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

Ch# 3342

Date of Notification (1)	30a, 30a, 30a, 5			****	Nome	of Duildin	~ 0		2)					
4 /	2 /	18						ner/Operator ( inications	2)	The Control of	Alasa (	Herosaus 11 C	5.4	
							minu	inications		E E	34	-1-	1.2	
Agencies Notified	Type Notifica	ation				Address  02 Fair L	awn	Avo	1					Sample of the same
☑ DOLWD	☐ Amended	i				State, Zip (			4	THE ADD	- 5	201	g	111
☑ DOH	Amendme	-				r Lawn, N			1	APR	- 3	2.01	J	i
DCA			cluding	3		of Contac		7410		Talabhara North				1
(NJAC 5:23-8)					3000000000	an Kings				Telephone Numb 201-356-5166			3	
	Cancellat	1011								201-356-5166				
Name of Eacility Whore	Abstament is T	okino	Dlago	/2)	FA	CILITY IN	IFOF	RMATION	T					
197			Place	(3)					Type of Facility					
	Central Offic	<i>.</i> e				4			School (K-12	2) 8 (Other than K-12)				
1	<i>γ</i> Δ								Other (i.e., p	rivate and commerc	cial bu	iilding	s,	
City (5)									homes, etc.	# of Floors	T DI	dg. A	70	
Fair Lawn									36,060	# 01 F1001S	1	ug. A( + <b>-50</b>	је	
County (6)					Cour	ntv Code (7	Y/STA	TE USE ONLY)		rior if being demolisl			_	_
Bergen						.,(	<i>M</i> =		Verizon	.or ii boing domonoi	100)			
	Hired by Build	ding C	Owner (	(8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)		-			
							10000		VIRONMENTA					
Street Address								eet Address						
8436 Enterprise Av	/e						1	123 BEAVE	R STREET					
City, State, Zip Code							City	y, State, Zip Co	ode					
Philadelphia, PA 19	9153						В	BRISTOL, PA	19007					
Project Manager for Mon	nitoring Firm			Tele	phone	No.	Tel	ephone No.		License No.				
Mark Jenkins				2	15-365	-5870	2	15-788-6040		00509				
Start Date (10)	1			1.5	tion Da	3 2	Nar	me of OSHA N	lonitor				15	
		(F)			_ / _	18	В	BRISTOL EN	VIRONMENTA	L, INC				
							Stre	eet Address		200000000000000000000000000000000000000				
							1	123 BEAVE	R STREET					
						cribe	City	, State, Zip Co	ode					
		' ''	717 <u>5.00</u>	1 IVI- <u>Z</u>	NIVI		В	BRISTOL, PA	19007					
Scope of Work (Check a	ll that apply)							M Eull Cont	tainmant with No.	native Preserves				
≥3 sf or ≥3 lf			⊠ Re	novati	on			☐ Mini-Enc	tainment with Neg losure	gative Pressure				
≥160 sf or ≥260 lf			☐ De	molitio	n			Glovebag	g Procedure	- Frieble December				
			le	Locat	ion	1		□ Non-Exe	mpted (*) and No	n-Friable Procedure	_	-1	T	
Location	n of		1	Norma	lly			Description o	ıf			ateme	-	1
		)		d Sole intena	, ,			Containing Ma	terial (ACM)	Amount	Rem	Repair	Enc	Encl
			1000000	todial		(i.e		rmal systems i		(Specify SF or LF)	Removal	ar.	apsu	Enclosure
(13)				(12)	т			her miscellane		Or or Ery	-		Encapsulate	Ге
			Yes	No	N/A									
Basement Generator	r Room					VAT/Ma	stic			260 SF				
Basement AC Equip	d / 16 / 18  ccupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Time of Abatement:AM  cope of Work (Check all that apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  asement Generator Room  asement AC Equipment Room #1					VAT/Ma	stic			250 SF				
Basement ESS Power	Tair Lawn unty (6) Bergen me of Monitoring Firm Hired by Building JSA Environmental Inc eet Address B436 Enterprise Ave y, State, Zip Code Philadelphia, PA 19153 Diject Manager for Monitoring Firm Mark Jenkins Int Date (10)  4 / 16 / 18  Cupancy Status During Abatement (Che Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Time of Abatement:AM Dipe of Work (Check all that apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  sement Generator Room sement AC Equipment Room #1 sement ESS Power Battery Room  The of Registered Waste Hauler SERVICE TRANSPORT GROUP, II A, State SERVICE TRANSPORT GROUP				$\boxtimes$	VAT/Ma	stic	i i		55 SF				
	interpretation in the properties of the propert													
Name of Registered Was	ste Hauler			100	JDEP \		100000000000000000000000000000000000000	oic Yards of	Name of Regis	stered Landfill	1			
SERVICE TRANSPO	ORT GROUP	, INC	ο.	H	20990		Wa	ste	MINERVA	LANDFILL				
City, State							Disp	posal Date	City, State					
NEW CASTLE, DE							T	BD	WAYNESE	BURG, OH				
Completed By (Print or T	ype)	Title	)					Signature	000	, Dat	e,	1		
Dillan DeCaro		Es	stima	tor				Willan	- D'Car	0/16 4	1/2	//	8	

#### State of NJ

2018-88 B & G proj. #:

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

	(4)		-10.10.10.10.10					Check	# 8908				
Date of Notification (1)		IIN	ame of Bu	ilding Owr	ner/Operator (2	2)		·					
10 14 1/10 13 1/11 18		11	PCNT, I										
Agencies Notified   Type Noti	fication	St	reet Addr	ess				11.75	M 15		11.7	5	=
☐ EPA 🕱 Init	ial		241 Ca	lcutta Str	eet			四)追	G E			5	4
☐ DEP ☐		Ci	ty, State,	Zip Code								1	
<b>X</b> DOL ☐ Am	endmen		Newark	k, NJ 071	14			this is a second of the second	APP -	5 2	018	S. Parker Work	
▼ DOH			me of Co	ntact				Telepho	ne Numbe	r		1	-
□ DCA □ Car	cellation	'	George	e Stavrou	ı			97/3-5	22-2200	7		الحدد الله	Andr .
				FAC	ILITY INFORM	MATIO	N	9 9.546.					6.
Name of facility where abatem	ent is tal	ing pla	ce (3)				T	Type of Facility	(4)				
Building B201		٥.	\-/						ol (K - 12)				
								1000000	napter 8 (C			-12)	
Street Address 241 Calcutta Street									(Private/C ./Homes, e		ercial		
								Square Feet	# of Floo		Ble	dg. A	vge
City (5)		Coun	ty (6)				unty Code (7)						
Newark, NJ 07114		Ess	ex			(Sta	ate use only)	Current Use (F	Prior if bein	g den	nolishe	ed)	
Name of Monitoring Firm Hired	by Bldg	. Owne	r (8)		ASCM No.		Name of Abatement						
T&M Associates					0145		B & G Restorat	tion Inc					
Street Address						-	Street Address					_	
11 Tindall Road							105 Ryerson F				etation in the		
City, State, Zip Code Middletown, NJ 07748	-/						City, State, Zip Code						
Project Manager for Monitoring			IDI	none Numb	201	_	Lincoln Park, Telephone Number	NJ 07035	License	Mum	201		
Kevin Burns			1,825	32-676-4			(973)696-686	9		378	Jei		
Scheduled Start Date (10)		Sched		on Date (1		-	Name of OSHA Mon	itor					
04/16/2018			6/2018	011 2010 (1	.,		B & G Restora	tion, Inc.					21
Occupancy Status During Abate	ment /C		A11475-C101-111-1112			_	Street Address	lood					
Facility closed/vacated du				ement.			105 Ryerson R City, State, Zip Code						
Abatement performed out							City, State, Zip Code						
Describe: Other-Describe:							LincolnPark, N	J 07035					
Scope of Work (check all that a	pply)											-	3-1-
<b>✗</b> Demolition	Rer	novation	1			X F	full Containment w/ne	gative pressure	Glove	oag pr	ocedu	re	
<b>X</b> > <u>3</u> sf or > <u>3</u> If	≥160	osfor≥	260 If				Mini-enclosure		☐ Non-fi	riable	proced	dure	
Location of			normally nance/cus	used solely	/				1	R	R	Ε	E
asbestos-containing material to be		ff(12)	lance/cus	Louiai	Descripti material		sbestos-containing	Amount (Specify	SE or	m	e p	n	n
abated in facility (13)	Y	es	No	N/A	material	(ACIVI)		LF)	J. 01	O V	i	a	L
Ext E Column E Firewall Sec B &	C			X	spray on f	firenr	oofing	20 sf		e X	r	П	10
Ext E Column E Firewall Sec D &				×	spray on			20 sf		X	H	片	卄
Ext E Column W Firewall Sec B &	С			X	spray on			20 sf		X		d	一
Ext E Column W Firewall Sec D &	E			X	spray on	firep	roofing	20 sf		X			
Registered Waste Hauler B & G Restoration, Inc.			P Hauler   9563	D# C	ubic Yards of \ 5	Waste	Name of Registered	Landfill Resource & R	ecovery	Cen	er	- 21/9-27	7-7
City, State Lincoln Park, NJ		1		Disposal D		18	City, State Tullytown,		COOVERY	Jeil	CI		
Completed by (Print or Type) Gordana Luna	Title		//Treasi	urer	Signature		Gordana Luna		Date 04/0:	3/201	8		

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

2 0 0 0,0,1.	. <del></del>			•			•		Check	# 8907				
Date of Notification	1 (1)	11	Name of Rui	ilding Own	ner/Operator (2	`	Maria de la compania							
0 14 1/10 13	1/11 18 1	- 11	Rina Kra	W 100	iei/Operator (2	,		, **±27.04		000 minutes 2/00% T	tin de talentin (til)	-	<b>**</b> **********************************	
Agencies Notified	Type Notificat	ion	Street Addre					111	E		R # 1		11	_
☐ EPA ☐ DEP	X Initial							100			vete .	1	(Tableson of the Control of the Cont	TO THE PARTY OF TH
X DOL	Amendr		City, State, 2 Highlan	distriction in the same	NJ 08904			Area and a second	l  AF	PR - 5	201	8		- Company
<b>▼</b> DOH		1.1	Name of Cor	ntact					Telephon			-	1	十
☐ DCA	Cancella Cancella	ation	Rina Kr	autwirth	1				908-81	2-284	11	C/L C		<u> </u>
				FAC	LILITY INFORM	MOITAL	1							Na.
Name of facility wh	nere abatement i	s taking p	lace (3)					Туре	of Facility (					
Rina Krautwir	th									I (K - 12)			40)	
Street Address							-		Other (	apter 8 (0 Private/0 Homes, e	omme		-12)	
								Squa		# of Floo		Ble	dg. Ag	je
City (5)		Cou	inty (6)			1 2 2 2 2 2 2	nty Code (7)							
Highland Par	rk, NJ 08904	Mi	ddlesex			(Sta	te use only)	10000000	ent Use (Pr idential	rior if beir	ng dem	olishe	ed)	
Name of Monitorin	g Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement	Contrac	tor (9)					
-	N				n/a		B & G Restorat	ion, Ind	D					
Street Address							Street Address 105 Ryerson F	Road						
City, State, Zip Cod	le						City, State, Zip Code Lincoln Park,	NJ 070	035					
Project Manager for	r Monitoring Firm	1	Ph	one Numl	ber	-	Telephone Number		· · · · · · · · · · · · · · · · · · ·	License	Numb	er		
							(973)696-686			00	0378			
Scheduled Start Da	ite (10)	Sche	d. Completic	on Date (1	1)		Name of OSHA Mon B & G Restorat		0					
04/13/2018		04/	14/2018				Street Address	don, m	U.				-	
Occupancy Status I							105 Ryerson R	oad				i virginia di		
Facility closed Abatement per Describe:	d/vacated during erformed outside						City, State, Zip Code							
Other-Descri	be:					_	LincolnPark, N	J 0703	5				4	
Scope of Work (ch	eck all that apply	y)			******									
Demolition	X	Renovati	on			F	ull Containment w/ne	gative pr	essure [	<b>G</b> love	bag pr	ocedu	ire	
>3 sf or >3 lf		≥160 sf or	≥260 If			X	/lini-enclosure			Non-f	riable	огосе	dure	
Location of			on normally usenance/cust						4 - 4	1:	R	R	E n	Е
asbestos-cor material to be		staff(12)		1	Descripti material		sbestos-containing		Amount (Specify S	F or	m	р	С	n
abated in fac	ility (13)	Yes	No	N/A		,			LF)		V	i	a p	L
boiler area in ba	asement		1	X	7 pipe insul	ation			50 If		e X	r	П	П
above ceiling til	The second second second second second			X	pipe insul				20 If		X			盲
Registered Waste F B & G Restorat		NJD	EP Hauler I 19563	D# (	Cubic Yards of 2	Waste	Name of Registered Tullytown		rce & Re	covery	Cent	ter		
City, State Lincoln Park, N	NJ			Disposal I	Date 16/2018		City, State Tullytown,							
Completed by (Prin	t or Type)	Title Secreta	arv/Treasi	ırer	Signature		Gordana Luna			Date	3/201	8	¥.	



