Date of Notification 9/22/17

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner / Operator (2)

	Т	ype Not	tification			ublications			1101 (2)		. 0			019	hand	-
Agenci	es Notified				Street	Address							Balakaan		1	Media
	EPA			cy Notificat		Plaza, 120		d Ave		/	ASELS				&	grand.
	DEP		Initial No			tate & Zip Co				1		LIVE	NSIN	7		d .
X	DOL			d Notification		ne City, NJ	0775	53								
Х	DOH		Cancella	tion		of Contact							Tele	ohone	Numbe	r
	DCA				John	Collazo								The same of the sa		
					II SELEVITORES	CILITY INFO	DRMA	ATION								
Name o	of Facility W	/here Al		is Taking P Building	Place (3)		Туре	e of Fac	cility (4) I (K-12)							
Street A	Address		vacant	Dullullig						Other than	V 10)					
0.,000,	1001000		61 Sylv	ania Ave					200	ate & com	50.		linge h	omae	etc	
			or Oylv	ama Avc				are Fee		# of Floo		Duile	Bldg.		CIC.	
City (5)			Co	unty (6)	County Co	ode (7)	1	4,00	= = = = = = = = = = = = = = = = = = = =	# 011100	1		Diug.	70	r.	
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Name o	of Monitorin	a Firm I	Hired by F	Building Ow	ner (8)	ASCM No.	_			Contract	or (9)					-
	tactics, Ir			Julioning On	(0)	/ 10011110.				t Servic		C				
Street A	Address							et Addr		001110	00, 22					
1330 L	aurel Ave)							olhouse	Road						
City, St	ate & Zip C	ode							& Zip Coo							
	irt, NJ 087									p, NJ 08	831					
	Manager fo		oring Firm	n	Telephone N	Number			Number		Lic	ense	Numb	er		
	Peschock				732-449-00		732-	-605-9	062				00	714		
Schedu	led Start Da		Sche	eduled Com	pletion Date	(11)	41.674.000.000		SHA Mon							
	10/4/17				10/7/17		Glol	bal Ab	atemen	t Servic	es, LL	C				
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					riod of Abate				olhouse							-
					Facility Hou	urs -			& Zip Coo		004					
	other - Desc			During Ab	ical area o	nlv	livion	iroe i	ownsni	p, NJ 08	831					
Scope o	of Work (Ch	eck all														\neg
	emolition			Renovation	on			F	Full Cont	ainment v	vith Ne	gative	Press	ure		
L	arge Projec	t							Mini-Encl							
C	uantity is ≥	3 SF o	r≥ 3 LF	ACM				(Glovebag	Procedu	re					-
X C	uantity is	≥ 160 S	F or ≥ 260	0 LF ACM				X	Other:	Non-Fria	ble					l
		ocation			Is Locatio			escription			Amou				nt Type	
		tos-Con			Normally Us				ntaining		(Spec				emova	
		erial (A			Solely by			aterial (/				Feet			apsulati	on
		<u>BE ABA</u> n Facilit			Maintenance Custodial St				systems acing, VA		or		0	r Enclo	sure)	- 1
		(13)	У		(12)				ellaneous		inear F	eet)				- 1
		· · · · /			(. –)		. 00		marroodo	'						
		Rest	rooms		N/A		W	all ma	stic		200 5	SF		Remo	val	
		Roof			N/A		Patch	h/flash	ing tar		100 5	SF.		Remo	val	
										7						
	of Registere ehold Ca		e Hauler	1		te Hauler ID #	#	Cu. Yd	s. of Wa		ame of	Regi	stered	Landfi	II	
City, Sta		ung			1	18693	_	Dienos	20 al Date		ity, Sta	to	-			\dashv
	nton, NJ								10/7/17		ullyto		Pa			
	ted By (Prir	nt or Tvi	oe)	Title				Signati			,			Г	ate	\neg
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R-41 II	IIN 95 G46	67														

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K#2105100	PA		NO1					BESTOS ABA AC 8:60 and 5:1		DEGE	2	\mathbb{V}	E,	
Date of Notification (1)						Name	e of Buildin	ng Owner/Operator	(2)	4 1	- 1 ///		-	
	25 /	17	7			Ne	w Jersey	Schools Devel	opment Author	ority SEP 2	28 2	2017	1	
	Type Notific	ation	i			Stree	t Address						i	Alexander of the second
	☐ Initial					32	E. Front	St.		ASBESTOS	CON	TRO	L &	
☑ DOLWD ☑ DHSS	☐ Amende Amendm					City,	State, Zip	Code		LICE			Chile about	
	☐ Emerger			- a		Tre	enton, NJ	J 08625-0991			ALPROPRIOR (SERVICIAL)			
(NJAC 5:23-8)	justificati	ion)	ioidairi	9		Name	of Contac	ct		Telephone Num	nber			
	☐ Cancella	ition				An	drew Oal	kley						
						FA	CILITY IN	NFORMATION						
Name of Facility Where Ab	patement is	Takin	g Place	e (3))				Type of Facilit	y (4)				
Former Camden Hig	h School								School (K-					
Street Address										r 8 (Other than K-12 private and comme		uildin	70	
1700 Park Blvd.									homes, etc		:ICIAI DI	unun i	y 5,	
City (5)						-7-Y			Square Feet	# of Floors	В	ldg. A	ge	
Camden									175,000	3		+/- 5		
County (6)						Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (F	Prior if being demoli	shed)	- 12		
Camden									Vacant	•				
Name of Monitoring Firm F	lired by Build	ding (Owner	(8)	A	SCM	No.	Name of Abatem	ent Contractor (9)				
Brinkerhoff Environr	mental Ser	vice	s Inc.					I	mental Mana	5				
Street Address					-			Street Address		5				
1805 Atlantic Avenue	е							8436 Enterpr	ise Avenue					
City, State, Zip Code				-				City, State, Zip C						-
Manasquan NJ 0873	6							Philadelphia						
Project Manager for Monito	oring Firm			T	elep	hone	No.	Telephone No.		License No.				
Gary Fleming					732	2-223	-2225	215-365-5810)	001156				
Start Date (10)	15	Sched	duled C	omp	oletic	on Da	te (11)	Name of OSHA N	Monitor					
10 /05 / _	17)1_ /		26	_ / _	18	USA Environ	mental Mana	gement, Inc.				
Occupancy Status During A								Street Address						
Facility Closed/Vacated	During Entir	re Pe	riod of	Aba	tem	ent		8436 Entperp	rise Avenue					
Abatement Performed C Time of Abatement: 7:0	Outside of No	ormal	Facilit	у Но	ours	- Des	cribe	City, State, Zip C	ode					
		PIVI/_		IVI		AIVI		Philadelphia	PA 19153					
Scope of Work (Check all to	hat apply)					XX		П						
≥3 sf or ≥3 If			☐ Re	nov	atior	า		☐ Full Con	tainment with Ne losure	egative Pressure				
≥160 sf or ≥260 lf			☑ De	mol	ition				g Procedure					
			In	100	atio			⊠ Non-Exe	mpted (*) and N	on-Friable Procedu	T			
Location of					nally			Description of	. £		Ab	atem	-	ype
Asbestos-Containing Ma		1)			olely		Asbe	stos Containing Ma		Amount	Rer	Repair	Encapsulate	Enclosure
TO BE ABATI	ED		Ma Cus		nand			., thermal systems	insulation,	(Specify	Removal	pair	заря	Sols
IN Facility (13)			000	(1:		un:		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		sula	ure
· · · ·			Yes	N	0	N/A		outer modelland	ousj				te	
Main BuildingCrawlspa	ace and					\boxtimes	Air Cell	Insulation Debr	is	40,000 SF		П	П	Г
Main Building Chase							Air Cell	Pipe insulation		180 LF		П		Г
					-	\boxtimes								
					-						井		-	
Name of Registered Waste	Hauler					DEP V	Vaste	Cubic Yards of	Name of Posi	stered Landfill			Ш	L
Service Transport Gr						uler ID		Waste	Minerva L					
City, State								200 Disposal Date	City, State					
New Castle, DE								1/26/18	Minerva, (ОН				
Completed By (Print or Type	e)	Title						Signature	1 1	Da	ite	7	1	
Kevin Meldrum		Pr	oject	Ma	nag	jer		Ko	hill		9/	フィー	1_	

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Build	EARTHTI		UTRACTIV	بر) لا			
Agencies Notified Type Notificat	ion	Street Addres	SISS RT	. 50					
☐ 6PA	nt#	City, State, Zip	Code		063	2 0		-	_
☐ Emergency justificatio	(including	Name of Conta	RELNIFIE	LO ML.	Telephone Num		_		_
☐ DCA ☐ Cancellatio	n	BR	LUCE			57.500			_
		FACILITY IN	FORMATION						
Name of Facility Where Abatement is Ta				Type of Facility					
Street Address					8 (Other than K-12 rivate & commerci		dings	,	
City (5)	^ 1 *** *			Square Feet	# of Floors	. В	ldg. A		
	CITY	County Code	(7) (STATE	2000	ior if being demolis	hed)	50) +	
COUNTY (6) CAPE MAY	7/	USE ONLY)			AW T	siled)			_
Name of Monitoring Firm Hired by Buildin	g Owner	ASCM No.	(F) (2) (3)	ent Contractor (9)				22.35	
(8) N/A			Street Address	MCO I	VC	_			-
Street Address			369	S SPIRU	CE ALE				
City, State, Zip Code			City, State, Zip C	ode		10		,	
	Tolo	phone No.	Telephone No.	E SHADE	License No.	080	25 4	=	=
Project Manager for Monitoring Firm			856-77		0041	44			_
	eduled Complet	ion Date (11)	Name of OSHA N	Monitor					
Occupancy Status During Abatement (Ch	1		Street Address	- 14/-					_
Facility Closed/Vacated During Entire F	Period of Abater	nent							_
Abatement Performed Outside of Norm Other - Describe:	nal Facility Hour	S	City, State, Zip Co	ode					
Scope of Work (Check all that apply)			L						=
	Renovation	nn	☐ Full Con	tainment with Neg Iosure	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Demolition		☐ Gloveba	g Procedure	-Friable Procedur	e			
	Is Location	1	MINORPLACE	Tripled () and No.	FITABLE FTOCCUL	_	bate		
Location of	Normality Used Solely	by	Description of			_	Typ	e T	_
Asbestos-Containing Material (ACM)	Maintenano Custodial	e/ Asbes	tos Containing Mate thermal systems in		Amount (Specify	77		En	щ
TO BE ABATED IN Facility	Staff?	(1.6.,	surfacing, VAT,	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	(12)		other miscellaneou	JS)		val	4	ulate	ure
	Yes No	N/A	0 1.15.7		2500	~	-	-	_
SIDING		X	RANSITE		3500 SF	^		-	
		_				\vdash	-	-	\dashv
	+	-							
Name of Registered Waste Hauler		DEP Waste	Cubic Yards	Name of Regis	tered Landfill				
KITMIO INC	Ha	uter 10 No.	of Waste	C.M	.C. M.U-	A			_
City, State			Disposal Date	City, State	NR.ALI-		¥1		
MAPLE SHADE A	1.)		Signature	1_000	DBINE	_		_	=
Completed By MICHAU CLOMM	SUP.		_ Mul	Dr	_ -4-	-22		1	
			-						

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

Date of Notification (1)	22-17			Nam		EARTHTE		NTRACTIM	46-			
Agencies Notified	Type Notificatio	n		Stre	et Address	155 RT	50					_
M DOF	Amended Amendment Emergency		-	City.	State, Zip	Code CEENFIE	D M.	T 082	30			
DCA DOH	justification		9	Nam	e of Conta			Telephone Numb	er			
				FA		ORMATION						_
Name of Facility Where	Abatement is Taki	ng Place	(3)				Type of Facilit	y (4)			-	-
Street Address	ESIDENC	<u> </u>						r 8 (Other than K-12 private & commercia		dings		
City (5)		1 44					Square Feet	# of Floors	- 1	dg. A	0.00	
	CTAN (115		Cou	nhi Code (7) (STATE	2000	Prior if being demolis		50) +	=-
County (6)	MAY				ONLY)	1) IOTATE		CANT	,,,,,,			_
Name of Monitoring Firm		Owner	7	ASCM	No.	Name of Abatem						
(8)	JIA					Street Address	IMCO I	NC				-
Street Address						369	S SPIRI	ICE ALE				_
City, State, Zip Code						City, State, Zip Co	ode		10		,	
			Tolor	phone	No	Telephone No.	E SHAD	License No.	000	ع در	=	=
Project Manager for Mon						856-77	9-0472	0041	14			_
Start Date (10)	192	duled Co			ite (11)	Name of OSHA M	Monitor ILL I					
Occupancy Status During		ck only		11	-	Street Address	14/5					=
Facility Closed/Vacate	d During Entire Pe	eriod of A	Abatem	nent			:				_	_
Abatement Performed	Outside of Norma	l Facility	Hours	5		City, State, Zip Co	ode					
Other - Describe:									===			=
Scope of Work (Check all 23 sf or 23 lf 2160 sf or 260 lf	(that арруу)	☐ Rer	novatio notition			☐ Mini-Enc ☐ Gloveba	dosure g Procedure	egative Pressure on-Friable Procedur	e			
		Is Lo	ocation	1		18.10			_	bater		
Leastion	,		mally Solely	by		Description of			_	Typ	He	
Location o Asbestos-Containing M.	aterial (ACM)	Maint	tenano stodial		Asbest	os Containing Mate thermal systems in	erial (ACM)	Amount (Specify	ي	77	Enc	En
TO BE ABATE IN Facility	<u>-D</u>	S	taff?		(1.0.,	surfacing, VAT, other miscellaneous	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		1	12)			Office Trasocata room	۵۵)		/al	7	ale	ll e
		Yes	No	N/A		P.A.ICITI	<i>(</i> -	2500 SE	X			
SIDIM	6		_	X		RANSITI		<u>C3003r</u>	1			
			\dashv					_====				
		-	\dashv	-								
Name of Registered Wast	e Hauler			DEP V		Cubic Yards of Waste	Name of Reg	istered Landfill				
KLEMCO	INC		- Haj	yler ID	04	_	C. M	1.C.M.U.	A			_
City, State	40E IL	T	N. W. C.			Disposal Date	City, State	DBINE	7			
Completed By	AOE N	<u> </u>				Signature_0	1	Dates	-77	-1)	
	CMM	SI)₽.			Mul	U M	$=$ $\frac{9}{2}$	LL		_	_

