	NOTIFICATIO	N OF DEMOLITIC	N AND RENOVATI	ON (continued)	
X.	DESCRIPTION OF PLANNED DEMOLITION	OR RENOVATION WORI	K, AND METHOD(S) TO BE	USED DE	G E I V L
xi.	DESCRIPTION OF WORK PRACTICES AND AND RENOVATION SITE: Removal to take place using negative pressure glove-ba with a surfactant/water mix. All waste to be double bag surfaces where removal took place. All materials to be				
	with a surfactant/water mix. All waste to be double bag surfaces where removal took place. All materials to be	ged, sealed and affixed with ap kept wet during the entire opera	propriate warning labels and place ation. Final cleaning will consist of	d in closed/locked container for f HEPA vacuuming and/or wet	disposal. Encapsulation of all wiping of all surfaces
xii.	WASTE TRANSPORTER #1 Name: Gu	uardian Contracting, In	nc.		
	Address: 18	89 Route 9, Unit 61			
	City: Toms River	State: 1	New Jersey	Zip: 08	3755
	Contact Person: Ni	icholas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.	R.R.F.			
	Location: BG	ordentown Road			
	City: Tullytown	State:]	Pennsylvania	Zip: 19	9007
	Telephone: 215-943-9732		Permit #: 1014	194	
xiv.	IF DEMOLITION ORDERED BY A GOVERN	MENT AGENCY, PLEASI	E IDENTIFY THE AGENCY	BELOW AND ATTACH (COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin (MN	I/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe con	ditions or would cause equip	pment damage or an unreasona	able financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FO ASBESTOS MATERIAL BECOMES CRUMB			ESTOS IS FOUND OR PI	REVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINE THE DEMOLITION OR RENOVATION AND AVAILABLE FOR INSPECTION DURING NO	EVIDENCE THAT THE R	REQUIRED TRAINING HAS	BEEN ACCOMPLISHED	M) WILL BE ONSITE DURING BY THIS PERSON WILL BE
.a	Nicholas Fernicola / Project Manag (Printed Name/Title)	ger	(Signature of Owner/Oper	ator)	September 27, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATI	ON IS CORRECT.			
	Nicholas Fernicola / Project Manas (Printed Name/Title)	ger	(Signature of Owner/Oper	ator)	September 27, 2016 (Date)
			,		

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Date of Notification (1) Name of Building Owner/Operator (2) 10 19 1/12 18 1/11 16 1 Estate of Ernest Ryan Agencies Notified Type Notification Street Address ☐ EPA SBESTOS CONTROL Initial DEP City, State, Zip Code Amendment DOL Nutley, NJ 07110 Telephone Number Name of Contact DOH Cancellation DCA Jeanette Padillo **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Estate of Ernest Ryan Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Nutley, NJ 07110 Essex residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 10/10/2016 10/11/2016 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) ☐ Demolition Full Containment w/negative pressure ▼ Glovebag procedure X Renovation Non-friable procedure Mini-enclosure \times >3 sf or >3 if ≥160 sf or ≥260 lf E Is location normally used solely E Location of е е by maintenance/custodial п Amount asbestos-containing Description of asbestos-containing n m p staff(12) C (Specify SF or material to be material (ACM) 0 C 2 abated in facility (13) V Yes No N/A p X X 66 If basement pipe insulation Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. Disposal Date City, State

10/11/2016

Signature

Lincoln Park, NJ

Gordana Luna

Completed by (Print or Type)

Title

Secretary/Treasurer

Tullytown, PA

09/28/2016

Gordana Luna

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

B & G proj. #:	2016-144		(Purs	suaiit t	***Sub	8***			Check	8038		111	#	-
n i falletification	(1)	I I Namo	of Building	Owner/0	Operator (2)			III)	6.5	3 0 20	116]]]	
Date of Notification					Education			17 7	i pri	7 3 4 44	10	1	1	=
Agencies Notified	Type Notification		Address						LOFFOT	OS CON	-BOI	18		
X EPA	X Initial	100000000000000000000000000000000000000	7 Avenue	Α					ASBES	IOELIGING	1101			-
☐ DEP	initial initial	City, S	State, Zip C	ode										
X DOL	Amendmen		ayonne, N		02			AND THE RESERVE	Talanhan	e Number		***	-	ment
₩ DOH	10020	Name	of Contact						releption	e raumoo.				
☐ DCA	Cancellation	n Le	eo Smith,	Jr./S	cott Nolan									=
				FACIL	ITY INFORMA	ATION								_
	h stemont is to	king place	(3)						of Facility School	(4) ol (K - 12)				
	here abatement is ta	iking piace	(0)							napter 8 (Oth	er thar	n K-12	2)	
John M Baile	y School								Other	(Private/Con	nmerci			
Street Address	A Comment								Bldgs are Feet	/Homes, etc. # of Floors		Bldg	. Age	_
75 West 10th	n Street						L. Cada (7)	Squa	are reet	# 011 10013				
City (5)		County	(6)				ty Code (7) e use only)	Cur	rent Use (F	Prior if being	demol	ished	1	
Bayonne, N	J	Huds	on						B 8					_
	ing Firm Hired by Blo	ig. Owner (8)	T	ASCM No.		Name of Abatemer							
n/a							B & G Restor	ation, Ir	nc.					=
Street Address							Street Address 105 Ryerson	Road						
							City, State, Zip Coo							
City, State, Zip Co	ode						Lincoln Park	k, NJ 07	7035					_
	for Monitoring Firm		Phon	e Numb	er	_	Telephone Number	960 860		License 1	Numbe 378	er		
Project Manager	for Worldoning 1 iiiii						(973)696-68 Name of OSHA M							
Scheduled Start I	Date (10)	Sched.	Completion	Date (1	1)		B & G Resto		nc.					
10/14/2016		10/17	7/2016				Street Address							
7107W 11 Phil	is During Abatement	(Check on	ly one)				105 Ryerson							_
T = -: liby ala	sadwacated during 6	entire period	of abatem	ent.			City, State, Zip Co	de						
Abatement	t performed outside	of notitial ta	cility hours-				LincolnPark,	NJ 070	035				1	
Other-Des	cribe: weekend v	vork				_								
	(check all that apply					X	ull Containment w	/negative	pressure	☐ Gloveb	ag pro	ocedu	re	
Demolition		Renovation				-	Mini-enclosure			☐ Non-fr	iable p	roce	dure	
> <u>3</u> sf or >	3 If 🔀 3	≥160 sf or ≥	normally us	ed sole	ivl					*	R	R	E n	E
Location		by mainter	nance/custo	odial	Descrip	otion of	asbestos-containin	g	Amour (Speci	nt fy SF or	m	р	С	n
material to	containing .	staff(12)			- materia	al (ACM))		LF)	,	o v	i	a p	L
abated in	facility (13)	Yes	No	N/A					750 sf		e			to
Basement Ro	oom G2			X	Floor tile	e multi	ple layers		750 31		宣			
July 19 To Control of the Control of					-									L
											1		님	빞
					1				Tell					1
Registered Was	ste Hauler		EP Hauler II	D#	Cubic Yards	of Wast	e Name of Regist	ered Lan own Res	atili source 8	Recovery	Cen	ter		URDINETONE
B & G Resto	oration, Inc.		19563	Disposal			City, State							
City, State Lincoln Par	k NJ			1(0/17/2016		_ Tullyto	wn, PA		T Date				
Completed by		Title	1		Signature	2	Gordana Lu	na			28/20	16		
Gordana L		Secreta	ry/Treasu	ırer			7							

State of New Jersey

IOTI	FICATION	OF	ASBE	STO	S A	BATEM	EN.
	(Pursuant	t to	NJAC	8:60	and	5:16)	

CHIZ	4	NO	OTIF		ATION	OF AS	BESTOS ABAT AC 8:60 and 5:10		MEC	o E		\mathbb{V}		3
Date of Notification (1)	28 /	16			1000000		ng Owner/Operator (of Little Falls	2)	IN SE	P 3	0	20	6	
Agencies Notified ☑ EPA ☑ DOLWD ☑ DOH	Type Notification Initial Amended Amendm	d ent #			225 City, S	Address Main State, Zip		11 2	ASSES		CC	TM		8
DCA (NJAC 5:23-8)	☐ Emergen justificati	on)	ding		Name	of Contac	ct		Telephone N	umber				
					FA	CILITY II	NFORMATION						-711-	
Name of Facility Where Residential Street Address	Abatement is 7	Taking Pl	ace (3)	is and the second			Type of Facility ☐ School (K-12 ☐ Subchapter ☑ Other (i.e., phomes, etc.)	2) 8 (Other than K private and comi		bu	ilding	ıs,	
City (5) Little Falls, NJ		ď., "	59	4		92		Square Feet	# of Floors		Blo	ig. A	ge	
County (6) Passaic Name of Monitoring Firm	n Hired by Build	ding Owr	ner (8)	Cour		7)(STATE USE ONLY) Name of Abateme			olished	4)		72	Ty Ty
Bio Terra Solution	s						ALL PRO MA	NAGEMENT L	LC .					
Street Address P.O. Box 1224	5 0 H E						Street Address 27 Outwater	Lana			8		17-10	4
City, State, Zip Code							City, State, Zip Co				-	<u>. 4.</u>		
Union, NJ							Garfield, NJ							
Project Manager for Mor Rick Eustaquio	nitoring Firm		20		ephone 73-494		Telephone No. 973-928-4888		License No.			8		
Start Date (10) / / /	6 N. M. M. M.	Schedule 11	d Co	9000	etion Da		Name of OSHA M	lonitor NAGEMENT L	LC					16
Occupancy Status Durin Facility Closed/Vacat Abatement Performed Time of Abatement:	ed During Enti d Outside of No	re Period ormal Fa	of A	oate	rs - Des	cribe AM	Street Address 27 Outwater I City, State, Zip Co Garfield, NJ	ode			-			
Scope of Work (Check a	Il that apply)				1/6	7 9				411	75	24	17.	- 14
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Rend				☐ Mini-Enc ☐ Glovebag	ainment with Neg losure g Procedure mpted (*) and No	8					5) X
				oca							Aba	atem	ent T	уре
Location Asbestos-Containing TO BE ABA IN Facil (13)	Material (ACN ATED	(Used Main Custo	tena	ely by ance/ Staff?		Description o estos Containing Ma e., thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior]			Transi	te Siding		2,800 SF	- [X			
		TE	1 1	7			W 44 1		Si .		7			
			1 1		Ī					ı	7	П	П	П
)			1 1	=	H			-	1	- -	=			
Name of Registered Was	ete Hauler		1		JUEP V	Nacto	Cubic Yards of	Name of Regis	stered Landfill			ш		
Century Waste Ser				1	lauler II 32797	O No.	Waste As Needed	V	ehem Landfill	1				
City, State					52131		Disposal Date	City, State	DA					222
Elizabeth, NJ		I married					TBD	Bethlehem	1, PA	Б.		,	,	
Completed By (Print or T Zvonko Veskov	ype)	Title Pres	iden	t			Signature	dillan		Date 9	1	18	16	,
NOD 44								114			4000	-/-		

