1000H		×	-	Residual debris on fittings	5 ea	×				
I ransition hallway from	Î	×		Pipe Insulation	50 LF		H			
main to north wing					THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAMED IN COLUMN 2 I		H	HENCHWARD CONTRACTOR		
Hallway north at electric rm	×	~		Seam mastic on Fiberglass pipe insulation	200 ea		>	And the second second second		
Sterile processing offic	×	V		12" tan floor tilee	240 SF	×	4			
Basement Level					2007		-			
EP Lab 1	×		The same of the sa	Pine Insulation/nenetration	7 - 1		+			
Material management		T			1 LF	× :	1			
Main Bldg 1ct Fl Wellson		1	T	nool tile w/mastic	145 SF	×	-			
Ividiri bidg 1st FI Wellness Koom (Future IDP)	- Futu	Le	(da				_			
Wellness Room above ceiling	×			sulation	15 LF	×	+			
North Wing 2nd Floor Social Work Office (Furture IDP)	ork Off	ice	(Furtu	rre IDP)			+			
North social work office throughout	×			oor Tile	150 SF	×	-			
Main Bldg 4th Floor Room 401 Consultation Room (Future IDP)	Consul	tati	on Ro	om (Future IDP)		l	+			
Room 401 consultation room t/o	×	4114		Mastic a/w non-ACM 12"x 12"	220 SF	×		Company or other Personal Company	A CONTRACTOR OF THE PROPERTY O	Contraction of the last
Main Building 7th Floor Room 701 (Future IDP)	'01 (Fu	ture					+	1	The state of the s	
Room 701 Throughout	×		-	Pipe Insulation (Above Ceiling Tile	40 LF	×		AS	Company of the second state of the second stat	E
							-	E ESTOS LICE	SEP	C
					The state of the s			SC	2	E
								CON	7	
								TRO	2019	$\mathbb{V}$
								)L &	)	
								3	P2 eParquet stated to accept the state of April	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 9 12 / Virtua Agencies Notified Type Notification Street Address **⊠** EPA 20 Stow Rd ☑ DOLWD ☐ Amended ASBESTOS CONTROL 8 City, State, Zip Code **⊠** DOH Amendment #\_ LICENSING Marlton NJ 08053 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Pat Giordano 856 355-0923 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Our Lady of Lourdes-School (K-12) Street Address Subchapter 8 (Other than K-12) 1600 Haddon Avenue Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Camden Bldg. Age >50,000 30+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Vertex Environmental Delta/BJDS, Inc. Street Address Street Address 700 Turner Way, Suite 105 1345 Industrial Blvd City, State, Zip Code City, State, Zip Code Aston, Pa 19014 Southampton Pa 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Don Heim 610 558-8902 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 26 / 19 \_\_11\_\_ / \_\_30\_\_ / \_\_19 Criterion Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 400 Street Road Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/\_\_\_\_PM-\_\_\_AM City, State, Zip Code Bensalem Pa 19020 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (\*) and Non-Friable Procedure □ Renovation ≥160 sf or ≥260 If ☐ Demolition Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Repair Removal Encapsulate Enclosure TO BE ABATED Maintenance/ Amount (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or (13)SF or LF) (12)other miscellaneous) Yes No N/A X Please See Attach X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Service Transport Group Hauler ID No. Waste Minerva Landfill 20990 City, State Disposal Date City, State 58 Pyles Lane New Castle DE Waynesburg, Ohio Completed By (Print or Type) Title Signature Date Christine Del Viscio Asst. Administrator 9-12-2019