(KE 4320 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) (-ARDIN Type Notification Agencies Notified Street Address (ASBESTOS CONTROL & M Initial trangu DEPA Amended City, State, Zip Code DOL. Amendment # Emergency (including **⊠**DOH justification) Name of Contact Telephone Number DCA Cancellation TIVU FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RESIDENCE School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc.) Square Feet City (5) # of Floors Bldg. Age DHITESBORD 1500 50 t County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) VACHAIT Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner KLEMIC Street Address Street Address City, State, Zip Code City, State, Zip Code MAPI Telephone No. Project Manager for Monitoring Firm Telephone No. License No Name of OSHA Monito Start Date (10) Scheduled Completion Date (11) 0-10-17 Street Address Occupancy Status During Abatement (Check only one) Tacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure ≥3 sf or ≥3 lf Renovation Demolition ≥160 sf or ≥260 If Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Normally Type Used Solely by Description of Location of Maintenance/ Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Custodial (i.e., thermal systems insulation, (Specify TO BE ABATED Remova surfacing, VAT, or Staff? SF or LF) IN Facility other miscellaneous) (12)(13)No N/A Yes TUALISITE 1750 34 SLIDIAL

JIVINI 6			TICHWITT		1000	14	+
						++	++
Name of Registered Waste Hauler KUTMCO ĴWC		NUDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Regi	stered Landfill	A	
City, State WAPLE SHAPE	N.J		Disposal Date	City, State	DRINE	11.5	-
Completed By WICHALL GOVEN	Title SUPE	evisor.	Signature.	lon	Date 4	-22-	17

V# 13123 PA	II II	NOTIF	S	state of Ne	ew Jerse BESTOS	ey S ABATE	EMENT				o o opposite		Р	ri
Date of Notification (1) 9/25/2017			Name o	t to NJAC of Building ng Phar	8:60 ar	od 12:12 Operato	20) or (2)			E C E	- -	\mathbb{V}		The Contraction of the lease of
Agencies Notified Type Notificatio	n		Street A	Address Crystal A		liicai G	iiass, t	LC market of the same of the s		SEP	2 8	201	n V	Shelled to the state of the sta
DEP Amended Amendmen		_		ate, Zip C and, NJ				Dell'arrante della	AS	SBESTO	3 CO	NTF	OL	COPPE
DOH justification Cancellation				of Contact .aMastro					Te	lephone No	INSI Imber	VO		
Name of Facility Where Abatement is Tak	ing Place (3	3)	FAC	ILITY INF	ORMAT	ION	Tyne	of Facility	- , (4)					
Corning Pharmaceutical Glass, L	LČ	,						School (K						
Street Address 563 Crystal Avenue							×	Subchapt	er 8 (Oth	ner than K-1 & commerc		dings	, hon	ı
City (5) Vineland								re Feet	# c	of Floors	100	3ldg. /		
County (6) Cumberland				Code (7) USE ONLY	n			nt Use (P p Hous		ing demolis	hed)			
Name of Monitoring Firm Hired by Building EHS Environmental, Inc.	Owner (8)		ASC	M No.				tement C vironm		r (9) Services, I	nc.			
Street Address 411 Southgate Court							Addres Ridge F	· ·		30				
City, State, Zip Code Mickelton, NJ 08056								p Code le, PA 1	9460					
Project Manager for Monitoring Firm Jack Carney			Telepho 856 22	ne No. 24-0080			hone No 933-4:			License N 00836	lo.			
Start Date (10) 10/09/2017	Schedule 10/11/2		npletion	Date (11)				IA Monito		ervices, I	nc.			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A	batem	nent			42 R	Addres idge F state, Zi enixvil	Road	9460					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Personal Control	enova emolit				×	Min Glo	i-Enclosu vebag Pro	re ocedure	n Negative F			e	
Location of		Locati										Abate		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solei ntenar odial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellar	faterial s insula T, or	(ACM) tion,	(5	mount Specify or LF)	Remova	Repair	Encapsulate	
Diesel Pump House	Yes	No	N/A X	Corr	ugated	Trong	ito Do	nolo	2/	10.05			ite	
Dissert unip House			^	Con	uyateu	TTAITS	nie Pa	neis	24	10 SF	X			
Name of Registered Waste Hauler C & H Disposal Services, Inc.		H	JDEP W auler ID 7930		Cubic of Was				7.	red Landfill County In		. Au	th.	
City, State Elmer, NJ						al Date		City, Sta Millville						
Completed by Patrick Larney	Title Proied	t Ma	nager			ignature		7	.,	Da	te /25/2	017		

NOTIFICATION OF ASBESTOS ABATEMENT MO#24499206786 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 25 17 Kevin Faulkner SEP 28 2017 Agencies Notified Type Notification Street Address ☐ EPA ✓ Initial **⋈** DOLWD Amended City, State, Zip Code ASSESTOS CONTROL X DHSS Amendment # LICENSING DCA Emergency (including Plainfield, NJ 07062 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Kevin Faulkner **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Plainfield, NJ 07062 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __10__ / __06__ / __17__ __10 / 07 / 17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-____PM/___ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If Renovation
Demolition Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by 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 SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement \boxtimes Pipe insulation 70 LF П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic leute Wenas Owner 09/25/17 ASB-41

State of New Jersey

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MK#1168	PA			ICATION	tate of New Jerse N OF ASBESTOS to NJAC 8:60 an	ABATE		JT CONTRACTOR		CE		<u> </u>		2
Date of Notification (1) 09-20-17	***				f Building Owner/o		(2)	and the state of t		SEP 2	8 2	017		
Agencies Notified	Type Notification			Street A	ddress forest Ave.				20	normal line of location	201	-C		1
DEP DOL	Initial Amended Amendmen	t #	ŀ		ate, Zip Code Hanover NJ 07	936		- I	ASI	LICEN			L Ci	
DOH DCA	Emergency justification) Cancellation	(including	_	Name o	f Contact Caravella			-	Tel	ephone Nun	nber			
L BCA	Cancellation	1			LITY INFORMAT	ION								
Name of Facility Where	Abatement is Takir	ng Place (3)	170	LITT IN ORMA	1014	Ту	pe of Facility	(4)			200		
Private Home					******************			School (K-		100 PARTIES	26			
Street Address							Y.			er than K-12 & commercia		dings,	home	es,
City (5)		-				-		etc.) uare Feet		f Floors		ldg. A		
Robbinsville							J	uale i eet	770	1 110015	"	ilug. A	ge	
County (6) Mercer				County (STATE	Code (7) USE ONLY)		Cu	rrent Use (Pr	ior if bei	ng demolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.			batement Co		(9)				
Street Address				1		Street 522	Add	ress					5076	
City, State, Zip Code	**							Zip Code	87	***************************************				
Project Manager for Mon	itoring Firm	(i)	T	Telepho	ne No.	Telepi	none	-		License No).			
Start Date (10)		Schedul	ed Con	npletion	Date (11)			SHA Monitor		01200				
09-22-17		09-26-				Delfa	a Co	ontracting l	LLC					
Occupancy Status During						Street		7						
Facility Closed/Vaca	ated During Entire	Period of	Abatem	nent		522		Zip Code						
Other – Describe:		nar r donit	riouro	,				ity NJ 070	87					
Scope of Work (Check A	II That Apply)	-	-0											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				1	Full Containm Mini-Enclosus Glovebag Pro Non-Exempte	re cedure				a	
	Mass J	Is	Locati	on			-	TOTT EXCHIPTE	1	a 71011 1 11001	1	Abate	ment	
Location			Normal ed Sole			scription						Ty	ре	
Asbestos-Containing TO BE AB/ In Facil (13)	ATED	Ma	intenar todial S (12)	nce/			s ins	ulation,	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			2010200000						fe	
Entire Pro	perty		х		Demolition	Asbes	tos	Debris			Х			
		-												
		-		-										

NJDEP Waste Hauler ID No. of Waste Caravella Demolition Inc IESI 35685 80 City, State Disposal Date City, State E. Hanover, NJ 07936 09-26-17 Bethlehem,PA Completed by Signature Date Jaime Delgado Proj. Manager. 09-20-17

Cubic Yards

Name of Registered Waste Hauler

Name of Registered Landfill



PAID

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

Date of Notification (1)					of Buildir			or (2)		Contractor of the Contractor o	7	E (7		\mathbb{V}	E
	Type Metification				mit Oak	s Hosp	ital			-	31					
		п		111 - 1	Address	041			944 bksc.ool	Π		SF	P 2	0	1017	
	x Initial			<u> </u>	rospect				MALE TO THE PARTY OF THE PARTY	14	17	υL	-1 -	· o ,	2017	
× DOL	Arenand	nt#			state, Zip o mit, NJ					-	L					
	Emergency	(including	_								A	SBES	TOS	CON	TROL	2
				Kris	of Contac	Œ				4	Telepi	none N	166	SINC	3	
	TET Caricenatio	711				PROPERTY AND A SECOND										
Name of Facility Where	Abatement is Taki	ng Place (3)		PAL	CILITY IN	FORMAT	TON	Type	of Facility	(4)						
Summit Oaks Hos	pital	0 (-/								12. 32.						
Street Address								H :	School (K- Subchapte	12)	Johns 6	han V	40)			
19 Prospect Stree	Í							IN C	Other (i.e.)	priva	te & c	ommer	12) cial bu	ildina	s. hon	185.
City (5)									etc.)							100.00
Summit									re Feet		of Fl	oors		Bldg.	Age	
County (6)			-	County	Code (7)			45,0		1	3			50+		
Union				(STATE	USE ONL	Y)		Curre	nt Use (Pri	or if i	being	demoli	shed)			
Name of Monitoring Fire	n Hired by Building	Owner (9)		1 400	0.4.b.l			Hos								
S & S Environmen	tal Sciences In	C Wilei (0)		ASC	M No.				ement Cor							
Street Address	101 00101000, 111	0.					-		struction	& K	esto	ration	, inc.			
:	gencies Notified EPA DEP DOL Amended Amended Amendent # Emergency (includir justification) Cancellation Image: Address Prospect Street Py (5) Cancellation Image: Address Prospect Street Prospect String Place Image: Address Prospect Street							Addres	To an							
	<u> </u>								46 Suite	3D						
# 18740	7009							state, Zi								
게			-	T-1					J 07512							
Prakash Khaitan	mornig i mii			Telepho	one No. 57 7188	,	£ 201	none No				cense I	Vo.			
Start Date (10)		Sabadulad	000					256 70			00)666				
10/07/17		10/08/17		npietion	Date (11)		F 100 100 100 100 100 100 100 100 100 10		A Monitor				(***			
	a Abatement (Cho								truction	& R	estor	ation,	Inc.			************
Principle								Address		20						
Abatement Perform	ated During Entire	Period of Ab	atem	ent					46 Suite	30						
X Other - Describe:	Occupied Sat. 5pm-	1am Sun 9ar	m-1p	m		07040000		tate, Zip								
Scope of Work (Check A	II That Apply)		191 km 3.1				10101	wa, N.	J 07512							
Emond	iii (Hat Apply)	17.71					Free	7								
		governing	nova				×	Full	Containme	ent wi	th Ne	gative l	Pressu	ure		
itomal		Der	HOIR	1011			X	17111111	Enclosure ebag Proc		2					
								Non-	Exempted	(*) a	nd No	n-Friat	ole Pro	cedu	е	
		Is Lo	ocatio	on										Abat	emen	
		Nor Used \$	mall	**		Des	cription	of					_	T	/pe	
		Maint			Asbes	tos Conta	aining Ma	aterial (ACM)	59	Amou	nt			m	
		Custod		taff?	(I.e.	thermal surface	systems ing, VAT		on,		(Speci F or L		Rer	R	nca	Enc
(13)		(12)				iscellane) OIL	.17	Remova	Repair	Encapsulate	Enclosure
		Yes 1	Vo	N/A									2	1	ate	6
1st Floor Boil	er Room	V				TOI	Cittina			-	0 = 1 :	_	-	-		
	0	+^-				131	Fitting	S			35 LI	·	X			
											~~~		1			
Name of Registered Was	te Hauler		NJ	IDEP W	aste	Cubic Y	/ards		Name of R	enial	ered I	anden				
		C	Ha	auler ID I		of Wasi		15.							•000000	
		· ·	20	889		TBD			Tullytow	n K	esou	rce R	ecov	ery F	acili	У
City, State Totowa, NJ						Disposa	al Date		City, State							
Completed by						TBD			Tullytow	n, P	A					
Goran Kojic		Title	n a			Sig	gnature		T		gung.	Da				
- Stati Nojio		Project	INISI	nager			1	570	-46	Y	L	09	/26/	17		



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

NT		F	P	E	П	Π//	F	
	IK		<u> </u>	5	Ш	$\mathbb{V}$		$\prod$
/ Job	#1709	-521	Sch	neck	#95	267	A STATE OF THE PARTY OF THE PAR	Ш