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	2)	IIII SEP 3	3 0	2016		11
09 /2	8 / 1	16		Cou	nty of S	omerset		T T OF S	, ,	_0.0		-
Agencies Notified T	ype Notificatio	n		Street	Address						01.1	
⊠ EPA 🗵	Initial			20 0	Frove St	reet, P.O. Box 30	000	ASBESTOS	CO	NIH	UL	×
	Amended		1	City, S	tate, Zip C	Code	-					
☑ DOH	Amendment			and Same		NJ 08876						
DCA (NJAC 5:23-8)	Emergency (justification)		1	-	of Contac			Telephone Number	er			
	Cancellation			AIS	harback				-			
				FAC	ILITY IN	FORMATION						
Name of Facility Where Aba	tement is Tak	ing Place	(3)				Type of Facility	(4)			XIIII (re-	
Commercial							School (K-12					
Street Address					41		Subchapter	8 (Other than K-12) crivate and commerc	ial hu	ildina	2	
5 Holland Avenue							homes, etc.		iai bu	nun ig.	٠,	
City (5)					777		Square Feet	# of Floors	Bio	ig. Ag	e .	
Peapack, NJ						e						
County (6)	142	15. 5. 7	. 18	Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demolish	ed)			
Somerset								ign <u>ation in a</u>	1	601 601	75 355	3.
Name of Monitoring Firm Hi	red by Building	g Owner (8)	ASCM I	No.	Name of Abateme	ent Contractor (9)	45.0			1 2
Bio Terra Solutions			7. 3.4			ALL PRO MA	NAGEMENT L	LC	30 S		.0	274
Street Address		asa - n				Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code	7 - 4		. 6.	·	11.	City, State, Zip Co	ode					
Union, NJ			1.0			Garfield, NJ	07026		100	1		a
Project Manager for Monitor	ring Firm		Tele	phone l	No.	Telephone No.		License No.				
Rick Eustaquio				3-494		973-928-4888		1188		2 3		
Start Date (10)		neduled Co			1000	Name of OSHA N	Nonitor	10				, 2
10 / 07 /		12 /			10		INAGEWIENT		1 1	4		
Occupancy Status During A						Street Address						
 ☐ Facility Closed/Vacated ☐ Abatement Performed O 					oribo	27 Outwater		U 24	- 31			
Time of Abatement:	AM	PM/	_PM-		AM	City, State, Zip Co						
Scope of Work (Check all th	nat apply)			- 10	1 140		tainment with Ne	active Pressure		-	15	
☐ >3 sf or >3 lf		□Re	novati	on		☐ Mini-End		gative r ressure				
⊠ ≥160 sf or ≥260 lf		⊠ De	molitic	n		Gloveba	g Procedure	Faible Decedos	_			
2		11 12			1	⊠ Non-Exe	empted (*) and No	on-Friable Procedure	_		- 1 T	
Leastion of			Local Jorma		-	Description of	of		-	ateme		
Location of Asbestos-Containing Ma		Use	d Sole	ely by	Asbe	estos Containing Ma		Amount	Ren	Repair	Enc	Enc
TO BE ABATE	The Contract of the second	11 22	intena odial	nce/ Staff?	(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	Remova	음.	aps	Enclosure
IN Facility (13)		Cusi	(12)	own.		other miscellane		St Of LT)	<u>m</u>		Encapsulate	Ге
		Yes	No	N/A			-				(b)	
Garage Bay #17				\boxtimes	White I	ooiler flue/wall ju	unction paste	1 SF				
Roof				\boxtimes	Felt Pa	per		600 SF	\boxtimes			
Roof				\boxtimes	Flashir	ng/sealant parap	et walls	1,500 SF				
Roof					Flashir	ng/sealant parap	et metals	400 SF				
Name of Registered Waste	Hauler		4.858	JDEP !		Cubic Yards of	-	istered Landfill				
Century Waste Service	ces LLC		H	lauler II 32797		Waste As Needed	IESI Beth	lehem Landfill				
City, State				32131		Disposal Date	City, State					
Elizabeth, NJ						TBD	Bethleher	n, PA				
Completed By (Print or Type	e) T	itle	7 - 100			Signature) //	Dat	e	1	1	-
Zvonko Veskov		Preside	ent			1 3	1/10	12	91	23	//	6
100.11			1875-950				1/1/20		4	-7	16	P

ASB-41 JAN 13

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

Ch	21,000	7 N	OTIF			NC	OF ASE	w Jersey BESTOS ABAT C 8:60 and 5:16		DEC	E		W I	
Date of Notification (1)	700	-			Na	me o	of Building	Owner/Operator (2)				57.5	
9 /	29 /	16			1	/eriz	zon			II LI St	P 3	0 4	Uib	-
Agencies Notified	Type Notificat	fion			Str	eet A	Address				-		-	-1
⊠ EPA	☐ Initial	LIOIT			180800			in Street		ASBES"	TOS (DON	TRO	L 8
⊠ DOLWD					6		ate, Zip C				JOEH	City	3	
□ DHSS	Amendme	nt # <u>1</u>			1		ville, NJ							
☑ DCA	☐ Emergenc		uding				of Contact	Can the second second		Telephone Numb	oer			-
(NJAC 5:23-8)	justification Cancellation				1	metals.	Baylor			, olopilollo ivalila				
	Caricellatio	OH						EODMATION.			-		_	-
			51	/O\	ı	-AC	ILIIYIN	FORMATION	Tune of Facility ((A)				
Name of Facility Where	Abatement is 18	aking F	Place	(3)					Type of Facility (☐ School (K-12					
Verizon) (Other than K-12))			
Street Address	necessary.								Other (i.e., pr	ivate and commer	cial bui	Iding	δ,	
265 West Main Str	eet								homes, etc.)	T. (E)	T DI-	- 0 -		
City (5)									Square Feet	# of Floors		g. Ag '5	е	
Denville NJ									10000	3		5		
County (6)					C	ount	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	nea)			
Morris				115										_
Name of Monitoring Fire		ling Ov	vner (8	8)		CM N			ent Contractor (9)					
TTI Environmenta	I, Inc.				5	744	5	JVN Restora	ition Inc					
Street Address								Street Address	•					
1253 North Churc	h Street							47 Foster Ro	10==					_
City, State, Zip Code								City, State, Zip C						
Moorestown, NJ								Staten Island	d NY 10309					
Project Manager for Mo	nitoring Firm			Yes	lepho			Telephone No.	20	License No.				
Harold Balwin				1000		2000	-8800	718-605-625		00774				
Start Date (10)	170	Schedu 10	led Co /					Name of OSHA Name of Testor Tech						
Occupancy Status Duri	ng Abatement (C	Check	only o	ne)				Street Address						
☐ Facility Closed/Vaca	THE STATE OF STATE O							10 59 Jackso	on Avenue					
Abatement Performe							cribe	City, State, Zip C						
Time of Abatement:	AIVI	PIVI	6:00	PIVI-	6.00	Alvi		LIC, NY 1110	01					
Scope of Work (Check	all that apply)							D		D				
≥3 sf or ≥3 lf		Г	⊠ Re	nova	ation			⊠ Full Cor ☐ Mini-En	ntainment with Neg closure	gative Pressure				
≥160 sf or ≥260 lf		Ĭ	-	moli				☐ Gloveba	ag Procedure					
								☐ Non-Ex	empted (*) and No	n-Friable Procedu		-		_
7					ation nally			Description	of		- 100000		ent Ty	
Location Asbestos-Containin		1)	Use	d Sc	olely	200	Asbe	stos Containing M		Amount	Remova	Repair	Encapsulate	Enclosure
TO BE A	BATED	´			nance al Sta		(i.e	e., thermal systems		(Specify SF or LF)	VOU	air	aps	losu
IN Fac			Gusi	(12		1111		surfacing, VA other miscellan		SF OF LF)	<u>m</u>		ulat	le l
(15	,		Yes	No	0 1	N/A							0	
Basement							VAT			378 SF	\boxtimes			
			П	П	Ī									
			$\overline{\Box}$	П										
												П	П	П
Name of Registered W	acta Hauler			H				Cubic Yards of	Name of Regis	stered Landfill	1 1			
Newark Carting	aste i laulei				3325 Y		No.	Waste	IESI					
					N.	J-56	6	5 Disposal Date	City, State					
City, State Newark, NJ								10/19/16	Bethlehen	n, PA				
	Type)	Title				-		Signature		Control Inchin	ate /	1100000	1	
Completed By (Print or Ignatius Marracci			Proje	ect i	Man	age	r	Oldifature	1. m.		9/	29	116	
		1	-					remed	ary 1 1am	O. C. L. YAVE		_	1	