\* Do ant .... # \*

ASR-41 **JAN 13** 

-CC-1014 C1	IS LOCATION	DESCRIPTION OF	Confection Court Wilders Co. (1975)		CHARLES AND	The Sand Spring Name and Street,
ASBESTOS-CONTAINING	NORMALLY	ASBESTOS CONTAING MATERIAI (ACM)	AMOUNT	REMOVAL REPAIR	ENCAPSULATE EN	ENCLOSURE
MATERIAL (ACM)	USED SOLEY BY	(IE, THERMAL SYSTEMS INSULATION	SECRIF	- Coope		
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Hallway adjacent M elevator	×	Pipe Insulation	7215	<	^	1001 To 100 TO 1
Lab/hall adjacent Bye office	×	Pipe Insulation	JE I L		A STATE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAMED IN	and wastern Designation of Personal Con-
David Bye Office	×		35 LF	X	OF THE PERSON NAMED IN CONTRACTOR OF THE	
Hallway adjacent boiler room	X X	Pipe Insulation	100 LF	X		V. Derke san der angele san der
Room C-33	X	Residual debris on fittings		No.		Onerocascas
Transition hallway from	×	Pipe Insulation	o ea	×		The second secon
main to north wing	CONTRACTOR OF STREET	ALEMANDE PROTECTION OF THE PRO	AT UC		ANTHORN OF LANGE AND PROPERTY OF LANGE AND PARTY.	ACT CHARGE COLUMN AND ADDRESS OF THE PARTY O
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Sterile processing offic	×	12" tan floor tilee	JAN SE	<	×	
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EP Lab 1	×	Pipe Insulation(penetration	4 I L		The second secon	AND DESCRIPTION OF THE PERSON.
Material management	×	12" tan floor tile w/mastic	TALCE TALE CE	X	FEBRUARY LATERAL WILES SERVICES CONTRACTOR C	The state of the s
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Wellness Room above ceiling	×	Pipe Insulation		Company of the Compan	Ministratory of the Company of the C	and the second second
North Wing 2nd Floor Social Work Office		eminintarin demonstrata at medical proparentaria dinessante de administrato del descriptor de la campionista d	ALIAN MANAGEMENT OF THE PARTY O	A WASHINGTON MANAGEMENT OF THE PARTY OF THE	Constitution of the Consti	
North social work office throughout	×	12 X 12 Beige Floor Tile	150 SF	×		
1-	onsultation Ro	Consultation Room (Future IDP)	Commence Com			AND A COLUMN STATE
	×	ACM 12"× 12"	220 SF	× more		O TOTAL CO
ling 7th Floor Room	701 (Future IDP)	COLOR SERVICION DE S	No.	ATTA DESCRIPTION OF THE REAL PROPERTY OF THE PERSON OF THE	The state of the s	- TENNESSERVEN STATE OF THE SECOND STATE OF TH
Room 701 Throughout	ALTERNATION IN	Pipe Insulation (Above Ceiling Tile	40 LF	×	- CONTRACTOR AND ADDRESS OF THE ADDR	
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2 SEN		A COLUMN TO THE	Flades Str.	enazy Secure		- State
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Street Address								×	Other (i.e. p	o (Otr	& comme	ercial	build	lings,	home	es,
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Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	и No.		Name		batement Cor				_			
Project Manager	•								es Abatem							
Street Address							Street									
City, State, Zip Code							1	100 HOLD 2 VAL	/lidland Ave	Э.						
City, State, Zip Code							100	33	Zip Code Brook, NJ (	7663	3					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph		No. -3184		Licens					
Start Date (10)		Schedule	ed Con	nnletion	Date (11)			233	SHA Monitor		0130	5				
9/28/19	,,	10/1/1		ipiction	Date (11)		Ivanie	01 0,	OF IA MOUNTO							
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Name of Registered Was All Stages Abatemen			Н	lauler ID 036592	No.	of W			Name of Grand		ered Lan ral Sani		Lan	dfill		
City, State Saddle Brook, NJ						Dispo TBD	osal Date )		City, Stat Pen Ar		PΑ					
Completed by		Title	200 .000				Signature	20	111	4		Date				
Richard Cristofol		Pres	ident					ht				9/2	5/19	9		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 25 Somerset Development Agencies Notified Type Notification Street Address ☐ EPA 101 Crawfords Corner Road □ DOLWD ASBESTOS CONTROL & ☐ Amended City, State, Zip Code ☑ DHSS Amendment # LICENSING Holmdel, NJ 07733 ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Robert Koller 973-418-1643 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bell Works ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 101 Crawfords Corner Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Holmdel 1,350,000 58 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Retail & Office Space/Multi Use Bldg Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safey Services, Inc. 00117 SAI Environmental Services, LLC Street Address Street Address PO box 365 277 Fairfield Road, Suite 102 City, State, Zip Code City, State, Zip Code Berlin Fairfield, NJ 07004 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor 856-452-1311 (973) 852-3444 01349 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_10 / 4 / 19 10 / 7 / 19 SAI Environmental Services, LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 277 Fairfield Road, Suite 102 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_\_AM Fairfield, NJ 07004 Scope of Work (Check all that apply) ☐ >3 sf or >3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Repair Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation. TO BE ABATED (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A Space 2105 & 2106 X Floor Mastic 2356 SF X П П X Space 2105 & 2106 X **Mudded Joints** 18 EA **Space 1401** X Floor Mastic 240 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Service Transport Group, Inc. Minerva Landfill SW2117 5 City, State Disposal Date City, State Yardley, PA 10/7/2019 Waynesburgh, OH Completed By (Print or Type) Title Signature Mary Petrovski President

