State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) RIVERVIEW MEDICAL CENTER Street Address Agencies Notified Type Notification 1 RIVERVIEW PLAZA Initial Notification City, State, Zip Code **EPA** A.S. DEP Amended Notification #5 RED BANK, NEW JERSEY 07701 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** ERIC MATTSON 732-450-2689 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) RIVIERVIEW MEDICAL CENTER Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS 250,000 6 65 City (5) County Code (7) Current Use (Prior if being demolished) Pharm. Lab. County (6) (STATE USE ONLY) **RED BANK** MONMOUTH HOSPITAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ENVIRONMENTAL TACTICS** PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NEW JERSEY 07747 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 732-290-2236 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 19 /19 QUALITY ENVIRONMENTAL /23/ 9 / 30 Day Month Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-12 AM City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590 Scope of Work (Check all that apply) Criticals with Negative Pressure Demolition Renovation Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR Non-Friable Procedure 260 LF Location of Is Location Description of Asbestos-Abatement T Asbestos-containing normally used Containing Material (ACM) Amount ENCAPSUL ENIOI OCI REPAIR REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify Maint/Custodial insulation, surfacing, VAT, SF or LF) TO BE ABATED in Facility (13) Staff (12) or other miscellaneous) Yes No N/A X X 2ND FL WEST -FAMILY HEALTH CNTR PIPE INSULATION 832 LF 2ND FL WEST -FAMILY HEALTH CNTR X VAT & MASTIC 1,352 SF X X 2ND FL WEST -FAMILY HEALTH CNTR WALL MASTIC 1,552 SF X 1,300 SF X 2ND FL MED SURG/OBSERVATION WAY VAT & MASTIC complete 2ND FL MED SURG/OBSERVATION WAY X WALL MASTIC 1,056 SF X complete 2ND FL MED SURG/OBSERVATION WAY X PIPE INSULATION complete 478 LF X X X 2ND FL MED SURG/OBSERVATION WAY WINDOW CAULK 20 SF X 40 LF X 2ND FL EAST CORRIDOR PIPE INSULATION complete X 2ND FL WEST CORRIDOR WALL MASTIC 144 SF X WINDOW CAULK 2 SF X 2ND FL WEST CORRIDOR 2ND FL CARDIAC RESPIRATORY REHAB X 960 SF X COLUMN MASTIC complete 1ST FL KITCHEN **DUCT INSULATION** 1,260 SF Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards of Waste NEWARK CARTING Hauler ID No. GRAND CENTRAL SANITARY LANDFILL 120 913 City, State Disposal Date City, State NEWARK, NJ 07105 1/11/2019 PLAINFIELD TOWNSHIP, PA Completed by (Print or Type) Title Signature DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) RIVERVIEW MEDICAL CENTER /19 Street Address Agencies Notified Type Notification 1 RIVERVIEW PLAZA EPA Initial Notification City, State, Zip Code DEP Amended Notification #4 RED BANK, NEW JERSEY 07701 DOL Cancellation DOH On Hold Name of Contact DCA Telephone Number EMERGENCY NOTIFICATION **ERIC MATTSON** 732-450-2689 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) RIVIERVIEW MEDICAL CENTER Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, 6 2.) Street Address Square Feet 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS # of Floors Bldg. Age 250,000 6 City (5) County (6) County Code (7) Current Use (Prior if being demolished) Pharm. La RED BANK MONMOUTH (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) HOSPITAL ASCM No. Name of Abatement Contractor (9) **ENVIRONMENTAL TACTICS** 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NEW JERSEY 07747 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 732-290-2236 845-369-7500 Expected State Date (10) 1101 Sched. Completion Date (11) Name of OSHA Monitor 19 30 /19 QUALITY ENVIRONMENTAL Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: 1376 ROUTE 9 Other - Describe: MONDAY - FRIDAY 2 PM- 10:30 PM City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590 Scope of Work (Check all that apply) Criticals with Negative Pressure Demolition Renovation Mini-Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing Abatement Typ normally used Containing Material (ACM) Amount Material (ACM) solely by REMOVAL REPAIR ENCAPS (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 2ND FL WEST -FAMILY HEALTH CNTR X PIPE INSULATION 832 LF Х 2ND FL WEST -FAMILY HEALTH CNTR X VAT & MASTIC 1,352 SF X 2ND FL WEST -FAMILY HEALTH CNTR X WALL MASTIC 1,552 SF 2ND FL MED SURG/OBSERVATION WAY X VAT & MASTIC complete 1,300 SF X 2ND FL MED SURG/OBSERVATION WAY Χ WALL MASTIC complete 1,056 SF X 2ND FL MED SURG/OBSERVATION WAY X PIPE INSULATION complete 478 LF X 2ND FL MED SURG/OBSERVATION WAY WINDOW CAULK 20 SF Х 2ND FL EAST CORRIDOR X PIPE INSULATION complete 40 LF X 2ND FL WEST CORRIDOR X WALL MASTIC 144 SF 2ND FL WEST CORRIDOR X WINDOW CAULK 2 SF X 2ND FL CARDIAC RESPIRATORY REHAB COLUMN MASTIC complete 960 SF X 1ST FL KITCHEN **DUCT INSULATION** Name of Registered Waste Hauler 1,260 SF NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. GRAND CENTRAL SANITARY LANDFILL 120 913 City, State Disposal Date NEWARK, NJ 07105 Gity, State 1/11/2019 PLAINFIE Completed by (Print or Type) D TOWNSHIP, PA BENJAMIN SANCHEZ Signature Date DIRECTOR OF OPERATIONS

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) RIVERVIEW MEDICAL CENTER /19 Street Address Agencies Notified Type Notification 1 RIVERVIEW PLAZA **EPA** Initial Notification City, State, Zip Code DEP Amended Notification #3 RED BANK, NEW JERSEY 07701 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** ERIC MATTSON 732-450-2689 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) RIVIERVIEW MEDICAL CENTER Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, c.) Street Address Square Feet # of Floors Bldg. Age 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS 250,000 6 65 City (5) County (6) County Code (7) Current Use (Prior if being demolished) Pharm. La RED BANK MONMOUTH (STATE USE ONLY) HOSPITAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ENVIRONMENTAL TACTICS** 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NEW JERSEY 07747 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 732-290-2236 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor /23/ 1/ 19 9 / 30 /19 QUALITY ENVIRONMENTAL Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 2 PM- 10:30 PM City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590 Scope of Work (Check all that apply) Criticals with Negative Pressure Demolition X Renovation Mini-Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Ty Asbestos-containing Containing Material (ACM) normally used Amount REPAIR ENCAPSUL REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT. SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 2ND FL WEST -FAMILY HEALTH CNTR X PIPE INSULATION 832 LF X 2ND FL WEST -FAMILY HEALTH CNTR X VAT & MASTIC 1,352 SF X 2ND FL WEST -FAMILY HEALTH CNTR Χ WALL MASTIC 1,552 SF 2ND FL MED SURG/OBSERVATION WAY X VAT & MASTIC 1,300 SF 2ND FL MED SURG/OBSERVATION WAY X WALL MASTIC 1,056 SF X 2ND FL MED SURG/OBSERVATION WAY X PIPE INSULATION 478 LF Χ 2ND FL MED SURG/OBSERVATION WAY X WINDOW CAULK 20 SF X 2ND FL EAST CORRIDOR X PIPE INSULATION 40 LF X 2ND FL WEST CORRIDOR WALL MASTIC 144 SF Χ 2ND FL WEST CORRIDOR WINDOW CAULK X 2 SF X 2ND FL CARDIAC RESPIRATORY REHAB X COLUMN MASTIC 960 SF X 1ST FL KITCHEN X DUCT INSULATION 1,260 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill **NEWARK CARTING** Hauler ID No. 120 GRAND CENTRAL SANITARY LANDFILL 913 City, State Disposal Date City, State MANFIELD TOWNSHIP, PA NEWARK, NJ 07105 1/11/2019 Completed by (Print or Type) Signature Date < BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