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 28 16 Verizon Agencies Notified Type Notification Street Address X EPA 265 West Main Street ☑ DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Denville, NJ 07834 ☑ DCA ☐ Emergency (including Name of Contact iustification) Telephone Number (NJAC 5:23-8) ☐ Cancellation Alex Baylor **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 265 West Main Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Denville NJ 10000 3 75 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental, Inc. 57445 JVN Restoration Inc. Street Address Street Address 1253 North Church Street 47 Foster Road City, State, Zip Code City, State, Zip Code Moorestown, NJ Staten Island NY 10309 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Harold Balwin 856-840-8800 718-605-6256 00774 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 10 / 03 / 16 10 / 14 / 16 **Testor Tech** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 10 59 Jackson Avenue Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 9:00AM-7:00PM/ PM- AM LIC, NY 11101 Scope of Work (Check all that apply) □ Renovation ☐ Mini-Enclosure ☐ >3 sf or >3 If ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Remova Encapsulate Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? surfacing, VAT, or IN Facility SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X VAT 378 SF \boxtimes П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill

Ignatius Marraccino

Newark, NJ

City, State

ASB-41 MAY 11

Newark Carting

Completed By (Print or Type)

Waste

Disposal Date

10/14/16

Signature

5

IESI

City, State

Bethlehem, PA

Date

Hauler ID No.

NJ-566

Project Manager

Title

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

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

0	211 00		1900 .	2 1						1.50							
	e of Notification (1) 29/2016				Building C				N RENEW	/EL, L	rc cíð t	RAN	IOF	PR	OF		
Age	ncies Notified	Тур	e Notification			Street A		0.455	070			-					
×	EPA		Initial				OUTH B		SIRE	EE1							
×	DEP	×	Amended Amendment	4.2			te, Zip Co		10117				ASBEST)5 U :=1:5	UNI	HUL	- O
-	DOL		Emergency (i				DELPHI	IAPA	19147			Tole	sphone Nun	bor			
×	DOH		justification) Cancellation	(A.T.)	-		Contact HERMAI	M				1 616	phone Nun	iber			
Ц	DCA		Cancellation			nose-one same	LITY INFO		ON			r -					
Nan	ne of Facility Where	Abate	ement is Taking	Place (3)	FACI	LITINEC	KWAII	ON	Туре	of Facility (4	4)					
	NE THEATER			25							School (K-1	2)					
Stre	et Address	-						******			Subchapter	8 (Othe					
36	PARK PLACE										Other (i.e. p etc.)	rivate 8	commercia	al build	lings,	home	es,
City	(5)										re Feet	# of	Floors	В	ldg. A	ge	
NE	WARK NJ									>50	,000	2		>	50		
21,100,000	nty (6) SSEX					County (Code (7) JSE ONLY)			Curre	ent Use (Prid	or if beir	ng demolish	ed)			
Nan	ne of Monitoring Firn	n Hire	d by Building C	Owner (8)		ASCN	No.		Name	of Aba	tement Con	tractor	(9)				
PE	NNONI ASSOC	IATE	ES, INC						DEL	TA/B	JDS, INC						
Stre	et Address								Street	Addre	ss						
51	5 GROVE STRE	EET S	SUITE 1B						1345	5 IND	USTRIAL	BLV).				
	, State, Zip Code										ip Code	Line Parke					
	DDON HEIGHT	1.5									MPTON,	PA 18					
	ect Manager for Mor					Telepho				hone N			License N	٥.			
2750000	YMOND ALAN	LLO	YD			200314812401301010	17-0505		as-autom.	322-2			00783				
	t Date (10)					npletion l	Date (11)				HA Monitor ON LABS						
80000	29/2016	. a. A la a	atamant (Chapl	10/31/2					_ 2 _ 2	Addre							
UCC	upancy Status Durin	3							MANAGES 2012		DGRESS	DRIVI	=				
H	Facility Closed/Vac Abatement Perform										ip Code						
×	Other – Describe:	MON-	-SAT. 7AM-11F	PM	110010				100 May 200 Ma		EM, PA 19	9020					
Sco	pe of Work (Check A	All Tha	at Apply)								5500 Sec. 1000 Sec.						
П	≥3 sf or ≥3 lf			× F	Renova	tion			>	S Fu	Il Containme	ent with	Negative P	ressu	re		
×	≥160 sf or ≥260 lf			Description of the last of the	emolit					Mi	ni-Enclosure	2					
									-		ovebag Prod n-Exempted		d Non-Friab	le Pro	cedur	е	
				I a	Lasati					.,,,		() =			15.500 - 15.00	ement	t
	Landia	6		200	Locati Normal			Do	scription	o of	1				Ty	ре	
	Locatio Asbestos-Containing		erial (ACM)		d Sole		Asbest				I (ACM)	А	mount			П	_
	TO BE AB	ATEC			intenai todial S		(i.e.	thermal	system cing, VA		ation,		pecify or LF)	Rer	Re	nca	Encl
	In Faci (13)	80000			(12)				niscellar			JI	OI LI)	Remova	Repair	Encapsulate	Enclosure
	Notice of			Yes	No	N/A								<u>m</u>		ate	-G
				100	140	1.071	DI	E 4 0 E	055	A TT A	OI I			-			
		-		-			PL	EASE	SEE /	ATTA	CH			-			
								210									
-11.																	
Nan	ne of Registered Wa	ste H	auler		1952	JDEP W			Yards		Name of	Registe	red Landfill	1			
SEF	RVICE TRANSP	ORT	GROUP		1.000	lauler ID 0990	No.	of Wa	ste		MINER	VA LA	ANDFILL				
	, State	com (70)				0330		Dieno	sal Date		City, Stat	e .					
1000	, State PYLES LANE, N	IEW	CASTLE DE	= 19720)			Dispos	Jai Date				RG, OH	4688	3		
	npleted by		J. 13 1 LL DI	Title				I S	Signature	e	1		Da				
	MIAN LAVELLE			N. S.	JECT	MGR		1.5	500		L	. ol		29/20	016		
								7	-1.4/	rue		1	1.4				



LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	USED MAIN	IS LOCA ORMAL SOLEY TENAN ODIAL !	BY LY	DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
	YES	NO	N/A				_		
ROOF, WEST AND SOUTH		Commence of the	X	PITCH POCKET TAR	22 SF	X			
2ND FLOOR UNDER CARPET	T				22 SF	Λ.			
AND EXPOSED			Χ	FLOOR TILE /MASTIC	1, 200 05				
BASEMENT BOILER	T		X	PIPE INSULATION /BOILER BREECHING	4,280 SF	X	-		
BASEMENT BOILER AND	T		-	TOTAL DICEOTING	85 SF	X			
XISTING ADJOINING ROOMS			X	CORRUGATED PIPE INSULATION	-				
BASEMENT THROUGHOUT				- THE RESOLUTION	195 LF	Х			ACCESS:
AND FB LINES			X	PIPE FITTINGS	141 LF	х			
OVER HANGS AT BUILDING	1	-	K					I	
NTRANCES		ľ	`	EXTERIOR PLASTER OVER HANG	110 SF	X			-
LEVATOR FLOOR	1	-	,	SHIP TO THE PARTY OF THE PARTY				1	
				FLOOR TILE/MASTIC	20 SF	X			
ST FLOOR BOTTOM LAYER			-						
LEVATOR HALLWAY)		FLOOR TILE /MASTIC	180 SF	x			
BASEMENT			X	FLOOR TILE	1,000 SF	x			
		1					\dashv		
		+	1		-		_		
	-	+	-						
	- 1		-	30					

all lower

State of New Jersey

Print Form

Ch. (10 1-2)	1		Pursuant											
Date of Notification (1) 3/15/2016			Name o	of Building	Owner/G R STR	Operator EET U	(2) RBAI	N RENEV	NAL, I	LC C/C	D DRA	NOF	916 F PF	ROP
Agencies Notified Type Notifica	ation		Street A						/	SBES			TRO	
X DOL . Amenda	ment #			ate, Zip C ADELPH		19147								
DOH justifica				of Contact					Tel	ephone N	lumber			
None of Facility (AR)			FACI	ILITY INF	ORMAT	ION								
Name of Facility Where Abatement is TONE THEATER	aking Place (3	3)						of Facility School (K-	12)					
Street Address 36 PARK PLACE							×	Subchapte Other (i.e. etc.)				ldings	, hom	ies,
City (5) NEWARK NJ					11 000		Squa >50,	re Feet 000	# o	f Floors	4.	3ldg. >50	Age	
County (6) ESSEX				Code (7) USE ONL	n		Curre	ent Use (Pr	ior if bei	ng demol	ished)			
Name of Monitoring Firm Hired by Build PENNONI ASSOCIATES, INC	ling Owner (8)		ASCN	/ No.		The second second second		tement Co JDS, INC		(9)				
Street Address 515 GROVE STREET SUITE 1	В					Street 1345		ss JSTRIAL	BLVE).				
City, State, Zip Code HADDON HEIGHTS, NJ 08035	i							ip Code ИРТОN Г	PA 189	966				
Project Manager for Monitoring Firm Raymond Alan Lloyd			Telepho 856 54	ne No. 17-0505	;	Teleph 215 3				License 00783	No.			
Start Date (10) 3/29/2016	Schedule 5/31/20		mpletion I	Date (11)				HA Monitor						
Occupancy Status During Abatement (0	Check Only On	ie)				Street	Addres	SS					-	
Facility Closed/Vacated During En Abatement Performed Outside of I	Normal Facility	Hour	ment s					GRESS p Code	AVE					
X Other – Describe: MONDAY-SATU	JRDAY 7AM-1	1PM				BENS	SALE	M PA 19	020					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		enova emoli				×	Mir Glo	l Containm ni-Enclosur vebag Pro n-Exempte	e cedure				e	
		Locat											emen vpe	t
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)) Used Mai	lorma d Sole intena odial ((12)	ely by		tos Cont thermal surfac		aterial insula T, or		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	No	N/A				5.00 x2x00						ē	(b	
				PLE	EASE S	EE AT	TAC	HED						
			-											
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic '	Varde		Name of	Panista	red Landf	au .			
SERVICE TRANSPORT GROUP	5	H	lauler ID I 0990		of Was			MINER						
City, State 58 PYLES LANE, NEW CASTLE	DE 19720				Dispos	al Date		City, State WAYNE		RG, OH	44688	3		
Completed by DAMIAN LAVELLE/CDV	Title PROJ	IECT	MANA	GER	Si	ignature	,	P	20		Date 3/15/20	016		