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Print Form
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□ DOH	<ul><li>Emergency justification)</li></ul>	(including		Name o	of Contact		7004			Telepho								
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Name of Facility Where A	batement is Takir	g Place (3	)		ILIT IN	ORIVIA	ION	Туре	of Facility (4)									
Former Residence,	BLUE ACRES	DEMOL	.ITIC	N				□ s	chool (K-12	2)								
Street Address 335 Madison Street								X O	ubchapter a other (i.e. pr tc.)				dings,	home	es,			
City (5) Linden, NJ 07036								Square 390		# of Floo	ors	10000	Bldg. A	ge				
County (6) Union County					Code (7) USE ONLY	n			nt Use (Prior if being demolished) idoned, BLUE ACRES									
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Street Address					Street Address 135 Kinnelon Road													
City, State, Zip Code								tate, Zip elon, N	Code IJ 07405									
Project Manager for Monit	oring Firm			Telepho	ne No.			one No. 218-08		Lice 012	ense No.							
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Yannuzzi Group, Inc.	, ridulo,		Н	lauler ID 7467		of Was		- 1	Name of Registered Landfill Grows Fairless									
City, State Kinnelon, NJ			Disposal Date 10/12/19					City, State Morrisville, PA										
Completed by John Mucha		Title AHER	A Pr	Project Designer Signature					hill	LIX	Date 9/25							