Date of Notification (1) 4/2/18			Name of	Building Own	ner/Operator	(2)	2AYHIL	c ELC				
Agencies Notified Type Notification		$\neg$	2 /	al MA	VHILL	57	REFT			20	18	The second second
EPA Initial Amended Amendment		_	City, Sta	te, Zip Code	ROOK	N	J 07	663		1	10	
DOH Emergency (ii justification) Cancellation	ncluding	Ī	Name of	Contact				Telephone Num	ber 9	} -	63	60
			FACI	LITY INFORM	IATION							
Name of Facility Where Abatement is Taking	Place (3	)				10004	of Facility (4) school (K-12)					
Street Address 301 MAYHILL ST						<b>反</b> C		(Other than K-12) rate & commercia		lings,	home	es,
City (5) SANNLE BROOK						Squan		# of Floors	В	ldg. A		
County (6) BERGEN			County (	Code (7) JSE ONLY)		Currer	it Use (Prjor	if being demolished	(b)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	l No.		of Abate	ement Contracting In	actor (9)				$\neg$
Street Address					Street	Address						
City, State, Zip Code					City, S	State, Zip						
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph	none No		License No				$\dashv$
Start Date (1 <sup>n)</sup> / 8	Schedule	ed Con	pletion	Date (11)	Name		A Monitor	00156				$\dashv$
Occupancy Status During Abatement (Check		6/1	8					al Services Inc	; <u>.                                    </u>			_
	- 3		n må		100000000000000000000000000000000000000	Address Huyler	Street					
Abatement Performed Outside of Norma						State, Zip						$\neg$
					Hack	kensac	k, N.J. 07	606		30 00 00 00 00 00 00 00 00 00 00 00 00 0		
Scope of Work (Check All That Apply)	è-met				-							
≥3 sf or ≥3 if ≥160 sf or ≥260 if		enoval emoliti				Mini	-Enclosure rebag Proce	t with Negative Pr dure *) and Non-Friable				
	le	Locati	nn.			4 14011	-Lxempted (	) and Hon- nach	3110	Abate	100	
Location of	1	lormall	У		Description	n of				Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solei intenar odial S (12)	ice/	(i.e. the	Containing Normal systems urfacing, VA ner miscellar	/laterial s insulat T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
OFFIC AREA	100	710	X		AT/	MAS	710	40,000 00	V	-		-
11 11			×	PII		7-7-30		1.055-68	-			
·								,				
Name of Registered Waste Hauler			JDEP W	1000 CT	ubic Yards	62	Name of Re	egistered Landfill		-	WWW.	
Newark Carting, Inc.			auler ID 509		Waste 6			entral Sanitary	Lar	dfill		
City, State Newark, N.J. 07105				9	sposal Date	on	City, State Pen Argy	I, PA 08072				
Completed by R. McDonald	Title Pres	ident			Signature	ME	Della (	Dat	e/2	Ji	8	

roi zo io - Open Filing									2018-Ann	ualt	iling	11 7	1.12
Date of Notification (1) March 17, 2018				f Building - Bayon		perato	r (2)			1.00		***	1
Agencies Notified Type Notification				ast 22nd		:		A contract of the contract of	À AP	R -	5 2	2018	A STATE OF THE STA
EPA Initial Amended Amendment				ite, Zip Co ne, Nev		y 070	02						أب
□ Emergency justification)     □ DCA				Contact Walters	s				ephone Nu 8-227-87			· · · · · · · · · · · · · · · · · · ·	<del> &amp;</del>
			FACI	LITY INFO	ORMATIO	ON						-	
Name of Facility Where Abatement is Takin IMTT - Bayonne	g Place (3	3)					Type of Facility School (K-	150					
Street Address 250 East 22nd Street					5		Subchapte	er 8 (Oth	er than K-1 & commerci		dings,	home	es,
City (5) Bayonne, New Jersey 07002	***************************************						Square Feet	# 0	f Floors	100000	ldg. A	ge	
County (6) Hudson			County (	Code (7) USE ONLY	)		Current Use (Pr	ior if bei	ing demolis	ned)			
Name of Monitoring Firm Hired by Building Envirovision Consultants, Inc.	Owner (8)		ASCN 0007				of Abatement Co lations, Inc.	ontractor	(9)			-	
Street Address 20-21 Wagaraw Road, Bldg. 34A						Street	Address Edwards Ave	enue					
City, State, Zip Code Fair Lawn, New Jersey 07410						City, S	State, Zip Code shan, La 7018						
Project Manager for Monitoring Firm Guillermo Morales			Telephor	ne No. 6-9145		100000000000000000000000000000000000000	none No. 733-5033		License N 01120	lo.			
Start Date (10) open	Schedule	ed Cor	mpletion I	Date (11)			of OSHA Monitor		, Inc.		-		
Occupancy Status During Abatement (Chec	k Only Or	ne)			-	Street	Address						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of A	Abater	nent		1		1 Wagaraw R	oad, B	ldg. 34A				
Other – Describe: Area Unoccupied	idi i dointy				-	3000	Lawn, New Je	ersey 0	7410				
Scope of Work (Check All That Apply)						12							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Englanment	Renova Demoli					Full Containn Mini-Enclosus Glovebag Pro Non-Exempte	re ocedure					
	Is	Locat	ion				1 Non-Exemple	Ju () all	u Non-Frial	T	Abate	ement	
Location of		Norma d Sole				cription			0 tu	-	l y	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	intena todial ( (12)	nce/		thermal:	system ing, VA		(\$	mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
27 2	Yes	No	N/A							<u>a</u>		ate	Te .
										-			
MARKET TO SEE THE SECOND SECON													
Name of Registered Waste Hauler			JJDEP W		Cubic \		Name of	Registe	ered Landfill				
Freehold Cartage	20000000000		lauler ID -2265	No.	of Was		IESI		4				
City, State Dunmore, PA					Dispos	al Date	City, Sta Bethle		PA				
Completed by Daniel Walters	Title Area	Man	ager		Si	gnatur		=	3/	ite 17/20	)18		
ASB-41 (R-06-08)					C	Do no	ot use this form fo	r asbes	tos licensur	e exen	npted	activit	ties.

#### 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) 04/02/2018 North Arlington Board of Education Check No: 1065 Agencies Notified Type Notification Street Address 222 Ridge Road **EPA** Initial IX DEP City, State, Zip Code Amendment # 1 X DOL North Arlington, New Jersey 07031 Emergency (including justification) Name of Contact DOH Telephone Number Cancellation Tony Alho 201-991-6800 DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) George Washington Elementary School School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) 175 Albert Street ☐ Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age North Arlington, New Jersey 07031 10,000 50+ County (6) County Code (7) Current Use (Prior if being demolished) Bergen (STATE USE ONLY) Educational Facility Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) T & M Associates Lilich Corporation Street Address Street Address 40 Monmouth Park Highway, Suite 2 606 McBride Ave City, State, Zip Code City, State, Zip Code West Long Branch, New Jersey 07764 Woodland Park, New Jersey Project Manager for Monitoring Firm Telephone No Telephone No. License No. Kevin Burns 732-676-4000 973-225-8400 01104 Profes, East.) Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 04/10/2018 04/11/2018 Iris Environmental Laboratories, LLC Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Union, NJ 07083 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation П Full Containment with Negative Pressure □≥160 sf or ≥260 lf П Demolition Mini-Enclosure Glove Bag Procedure / Limited Containment & Tent Non-Exempted (\*) and Non-Friable Procedure Amount Abatement Is Location (Specify Туре Normally Location of Description of SF of LF) Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ TO BE ABATED (i.e. thermal systems insulation, Removal Repair ncapsulate Custodial Staff? In Facility surfacing, VAT, or (12)(13)other miscellaneous) No Yes N/A Basement Hallway X Pipe/Pipe Fitting Insulaion 35 LF X (Wrap & Cut - Criticals) Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Lilich Corporation 18724 Fairless Landfill City, State Disposal Date City, State Woodland Park, New Jersey 04/11/2018 Morrisville, PA Signature Completed by Title Date Adriana Olejarova President 04/02/2018 ASB-41 (R-06-08) Do hot use this form for asbestos licensure exempted activities.

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			NO	TIFICAT	TION OF A	New Jar	RABATELE	NY		- 7		<u>.</u> 1		12	1.
Date of Notification (1) 03/29/2018				Nan	ant to NJ	AC 8:80 (	nd 12;120)			15-					
Poencies Notified Type	Notification			1401	ui Aningi	on Bear	of Education	2п		Check	No. 1056	PR.	- 5	2018	3 .
R EPA ■	Initial			222	et Address Ridge R	oad						17	1	-	
M DOL	Amended Amendment #	ŀ		City.	State, Zig	Code		-		<del></del>	1	1	-	-	
E DOH	Emergency (in justification)	naluding			e of Conta		Jersey 0703	3:1	!	4	1/	/	į	-	1.
O DCA O	Cancellation			Ton	y Alho	ici	•			70	aprior i	nuper	-		
Frame of Facility Where Abate	ement is Takin	g Place	(3)	F	CILITY	NFORMA"		+	5	ult.	1-997-68	9	()		
George Washington Elem	entary School	ર્ગે	(0)				Type of F	500,000	y #)-				····		
175 Albert Street							Scho	hapte	or 3 finhe	r than	K-12\				
NV (5)							Other	(I.D.	yat &	COUNT	ercial bull	ilnga, t	omes	, etc.	)
Worth Antington New Jerse Sounty (5)	y 07031						Square Fe	366			Floors .		Bldg.		
REPROS NOTING	2			Coun	y Code (7	),	Current U	50 (P	i if if boli	ng den	olishedi	<u>. J.</u>	50+		
ame of Monitoring Firm Hire	d by Building C	Dwner (6	3)	1	CM No.				Elluc	anona	Facility	75.00	,		
rect Address	* 1				- 17 /101	32	Neme of A Lilich Cor	poter	int Con	tractor	(9)	ran no ma	A Warmington A	-	
O'Monmouth Perk Highwa	y, Sulta 2			Residence			Street Add 606 McBr	rees				<del></del>			-
lly. State, Zp Code Vest Long-Branch, New Je	rsev D7784	2.					City, State,						Tile to a promi	·	( Pho ) 12 hours
relegation to Manager Internation							Woodland	Par	k Now.	lersey			1).	Service	caron
eville Builds	ş t			Teleph 732-8	76-4000		Telephone 973-225-8	Na	· —· —	-	Licensei				MATE
### Date (10) #/03/2018		Schedu 04/04/2	ed Co	mpletto	n Date (11	1	Name of O		. =:==		DETEN	· ·			14.
Cubancy Status During Abat	tement (Check	Only	2019				ITIS Enviro	nme	al .ebe	orator	es, LLC	2 29	ar of		
EACHITU CIARAGA/A				1807			Street Addr 2333 Rout	234					ing #		
egther - Describs:	side of Normal	Facility	Hours				City, State.	žin Č	de		·		37		
ione of Work (Chack All That	Apply)						Union, NJ	070	3 }				1. 1911 a 1114	,	
≥3 sf or ≥3 lf ≥160 af or ≥260 lf			Renova	tion				4				11		1	
			Demolit	ion			- 141	1/11-5:	LOUUTA		Vegative P			-i,	
Comment of the second		Γ	-				D No	n-Ex	npled (*	edure /	Limited C	ontaini Proce	nent'e	Ten	t · · · ·
Location of Location of Containing Materi	1	18	Locat	ion ly		200				A	moun(		Abate	ment	a House war
TA ATOMICA	el (ACM)	Ma	d Sole Intenai	TCe/	Asb	estos Cor	scription of districtions	fial ()	DMI.	SF	of LF)	-	Typ	20.75	٠
In Facility		Cust	odial 5 (12)	(1) to 11?	(1	ธการการ สำนธ	i Bystems ins	ulath;	1,			Re	· #	Enca	150
		Yes	No	NVA	1	other	niecellaneou	3)				Removas	Rapair	Encapsulate	Endosure
thent Hallway		-		X	Pine /Di	ne Eittle	g insulaior				-	-7 3	* : :	le.	 
SECTION OF THE PROPERTY OF THE							riticals)	<u> </u>			35 LF	X			
CONT.		_			(1110)		inticals)						1		
数 [2] [1]					-										
100								<del></del> ,				<u></u>	. 4	Mg at	
ne of Registered Waste Hauk	et		N.	DEP W	reste	Cubic Y		Ni	no of Reg	istare	d Landfill		1	· · · · ·	
Corporation State		÷		8724	110,	of West	•		rieta La			15° -		Negot	-11-4-11
odland Park, New Jersey		p				Disposa 04/04/2		Cli	Siete				1 12 1	(111. j	Spinor
neleted by name Olejarova	T	Title	ident				nayea C	INIC	ris tille,	PA	Date			U	30
41 (Pt-06-08)		F168	noent			1	Let y	1	312	_		/29/20	18	8.1	5000
771 (R-06-01)					200000000000000000000000000000000000000		Da not use th	his 'Y	T	bestos	Ilcensure	examin	ed ac	Divitie	البية
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CK# 4497

APR	F-	2010
ALL	)	2018

Date of Notification (1)	'w/			Nam		ng Owner/Operator	(2)		-			
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1.3	ype Notificatio Ĝ Initial	n		Stree	et Address	300 7	TY ST			3 - 12 .		• • • •
[ DEP	Amended	120		City.	State, Zip	Code					-	=
⊠ DOL	Amendment Emergency		ng		SEA	ISLE	CITY	N.J. 0	85	43	)	_
DOH C	justification) Cancellation			Nam	e of Conta	CT RAWIC		Telephone Numb	er			
									_		_	_
Name of Facility Where Aba	tombat is Taki	na Play	20 (3)	FA	CILITY IN	FORMATION	Type of Facilit	v (4)				-
	SIDENI		æ (3)				School (K-	. , ,				
Street Address								r 8 (Other than K-12 private & commercia		dings		
City (5)	1221						Square Feet	# of Floors	3,755	dg. A	ge +	
	ALON		_	Cou	nty Code (	7) (STATE	Current Use (F	Prior if being demolis	-	00		=
County (6)	MAY	/			ONLY)	., (02		ACHRIT				_
Name of Monitoring Firm Hire	ed by Building	Owner	T	ASCM	No.	Name of Abatem	100					
(8)	μ					Street Address	CMCO	INC	_	-		-
Street Address						369	S. SPI	RUCE AUG				_
City, State, Zip Code						City, State, Zip C		HADE N.J	- (	181	5	
Project Manager for Monitoria	ng Firm		Tele	phone	No.	Telephone No.		License No.	_		1	-
Project manager for monitorin						856-77	9-0472	004	40	<u></u>		
Start Date (10)			Comple		te (11)	Name of OSHA N	Aonitor (A. /	4				
U - 7 - 18 Occupancy Status During Ab			4-	10		Street Address		4				=
Facility Closed/Vacated Di	uring Entire Pe	eriod of	Abater	nent		i»,	177					
☐ Abatement Performed Out ☐ Other - Describe:	tside of Norma	l Facili	ty Hour	5		City, State, Zip Co	ode	÷.				
Scope of Work (Check all tha	it apply)					□ Eu# Cop	tainment with No	egative Pressure				
>3 sf or >3 lf		Re	enovatio	on		☐ Mini-Enc	losure	sgauve riessure				
≥160 sf or ≥260 lf		<b>⊠</b> De	emolition	1			g Procedure empted (*) and N	on-Friable Procedur	е			
		(C. C. C	ocatio	n					A	bate		
Location of			ormally Solely	by		Description of			-	.,,,		-
Asbestos-Containing Materi	al (ACM)		ntenano			os Containing Mate thermal systems in		Amount (Specify	R	-	Enc	m
TO BE ABATED IN Facility		0.000	Staff?		(1.0.,	surfacing, VAT, other miscellaneo	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)			Other Hascestal ICO	رهي)	0	val	-	late	п
		Yes	No	N/A		= - 1 . 5 . =	.,_	78			$\dashv$	-
SIDING				X		TRANSIT	۲	2500 SF	^	_	$\dashv$	-
										-	$\dashv$	$\neg$
			$\rightarrow$								$\dashv$	-
Name of Registered Waste Ha	n der		IN	IDEP W	/aste	Cubic Yards	Name of Reg	istered Landfill				
ICLEMOD.				viler ID		of Waste	CM.	CMU.A.				
City, State	MAC		-1-1			Disposal Date-	City, State	0.10		-		
	MUE	MI.	I	080	125		1 WOOI	OBINE 1	1.1			=
Completed By	Title		11.0			Signature -	W	Date -	18-	8		
MICHAEL KLIS	MILL	2	UP.									