				ELEVATOR HALLWAY	1ST FLOOR BOTTOM LAYER	ELEVATOR FLOOR	ENTRANCES	AND IB LINES	BASEMENT THROUGHOUT	EXISTING ADJOINING ROOMS	BASEMENT BOILER	BASEMENT BOILER	AND EXPOSED	2ND FLOOR UNDER CARPET	ROOF WEST AND SOLUTION	LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY
Charles Verein Control of the Contro				VAY	OM LAYER	R	BUILDING		JUGHOUT	VING ROOMS	ER AND	ER		DER CARPET	Sold of the latest designation of the latest	AINING
				×	×		X	×		×		The Reservoir	<	×	A	IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF?
or and the second control of the second cont	A THE PARTY OF THE		ARRICUM PROPERTY AND	FLOOR TILE /MASTIC		FLOOR TILE/MASTIC	EXTERIOR PLASTER OVER HANG	PIPE FITTINGS	COMPANY THE INSULATION	ORRUGATED DIDE INCH ATION	THE REPORT OF A POILER BREECHING	PIDE INSTITUTION /BOTTED PROFESSIONAL		PITCH POCKET TAR		DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)
				180 SF	AC 02	JO CT	110 SF	141 LF	195 LF	CANADA SERVICE AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF	85 SF	4,280 SF		22 SF	of the property of the party of	AMOUNT SPECIFY SF OR LF
				×	>		×	×	×		×	×		×		REMOVAL REPAIR
						And the second s										ENCAPSULATE
le regione	The state of the s	THE RESERVE AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN T						The state of the s					STATE OF THE PROPERTY OF THE P			ENCLOSURE

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Date of Notification (1) 5/24/2016		N	ame of E	Building Ov ENTER	vner/Op STRE	perator ET UF	(2) RBAN	RENEW	\L,LL	c c/o b	RANC	FF	PRO	P
Agencies Notified Type Notification		10 200	treet Add	dress UTH BO	ARD	STRE	ET			ASBEST	ros c	ON.	TRO	13
EPA Initial Amended DDP Amendment#	1			e, Zip Code ELPHIA		9147		0		L.	OEV		-	
Emergency (ir justification) DCA Cancellation	cluding	1000	lame of 0	Contact ERMAN					Tele	phone Nun	nber			
DCA Cancalasin			FACILI	ITY INFOR	MATIC	N								
Name of Facility Where Abatement is Taking ONE THEATER	Place (3)						S	of Facility (4) school (K-12))		.,			
Street Address 36 PARK PLACE								Subchapter 8 Other (i.e. pr tc.)	Othe ivate &	commercia	al buildi			ş, .
City (5) NEWARK NJ							>50,0		2	Floors	>;	ig. Ag 50	e	
County (6) ESSEX			County Co	ode (7) SE ONLY)			Curre	nt Use (Prio	r if beir	ig demolish	ned)			
Name of Monitoring Firm Hired by Building OPENNONI ASSOCIATES, INC	wner (8)		ASCM	No.				ement Cont DS, INC	ractor	(9)				
Street Address 515 GROVE STREET SUITE 1B						Street 1345	Addres	s JSTRIAĽ	BLVD	10				
City, State, Zip Code HADDON HEIGHTS, NJ 08035								p Code MPTON, F	A 18	966				
Project Manager for Monitoring Firm Raymond Alan Lloyd		14. 8	Telephon 856 54				none No 322-2			License N 00783	lo.			
Start Date (10)	Scheduled 08/31/20			ate (11)				HA Monitor ON LABS						
Occupancy Status During Abatement (Check							Addres	GRESS /	AVE					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Monday-Saturday 7A	al Facility F	atem	ent			City, S	State, Z	ip Code EM, PA 19						
Scope of Work (Check All That Apply)								-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Table 1	nova					Min	ll Containme ni-Enclosure ovebag Prod n-Exempted	edure				9	
						L	<u> </u>	II-LXEITIPICE	() a	d I (OI) I IId		Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Used Main	itenar	ly ly by nce/	Asbesto	os Con	scription taining	Materia	I (ACM) ation,		mount Specify	Re	Ty		Enc
In Facility (13)	Custo	dial 8 (12)	Staff?		surfa	icing, V miscella	AT, or		SI	F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	DIE	ASES	SEE A	TTAC	HED			+-			
				1 LL	HOL C		11710	1120			+-			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		H	JUDEP W lauler ID 0990	STORY COLUMN	Cubic of Wa	Yards aste		1		ered Landf ANDFILL				
City, State 58 PYLES LANE, NEW CASTLE DI	= 19720				Dispo	sal Dat	e	City, Star WAYN		JRG, OH	4468	3		
Completed by	Title	IECT	Γ MANA	AGER		Signatu	ге			1000	ate 5/24/20	016		

Print Form

LOCATION OF	IS LOCATION	DESCRIPTION OF			-1		displant process sirrament.
ASBESTOS-CONTAINING	NORMALLY	ASBESTOS CONTAING MATERIAI (ACM)	AMOUNT	REMIOVAL REPAIR		ENCAPSULATE	ENCLOSURE
	USED SOLEY BY	(IE, THERMAL SYSTEMS INSULATION	SEORIE				
TO BE ABATED	MAINTENANCE/	SURFACING, VAT, OR	0.00				
IN FACILITY	FF7	The Real Property lies					
ASBE							
	YES NO N/A						-
ROOF, WEST AND SOUTH	×	PITCH POCKET TAR	33 66	×			And and a second second
2ND FLOOR UNDER CARPET			the fact of the	1			Activities and the second second
AND EXPOSED	×	FLOOR TILE /MASTIC	4.280 SF	×			
BASEMENT BOILER	×	PIPE INSULATION /BOILER BREECHING	85 SE	×			No. of Lot, House, Street, Square, Squ
BASEMENT BOILER AND							Approximate and the second
EXISTING ADJOINING ROOMS	×	CORRUGATED PIPE INSULATION	1951F	×			
BASEMENT THROUGHOUT			100	1			
AND FB LINES	×	PIPE FITTINGS	141 LF	×			The state of the s
OVER HANGS AT BUILDING ENTRANCES	×	EXTERIOR PLASTER OVER HANG	110 SF	×			
ELEVATOR FLOOR	××	FLOOR TILE/MASTIC	20 SF	×			THE PARTY NAMED AND ADDRESS OF
1ST FLOOR BOTTOM LAYER ELEVATOR HALLWAY	×	FLOOR TILE /MASTIC	180 SF	×			NAMES OF THE PERSON NAMES