Date of Notification (1)	-		Ti	Name	of Buildi	ng Owner/Operator	(2)				0.5.0.2.0	-
9 / 26 /	17	_				od Johnson Hos		#1709-5219 0	heck	#952	967	Thomas Colonian
Agencies Notified Type Not  ☐ EPA ☐ Initial ☐ DOLWD ☐ Amend			\$		Address Rober	t Wood Johnsor	n Place	ASBEST	OSC	ONT	ROI	0
	dment#		(		tate, Zip		L	LI	CENS	SING	1102	C
☐ DCA ☐ Emerg	ency (inclu	ıding		New	/ Bruns	wick, NJ 08901			_300	- The second	NAME OF TAXABLE PARTY OF	attenture of
(NJAC 5:23-8) justific	ation)	Ü	1	Vame (	of Conta	ct		Telephone Nu	mber			
☐ Cance	llation			Kris	ten Bel	1		(				
				FAC	ILITY I	NFORMATION						
Name of Facility Where Abatement is		lace (3	3)				Type of Facility	(4)				
Robert Wood Johnson Hosp	ital						School (K-12					
Street Address								8 (Other than K-1				
One Robert Wood Johnson F	Place						homes, etc.)	rivate and comm	ercial i	ouildir	ıgs,	
City (5)							Square Feet	# of Floors	I E	Bldg. A	Age	
New Brunswick							1 2 2322			- 3	3-	
County (6)			(	County	y Code (	7)(STATE USE ONLY)	Current Use (Pr	or if being demol	ished)			
Middlesex				-	•		Hospital	a meaning dome.	ionou			
Name of Monitoring Firm Hired by Bu	ilding Own	er (8)	AS	SCM N	lo.	Name of Abatem						
Omega Environmental						AbateTech, I						
Street Address						Street Address						
280 Huylar Street						30 Maple Ave	. PO Box 25					
City, State, Zip Code						City, State, Zip Co						
South Hackensack, NJ 07606						Lumberton, N						
Project Manager for Monitoring Firm		T	elepho	one No	0.	Telephone No.		License No.				
Geiser Fajardo			201~	489-8	700	609-265-2107	ti.	00529				
Start Date (10)	Scheduled	Com	pletion	Date	(11)	Name of OSHA M	lonitor					
_10_ / _6_ / _17_	_10	/ _	15_	1_	17	EMSL Analyti	ical					
Occupancy Status During Abatement	(Check on	y one	)			Street Address						
☐ Facility Closed/Vacated During Ent	ire Period	of Aba	atemen	nt		200 Route 13	0 North					
Abatement Performed Outside of N	lormal Fac	ility Ho	ours - l	Descri	ibe	City, State, Zip Co						_
Time of Abatement: 7AM-3:30PM	10PM-6:3	MA	at	ré Sua	un l	Cinnaminson						
Scope of Work (Check all that apply)	VI ID PA	n, 3		u		(II	ainment with Nega	ativo Progrum				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		Renov Demol	ation ition			☐ Mini-Encl ☐ Glovebag	osure Procedure					
	T	Is Loc	ation			⊠ Non-Exer	npted (*) and Non	-Friable Procedu		50		_
Location of			nally			Description of			Ab	T	ent Ty	уре
Asbestos-Containing Material (ACN			olely b		Asbes	tos Containing Mat		Amount	Rer	Repair	E	Enc
TO BE ABATED  IN Facility	1000000		al Staff		(i.e.	<ul> <li>thermal systems in surfacing, VAT,</li> </ul>		(Specify	Removal	air	aps	Enclosure
(13)		(12	2)			other miscellaneo		SF or LF)	<u>a</u>		Encapsulate	Tre
1050 Duilding O.L.	Yes		-	/A							Ф	
1958 Building G Level				JF	loor Til	e & mastic		600 SF				
				]								
				]								
				1						П	П	
Name of Registered Waste Hauler		1	NJDE	P Was	ste	Cubic Yards of	Name of Registe	ered Landfill	1-			
AbateTech, Inc.			Haule 187		0.	Waste 40	G.R.O.W.S.					
City, State						Disposal Date	City, State					
Lumberton, NJ						10/16/17	Tullytown, F	PA				
Completed By (Print or Type)	Title					Signature	1	Da	te ,			$\exists$
Gwendolyn Trumbetti SB-41	Opera	tions	Cool	rdina	tor	1 cm	U		9/0	201	17	

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### PAID

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

) or		OH				AC 8:60 and 5:		In	NE	C	E		7 [	F
Date of Notification (1)				Nan	ne of Buildir	ng Owner/Operato	r (2)	1	V=		-		-	וור
9 / 22 /	17			J	CP&L/Firs	tEnergy Comp	any / Job #17	09-5	221 C	heck	#952	5 201	7	Santacount I
Agencies Notified Type Noti	fication				et Address			LJ_	4	OLI		201	/	-
☑ EPA ☑ Initial			- 1	10	Legion F	Place- Building	Α							
☑ DOLWD ☐ Amend			ŀ		, State, Zip	Commence of the commence of		_	ASE	BEST			IOL 8	A
I —	lment #					, NJ 07960	L			LIC	CENS	ING		-
(NJAC 5:23-8)	ency (includation)	ding	H		ne of Contac	#1/0/2012 C.		1	Talaah	NI				
☐ Cancel					hn Greco			,	Telepho	one Nu	umber			
				F/	ACILITY IN	FORMATION		-				-		
Name of Facility Where Abatement is	Taking Pla	ace (	3)				Type of Facilit	v (4)	)					
JCP&L- Substation		100	1.050				School (K-		1					
Street Address	7						── Subchapte	r 8 (	Other th	nan K-	12)			
300 Madison Ave.							Other (i.e., homes, etc	priva	ate and	comm	nercial	buildir	ngs,	
City (5)	41						Square Feet		# of Flo	oors		Bldg.	Age	
Morristown, NJ 07960							The Management Care							
County (6)				Cou	inty Code (7	)(STATE USE ONLY)	Current Use (F	Prior	if being	demo	olished	)		
Morris							Substation							
Name of Monitoring Firm Hired by Bu	ilding Owne	er (8)	A	SCM	l No.	Name of Abatem	nent Contractor (9	3)				_	-	
1 Source Safety & Health, Inc.						AbateTech,		-/						
Street Address						Street Address					5-51-615			
140 S. Village Ave., Suite 130							e. PO Box 25							
City, State, Zip Code	(11)				-	City, State, Zip C	222				-			
Exton, PA 19341						Lumberton,	NJ 08048							
Project Manager for Monitoring Firm		Т	eleph	one	No.	Telephone No.		T	License	e No.				
Brian Hovendon			610	-524	-5525	609-265-2107	7		0052	29				
	Scheduled					Name of OSHA N	<b>M</b> onitor			2000				
9 / 25 / 17				1	17	EMSL Analyt	tical							
Occupancy Status During Abatement	Check only	one/	)			Street Address								
☐ Facility Closed/Vacated During Ent	ire Period o	of Aba	ateme	nt		200 Route 13	0 North							
Abatement Performed Outside of N	ormal Faci	lity H	ours -	Des	cribe	City, State, Zip Co	ode							
Time of Abatement:AM	PM/	P	M		AM	Cinnaminson								
Scope of Work (Check all that apply)						⊠ Full Cont	tainment with Ne	antiv	o Droo	01180				
☐ ≥3 sf or ≥3 lf			ation			☐ Mini-Enc	losure	yauv	re Fless	sure				
≥160 sf or ≥260 lf		emol	lition			Glovebag		-						
		s Loc	cation			☐ NOII-Exe	mpted (*) and No	ח-רוכ	nable P	rocedi				None Mary
Location of		Norn	nally			Description o	ıf				1000	batem		
Asbestos-Containing Material (ACM			olely l			tos Containing Ma	terial (ACM)		Amou	unt	Remova	Repair	Encapsulate	Enclosure
TO BE ABATED  IN Facility			al Sta		(i.e.,	thermal systems i			(Spec		Nov	air	aps	losi
(13)		(1:				surfacing, VAT, other miscellaned			SF or	LF)	<u>a</u>		sula	ure
0.325	Yes	N	0 1	N/A		- III	Juo,						te	
3 rd Floor Plenum Area					Sprayed	on material			4200	SF	П	П		П
				7								1		
				-								12		
		-		_									Ц	Ш
lame of Registered Waste Hauler					Vents	Ouble V4	N (5							
AbateTech, Inc.			NJDE Haule	er ID	No.	Cubic Yards of Waste	Name of Regis			5II				
City, State	- Industrial		18	750		20 Disposal Date	0-100-2000-00000000000000000	. Ld	HUIIII					
Lumberton, NJ						9/29/17	City, State  Tullytown,	PA						
completed By (Print or Type)	Title					Signature	4			D	ate		101	
Gwen Trumbetti	Operat	ions	Coo	rdir	nator	Una	10			0	91	22	11-	7

ASB-41 MAY 11



# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120)



			(Purs	uant to NJ	AC 8:80 and	12:12	(0)	chop	Y A	1	42	Ó
Date of Notification (1) 9/22/17			Nan	me of Build	Ing Owner/Op	erato / Tra	r (2) nsfer	INE G				1
X EPA D In	lotification		Stre	et Addres		_	_	IIII SEP	28	2017	-	Contraction and and and and and and and and and an
DEP X Ar	nended nendment #_ nergency (inclu	dina	City	. State, Zip				By				2)
_ Jus	stification) incellation	aing		ne of Conte				Telephon	e Numb	er		and the same of
Name of Facility Where Abatemer	at to Tabia - Dt-		F	ACILITY II	VEORMATION	1						
Bullding #13, Perth Amboy	1160 LLC	<b>ce</b> (3)			7.5		Type of Facilit	y (4)				_
Street Address							School (F	(-12)				
1160 State Street							Subchap Other (i.e	ter 8 (Other than	K-12)			
City (5)							etc.)	private & comm	nercial I	buildin	igs, ho	ome
Perth Amboy						- 1	Square Feet	# of Floors		Bldg	Age	
County (6)		-	Coun	ty Code (7	,		na	na		na		
Middlesex			(STAT	TE USE ONL	n	-	Current Use (P	rior if being dem	olished	)		
Name of Monitoring Firm Hired by	Building Owner	(8)	AS	CM No.	Na E	ame o	of Abatement Co	ontractor (9) k Resolution				1201
Street Address					St	reet A	ddress			tracti	ng, L	.LC
City, State, Zip Code								Road, PO Bo	x 70			
							ate, Zip Code	_				
Project Manager for Monitoring Firm	n		Teleni	hone No.			ow, NJ 0809					
	10	- 1	. с.ср	none No.			ne No. 67-0600	Licens				
Start Date (10) 9/22/17	Sched 10/1	fuled Co	mpletio	n Date (11)	) Na	me of	OSHA Monitor	0126	3			_
Occupancy Status During Abatemen					EN	VISL	Analytical					
Facility Closed/Vacated During	Entire Doday		ment				ddress addon Ave.			-		
Other - Describe:  Goope of Work (Check All That Appl		lity Haun	8				e, Zip Code ont, NJ 081	08			_	
≥3 sf or ≥3 If	y)											_
≥180 af or ≥260 if	B	Renove Demolit		129		XI III	Glovebag Prod	cadure				
		ls Locati	on.	T		EGG	Non-Exempted	(*) and Non-Fr	able Pr	ocedu	re	_
Location of		Normal	ly		_						lemen ype	rt
Asbestos-Containing Material (AC TO BE ABATED	CM) Us	ed Sole	ly by	Asbes	Description Containing	Mete	ANDA) Isin	Amount		T .	T	Т
In Facility	Cu	stodial 5	itaff?	(i.e.	inemal system	ms In	Sulation	(Specify	20	1_	En	
(13)		(12)			surfacing, V other miscell	AI, c	or us)	SF or LF)	Removal	Repair	aps	1
_	Yes	No	N/A	1	a talah dari da katalan da talah da ta				<u>a</u>	=	Encapsulate	
Building #13			Х	Miscell	aneous deb	oris o	n ground	3000 s.f.	x	-	-	H
					around s	slab						
	_											
me of Registered Waste Hauler		NI	DEP W	lanta	0							
		На	uler ID	No.	Cubic Yards of Waste 20		10 Agree 25 To The Control of the Co	egistered Landfi ounty Landfil				
Il Waste & Recycling Inc.		121					I CHICIII C	CULIEV L'ADULII				
y, State		214	435					7				
y. State rlin, NJ		214	435	1	Disposal Date	•	City, State				_	
y, State	Title	21/	435	1				MI	ate		_	

Unt # 4306

111				
W 13	A	100	100	-
3	10	1	- 121	100
N .	-	100	- 15	00
-	- 10	15	11	19

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

				(P	ursua	nt to NJ	AC 8	3:60 and 5	:16	6) [[[		<u>L</u>		<u> </u>	5	M
Date of Notification (1)					Nam	e of Buildir	ng Ov	vner/Operato	or (	2)					-11	Н
9/	25 /	17	_		Or	mar and I	Vlich	elle Ricket	tts		∐ SEP	28	20	17	Plane state	IJ
	Type Notific	cation			Stree	et Address					1				1	
	⊠ Initial									-	ASBESTO	0.00	177°F			1
⊠ DOH	Amende Amendr				City,	State, Zip	Code	)			LICE	ENSIN	HIG IG	OL	2	
	☐ Emerger		0-0-0	- а	Or	ange, NJ	070	50			O CONTRACTOR OF THE PARTY OF TH	-	-	-	- Contraction	
(NJAC 5:23-8)	justificat			5	Nam	e of Conta	ct				Telephone N	lumbe	r	-		
	☐ Cancella	ition			Ja	mal Talib	- Co	ommunity	Bu	ilders, LLC	1					
Name of Equilibrate Albana Albana	-11	T 1.	Di	(0)	FA	CILITY	NFO	RMATION								
Name of Facility Where Ab Ricketts Residence	atement is	rakınç	Place	e (3)						Type of Facility	. ,					
Street Address			501-01							☐ School (K-12 ☐ Subchapter 8		(12)				
Street Address										Other (i.e., p	rivate and com	mercia	al bu	ilding	js,	
City (E)										homes, etc.)						
City (5)										Square Feet	# of Floors		Bl	dg. A	ge	
Orange										4,300	3		1: 3	80		
County (6)					Cou	nty Code (	7)(STA	ATE USE ONLY	Y)	Current Use (Pri	or if being den	nolishe	d)			
Essex										Residence	Uti .					
Name of Monitoring Firm H				0.50	ASCM	No.				nt Contractor (9)						
Management & Envir	o. Consu	lting	Servi	ces			5	Shade Env	iro	nmental, LLC						
Street Address								eet Address								
PO Box 341							6	23 Cutler	Αv	enue						
City, State, Zip Code							City	y, State, Zip	Co	de						
Chesterfield, NJ 0851							V	/laple Shad	de,	NJ 08052						
Project Manager for Monito	ring Firm	1116.5		Tele	phone	No.	Tel	ephone No.	3		License No					
Bill Weisgarber				6	09-298	3-4070	8	56-755-00	99		00842					
Start Date (10)	- 1					ate (11)	Nar	me of OSHA	M	onitor						
_10_ / _09_ / _	17	1	0 /	_2	/	17	E	MSL Anal	yti	cal, Inc.						
Occupancy Status During A	batement (	Check	only	one)			Stre	eet Address								
☐ Facility Closed/Vacated							2	00 Route	130	North						
Abatement Performed O	utside of N	ormal	Facilit	y Hou	rs - Des	scribe	City	, State, Zip	Co	de					-	
Time of Abatement:	AIVI	PIV	/l/	PM		_AM	C	innamins	on,	NJ 08077						
Scope of Work (Check all the	at apply)							515.00								
≥3 sf or ≥3 If			⊠ Re	novat	on			⊠ Full Co	ncle	ainment with Neg osure	ative Pressure					
≥160 sf or ≥260 lf				moliti				☐ Gloveb	pag	Procedure						
								☐ Non-Ex	xen	npted (*) and Nor	n-Friable Proce	dure				
				Loca: Norma									Aba	ateme	ent T	уре
Location of Asbestos-Containing Ma	iterial (ACM	n İ		d Sole		Asha	etne i	Description Containing N			Amount		Re	Re	Ēn	Ξī
TO BE ABATE		,		intena				rmal system			Amount (Specify		Removal	Repair	cap	Enclosure
IN Facility (13)			Cus	todial (12)	Stan?		S	urfacing, VA	T,	or	SF or LF)		Val	,	Encapsulate	sure
(13)		Ì	Yes	No	N/A	1	otr	ner miscellar	neo	us)					ate	3500
Throughout			П			Plaster					40 440 00	.				
····ougilout	_			riastei					10,412 SF	.						
									_				믜		Ш	Ц
												1				
				Ц								] [				
Name of Registered Waste I	Hauler			1000	JDEP \ auler II		Cub	ic Yards of		Name of Regist			-			
Freehold Cartage				1	15939	53s sancours	0.1101100000	20		GROWS No	rth Landfill					
City, State								osal Date		City, State						
Freehold, NJ							10	0/27/2017		Morrisville,	PA					
Completed By (Print or Type	*)	Title				1.00		Signature_				Date				
Christina Lynch		Vic	ce Pr	eside	nt of (	Operation	าร	On N	×6	- B (a		9/	20	5/1	1	
OD 11					Garrie woo			(1/V)					di		Į.	