2ND FL MED SURG/OBSERVATION WAY 2ND FL EAST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL CARDIAC RESPIRATORY REHAB 1ST FL KITCHEN DUCT INSULATION 1.260 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. GRAND CENTRAL SANITARY LANDFILL 120 913 City, State Disposal Date City State NEWARK, NJ 07105 1/11/2019 AINFIELD TOWNSHIP, PA Completed by (Print or Type) Title Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER Date of Notification (1) /19 Street Address 9 2019 Type Notification Agencies Notified 1 RIVERVIEW PLAZA Initial Notification City, State, Zip Code EPA DEP Amended Notification RED BANK, NEW JERSEY 07701 DOL Cancellation DOH On Hold Name of Contact Telephone Number **EMERGENCY NOTIFICATION** DCA **ERIC MATTSON** 732-450-2689 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) RIVIERVIEW MEDICAL CENTER Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, e Street Address Square Feet # of Floors Bldg. Age 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS 250,000 6 65 City (5) County Code (7) Current Use (Prior if being demolished) Pharm. La County (6) **RED BANK** MONMOUTH (STATE USE ONLY) HOSPITAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ENVIRONMENTAL TACTICS** PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NEW JERSEY 07747 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 732-290-2236 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 1231 19 9 / 30 /19 QUALITY ENVIRONMENTAL Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 7AM-3:30PM Other - Describe: City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590 Scope of Work (Check all that apply) Criticals with Negative Pressure Demolition Mini-Enclo. Renovation >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Description of Asbestos-Location of Is Location Abatement Ty normally used Asbestos-containing Containing Material (ACM) Amount REPAIR ENCAPSUL REMOVAL (ie. Thermal systems Material (ACM) solely by (Specify Maint/Custodial TO BE ABATED insulation, surfacing, VAT, SF or LF) Staff (12) in Facility (13) or other miscellaneous) Yes No N/A 2ND FL WEST -FAMILY HEALTH CNTR X PIPE INSULATION 832 LF X X 1,352 SF \* X 2ND FL WEST -FAMILY HEALTH CNTR VAT & MASTIC X 2ND FL WEST -FAMILY HEALTH CNTR WALL MASTIC 1,552 SF 2ND FL MED SURG/OBSERVATION WAY X VAT & MASTIC 1,300 SF X 2ND FL MED SURG/OBSERVATION WAY X WALL MASTIC 1.056 SF X X 2ND FL MED SURG/OBSERVATION WAY X PIPE INSULATION 478 LF 2ND FL MED SURG/OBSERVATION WAY WINDOW CAULK 20 SF X X 2ND FL EAST CORRIDOR X PIPE INSULATION 40 LF X WALL MASTIC 144 SF 2ND FL WEST CORRIDOR X 2ND FL WEST CORRIDOR X WINDOW CAULK 2 SF X COLUMN MASTIC 960 SF X 2ND FL CARDIAC RESPIRATORY REHAB X X 1ST FL KITCHEN **DUCT INSULATION** 1,260 SF Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste GRAND CENTRAL SANITARY LANDFILL NEWARK CARTING Hauler ID No. 120 913 City, State PLANFIELD TOWNSHIP, PA City, State Disposal Date 1/11/2019 NEWARK, NJ 07105 Completed by (Print or Type) Title Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

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

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Date of Notification (1) 04/02/19			Building Ok Constal	wner/Operator	(2)	Commence		C	E	Commen	$\mathbb{V}$	
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Name of Facility Where Abatement is To Residential House Street Address	aking Place (3)	FACI	LITY INFO	RMATION	Scho			mercia	buildi	_	home	s,
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Bergen  Name of Monitoring Firm Hired by Build n/a  Street Address n/a  City, State, Zip Code n/a	ing Owner (8)		USE ONLY)	Har Stree 360 City, S		ential Hou ent Contrac ntracting e Ave	ctor (9)	monshe		_		
Project Manager for Monitoring Firm		Telepho	ne No.	Telep	hone No. 460.6026			ense No				
n/a Start Date (10)		n/a Completion	Date (11)	Name	of OSHA	Vionitor		200		-		
04/11/19 Occupancy Status During Abatement (0	04/14/19 Check Only One)			mony Co t Address	ntracting	Inc			-,		$\dashv$	
Facility Closed/Vacated During En Abatement Performed Outside of I Other – Describe: Scheduled for De	tire Period of Aba Normal Facility H	atement 360 Palisade Ave					6					
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Garfield, NJ Completed by S. Lazarevich	Title Owner	•		TBD Signatu	mature Date 04/02/19				ξ .			