CKUDIFI) E	G E		P	rint
0611-02 Re	r - 2		FICATIO	State of New ON OF ASBE Int to NJAC 8:	STOS A	BATE				W L	a <u>U</u>	V/	15
Date of Notification (1) 8/1/2016				of Building O CENTER			(2) RBAN RENE	WEL,L	LC C/C	DRA	NOF	F PF	ROP
Agencies Notified Type Notification EPA Initial				Address SOUTH BO	DARD	STRE	EET		ASEE	STOS LIGE	GOI	VTR	OL
DEP Amended DOL Amended	± 2 = 1		307000	tate, Zip Cod		19147	7						
DOH justification DCA Cancellation		ig		of Contact SHERMAN				Te	lephone l	Number			
Name of Facility Where Abatement is Takir	a Diasa	(2)	FAC	CILITY INFOR	RMATIC	N					35		
ONE THEATER	ig Place	(3)					Type of Facility	10,00					
Street Address 36 PARK PLACE							School (K- Subchapte Other (i.e. etc.)	er 8 (Oth			ildings	, hon	nes,
City (5) NEWARK NJ							Square Feet >50,000	2	f Floors	- 1	Bldg. >50	Age	
County (6) ESSEX	110-00-2-1			Code (7) USE ONLY)			Current Use (P	ior if be	ing demo	lished)			
Name of Monitoring Firm Hired by Building PENNONI ASSOCIATES, INC	Owner (8	3)	ASC	M No.			of Abatement Co		(9)				
Street Address 515 GROVE STREET SUITE 1B					11 3		Address INDUSTRIAI	BLVI	D.				
City, State, Zip Code HADDON HEIGHTS, NJ 08035							tate, Zip Code THAMPTON,	PA 18	3966				
Project Manager for Monitoring Firm RAYMOND ALAN LLOYD			Telepho 856 54	one No. 47-0505	1 1		one No. 322-2900		License 00783				
Start Date (10) 3/29/2016	Schedu 10/31/			Date (11)	- 4		of OSHA Monitor		1				
Occupancy Status During Abatement (Chec	k Only O	ne)			1 2		Address	DD11/					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: MON-SAT. 7AM-11F	al Facilit					City, St	PROGRESS ate, Zip Code SALEM, PA 1		<u> </u>				
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Transmitte.	Renova Demolit				×	Full Containm Mini-Enclosur Glovebag Pro	e cedure	-				
	1	s Locati	ion			1.3	Non-Exempte	o (*) an	a Non-Fn	able Pri	100000000	emen	t
Location of		Normal ed Sole	ly			ription				-	Ty	rpe T	<u> </u>
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	aintenar stodial S	nce/				aterial (ACM) insulation,	1700	mount Specify	R	70	Enc	En
In Facility (13)	Jus	(12)	otaii:		surfacin ther mis			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
V 8	Yes	No	N/A									ate	9.
				PLEA	ASE S	EE A	TTACH				-		
										+			
Name of Registered Waste Hauler		l N	JDEP W	laste I C	ubic Ya	rde	Name of	Degiste	rad I and	61I			
SERVICE TRANSPORT GROUP		H	auler ID 1990		f Waste		MINER						
City, State 58 PYLES LANE, NEW CASTLE DE	19720		- 15 (15 (15 (15 (15 (15 (15 (15 (15 (15	D	isposal	Date	City, Stat		3G UH	1150	ρ		
Completed by	Title				Sign	nature	VVATIN			Date			
DAMIAN LAVELLE/CDV	PRO	IECT	MANIA	CER	1			/	011	2/1/20	16		

		ELEVATOR HALLWAY	1ST FLOOR BOTTOM LAVED	ENTRANCES ELEVATOR FLOOR	AND FB LINES	BASEMENT THROUGHOUT	BASEMENT BOILER AND	BASEMENT BOILER	2ND FLOOR UNDER CARPET	ROOF WEST AND SOUTH	IN FACILITY	ASBESTOS-CONTAINING MATERIAL (ACM)
		×	× ×		×	×		××	×	YES NO N/A	MAINTENANCE/ CUSTODIAL STAFF?	NORMALLY
		FLOOR TILE /MASTIC	FLOOR TILE/MASTIC	EXTERIOR PLASTER OVER HANG	PIPE FITTINGS	CORRUGATED PIPE INSULATION	THE SECTION ADVICEN BREECHING	PIPE INCH ATION ADDITOR TO THE	PITCH POCKET TAR		OTHER MISCELLANEOUS)	DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM)
		180 SF	20 SF	110 SF	141 LF	195 LF	85 SF	4,280 SF	22 SF	-	SF OR LF	AMOUNT
-		×	×	×	×	×	×	×	×			REMOVAL REPAIR
												ENCAPSULATE ENCLOSURE

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

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K				
	10.00	-		

	f			11	- 4 Dudlette	0	2)	I les les	- 0			- 10				
Date of Notification (1) 9 / 27	/ 16					Owner/Operator (9-5068 Check #	8614	-						
Agencies Notified Type	Votification	1	_	Street	Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		~ 11		-6				
⊠ EPA ⊠ Inii				017000	riadroco				UE V	Direct 5	2					
- U. B.	nended			City S	State, Zip C	ode			Number K-12) nmercial buildings, Bldg. Age molished) re cedure Abatement Typ Removal Hed							
☑ DHSS Am	endment#_			10000												
	nergency (in	cluding			tnor, NJ			Talaukana Nivash								
- Manager and the state of the	tification)				of Contac			Telephone Numb								
, ☐ Ca	ncellation			Pat	rick Carr											
				FAG	CILITY IN	FORMATION		.x								
Name of Facility Where Abatem	ent is Taking	Place	(3)				Type of Facility	(4)								
Former SJ Gas- Block 38	7 Lot 9 &	10					School (K-12									
Street Address							Subchapter 8	3 (Other than K-12)	aial bu	ilding	10					
2420/2424 Sunset Avenue	9						homes, etc.)		Jiai Du	nung	13,					
City (5)							Square Feet	# of Floors	Blo	da. A	ae					
Atlantic City, NJ										_						
		<u> </u>		Cour	tu Codo /7)(STATE USE ONLY)	Current Lice /Dr	ior if being demolis	hed)	_						
County (6)				Cour	ity Code (/	MOTATE OOE ONEY)	Former SJ (
Atlantic			(6)	10000		I KI	d Billies Day					_				
Name of Monitoring Firm Hired b	y Building (Owner ((8)	ASCM	No.	Name of Abateme										
Health & Safety Services						AbateTech, I	nc.									
Street Address						Street Address										
PO Box 365						30 Maple Ave	e. PO Box 25									
City, State, Zip Code						City, State, Zip Co	ode									
Berlin, NJ 08009						Lumberton, I	NJ 08048									
Project Manager for Monitoring I	Firm		Tele	ephone	No.	Telephone No.		License No.								
Jim Proctor			1000000	09-839		609-265-2107	7	00529								
Start Date (10)	Scher	fuled C	1	etion Da	Service Court	Name of OSHA M										
10 /10 /16_				3_ /		EMSL Analyt										
						Street Address				-0/						
Occupancy Status During Abate				t		200 Route 13	O North									
☐ Facility Closed/Vacated Durin ☐ Abatement Performed Outside					crihe			196			-					
Time of Abatement:A						City, State, Zip Co										
Scope of Work (Check all that ap	ply)					====			2 10 1 2 1 1 1 1 1 1 1 1 1							
≥3 sf or ≥3 If		☐ Re	novot	ion			tainment with Neg	gative Pressure								
≥3 \$1 61 ≥3 11 ≥160 \$f or ≥260 If		☑ De					g Procedure									
								n-Friable Procedu	е							
		100%	Loca						Ab	atem	ent T	ype				
Location of			Norma		Western	Description of		_0000000000000000000000000000000000000	70	Z	m	Ш				
Asbestos-Containing Materia	I (ACM)	(0.000)	intena	ely by ance/		stos Containing Ma		Amount (Specify	me	эра	ıcaı	ICIO				
TO BE ABATED IN Facility		0.000		Staff?	(1.6	surfacing, VAT		SF or LF)	oval	=	nsc	Enclosure				
(13)			(12)			other miscellane					ate	CD				
		Yes	No	N/A					57							
Please see attached highligh	gted	Ш			Please	see attached hig	gnlighted	See attached	X	Ш						
		П	П	П					П	П	П	П				
				+-					=	1						
Name of Registered Waste Haul AbateTech, Inc.	er		97	NJDEP N Hauler II	D No.	Cubic Yards of Waste	Name of Regis									
303 00 00 00 00 00 00 00 00 00 00 00 00				18750)	Disposal Date	City, State									
City, State						Disposal Date	J. 550	for NLI								
Lumberton, NJ						10/28/16	Atlantic Ci	•								
Completed By (Print or Type)	Title					Signature	111	Da	tela	7						
Gwendolyn Trumbetti	0	perati	ions	Coord	inator		MRI		1/2	- 1	1	0				
SB-41						Ű	- N		-							

ASBESTOS INVENTORY SECTION 3.0

Former South Jersey Gas Florida Avenue MGP Site

Location

2420/2424 Sunset Ave Material Block 387, Lot #9 & #10

Lot #9, Garage #1

Exterior

Exterior

Exterior

Lot #9, Garages 2-5

WEAT ST.

Block 387, Lot #5 and #6

Exterior - Island Ave. Side

4th Garage

1st Floor - Garage Area

1st Floor - Garage Area

1st Floor – Shop (on Floor – Middle Area) 1st Floor - Garage Area and Shop

1st Floor - Shop (covered in Fiberglass)

1st Floor - Shop (North end)

Transite Panels

Black Mastic A/W Gray Wall Caulk

Black Roofing Flashing

Black Roofing

Black Mastic on Stored Roofing Shingles

Transite Shingles

Black Mastic on Roof Shingles

Black Tar on Window Black Window Caulk

Transite Pipe Exhaust

Black Roofing Paper

Compressed Paper Pipe Insulation

Ouantity

30 square feet (SF) 4 linear fect (LF)

480 SF 30 LF

50 SF

1200 SF 40 SF 20 SH

8 LF 23 L市

120 SF

80 LF

60 SF

Black Flashing

Quantity

80 SF 30 SF 360 SF

6 SF

36 SF 96 SF 150 SF 38,LF

20 SF 3 LF 5 LF 20 SF

ASBESTOS INVENTORY

ASBESTOS INVENTORY	Former South Jersey Gas Florida Avenue MGP Site	Material		Black Window Glaze	Brown Flooring	White Board Insulation	Drywall Material	White Paper Under Metal Ceiling	Transite Panels	Drywall Material	Compressed Paper Pipe Insulation	Black Roofing Debris	Transite Pipe	Air Cell Pipe Insulation	Corrugated Transite Ceiling Material	Off-White Chimney Packing	Decorative Transite Wall Panels	Drywall Material	Brown Floor Material
A	Former Soul	Location	Block 387, Lot #5 and #6	1 st Floor – Shop	1st Floor – Shop	1st Floor - Shop (At Acid Storage)	1st Floor – Shop	1st Floor – Shop (NW Side)	1st Floor - Shop (Stored on West Side)	1st Floor – Storage	1st Floor – Storage	1st Floor – Storage	1st Floor – Storage (Gas Meter Room)	1st Floor – Storage	1st Floor – Storage	1st Floor – Storage	1st Floor - Storage (by stairs to 2nd Floor)	Stairs to 2 nd Floor	2 nd Floor



Brown Decorative Linoleum Black Flooring Material

2nd Floor (Payroll) 2nd Floor (Electrical Closet)

ASBESTOS INVENTORY SECTION 3.0

Former South Jersey Gas Florida Avenue MGP Site

Quantity		930 SF	300 LF	20 SF	8 LF	32 SF	40 SF
Material		Drywall Material	Black Flashing Material	Black Tar on Window	Black Window Caulk	Gray Window Glaze	Black Tar on Concrete
Location	Block 387, Lot #5 and #6	2 nd Floor	Roof	Exterior	Exterior	1^{st} Floor — Shop	Exterior



Quantities are approximated and to be used for budget purposes only.