APR - 5 2018

Date of Notification (1)	8-K			Name		ng Owner/Operator	) S (QA)	STRUCTION	DAI			
Agencies Notified	Type Notificatio	ก		Stree	t Address		-TH CT			٠. ي.		
D.BA Fi DBP	Initial Amended			C'+ .	State, Zip	300 7	71- 21.		-		-	=
DE DOL	Amendment		_	City,		ISLE	CITY	N.J. 0	82	43	)	
Ø DOH	Emergency (justification)		19	Name	of Conta	ct		Telephone Numb				=
DCA	Cancellation				V-(	RANIC		<u> </u>	_			_
				FA	CILITY IN	FORMATION	T = -7E - 39	- 46				
Name of Facility Where Al	SIDEAL		e (3)				Type of Facility  School (K-1					- 1
Street Address	STUCKU						☐ Subchapter	8 (Other than K-12		din ac		
	P						homes, etc	/				
City (5)	ALON						Square Feet	# of Floors	1	dg. A	ge +	
County (6)		,				7) (STATE		rior if being demolis	hed)			
CAP1					ONLY)	I N - (Al-	nent Contractor (S	ACHRIT		_	_	_
Name of Monitoring Firm H	lired by Building	Owner	1	ASCM	No.	1 1 1	EM (O	INC				
Street Address	14		=1:			Street Address						=
						369		euce aut				_
City, State, Zip Code	•					City, State, Zip C	LE SH	ADE N.J	- C	80	5	_
Project Manager for Monito	oring Firm		Tele	phone !	No.	Telephone No.		License No.	. 17	,		
						856-77		004	40	<u></u>	_	=
Start Date (10)	Sche	duled C	complet $\Psi$	ion Dat	te (11)	Name of OSHA N	Aonitor // /	Δ				
Occupancy Status During						Street Address						
Facility Closed/Vacated	During Entire Pe	eriod of	Abaten	nent		City, State, Zip C	nde .			_		$\dashv$
Abatement Performed C Other - Describe:	JUISIDE OF NOTITIE	n racmi	y Hours			City, State, 2p C		54. 				
Scope of Work (Check all to	hat apply)					☐ Full Con	tainment with Ne	cative Pressure				
			novatio			☐ Mini-End	closure	90110111000010				
≥160 sf or ≥260 lf		<b>⊠</b> De	molition	1		Non-Exe	g Procedure empted (*) and No	on-Friable Procedur	e			_
			ocation	7		,			Α	bates Typ		
Location of		Used	Solely			Description of					1	$\neg$
Asbestos-Containing Mate			itenano istodial		Asbest (i.e.,	tos Containing Mate thermal systems in	erial (ACM)	Amount (Specify	R	π	Enca	Enc
IN Facility	4		staff? (12)		•	surfacing, VAT, other miscellaneo		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		-	No I	N/A			,		a)	,	ate	-G
0.01.10		Yes	NO	V.		TRANSIT	E	2500 SF	X		-	$\dashv$
SIDING			-+	4		I ICHINI SIII		(100)	/		-	$\neg$
			+	-+				, <del></del>			$\neg$	
		-	$\dashv$	-								
Name of Registered Waste	Hauler			DEP W		Cubic Yards of Waste		stered Landfill	100			
KLEMCO			- H	990	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			C.MU.A.	_			-
City, State				200	ė2	Disposal Date-	City, State	) 1R 11- A	1 7	-		
	HADE	MI.	1 1	080	125	Signature -	10001	DBINLE A		r		=
Completed By Wich Mac	Title	S	UP.			Mun	Wh		8-	8	_	=



( WOONO											
	The a Time						IN E	6		11 17 11 17	
	PAID							-6-1-2-			12
Federal No	otification of As	bestos	Abaten	nent (Pursu	ant t	o MJAC 8:60-7 and 12:120-7	7)	100	F.	0010	STATE OF THE PARTY
Date of Notification	9 2018		Name	e of Building OF PLAINF	Own	er/Operator		APR	<del>- b -</del>	2018	i de la companya de l
Agencies Notified Type	of Notification		Stree	t Address			j L		: / .		لس
USEPA X DEP	Initial Amended			WATCHUNG		ENUE	7 1.4 AM H. V. F.		- il	i	
X DOL X	Amendment # Emergency Cancelation	1		State, Zip Co NFIELD, NJ		60-0431					
DCA	Caricelation			e of Contact N LOUISE			Telephone Numb	oer			
			FACIL	ITY INFORM	MATI	ON	1				
Name of Facility Where Abat DUDLEY HOUSE	ement is Taking	Place				Type of Facility ( ) School (K-12) ( ) Sub-Chapter 8 (Other	than I/ 12)				
Street Address						( X ) Other (I.e. private & C buildings, homes, etc.)					
City	County	10	County	Codo	SF	of Bldg.	# Floor		Age of	(0.0	8
CITY OF PLAINFIELD	ESSEX		State us		Cur	250 rent Use (prior if being demo		3	5	0+	
	f Monitoring Firm Hired by Building Owner NI ASSOICATES  ddress IMERCE ST SUITE 300  ate, Zip Code					ne of Abatment Contractor				-	
PENNONI ASSOICATES	F PLAINFIELD ESSEX  of Monitoring Firm Hired by Building Owner  ONI ASSOICATES  Address					WI CONSULTING CORP.					
Street Address					-	et Address					
24 COMMERCE ST SUITE 3	300				245	0 STANLEY TERRACE					
City, State, Zip Code						, State, Zip Code					
NEWARK, NJ 07102											
Project Manager for Monitoring	ng Firm	Tel	lephone	e No.	_	ON, NJ 07083 ephone Number	License Number				
O BE DETERMINED	5			RMINED							
Scheduled Start Date	Scheduled Con	npletion	Date	-	-	-687-1008 ne of OSHA Monitor	0057	5			
4 6 204		2									
4 6 2018 Month Day Year	Month	Day	2018 Year		_	SL ANALYTICAL et Address					
Occupancy Status During Ab	atement (Check	Only Or	ne)								
Facility Closed/Vacated Abatement Outside No.	mal Facility Hou	eriod of	Abaten	nent	_	WEST 38TH STREET , State, Zip Code					
Describe: 7:30AM TO	3:30AM										
Other - Describe:				-	NEV	V YORK, NY 10118					
Scope of Work (Checl Only C	One)			Abatement			20 WEST STORY				
Demolition >3sf or >3lf				х		Containment with Negative F -Enclosure	ressure				
≥ 160sf or ≥ 260lf				X	Glov	ebag Procedure					
Renovation		Tie	s I ocati	ion Normally		-Friable Procedure  Description of	Amount to be	Ahate	ment T	vne	
ocation of ACM Facility				Custodial S	taff	ACM to be	Removed				
BASEMENT		-	Yes	NO	N/A	Removed PIPE INSULATION	(Specify SF/LF) 50LF	Rem.	Rep. E	nc.	Encl.
BASEMENT		_				BOILER FLUE PACKING	4SF	X	$\dashv$		
BASEMENT						DUCT INSULATION	30SF	Х			
ST FLOOR		$\Box$				DUCT INSULATION	20SF	Х			
ND FLOOR				-	_	DUCT INSULATION	20SF	Х	-		
Name of Registered Waste H	lauler		NJDE	P Waste ID	No.	Cubic Yds waste	Name of Register	red Land	dfill		
TRI-STATE TRANSFER ASS	SOC., INC.		10:	SW1896		TBD	MINERVA ENTE	RPRISE	S, INC	8	
City, State BRONX, NY			Dispo	sal Date		City, State of Registered La	ndfill				
Completed By (Print or Type)	·		Title			WAYNESBURG, OHIO Signature	A		Date	2-2	9.18
ANITA SMOLAR				ERAL MANA	GER		DUNG	$\wedge$		28/20	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

PAID				N OF ASE to NJAC				7	1) 15				11) - 11	157	
Date of Notification (1) 3/28/2018 check #56				of Building		Operator	r (2)	S Communication of the Communi		APF	٦ -	. 5	2018	111111111111111111111111111111111111111	Town .
Agencies Notified Type Notificat	ion		Street A	Address				1		/\(\):					
EPA Initial Amende									L	-4	134		. 1		b
DEP Amende  DOL Amende			City, Sta Hillsda	ate, Zip C ale	ode			ŀ		Courters 			Š.,,	lat ( e)	est to
Emerger	cy (including	<del>-</del>		of Contact						ephone	Niun	hor	_		
DOH justificati				dan Lork						62832					
			FAC	ILITY INF	ORMATI	ON							-		
Name of Facility Where Abatement is Ta	aking Place (	(3)		3			Туре	of Facility	(4)						
Street Address								School (K-1							
Street Address								Subchapter Other (i.e. p					dings,	home	es,
City (5)								etc.) re Feet		f Floors			- 55		
Hillsdale NJ							100	x100	2			5	ldg. A 0 ye		
County (6) union				Code (7) USE ONLY	)		Curre	ent Use (Pri	or if bei	ng dem	olish	ed)			
Name of Monitoring Firm Hired by Buildi	ng Owner (8	)	ASC	M No.				tement Cor							
Street Address			1				Addres								
City, State, Zip Code							hurch	0.505							
Oity, State, Zip Code								ip Code Park NJ (	07407						
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	none N	0.		Licens	se No	).			
				15		2018	37394	18		0130	1				
Start Date (10) 04/13/2018	Schedu 04/14/		npletion	Date (11)				HA Monitor ns Contra	actina	inc					
Occupancy Status During Abatement (C	heck Only O	ne)					Addres						-7		
Facility Closed/Vacated During Ent	re Period of	Abaten	nent			24 cl	hurch	st							
Abatement Performed Outside of N Other – Describe:	ormal Facilit	y Hours				7000		ip Code Park NJ (	07407				L 265-181		
Scope of Work (Check All That Apply)					-							-			
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	Renova	77 77 70 70 P					1 Containme		Negativ	ve Pr	essu	re		
≥160 sf or ≥260 lf		Demolit	ion			×		ni-Enclosure vebag Prod							
							No	n-Exempted	d (*) and	Non-F	riable				
		Locati												ment pe	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		Aches	Des tos Cont	scription		(ACM)	^-	mount			.,		
TO BE ABATED		aintenar todial S			thermal	systems	s insula		(S	pecify		Re	R	Encapsulate	Enc
In Facility (13)		(12)				cing, VA niscellar			SF	or LF)		Removal	Repair	nsde	Enclosure
	Yes	No	N/A				,					<u>a</u>	7	late	Іге
Basement	X				pipe	insula	tion		7	5LF		x			
					N. A. (-)										
															-
															$\neg$
Name of Registered Waste Hauler		5533	JDEP W		Cubic '			Name of I	Registe	red Lan	dfill				
atlantic carting		H	auler ID	No.	of Was	ste		grand c	entral						
City, State pen argyl	(6)				Dispos	al Date		City, State		18072					
Completed by	Title					ignature		// arg	/	10072	Date	9			
luis arcila		dent			Ú	VIS	/	Heig	h			8/20	18		

PATO

Date of Notification (1)										
4/2/18		N	ame of Building Own	er/Operator	(2)		AP	R -	E ,	2018
Agencies Nonfiled Type Notifica	tion	St	reet Address	(רשט						
EPA DEP Initial Amende	77.	Ci	ty, State, Zip Code	95	Center	70° 100 4		* * * * * * * * * * * * * * * * * * *	7 .	
	cy (including	-	SeWell	NJ	080	80				
グ DOH justificat ロ DCA ロ Cancella		Na	me of Contact	045		Telephone	Number		10	/2
Name of Facility Where Abatement is Takin	ng Place (3)	F	ACILITY INFORM	MATION	1=		69		7 - 6	, )
BOTALL OF RI	innene de				Type of Fac					
24N. Black	1.1	Pik.			Subchi	l (K-12) apter 8 (Other than K- i.e. private & comme	·12) rcial bui	ildings,	home	s, eic
City (5) Runzmede					Square Feet	# of Floors		Bldg	Age	
Canden			nty Code (7) TE USE ONLY		Current Use	Prior if being demolis	shed)			
Name of Monitoring Firm Hired by Building	Оwлег (8)	AS	SCM No.	Name	of Abatement (	Contractor (9)	_	11		
Street Address				Street	ィー・プロジョ Address	There is !	[Disi	1/1/2	71 1	10
City, State, Zip Code				121	2 130 pl	INCOR: N P	The	٠		
					ate, Zip Code	· MTC	40	)(	2	
Project Manager for Monitoring Firm		Telepi	hane No.	Telepho	ne No.	License				
Start Date (10) 4/12/14	Scheduled Com	pletion	Date (11)		OSHA Monito					
Occupancy Status During Abatement (Check C		118		Street Ad	idress					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	riod of Abatement Facility Hours		2	City, Star	te, Zip Code				_	
Scope of Work (Check All That Apply)										
☐ ≥3 sfor≥3 lf .☑ ≥160 sfor≥260 lf	Renovat Demoliti		N 846		Mini-Enclosu Glovebag Pro	cedure				
	Is Location	on	-		Non-Exemple	d (*) and Non-Friable	Proced	ure Abaten	nent	
Lecation of Asbestos-Containing Material (ACM)	Normall: Used Solely	y y by	De:	scription of			<u> </u>	Тур		
TO BE ABATED In Facility (13)	Maintenan Custodial St (12)			uning Mater ms insulatio /AT, or iscellaneous	n, surfacing	Amount (Specify SF or LF)	Removal	Repair	Enemosulate	Enclosure
110 Cliz 11 16	Yes No	N/A/	,—I					1	5	
Up Stairs Hallway		//	Floor 1	1/2		35 300St	=/			
Uf stars apra Lan		-	Merh	<u> </u>		500 SF	1/	_	+	$\dashv$
							-	+	+	$\dashv$
Name of Registered Waste Hauler		EP Was			Name of R	egistered Landfill				-
ANI ME LL C	1	547			WM	of Pa				
DELATICE M			Disposal	Date ED	City, State	Untown &	) iz			
Completed by	V. RIEIde	ent.		nature	11:	Date		116	,	1
1 333				-	Tir		1/2	/18		