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) 25 / Metro Development of SJ, LLC Agencies Notified Type Notification Street Address ☐ Initial 53 Covington Lane □ DOLWD City, State, Zip Code **ASBESTOS CONTROL & ⊠** DOH Amendment #4 LICENSING Voorhees, NJ 08053 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Nick Aspras **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Future Wawa** ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 900-912 Haddonfield Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Cherry Hill 100,000 50 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Camden Vacant Commerial Space Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. PARS Environmental, Inc. Shade Environmental, LLC Street Address Street Address 500 Horizon Drive, Suite 540 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Robbinsville, NJ 08691 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Firoz Jan 609-890-7277 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __07__ / __05__ / __17 __10__ / _27 / 17 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure  $\boxtimes \ge 3$  sf or  $\ge 3$  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 Repair Asbestos-Containing Material (ACM) Removal Encapsulate Enclosure Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Meinke Exterior  $\boxtimes$ Roof Flashing 600 SF  $\boxtimes$ 

Christina Lynch
ASB-41
JAN 13

City, State

Rodi's Exterior

Rodi's Exterior

Voorhees, NJ

Completed By (Print or Type)

Name of Registered Waste Hauler

Jack Robinson Waste Disposal Service

Roofing and Flashing

Waste

90

Window Caulking and Glazing

Cubic Yards of

Disposal Date

10/27/2017

Signature

 $\boxtimes$ 

 $\boxtimes$ 

Date

7,750 SF

50 LF

Name of Registered Landfill

Morrisville, PA

City, State

**GROWS North Landfill** 

Title

 $\boxtimes$ 

X

NJDEP Waste

Hauler ID No.

17304

Vice President of Operations

PAID

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

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Date of Notification (1)					Name	of Buildin	g Owner/Operator	(2)		Ш	SEP	2 8	20	17	+
09/	encies Notified EPA DOLWD DHSS DCA (NJAC 5:23-8)  Type Notification Initial Amended Amendment # Initial Amended Amendment # Initial Cancellation  Type Notification Initial Amended Amendment # Initial Cancellation  To an end featility Where Abatement is Taking Resident  Type Notification Initial Cancellation  To an end featility Where Abatement is Taking Resident  The end featility Color for Monitoring Firm  The Date (10) The end featility Color featility Closed/Vacated During Firm  The end featility Closed/Vacated During Entire Peatility Closed/Vacated During Entire Peatilit				Ad	am Fret			The second second					.,	1
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□ DOLWD	☐ Amended	ď			City	State, Zip (	Code						IIVO	Elmman	-
DHSS							wnship, NJ								
DCA (NIAC 5:23.8)			cluding	3	eice.	of Contac			TTo	alanha	no Alumb				
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					FA	CILITY IN	FORMATION								
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility	(4)						
Resident								School (K-12							
Street Address								Subchapter 8	rivat	ther th te and	an K-12) commen	cial bu	uilding	js,	
City (5)			ochoon -					homes, etc.)	-						
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					Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	ior if	being	demolis	hed)			
	·			т.				Resident							
Name of Monitoring Firm	Hired by Build	ding O	wner (	(8)	ASCM	No.	Name of Abatem								
a							The state of the s	h Environment	al S	Servic	e, LLC.				
Street Address							Street Address								
							958 Jackson								
City, State, Zip Code							City, State, Zip C								
	State, Zip Code						Mays Landin	g, NJ 08330							
Project Manager for Moni	itoring Firm			Tele	phone	No.	Telephone No.		L	icense	e No.				
							609-561-1901			0115	58				
Start Date (10)				100		te (11)	Name of OSHA N	lonitor					1000011100		
		-			/ _	17	Graham-Tecl	n Environment	al S	ervic	es, LLC				
Occupancy Status During	Abatement (	Check	only o	ne)			Street Address								_
							958 Jackson	Rd							
						cribe	City, State, Zip Co	ode		727			-		
		"	_PIVI-		AIVI		Mays Landin	g, NJ 08330							
Scope of Work (Check all	l that apply)				-								90.00		
□>3 sf or >3 lf			⊠ Re	novati	on		☐ Full Con	tainment with Neg	ative	e Pres	sure				
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TO BE ABA	TED	"		intena		(i.e	., thermal systems	insulation,		(Spe		Remova	Repair	Encapsulate	Enclosure
IN Facilit (13)	ty		Cust	odial ( (12)	stan?		surfacing, VAT			SF or	·LF)	Val	_	lusc	sure
(13)		Ī	Yes	No	N/A	1	other miscellane	ous)						ate	(D
Basement			П			Duct pa	ner			125	SF.			П	П
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Name of Registered Was	to Hayler		Ц			Marka	[0.1: V ]	IN 45						Ш	Ц
Graham-Tech Envir		ervic	e, LL(	1	JDEP \ auler II	O No.	Cubic Yards of Waste	Name of Regist G.R.O.W. N				Tully	towr	,	
City, State					00345	000	Disposal Date	City, State /	,					-	
14 Read Drive Sickl	erville, NJ 0	8081					Disposal Date	1513 Brode	ento	own R	ld. Mori	risvil	le,PA	A.	
Completed By (Print or Ty	ype)	Title					Signature	1 1			Dat	è,	0:		1
Vernice Graham		Pr	eside	nt			INDAA!	ALON	1	Λ	16	11	11	1	1

PAID	102248 <i>1</i>	72-2- <del>7</del> -7	OTIFIC,	ASS State of New J ATION OF ASBEST Suant to NJAC 8:50	erney	ERVICES				宛	/03/ ***********************************
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Agencies Netified  EPA DEP DEP DOL Amend Amend Emerge justifica Cancell	led Iment#_ ancy (incl ilion)	uding	Str. Ott B	set Address  Y, State, Zip Code  ROOKLAWN N,  The of Contect  FEVEN FORLIN	J 08030		1137/57	PESTO LIGI	INS	ING	ROL
Name of Facility Where Abelement is T RESIDENTIAL	aking Pla	ice (3)		ACILITY INFORM	ATION						-16-0-
Street Address Chy (5) BROOKLAWN			V021			Sub Sub Other	ecilify (4) ogi (K-12) chapter 8 (Other ti tr (i.e. private 2 co	nan K-12) Immercial	bullal	lngs, t	
County (6) CAMDEN			Carr	ity Code (7)	-	Equare F. 1,348	2		1 70	lg. Ag	\$
Name of Manitorina Size Liberty	Ba Owner	165	STA	TE USE OHLY)	]	VACAN	se (Prior if being d	emolished	1)		
ACER ASSOC.  Street Address  1012 INDUSTRIAL DRIVE		(0)	AS	CM No.	Straet	Addres:	int Comractor (9) NVIRONMENT	AL SER	VICI	ES IN	VC.
City, State, Zip Code WEST BERLIN NJ 08091					570 (	CLEMS F					
roloct Manager for Monitoring Firm MATT DEPALMA			Telep	hone No.	MUL	LICA HIL	L NJ 08082				
tert Date (10) 09/26/2017	Sched	Juled Co	856	809-1202 n Date (11)	1	104-4876 OSHA MO	011	nse No. 145			
ocupancy Status During Abatement (Cha	eck Only	Ones			EMSL	•	hitor				
Facility Closed/Vecated During Entire Abatement Performed Outside of No. Other - Describe:	(12)		mant e			T. 130 N				-	
ope of Work (Chack All That Apply)		_			CINN	te, Zip Cod AMINSOI	N NJ 08077				
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Location of		s Locati Normali	e.				pred (") and Non-	Proble Pro		re lamen	rê .
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BASEMENT	Yes	No	N/A	otner Mi	scollaneau	16)	1 - 0 21)	Removal	Repair	Encapsulate	Enclosure
DAGE WEIGH	-		X	DUCTIN	SULATI	ON	21 LF	х	_	- 6	
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s of Registered Waste Hauler							-				
URED ENVIRONMENTAL SER	VIÇES	I Has	DEP WE		rds	Nama	of Registered Land	1911			$\Box$
State LICA HILL NJ		00.	34095	Disposal	Dete	City, Sta	RVA LANDFIL	L			
				09/27/2	017	- ally, 310	IESBURG, OH				-

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Date of Notification (1) 09/25/2017	=			Name of	of Building /EN FO	Owner/ RLINE	Operato	r (2)			CE		<b>V</b>		1
Agencies Notified	Type Notification	)	-	Street A	Address					-	SEP 2	8 20	)17		#
EPA DEP	Initial Amended		-	City St	ate, Zip C	ode			in in		55,072	- COMP.			
DOL	Amendmen  Amergency		_		OKLAW		08030			ASE	ESTOS (			8	and a factor of
DOH DCA	justification Cancellation	)			of Contact /EN FO					Tele	phone Nu	nber		mgata, amid	
Name of Facility Where	Ahatement is Takir	ng Place (3)		FAC	ILITY INF	ORMAT	ION	Tunn of Fac	::L . / 4\						
RESIDENTIAL	Abatement is Takii	ng Place (3)						Type of Fac							
Street Address								Subcha	apter 8	(Othe	er than K-1. commerci		ldings	, hom	ies,
City (5) BROOKLAWN								Square Feet 1,348		# of 2	Floors		3ldg. / 70	Age	
County (6) CAMDEN					Code (7) USE ONLY	o		Current Use VACANT	(Prior	if bein	ig demolish	ned)			
ACER ASSOC.	onitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abateme ASSURED EN  Street Address											ERVI	CES	INC	).
Street Address 1012 INDUSTRIAL	DRIVE		Address CLEMS RU	JN											
City, State, Zip Code WEST BERLIN NJ				State, Zip Code _LICA HILL	NJ 0	8062									
Project Manager for Mon MATT DEPALMA	itoring Firm			Telepho 856-8	ne No. 09-1202	2		none No. -304-4676			License N 01145	0.			
Start Date (10) 09/26/2017		Scheduled 09/27/2			Date (11)		Name EMS	of OSHA Mor SL	itor						
Occupancy Status During								Address RT. 130 NC	RTH						
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norr	Period of Ab nal Facility I	aten	nent s			City, S	state, Zip Code	)		7	-1-1		- 1 - 1 - yr	
Scope of Work (Check A	ll That Apply)	***							120000000 B						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The same of the sa	nova molit				<b>Y Y</b>	Full Conta Mini-Enclo Glovebag Non-Exem	sure Proced	dure				e	
			ocati										Abate	emen	t
Location Asbestos-Containing		Used	rmal Sole	ly by	Asbes		scription taining N	of laterial (ACM)		Am	nount		1,		
TO BE ABA In Facili		Main Custo	dial S		(i.e.	thermal	systems cing, VA	s insulation,		(Sp	ecify or LF)	Ren	Repair	ncap	Encl
(13)		-	(12)	T		other r	niscellan	neous)		2077-1100		Removal	pair	Encapsulate	Enclosure
BASEME	ENT	Yes	No	N/A X	[	DUCT	NSUL	ATION	+	21	LF	X		Ф	
Name of Registered Was ASSURED ENVIRO		RVICES	Н	JDEP W auler ID 034895	No.	Cubic of Was 6					ed Landfill NDFILL				
City, State MULLICA HILL NJ							sal Date 7/2017	City, S		BUR	IG, OH				
Completed by RON SWANSON		Title GENE	RAI	_ MAN	AGER	S	ignature	Xwell !	XXX	4 <del>00</del> 1	1 Dat 09		2017	in.	