ASBESTOS INVENTORY SECTION 3.0

Former South Jersey Gas Florida Avenue MGP Site

Location

Material

Quantity

Block 387, Lot #1

Offices

Dark Brown with Light Brown Streaks 12" x 12" Floor

2,584 SF

350 square feet (SF)

Office Corridor

Light Brown with White Streaks 12" x 12" Floor Tile/Mastic

Tile/Mastic

40 SF

400 linear feet (LF)

Exterior Offices

Black Roof Flashing

Transite Window Sills

5 EA

Throughout

Fire Doors

Quantities are approximated and to be used for budget purposes only.



Ch 271	4		NOTI	IFICATIO	State of New Jers DN OF ASBESTOS nt to NJAC 8:60 at	ABATE	EMEN	łΤ			C I		Print-hom
Date of Notification (1) 9/28/2016				Name	of Building Owner ewood Hospita	/Operato	r (2)		H L	S.	EP (3 0	2016
X EPA	Type Notificatio	n			Address Engle Street		10		AS	SBES	TOS	NO NO	NTROL
DEP X DOL	Amended Amendme Emergence	nt#		Engle	State, Zip Code ewood, NJ. 076	31						1.8-211	VG
DOH DCA	justification Cancellation	2)	19		of Contact Hahn				Telephone I	Vumbe	Г		
None of Facility Asia				FAC	CILITY INFORMAT	ION					-	-	
Name of Facility Where Ab Englewood Hospital	atement is Tak	ing Place	(3)				Тур	e of Facility (4	50	2	-		
Street Address 350 Engle Street							X	Other (i.e. pri) I (Other than K vate & comme	(-12) ercial bu	uilding	s, hor	nes,
City (5) Englewood, New Jers	sey 07631						120000134	etc.) Jare Feet .000	# of Floors		Bldg. +60	Age	
County (6) Bergen				County (STATE	Code (7) USE ONLY)		Cur	rent Use (Prior spital	if being demol	lished)			
Name of Monitoring Firm Hi Hillman Environmenta	ired by Building	Owner (8)	ASC 002	M No.	Name	of At	patement Contr	actor (9)				_
Street Address 1600 Route 22 East				1002		Street	Addr	CO 10 - CO 17 F).	-		
City, State, Zip Code						207 \	Wes	t 102nd Stre	et # 5D				
Union New Jersey 07						City, S New	tate, Yorl	Zip Code k, New York	10025				
Project Manager for Monitor Tom Rubino	ring Firm				one No. 88-7800	Teleph 917-7	one l	No.	License 01277	No.			
Start Date (10) 10/07/2016			led Cor /2016	mpletion	Date (11)		00,000	SHA Monitor	01211				
Occupancy Status During A	hatement (Cho												
Facility Closed Vacator	d During Entire	Period of	Abaton	ment		Street /	Addre	ess	-	9			
Abatement Performed Other – Describe:		nal Facili	ty Hours	S		City, St	ate, 2	Zip Code					
Scope of Work (Check All Ti	hat Apply)						-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit		T	×	Mi Gl	all Containment ini-Enclosure ovebag Proced on-Exempted (*	lure			e ·	
Location of			s Locati Normal	ly	Dos	scription (Abate	emen /pe	t
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		Yes	No	N/A	9					a	-	ate	Iге
3rd Floor Corri	idor			Х	Floor Til	e and N	/last	ic	1000	X			
										-			

NJDEP Waste Hauler ID No.

Title

President

Cubic Yards of Waste

Disposal Date

Signature

Completed by

Pedro Patrie

City, State

Name of Registered Waste Hauler

36 Wickatunk Road Manalapan, NJ. 07726

Four Aces Trucking, LLC.

200 Bordentown Rd., PA.

Date

09-27/2016

Name of Registered Landfill

Tullytown RRF

City, State

Ch 27/L	(I		ICATION	ate of Nev OF ASBI to NJAC	ESTOS	ABATEN		•) E	C	E		<u> </u>
Date of Notification (1) 9/28/2016				Building (perator	(2)				SEP	3 () 2	016
Agencies Notified Type Notification EPA Initial			Street A 358 Er	ddress	eet	A				ASB	ESTO	os c	ON	TRO
DEP Amended Amendment			-	ite, Zip Co wood, N		31			L		LIC	EN	SINC	<u>}</u>
▼ DOH DCA Emergency justification) Cancellation			Name of harry H	f Contact Hahn					Tele	phone Nur	mber			
No.			FACI	LITY INFO	ORMATI	ON								
Name of Facility Where Abatement is Takin Englewood Hospital Street Address	g Place (3	3)					Туре	School (K-1	2)		3.1			
350 Engle Street			_				×	Subchapter Other (i.e. p etc.)				dings,	home	es,
City (5) Englewood, New Jersey 07631							Squa 20,0	are Feet 000	# of	Floors	- 4	ildg. <i>A</i> 60	ige	
County (6) Bergen			County (Code (7) JSE ONLY)				ent Use (Prid spital	or if beir	ig demolish	ned)			
Name of Monitoring Firm Hired by Building Hillman Environmental	Owner (8)		ASCN 0023					atement Con enovation						
Street Address 1600 Route 22 East						Street 207 V		ess t 102nd St	reet #	5D				
City, State, Zip Code Union New Jersey 07083						100000000		Zip Code K, New Yor	k 100	25				
Project Manager for Monitoring Firm Tom Rubino			Telephor	ne No. 38-7800		Teleph 917-7				License N 01277	0.			
Start Date (10) 10/07/2016	Schedule 12/07/2	ed Cor 2016	mpletion I	Date (11)		Name o	of OS	HA Monitor						
Occupancy Status During Abatement (Chec	ne)				Street /	Addre	ess							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Abaten Hours	nent s			City, St	tate, 2	Zip Code			<u> </u>				
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	generating	Renova Demolii				×	Mi Gl	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				۵	
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	d Sole intena todial s (12)	nce/		tos Cont thermal surfac	scription caining M systems cing, VA7 niscelland	ateria insul T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure	
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Four Aces Trucking, LLC. City, State				100 7100		sal Date		Tullytow City, State		-				
36 Wickatunk Road Manalapan, NJ						-	-			wn Rd., F				
Completed by Pedro Patrie	Presi	dent			S	ignature	0	Do :	*	Da	te -27/2	2016		

Print Form



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

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Date of Notification (1)				1	Name o	of Building	Owner/Operator (2	2)			2000		TIII)
9 /	14 /	16			State	e of NJ D	epartment of C	orrections/ Job	#1607-5030 C	heck #	^{‡860}	5	1
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(NJAC 5:23-8)	justification			1					relephone ryani	,,,,			
	☐ Cancellation	on ————				ph Fuca							
					FAC	ILITY IN	FORMATION						
Name of Facility Where A	Abatement is Ta	aking Pla	ce (3)				Type of Facility (4	4)				
Edna Mahon Corre	ctional Facili	ty						School (K-12) Subchapter 8	(Other than K-12)			
Street Address								Other (i.e., pri	vate and commer	rcial bui	ldings	5,	
30 Route 513								homes, etc.)					
City (5)								Square Feet	# of Floors	Bld	g. Ag	е	
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County (6)					Count	y Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolis	shed)		P 17 20 10	
Hunterdon								Correctional	Facility				
Name of Monitoring Firm	Hired by Buildi	ing Owne	er (8)	A	SCM I	No.	Name of Abateme	ent Contractor (9)					
Environmental Cor					4.		AbateTech, I	nc.					
Street Address							Street Address						
120 North Warren S	Street						30 Maple Ave	e. PO Box 25					
City, State, Zip Code							City, State, Zip C	ode					
Trenton, NJ 08608							Lumberton, I						
Project Manager for Mon	itorina Firm			Teler	hone I	Vo.	Telephone No.		License No.				
Steve Mania	illoring r iiiri				9-392-		609-265-2107	7	00529				
Start Date (10)	10	cheduled	I Con		70 00000		Name of OSHA N						
	1/				/		EMSL Analyt						
	ccupancy Status During Abatement (Check only] Facility Closed/Vacated During Entire Period o						Street Address	O No wile					
☐ Facility Closed/Vacate ☐ Abatement Performed						cribe	200 Route 13						_
Time of Abatement:							City, State, Zip C						
Time of Abatement.							Cinnaminsor	n, NJ 08077					
Scope of Work (Check a	II that apply)						□ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf		\boxtimes	Reno	ovatio	on		☐ Mini-End		4,101,10004.0				
☐ ≥160 sf or ≥260 lf			Dem	olitio	n			g Procedure	- Friehle Dresed	ıro			
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AbateTech, Inc.					18750		4		. Lanuilli				
City, State							Disposal Date	City, State					
Lumberton, NJ							10/31/16	Tullytown,	PA				
Completed By (Print or 7	Гуре)	Title					Signature	Man =		Date	/	; (,
Gwendolyn Trumb	etti	Ope	ratio	ns (Coord	inator		CX YITT		91	141	14	