	F 1	1101	(Pursi	TION OF ASBESTO nant to NJAC 8:60 a	IS ABATE and 12:120	MENT )	and Ex	Q	3 9	1	7
Date of Notification (1) 3/29/18			Name Ka	e of Building Owners Imson Corpo	Operator (	2)		· -	- (		
Agencies Notified / Type Notification  EPA Initial	1		27	Address 0 Sylvan Ave	9		- 11 11 A	PF		<del>- 20</del>	18
DEP Amended Amendment  Emergency		g	En	State, Zip Code glewood Clif	fs , NJ	.07632	Nation that			1/12	4
☐ DOH justification ☐ Cancellation	)		M	of Contact s. Emily Roc		Z	732-249		47		
Name of Facility Where Abatement is Taking	Place (3)	-	FA	CILITY INFORMA	TION	TT 48 40				The same	
North Brunswick Gardens Street Address	(2)					Type of Facility  School (K.	202				
65D Pardun Rd						☐ Subchapte	r 8 (Other than K-12) private & commercia	i i buik	lings,	homes	, etc.
City (5) North Brunswick			,			Square Feet 3166	# of Floors		Bldg.	Age	
County (6) Middlesex				y Code (7) E USE ONLY)	-	Current Use (Pri	or if being demolishe		p C	75	24
Name of Monitoring Firm Hired by Building O	wner (8)			CM No.	Name o	A C of Abatement Con st Remova	ART WE W tractor (9)	75		17	
Street Address					Street A						
City, State, Zip Code					City, St	ate, Zip Code kensack ,			-	-	
Project Manager for Monitoring Firm			Telepho	one No.	Telepho		License N	0. 122			
Start Date (10) 4/30/18			pletion I	Date (11)		FOSHA Monitor	1 000			-	
Decupancy Status During Abatement (Check On	ily One)	5/2	111		Ome Street A	ega Enviro	nmental				
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal I Other - Describe: 8:90 AM	od of Ab	atement	<sup>2</sup> M		280 l	Huyler St		-3-			
cope of Work (Check All That Apply)				<del></del>	Sou	h Hackens	NJ.076, sack	506			
23 sf or ≥3 lf 1 ≥160 sf or ≥260 lf	and the second	Renovai Demolit		8 <sup>3</sup>		Mini-Enclosure Glovebag Proce	edure				
, 10 - 2 - 2		s Locati	on			: WIFEXERIPEG	(*) and Non-Friable	Proced		ement	
Location of	1	Normali	У	l nu	scription o	.				pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	M	ed Solel aintenar stodial S (12)	ice/	Asbestos Conta (i.e. thermal syste	nining Mat	erial (ACM) ion, surfacing,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
0.0	Yes	No	N/A					=	-500	ate	7
DE 9 CRAWL STACE 50			Y	THE KMAC INSI			240 LF	Y			
LDG 9 CRAWL SPACE SI			×	THERMAC IN			235 CF	×			
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□ DCA □ Cancellati				ls. Emily Ro	driguez		Te	32-249	mber	17	7.1	. 0
Name of Facility Where Abatement is Taking			FA	CILITY INFORM	ATION			32-243	-31	41		
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Ocean City, NJ		Cape May						rent Use ( dence	(Prior if being o	demoli	shed)				
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)		AS	SCM No			tement Contra	ctor (9	9)				
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								nton, NJ C							
Project Manager for	Monitoring F	irm	Telep	hone	Nun	nber		phone No -914-4279			License N	umber 0118	5		
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Occupancy Status I					_			et Addres	nental Laborat	ories,	Inc.				-
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Resource Managem	ent Group, Ll	LC		1 (50)	3521		TBD		Grows Landfi	II					
City, State Trenton, NJ 08619							Dispos TBD	al Date	City, State Morrisville, PA	A					
Completed By (Print	or Type)			Tit	le		Signati	ure	)			Date			
Mr. Brian Haney	J. 1				eside	ent	3	H				03-30	-201	8	
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Date of Notification (1)					Name	of Buildin	g Ov	vner/Operator (	2)	13)				_	
03/	30 /	18			O PROPERTY			Excavating	Property of the state of the st	The second second	3 ARR 9	- 80	2018		
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☑ DOH	Amended Amendm				City, S	State, Zip (	Code	)			1.0	1500	·	A 2 14**	
□ DCA	☐ Emergen		ludina		Jac	kson, N.	J 08	527			mental entre en en		t the erm	- 10" - 4	
(NJAC 5:23-8)	justificati		iddiiig		Name	of Contac	ct			Telep	hone Numb	er			
	☐ Cancella	tion			Joh	nn				732	-522-077	3			
	15655145				FA	CILITY IN	NFO	RMATION							
Name of Facility Where A	batement is	Taking	Place	(3)		10	7/2-2-		Type of Facility	(4)					
Residence-Garage									School (K-12						
Street Address									☐ Subchapter 8 ☐ Other (i.e., p homes, etc.)	rivate ar			ilding	s,	
City (5)									Square Feet		Floors	BI	dg. Ag	10	
Toms River									200 sf	1	10013	11	65	jc	
County (6)					Cour	nty Code (7	7)(STA	ATE USE ONLY)	Current Use (Pr	ior if bei	na demolis				
Ocean						•		**************************************	Garage			,			
Name of Monitoring Firm	Hired by Build	ding Ov	vner (	8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)	1					
N/A				69520					ntracting, Inc.						
Street Address							-	reet Address				-			
							1	1889 Route 9	, Unit 61						
City, State, Zip Code					5		-	y, State, Zip Co			1				-
							1	Toms River, I	New Jersey 08	755					
Project Manager for Monit	toring Firm			Tele	ephone	No.		lephone No.			nse No.		CONT. NO.		
							7	732-349-9932		00	624				
Start Date (10)		Schedu	led Co	omple	tion Da	te (11)	Na	me of OSHA M	onitor		201020				
04 /09 /	18	04	_ /	1	_ / _	18	E	E.M.S.L. Anal	ytical						
Occupancy Status During	Abatement (	Check	only o	ne)			Str	eet Address	<u> </u>					25977	_
□ Facility Closed/Vacate							1	056 Stelton							
Abatement Performed	Outside of No	ormal F	acility	Hou	rs - Des	cribe	Cit	y, State, Zip Co	ode	-					
Time of Abatement:	AM	PM/	<u> </u>	_PM		AM	F	Piscataway, N	lew Jersey 08	854					
Scope of Work (Check all	that apply)							П г. п О	-1						
			Rer	novat	ion			☐ Mini-Encl	ainment with Neg losure	gative Pr	essure				
≥160 sf or ≥260 If		0	☑ Der	noliti	on			Glovebag	Procedure						
			le.	Loca				Non-Exer	mpted (*) and No	n-Friable	e Procedur	-			
Location	of			lorma				Description of				Ab	ateme	nt Ty	уре
Asbestos-Containing N	Material (ACM	)			ely by	Asbe	stos	Containing Mat		Ar	nount	Rer	Repair	Enc	Enc
TO BE ABAT IN Facility					nce/ Staff?		., the	ermal systems i	nsulation,	(S	pecify	Removal	pair	aps	Enclosure
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Guardian Contractin	ıg, Inc.			F	lauler II			ste	T.R.R.F.						
City, State			-		20223		Dis	posal Date	City, State						
Toms River, New Je	rsey							4/10/18	Tullytown,	Penns	ylvania				
Completed By (Print or Ty	pe)	Title						Signature	1	1	Dat	e		1	
Nicholas Fernicola	1900 d 1900	Pro	ject	Man	ager			10	/	1	Dai	2	30	110	
CD 44					_			$\perp \vee \setminus$		(		-1	20	110	3

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Date of Notification (1)	PALL		NOT	IFICATI (Pursu:	ON OF A	SEEST	DS ABATEMEN and 12:120)	NT	B. 102	3				Signature of Children of Child
03/29/2018				Nam	e of Bulldi	na Owne	er/Operator (2) d of Education		· <b>-</b>	A	PR :-	· K · · 2	018	-
Agencies Notified	Type Notification			Stree	t Address		O OF EDUCATIO	η	- V G	heck No. 1	056			
	☑ Initial			222	Ridge Ro	pad				A. C.		.51:	· .	1. 6.
E DOL	<ul> <li>Amended</li> <li>Amendment</li> </ul>	*		City, North	State, Zip Arlingto	Code	Jersey 0703	1	1		7	+		
B DOH	<ul> <li>Emergency ( justification)</li> </ul>			Name	of Conta			,,,		41	/_			1
D DCA	☐ Cancellation				Alho				1	POT-89	-6800	Der		
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North Arlington, New	Jersey 07031					1	Square Fe 10,000			# of Floor		Blo	g. Ag	
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roject Manager for Mon evin Burns	roring Firm			Teleph 732-8	one No 76-4000		Telephone 973-225-8	No.		Licer	nee No.	janenga or		7.61.5.77
isit Date (10) 4/03/2018		Schedul	ed Co		1 Date (11	)	Name of Os		ani or	0110	04	h.).v	, a 41	
ccupancy Status During	Ahatament (Cho	04/04/2					Iris Enviro	nmer	al .abo	oratories, L	LC .	e jage	n (* 2)	Ť.)
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Abatement Performe	d Outside of Norm	al Facility	Hours	TW/IC			City, State.	Zio Ci	de		·	- 24		
cope of Work (Check All	That Apply)			_			Union, NJ	0708	} 				ene a la	
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ich Corporation	usey	Title Pres	sident			04/04		Mc	Sigte ris ville,	PA	Date 03/2	9/201	K M	v de V



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

CK 6704

Date of Notification (1)			T	Name o	f Building	Owner/0	Operator	r (2)		[PMS)				-		
4/2/18			Í		er Count				thority	Hr	7) [	3 ((	7 16		W	F
Agencies Notified	Type Notification			Street A						T be	1/		199.4414	2 (.1	- U	
⊠ EPA	☐ Initial			80 Ha	milton A	venue	2nd F	loor								1
DEP	Amended		ľ	City, Sta	ate, Zip Co	ode						AP	7 -	5	2018	1
X DOL	Amendment Emergency				on NJ 08	3611				ĺ	Ì					1
☑ DOH	justification)	(including			f Contact					Tel	ephone	Num	ber	orner de la	Ty Village	MS-VEDRAGE -
☐ DCA	Cancellation			Allan	Collins I	Execut	ive Dir	ector		60	9-278	3-810	00	UCIN VISIN	ITRO G	)L&
Name of Facility 10th	AL			FACI	LITY INFO	ORMAT	ION					-	-emeg	The same	-TARRES	Contract of the last of the la
Name of Facility Where Mercer County Co		g Place (	3)					Туре	of Facility (4	)						
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209 S Broad St									etc.)				Dunk	ınıgs,	110111	,
City (5)								50	re Feet		Floors	3	- 1	ldg. A	\ge	
Trenton NJ 08611						11		100		5				35+		
County (6) Mercer					Code (7) USE ONLY	)		Curre	ent Use (Prior	r if bei	ng dem	nolishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.		Name	of Aba	tement Cont	ractor	(9)		77			_
Pennoni				710011	. 140.		1	naco I		iactoi	(3)					
Street Address	10				-	-	Street	Addres	SS							
515 Grove St S. 18	3						PO	Вох 3	29							
City, State, Zip Code							City, S	State, Z	ip Code							
Haddon Heights N							Wes	st Berl	in NJ 0809	91						
Project Manager for Mor	nitoring Firm			Telepho			Teleph	hone N	0.		Licen	se No				
Tom Adams					56-2912		856-	-753-9	9800		0072	27				
Start Date (10) 4/3/18				npletion	Date (11)		100000000000000000000000000000000000000		HA Monitor					17		
Occupancy Status Durin	a Abatament (Chee	4/4/18					Sam									
passang		- 55	3150				Street	Addres	SS	-						
Facility Closed/Vac	ated During Entire F and Outside of Norm	Period of A	Abaten Abaten	nent			City C	State 7	ip Code							
X Other – Describe:	Exterior Under Gro	und Aban	doned	pipe Nor	mal Hours	<u></u>	City, S	otate, Z	ip Code							
Scope of Work (Check A	II That Apply)			21000-000				111	T 1, 10,		Q2 (	1-	_			
X ≥3 sf or ≥3 lf	11.27		Renova	tion			7	100								
≥160 sf or ≥260 lf			Demolit						l Containmer	nt with	Negat	ive Pr	essu	re		
									vebag Proce		200 B		1 1221	4		
		1						_I No	n-Exempted	(*) and	Non-H	-riable	Pro	12000 100		
	5	100	Locati	21.											ement pe	.
Location Asbestos-Containing		Use	d Sole	ly by	Achee		scription taining N		(ACNA)	Λ.	mount	ı		Γ		
TO BE AB	ATED		intena todial S			thermal	system	s insula			pecify		R	77	Enc	ᄪ
In Facil (13)	ity	J	(12)	otan:	68		cing, VA niscellar			SF	or LF)		Removal	Repair	apsı	Enclosure
(,		Yes	No	N/A		Other 1	iliscellai	icousj					val	=	Encapsulate	ure
Hadaman J Disc		res	140													$\vdash$
Underground Pipe		-		X			doned			5	0 LF		x			
area to the	building	-				wet i	wrap &	cut								
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Name of Desistered 184-	sta Llaular		Las	IDED												
Name of Registered Was			1,539,	JDEP W auler ID	The state of the s	of Was	Yards ste		Name of R		red Lar	ndfill				
Horizon Disposal Se	er		10.000	0416		TBD	2020		G.R.O.V	V.S.						
City, State							sal Date		City, State					7-02		
Freehold NJ							8		Morrisvil	lle PA	1906	67				
Completed by		Title	20.00			S	ignature	10		114		Date	9			$\neg$
Anthony T Perna		Pres	ident				(		-	The second second	_	4/2	/18			1