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

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Date of Notification (1) 9/21/2017				Name o	of Building	Owner/0	Operator	(2)		M		***************************************	<u> </u>	1 1		
Agencies Notified	Type Notification			Street A	Address					ШШ	— SE	P	28	201	7	#
× EPA × DEP × DOL	Initial Amended Amendment #				ate, Zip Co y, NJ 07			_			ASBES	TOS	S COI	VTRO	21 &	
× DOH	Emergency (ir justification)				f Contact	002				The state of the last	lephone	101	IVSIN	G	L Q	
DCA	Cancellation			G-STEED STATE OF	'entura					1 —	•					14,2,243
Name of Facility Where A	Ahatement is Taking	Place (	3)	FACI	LITY INF	ORMATI	ION	Type	e of Facility (	(4)						
Residence	batement to railing	1 1000 (	0)					П	School (K-1							
Street Address	4						le .	×	Subchapter Other (i.e. petc.)	8 (Oth				lings,	home	es,
City (5) Kearny								Squa 215	are Feet	# 0	f Floors		Bi	ldg. A	ge	
County (6)	<u>\</u>				Code (7)	1			ent Use (Pri		ing dem	olish				
Hudson  Name of Monitoring Firm	Hired by Building O	uner (8)		ASCN	3000-1000000000000000000000000000000000		Nama	of Ab	atement Cor	atrastor	(0)					
A. Seine Lighthouse		wrier (o	)	ASCIV	n NO.		200200 200		nk Servic		(9)					
Street Address PO Box 354							Street 1256		ess erty Avenu	ıe						
City, State, Zip Code South Orange, NJ 0	7079								Zip Code NJ 07205							
Project Manager for Moni			- 1	Telepho	ne No.		Teleph				Licens	se No	).			_
Sarah Calandra	ST.			201-34	19-2666		844-	462-7	7465		0131		38			
Start Date (10) 10/5/17		Schedul 10/11/		npletion	Date (11)				HA Monitor Lighthous	e Solu	utions					
Occupancy Status During	Abatement (Check	Only O	ne)				Street	Addre	ess							
Facility Closed/Vaca Abatement Performe	ted During Entire Pe	eriod of	Abatem	ent			PO E									
Other – Describe: _	ou outside of Norma	i i aciiit	y riouis				10000 TA 1000		Zip Code ange, NJ	07079	)					
Scope of Work (Check Al	That Apply)						72.22									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoliti				×	Mi GI	Ill Containme ini-Enclosure ovebag Procon-Exempted	e cedure					•	
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Location			Normall ed Solel		A-6		scription							Ту	pe	
Asbestos-Containing TO BE ABA In Facilii (13)	TED	Ma	intenar todial S (12)	ice/		thermal surfa	systems cing, VA niscellar	s insul T, or		(5	mount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
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Baseme	ent		X			Pi	pe Wra	ар		8	5 LF		Х			
Name of Registered Was	te Hauler		N.	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered Lan	ndfill				
Newark Carting			0.34577	auler ID 1509	No.	of Wa	ste		Waste	Manag	gemen	it La	andfil	I		
City, State East Orange, NJ					Dispos	sal Date		City, Stat Penn A		PA						
Completed by Alison Lamers		Title Offic	e Man	ager		S	Signature	M	RUNS			Dat 9/2	te 21/17	•		

UhK# H285

## PAID ...

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

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	)				(85)		11			-111	111
Date of Notification (1)		N	lame of E	Building Owner/O		AECHTER	IJ SEP €	8 20	17		7
Agencies Notified Type Notification		S	treet Ado			- Application of the second		ONT	201	0	-
☐ EPA ☐ Initial ☐ DEP ☐ Amended Amendment #		C	City, State	e, Zip Code	١ ٨٠٠	c. pJ.	NASBESTOS C LICENI 07042	SING	NUL	CI	
DOL Amendment #		-	Jame of (		- A ( )	. 17.	Telephone Number	म		-	-
DOH justification DCA Cancellation		1		WLECK	TER	·	1		-	<b>L</b>	
Dea Caretimen				ITY INFORMAT							
Name of Facility Where Abatement is Taking P						Type of Facility (4	)				
MR. TOM W	JAECHT	EK				☐ School (K-12	(Other than K-12)				
Street Address	Manual Control of the			*		Other (i.e. pr	ivate & commercial b				c.)
City (5)	í			•••		Square Feet 2200	# of Floors		dg. Ag		
MONTCLAIR	<u>- :                                   </u>	10	County C	ode (7)			if being demolished)				
County (6)				SE ONLY)			SIDEN OF				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	l No.	Name	of Abatement Contr	actor (9)				
	TO 1110 - 1115				Bes	t Removal	Tnc				
Street Address					Street	Address					
							ver Stree	<u>t</u>		-	
City, State, Zip Code						State, Zip Code	NT 07/01				
			Telephon	- Na		kensack, none No.	NJ U/601 License No.				-
Project Manager for Monitoring Firm			reteption	e 140.			0038	Q			
Start Date (10)	Scheduled	Comp	letion Da	te (11)	Name	-329-7444 of OSHA Monitor	1 00.36	0			
10/6/17			7/17	20.00	Ome	ga Enviro	nmental				
Occupancy Status During Abatement (Check O	nly One)				Street	Address					
☐ Facility Closed/Vacated During Entire Pe	riod of Abate	ement			280	Huyler S	treet				
Abatement Performed Outside of Normal Other – Describe: 730 AM	Facility Hou	F _M				State, Zip Code		076	0.0		
					Sou	th Hacken	sack, NJ	0/6	06		
Scope of Work (Check All That Apply)	D D				,	☐ Full Containme	ent with Negative Pres	sure			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		enovati emoliti			_1	Mini-Enclosure	2				
					ار ار	Glovebag Proc	edure (*) and Non-Friable	Proced	ure		
	I In	Locati							Abate	ement	
Location of	N	iormall	ly	ı	Description	n of		-	1 1 1	pe	T
Asbestos-Containing Material (ACM)		d Solel intenar		Asbestos Co	ntaining N	Material (ACM) ulation, surfacing,	Amount (Specify	R		En	E
TO BE ABATED In Facility	Cust	odial S	staff?		VAT, o	г	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)		othe	r miscella	ineous)		val	=	late	ure
	Yes	No	N/A						_	_	-
BASSUENT				THERMAL II	SUWIT	Noi	561-F	X	-		-
BASELENT				44	++		100 SF	X	_		1
							35			_	1
Name of Registered Waste Hauler			UDEP W		ic Yards	Name of	Registered Landfill				
D		F	Hauler ID		Vaste Z	/2cy Mine	rva Enter	pri	ses	3.	LL
Best Removal Inc City, State			171	Dist	osal Date	City, Sta				,	
Hackensack, NJ 07601					9/25	1 17 14		H 4	468	3.8	
Completed by	Title	V 12 - 111-			Signatur	Poisa	D	ate S	1/25	1,-	7
J. Maiorano	Est	ima	ator			11/00/1		1	100	11	

a /\											<u></u>	-	-
¥ 13124	N Service		CATION	ate of New J OF ASBES to NJAC 8:6	TOS A		INT ITS	E	E		E		1
Date of Notification (1)			Name of	Building Ow	vner/On	erator (2			7 15 1	W	느		Part and Control of Co
9/25/2017				g Pharma								The State of the S	
Agencies Notified Type Notification  EPA X Initial			Street Ad 563 Cr	ddress ystal Ave.			A TITLE - CATALOGUE	SE	P 28	2017			And and a second
DEP Amended Amendment		_ [		te, Zip Code nd, NJ 083			A		TOS CO		OL 8	II.	and spinished
Emergency ( justification)  DCA  Cancellation	including		Name of Gene	Contact Volpe			Sharpatumatadas en		ephone Nu				
	51 /0		FACII	LITY INFOR	MATIO								
Name of Facility Where Abatement is Taking Corning Pharmaceutical Glass, LLC Street Address		)					ype of Facility  School (K- Subchapte	12)	er than K-	12)			
563 Crystal Avenue						Ī	Other (i.e. etc.)	orivate 8	& commerc	cial buil	1870		es,
City (5) Vineland						3	quare Feet 3,000	(3)	Floors	6	ildg. A	-	
County (6) Cumberland			County C	Code (7) USE ONLY)			Current Use (Pr Office Buildir		ng demolis	shed)			
Name of Monitoring Firm Hired by Building ( EHS Environmental, Inc.	Owner (8)		ASCM	No.			Abatement Co r Environme			Inc.			
Street Address 411 Southgate Court						Street Ad 42 Rid	ldress ge Road						
City, State, Zip Code Mickelton, NJ 08056		e, Zip Code xville, PA 19	9460										
Project Manager for Monitoring Firm Jack Carney			Telephor 856 22	ne No. 4-0080	- 1	Telephor 610 93	ne No. 3-4332		License 00836	No.			
Start Date (10) 10/10/2017	Schedule		npletion [	Date (11)			OSHA Monitor r Environme		ervices,	Inc.			
Occupancy Status During Abatement (Chec					- 1	Street Ad	ldress ge Road						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:						City, Stat	e, Zip Code ixville, PA 1	9460		- 1145-			
Scope of Work (Check All That Apply)						1 110011			-10-2-0				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
	Is	Locati	ion				14011-Excilipte	a ( ) ain	2 14011-1 116	DICTIO	Abate	emen	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Mai	lormal d Sole intena odial S (12)	ly by nce/	(i.e. the	Contai ermal s surfacii		erial (ACM) sulation, or	(8	mount Specify F or LF)	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A							_		e	(0)
Bldg. 42 Old Restroom 1			X		Flo	or Tile		11	12 SF	Х			
Bldg. 42 Old Restroom 2			Х		Sheet	Floorin	ng	8	0 SF	Х			
										-			
Name of Pagistared Waste Hauler		N	JDEP W	aete C	Cubic Y	arde	Name of	Regista	red Landf	111			
Name of Registered Waste Hauler C & H Disposal Services, Inc.			lauler ID 7930	No.	of Wast			3.77	County I		/. Au	th.	
City, State Elmer, NJ					Disposa 0/201		City, Sta Millville						
Completed by Patrick Larney	Title Proje	ct Ma	anager		Şig	nature	me	200	1000	ate 19/25/2	2017		

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(6)	EPA Initial Amended			City,	sumo, zip Coos			WALVEST		_		
	Attemption	<b>Archelin</b>	9		ESSEY FE	eus .	N 2-6	102 VERY A	PP	YOU	ED	
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	City (6)						Square Faci	primite & comme	rokal bu	-		-
	County (5)				***		3500	" = 2	-		50	r
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	Harne of Montocking (First Head by Guilding	Owner (8)	)	ABO	Al No.	Name :	of Abridania acut C	onlinedor (Sh				
	Street / Address			1.	**	A.MA Street	C Contractio	ng inc			_	
	City, State, Zip Code	-				185 V	hookend Ave	e k				
	Colly, counter, pulp (2018)		11-17-15-15-17			City, Str	nts, Zip Code nd Park, NJ	TT497	lidiodylaphae			-
	Project Manager for Monitoring Fign	-	. 1	Tetaphu	one No.	1 - 1	me No.	Liberac	No.	<del></del>	***	
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	9/22/17 Occupancy Shifted During Abulanyanii (Choo		1/2	0/17	111	Omeg	a Environm	r ental Services I	nc.		-1	
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	Facility Closed/Vacated Dusing Entire F Alesternest Performed Cutation of Masse Other - Describe:	of Feelity	House	i marid		City, Ste	ds, Zip Code			·		
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-	Authorize Contribing Manager (ACM)	Muse	Selei	y bu	De	eoripéon a	•		_		pe .	
	TO BE ABATED	Mud	richen Idial 8	scale/	Authorities (Le. therries	SYSBOOTING B	AULIONION.	Amount (Specify	2	-	3	100
	(13)		(12)		other)	ong, VAT, Necellane	rhat)	·SF or UF)	Removal	Cuplat	Errospadas	Shdowns
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_	City, States			509		5		Central Sanitary	/ Lan	dfill list	- 12	
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## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CIL 4283

						-				_			
Date of Notification (1)		N	Name of	Building Owner/O				2 9			ě.		
4/25)17			71	R CHILL'S	STIAN	٠ ر	THO	MA	) F P	1 =	R	80	
Agencies Notified Type Notification		S	treet Ad	dress		85-14-17		The contraction of the contracti	) <u>,                                    </u>	) [5		W	B
□ EPA ☑ Initial									3!				
☐ DEP ☐ Amended		0		e, Zip Code			()	. 111.	J. &	a 2	۵ ،	0047	
DOL Amendment :		- L		4s Brouci	2 -	HEI	6HTS				02	2017	
DOH justification)	noracing .	A 8074	Name of					Tele	phone Numb	er	_		90000
□ DCA □ Cancellation				THOMA				1 =	T-PEOT	00	VVI		18
Name of Facility Where Abatement is Taking P	lace (3)		FACIL	ITY INFORMA	IION	Туре о	f Facility (4	1)		CEN	SIN	<u>G</u>	
CHRIAN -						□ S	chool (K-1	2)					
Street Address	1 170.111					D S	ubchanter 8	(Other	than K-12)				
				8		<b>P</b> 0	other (i.e. pr	ivate &	commercial b	uilding	s, hor	nes, et	c.)
City (5)				<del>'</del>		Square	Feet	# of	Floors	Bl	dg. A		
HAS BROUCK HE	·	5				Z	200		2		17.	50	
County (6)		(	County C						demolished)				
BERGEN		(	STATE U	SE ONLY)			resi	0EN	بط س				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.	Name o	of Abate	ment Contr	actor (9)					
					Besi	t Re	moval	Inc					
Street Address													
								ver	Stree	t		-5.	
City, State, Zip Code						tate, Zip							
		- 1 -					ack,	NJ (	) 7601 License No.				
Project Manager for Monitoring Firm		1	Telephone	e No.	Teleph	one No.							
	01.11.		i D				-7444 Monitor		0038	8	. ,		
Start Date (10)	Scheduled (												
Occupancy Status During Abatement (Check O		0/	10/1			Address	nviro	nmer	ital				
3							ler S	troc	ı t				
☐ Facility Closed/Vacated During Entire Per ☐ Abatement Performed Outside of Normal	rod of Abates Facility Hour	ment				tate, Zip		CICC					
Abatement Performed Outside of Normal Other – Describe: 230 Au 10	2500	PM			Sout	h H	acken	sack	. NJ	076	06		
Scope of Work (Check All That Apply)					12000		0.011		-				
□ /≥3 sf or ≥3 lf	₽ Re	novatio	on		E	Full	Containme	nt with i	Negative Pres	sure			
≥160 sf or ≥260 lf	☐ De	molitic	on				i-Enclosure vebag Proce						
						Non	Exempted	(*) and ]	Non-Friable l	Proced	иге		
	Is I	Locatio	Nn.				Committee Committee Committee					ement	
Location of		ormally	5355	п	escription	of				-	13	pe	
Asbestos-Containing Material (ACM)		Solely ntenan		Asbestos Cor	taining M	laterial (A	ACM)	17.5	mount	-		E	ਜ਼
TO BE ABATED In Facility	Custo	dial St		(i.e. thermal sys	VAT. or		irracing,		pecify or LF)	Remova	Repair	caps	Enclosure
(13)		(12)		other	miscellar	neous)				oval	Bir.	Encapsulate	sure
	Yes	No	N/A									ξ.	
BASEFENT	1 1			VAT	-			3	00SF	×			
BA DEFIER	+												
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1.54													
Name of Registered Waste Hauler		1.0000000	IDEP Wa		Yards		Name of	Registere	d Landfill				
Dank Damana I Tara			auler ID		ze-	75	Mino	rwa	Enter	nri	500		I.I.C
Best Removal Inc City, State			1710	Disp	sal Date		City, Stat		11116	<u> </u>	45.5	,	
					0/10/	17	Wavn	eshii	rg. 01	H_4	468	8.	
Hackensack, N.J. 07601 Completed by	Title				Signature	Λ		_	Da Da	te	,		
J. Maiorano	Est	ima	tor			Ma	اعدد	und )		7/	25/	17	
					1				ST 20 2001				
ASB-41 (R-06-08)					41:	* Do not	use this for	m for as	bestos licens	ure exe	mptec	activ	ities.