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

Date of Notification (1)		40		N			g Owner/Operator (2		111007 5004 6		1100		
9 / -	/	16			Stat	te of NJ	Department of C	orrections/ Job	#1607-5031 C	heck	#86	U5	
Agencies Notified EPA	Type Notifica	ation		S		Address	Road PO Box 86	3	ASSES	TOS ME	901	VTE	OL 8
□ DOLWD		i				tate, Zip 0							
□ DHSS □	_ Amendme						08625-0863						
☐ DCA (NJAC 5:23-8)	☐ Emergen		ng	N	250000	of Contac			Telephone Numb	her			-
(NJAC 3.23-0)	☐ Cancellat					eph Fuc			relephone ream	501			
										-	-		
Name of Facility Where	Abatament is T	Takina Dla	00 (3)		FAC	JILITY IN	IFORMATION	Type of Facility /	4)				
Edna Mahon Corre			ce (3)					Type of Facility (☐ School (K-12)					
Street Address	Cuonal Faci	пту		30.750					(Other than K-12)			
30 Route 513									ivate and commer	cial bu	uilding	s,	
City (5)								homes, etc.)	# of Eleans	I DI	d = 0		
Clinton								Square Feet	# of Floors		dg. A Unki	Š	
					C	h. O - d - /7	NOTATE LIGE ONLY	100,000			Unki	iwor	1
County (6) Hunterdon					Coun	ty Code (/	()(STATE USE ONLY)		or if being demolis	ined)			
Name of Monitoring Firm	Lliend L. D. T.	dina O	- (0)	100	2014	Na	Name - f At - 1	Correctional	racility				
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Environmental Co	nnection, inc). 					AbateTech, II	nc.					
120 North Warren	Cérant						Street Address	DO D 05					
	Street						30 Maple Ave						
City, State, Zip Code							City, State, Zip Co						
Trenton, NJ 08608 Project Manager for Mor	desire Fire		TT.	-11	I	VI	Lumberton, N	NJ U8U48	Treasure or				
Steve Mania	litoring Firm				ione l	-4200	Telephone No. 609-265-2107		License No.				
Start Date (10)	/	Scheduled					Name of OSHA M		00529				
9 /26 /		10					EMSL Analyt						
Occupancy Status Durin	g Abatement (0	Check only	y one)		_		Street Address						
☐ Facility Closed/Vacat			_		ent		200 Route 13	0 North					
☐ Abatement Performe							City, State, Zip Co	ode					
Time of Abatement:	AM	PM/	P	M		AM	Cinnaminson	, NJ 08077					
Scope of Work (Check a	ll that apply)						☐ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		-	Renov Demol		1		☐ Mini-Enc☑ Glovebag	losure		re			
			Is Loc	catio	n			1 4			atem	ent T	vpe
Location Asbestos-Containing TO BE AB. IN Faci (13)	Material (ACM ATED	') N	Norn sed S Nainte ustodia (1	olely nanc al Sta	by ce/		Description of estos Containing Ma e., thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)		Ye	s N	ю	N/A		other micoonane	((D)	
Administration Bldg	•		×	1		Pipe In:	sulation		50 LF	\boxtimes			
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AbateTech, Inc.	ste naulei			Нац	oler II 8750	No.	Cubic Yards of Waste	Name of Regist G.R.O.W.S.					
City, State					5,00	1	Disposal Date	City, State					
Lumberton, NJ							10/31/16	Tullytown,	PA				
Completed By (Print or T	ype)	Title	1000				Signature		Da	ite_/ i	20		
Gwendolyn Trumb		Opera	ations	s Co	ordi	nator		MAH		4	14	1	g
ASB-41								1/		1			

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

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

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Date of Notification (1)	1				Name	of Building	Owner/Operator (2)	111 11 1	959 3		7 6			
9 / _	14 / _	16	_				ent of Military &						541		
Agencies Notified Type Notification						t Address									
☐ EPA ☐ Initial					101	Eggerts	Crossing Road		KODE	LICE	VSII.	9			
⊠ DOLWD					City, S	State, Zip C	ode				4.00				
□ DCA □ Emergency (including justification)						wrencevil	le, NJ 08648								
						of Contact			Telephone N	umber					
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					FΔ	CILITY IN	FORMATION								
Name of Facility Where A	batement is T	Taking	Place	(3)	.,,	OILIII III	Orthicarion	Type of Facility (4)						
NJ State Police Tra								School (K-12)							
Street Address			5					Subchapter 8	(Other than K						
1 Camp Drive								Other (i.e., pri	vate and com	nercial b	uildin	gs,			
City (5)								Square Feet	# of Floors		Bldg. A	90			
Sea Girt, NJ 08750								Square reet	# 01 110015		nug. A	ige			
County (6)					Cour	nty Code (7)	(STATE USE ONLY)	Current Use (Price	or if heing dom	olichod)			-		
Monmouth					Cour	ity Code (1)	NOTATE OOL ONET	Training Cer		olisileu)					
Name of Monitoring Firm	Hirad by Build	dina O	woor	0\	ASCM	No	Nome of Abatam	The second secon	itei						
AHERA Consultant		ullig Ot	wilei ((0)	ASCIVI	NO.	Name of Abateme		.9)						
Street Address	5						AbateTech, I	nc.							
PO Box 385							Street Address	DO D 05	2012 25						
								e. PO Box 25							
City, State, Zip Code	u.						City, State, Zip Ci								
Oceanville, NJ 0823				T = .			Lumberton, I								
Project Manager for Moni	toring Firm				phone		Telephone No.		License No.						
Domenic D'Errico					09-652		609-265-2107		00529						
Start Date (10)	/				tion Da		Name of OSHA N								
9 / 12 /					<u> </u>	16/	EMSL Analyt								
Occupancy Status During					_		Street Address								
☐ Facility Closed/Vacate							200 Route 13	oute 130 North							
Abatement Performed Time of Abatement: _	Outside of No	ormal F	-acility	Hour DM	rs - Des	SCribe AM	City, State, Zip Co	*************							
			-			Alvi	Cinnaminsor	i, NJ 08077							
Scope of Work (Check all	that apply)						□ FII C		D		60 99 Harris				
≥3 sf or ≥3 lf		[⊠ Re	novati	on		☐ Mini-Enc	tainment with Nega losure	ative Pressure						
≥160 sf or ≥260 lf		Ī	☐ De	molitic	on		☐ Glovebag	g Procedure							
								mpted (*) and Non	-Friable Proce	1					
Location	of.	-		Locat Vorma			D			A	batem	ent T	ype		
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TO BE ABA				intena	nce/ Staff?		, thermal systems	insulation,	(Specify	Removal	oair	caps	Enclosure		
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AbateTech, Inc.				1.515	auler II	O No.	Waste	G.R.O.W.S.							
City, State					18750		20 Diaposal Data								
Lumberton, NJ						1	Disposal Date 10/31/16	City, State	2.4						
						1		Tullytown, I	-A						
Completed By (Print or Ty		Title					Signature	ann		Date		1,,			
Gwendolyn Trumbe	LU	Op	erati	ons (Coordi	inator		4/1/11			141	16	7		
ASB-41 MAY 11		* D	o not	use th	is form	for asbesto	s licensure exemp	ted activities.		. 1	1		20 - 27 - 2		

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

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Date of Notification (1)						of Building	N 15 8.E	P 3 0	么	11					
9 / 13 / 16					Fed	deral Avia	ation	n Administra	06-5020 Check #8608 Pg. 1 of 2						
Agencies Notified Type Notification ☐ EPA ☐ Initial						Address Technic	al C	:enter	ASBESTOS CONTROL &						
☑ DOLWD ☑ Amended								, or it or			LE.			_	
☐ DHSS Amendment #2					City, State, Zip Code Atlantic City International Airport, NJ 08405										
DCA Emergency (including justification)						of Contact	- 27	mational A	11 port, 110 00-10.	Telephone Nur	nhar		-		
(NJAC 5:23-8)	☐ Cancellat				Pete					,	moor				
	Ouricollat	1011						A TION			11 1150		-		
N	01 1 7		21	(0)	FAC	CILITY IN	FOR	MATION	T	4)					
Name of Facility Where			riace	(3)					Type of Facility (☐ School (K-12)	950					
William J. Hughes	Tech Center								Subchapter 8		2)				
Street Address								Other (i.e., pr			ilding	IS,			
Hangar B301									homes, etc.)	Tu cei	D.				
City (5) Atlantic City									Square Feet	# of Floors	BI	dg. A	ge		
County (6)			100211120120		Coun	ty Code (7)	(STA	TE USE ONLY)	Current Use (Pri	or if being demo	lished)				
Atlantic									Technical C	enter					
Name of Monitoring Firm	Hired by Build	ding Ow	vner (8) /	ASCM	No.	Nar	me of Abateme	ent Contractor (9)						
TTI Environmental							Α	bateTech, I	Inc.						
Street Address	W	700					Stre	eet Address	77						
1253 North CHurch	Street					30 Maple Ave. PO Box 25									
City, State, Zip Code						City, State, Zip Code									
Moorestown, NJ 08	3057						Lumberton, NJ 08048								
Project Manager for Mon	Tele	ohone	No. Telephone No.				License No.								
Jim Guilardi	60	09=314-1683			09-265-2107		00529								
Start Date (10)	5	Schedul	led Co	omplet	ion Da	te (11)	Nar	ne of OSHA N	Monitor				SCHOOL SCHOOL		
8 /29 /	16(10	/	31	_ / _	1,6′	Е	MSL Analyt	ical						
Occupancy Status During	g Abatement (0	Check-	only o	ne)_	_		Stre	eet Address			***************************************				
☐ Facility Closed/Vacate	ed During Entir	re Perio	od of A	Abater	nent		2	00 Route 13	0 North						
☐ Abatement Performed									ode						
Time of Abatement: _	AM	PM/		_PM-		AM	С	innaminsor	n, NJ 08077						
Scope of Work (Check a	ll that apply)						Decision.	Nacional March	2000	VI 175-1					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf				novati molitio				☐ Mini-End	tainment with Neg closure g Procedure empted (*) and No		lure				
				Locat	-						Ab	atem	ent T	уре	
Location		.		lormal d Sole		0 - 1		Description of		0	Re	Re	E.	ш	
Asbestos-Containing TO BE ABA		1)	Mai	intena	nce/			Containing Ma rmal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure	
IN Facil			Cust	odial ((12)	Staff?			urfacing, VAT		SF or LF)	/al		sula	ure	
(13)			Yes	No	N/A		otr	ner miscellane	ous)				ite		
Exterior] [Roof Fla	ashi	ng		410 SF	\boxtimes				
Exterior		[Roof Ma	astic	:		115 SF					
Interior						Floor til	e &	Mastic		20 SF					
Exterior						Roof Ma	astic	;		50 SF					
Name of Registered Was	te Hauler			1255	JDEP \			oic Yards of	Name of Regis	tered Landfill					
AbateTech, Inc.				H	auler II 18750	CONTRACTOR .	Was	ste 6	The state of the s	ount Utilities A	Authori	ty			
City, State								posal Date	City, State						
Lumberton, NJ						(1	0/31/16/	Egg Harbo	r Township, N	IJ 0823	34			
Completed By (Print or T	ype)	Title						Signature	646	-	Date	~ \	11	1	
Gwendolyn Trumbe	ons (oordi	nator			910119									