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

Peter (N) 15-16-16

Date of Notification (1)			Name	of Buildin	g Owner/Operator (	2)		1 0 1	· ·	plestillers	Dipo disserver				
9 / 26	/				Company		NEGI	E 1	V [		M				
⊠ EPA   ⊠ Initia     ⊠ DOLWD   □ Ame     ⊠ DOH   Ame	nded ndment #		50 City, S	t Address Imclone State, Zip (		on and a second	SEP	2 7 2	019	Management accides of and	The state of the s				
(NJAC 5:23-8) justii	rgency (including fication) cellation	3	_	of Contac	j, NJ 08876 t	D. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	TelephonerNu	ensine		&					
				CII ITV IN	IFODMATION!	1			- Control of the		Acedonichous				
Name of Facility Where Abatemen	t is Taking Place	(2)	FA	CILITY	IFORMATION	T	2.20								
BUILDING BB1181 - (Eli Lil Street Address		500.00				Type of Facility  School (K-12  Subchapter 8	2)	12)							
1181 Route 202 North						Other (i.e., p homes, etc.)	rivate and comm	nercial be	Particular Control (Sec. 197)						
City (5) Branchburg, NJ 07836					o Designation and the second s	Square Feet	# of Floors	1	dg. Ag	ge					
County (6)			Cour	nty Code (7	(STATE USE ONLY)	Current Use (Pr	ior if baing dame		50.	-					
Somerset				n, 5545 (/	Norme dae divery	Commercia		Jilotteu)							
Name of Monitoring Firm Hired by	Building Owner	(8)	ASCM	No.	Name of Abateme										
Street Address					Street Address	nlehem Pike - Suite 60									
City, State, Zip Code			den a		City, State, Zip Co										
Project Manager for Monitoring Fire	n.	Tele	ephone	No.	Telephone No. 215 542 7000		License No.								
Start Date (10)	Scheduled C	omple	etion Da	te (11)	Name of OSHA M		00847								
	10 /		1_/_	19	CES										
Occupancy Status During Abateme	500	0.5	28		Street Address	er se arcos son									
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside	Entire Period of of Normal Facility	Abate	ment	cribe		lehem Pike - S	uite 60		53777	150000					
Time of Abatement: 7:00AM-5	:00PM/P	VI	AM	onbe	City, State, Zip Co										
Scope of Work (Check all that appl	y)				□ FII Cot	ntainment with Negative Pressure									
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	⊠ Re □ De				☐ Mini-Enc ☐ Glovebag										
		Loca							atem	ent T	уре				
Location of Asbestos-Containing Material (  TO BE ABATED IN Facility (13)	ACM) Use Ma	intena	ely by ance/ Staff?		Description o stos Containing Ma , thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
	Yes	No	N/A							w					
Exterior of Roof				Paint R	oof Coating		1200 SF								
Name of Registered Waste Hauler Republic		1000	IJDEP V lauler ID		Cubic Yards of Waste	Name of Regis									
City, State Telford, PA					Disposal Date	City, State Morgantov	n, PA 19543								
Completed By (Print or Type) Patricia Visco	Title Office I	Vana	ger		Signature	w Vie		Date	 2G	-jc	7				
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County (6) Bergen					Code (7) USE ONLY)				rent Use (Prio USE	r if beir	ng demo	olished)						
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		The state of the s					atement Contatement, Inc		(9)							
Street Address							Street 11 R		ess ngren Aven	ue								
City, State, Zip Code							City, S	tate,	Zip Code NJ 07512	0								
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph	none I			License 01311							
Start Date (10) 10/04/2019		Schedul		npletion	Date (11)		Name	of OS	SHA Monitor		01011							
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D&S Abatement, Inc.		1	1 0 1111	Hauler ID No. of Waste TBD				Waste Fairless Landfill										
City, State Totowa, NJ				Disposal Date TBD					sal Date City, State Morrisville, PA									
Completed by Oliver Hegedis		Title Proje	ect Ma	Manager					pnature/) Date 09/23/2019									