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	f						<sup>Address</sup> /irginia Aver	NIE			-		
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Project Manager for Monitoring Firm	900000		Tolonh	ione No.			y City, NJ 0	7304					
			relepti	ione ivo.			one No. 33-8855		License 01174	No.			
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Abstement Performed Outside of Normal Facility Hours  City, State, 25 Cade Hackensack, NJ 07806  Scope of Work (Check All That Apply)  as of or a3 if b180 of or a280 if  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebage Presedure Normally Used Solely by Maintenance Normally Used Solely by Maintenance (i.e. thermal systems (natistion, (Specify Strong Containing Material (ACM) Amount (i.e. thermal systems (natistion, (Specify Strong Containing Material (ACM) Amount (i.e. thermal systems (natistion, (Specify Strong Containing Material (ACM) Amount (i.e. thermal systems (natistion, (Specify Strong Containing Material (ACM) Amount (i.e. thermal systems (natistion, (Specify Strong Containing Material (ACM) Amount (i.e. thermal systems (natistion, (Specify Strong Containing Material (ACM) Amount (i.e. thermal systems (natistion, (Specify Strong Containing Material (ACM) Amount (i.e. thermal systems (natistion, (Specify Strong Containing Material (ACM) Amount (i.e. thermal systems (natistion, (Specify Strong Containing Material (ACM) Amount (i.e. thermal systems (natistion, (Specify Strong Containing Material (ACM) Amount (i.e. thermal systems (natistion, (Specify Strong Containing Material (ACM) Amount (i.e. thermal systems (natistion, (Specify Strong Containing Material (ACM) Amount (i.e. thermal systems (natistion, (Specify Strong Containing Material (ACM) Amount (i.e. thermal systems (natistion, (Specify Strong Containing Material (ACM) Amount (i.e. thermal systems (natistion, (Specify Strong Containing Material (ACM) Amount (i.e. thermal systems (natistion, (Specify Strong Containing Material (ACM) Amount (i.e. thermal systems (natistion, (Specify Strong Containing Material (ACM) Amount (i.e. thermal systems (natistion, (Specify Strong Containing Material (ACM) (I.e. therma	.04.2019 08:37 AM A.	Mac	Cor	ntrac	ting		2	01262032	21			AG	E - []	1 848 1
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PAGE Address    Page	Date of Notification (1) 4/3/19	人工人	W	Name	of Building	Owner	Operator	(2)		1 /4			/	-
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County (8)  Local of Monitoring Firm Hirad by Suliding Owner (8)  Name of Monitoring Firm Hirad by Suliding Owner (8)  ASCN No.  Name of Abeleman Contractor (9)  A. Mac Contracting Inc.  Sirest Address  Sirest Address  188 Vroelland Ave.  City. Stats, Zip Code  Midlend Plark, NJ 07432  Telephone No.  201-262-5641  O0166  Siart Date (70)  Echeckuled Completion Date (11)  Name of Cable Nonlar  Telephone No.  201-262-5641  O0166  Coulpancy Stats During Abelement (Check Only One)  Facility Closed-Vacewed Outring Entire Period of Abatement Abetement Performed Outside of Normal Peolity Hours  Scope of Work (Check All That Apply)  Soope of Work (Check All That Apply)  Be of or a Si if  It Location Normally  It Contains Normally  It Location Normally  It Contains Normally  It Location Normally  It Contains Norm	City (b)						-	@(C.)				_	97.	
Name of Monitoring Pirm Hires by Building Owner (8)  Name of Monitoring Pirm Hires by Building Owner (8)  Name of Monitoring Pirm Hires by Building Owner (8)  Name of Abstament Contracting (9)  A. Mac Contracting Inc.  Size Address  188 Vresiand Ave.  City. Siste, 2ip Code  City. Siste	LINIEU							1650	7.5	T PIOOFE	1	Mag. I	20	
Name of Monitoring Firm Hired by Bullaing Owner (8)  ASCM No.  Asc Contractor (9)  A. Mac Contractor (9)  A. Mac Contractor (10)  All Contractor (10)  All Contractor (10)  Brack (10)  Frother Contractor (10)  Asbested Contactor (10)  Asbested (10)  As				County	Code (7)	0		Current Use (	HOP Y DE	ing demolie	hed)	9/		
Sirest Address  A. Mac Contracting Inc.  Sirest Address  188 Vresland Ave.  City. State, Zip Code  City. State, Zip Code  City. State, Zip Code  City. State, Zip Code  Midlend Park, NJ 07432  Telephone No.  201-282-5841  D0166  Stan Date (70)  4/10/17  Onccupency Status During Abelament (Check Only One)  Expectify Clased/vacesed During Entire Perice of Abetament Abstrament Pericemed Outside of Normal Facility Houre  City. State, Zip Code  Hackensack, NJ 07405  Stand Date (70)  Asbestos-Containing Meteral (ACM) In Facility  Class AATED In Facility (13)  Ver No N/A   N/A   Class Fig. Country Park  Application  Abstrament Abstrament With Negative Pressure Mini-Enclosure Glowbisg Procedure  Application of Abstrament Application of Abstrament Application of Asbestos-Containing Meteral (ACM) In Facility (13)  Ver No N/A   Class Fig.  Cubic Yards  Application  Applicatio		Wher (	لسرا			,	Hema	of Abelemani C	2)	/D1		***		
City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Mildland Park, NJ 07432  Telephone No.  201-262-5641  Contact (70)  Start Date (70)							A. M	ac Contractin	ng ino.	(m)				
City, State, Zip Code  City, State, Zip Code  Mildland Park, NJ 07432  Talephone No.  201-262-5641  D0156  Start Date (70)	AL 444 Uhft see													9 9
Telephone No. 201-262-5641   Done	City, State, Zip Code		110,000											. ,