#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

NochK			NOT		ASBESTOS ABA V.J.A.C. 7:26-2.1			ID.	E C	E	W [	
Date of Notification (1) Sept 22, 2017		*			Name of Buil PSEG Fossi	lding Owner	Operator (2)	Constitution of the consti	SEI	28	2017	
Agencies Notified  (X) EPA		Notification ( ) Initial No	otification		Street Addres 80 Park Plaz		TOWNS AND PROPERTY ENGINEERS AND PROPERTY ENG	AS	SBEST	OS CO CENSII	NTROL	- &
(X) DEP (X) DOL (X) DOH (X) DCA		( X) Amend ( ) Cancelle		cation	City, State, Z Newark, NJ	07102-4109			Free	V 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HATTER THE PERSON NAMED IN	
(1,700)					Name of Con Domenic Fig			Tel N	umher			
Name of Facility Where Abate	ement is T	aking Place (	3)	FACILITY I	NFORMATION Type of Facili	it (4)				-		
HUDSON GENERATING Sta	tion	aking r labe (	<u> </u>		( ) School (K ( ) Subchapte	-12) er 8 (other t	han K-12) ommercial bld	las hom	nes etc			
DUFFIELD & VAN KUEREN	ST				Sq. Feet1,0							
	JDSON			Code (7) Jse Only)	Bldg. Age 68 Current Use (					otina Sta	tion	
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM	No.		prior il bolli	Name of Co Absolut Ac	ntractor		ating Sta	tion	
Street Address					Street Address PO BOX 295							
City, State, Zip Code					City State, Zip		7932					
Project Manager for Monitoring	g Firm	Telephone N	Number		Telephone Nu (973) 410-921			License 00225	e Numbe	<u>er</u>		
Scheduled Start Date (10) September 26, 2017 Occupancy Status During Aba	ta t /G	Scheduled ( Dec 15, 201	7	n Date (11)	Name of OSH MECS							
( ) Facility Closed/Vacated Du ( ) Abatement Performed Outs	ring Entire	e Period of Al	atement		Street Address 5 Linwood Ct							
Describe					City, State, Zig Hamilton, NJ							
Other - Describe Two Shifts,		s each, 24 ho	ur plant o	coverage								
Source of Work (Check all that (X ) Demolition (X) Renova (X) Large Proj. (>160 SF or >2	ition	M) / ) SM De	: />25 -4	CO CE 10								
(X) Full Containment with Neg	ative Pres	ssure (X)	Mini-End	closure (X)	Glovebag Proce		oj. (<25 SF or	<10 LF /	ACM)			
Location of Asbestos- Containing Material (ACM) in Facility (13)	Solely b	20 San San San	todial	Description of thermal syster surfacing, VAT	ns insulation,	Amount (	Specify SF or	LF)	Abatem	ent Type		
Unit 1 and Unit 2 Basement- 11fll	YES	NO X	NA	miscell.)  Boiler Insulation & E	ion & Pipe Encapsulation	1,000sf			X X		X I	X
Name of Reg. Waste Hauler		NJDEP Was	te Hauler	ID#	Cubic Yards of	Waste		Name	of Reg. L	andfill		
Waste Management of New J	ersey	17273			30	vvaoto				ource Re	covery	
City, State Elizabeth, NJ 07114-2436	-						Disp. Date			ty, State	, PA 190	07
Completed by (Print or Type)		Title			Signature	/		Date				
ROBERT GROGAN		<u>VP</u>				And the second s		9/22/17				

ONK# 172

PAID

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

141.								9	TE	(6)	T 71	D 17	F-1 1	7
Date of Notification (1) 07-07-17		34					Operator (2) ning and A	rchitectura	ME	(6)		W		
Agencies Notified	Type Notification				Address adison A	\ve.		Section of the sectio		SEP	28 2	2017	- 11	$\iiint$
DEP DOL	Initial Amended Amendmen	t# 1			ate, Zip C		32	trace and the second		OLI		.017	1	
■ DOH	Emergency justification)		3	Name o	of Contact		/ dua	and the second s	ASE Te	lephone	Numbe	TRO	1 &	-
DCA	Cancellation	1			ILITY INF	-	ION	Parties 310.	1				10/20/00	
Name of Facility Where A Martin P. Thomas C	Abatement is Takir	ng Place (	3)	170	ILIT I IN	ORWALL		pe of Facility	(4)					
Street Address	onarter ochoor						E	School (K- Subchapte		er than	K-12)			
308 9th Street								Other (i.e. etc.)	private	& comm	ercial bu	uilding	s, hor	nes,
City (5) Newark					-720	anev	Sq	uare Feet	# 0	f Floors		Bldg	Age	
County (6) Essex					Code (7) USE ONL	n	Cu	rrent Use (Pr	nior if be	ing dem	olished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	)	ASC	M No.			batement Co		(9)	201-00-2			-
Street Address							Street Add 522 7th	137.7. T. C.						
City, State, Zip Code		- Control of the Cont					City, State,		07			Jenne		
Project Manager for Mon	itoring Firm	-		Telepho	ne No.		Telephone	No.	01	Licens		-		
Start Date (10)		Schedul	ed Co	mpletion	Date (11)		201 216- Name of O	-9603 SHA Monitor	r	0120	Ö			
07-17-17 Occupancy Status During	Abatamant (Cha	07-24-						ntracting l	LLC					
Facility Closed/Vaca	ated During Entire I	Period of	Abater	ment			Street Addr 522 7th	1997 T-00						
Abatement Performe Other – Describe: 7	ed Outside of Norn	nal Facility	/ Hour	S			City, State, Union Ci	Zip Code ity NJ 070	87					
Scope of Work (Check Al	That Apply)							1, 1,0 0, 0						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		processor.	Renova Demoli	1107 7130				ull Containm lini-Enclosur Blovebag Pro Ion-Exempte	re ocedure				ıre	
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TO BE ABA In Facilit (13)			intena todial ( (12)			thermal surfac	systems insucing, VAT, or niscellaneous	ulation,	(5	Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									ate	Ġ.
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2nd Flo	2nd Floor						Il Plaster		-	SF	x	_	1	
4th Flor	X	-			Il Plaster			SF	X	-	-			
Name of Registered Wast				JDEP W	acto	Cubic '		I Name of		SF	X	L		
Delfa Contracting LL			1	lauler ID 35240	No.	of Was	te	Name of Tullyton				ery	Facil	lity
City, State Union City, NJ						Dispos 07-2	al Date 1-17	City, Stat		\ \				
Completed by		Title				Si	gnature	40		T	Date			
Jaime Delgado		Proj.	Mana	ager.			1	A-			07-07-	-17		



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

CK# 1243

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Date of Notification (1)					Building C		perator	(2)	,,,,,,	-	7 6	T==1	n nr	P	proces.
9/12/17	77	110			(ush LLC	,					E C	E	$\mathbb{U}$	15	1
Agencies Notified	Type Notification			Street Ad					A CONTRACTOR OF THE PERSON OF	沙广		Equal Services		toral	Total Sections
EPA	X Initial		·	477 1		.1 .									
DEP X DOL	Amended Amendment	#			te, Zip Co	ae			Parkettern Professioner	1	SEF	28	201	7	L
	Emergency		-		kill, NJ				hd hd	\$70.		to and			
DOH DCA	justification)			Name of	Contact					-	phone N	· · · · · · · · · · · · · · · · · · ·	Married Street, Street, Street, or Street, o	101	
DCA	Cancellation			F ( D)	1271 1450		001			AS	BEST	OS C		1UL (	31
Name of Facility Where	Abatement is Takin	o Place (3)	1	FACI	LITY INFO	KMAII	ON	Type o	f Facility (4)				HIA CI		-
Residential House	i batomont to Tanin	9 1 1000 (0)						PERM							
Street Address								distributed in the contract of	chool (K-12 ubchapter 8		r than K	(-12)			
								X O	ther (i.e. pri c.)				iiidings	, home	es,
City (5)								Square		3500000	Floors		Bldg.	Age	
Cresskill			<u> </u>					2000		2			50+		
County (6)				County C					t Use (Prior		ng demo	lished)			
Bergen					JSE ONLY)				dential Ho						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	i No.				ement Contr		*****				
n/a		<u></u>		n/a					Contractin	g Inc				-	
Street Address								Address							
n/a			10000000						de Ave						
City, State, Zip Code							10000	tate, Zip			XIIX STATE				
n/a							1		J 07026						
Project Manager for Mor	nitoring Firm			Telephor	ne No.			one No.			License				
n/a				n/a				160.60			01258	)			
Start Date (10)		Schedule		npletion [	Jate (11)				4 Monitor	~ l~-					
9/25/17	a Abatan 1/O'	9/29/17						Address	Contractin	y inc					
Occupancy Status Durin	S	72							de Ave						
Facility Closed/Vac Abatement Perform								tate, Zip							
X Other – Describe:	Outside Of NOI!	nar radiity	. 10013						J 07026						
Scope of Work (Check A	il That Apply)						Gail	10:0, 1	07020						
per		Find -		ıti o a			Page 1	i cui	Containmer	dat-	Alonetic	o Deac			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		STATE OF THE PARTY	enova emolit				S.C.		Containmer -Enclosure	it with	negativ	e rress	orie,		
week				AMESTER (			×	Glov	ebag Proce		! blo = ##	حادات ا			
							22	Non-	-Exempted	(*) and	Non-Fr	able P		re temen	
		2000	Locati	0.71										temen ype	
Location			iormal d Sole		Aaba-4		scription		ACM)	<i>p</i> .	would:		T	T	
Asbestos-Containing TO BE AB		Mai	ntena	nce/			taining N system				nount pecify	2	7	Enc	m
In Faci	lity	Cust	odial 9 (12)	วโลที?	,	surfa	cing, VA	T, or			or LF)	Kelliova	Repair	aps	Enclosure
(13)			·/	т		other r	niscellar	ieous)				Vai		Encapsulate	ozn
		Yes	No	N/A										G.	
Exteri	or			X		Trans	ite SHi	ngles		100	00 SF	ĸ			
			1												
												+			
Name of Registered Wa	ste Hauler		10000	JDEP W			Yards		Name of R	egiste	red Land	dfill		-	
Harmony Contractir	ng Inc		1 000	lauler ID 33058	No.	of Wa			GROWS		dfill				
City, State							sal Date		City, State						
Garfield, NJ		in a province to a province				TBD			Morrisvi	lle, P	A				
Completed by		Title					Signature		,			Date			
Tina Caporino	Caporino Secretary							Paras	71112			9/25	17		

CK #4319

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

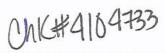
			(1 4134	ant to non	C 0.00 and 12.12						
Date of Notification (1)	77-11		N		ing Owner/Operator	E DEUL	LOPERS	COI	VTR	OL	&
Agencies Notified  EPA	Type Notification	on			18 GLAS	SBORD	RD			rtosapaya	Ananima
DEP DEP	Amendment Amendment		C	ty, State, Zip	Code	HETC	HTS NIT	0	80	9-	7
<b>™</b> DOH	Emergency justification	)	N:	me of Conta	act	1,010	Telephone Numb				
DCA	Cancellation				ME		<u> </u>		_		
(F 3) 16		: Diago /		FACILITY IN	FORMATION	Type of Facili	h (4)				
Name of Facility Where	ESIDENI	ing Place (	3)			School (K-	S. W. T.				
Street Address						Subchapte Other (i.e., homes, etc	er 8 (Other than K-12 private & commercia c.)	) al buil	dings	i,	-
City (5)	TONE H	HARBO	OR			Square Feet	# of Floors	1.	dg. A		
County (6)				ounty Code SE ONLY)		- VK	Prior if being demolis	hed)			
Name of Monitoring Firm (8)	Hired by Building	Owner	ASC	M No.	Name of Abatem		9) - NC				
Street Address	NIA		1-		Street Address						=
					369		ZUCE AUX				_
City, State, Zip Code					City, State, Zip C	CE SH	ADE MIJ		30	05	2
Project Manager for Mo	nitoring Firm		Telepho	ne No.	Telephone No. 856 719	7-0472	License No.	44	1		
Start Date (10)	Sche	eduted Con	npletion	Date (11)	Name of OSHA N						
10-2-1	)	10-	9-	17		N/	4				_
Occupancy Status Durin					Street Address						
Facility Closed/Vacat Abatement Performer Other - Describe:	d Outside of Norma	al Facility H	lours	•	City, State, Zip C	ode					
Scope of Work (Check a	all that apply)				Пг.# C	taiamant with NI	antivo Proceurs				
≥3 sf or ≥3 lf _≥160 sf or ≥260 lf		Reno	vation dition		☐ Mini-End ☐ Gloveba	dosure g Procedure	egative Pressure	e			
		Is Loc		T				7	bate	ment	
Location	of	Used Sc			Description of		•		1 91		
Asbestos-Containing N	Material (ACM)	Mainter			tos Containing Mate		Amount (Specify	Z.	71	Enc	En
TO BE ABAT IN Facility		Star (12	ff?	(	surfacing, VAT, other miscellaneo	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		-	10 N/	$\exists$	Opici massonares			/al	7	late	ll e
SIDIN	(	18	V		RAWSITE	=	2000 SF	X			
SIVIN	<u> </u>		+^	1							
			1	1							
Name of Registered Was	T			Waste ID No.	Cubic Yards of Waste	Name of Reg	istered Landfill	1.1	1/	1	
_ KLEMCO	INC		Hauler 179	04_	Disposal Date	City, State	MY, C, MAI	, U	. /-		=
City, State Supple S	HADE	W.J					OBINE	N	. T		_
Completed By MICHACL (	LTMM _	SUPT	R		Signature	20 m	Date -	22		17	_
MICHICAL IC	T WIN	VYI									