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City (5) Basking Ridge	The same								etc.) ire Fee	t	# of F N/A	Floors		Blo N/	ig. A	ge	
County (6) Somerset				County (	Code (7) USE ONLY)			Curre		e (Prior	r if being	g demo	olished	)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCN	l No.		of Abatement Contractor (9) Abatement, Inc.										
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Project Manager for Mo	nitoring Firm		Telepho	ne No.			hone N 345-8				Licens 0131						
Start Date (10) 10/03/2019		Schedul 10/04/									).						
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D&S Abatement, In		1	Hauler ID		Waste			Name of Registered Landfill Fairless Landfill									
City, State Totowa, NJ							posal Date City, State D Morrisville, PA										
Completed by Oliver Hegedis		ect M	ct Manager				Signature   Date   09/23/2019				019						
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Date of Notification (1) 9/24/2019	$\sim$		111.2		Building O				7		SEP	2 7 2	019		1	
Agencies Notified	Type Notification			Street A		00-00-00-00	141121		1 2 2	led	Standard Conference Standard S		~~~			
EPA DEP DOL	Initial Amended Amendment		H	City, Sta	te, Zip Co	de	07646	V.	And the state of t	A	SBESTO LIC	S CON ENSIN	G	_ Ct	guiperio No	
X DOH DCA	justification) Cancellation				Contact STINE D	EMIRI	S		<u> </u>	150000	ephone Ni 1-967-50					
		D. 60		FACII	LITY INFO	RMATI	ON	-		65-200 (A)						
Name of Facility Where MUNICIPAL BUILD Street Address		ig Place (3)	)						e of Facility (4 School (K-12 Subchapter	2) 8 (Oth					12	
930 RIVER ROAD								×	etc.)	Other (i.e. private & comn etc.)						
City (5) NEW MILFORD								Squ						lg. Age		
County (6) BERGEN				County C	Code (7) USE ONLY)				rent Use (Prio			shed)				
Name of Monitoring Firm RJB ENVIRONME	5t Vi50	Owner (8)		ASCM	l No.				oatement Con OTHERS (			NG, IN	C.			
Street Address 615 PROSPECT A	VENUE						Street 11 V		ess ELAND AVE	ENUE						
City, State, Zip Code MORRISVILLE, PA	19067							Zip Code A, NJ 0751	2							
Project Manager for Mor RICK BEACH	nitoring Firm			Telephor 267-99	ne No. 01-9212		Teleph 973-		No. -8700		License 00494	No.				
Start Date (10) 9/24/2019		Schedule 10/4/20		npletion [	Date (11)				SHA Monitor S (9) ABO	VE						
Occupancy Status Durin	g Abatement (Che	ck Only On	e)			1	Street Address									
Facility Closed/Vac Abatement Perform Other – Describe:							City, S	State,	Zip Code							
Scope of Work (Check A  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	13 2000	enova emolit					N G	full Containme fini-Enclosure Blovebag Prod Ion-Exempted	edure						
#125000Q		100	Locati										Abate Ty		li .	
Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) ATED lity	d Sole ntenar odial S (12)	ly by nce/		tos Con thermal surfa	scription taining N system: cing, VA niscellar	Materi s insu T, or		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
1ST FLOOR	OFFICE	X	N/A		CL	EAN-L	JP		2,0	000 SF						
Name of Registered Wa	ste Hauler		1 200	JDEP W		1 2000000000000000000000000000000000000	Yards		Name of I	Regist	ered Landf	fill				
TWO BROTHERS	CONTRACTING	G	Hauler ID No. of Wa 18743 40								S.R.C	.W.	S.			
City, State						Dispo	posal Date City			City, State						