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Date of Notification (1)				Name	of Buildin	a Owner/0	Operator (	2)	$-\Pi\Pi$	100			
03 / 3	30 /	18				•		-/	144	APR -	5	2018	3
	ype Notificat				n Meir Address								
1	Initial			311661	Address				ASI	ÆT ÖS	CON	TRO	8 JC
	Amended			City	State, Zip (	Code				LICE	VISIN	G	, - 0
☑ DHSS	Amendme			Laure and									
DCA (NJAC 5:23-8)	☐ Emergenc justification		3		of Contac				Talanhana N				
(NOAC 3.23-0)	Cancellation	35				, (			Telephone N	umber			
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Name of Facility Where Aba	stament is To	king Place	/21	FAI	CILITY IN	NFORMA	IION	T 4 F - 104	(4)				
V-1 10 10 10 10 10 10 10 10 10 10 10 10 10	stement is 12	aking Place	(3)					Type of Facility					
Private house Street Address								School (K-12	:) 3 (Other than K-	1 2)			1
Oli Cot Madi Coo								Other (i.e., p	rivate and comm		ilding	s,	1
City (5)								homes, etc.)		15	da ^	70	
Paramus, NJ 07652								Square Feet	# of Floors	BI	dg. Ag	30	
County (6)				Coun	ty Code (7)	(STATE III	SE ONI YI	Current Use (Pri	ior if heing dem	nlished)			
Bergen				Journ	if code (1)	(OIME OC	DE ONEIT)	Outrent ose (F)	ioi ii beilig deili	Olisticu)			
Name of Monitoring Firm Hi	red by Buildi	ing Owner	(8)	ASCM	No	Name o	f Ahateme	ent Contractor (9)					
						Gr Tech		one contractor (c)					
Street Address						Street A							
							lley Rd#	283					
City, State, Zip Code							ate, Zip Co					-	-
						Secretario secto	NJ 0747						
Project Manager for Monitor	ring Firm		Tele	phone	No.	Telepho			License No.				
						973-638	3-1777		01127				
Start Date (10)		cheduled C				Name o	f OSHA N	Ionitor	10.1.2.1				
//				_ / _	18	Envirov	ision Co	nsultants,Inc					
Occupancy Status During A						Street A							
Facility Closed/Vacated						20-21 V	Vagaraw	Road, Bldg .# 3	35E				
Abatement Performed O Time of Abatement:	AM-	rmai Facilit PM/_	y Houi PM_		AM	City, Sta	ate, Zip Co	ode					
					7 (14)	Fair Lav	wn, NJ 0						
Scope of Work (Check all th	at apply)					A		and decontamin tainment with Neo	_		sure		
>3 sf or >3 If > 160 sf or >260 If			enovati				Mini-Enc	losure					
<b>≥</b> 160 sf or ≥260 lf		☐ De	emolitic	n		Н	Gloveba	g Procedure III	Tent with Nega	tive Press	sure		
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Location of			Norma	lly		De	scription o	of					
Asbestos-Containing Ma TO BE ABATE		Use Ma	ed Sole intena					terial (ACM)	Amount	Rem	Repair	nce	ncl
IN Facility		Cus	todial	Staff?	(1.6		cing, VAT	insulation, or	(Specify SIF or LF)	Remova	air.	Encapsulate	Enclosure
(13)		-	(12)	1			niscellane			1 20		late	0
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Name of Registered Waste	nauler				e Hauler ID No			e Name of Regis	stered Landfill				
Gr Tech LLC			(	003378	35	TBI		T.R.R.F. Inc					
City, State						Disposa	II Date	City, State					
Wayne, NJ 07470	,					TBI		Tullytown, PA	A				
Completed By (Print or Type	e)	Title				Sig	nature	1.		Date			
N.Jevtic		Owner						Tente Wena	d	03/30/1	3		
ASB-41 MAY 11		* Do no	t use t	his forn	n for asbes	stos licens	ure exemp	ted activities.					

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DEP DOL	Amended Amendmen		_		own NJ		3				and the second section of the second section of	Balance C. C. Saper	THE PERSON	. Harristons	NAME OF THE OWNER, OWNE
☑ DOH □ DCA	Emergency justification)	,	T		f Contact					Tel	ephone f	Number			
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Name of Facility Where	Abatement is Takir	ng Place (3)	)	FACI	LITTINE	JKWAT	OM	Тур	e of Facility (	4)					
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Street Address	55								Subchapter Other (i.e. p etc.)				ldings	, home	es,
City (5) Waretown NJ 0875	58								uare Feet	# 0	f Floors	- 1	35+	Age	
County (6)	,,,		Т	County (	Code (7)				rent Use (Prid	1	na demo	- 1	337		
Ocean					JSE ONĹY)				ouse	20.					
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	l No.				patement Con	tractor	(9)				
Street Address							Street		Inc.						
							PO								***
City, State, Zip Code									Zip Code erlin NJ 080	91					
Project Manager for Mor	itoring Firm	-		Telephor	ne No.		Teleph 856-		No. -9800	72	License				
Start Date (10)		Schedule		pletion [	Date (11)		Name	of O	SHA Monitor						
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Occupancy Status Durin  Facility Closed/Vac				ont			Street	Addi	ess						
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hours	i		_	City, S	tate,	Zip Code						
Scope of Work (Check A	II That Apply)				<u> </u>										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit		*		×	N	ull Containme lini-Enclosure Blovebag Prod Ion-Exempted	edure	5			·e	
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United Containers			1000	auler ID 2459	NO.	of Was	ste		G.R.O.	W.S.					
City, State Elm NJ							sal Date		City, State		A 4000	7			
Completed by		Title				4/20/	18 lignature		Morrisv	ille P	4 1906	/ Date			
Anthony T Perna		Presi	dent				-grand	K	/	222		4/2/18	}		



Ck# 1564

Date of Notification (1)		T	Name o	f Building	Owner/C	perator	(2)					1		
3/29/18			Kitty k	Koo Trus	st				[[]]	E			\//	F
Agencies Notified Type Notifica	ation		Street A	ddress					11);-	11 11			NI	4
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	ment #_5	-	Closte	er, NJ					LL	AI	11	J 1	2010	14
➤ DOH justifica	ncy (including tion)		Name of	f Contact					Telepi	none Nur	nber			$\dashv$
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			FACI	LITY INFO	DRMATI	ON			With the Laboratory of		itsér			
Name of Facility Where Abatement is				11			Туре	of Facility (4)						
Abandoned former school Bldg	g. for Demo	2000						School (K-12)						
Street Address				(4				Subchapter 8				,.		1
511 Durie Ave								Other (i.e. privetc.)	ate & c	ommerci	al buil	aings,	home	es,
City (5)								re Feet	# of FI	oors	8	ildg. A	ge	
Closter							25,0	000	3		5	50+	E.	
County (6)				Code (7)			Curre	ent Use (Prior	if being	demolish	ned)			
Bergen		1	STATE	USE ONLY)				andoned Bi	0.50		1005			
Name of Monitoring Firm Hired by Build	ding Owner (8)		ASCN	No.		Name		atement Contr			-			-
n/a			n/a					Contracting						
Street Address						Street							-	
n/a						360	Palis	ade Ave						
City, State, Zip Code	**************************************					City, S	tate, Z	ip Code			- P. G			$\neg$
n/a								NJ 07026						
Project Manager for Monitoring Firm		1	Telephoi	ne No.		Teleph			TL	icense N	0.	-	-	-
n/a			n/a			9734	160.6	026	C	1255				
Start Date (10)	Scheduled	Com	pletion I	Date (11)		Name	of OS	HA Monitor						$\overline{}$
12/23/17	5/31/18			50 OF0.		Harn	nony	Contracting	lnc					
Occupancy Status During Abatement (	Check Only One	)				Street	Addre	SS						$\neg$
Facility Closed/Vacated During Er	tire Period of Al	patem	ent			360	Palis	ade Ave						
Abatement Performed Outside of					Ì	City, S	tate, Z	ip Code						$\neg$
Other - Describe:DEMO					-	Garf	ield,	NJ 07026						
Scope of Work (Check All That Apply)												-		
23 sf or ≥3 lf		novat	ion			×	Fu	Il Containmen	t with No	egative P	ressu	re		
≥160 sf or ≥260 lf	X De	moliti	on			-	Mi	ni-Enclosure		•				
								ovebag Proce in-Exempted (		lon-Friah	le Pro	cedur	0	
	la l	ocatio						- Individual Control	7 0110 11		1		ement	$\overline{}$
Location of	NE 00000	ormall	0.0377		D		-6					Ту	ре	
Asbestos-Containing Material (ACN		Solel		Asbest	os Cont	scription aining N		L(ACM)	Amo	unt			_	
TO BE ABATED	iviair	tenan			thermal	systems	s insul		(Spe	cify	Re	R	nca	5
In Facility (13)		(12)				cing, VA			SF or	·LF)	Removal	Repair	sdi	Enclosure
(12)	T <sub>V</sub> T				0010111	iioooiiai	.0000)				/a	=	Encapsulate	ure
	Yes	No	N/A											
1st Fl			х	W	/all & C	Ceiling	Plas	ter	5,500	) SF	K		u.	
2nd Fl			x	W	all & C	Ceiling	Plas	ter	5,500	) SF	<			
											+			
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic	Yards		Name of Re	gistered	d Landfill				-
Rovic Transport		0.72	auler ID	1000	of Was	ste		GROWS	-					
City, State						al Date		City, State						-
Riverdale, NJ					TBD			Morrisvill	e, PA					
Completed by	Title				S	ignature	)	1		Da	te			-
Tina Caporino	Secre	tary			IT	ina (	Car	m in		3/	29/1	8		
			-			The real of	maga	VIAIL				27		

	P	NA	IFICA (Purs	Sta TION tant t	of NJAC	lew Jersey SBESTOS ABA C 8:60 and 12-	TEMENT	Check N	a F	7	9C	79	?
Date of Notification (1)						ing Owner/Operato	370	In E	n 13		W	L	7
March 30, 2018				C. P. S. V. Mark		NJ, Newark							į
Agency Notified	Type Notification				t Addres		Liberty intern		₹ <del>PR -</del>	5	201	9	1
EPA  BEPA  Not required per State Reg. 10/2004	☑ Initial ☐ Amended			Buil		0, 2nd Floor			11	J	201	0	and a second
DOL INITIALITY IN THE INTERIOR	Amendment #			112		J 07114		ASDE				OL	&
⊠ DOH	☐ Emergency (inclu	ding			of Conta			I Tolophone Nive	LICEN	1SIN	<u>G</u>		
□ DCA	justification)  Cancellation			27.049.000000	oh Can	10.00		973-624-68					
				FAC	ILITY IN	FORMATION							
Name of Facility Where A			3)				Type of Facility	(4)					
Airplane Hard Stan	d Parking Amel	ia					☐ School (K-12	2)					
Street Address							☐ Subchapter	8 (Other than K-12	2)				
Newark Liberty Inte	ernational Airpo	rt						rivate & commercia	al buildi	ngs,			
City (5)						<u> </u>	homes, etc.) Square Feet	# of Floors	Rido	, Age		_	
Newark							N/A	Underground Fuel Lines	50		à		
County (6)						7) (STATE USE	Current Use (Pr	or if being demoli	shed)				
Essex				ONLY	)		Abandoned	Fuel Lines					
Name of Monitoring Firm	Hired by Building Own	ner	ASCN	No.	2	Name of Abater	ment Contractor (9					_	-
PA of NY & NJ			N/A			B&N&K Res	storation Co.,	Inc.					
Street Address						Street Address						_	_
241 Erie Street, Roo	om 236					223 Randol	ph Avenue						
City, State, Zip Code						City, State, Zip							
Jersey City, NJ 073						Clifton, NJ	07011						
Project Manager for Monitor	oring Firm	T	elepho	ne No.		Telephone No.		License No.					
Ralph Campione		9	973-6	24-689	98	973-478-468	31	00120					
Start Date (10)	Scheduled C			te (11)		Name of OSHA	Monitor			***			
April 09, 2018	April 08,					McCabe En	vironmental S	Services, L.L.C	).				
Occupancy Status During	Abatement (Check or	ly one	)			Street Address						_	
☐ Facility Closed/Vacated ☐ Abatement Performed C ☐ Other - Describe:	utside of Normal Fac	of Aba ility Ho	itement ours			City, State, Zip C	Brook Avenue Code NJ 07071-199					_	
Scope of Work (Check all t	hat apply)					manya, can					_		
<ul> <li>≥ 3 sf or ≥ 3 lf</li> <li>≥ 160 sf or ≥ 260 lf</li> </ul>				⊠ Ren □ Dem	ovation olition	☐ Mini- ☐ Glov	Enclosure ebag Procedure	Negative Pressure Non-Friable Proce					
		19	s Locati	ion						Ab	ater	nen	ıt
Location	of		Normal	ly		D					Тур	е	_
Asbestos-Containing TO BE ABA IN Facilii (13)	Material (ACM)	Ma	ed Sole aintena Custodi Staff? (12)	nce/ al		Description of stos Containing Ma , thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)		Removal	Repair	Encanculato	Enclosure
Airplane Head Or 11		Yes	No	N/A									
Airplane Hard Stand P	arking Amelia			X	12" OD	Tar & Tar Paper Pip	pe Insulation	800	) In ft	X	4	-	
												+	
Name of Parieta IW	Hautan												
Name of Registered Waste	nauler	10000	JDEP W No.	aste H	auler	Cubic Yards of Waste	Name of Registe	ered Landfill			ettirock-		
Jimmy Byrne Trucki	ing	0.00	9555			130	Minerva En	terprises, Inc.					
City, State						Disposal Date	City, State						-
Bronx, NY						04/10/2018 - 04/30/2019	Waynesbur	g, OH					
Completed by	Title					Signature	1 879/11		Date			-	$\dashv$

G. Roger Woodman

Title

**Project Manager** 

Signature.