CK 4319

#### State of New Jersey State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	. ) ( )							barren				
to:	PAI	D		FICAT	ION OF AS	lew Jersey BESTOS ABATE C 8:60 and 12:12		DEC	5 [	V	E	
Date of Notification (1)	-22-17			Na	me of Build	ing Owner/Operato	OTTOK	SEP S	8	201	7	
Agencies Notified	Type Notificati	on		Str	eet Addres			1/48/21 6			_	-
☐ BPA	Initial Amended			_				PRESTOS	CON	ITR	71 5	_
₩ DOL	Amendmen			City	y, State, Zip	STONE	HURRE		OUA	<u></u>	With the last	Manager
Ø DOH □ DCA	Emergency justification  Cancellation	1)	ling	Nai	me of Conta		CIB-IK F.	Telephone Num	ber			_
						FORMATION		1				
Name of Facility Where	Abatement is Tak	ing Pla	ice (3)		ACIDITI	- CIGNATION	Type of Facil	ity (4)			-	-
	SIPENCE						School (K-	-12)				
Street Address								er 8 (Other than K-1) , private & commerci c )		ldings	S,	
City (5)	DAIE	HIA	RE	SOR	-		Square Feet	# of Floors	В	Idg. A		
County (6)				Co	unty Code E ONLY)	(7) (STATE	Current Use (	Prior if being demoli	shed)			
Name of Monitoring Firm (8)		Owne	r	ASCI	M No.	Name of Abatem						
Street Address	А					Street Address 369 5	SPRIX					
City, State, Zip Code						City, State, Zip C	ode ode	e mue		_		=
						MAPCE	SHAPE	W.J 08	505	2		
Project Manager for Moni	toring Firm		Te	lephone	No.	Telephone No. 856-77	9-0472	License No.	44			
Start Date (10)	Sche	duled	100	4 -	ate (11)	Name of OSHA N	Monitor N / A					
Occupancy Status During	Abatement (Che					Street Address	13.15					-
Facility Closed/Vacated												
Abatement Performed  Other - Describe:	Outside of Norma	al Facili	ity Hou	ITS		City, State, Zip Co	ode	§				
Scope of Work (Check all	that anoly)											=
	авт аррлуу		enovat emolitic			☐ Mini-Enc ☐ Gloveba	losure g Procedure	egative Pressure				
		Is	Location	~~		Non-Exe	mpted (*) and N	on-Friable Procedur	T	bater	nont	$\dashv$
5 <b>.</b> € 5		N	lormally	y					"	Typ		
Location of Asbestos-Containing Ma			d Solel ntenar		Asbest	Description of os Containing Mate	erial (ACM)	Amount			m	
TO BE ABATE IN Facility	The second secon		ustodia Staff?	el	(i.e.,	thermal systems in surfacing, VAT, of		(Specify SF or LF)	Rer	R	Encapsulate	Enclosure
(13)			(12)			other miscellaneou		01 01 21 )	Remova	Repair	Sula	osur
		Yes	No	N/A					-		ate	
SIDING	_			X	T	RAWSITE	5	25000P	X			
OTDINGO				/		J. 1			/			
Name of Registered Waste	Hauler			JDEP V		Cubic Yards	Name of Regi	stered Landfill				
KLUMCO I	WC,		- 1	auler ID	54	of Waste	C.M.	C. M.U	. V	1		
City, State MAPLE SH	ADE N	J				Disposal Date	City, State	DBINE		80		
Completed By	Title	C 12 .A				Signature	M	Date -	-7	7 - 1	7	
MICHAEL KLO	NM	SUP				- Mull	you		6	_	_/_	

9	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)													
Date of Notification (1)	2-17			Nan		[1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	(2) CDN	SEP	8 201	7				
□ BPA C	Type Notification	on		_	et Address	O Hau		10/Es	CONTR	QL.	8		_	
₩ DOL	Amendmen Emergency		ing	City			177 1	U.J	NSING O	-27	26	)	_	
DCA [	justification  Cancellation			Nan	ne of Conta			Telep	hone Numb	er				
	22			F/	ACILITY IN	FORMATION								
Name of Facility Where About RES	IPENCE		ce (3)				Type of Facilit  ☐ School (K- ☐ Subchapte  ☑ Other (i.e.,	12) r 8 (Other			dinas			
							homes, etc	:.)						
City (5)	AN	CIT	~				Square Feet	# 01	Floors		dg A		-	
County (6) CAPE	MA	4			inty Code ( E ONLY)	7) (STATE	Current Use (F			hed)				
Name of Monitoring Firm His (8)	red by Building	Owner		ASCN	No.	Name of Abatem		9)						
Street Address			1			Street Address 369 5	SPRIX	E A	UF					
City, State, Zip Code .						City, State, Zip Co		M.		05	Z		_	
Project Manager for Monitor	ing Firm		Tel	ephone	No.	Telephone No. 856-77	9-0472	Licer	nse No.	4 4			_	
Start Date (10)		eduled (			ate (11)	Name of OSHA M	fonitor A. J.A.							
Occupancy Status During A		_	_			Street Address	N III.						-	
Facility Closed/Vacated D Abatement Performed Out	ouring Entire P	eriod of	f Abate	ement		City, State, Zip Co	vde .					_	=	
Other - Describe:								va 					_	
Scope of Work (Check all the	at apply)	□ R	enovat	ion		Mini-Encl	tainment with Ne losure g Procedure	gative Pr	essure					
≥160 sf or ≥260 lf		MU	emolitic	on		Non-Exe	mpted (*) and N	on-Friable	Procedur					
		N	Location Loc	1						A	bater Typ			
Location of Asbestos-Containing Mate	rial (ACM)	Mai	d Solet ntenan	œ/		Description of os Containing Mate		Amo				En	ш	
TO BE ABATED IN Facility		1	ustodia Staff?	ðí.	(i.e.,	thermal systems in surfacing, VAT, o	or	(Spe		Remova	Repair	Encapsulate	Enclosure	
(13)			(12)	N/A		other miscellaneou	<b>s</b> )			oval	alr	ulate	ure	
SIMILO		Yes	No	X	T	RAWSITE	=	775	OSF	X				
SIDING		-		_		conta jije			000	/	$\neg$			
Name of Registered Waste H			н	JDEP V auler ID	Ng.	Cubic Yards of Waste	Name of Regi	stered La	indfill	L/	١			
City, State				798		Disposal Date	City, State	200	115		1_	-	_	
MAPLE SHA	WE N	(1)				Signature	- W00	וכועי	Date	2-	12		_	
Completed By MICHAEL KUTA	M	SUP				Mil	J) /		1-4-	22	-1	_	_	



### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)



Date of Notification (1)					Name of Build	ding Owne	r/Operator (2)	Participan and the same			- 1000 - 1000	
9/5/17		Lating in	_		Paulsboro Re		npany	O E			-	
Agencies Notified		Notification	Type		Street Addres 800 Billingspo			<u> </u>	<u> </u>	15		
() EPA		(X) Initial N	otification		ooo biiiiigspo	nt red				The Late	Markey Section	
() DEP		() Amended		ion	City, State, Zi		111111111111111111111111111111111111111	EP 2	8 20	1479	1 ///	
(X) DOL (X) DOH		( ) Cancelle (X) Emerge			Paulsboro, N.	J 08066	IN N O	CF -	8 50	H/ [1]	1	
() DCA		(A) Emerge	псу		Name of Cont	to ot		T-1 N	L b			
					Ravi Jarecha	lact	ASBES		lumber	1	1	
		1		FACILITY IN	NFORMATION			LICEN	ISING	, ·		
Name of Facility Where At	patement is	aking Place (	3)		Type of Facilit	ty (4)		food V food V	OHVO	-AMAILIES PROPERTIES		
Paulsboro Refining Compa	any				( ) School (K-							
Street Address					( ) Subchapte	er 8 (other	than K-12) commercial blo	J., L.		2		
800 Billingsport Rd					(A) Other (i.e.	. private &	commercial bio	igs., nor	mes, et	C.		
		and the second second			Sq. Feet N/A		# of Floor	rsN/	Α	_		
City (5)	County (6)			Code (7)	] <u></u>							
Paulsboro	Gloucester		(State U	se Only)	Bldg. Age N	/A	g demolished)	0:1.0	-6			
Name of Monitoring Firm F	lired by Bldo	Owner (8)	ASCM N	lo.	Current Ose (	Jilor ii beli	Name of Co					
ATC Associates	mod by blug	. Owner (o)	7.00WTV	<u></u>			Mansfield In	dustrial	(9) . Inc.			
Street Address					Street Address	<u>s</u>		- dottion	1 1110.			
3 Terri Lane, Suite 4					26 Colonial Av				1 - Targe of 1757			
Burlington, NJ 08016					City State, Zip							
Project Manager for Monito	oring Firm	Telephone I	Vumber		Woodbury, NJ Telephone Nu			Licone	se Num	hor		
John Lutz	zinig i iiiii	609-479-85			856-224-4392			00857		bei		
Scheduled Start Date (10) 9/6/17		Scheduled (	Completion	n Date (11)	Name of OSH	A Monitor						
Occupancy Status During	Abstement (	9/8/17	0)	-	Mansfield Indu					S		
( ) Facility Closed/Vacated					Street Address 26 Colonial Av							
( ) Abatement Performed (	Outside of No	ormal Facility	Hours -		20 001011101710							
(V) Other D					City, State, Zip		100					
<ul><li>(X) Other – Describe – Rer area</li></ul>	noval of ACI	/I within restric	cted work a	area in outside	Woodbiry Nj 0	8096						
Source of Work (Check all	that apply)					-						
	tildt dppijj											
() Demolition (X) Renov												
() Large Proj. (160 SF or > (X) Full Containment with	260 LF ACN	(X) SM Proj	>25<160			linor Proj.	(<25 SF or <10	LF ACI	M)			
Location of Asbestos-		ation Normally		Description of	ebag Procedure	Amount	(Specify SF or	I E\	Abata	ement Typ	20	
Containing Material (ACM)		by Maint./Cus		thermal system		Amount	(opecity 31 of	Li )	Abate	inent iy	<u>)C</u>	
Facility (13)	Staff?	(12)		surfacing, VAT				3			_	
	_YES	NO	NA	misc.)					Rem.	Rep.	Encap I	<u>-nclose</u>
Vessel D-203 NHT Unit		X		TSI		Approx 1	20 SF		Х			Г
- War and a second							ALERSON		1000			
										-		
Name of Reg. Waste Haule	er	NJDEP Was	te Hauler I	I ID #	Cubic Yards of	Maste		Name	of Rea	Landfill		
Waste Management, Inc.		17273	10 1100101		1 CY	TTUOTO				ounty Lan	dfill	
					NO AND A					-	30.53566	
City, State South Harrison, NJ							Disp. Date			City, State		
South Harrison, NJ							Various			South Ha	rrison, N	17
Completed by (Print or Typ	e)	Title			Signature			Date				
					T' A			Duto				
ANDREW GREEN		MANAGER -	<ul> <li>Mansfield</li> </ul>	d Industrial, Inc	////	L1		9-5-17				
					- May	porotions 9	Congressor					
					Sile	peranons a	Supervisor					
					//							

Mail to: NJDEP-DSHW-BRRTP

401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

#### 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 /	6 /	17			I December 2	nt Todas	h	/ Job #1709 <b>-22</b>	30 Chk	PA 28	201	7	
Agencies Notified	Type Notifica	tion			Street	Address						-	
⊠ EPA	☐ Initial								ASBEST	ros co	NTR	OI 8	ا ك
□ DOLWD					City. S	State, Zip C	Code			ICENSI		020	-
□ DHSS	_ Amendme				100	rence, N.			The state of the s				
DCA	☐ Emergend justification		luding			of Contact			Telephone Nur	mher	-		
(NJAC 5:23-8)	☐ Cancellati				Tre		ι,		Telephone real	TIDO			
		-					CORNATION.		1				
Name of Facility Miles of	No ataus antia T	ald-	Diana	(0)	FAG	JILII Y IN	FORMATION	T=	(4)				
Name of Facility Where A Residential	Abatement is 1	aking	Place	(3)				Type of Facility  School (K-12	2)				
Street Address								Subchapter 8	B (Other than K-1 rivate and comm	2) ercial bu	ildina	S	
								homes, etc.)		erciai be	mumg	3,	
City (5)								Square Feet	# of Floors	BI	dg. Ag	ge	
Florence								1800	1		59		
County (6)		-			Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)		-	
Burlington							*** The read and Art all the Letter control of the Control of the Letter Control of the Control	Residential					
Name of Monitoring Firm	Hired by Build	ling O	wner (	8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
Criteron				-/			and the state of t	d Mold Service					
Street Address							Street Address		,				
Street Road							3859 Sylon B	Roulevard					
City, State, Zip Code							City, State, Zip C						_
Bensalem PA							Hainesport,						
Project Manager for Moni	itorina Firm		-	Tel	ephone	No	Telephone No.	140 00000	License No.				_
Mike Panepresso	itoring r iiiii				15-244		609-702-0400	n	00862				
Start Date (10)		chedi	iled C		etion Da		Name of OSHA		00002				-
9 / 20 /					9 /		EMSL Analy						
Occupancy Status During	Abatement (0	Check	only o	ne)			Street Address						
□ Facility Closed/Vacate	ed During Entir	e Peri	od of	Abate	ment		200 U.S. Rot	ite 130 North					
Abatement Performed							City, State, Zip C	ode			272-10		
Time of Abatement: _	AM	PM	/	_PM		AM	Cinnaminso	n, NJ 08077					
Scope of Work (Check all	l that apply)						☐ Full Con	tainment with Neg	nativa Draceura				
≥3 sf or ≥3 If			⊠ Rei	novat	tion		☐ Mini-End		gative i ressure				
⊠ ≥160 sf or ≥260 lf			☐ Dei	moliti	on			g Procedure	n Eriable Drago	luro			
		- 1	le	Loca	tion	T	⊠ No⊓-Exe	empted (*) and No	III-FIIADIE PIOCEO		-4	t T	
Location	of			Norma			Description	of		_	atem		
Asbestos-Containing	Material (ACM	)			ely by	Asbe	stos Containing Ma		Amount	Ren	Repair	inc	nc
TO BE ABA					ance/ Staff?	(i.e	thermal systems		(Specify	Removal	a:	aps	Enclosure
IN Facili (13)	ty			(12)			surfacing, VAT other miscellane		SF or LF)	<u>m</u>		Encapsulate	le l
1.44.50			Yes	No	N/A							æ	
Attic					$\boxtimes$	Batt Ins	sulation & Verm	iculite	1,800 SF				
								~ //					
			П							П	П	П	П
					+					15			
Name of Registered Was	te Hauler			Ц,	NJDEP I	Naste	Cubic Yards of	Name of Regis	stered Landfill				
Waste Management				0.113	Hauler II		Waste	Grand Cer					I
City, State					17273	3	5 Disposal Data						
The same of the sa							Disposal Date	City, State	do DA				
Lafayette, NJ		T					9/29/17	Penn Argy					
Completed By (Print or Type) Title							Signature			Date	- 11	7	
Kimberly A. Trumbe	etti	Of	tice C	oor	dinato	r	LX	4		9-21	). 1,	1	