Ch

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

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14							
In							
11 11							

	J 1							*				100	- 111		
Date of Notification (1)							Owner/Operator (2	IL LI SET		2	JO	jL.			
9/13/16						deral Avi	ation Administra	606-5020 Check # 2 of 2							
Agencies Notified			20000	Address	cal Center	ASBESTOS CONTROL & LICENSING									
☑ DOLWD				FAA Technical Center LIGENSING City, State, Zip Code											
□ DHSS	Amendme				£155		ate, Zip Code ntic City International Airport, NJ 08405								
☐ DCA (NJAC 5:23-8)	☐ Emergen justification		iding		100000000	of Contact			Telephone Numi	her		-5405			
(10/10/0.25-0)	☐ Cancellat				Pet		•		-	-					
			-actoma		FΔ	TILITY IN	FORMATION								
Name of Facility Where A	Abatement is T	aking P	lace (3	()	170	JILIT III	ORMATION	Type of Facility	(4)			-	_		
William J. Hughes			.000 (0	1				School (K-12							
Street Address							Subchapter 8 (Other than K-12)								
Hangar B301								Momes, etc.)	rivate and commer	cial bi	ılldıng	js,			
City (5)								Square Feet	# of Floors	BI	dg. A	ge			
Atlantic City															
County (6)					Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demolis	shed)					
Atlantic								Technical C	enter						
Name of Monitoring Firm	Hired by Build	ding Ow	ner (8)	- 1	ASCM	No.	Name of Abateme	ent Contractor (9)			-				
TTI Environmental							AbateTech, Ir	nc.							
Street Address				920			Street Address								
1253 North CHurch	Street						30 Maple Ave. PO Box 25								
City, State, Zip Code							City, State, Zip Code								
Moorestown, NJ 08					-06		Lumberton, NJ 08048								
Project Manager for Mon	itoring Firm				phone		Telephone No. License No. 00529								
Jim Guilardi		S - 1 - 1	10		9-314		609-265-2107 00529 Name of OSHA Monitor								
Start Date (10) 8 / 29 /	1	Schedule 10			tion Da /	te (171) 16		1-17:1-11:10:17:17:17:17:1							
		250000				/-	EMSL Analytical Street Address								
Occupancy Status During Facility Closed/Vacate					mont			O N a with							
☐ Abatement Performed						cribe	200 Route 130 North City, State, Zip Code								
Time of Abatement: _							Cinnaminson, NJ 08077								
Scope of Work (Check all	that apply)										-				
≥3 sf or ≥3 lf		\boxtimes	Reno	vati	on		☐ Mini-Enc	ainment with Neg losure							
≥160 sf or ≥260 lf] Dem	olitio	n	n ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
			is Lo	ncaf	ion		☑ Non-Exe	mpted () and No	n-Friable Procedu	Abatement Type					
Location	of		No	rmal	liy		Description o	f		1000		1	1		
Asbestos-Containing I TO BE ABA		1)	Used Maint				stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure		
IN Facilit			Custo	fial S		(i.e	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	oval	F	psu	DSUI		
(13)		_	T	12)	h1/A		other miscellane	ous)				late	o l		
01		1		No	N/A				4 SF (24 SF		_				
6 Locations		L		< 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1		Roof Fl	ashing		+ 3F (24 3F		Ш	Ш	Ш		
									<u> </u>	ĪП	П	П	П		
Name of Registered Waste Hauler NJDEP Wa							Cubic Yards of	Name of Regis	tered Landfill						
AbateTech, Inc.					auler IC	No.	Waste		ount Utilities Au	thori	ty				
City, State				-	18750		Disposal Date	City, State							
Lumberton, NJ							10/31/16		r Township, NJ	0823	4				
Completed By (Print or Ty	rpe)	Title					Signature		Da			1			
Gwendolyn Trumbe		Ope	ration	ns C	Coordi	nator		MMT		9	12	111	1		
A CD 41				7000 Z				UNIT			111	111	4		

	Vis.			s	tate of N	ew Jersey									
١	no ch		NOTI	FICATION	OF AS	BESTOS ABAT AC 8:60 and 5:1		DE	G [
Date of Notification (1)					of Buildin	g Owner/Operator	(2)	Nais, \							
9 / 22 / 16					T- Job#	1608-5055 Che	ck #8540		E.F	3					
	Agencies Notified	Type Notification		Street	Address										
	⊠ EPA					Jr. Blvd.		ASBE	STO	5.00	JINT	ROL			
	⊠ DOLWD	DHSS Amendment #1				Code			1107	7.75	110				
	☐ DCA					07102									
	(NJAC 5:23-8)	justification)	licidaling	Name	of Contac	t		Telephone Numi	ber						
		☐ Cancellation		Jer	ry Russa	ino									
		1		FA	CILITY IN	IFORMATION									
	Name of Facility Where	Abatement is Takin	g Place	(3)			Type of Facility	(4)							
	NJIT- Tiernan Hall	_					School (K-1		4						
	Street Address)				****	☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,								
	161 Warren Street-						homes, etc.)			3-1				
	City (5)		on the horses				Square Feet	# of Floors	BI	ldg. A	ge				
	Newark, NJ 07102														
	County (6)			Cour	ity Code (7)(STATE USE ONLY)	, , , , , , , , , , , , , , , , , , , ,								
Essex							School								
	Name of Monitoring Firm	- 1. St. 1975	Owner (8	B) ASCM	ASCM No. Name of Abatement Contractor (9)										
	Omega Environme	ntal			AbateTech, Inc.										
	Street Address					Street Address	DO D 05								
	280 Huyler Street				30 Maple Ave. PO Box 25 City, State, Zip Code										
	City, State, Zip Code South Hackensack	NIOZEGE				Lumberton, NJ 08048									
	Project Manager for Mon			Telephone	No	Telephone No. License No.									
	Geiser Fajardo	itoring r iiiri		201-489		609-265-2107	7	00529							
	Start Date (10)	Sche	duled Co	mpletion Da	1000-00-00-00-00-00-00-00-00-00-00-00-00	Name of OSHA N		00020							
	9 / 6 /			31 /		EMSL Analyt									
	Occupancy Status During	Abatement (Chec	k only o	ne)		Street Address						_			
	☐ Facility Closed/Vacate					200 Route 130 North									
	Abatement Performed	Outside of Norma	I Facility	Hours - Des	cribe	City, State, Zip Code									
	Time of Abatement: _	AMP	M/	_PM	AM	Cinnaminsor									
) 	Scope of Work (Check al	I that apply)			100 to										
	☐ ≥3 sf or >3 lf		M Rer	novation		☐ Full Con ☐ Mini-End	tainment with Ne	gative Pressure							
	≥160 sf or ≥260 lf			nolition		☐ Gloveba	g Procedure								
			_			⊠ Non-Exe	empted (*) and No	on-Friable Procedur	dure						
	1	-6	1000	Location ormally		5			Abatement Typ			уре			
	Location Asbestos-Containing		Used	d Solely by	Asbe	Description o stos Containing Ma		Amount	Ren	Repair	Enc	Enc			
	TO BE ABA	TED	2000	ntenance/ odial Staff?		., thermal systems	insulation,	(Specify	Remova	air	aps	Enclosure			
	IN Facili (13)	Ly		(12)		surfacing, VAT other miscellane		SF or LF)	100		Encapsulate	ITE			
	V2.57		Yes	No N/A			900 (100 €)				D				

Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 40 City, State Disposal Date City, State Lumberton, NJ 10/31/16 Tullytown, PA

Floor tile & Mastic

Transite Hoods

Lab Tops

Completed By (Print or Type)
Gwendolyn Trumbetti

Operations Coordinator

 \boxtimes

 \boxtimes

 \boxtimes

Signature

Date 9 77 15

 \boxtimes

2,000 SF

9 total

54 SF

Room #204

Room #204

Room #204