Start Date (70)  Behavior Date (11)  Cocupency Status During Abstament (Check Only One)  Facility Classed/Vacasted During Emire Parise of Abstament Abstament Performed Cutelds of Normal Feelity Hours  Scope of Work (Check All That Apply)  as of or a 3 if  bi 50 of or a 260 if  Renovation  Demolition  Renovation  Demolition  Renovation  Demolition  Resolution  Abstament Performed Cutelds of Normal Feelity Hours  City, State, Zip Cade  Hackensack, NJ 07806  Full Containment with Negative Pressure  Mini-Enclosure  Gloveing Procedure  Normally Used Solely by Misintenance  In Facility  Cutelliststate  (12)  Vest No N/A   Normally Description Of Normal Solely in Solely in Facility  (13)  Vest No N/A   Normally Description Amount (Specify Specify Cutella State)  (I.a. thermal systems insulation, surfacing VAT, or other miscellaneous)  Normally Specify Specify  Abstament Type  Abstament (Specify Specify S	SALE NEW YORK STANDARD TO SEE						Midle	ind Park, NJ	07432					
Start Cate (9)  ## 3   5   Coccipency Status During Abatement (Check Only One)  ## Pacifix Glassed/Vaceted During Entire Perios of Abatement Abatement Periormed Outside of Normal Feolity Hours    Pacifix Glassed/Vaceted During Entire Perior of Abatement Abatement Periormed Outside of Normal Feolity Hours   City, State, 2p Cede Hackensack, NJ 07806    Pacifix Glassed/Vaceted All That Apply)	Leader was under the Wildingshill Little		1	Telepho	no No.		AA AA AA AA							
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Pacificy Glosed/Vaceted During Emira Parlos of Abstement Abstement Performed Outside of Normal Feditivy Hours  City, Siste, Zip Cade Hackensack, NJ 07806  Scope of Work (Check All That Apply)  as of or a3 if siste of a sister of Demolition  Losellon of Abstestas-Containing Natural (ACM) In Faditivy IT O SE ABATED In Faditivy (13)  Yes No N/A  VITCHEAU CELUAGE  NJDEP Wester House ID No. Oa609  Name of Registered Waste Hauler  NJDEP Wester House ID No. Oa609  Title  Dispatable Central Sanitary Landfill  Oa609  Title  Dispatable Central Sanitary Landfill  OagpstajOate  Oty, State  OagpstajOate  Oagpsta		5	1/10	0/19					entel S	ervicer in	C.			
Scope of Work (Check All That Apply)  as of or as if biso of or azed in  Location of Ashestos-Containing Material (ACM) In Eastily (13)  Vas No N/A  Ashestos-Containing Material (ACM) In Eastily (13)  Vas No N/A  Ashestos-Containing Material (ACM) In Eastily (13)  Vas No N/A  Ashestos-Containing Material (ACM) In Eastily (13)  Vas No N/A  Ashestos-Containing Material (ACM) Mishiphaneor (12)  Vas No N/A  Ashestos-Containing Material (ACM) Mishiphaneor (13)  Ashestos-Containing Material (ACM) Mishiphaneor (14)  Ashestos-Containing Material (ACM) Mishiphaneor (15)  Ashestos-Containing Material (ACM) Mishiphaneor (15)  Ashestos-Containing Material (ACM) Mishiphaneor (16)  Ashestos-Containing Material (ACM) Mishiphaneor (17)  Ashestos-Containing Material (ACM) Mishiphaneor (18)  Ashestos-Containing Material (ACM) Mishiphaneor (19)  Ashestos-Containing Material (ACM) Mishiphaneor (18)  Ashestos-Containing														7257
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a3 of or a3 if							Hack	ensack, NJ (	7806					
Location of Ashestos-Centairing Material (ACM) TO SE ASATED In Fadility (13)  Yes No N/A  Normality (14)  Yes No N/A  Normality (15)  Yes No N/A  Normality (16)  Yes No N/A  Normality (17)  Yes No N/A  Normality (18)  Yes No N/A  Normality (18)  Norm	a3 of or a3 if							Mini-Enclosu	if6 seadure					YOU .
Asbestos-Centelring Material (ACM) TO SE ASATED In Fedility (13)  Ves No N/A  Name of Registered Waste Heuler  No Registered Waste Heuler  No N								1491 / Padicibi	au ( ) aut	n tanual-unin	1	Abste	ment	
TO SE ABATED (I.s. thermal eyeteme insulation, surfacing, VAT, or other miscellaneous)  Yes No N/A  VITCHEAU CESUAGE  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Newwark Carting inc.  Name of Registered Landfill  Grand Central Sanitary Landfill  Displace/Oct.  Displace	Ashestos-Containing Material (ACM)	Ugo	ed Bole	dv by	Ashes	Det Cont	sedetion i	of	١.		-	Ту	pė	-
Name of Registered Waste Hauler Name of Registered Waste Hauler Name of Registered Landfill Offy, State Name of Registered Landfill Offy, State Offy, State Name of Registered Landfill Offy, State Offy, State Pen Argyl, PA 08072  Completed by  Title  Displayer  Offy, State Pen Argyl, PA 08072	TO BE ABATED	Cue	todial (	Slaff?	(i.e.	finarinarit	<b>AWATAWA</b>	Indiation	(8	pecify	Removal	Ropair	Encapedat	
Name of Registered Waste Hauler  NJDEP Waste  Registered Waste Hauler  Name of Registered Landfill  Hauler to No.  O4509  Dispersion O4509	WITCHEN, CHILL		IAÔ	-		0, -	Name of the last		-				. ro	
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Newwork Carting Inc.  O4509  Heuler ID No. Of Weste   Grand Central Senitery Lendfill  Dispersions  Oity, State  Pen Argyl, PA 08072  Title  Title				1			- A Braza		<del> </del>	<del></del>				
Newwork Carting Inc.  O4509  Heuler ID No. Of Weste   Grand Central Senitery Lendfill  Dispersions  Oity, State  Pen Argyl, PA 08072  Title  Title							Title Colonia							
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Completed by Title Bignature 6 Color	Olly, State Velwark, NJ 07105			1/4/		Dispas (4/2)	8100	ETTA D		ARATO:	,		٠,.	
	Completed by		-de- 4			-		( ) mie	1/97		0	1	-	