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

(D)	E	C	E		$\mathbb{V}$	E	M
M.	b #17	6512	234	8	29h/k	. NA	
	ASB	EST(	OS C	ON	TRO	L&	

Date of Notification (1)					1				1331				111
9 / 12 / 17							g Owner/Operator Shirley Bennett	(2)	]   #1769	22348	2061	c. NA	
Agencies Notified	Type Notific					t Address			n 2		2017		
⊠ EPA	☐ Initial	alion			Stree	t Address					-		ĺ
☐ DOLWD		d			0:4	01-1-7: (			ASBEST	OS CON	VTRC	18	
☑ DHSS	Amendm	nent #1				State, Zip (		£	L	CENSIN	G	-	
☐ DCA	☐ Emerger		uding			est Deptfo							
(NJAC 5:23-8)	justificati	0.000				e of Contac	9		Telephone N	lumber			
	☐ Cancella	ition			Sh	irley Ben	nett						
					FA	CILITY IN	FORMATION				***		
Name of Facility Where A	Abatement is	Taking F	Place	(3)				Type of Facili	ty (4)				
Residential Proper	ty							School (K-					
Street Address		77.5-							er 8 (Other than K		مالوال	22	
								homes, et	, private and com	merciai b	ullain	gs,	
City (5)		2007/200						Square Feet	# of Floors	l E	Bldg. A	ae	
West Deptford								1604	2		93	3-	
County (6)					Cou	ntv Code (7	)(STATE USE ONLY)		Prior if being den	nolished)	352		
Gloucester							W	Residenti		iolionouj			
Name of Monitoring Firm	Hired by Build	dina Ow	vner (	8)	ASCM	No.	Name of Abatem					-	
Tiger Environmenta				-/	,		10-02-02-00-0	d Mold Servi					
Street Address							Street Address	d Mold Sel VI	ces, corp.				
16 W Elizabeth Ave	# 2						3859 Sylon E	Paulavand					
City, State, Zip Code				_							-		
Linden, NJ 07036							City, State, Zip C						
Project Manager for Moni	itorina Eirm			T-1-	- 1		Hainesport,	NJ 08036					
Kelly Walton	itoring Firm			V 2000	phone		Telephone No.		License No	ði			
				1000	2000	32-4301	609-702-0400		00862				
Start Date (10)		Schedul					Name of OSHA N						
9 / 25 /		9	=		/	_1/_	EMSL Analyt	tical, Inc.					
Occupancy Status During							Street Address				-5.01		
☐ Facility Closed/Vacate	ed During Enti	re Perio	d of A	Abate	ment		200 U.S. Rou	ite 130 North					
Abatement Performed Time of Abatement:	Outside of No AM						City, State, Zip C	ode					
· / WW/ 7	111	14	7	_PM-	MA	AM.	Cinnaminson	n, NJ 08077					
Scope of Work (Check all	rthat apply)	VI I	ğ	VV	4241	( )							
≥3 sf or ≥3 If		12	Rer	ovati	on				legative Pressure	į.			
≥160 sf or ≥260 lf			Der				☐ Mini-End	g Procedure					
					****		⊠ Non-Exe	empted (*) and N	Non-Friable Proce	edure			
				Locat						Al	patem	ent T	уре
Location		.		orma	lly ely by		Description of				_	_	T
Asbestos-Containing I TO BE ABA		1)		ntena			stos Containing Ma ., thermal systems		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facilit			Custo		Staff?	(1.6.	surfacing, VAT		(Specify SF or LF)	ova	=	psu	Sur
(13)			. 1	(12)	T	-	other miscellane	ous)				late	6
		`	Yes	No	N/A						1		
Attic					$\boxtimes$	Vermicu	ulite		625 SF				
											1		
			=-						-		Ш	ш	П
		L											
										П	П	П	П
Name of Registered Wast	te Hauler			N	JDEP \	Naste	Cubic Yards of	Name of Rec	istered Landfill				
Waste Management				7.55	auler II	O No.	Waste	Grand Ce					
City, State					17273	3	5 Disposal Date						
Lafayette, NJ							9/29/17	City, State	ude DA				
Completed By (Print or Ty								Penn Arg	lyle, PA				
		Title	_				Signature	The state of the s		Date /	3	_	5
Kimberly A. Trumbe	till .	Offi	ce C	oord	linator		4 (OX	X		4	76	7-1	7

ASB-41 MAY 11



# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

No -	4 NA NA	Г	NO I				SBESTOS ABA AC 8:60 and 5:		m	C			7 [
Date of Notification (1)	26 /	17					ng Owner/Operator y Developers		#1709 2240	o SFGhi	(2# <b>4</b> 8	3 <b>5</b> 01	7
Agencies Notified	Type Notif	ication			Stre	et Address			1111	OLI	0	-201	ı
□ EPA					14	00 Grand	Central Avenue	Э			-		
☑ DOLWD ☑ DHSS	☐ Amend	ed ment #			City,	State, Zip	Code		- A	SBESTO	S.C.C ENS		OL
DCA	☐ Emerge		udin		La	vallette, l	NJ 08735			FIC	12.140		-
(NJAC 5:23-8)	justifica		uumi	9	Nam	e of Contac	ct		Telephone	Number			
	☐ Cancell	ation			C	nris Coop	er						
					F.A	ACILITY IN	NFORMATION				80-330	-	
Name of Facility Where		Taking I	Place	(3)				Type of Facility (	4)				
Residential Prope	rty							School (K-12)	)				
Street Address								Subchapter 8  Other (i.e., pr	(Other than	K-12)	المائييط		
								homes, etc.)	ivate and col	mmercia	Dullai	ngs,	
City (5)								Square Feet	# of Floors	S	Bldg.	Age	
Ortley Beach								1500	1		50		
County (6)					Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Prid	or if being de	molished	1)		-
Ocean								Vacant					
Name of Monitoring Firm	n Hired by Bui	ilding Ow	ner (	(8)	ASCN	1 No.	Name of Abatem	ent Contractor (9)	-				
NA Street A LL							Asbestos an	d Mold Services	s, Corp.				
Street Address							Street Address						
City Ctaty 7: 0							3859 Sylon E						
City, State, Zip Code							City, State, Zip C	ode					
Drainet Manager for Ma	-trade Fi			1			Hainesport,	NJ 08036					
Project Manager for Mor	nitoring Firm			Tele	ephone	No.	Telephone No.		License N	0.	1,000		
Start Date (10)		0-1-11		<u> </u>			609-702-0400		00862				
	17	Schedule					Name of OSHA N						
	Maria Company				/	17	EMSL Analyt	ical, Inc.					
Occupancy Status Durin	g Abatement	(Check o	nly o	ne)			Street Address	-					
□ Facility Closed/Vacat     □ Abatement Performer	ed During Ent d Outside of N	ire Perio	d of A	Abate	ment		200 U.S. Rou	te 130 North					
Time of Abatement:	AM-	PM/	Cility	PM-	rs - Des -	AM	City, State, Zip Co						
Scope of Work (Check a							Cinnaminsor	i, NJ 08077					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	п тпат арріу)			novati			☐ Mini-End	tainment with Nega losure g Procedure mpted (*) and Non-					
			Is	Locat	ion	T	Z Hon Zao	Impled ( ) and Non-	Tilable Fioc		hataa	7	France
Location				orma			Description o	f		17.00		nent T	T
Asbestos-Containing TO BE ABA	Material (ACN ATED		Maii	ntena			stos Containing Ma		Amount		Repair	Encapsulate	Enclosure
IN Facil	ity	(	Custo		Staff?	(1.6.	<ul> <li>thermal systems is surfacing, VAT,</li> </ul>	or	(Specify SF or LF)	) Va	¥.	psc	nso
(13)			es	(12) No	1	-	other miscellane	ous)		,		late	e)
Exterior			_		N/A								
zkierior	]			Transite	Siding		1100 SF						
			]		$\boxtimes$				7	×			
												1	
			1	П								무	
lame of Registered Was	te Hauler		-	N	JDEP V	Naste	Cubia Vardf	Name of E		L			Ш
Waste Managemen				7628	auler I		Cubic Yards of Waste	Name of Registe					
City, State					17273		5	Grand Centr	al				
Lafayette, NJ							Disposal Date	City, State					
completed By (Print or Ty	ma\	T'()					10/6/17	Penn Argyle	PA				
Kimberly A. Trumbetti  Title  Office Coordi							Signature			Date	21		
SR-41	J.L.I	OTTIO	e C	oord	inator	70	M	V		4	26	-[1]	

ASB-41 MAY 11

	PAII		NO.	ΓΙFΙC (F	CATIO	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1	TEMENT		200			
Date of Notification (1)	26 /	1	7				ng Owner/Operator County College	(2)	侧屋	CE		V	E
Agencies Notified	Type Notific	cation				et Address							
⊠ EPA	Initial						lbridge Avenue		III III SI	EP Z	8 2	017	1
⊠ DOLWD	☐ Amende		-11		_	State, Zip	the second secon		1			VII	-
☑ DOH □ DCA	Amenda			-		dison, NJ			ASREC	TOO		The same of the sa	_
(NJAC 5:23-8)	☐ Emerge justificat	ion)	nciuain	g		e of Conta			ASBES	TOS C	ONT	ROL	8
	☐ Cancella				Do	onald Dro	st, Jr.		Тегерпонелац	mpel.	21170	-	William Property lies
							NFORMATION		1			<u> </u>	
Name of Facility Where A	batement is	Takin	g Plac	e (3)			Oranization	Type of Facility (	(4)				
Old Studio Theater								School (K-12					
Street Address								☐ Subchapter 8	(Other than K-1	2)			
2600 Woodbridge A	venue							Other (i.e., pr homes, etc.)	ivate and comm	ercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	B	ldg. A	oge.	
Edison									5, 1, 155, 6		.ug. 1	90	
County (6)					Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demo	ished)			
Middlesex									<b>3</b>	,			
Name of Monitoring Firm	Hired by Buil	ding (	Owner	(8)	ASCN	l No.	Name of Abatem	ent Contractor (9)					
Bio Terra Solutions								NAGEMENT LL	_C				
Street Address	PER Transport						Street Address						
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co	ode	110				
Union, NJ							Garfield, NJ	07026					
Project Manager for Monit	oring Firm				ephone		Telephone No.		License No.				
Rick Estaquio Start Date (10)						1-3762	973-928-4888		1188				
_10_ / _10_ /	17		1_ /	_1		ate (11) 17	Name of OSHA M ALL PRO MA	Ionitor NAGEMENT LL	.c				
Occupancy Status During	Abatement (	Chec	only o	one)			Street Address	Y					
☐ Abstement Performent	During Enti	re Pe	riod of	Abate	ment		27 Outwater I	Lane					
Abatement Performed	Outside of No AM-	ormal Pi		y Hou PM		scribe AM	City, State, Zip Co						
				_' ''		Zivi	Garfield, NJ	07026					
Scope of Work (Check all	that apply)						D Full Cont	-i					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			☐ Re ☑ De	novat moliti	ion on		☐ Mini-Encl	ainment with Nega losure g Procedure mpted (*) and Non		ıre			
Logotion			122000	Loca						Ab	atem	ent T	уре
Location of Asbestos-Containing M		1)	Use	d Sol	ely by	Ashe	Description of stos Containing Mar	f torial (ACM)	A		_		
TO BE ABAT	ED	•			ance/ Staff?	(i.e	., thermal systems i	nsulation,	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cusi	(12)			surfacing, VAT, other miscellaned	or	SF or LF)	val	1 =	Insc	sure
()			Yes	No	N/A	1	other miscellaned	ous)				ate	
Old Studio Theater						Wet De	mo						
										П	П	П	
			П										
			_							-			
Name of Registered Waste	Hauler		Ш		JDEP 1	Mosts	Cubic Vanda - 5				Ш	Ш	Ш
Caravella Demolition				10.00	lauler II		Cubic Yards of Waste	Name of Registe					
City, State					10943	30	As Needed	Waste Mana	gement				
East Hanover							Disposal Date TBD	City, State Tullytown, N	IJ		í		
Completed By (Print or Typ	e)	Title	1				\$ignature /	7.3		ato =	/	- }	
Allen Monchik	20 24	Pi	oject	Man	ager		(0)	1/		ate 9	12	6/1	17