PROJECT COORDINATOR Cinca Cerry 9/24/2019

10/4/2019

Signature

Title

Date

MORRISVILLE, PA

TOTOWA, NJ

VIVECA RAMOS

Completed by

24 2019 03:53PM NJ Asbestos 09/24/2019 11:03	Control	1 609.	633.0	664		р	age	Carlo Carlo	FAX:973	7784409	E [	201	0	00210	
å		NOTIF	ICATI(	Biato of Ne DN OF ASE nt to NJAC	ESTOS	ABATE	MENT		DOL	=10d	-			ex.	
Date of Notification (1) 9/24/2019			Name	of Bullding	Owner/	Operato N MAII 8	r (2)	,  -		LIU	ENSI	149	_	egically visitoring	
Aganalas Notified Type Notification	n	_	Street	Address RIVER R	-	is tatiful		+		1	115	+	-		
EPA Initial Amended Amended Amended	nt #		Cily, 5	Itale, Zip Co	ode	D7848	+	WA	VF.R	AMM	M	1			
Emergency  Justification  Cancelletio	(Includin	g	Name	of Controt			, L.		1	slephone N	umbar				
	-			CILITY INFO						01-967-5	044				
Name of Facility Where Abatement is Taki MUNICIPAL BUILDING	ng Place	(3)					Type	Paka-1							
Sinel Address 930 RIVER ROAD	(1) 123 - 141 (Amil)				•		X	Other (1.0	ber 8 (Ot	her than K- & commer	·12) clal bu	ikting	e, hon	nea,	
City (6) NEW MILFORD								elc.) re Feel		Bidg, Age					
County (5) BERGEN		1	County	Code (7)			Cum	ent Use (	Prior If be	ang demoli	shed)	-			
Name of Monkoring Firm Hired by Building RJB ENVIRONMENTAL	Owner (8	5	ASC	M No.		Nama	of Aba	Itement C	ontracto	r (9) TRACTII	NG. II	VC.			
Bireel Address 615 PROSPECT AVENUE					Straet	Addres				,					
City, State, Zip Code MORRISVILLE, PA 19067					City, 8	tata, Z	p Code NJ 07								
Project Manager for Monitoring Firm RICK BEACH				one No. 91-9212		Têléph		٥.	012	License	No.				
Blart Date (10) 9/24/2019	Schedul 10/4/2	ed Com		Date (11)		Name	12010	A Monito		00494			_	-	
Ocupancy Status During Abetement (Chec						SAME AS (8) ABOVE Street Address									
Facility Classed/Vecated During Entire in Abstement Performed Outside of Norm Other - Describe:	Period of a	Abatomo y Hours	ani			City, St	City, State, Zip Code								
Goope of Work (Otrack All That Apply)															
23 ef or ≥3 if ≥150 ef or ≥250 if		Renovati Demolitio					Min	i-Enclosu	ire ocadure	Negetive					
		Locatio					Ne		001100	n sahil-Little	JIW F10	Abati	emen		
Location of Asbesios-Containing Material (ACM)  IOBEARATED  in Facility  (13)	Una	Normally of Solely Interior (dial St (12)	by	(l.s. t)	es Conta hermal s surfaci	oription of tining Ma systems ing, VAT iscellance	teriel insulai , or	(ACM)	(5	mount specify ar LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A								T.	M.	elter	e.m	
1ST FLOOR OFFICE	1ST FLOOR OFFICE								2,0	00 SF	ļ.				
											$\vdash$			$\vdash$	
ame of Registered Waste Hauter	-														
ame of registered Waste Hauler WO BROTHERS CONTRACTING		Hat	NJDEP Wests Cubic Yards Hayler ID No. of Wasts 18743 40							AGEME		.R.0	.W.	S.	
ty, State DYOWA, NJ		1.0	Disposal Da 19/4/2018				+	City, 5tm			-	***			
empleted by IVECA RAMOS	Title PRO.	FCT	T COORDINATOR BIG					1	)	De	la MAIN	240		$\dashv$	