#### NOTIFICATION OF ASBESTOS ABATEMENT Check#3312 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 04 05 Susanne Orans Agencies Notified Type Notification Street Address ☐ EPA X Initial APR - 9 2019 X DOLWD Amended City, State, Zip Code X DHSS Amendment # □ DCA Emergency (including Millburn, NJ 07041 (NJAC 5:23-8) justification) Name of Contact Telephone Number () (4) Cancellation Susanne Orans FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Millburn, NJ 07041 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 04 / 15 / 19 04 / 16 / 19 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_\_PM/ PM\_\_\_AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure Renovation >3 sf or >3 lf > 160 sf or >260 lf Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Remova Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility SIF or LF) surfacing, VAT, or (12)other miscellaneous) Yes No N/A $\boxtimes$ П Basement Pipe insulation 65 LF П П NUDER Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler Gr Tech LLC 0033785 TBD T.R.R.F. Inc City. State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date leutic Wenad N.Jevtic 04/05/19 Owner ASB-41

State of New Jersey

page 1

Date of Notification (1)    0   4   / 0   4   / 0   9   1   9	
Juan Conejero   Street Address   Subbapter & (Other than K Street Address   Subbapter & (Other Street Address   Subbapter & (Other Street Address   Street	
City, State, Zip Code   Amendment   City, State, Zip Code   Wayne, N J 07470   Name of Contest   Juan Conejero   FACILITY INFORMATION	ا شد
DEP	
City, State, Zip Code   Wayne, NJ 07470   Name of Contect   Juan Conejero   Talephone Number   Type of Facility (a)   School (K + 12)   Subobapter 8 (Other than K   Duner (Private/Commercial Biologia Honora, etc.   Square Feet   6 of Floors   Plant of Monitoring Firm Hired by Biolg. Cover (6)   ASCM No.   Street Address   Square Feet   6 of Floors   Plant of Monitoring Firm Hired by Biolg. Cover (6)   ASCM No.   Street Address   Cover (6)   ASCM No.   Street Address   Cover (7)   Cover (6)   ASCM No.   Street Address   Cover (7)   Cover (7)   Cover (7)   Cover (7)   Cover (7)   Cover (7)   Cover (8)   Cover (8)   Cover (9)   Cover (10)   Cover (	
DCA   Cancellation   Juan Conejero	
DCA   Juan Conejero	
Name of facility where abatement is taking place (3)  Juan Consigero  Street Address  City (6)  Wayne, NJ 07470  Passaic  Name of Monitoring Firm Hirad by Bidg. Owner (6)  Street Address  Cay, State, Ze Code  Cay, State	
School (K - 12)   Subchapter & Other (Private/Commercial Bidge Address   Subchapter & Other (Private/Commercial Bidge Address   Square Feet   & of Piora   Square Feet   &	
Subchapter 8 (Other than K   Other (Private/Commercial Bidge /Homes, etc.   Square Feet   6 of Floors   Bidge /Homes /	
Street Address    City (5)	12)
County (s)  Wayne, NJ 07470  Passaic  County (s)  County Code (7)  (State use only)  Current Use (Prior if being demoliphe residential  Name of Monitoring Firm Hired by Bidg. Owner (s)  ASCM No.  Name of Abstoment Contractor (s)  B & G Restoration, Inc.  Street Address  105 Ryerson Road  City, State, Zip Code  Lincoin Park, NJ 07035  Telephone Number (973)696-6869  Coupany Status During Abstement (Check only one)  Scheduled Start Date (1D)  Od/05/2019  Coupany Status During Abstement (Check only one)  Feeliby closed Avacated during entire period of abstement.  Abstement performed outside of normal facility hours- Describer:  Check only  Telephone Number (973)696-6869  City, State, Zip Code  Lincoin Park, NJ 07035  Telephone Number (973)696-6869  Coupany Status During Abstement (Check only one)  Feeliby closed Avacated during entire period of abstement.  Abstement performed outside of normal facility hours- Describer:  Check only  Telephone Number (973)696-6869  City, State, Zip Code  Lincoin Park, NJ 07035  Telephone Number (973)696-6869  City, State, Zip Code  Lincoin Park, NJ 07035  Telephone Number (973)696-6869  City, State, Zip Code  Lincoin Park, NJ 07035  Telephone Number (973)696-6869  City, State, Zip Code  Lincoin Park, NJ 07035  Telephone Number (973)696-6869  City, State, Zip Code  Lincoin Park, NJ 07035  Telephone Number (973)696-6869  City, State, Zip Code  Lincoin Park, NJ 07035  Telephone Number (973)696-6869  City, State, Zip Code  Lincoin Park, NJ 07035  Telephone Number (973)696-6869  City, State, Zip Code  Lincoin Park, NJ 07035  Telephone Number (973)696-6869  City, State, Zip Code  Lincoin Park, NJ 07035  Telephone Number (973)696-6869  City, State, Zip Code  Lincoin Park, NJ 07035  Telephone Number (973)696-6869  City, State, Zip Code  Lincoin Park, NJ 07035  Telephone Number (973)696-6869  City, State, Zip Code  Lincoin Park, NJ 07035  Telephone Number (973)696-6869  City, State, Zip Code  Lincoin Park (Number (Pircoin Park (Number (Number (Number (Number (Number (Number (Number (Number	10)
Clly (5)  Wayne, NJ 07470  Passaic  Name of Monitoring Firm Hirad by Bidg. Owner (6)  ASCM No.  Name of Abatement Contractor (8)  B & G Restoration, Inc.  Street Address  105 Ryerson Road  City, State, Zp Code  City, St	ig. Aga
Name of Monitoring Firm Hirad by Bidg. Owner (8)  ASCM No.  Street Address  City, State, Zip Code  City, State, Zip Code  Project Manager for Monitoring Firm	
Name of Monitoring Firm Hirad by Bidg. Owner (6)  Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Phone Number  Phone Number  Phone Number  Scheduled Start Date (1D)  O4/05/2019  Occupancy Status During Abatement (Check only one)  Facility closed Avacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe;  Other-Describe;  Scope of Work (check all that apply)  Demotion  Renovation  Demotion  Renovation  Demotion  B is location normally used solely by maintenance/custodial statift (2)  Yes No N/A  Name of Abatement Contractor (5)  B & G Restoration, Inc.  Street Address  105 Ryerson Road  City, State, Zip Code  Lincoln Park, NJ 07035  Name of Abatement Contractor (5)  B & G Restoration, Inc.  Street Address  105 Ryerson Road  City, State, Zip Code  Lincoln Park, NJ 07035  Waspa & Cut  Full Containment winegative pressure   Glovebag proceding the procedure of the procedu	d)
Street Address  105 Ryerson Road  City, State, Zip Code  City, State, Zip Code  Lincoin Park, NJ 07035  Telephone Number (973)598-6869 00378  Scheduled Start Date (10)  04/05/2019 04/06/2019  Occupancy Status During Abetement (Check only one)  Facility closed/vacated during antire period of abatement.  Abatement performed outside of normal facility hours- Describe:  Other-Describe:  Composition  Renovation  Renovation  Renovation  Sitiest Address  105 Ryerson Road  City, State, Zip Code  Lincoln Park, NJ 07035  City, State, Zip Code  Lincoln Park, NJ 07035  City, State, Zip Code  Lincoln Park, NJ 07035  Sitiest Address  105 Ryerson Road  City, State, Zip Code  Lincoln Park, NJ 07035  Full Containment winegative pressure Glovebag proceding the period of abatement winegative pr	
105 Ryerson Road   City, State, Zip Code   City, State, Zip Code   Lincoin Park, NJ 07035   Lincoin Park, NJ 07035   Lincoin Park, NJ 07035   Counter Number (973)698-6869   Counter Num	
City, State, Zip Code  City, State, Zip Code  Lincoln Park, NJ 07035  Telephone Number (973)696-6869 00378  Scheduled Start Date (1D) Sched. Completion Date (11)  04/05/2019 04/06/2019 04/06/2019  Cocupancy Status During Abatement (Check only one)  Facility closedAvacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe:  City, State, Zip Code  Lincoln Park, NJ 07035  City, State, Zip Code  Linc	H INCHES
Project Manager for Monitoring Firm	
Scheduled Start Date (10)   Sched. Completion Date (11)   O4/05/2019   O4/05/2019   O4/06/2019   O4/05/2019   O4/06/2019   O5/05/2019	
Occupancy Status During Abatement (Check only one)  Facility closed-Avacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe:  Other-Describe:  Other-Describe:  Demoition  E Ranovation    Status During Abatement (Check only one)	_
Occupancy Status During Abatement (Check only one)  Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe:  Other-Describe:  City. Stats, Zip Code  Lincoln Park, NJ 07035  Scope of Work (check all that apply)  Permotition  Renovation  Full Containment winegative pressure  Glovebag proced  Full Containment winegative pressure  Mini-enclosure  Non-friable proced  is location normally used solely by maintenance/custodial statif(12)  Pescription of aebestos-containing material to be abated in facility (13)  Pescription of aebestos-containing material (ACM)  Yes No N/A	
Occupancy Status During Absterment (Check only one)    Famility closed-Avacated during antire period of absterment.     Absterment performed outside of normal facility hours-    Describe:	_
Abatement performed outside of normal facility hours- Describe:  ☐ Other-Describe: ☐ Other-Describe: ☐ Demotition ☐ Renovation ☐ Park, NJ 07035 ☐ Wrap & cut ☐ Demotition ☐ Park (Check all that apply) ☐ Wrap & cut ☐ Containment w/negative pressure ☐ Glovebag proced: ☐ Non-fnable proced ☐ Non-fnable proced ☐ Location of ☐ sabestos-containing ☐ malterial to be ☐ absted in facility (13) ☐ Yes No N/A ☐ N/A ☐ Description of abbestos-containing ☐ Amount ☐ Specify BF or O ☐ Containment w/negative pressure ☐ Glovebag proceding ☐ Mini-enclosure ☐ Non-fnable proced ☐ Non-fnable proced ☐ Non-fnable proced ☐ Park (NJ 07035) ☐ Wrap & cut ☐ Mini-enclosure ☐ Non-fnable proced ☐ Non-fnable proced ☐ Non-fnable proced ☐ Non-fnable proced ☐ Park (NJ 07035) ☐ Mini-enclosure ☐ Non-fnable proced ☐ Non-fnable proced ☐ Park (NJ 07035) ☐ Mini-enclosure ☐ Non-fnable proced ☐ Non-	
Describe:    Cither-Describe:   Lincoln Park, NJ 07035	
Scope of Work (check all that apply)  Demoition  Renovation	
Demoition  Renovation    Second containment winegative pressure   Glovebag procedure	
>3 af or >3 if   ≥ 160 sf or ≥260 if   Mini-enclosure   Non-fnable process	ire
sabestos-containing maintenance/custodial partition of aabestos-containing material (ACMI)  Yes No N/A  Description of aabestos-containing material (ACMI)  Amount (Specify BF or LF)  The partition of aabestos containing material (ACMI)	dure
material to be absted in facility (13)  Yes No N/A  Pescription of asbestos-containing material (ACM)  Yes No N/A  Pescription of asbestos-containing material (ACM)  (Specify BF or 0 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EE
absted in facility (13) Yes No N/A	a n
	PL
	HIH
Registered Wests Hauler   NJDEP Hauler   De   Cubic Yards of Wests   Name of Registered Landfill   B & G Restoration, Inc.   19683   3   Grand Central Landfill	
City, State Lincoln Park, NJ Diaposal Date O4/08/2019 Pen Argyl, PA	
Gordana Luna Secretary/Treasurer Signature Guine Secretary/Treasurer 04/04/2019	