Date

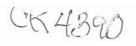
3/30/2018

# NOT FICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:50 and 12:120)

<u> </u>	E	o E		V	E	
CI	HECK	(# on _		วการ	2	
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0.1.00	117.0	(Pursuan	AL N	A	le.	8:60	rand 1	12:120)	Chi	Ann	5 2018	.1	Ш	1	
11/h AX	110								- 11 1	APR	- 3 EU10	1	-		
(1100)	74		Name	of B	uildi	ng C	wner /	Operator (2)				-		+	
Date of Notification	(1)		Envir	onn	nen	tal L	_iabilit	y Transfer	6.1		CANTRO	L &			
	3/22/18 Type Notificati		Ctront	Add	TASS	3			1	31 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -	NSBG.	- and the same	The substitutes	1	
Agencies Notified	Type Notificati	OII	1650	Des	Pe	res	Ra., 5	uite 306	E FORESTERN KOLVER	sactive special recommendation	A CHARLES TO THE STATE OF THE S				
⊠ EPA	Initial		City, S	state	& Z	ip C	ode				Telephone	Nium	her	-	
☐ DEP	x Amend	ied	St. Lo	ouis	, M	0 6	3131				Telephone	SEOO	inci		
□ DOL	Emerg		Name	of C	Cont	act	-				314-775-0	1500			
□ DOH	Cance	llation	Adan	n Pe	etz	, EL	ODMA	TION						_	
DCA			FA	CIL	ITY	INF	URIVIA	e of Facility (4)							
Name of Facility W	here Ahateme	nt is Taking Place	(3)				l i y P	School (K-12)							
Name of Facility W Building # 9, Pe	rth Amboy 1	160, LLC.			-		거님	- 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other than K-	12)	home	s etc	:)		
Street Address	Terr 7 terrs 2							Other (i.e. priva	te & commerc	cial bullul	Bldg. Age	0, 01	.,		
1160 State Street	at						Sa	uare Feet	# of Floors	1	Diag. 7.5				
1160 State 3116				_	1 - /-	7\	_	ALA.	NA		NA			_	
0:1(5)		County (5)	County	Coc	je (	( )	Cu	rrent Use (Prior i	f being demo	lished)					
City (5)		Middlesex	NA				1 1	None						_	
Perth Amboy						D 4 N 1			t Contractor (	(9)	-toting	-11	C.		
CAAnnitori	ng Firm Hired b	by Building Owner	(8)	1	ASC	M N	O. IN	ame of Abatemer nterprise Netw	ork Resolut	ions Co	ntracting	,	·	177	
Name of Monitori	ng i min i m				_	_									
Street Address							8	74 Piney Hollo	w Road, PO	Box 10					-
Street Address							10	the Chata & 7in C	ode						_
City, State & Zip	Code						lv	Jinslow, New J	ersey uous	Licensi	e Number				
100			elepho	ne N	Jum	ber	T	elephone Numbe	er	Liceris	0126	33			_
Project Manager	for Monitoring	Firm	elebilo	110 1			6	09-567-0600							
		Scheduled Comp	aletion	Date	(11	1)	N	lame of OSHA M	onitor						_
Scheduled Start	Date (10)	7/31/18	JIELIOII	0000			E	MSL Analytica	ai, inc.						
7-17-17		1 -1	v one)				5	Street Address	North		-				_
Occupancy Stat	us During Aba	tement (Check only d During Entire Pe	riod of	Aba	tem	ent		200 Route 130	Code						
Facility	Closed/Vacate	Outside of Norma	Hour	s – 7	7am	to 3	pm (	City, State & Zip	N I 08077						
Abatem	ent Performed	Outside of the					1	Cinnaminson,	140 00011						
Describ	e:	ng Abatement										- D-	00011	re	
Facility	Occupied Duri	annly)							Full Conta	ainment w	ith Negativ	/e Pi	essu		
Scope of Work	(Check all trial	( app.)/	<u></u> ),					X	Mini-Enclo	osure					
x ≥3 sf o	r >3 If					ation			Glove Ba	g Procedu	ures LNo- Frio	hle P	roce	dure	3
100 -	f ≥260 lf		$\boxtimes$	Der	moli	HOH		$\overline{\boxtimes}$	Glove Ba	npted and	unt A	hate	men	t Tv	pe
X ≥160 s	1 =200							Description of	f	Amou (Spec	unt /	T	1		
	Location of		ls I Norn	ocal	lion Lise	d		Ashestos-Contail	ning	SF or	1 [	71		Encapsulate	Ē
Д	sbestos-Conta	ining	S	olely	by	- 1		Material (ACN	1)	0, 0.	-/	Remova	Repair	aps	Enclsoure
	Material (ACI	M)	Main	tena	nce	or	2000	(i.e., thermal syst	g VAT			SVO	air	sula	oure
	TO BE ABAT	<u>EU</u>	Cust	odiai (12)		11!	in	sulation, surfacing or other miscellan	eous)			-		te	
	in Facility (13)		Yes	No		N/A				0500 - 4	£	X			
	(10)			-	1		Black	Tar Material (C	Janocett	2500 s. f		X	FI		
First Floor			14	H	+	X	Trans	ite Siding Pan	els	3500 s.	1.	X	T	Ī	
First Floor			누	+	+	X	Minde	ow Caulk		300 l. f.		X	Ħ	百	
First Floor			14	1	┼	Ŷ	Evtor	ior Pipe Insula	tion	150 l. f.		X	H	百	
First Floor			14	1-	++	X	Trans	ite Roofing Pa	nels	12,000	S. I.		Ħ	一	
			ᆛᆜ	++	┽	^	Hane			11	andfill				
Roof				14	J I	ED.	Maste	Cubic Yards	Name of Reg	jistered L	апанн				
Name of Pag	gistered Waste	Hauler			NJL	ıler l	D No.	of Waste		nty Lan	dfill				
						135		60	Salem Cou	my Lan					
Bull Waste	& Recycling	g, Inc.			-1-			Disposal Date	City, State		$\chi$				
City, State								7/31/18	Alloway, N	ew Jers	еу	Date		_	
Berlin, NJ		\$2000 Sec. 100			1			Signature	7//	//		3/22			
Berlin, NJ	By (Print or Ty	oe)			Titl		lont	Oignata.	///			0122	, , , ,		
Completed	S. Budzynsl	ci '			Pr	esio	lent	//	//					-	
Ineodore	O. Dudanjino.				1			_//							

Ch14775		NOTI	FIGATIO	NOFAS	New Jerse BESTOS C B 60 an	ABATE	MENT		M	APF	} -	5 2	018
Date of Notification (1) APRIL 3, 2018			1 2		Owner/G				d best				
Agencies Notified  EPA DEP DOL DOH DOH DOCA  Type Notification  Initial Amended Amended Amendme Emergence justification Cancellatic	nt # y (including	· g	Street % 6 City, S Name	Address  EMINITED IN THE PROPERTY OF CONTROL	Code	TORAT	10N 72		IGH I	AVE	ICEN	SINC	IROL
					FORMAT	ON							
Name of Facility Where Abatement is Tak ADAMCYCZK PROPERTY  Street Address  City (5)	ing Place (	(3)	4				Type of Facility  School (K- Subchapte Other (i.e. etc.)	12) er 8 (Othe private &	commerc	cial bui	1000		es,
MANASQUAN							Square Feet 6000 SF	3	Floors		Bldg. / 1920		
County (6) MONMOUTH				Code (7) USE ONL		_	Current Use (Pr OFFICE BU	ior if bein	g demolis	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	)	ASC	M No.		Name Finis	of Abatement Co hing Touch As	ntractor ( sbestos	9) Abaten	nent (	Corp	., Inc	
Street Address							Address nompson Stre	et					
City, State, Zip Code						City, St West	ate, Zip Code Long Branch	, NJ 07	764				
Project Manager for Monitoring Firm			Telepho	ne No.			one No. 222.8372		License N	No.			
Start Date (10) 4/16/18 Occupancy Status During Abatement (Che	41	18/	mpletion	Date (11	)	NI	of OSHA Monitor						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of a	Abaten y Hours	nent s				ate, Zip Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	(Constitution)	Renova Demolit				2	Full Containm Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				e	
Location of	2009	Locati										ement pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Sole intena todial S (12)	nce/	Asbe (i.e	stos Conta thermal surfac	cription of aining Massystems ing, VAT iscellance	aterial (ACM) insulation, , or	(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
2 m Flear	Yes	No	N/A			-2				-		te	
soffo			15	,3/	2. J. Am	crc s	NET	66	RAH	X			
				1 1	1414	1 5	Joh AU	b =	3	3			
Name of Registered Waste Hauler Finishing Touch Asbestos Abateme	nt Corp.	ı H	JDEP W auler ID 2058		Cubic Yof Was	te	Name of I					1	
City, State West Long Branch, NJ					Disposa	/	City, State Morrisv				****		
Completed by Joseph P. Miller	Title Pres	ident			Si	gnatufe	dirle		Da 4/	ite /3/18			



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

	ALL		NOTII (i	FICATIO	N OF ASI	BESTOS	ABATE	EMEI 20)	NT ;		E C	TE Lin	ij	11.7	7,9 723 133	Morros Sign-
Date of Notification (1) 3/26/18					of Building	g Owner/	Operator	r (2)	) 4 days	H	propagation of the contract of	is	. ( 3	eg mundekur	3. F 107	
Agencies Notified	Type Notification				Address						AF	R -	E.	2018		leroas
X EPA	× Initial								į	Ad ton						and the second
× DEP	Amended				tate, Zip C						A	- 7	m	173.6	i A	<u>اد.</u>
× DOL	Amendment Emergency			Brow	n Mills, I	NJ 080	15				ACOL					
DOH DCA	justification)  Cancellation		g		of Contact ara Pugli					Te	lephone	Numbe	er		P =	
	Caricellation				ILITY INF		ION									
Name of Facility Where	Abatement is Takin	g Place	(3)	FAC	ILII T INF	ORIVIA	ION	Ту	pe of Facility	(4)						
Residence								In	School (K-	31.5						
Street Address								×	Subchapte	r 8 (Oth	er than I	K-12)	wild	inae h	ome	ie.
City (5)									etc.)			or oran k		255(1)		λο,
Brown Mills								2.00	uare Feet 50	1 # 0	f Floors		BI 57	dg. Ag 7	е	
County (6) Burlington					Code (7)	0		Cu	rrent Use (Pri	ior if be	ing demo	olished	)			
Name of Monitoring Firm	Hired by Building (	Owner (8	5)		M No.		Name	of A	batement Cor	ntractor	· (0)					
A. Seine Lighthouse			<i>'</i> .	7.00			Brink	ks T	ank Servic	es	(9)					
Street Address PO Box 354							Street 1256		ress perty Avenu	10						
City, State, Zip Code							City, S	State	, Zip Code							
South Orange, NJ 0									NJ 07205							
Project Manager for Mon Sarah Calandra	toring Firm			Telepho 201-3	one No. 49-2666		Teleph 844-4		No. -7465		License 01316					
Start Date (10)		Schedu	led Cor		Date (11)				SHA Monitor		01010		1970		_	-
4/5/18		4/10/1	8						Lighthous		utions					
Occupancy Status During  X Facility Closed/Vaca							Street PO B									
X Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Norm	eriod of al Facilit	Abaten y Hours	nent S					Zip Code							
Scope of Work (Check Al	That Apply						Sout	h O	range, NJ	07079	)					
	тпат Арріу)			350			_	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	N	Full Containme Mini-Enclosure Glovebag Prod	e cedure						
								1 1	lon-Exempted	d (*) an	d Non-Fr	iable F		edure Abatem	ont	-
Location	of	1	s Locati Normal			Dog	scription	of	1				-	Type		
Asbestos-Containing			ed Sole aintena		Asbes	tos Cont	aining M	later	ial (ACM)	А	mount		T		_	
TO BE ABA In Facilit		200	todial S		(i.e.	thermal	systems cing, VA				Specify or LF)	2	0	Re	nca	Enc
(13)			(12)				niscellan			Si	OI LF)	CHOKA		Repair	Encapsulate	Enclosure
		Yes	No	N/A								2	-		ate	Ге
Baseme	ent		Х			fle	oor tile	)		625	Sq. Ft.	. Х				
							-									
		-		-									1			
Name of Registered Wast	e Hauler		N	JDEP W	laste	Cubic '	Varde		Name of I	Doel-1	rod I	IEII				
Newark Carting	500 1 <del>70 2002</del> 1		H	auler ID 4509		of Was			Waste I				fill			
City, State East Orange, NJ						Dispos	al Date	19-2510	City, State		DΛ					-
Completed by		Title					iándtus		Penn A	igyle,		Det				
Alison Lamers		1.0000000000000000000000000000000000000	e Mar	ager		3	ignature L	Mi	1010			Date				

PAU				t to NJAC				1	(	her	1	10	19	
Date of Notification (1) 03/28/2018				of Building		Operato	r (2)				M 157	10	L L	
Agencies Notified Type Notification			Street /	Address						區	5.5	40 6		-77
EPA Initial Amended  DEP Amended  Amendmen		_		tate, Zip C stown, N		60			1 1 1 1	A A	PR -	K 7	2018	Control of the Contro
▼ DOH			Name o	of Contact e Leblan				<u> </u>	Tel	ephone N				
				ILITY INF		ION			_	Pit in	1	-		- 44
Name of Facility Where Abatement is Takin Residential Property	ng Place (	3)					Тур	e of Facility ( School (K-1	10050			Vaj.		
Street Address							×	Subchapter Other (i.e. r	8 (Oth	er than K- & commer	-12) rcial bui	ldings	, hom	es,
City (5) Morristown							Squ 2,5	etc.) lare Feet 600	# 01	Floors		3ldg. /		
County (6) Morris				Code (7) USE ONLY	)			rent Use (Pri		ng demoli		1000	-	
Name of Monitoring Firm Hired by Building	Owner (8	)	ASCI	M No.				oatement Cor Contracting		(9)				
Street Address						Street	Addr		LLO					
City, State, Zip Code			**			City, S	State,	Zip Code n, NJ 0720	6					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	hone I		0	License 01355	No.			
Start Date (10) 04/06/2018	Schedul 04/13/		npletion	Date (11)		Name	of OS	SHA Monitor						
Occupancy Status During Abatement (Chec	7 (13 (D) E1					Street		onmental l	abora	atories				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of	Abaten	nent					ute 22 Wes	st					
Other – Describe:								J 07083						
Scope of Work (Check All That Apply)	. III					I.S.	7		1101 2000		608			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demolit					M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				re	
	1.00	Locati							306			Abate	ement	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole intenar todial S (12)	ly by nce/		tos Cont thermal surfac		Materia s insu T, or	- 1	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A			05-02-					_		ate	œ'
Garage			Х	1	Ductwo	rk Insu	ulatio	on	11	1 SF	X			
Name of Registered Waste Hauler Century Waste		Н	JDEP W auler ID 2797		Cubic of Was 2			Name of F		ed Landfi	ill			
City, State Elizabeth, NJ						al Date		City, State		Α				
Completed by Jeymy Donneys	Title Own	er				ignature	hi		A 1	10	ate 03/28/2	2018		

Do not use this form for asbestos licensure exempted activities.