Sep

Inv# 14809		****			State of	New Jersey										
OK morna	A	N	PTIF	CATION Pursu	ON OF A	SBESTOS ABA JAC 8:60 and 5:	TEMENT	Γ								
Date of Notification (1)			-			ling Owner/Operator	12		E C		V	7_[	: [	7		
09 / 24	/	19				Hampton	(=)		A CONTROL OF THE PARTY OF THE P		Addison	federatement dans	7			
Agencies Notified Type N  ⊠ EPA ⊠ Initi.	lotification	on		Stre	eet Address	S			SEP	27	701	9	111	廾		
☑ DOLWD ☐ Ame	ended			City	, State, Zir	Code							-	-		
	endment ergency		line	111		o, NJ 08046	7		ASBESTO	s coi	NTR	OL 8		O PER MINISTRA		
(NJAC 5:23-8) just	fication)	)	ing	The second second	me of Conta				LIC: Telephone	Numb			to make to the second			
Can	cellation	1		E	lizabeth I	Hampton										
Name of Engility Where Alex				F	ACILITY	INFORMATION										
Name of Facility Where Abatemer Hampton Residence	nt is Tak	ing Pla	ace (3)				Type of F		10000							
Street Address							School	ol (K-12) napter 8	(Other than	K-12)						
							Other	(i.e., pri	vate and co	mmerc	cial b	uildin	gs,			
City (5)							Square F	s, etc.)	# of Floor		To	Ida /	\ ~~			
Willingboro							1,570	CCI	2	5		lldg. <i>F</i>	ige			
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current L	Jse (Prio	e (Prior if being demolished)							
Burlington	D 77.11						Reside	ence								
Name of Monitoring Firm Hired by Management & Enviro. Cor				ASCI	M No.		ement Contractor (9) vironmental, LLC									
Street Address		y Ser	vices	. L												
PO Box 341						Street Address 623 Cutler A	Venue									
City, State, Zip Code			***************************************			City, State, Zip C					2					
Chesterfield, NJ 08515						Maple Shade		2								
Project Manager for Monitoring Fire	n		Te	lephone	e No.	Telephone No.			License N	0.	-	_	-	-		
Bill Weisgarber Start Date (10)					8-4070	856-755-0099			00842							
10 / _07 / _19	Sche			letion D I1/	ate (11) 19	Name of OSHA N EMSL Analyt										
Occupancy Status During Abateme	nt (Che					Street Address								-		
Facility Closed/Vacated During	Entire P	eriod o	f Abat	ement		200 Route 13	0 North									
Abatement Performed Outside of Time of Abatement:AM-	of Norma	al Facil	ity Ho	urs - De 1	scribe	City, State, Zip Co	ode									
Scope of Work (Check all that apply					_^\vi	Cinnaminsor	i, NJ 0807	7								
⊠ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf	()		tenova emolit			☐ Full Cont ☐ Mini-Enc ☐ Glovebag	losure		ive Pressur	е						
						⊠ Non-Exe	mpted (*) ar	: nd Non-I	Friable Proc	edure						
Location of			s Loca Norm			D					Ab	ateme	ent T	уре		
Asbestos-Containing Material (A	CM)		ed So ainten	lely by	Asbe	Description o stos Containing Ma	terial (ACM)	)	Amount		Re	Re	En	mg mg		
TO BE ABATED IN Facility		Cu	stodial	Staff?	(i,e	thermal systems in surfacing, VAT,	nsulation,		(Specify		Removal	Repair	Encapsulate	Enclosure		
(13)		Vac	(12)	1	-	other miscellaned	ous)		SF or LF)	,	al		ulat	J'e		
Dining Room & Kitchen		Yes	No	N/A	Elear T	ile and Mastic							Ф			
oyer, Sitting Room, & Living	Room	H		12	·	ile and Mastic		-	337 SF							
				H	1100111	ne and mastic			488 SF							
		Ī	ta	tā	ļ							믜				
Name of Registered Waste Hauler		Ц.	77	NDEP I	 Waste	Cubic Yards of	Name of F	Pagistor	ed Landfill		Ш	Ш	Ш	Ш		
Freehold Cartage				lauler II	O No.	Waste	Fairles									
City, State			L_	15939		5 Disposal Date	City, State									
Freehold, NJ						10/11/2019	Morris		A							
Completed By (Print or Type)	Title					Signature	L	7		Date						
Christina Fay	V	ice Pr	eside	ent of (	Operation		Da os/				171	10	7			
SB-41 N 13	*	Do not	uso th	nie form	for ashost	- I O II ou o	- 1-0-1			1/	4			736 H 1000-		