## State of NJ Notification of Asbestos Abatement

B & G proj. #:	2019-69		(		nt to NJAC 8 ** E M E R (		7 and 12:120-7)	Check	# 9209		agy en en ja	
Date of Notification	(1)					-	101		GET	W		
10 14 1/10 14	2576-500		Name of Buil Juan Cor	SANGE SANGE	er/Operator (2)							
Agencies Notified	Type Notifical	tion	Street Addres					10 mm	APR - 9	2019	$\dashv$	
☐ EPA	X Initial	11	dieel Addres	55					41 11 3	2019	albudga D	
☐ DEP	initial		City, State, Z	in Codo							1	
X DOL	Amend		Wayne,		70			AKAL		(14.1 Q	. Ā	
X DOH	_	N	ame of Con	tact				Telephon	e Number			
☐ DCA	☐ Cancell	ation	Juan Co	nejero					-			
				FACI	LITY INFORM	MOITA	N	7.00				
Name of facility who	ere abatement	is taking pla	ace (3)					Type of Facility (	4) I (K - 12)	MILES WA		
Juan Conejero	)								apter 8 (Other	than K	(-12)	
Street Address							-	X Other (	Private/Comn		,	
									# of Floors	В	ldg. A	ge
City (5)		Cou	nty (6)			235	unty Code (7)		01.1.00.0			
Wayne, NJ 07	7470	Pa	ssaic			(Sta	ate use only)	Current Use (Pr	rior if being de	molish	ed)	
Name of Monitoring	Firm Hired by	Bldg. Own	er (8)		ASCM No.	-	Name of Abatement					
				- 1			B & G Restorati	ion, Inc.				
Street Address							Street Address					
***************************************							105 Ryerson R	oad				
City, State, Zip Code							City, State, Zip Code	N I 07025				
Project Manager for	Monitoring Firm	2	I Pho	ne Numb	er .	-	Lincoln Park, I	NJ 07035	License Nur	mher		
r roject Manager for	Monitoring i in	,	T III	ne ranio	Ci		(973)696-686	9	0037			
Scheduled Start Date	e (10)	Sched	I. Completio	n Date (11	)	=	Name of OSHA Moni			110000		Section of the sectio
04/05/2019		04/0	06/2019				B & G Restorat	ion, inc.				
Occupancy Status D	uring Abateme	nt (Check o	only one)				105 Ryerson R	oad				
Facility closed							City, State, Zip Code	************				
Describe:	rformed outside	of normal	facility hours	S-			Lincoln Dorle N	1.07025				
Other-Describ						-	Lincoln Park, N	J 07035				A
Scope of Work (cha						=	wrap & cut		_			
	X	Renovation				_	Full Containment w/neg	jative pressure [	Glovebag			
>3 sf or >3 lf	X	≥160 sf or					Mini-enclosure	L	Non-friable		-	
Location of asbestos-cont	aining		n normally u enance/custo		2000 20000		asbestos-containing	Amount	e	е	E n	E
material to be		staff(12)	Г		material (		사실 5000mm (CP) 2 시간 MANA (MANA) [ 12 시간 전기 12 시	(Specify S	F or o	p	c	n
abated in facil	ity (13)	Yes	No	N/A				LF)	v e	i	p	L
first floor entrand	ce			X	VAT (no n	nastio	c)	170 sf	X			
										111		14
Desistered Wests He	aula -			<u> </u>	ubia Varda of V	Manta	Mana of Basistand	1 1511			Ш	<u> </u>
Registered Waste Ha B & G Restorati	on, Inc.		EP Hauler II 19563	)# C	ubic Yards of V 3	vasie	Name of Registered Grand Central					
City, State Lincoln Park, N	J			Disposal D 04	ate /08/2019		City, State Pen Argyl, PA					
Completed by (Print		Title			Signature				Date		5	
Gordana Luna		Secreta	ry/Treasu	rer			Gordana Luna		04/04/20	119		

B & G proj. #:

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

	. 28	a salang	1	* EXTRA foo	otage	e/rooms ***	Che	eck # 920	08				
Date of Notification (1)		Name of	Building Ow	ner/Operator (2)	)		lin)	EC	E	n	W//	Tal 1	
10 14 1/10 14 1/11 19 1		Morris	s - Union J	ointure Com	miss	sion Board of Educ	cation		15m	U	19 1		
Agencies Notified Type Notif	ication	Street Ad	dress					1		-		-	
DEP Initi	al		entral Ave	enue				APF	7 - 9	2	019		
X DOL X Ame	endment		e, Zip Code Providenc	e, NJ 07974				Fullistic Secre	1,				
<b>▼</b> DOH		Name of 0	Contact		-		Telep	hone Num	-			5-2	
DCA Cand	cellation	Erick	Hammer	dahl			908	-464-742	25				
			FAC	CILITY INFORM	ATIO	N							
Name of facility where abateme	nt is taking	g place (3)				T	Type of Facil						
Morris - Union Jointure,	Develop	mental Le	arning Ce	enter ( NON S	Sub	8)		hool (K - 1	30				
Street Address								ochapter 8 er (Private				)	
340 Central Avenue								gs./Homes		ercia	11		
City (5)	10	County (6)					Square Feet	# of Flo	oors	Γ	Bldg.	Age	
= 1000 j						unty Code (7) ate use only)	Current Hea	(D-i if h-			1 0		
New Providence		Morris			•	,,	Current Use school (no			noiis	inea)		
Name of Monitoring Firm Hired I	by Bldg. O	wner (8)		ASCM No.		Name of Abatement							
				n/a		B & G Restorat	ion, Inc.						
Street Address						Street Address 105 Ryerson R	load						
City, State, Zip Code					_	City, State, Zip Code	.oau						
						Lincoln Park,	NJ 07035						
Project Manager for Monitoring Fi	irm	1	Phone Numb	er	-	Telephone Number		Licens	se Num	ber	-	-	
						(973)696-686			00378				
Scheduled Start Date (10)	Sc	hed. Comple	tion Date (1	1)		Name of OSHA Moni					345 5344 5		
04/04/2019		4/30/2019	ı			B & G Restorati	ion, inc.						
Occupancy Status During Abatem						105 Ryerson Re	oad						
Facility closed/vacated during Abatement performed outside	ng entire p	eriod of aba	tement.			City, State, Zip Code				-			
Describe:		1.5	urs-		_	Lincoln Davis N	1.07005						
Other-Describe: Start Work Scope of Work (check all that ap		7111			-	Lincoln Park, N	J 07035					13.1	
Demolition		ation			П.			-					
X >3 sf or >3 lf	=					Full Containment w/neg	ative pressure	1000	ebag pr				
		or ≥260 If tion normally	used soloh		n	Mini-enclosure		X Non-	-friable	_	edure		
Location of asbestos-containing	by mai	ntenance/cu			n of a	sbestos-containing	Amount		e	R	E n	E	
material to be abated in facility (13)	staff(1)		Т	material (A	CM)	spesios-containing	(Specify		m	p	С	C	
	Yes	No	N/A			۸(,	LF)		v e	i	p	L	
Room 113 ***			X	VAT & mas	0.1703.1103	W	16 sf		X	T	10		
Room 136 ***			X	VAT & mas	stic	7//	16 SF		X				
						\							
	-	-	-								10	4	
Registered Waste Hauler	NJ NJ	DEP Hauler	ID# C	ubic Yards of W	aste	Name of Registered I	andfill			Ш			
B & G Restoration, Inc.		19563		3		Grand Cen	tral Landfill						
City, State Lincoln Park, NJ			Disposal Dis	ate /19 - 04/30/1	9	City, State Pen Argyle,	PA						
Completed by (Print or Type) Gordana Luna	Title Secret	tary/Treas	urer	Signature Gordana Luna Date 04/04/2019					<u> </u>				
							04/04/2019						

B & G proj. #: 2019-32

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

\*\*\* EXTRA footage/rooms \*\*\*

Check # 9170

					-149	5/1001110	- YMSSI	11 0110	-	-	
Date of Notification (1)		Name of	Building Ow	ner/Operator (2	2)			GE		W	E 1
10 12 1/12 18 1/11	9	1.1		100		sion Board of Educa	ation				( ) )
	Notification	Street Ad						400	_	0044	
∐ EPA □	Initial	340 (	Central Ave	enue			ill hij	APR -	9	2019	
☐ DEP ☐			te, Zip Code				Notice				_
X DOL X A	Amendment	New	Providenc	e, NJ 07974			File	A			- 1
X DOH		Name of	Contact				Telepho	ne Number			
□ DCA □ □ C	Cancellation	Erick	Hammer	dahl			908-4	64-7425			
			FAC	CILITY INFORM	MATIO	N					
Name of facility where abate	ement is takir	ng place (3)					Type of Facility	(4)			
Morris - Union Jointui	re, Develo	pmental Le	earning Ce	enter ( NON	Sub	8)	=	ol (K - 12) napter 8 (Ot	hort	hon k	( 12)
Street Address		ALL THE SECOND S						(Private/Co			-12)
340 Central Avenue							Bldgs.	/Homes, et	c.		Ide A
City (5)	T	County (6)			Co	unty Code (7)	Square Feet	# of Floors	5	ы	ldg. Age
New Providence		Morris				ate use only)	Current Use (F	rior if being	dem	nolish	ed)
					<u>L</u> .		school (non				,
Name of Monitoring Firm Hir	red by Bldg. (	Owner (8)		ASCM No.		Name of Abatement C	ontractor (9)				
Street Address	-			n/a		B & G Restoration	on, Inc.				
Street Address						Street Address 105 Ryerson Ro	ad				
City, State, Zip Code					-	City, State, Zip Code			-		
						Lincoln Park, N	J 07035				
Project Manager for Monitorin	g Firm		Phone Numb	ber		Telephone Number	4	License N		er	
						(973)696-6869 Name of OSHA Monito		003	378		
Scheduled Start Date (10)		ched. Comple	THE TRANSPORT	1)		B & G Restoration					
02/08/2019		04/30/2019	9			Street Address					
Occupancy Status During Aba						105 Ryerson Ro	ad				
Facility closed/vacated  Abatement performed o	during entire outside of nor	period of aba	atement.			City, State, Zip Code					
Describe: Start of the					_	Lincoln Park, NJ	07035				
Scope of Work (check all tha		pm			- 1		07033				23-4
Demolition	Renov	vation			П	Cull Containment/		¬		12	
	_	f or ≥260 If				Full Containment w/nega Mini-enclosure		Gloveba			
		ation normal	ly used solely	vI	П,	with-enclosure		<b>火</b> Non-fria	B I	roceo	
Location of asbestos-containing	by ma	aintenance/c			n of a	sbestos-containing	Amount		e	e	E E
material to be abated in facility (13)	staff(			material (		spesios-containing	(Specify S	For	m o	p a	c n
	Yes	No	N/A				LF)		v e	i	p L
Room 108			X	VAT & ma			16 sf		X		
Room 110			X	VAT & ma	2,000,000,000		32 SF		X		
Room 140			X	VAT & ma	stic		16 SF		X		
Registered Waste Hauler	IN	IJDEP Haule	rID# I C	ubic Yards of V	Vaete	Nome of Besisters II		[			
B & G Restoration, Inc.		19563		5	, a 3 l C	Name of Registered La Grand Cent					¥.
City, State Lincoln Park, NJ	en november		Disposal D 02/09	ate 9/19 - 04/30/	19	City, State Pen Argyle, I	PA				
Completed by (Print or Type) Gordana Luna	Title	oto = :/T		Signature Q Date							
	Secre	etary/Treas	surer	Gordana Luna 02/28/2019							