	-200	(Pi	ursu	iant 1	O N	.J.A.	<u>C.</u> 8:60 and	12:120)		(Lo	***			
Date of Notification	(1)			Name	of Bu	ilding	Owner / Operato	r (2)			-		111	
	3/25/2018			Art H				Į į į		/PR - =	2018		العسا	
Agencies Notified EPA	Type Notific	ation		Street	Addr	ess								
	☑ Initia	ı		City, S	tota (	7 7 in /	0.4.		- h		· · · ·	l		
☐ DEP ☑ DOL	Ame			Princ			Jode	1.	1.01			*		
DOH		rgency	- 1	Name						TT.	elepho	no N	umh	or
☐ DCA		cellation	- 1	Art H		,,,,,,				∫,	elebilic	nie iv	uiiib	eı
				FAC	CILIT	Y INF	ORMATION			L				
Name of Facility Whe Residence	nere Abatem	ent is Taking Pl	ace (	3)			Type of Facili					-11-2		
Street Address							School (I			10)				
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							Square Feet		f Floors		dg. Ag		(C.)	
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Bordentown		Burlington			, ,	.,	Current Use (	Prior if bei	na demoli:	shed)	-	30	-	
										J. 104)				
Name of Monitoring	Firm Hired b	y Building Own	er (8)		ASC	M No						-		
Street Address					<u> </u>		Alpha Envir		I Service	es				
Street Address							Street Addres PO Box 829							
City, State & Zip Co	de						City, State &							
2,, 2.u.o o <u>2.p</u> 00	40						Trenton NJ	Zip Code						
Project Manager for	Monitoring F	irm	Telep	ohone	Numb	per	Telephone Nu	umber		License No	ımber			-
							609-847-295	The same of the sa			0122	22		
Scheduled Start Dat 4/4/2018	201000000000000000000000000000000000000	Scheduled Con 4/7/2018	npletio	on Date	e (11)		Name of OSH EMSL Analy							
Occupancy Status D	Ouring Abater	ment (Check or	nly on	e)	- Constitution		Street Address							
		During Entire Po					107 Haddon	Ave.						
	Performed O	utside of Norma	al Ho	urs – 7	am to	3pm								
Describe:	unical Dunica	A b = 4 = = 4					Westmont,	NJ 08108						
Scope of Work (Che	upied During	The state of the s		-										
scope of work (Che	ck all that ap	ppiy)						□ Full	Containm	ent with Ne	native	Pros	CIIIO	
≥3 sf or ≥3 lf	f		$\boxtimes$	Reno	ovatio	n			i-Enclosur		gativo	1 100	Juic	*
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			0.000						177	d and Non-	Friable	Pro	cedu	re
Lo	cation of		ls	Locatio	on		Description	-		Amount		ateme		
	os-Containin	9		nally U			Asbestos-Cont	taining	(	Specify				
	erial (ACM)			olely b			Material (AC		S	F or LF)	J.		En	ш
	E ABATED Facility	1		tenano odial S			(i.e., thermal sy insulation, surfac		1		Remova	Repair	ap	icls
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Basement							Duct (Remove/	Repair)	130s	f		$\boxtimes$		
Name of Registered	Waste Haule	er					Cubic Yards	Name of I	Registered	d Landfill				L
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City, State	HAITIAIML	<del></del>		000	10000	)U	Disposal Date	Grows L						
								City, State	5					
Γrenton, NJ							various	Morrisvi	lle, PA					
Completed By (Print Rod Richardson	or Type)			Title			Signature				Date			
Nou richardson				14 323 444 55	ject nage	r	Rod Richardson				3/25	/20	18	

CK 9854209370

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Date of Notification (1) 03/30/2018				ne of Building Iliam Laviar		Operator	(2)	A Comment				7.7		100	11 11
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lectural E	ended endment#			, State, Zip Co intclair, NJ				i	1		F	٠	39	t	
l Em	ergency (includatification)	ling		ne of Contact					Tele	ephone	Num	ber	-		
	ncellation		Wi	lliam Laviar	10									\$1 (a)	
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Name of Facility Where Abatemen House	t is Taking Plat	æ (3)					E	of Facility (							•
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			1100					Other (i.e. p etc.)	orivate 8	& comm	ercia	build	lings,	home	es,
City (5) Montclair							Squa N/A	are Feet	# of N/A	Floors		100	ldg. A /A	ge	
County (6) Essex				nty Code (7) ATE USE ONLY	)		Curre	ent Use (Pri	or if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by N/A	Building Owner	r (8)	A	SCM No.				atement Cor tement, In		(9)					
Street Address				29		Street	Addre	Manager and the second			7				
City, State, Zip Code						City, S	State, Z	Zip Code							
Project Manager for Monitoring Fir	m		Tole	phone No.			wa, N	NJ 07512		Licens	o No				
				5.		973-	345-8	3685		0131	-	•			
Start Date (10) 04/09/2018		eduled C 10/201		tion Date (11)		(A) (A) (A) (A) (A)		HA Monitor tement, In	IC.						
Occupancy Status During Abatem	ent (Check Only	y One)					Addre		2110						
Facility Closed/Vacated Durin Abatement Performed Outsid	g Entire Period	of Abat	ement					gren Aver Zip Code	iue				_		
Other - Describe: Occupied								NJ 07512							
Scope of Work (Check All That Ap	ply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×		vation olition			×	Mi Mi	ill Containme		Negativ	ve Pr	essur	e		
						×	Gl	ovebag Pro	cedure	d Non-F	riable	Proc	cedur	e	
		Is Loc	ation									_	Abate	ment	
Location of		Norn Used S		,		escription							1 y	pe	
Asbestos-Containing Material ( <u>TO BE ABATED</u>	ACIVI)	Mainte	nance/	Asues		taining N I system				mount Specify		R	'n	Enc	E E
In Facility (13)	1 '	Custodia (1)		<b>'</b>		cing, VA miscellar			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler				P Waste er ID No.	Cubic of Wa	Yards		Name of			dfill				
D&S Abatement, Inc.			2099		TBD			Fairless	s Land	lfill					
City, State Totowa, NJ					Dispo TBD	sal Date	Á	City, Stat Morisvi							
Completed by	Tit	1000				Signature	e/DA	/			Date				
Oliver Hegedis	Pi	roject l	viana	ger			1 0				03/	30/2	2018		

CK (132902431

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) 03/30/2018 Nina DeMarco Agencies Notified Type Notification Street Address EPA Initial × City, State, Zip Code DEP Amended × DOL Amendment # Woodridge, NJ 07075 Emergency (including Name of Contact Telephone Number × DOH justification) DCA Nina DeMarco Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, City (5) Square Feet # of Floors Bldg. Age Woodridge, NJ N/A N/A N/A County (6) County Code (7) Current Use (Prior if being demolished) Bergen (STATE USE ONLY) House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A D&S Abatement, Inc. Street Address Street Address 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-345-8685 01311 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/10/2018 D&S Abatement, Inc. 04/12/2018 Occupancy Status During Abatement (Check Only One) Street Address 11 Rosengren Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Occupied Totowa, NJ 07512 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X Floor tiles 600 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste D&S Abatement, Inc. Fairless Landfill 20996 TBD City, State Disposal Date City, State Totowa, NJ TBD Morisville, PA Completed by Signature Date~ Oliver Hegedis Project Manager 03/30/2018

CK 1174470

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

		1		ICATION	OF ASB	ESTOS	ABATE		The second	I	C			7	13 13	: : : i
Date of Notification (1) 03/30/2018					f Building Galmanr		Operator	(2)	Property of the second	) de la company	45-	* 1: 1:		e e e lagra e e	-	
Agencies Notified	Type Notification		-+	Street A	ddress				- 14	1	APR	- 5	20	18		-
X EPA	× Initial								į Ļ	Ĺ					Contract of the Contract of th	and the second
X DEP X DOL	Amended Amendment	#			ate, Zip Co ken, NJ (				# 2	hick		17		- A I-, (	ż	
	Emergency (		—  -		f Contact	37030			* 1 42	Tal	onbono	Niconal		at page		- 1
DOH DCA	justification) Cancellation				Galmanr	1				l iei	ephone	Num	)ei			
				FACI	LITY INFO	ORMATI	ION								- 11563	
Name of Facility Where A	Abatement is Taking	Place (3	3)					Туре	of Facility (	4)						
Street Address									School (K-1 Subchapter		er than	K-12\				
								X C	other (i.e. p				build	lings,	home	es,
City (5)								Square	tc.) e Feet	# 01	Floors		BI	dg. A	ge	
Hoboken								N/A		N/A	Ą		N	/A		
County (6) Hudson					Code (7) USE ONLY			Currer	nt Use (Pri se	or if bei	ng dem	olishe	d)			
Name of Monitoring Firm N/A	Hired by Building (	Owner (8)		ASCN	ЛNo.				ement Cor ement, In		(9)					
Street Address	-						100000000000000000000000000000000000000	Address	s ren Avei	nie						
City, State, Zip Code		7.00					City, S	tate, Zip	o Code							
Project Manager for Mon	itorina Firm			Telepho	ne No			none No	J 07512		Licens	o No				
				•	na kenaka-kaka		973-	345-86	885		0131		5.			
Start Date (10) 04/12/2018		Schedule 04/14/2		npletion	Date (11)				A Monitor ment, In	C.						
Occupancy Status During	Abatement (Check	Only Or	ne)				5983555	Address	Particular a comprehensive	51040						
Facility Closed/Vaca Abatement Perform	ed Outside of Norm	eriod of all Facility	Abaten / Hours	nent s				oseng tate, Zir	ren Aver	nue						
X Other – Describe: 9	Occupied			~					J 07512							
Scope of Work (Check A	II That Apply)	0.000			700			_								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		CONTRACTOR .	Renova Demolit				×	Mini Glov	Containme -Enclosure rebag Prod	e cedure						
				•			L	1 Non	-Exempted	d (*) and	d Non-F	riable		edure Abate	-01	
Location	of	0.00	Locati Vormal	Section 1		Do	scription	of						Ту		
Asbestos-Containing	Material (ACM)		d Sole			tos Cont	taining M	aterial (			mount	1			ш	m
TO BE ABA		Cus	todial S (12)	Staff?	(i.e.	surfa	systems cing, VA	T, or	ion,		pecify or LF)		Remova	Repair	Encapsulate	Enclosure
(13)			(12)	_		other n	niscellar	neous)					oval	air	sulat	sure
1020 2020 - 3 25 1 2 3 1 1 2 3 1		Yes	No	N/A											е	
Basement E			Х			FI	oor tile	S		18	30 SF		Х			
Basement	Rear		Х			Pipe	Insula	tion		35	50 LF		X			
												+				
Name of Registered Was			2.5	IJDEP W	1207070		Yards		Name of	Registe	red Lan	dfill				
D&S Abatement, Inc			1 (20)	lauler ID 0996	NO.	of Was	ste		Fairless	Land	fill					
City, State Totowa, NJ	14					Dispos	sal Date		City, State Morisvii							
Completed by		Title					ignature	11				Date			200	
Oliver Hegedis		Proje	ct Ma	anager		1	-#			a, madelalistica and	ANTHONOR	03/3	30/2	018		

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

Date of Notification (1)		,					CV	1200	)	ota i sa	Marchinette 1 : per	transport
3/29/18			Nam Ka	e of Building Owner: IMSON Corpo	Operator ( oration	2)		156	13			1 .5 1 .7 1 .7 1 .7
Agencies Notified Type Notification	1			t Address 0 Sylvan Ave	e		111	11 400		- 0	010	-
DEP DEP Amended			<del>C</del> ity,	State, Zip Code	ч		111	U! APR		5 4	118	1
DOL Amendmen		,		glewood Clif	fs , No	J .07632		L		·		
DOH justification	).	·		of Contact s. Emily Roc	drigue:	7		Télephone Nu	mber	A., F.		
				CILITY INFORMA	_	-		"			1.1	
Name of Facility Where Abatement is Taking North Brunswick Gardens	Place (3)			Jan Jan Okare	1201	Type of Facilit	y (4)					
Street Address						☐ School (I						
65D Pardun Rd			**			Subchapt Other (i.e	er 8 (C	ther than K-12)	i il hail	dinos	homes	e etc
City (5)						Square Feet	7	# of Floors				, 000.
North Brunswick				• •		2964	-	# 01 F1001S			Age Y&A	2
County (6) Middlesex				y Code (7)		Current Use (Pr	rior if l	3 - San - Sa				- 7
Name of Monitoring Firm Hired by Building O	70)			E USE ONLY)				ents				
	wner (8)		ASC	CM No.		of Abatement Co st Remova					- 1	
Street Address					Street A	Address South Riv	er S	 St				STOR.
City, State, Zip Code					City, St	ate, Zip Code ckensack	NJ	07601		-	-	
Project Manager for Monitoring Firm		The latest transfer	Teleph	one No.	Telepho 201-	one No. 329-7444		License No	o. 288			
Start Date (10)	Schedule	ed Com	pletion I	Oate (11)		f OSHA Monitor		1 000				
4/17/18	4/2	5/18			The second second second	ega Enviro		ental				
Occupancy Status During Abatement (Check Or					Street A							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal I Other - Describe: 8:00 AK	aciling H	wire			City, Sta	Huyler St the, Zip Code th Hacken		L N 1.076	ene			-
Scope of Work (Check All That Apply)					Jour	un macken		N,193.070	000			
≥3 sfor≥3 if □ ≥160 sfor≥260 if	100000000000000000000000000000000000000	Renovai Demolit				Mini-Enclosur Glovebag Proc	e edure	th Negative Pres		due		
	Is	Locati	on			-		The state of the s	T		ement	
Location of Asbestos-Containing Material (ACM)		Vormall ed Solel			scription o				-	T	уре Т	T
TO BE ABATED In Facility		aintenar todial S		Asbestos Conti	aning Mat ms insulat	erial (ACM) tion, surfacing,		Amount (Specify	B		En	E
(13)		(12)		3	VAT, or niscellane	nis)		SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			,			al	li i	late	ure
SLOG 7 CRAWL SPACE 42			×	THERMAL I	NSULA	TION		240 LF	×			
BLDG 7 CRAWL SPACE 43				THERMAL IN				235LF	×			
LDG 7 CRAWL SPACE 44			×	THEK MAC !				AOLF	7			
LDG 7 CRAWL SPACE 45			X	THEKKAL .	NSUL	CLON		35 LF	y			
Name of Registered Waste Hauler Newark Carting		Ha	DEP W. O450	No. of Wast	e	Grand		red Landfill ntral Sani		/ L a	ndf	
City, State Newark, NJ.07105				Disposa	1	City, State	:	m ,PA 18	-		iiuii	
Completed by J.Maiorano	Title Est	imat	or		5)18 gnature (	1	CITE	Date		-		
J.IVIGIOTATIO					YM	معدونين		5	3	29	1/1	8