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

State of New Jersey

N M M		N	OHI				C 8:60 and 5:16	Party Carried and	FRE	0.77	E	Province of	1				
NUC				(ru				11111	EGE		E		11				
Date of Notification (1)	2000	NO. 17 . 10. 1					Owner/Operator (	11 mm	and the same of th								
09/	24 /	19	251		Riv	erside Bo	oard of Education	on III)	SEP 2	7 2010			1][				
Agencies Notified	Type Notifica	ition			Street	Address			OEI		01/4-1-10		1				
⊠ EPA	☐ Initial				112	E. Wash	ington Street		and the same of th		age demokratis to all code		No. of Physics Co.				
⊠ DOLWD					City, S	State, Zip C	ode		ASBESTOS	CONTRO	S JC						
☑ DOH ☐ DCA	☐ Emergend	-	ıdina		Riv	erside, N	J 08075		LICE	VSING							
(NJAC 5:23-8)	justificatio		Julia		Name	of Contact	t		Telephone Nu	mber							
	☐ Cancellati	ion			Rol	oert Karn	nade		-								
					FA	CILITY IN	FORMATION										
Name of Facility Where	Abatement is T	aking P	lace	(3)				Type of Facility	Facility (4)								
Riverside High Sch	nool							School (K-12)									
Street Address		5377/1015-3						☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings.									
112 E. Washington	Street							homes, etc.)		1010101	iciai bananigo,						
City (5)								Square Feet	# of Floors	Blo	lg. Ag	ge					
Riverside								80,000	2	7	0						
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished)							
Burlington								School									
Name of Monitoring Firm	Hired by Build	ling Ow	ner (8	8)	ASCM	No.	Name of Abateme	nent Contractor (9)									
TTI Environmental,	Inc.						Shade Enviro	ronmental, LLC									
Street Address							Street Address										
1253 N. Church Str	eet						623 Cutler A	venue									
City, State, Zip Code							City, State, Zip C	ode									
Moorestown, NJ 08	3057						Maple Shade	, NJ 08052									
Project Manager for Mon	itoring Firm			Tele	ephone	No.	Telephone No.		License No.								
Mike Stocku				85	56-840	-8800	856-755-0099	)	00842								
Start Date (10)	S	Schedul	ed Co	omple	tion Da	ite (11)	Name of OSHA N	Monitor									
10 / 04 /	19	10	/	14	1/	19	EMSL Analyt	tical, Inc.									
Occupancy Status During	g Abatement (0	Check o	nly o	ne)			Street Address										
☐ Facility Closed/Vacate							200 Route 13	30 North		20 AUTO - ST.							
Abatement Performed						scribe	City, State, Zip C	ode									
Time of Abatement: 6	3.00AW-5.00P	101/3.00	JPIVI-	12.00	<u>U</u> AIVI		Cinnaminsor	n, NJ 08077									
Scope of Work (Check a	II that apply)						□ FII Coo	tainmant with No.	nativa Proceura								
≥3 sf or ≥3 lf		D	Rei	novat	ion		☐ Full Con	tainment with Neg closure	gative Flessule								
≥160 sf or ≥260 lf				molitic				g Procedure	a Frieble Bross	dura							
		Т	Ic	Loca	tion		. U Non-Exe	empted (*) and No	on-Friable Proce		ateme	ont To	vne				
Location	of			Iorma			Description (	of					1				
Asbestos-Containing	Material (ACM	1)		d Sole	ely by		stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure				
TO BE ABA					Staff?	(1.€	e., thermal systems surfacing, VAT		(Specify SF or LF)	ova	ar.	psu	unsc				
(13)	пу	-		(12)			other miscellane		J. J. J. J.	-		ilate	ď.				
			Yes	No	N/A								-				
Room 109		]		$\boxtimes$		Pipe In	sulation		8 LF								
Crawlspace under 10	09, 110, & Ha	all [	$\boxtimes$			Pipe/Fi	tting Insulation	Debris (O&M)	3,000 SF								
		[															
	XXX	[															
Name of Registered Was	ste Hauler			1000	NJDEP		Cubic Yards of	Name of Regi	stered Landfill								
Freehold Cartage					1503		Waste 40	Fairless L	andfill								
City, State					Disposal Date City, State												
Freehold, NJ							e, PA	PA									
Completed By (Print or T		Signature						Date									
Christina Fay	Title Vic	e Pr	resident of Operations					96419									
								- July		1/00		ŧ					