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

Check#3026		NO A	ΓΙFΙC (P	ATIO	N OF AS	BEST	OS ABA	TEMENT 6)	IQH	EG	Care Soler	D H	27 24 24 24 24 24 24 24 24 24 24 24 24 24
Date of Notification (1)				Nam	e of Buildir	ng Owner	Operator (	(2)					
04/	02 / 13	3		A	ony Cere		70	t Is		APR	- 5	2018	3
Agencies Notified	Type Notification				et Address				1-1-				-
☐ EPA	Initial			01.00	or riddi coo				1 6				
⊠ DOLWD	Amended			City	State, Zip	Code				TO THE STATE OF TH		free!	-14改
☑ DHSS	Amendment #		_	55000							•		
DCA (NJAC 5:23-8)	Emergency (in justification)	ncludin	g		ay, NJ 0'								
(	Cancellation					J.			relephon	e Number			
					ony Cere				-				
Name of Facility Where A	hatement is Takin	a Dias	- (2)	FA	CILITY	NFORM	ATION			TF.			
CESTS AT	batement is rakin	y Maci	= (3)					Type of Facility					
Private house Street Address							<u> </u>	School (K-1	2) 8 (Other than	n K 1 21			
Orcel Address								Other (i.e.,	private and c	ommercia	l build	nas	
City (5)								homes, etc					
10000 000 000 000 000 000 000 000 000 0								Square Feet	# of Floo	ors	Bldg.	Age	
Rahway, NJ 07065 County (6)													
CALLOTTON CIWAS				Cour	nty Code (7)	(STATE U	SE ONLY)	Current Use (P	rior if being o	demolishe	d)		
Union Name of Monitoring Firm	Uissal by Dollar												
Marie of Monitoring Firm	nired by building	Jwner	(8)	ASCM	No.	Name	of Abateme	ent Contractor (9	9)				-
Ctroot Address			20			Gr Tec	h LLC						
Street Address						Street	Address						0.0000000000000000000000000000000000000
City State 7:- Code						576 Va	lley Rd#	283					
City, State, Zip Code						City, St	tate, Zip Co	ode					
Project Manager for Monit							, NJ 0747	70					
Project Manager for Month	oring Firm		Tel	ephone	No.	Telephi	one No.		License	No.			
Start Date (40)						The state of the s	8-1777		01127				
Start Date (10)04 /13 /					ite (11)	Name o	of OSHA M	Ionitor					
그 그렇게 그렇게 하면 그는 사람 보기 때문에 다니다.				4/		Enviro	vision Co	nsultants,Inc					
Occupancy Status During	Abatement (Chec	c only	one)				Address						
Facility Closed/Vacate	d During Entire Pe	riod of	Abate	ement		20-21 V	Wagaraw	Road, Bldg .#	35E				
Abatement Performed Time of Abatement:	Outside of Normal	Facilit	y Hou PM	rs - Des	scribe	City, St	ate, Zip Co	ode					
		vu	' '''		AW	Fair La	wn, NJ 0	7410					
Scope of Work (Check all	that apply)						Clean up	and decontami	nation with n	egative pr	essure	)	
>3 sf or >3 If ≥ 160 sf or ≥260 If		⊠ Re	novat	ion		Н	Full Cont Mini-Encl	ainment with Ne	gative Press	ure			
≥ 160 sf or ≥260 lf			moliti					Procedure	Tent with Ne	egative Pr	essure		
							Non-Exer	mpted (*) and No	on-Friable Pr	ocedure	1		
Location of	of	4 60	s Loca Norma								Abate	ment T	уре
Asbestos-Containing M	laterial (ACM)	Use	ed Sole	ely by	Ashe		scription of	f erial (ACM)		. Г	Z Z	m	m
TO BE ABAT		Ma	intena	ance/ Staff?	(i.e	., therma	systems in	nsulation,	Amour (Speci	fv	Remova	Encapsulate	Enclosure
IN Facility (13)	(2)	Cus	(12)	Stall!			cing, VAT,		SIF or L	.F)	ova =	lus	sure
(1.5)		Voc	No	NI/A	1	other r	niscellaneo	ous)				ate	"
Basement		Yes	No	N/A	n: :						_		-
Jasement					Pipe insu	ilation			10 LF				
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Name of Registered Waste	Hauler	Ш		TED Monte	Hauler ID No.	Out to M	-d518;	II		L			
1854						Cubic Ya	rus of Waste	Name of Regis	stered Landfi	l			
Gr Tech LLC			(	003378	35	TBI		T.R.R.F. Inc					
City, State						Disposa	I Date	City, State					
Vayne, NJ 07470						TBL	)	Tullytown, P.	A				
Completed By (Print or Typ	pe) Title					Sig	nature /	10		Date			
I.Jevtic	Owi	ner					Heu	Ac Wenas	P	04/02/	18		
SB-41										0-1/02/	10		

#### Check # 25572



Date of Notification (1)				Name o	of Building C	Owner/0	Operato	r (2)		a ord plantage passing	detail to	* 15 ×	- The section of	e zanorii.
4/4/2	2018							Cowley						
Agencies Notified	Type Notification			Street A	Address				+.	11-11-11				i
EPA	× Initial									. 1				12
DEP DOL	Amended Amendment Emergency		_	City, Sta	ate, Zip Coo	de	New	Brunswick, N	NJ 089	01 A	Pii -	- 5	2018	
Ĭ DOH	justification)				of Contact				T	elenhone !	Mumha			لمرا
☐ DCA	Cancellation	1			George (		7							i ós
Name of Facility Where	Abatement is Takin	n Place (3)		FACI	ILITY INFO	RMAT	ION	Type of Facili	ts (A)					" ste
	Residential	g : .aee (e)							0500030003					
Street Address									ter 8 (O	ther than K		uildin	gs, hor	nes,
City (5)								etc.) Square Feet	1 #	of Floors		Dida	۸۵۵	
Ne	w Brunswick, N	J 08901						2200		2		85	. Age +/-	
	ddlesex				Code (7) USE ONLY)		_	Current Use (		eing demo esidentia	N 25			
Name of Monitoring Firm MEC		Owner (8)		ASCN	/I No.			of Abatement of			s, Inc.			
Street Address	3ox 341							t Address Box 322						
City, State, Zip Code	erfield, NJ 085	15					City, S	State, Zip Code	504					
Project Manager for Mon	itoring Firm	13	Т	Telepho			Telep	ntown, NJ 08 hone No.	501	License	No.			
Bill Weisgar Start Date (10)	ber	Cabadula	100		98-4070			259-9688		00493	}			
4/23/2018		Scheduled	4	/27/201			MEC	of OSHA Monit	or					
Occupancy Status During		•					1170,000,000,000	Address						
× Facility Closed/Vaca Abatement Perform	ated During Entire I	Period of Al	bater	nent				Box 341						
Other – Describe: _		iai i adiity i	ioui			_		State, Zip Code sterfield, NJ	08515					
Scope of Work (Check A	Il That Apply)						-	7						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	enova					Full Contair Mini-Enclos	nment wi	th Negative	e Press	sure		
							>	Glovebag P	rocedure					26
		1. 1. 1			-			☐ Non-Exemp	ted (*) a	na Non-Fri	iable P		ure atemei	nt
Location	of		ocat			Doc	scription						Туре	
Asbestos-Containing	Material (ACM)		Sole	ely by		s Cont	aining N	Material (ACM)		Amount			ш	
TO BE ABA		Custo	dial 3		(i.e. th		system cing, VA	s insulation,		(Specify SF or LF)	Kemova	7 2	Encapsulate	Enclosure
(13)	27/		(12)				niscellar			, 0, 1,	lova	Kepair	. Sula	osur
		Yes	No	N/A							=		ate	co.
Baseme	ent	X			The	rmal l	Pipe Ir	nsulation		30 If	Х			
							7500							
													$\top$	
													$\top$	
Name of Registered Was			1100	IJDEP W lauler ID		Cubic '		Name	of Regis	tered Land	Ifill			
Stevens Environmen	tal Services			18292	SA VISSA CO.	of Was	1	Fairle	ss Lan	dfill				
City, State Allentown, NJ							al Date 27/201		tate sville, F	PA				
Completed by		Title	Y			S	ignature	. 1 MA 2 W			Date	1899.00		
Mahlon E. Stevens		Projec	t Ma	anager			11	PA /	1		4/4	/18		

PA				(Pursua	ant to NJ	AC 8:60	and 12:1:	EMENT 20)			Par de Prise d	1	en-takens	mes.
Date of Notification (1)	eria dilani			Name tim h	e of Buildi brown	ng Owne	er/Operato	or (2)				17	Į.	· ·
Agencies Notified	Type Notificati	on			t Address			<u></u>		Aron		0.0-		-
□ EPA	Personal Per			Stree	Address					AFT	5	2018	)	11
DEP	Initial Amended			City	State, Zip	01								1 300
X DOL	Amendme	ent#		frank	klin lake	Code	7417		1	1				t
□ DOH	× Emergend	y (includi	ing				417						£.,	
DCA	justificatio Cancellati	n) on			of Conta	ct			Te	elephone	Numbe	er	*	
									ı			201		
Name of Facility Where A	Abatement is Tal	king Place	2 (3)	FA	CILITY IN	IFORMA	TION							_
residential home		•	(-)					Type of Facili	ty (4)					
Street Address								School (	K-12)					
								Subchap	oter 8 (Oth	ner than h	<-12)			
City (5)								Other (i.e etc.)	e. private	& comme	ercial b	uilding	s, ho	me
franklin lakes								Square Feet	# c	of Floors		Bldg.	Ane	_
County (6)								1350	1			50	Age	
bergen				County	Code (7	)		Current Use (I	Prior if be	ing demo	liched)			-
	18 11 =			STATE	USE ON	-Y)		· · · · · · · · · · · · · · · · · · ·		a delill	moneu)			
Name of Monitoring Firm project manager	rured by Building	Owner (	(8)	ASC	M No.		Name	of Abatement C	Ontractor	(0)				
							all st	ages	on a actor	(3)				
Street Address	-							Address						
								n midland						
City, State, Zip Code								tate, Zip Code						
							sadd	lebrook nj 07	7000					
Project Manager for Monit	oring Firm			Telepho	one No.				003					
				· Glopin	one 140.		2016	one No. 003184		License				
Start Date (10)		Schedu	iled Co	moletion	Date (11	,				01305				
4/4/18		4/9/18	3	inhieron	Date (11	)	Name	of OSHA Monito	or					
Occupancy Status During	Abatement (Che	ck Only C	)ne)											
							Street	Address						_
Facility Closed/Vacate Abatement Performed		Period of	Abate	ment										
Other - Describe: 8 a	m-8pm	nai i aciii	ty Hour	S			City, St	ate, Zip Code						
Scope of Work (Check All	That Apply)													
The second of th	ттаг Арріу)	-					****						_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova				×	Full Contains	nont with	Nonethia				
2		Ц	Demoli	tion				WIINI-Enclosu	re	ivegalive	Pressu	ure		
							H	Glovebag Pro	ocedure					
		1	s Locat	ion				Non-Exempte	ed (*) and	Non-Fria	able Pro			
Location of	f		Normai			72						Abate		it
Asbestos-Containing M	aterial (ACM)	Us	ed Sole	ly by	Ashes	De:	scription o	of aterial (ACM)			-	1)	rpe	_
TO BE ABAT In Facility	ED	Cus	aintena stodial S	nce/ Staff2	(i.e.	thermal	svstems	insulation,		nount	_		Ш	
(13)			(12)	Juli:		surfac	cing, VAT	or		ecify or LF)	Remova	Re	Encapsulate	
			Γ-			otner n	niscellane	ous)			VOL	Repair	nsc	
		Yes	No	N/A							1 20	1	ate	
basemen	t		х				vat			250	-			
							7.01		13	350	x			
				-										Г
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											-			
me of Registered Waste I	Hauler		N	JDEP Wa	asta	Cubin	/I							
stages				auler ID N		Cubic \ of Was		Name of	Registere	ed Landfil	1			-
				36592	ove 20	3		grand o	entral s	tation				
y, State						Disposa	al Date							
ddlebrook nj						tbd	_ Date	City, Stat						
mpleted by		Title					gnature		iyi	or Park and the				
y palumbo		Presi	dent				-				ate			
										4/	2/18			

PAID	ME	9 5	envum (i	17	[2 [2 [3								
Date of Notification (1)			Name of Building Owner/Operator (2)				13	4-1 21.	C 14	1 College	- James		
4-2-18				Lanxes	Control of the contro	חר	r 2	010	August State of the State of th				
Agencies Notified Type Notification		Street A	ddress 000 Con	D A	<del>- P</del>	5 4	018	- di					
EPA Initial Amended Amendment #				ate, Zip Code	H		· · · · · ·						
DOL Amendment #		Per	th AMK	104	N.J	. 098	61		The Lea	Ct.			
Emergency (including justification)				f Contact /	10		Telephone N						
DCA Cancellation		Jue	-						-50 <del>4</del> 5544				
Name of Facility Where Abatement is Taking	LITY INFORMAT	ION	Type of Facility	(4)									
Lanxess				School (K-									
Street Address					Subchapte	er 8 (Other than K-12)							
1000 Convery BIVD					etc.)	er (i.e. private & commercial buildings, homes,							
City (5) Perth Ambog						Square Feet 7000	# of Floors	E	3ldg. A	ige			
Middle Sex			County Code (7) (STATE USE ONLY)			1	or if being demol	ished)					
Name of Monitoring Firm Hired by Building Owner (8)			55 		Namo	Boiler Room							
A/A			ASCM No. Na			ne of Abatement Contractor (9) I Vanced Specialty Contractors							
Street Address					Address								
City, State, Zip Code					8 Main 5-					10			
City, State, Zip Code			Sayreville NJ 08872										
Project Manager for Monitoring Firm				ne No.	Telepi	ephone No. License No.							
Start Date (10) Scheduled Co				Data (11)		32-525-0100 00 750 ne of OSHA Monitor							
Start Date (10) 4-16-18 Scheduled Completion Date (11)													
10						Tiger Environmental							
Facility Closed/Vacated During Entire Period of Abatement					234 20th Avenue								
Abatement Performed Outside of Normal Facility Hours Other – Describe Who are I hours				off	City, S	State, Zip Code							
Scope of Work (Check All That Apply)	10	rick	1/17 (	8/	24		_						
≥3 sf or ≥3 lf Full Containment with Negative Pressure													
≥160 sf or ≥260 lf		Mini-Enclosure											
	Glovebag P Non-Exemp								rocedure ted (*) and Non-Friable Procedure				
Is Loca									Abatement				
Location of	Normall	ly	De	scription of				Ту	ре				
Asbestos-Containing Material (ACM) TO BE ABATED		d Sole		Asbestos Con	Itaining Material (ACM) I systems insulation, acing, VAT, or		Amount (Specify SF or LF)	1 77		四	ш		
In Facility	Cus	todial S (12)	Staff?	surfa				Remova	Repair	caps	Enclosure		
(13)		101.000	other miscellaneous)					oval	air	Encapsulate	sure		
27.2	Yes	No	N/A	7770 1		. 1 . \	ln@/	V	-	(D			
Boiler Room	~			Pile 1	NOUL	ation	128'	-	-		-		
									-		_		
									-		$\blacksquare$		
Name of Registered Waste Hauler		LN	IDED IA	loubie	Vende		D		1				
Freehold Cartas	P	11/1/20	JDEP W	No. of Wa	Yards ste 3/		Registered Land	THI					
City, State Freehold NJ 825 A+33 Disposal Date City, State Morrisville PA 17067													
Kurt Nale	.Tille 101	and	ch	Manager	/	Surth	ale	4-	2 -	18			