### PAID

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

Date of Notification (	1)			Non	on of Duil	di 0	10	(0)		Ch	eck#	191	6	
	April 5, 20	19		Dav	ita, Inc.	aing Ow	ner / Operato	or (2)			0			Market Towns
Agencies Notified	Type Notifi	cation		Stre	et Addres	ss					6			W (
□EPA □DEP				7 Ea	ast Clinto	on Stree	t			The state of the s	ADD	_ ^	000	
DOL		ial		City	State &	Zip Code	9				APR	9	20	19
⊠рон		ended		New	rton, NJ	07860				1				
DCA		endment #	<u> </u>	Nam	ne of Cont	tact				Fi.		1		
The state of the s					stina Ca	3.000				4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Telepho 973-940		A 15.00	er
				F	ACILIT	Y INFO	RMATIO	N						
Name of Facility Whe DaVita Rental Cente	ere Abatemen	t is Taking	Place (3)				Type of Fa							
Street Address	:1							ol (K-12)						
7 East Clinton Stree	t								ther than K					
							Othe	er (i.e., priv	ate & com	mercial buildin			etc.)	)
City (5)							Square Fe	et .000	# of Floors	3 B	ldg. Ag			
Newton									eing demol			48		
County (6)		Io	· · · · · · ·	4 (20)			Medical O	ffice Build	ing					
Sussex			County Cod ISE ONLY											
Name of Monitoring F	irm Hired by	Building Ov	wner (8)		ASCI	M No.	Name of A	batement C	Contractor (9	9)		-		
Arcadis U.S., Inc. Street Address							Synatech,	Inc.						
10 Friends Lane							Street Addi 829 Radio							
City, State & Zip Code							City, State	& Zip Code	1				_	
	rtown, PA 18940 ect Manager for Monitoring Firm						Little Egg		08087					
Firoz Jan			2	elephone 67-916-09	935		Telephone 609-296-69			License Nu	mber 0081	17		
Scheduled Start Date May 3, 20		Schedule		tion Date y 15, 201			Name of O		or					
Occupancy Status Du Facility Close	ring Abateme	nt (Check o	only one)				Street Addr	ress						
Abatement P					Abatement 829 Radio Road City, State & Zip Cod									
Other - Desc							Little Egg I							
Facility Occu							Little Lgg !	i iai boi, ito	00007					
Scope of Work (Check	all that apply	()										-		
M >2 of> 50 if				_	9			Full Con	tainment wi	th Negative Pres	sure			
≥3 sf or ≥ 50 lf	\ I£		H	Renovat				Mini-End						
≥160 sf or ≥260	I II			Demolitie	on		Ĺ		g Procedure					
Loca	ation of		le Least	ion Norm	=1b : 1 1= = d				empted(*) a	nd Non-Friable P	rocedu	ire		
Asbestos-Contair	ning Material	(ACM)			ally Used nance or			ption of Containing		Amount (Specify		atem	ent T	Туре
	ABATED acility		Custo	dial Staff	? (12)		Materia	I (ACM)	1	SF or LF)				
	13)						(i.e., therm nsulation, su	al systems	_				Ш	
.02							or other mis				Re	Z.	nca	Enc
			1								Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A						a	-	late	īē
nird Floor					Х	Co	rrugated Bo	iler Insula	tion	120 SF	X	_	-	$\vdash$
											∃^I			
lame of Registered Waste Hauler NJDEP Wa								_,						
Name of Registered Waste Hauler NJDEP Was Hauler ID No					Cubic '	Yards of	Waste	Name o	f Registered	d Landfill				
Synatech, Inc. 27429					4			Fairless	Hills					
City, State					Disposal Date City, State									
ittle Egg Harbor, NJ	08087				July 16, 2019 Morrisville, PA			ille PA	ΡΔ					
ompleted By		Title			Signature			Date						
iane Aloia		Executiv	e Adminis	strator										
						VVV	1/1/0	V 175	IADL	1 3. 4019				

2019-04-04 13:04

Shade Environmental 1 >> 609 633 0664

0 3/6

					State of N	lew Jersey	P		Δ	PR_	- a
K.550F	PA	NOT	IFIC (P	ATK	ON OF AS	BESTOS ABAT AC 8:60 and 6:1	FEMENT	1117	10	DAY	1
Date of Notification (1)		- Section				g Owner/Operator		F.	ď.		
04 /	04 / 1	15		9	he Protess	ant Community (	Church of Mad	ford I skee	- 1/s		16711
Agencies Notified	Type Notification	0			ont Address			DIO LEKES	-1	1	
<b>⊠</b> EPA	⊠ Initial				30 Stokes	Dood			$\Pi$	1	
⊠ DOLWD	☐ Amended				State, Zip (			MAR HOUSE	1	3 (3.5 )	E 1 CT
Ø DOH	Amendment					kos, NJ 08055	<u> </u>	Profit outs :	7.7		
DCA (NJAC 5:23-8)	Emergency (	includin	9		na of Contac						TRANSPORT COMP
(reares 5:20ed)	Cancellation			200				Telephane Num	ber		
	Pil annountion			_	rent Scho	Control of the contro		609-405-820	50		
Managed Statistics			- new Year	F	ACILITY IN	FORMATION					
Name of Facility Where A	baldment is Taki	ng Place	(3)				Type of Facility	(4)			_
Protesent Commun	ity Church, Ca	thedra	loft	he W	aods		School (K-1	2)			
Street Address		•58					Subchapter	8 (Other than K-12	2)		
100 Stokes Road							homas, etc.	rivate and comme	ncial b	ullding	3,
City (5)				-			Square Feet	# of Floors	16	ldg, Ag	-
Medford Lakes							6,000	2	15	88 88	3a
County (8)		-Statement		Co	unty Code (7	(STATE USE ONLY)		for if being demole	a hade		_
Surlington							Church	AND IN MAINE MAINTERS	MADE!		
Name of Monitoring Firm I	Hired by Building	Owner	(8)	ASC	M No.	Name of Apateme					
Management & Envi	iro. Consulting	Servi	sea				nmental, LLC				
Street Address						Street Address	street and the street of the s				
PO Box 341			3			623 Outler Av	Anna.				
City, State, Zip Code	-	-				City, State, Zip Co					
Chesterfield, NJ 085	115			- 1		Maple Shade					
Project Manager for Monit	oring Firm		Tak	nadae	e No.	Telsohone No.	אט שמשטע				
Bill Weisgarber			Manager St		6-4070	858-755-0099		Licenso No.			
Start Date (10)	Sche	duled C			Ste (11)	Name of OSHA M		00842			
04 / 10 /					19	EMSL Analyti					
Decupancy Status During						Street Address	val, inc.				
Facility Closed/Vocated	During Entire Pa	ering of	Shote.	man		200 Route 136					
Abatement Performed 6	Outside of Norma	I Factily	Ham	ML - FR	escribo	City, State, Zip Co					
Time of Abatement:	AMP	W	_PM-	-	_AM						
Scope of Work (Check all t	that sankt			-		Cinnaminson	, NJ 08077				
	m- wpp 4					R Full Contr	alomant with Neg	Silva Dynasija			
			ODWINE !	no		Mini-Engl	ministratification in the second	ensa Ligophie			
≦ 23 of 51 23 if		⊠ Rei									
≦ ≥3 of or ≥3 if ≥160 of or ≥260 if		⊠ Rei				☐ Glovebag	Procedure				
최 23 ef or 23 if ] ≥160 st or ≥260 if		Der Der		on	1	☐ Glovebag	Procedure	-Friable Procedu	The succession in		
Location o	f	Der Is	Locat	ion lly	1	Giovebag Nan-Exen	Procedure npted (*) and No	-Friable Procedu	The succession in	etame	nt Typ
Location of Asbeston-Containing M	laterial (ACM)	IS N	Locat Locat lorms	ion lly	Asbes	Glovebag Nerr-Exer Description of	Procedura npted (*) and Nor	Amount	Ab	T at I	
Location of Asbestos-Cantaining Management (No. 1924)  Asbestos-Cantaining Management (No. 1924)  IN Pacilly	leterial (ACM) ED	IS N Uses Mai	Locat lorms d Sols oftens	ion lly lly by	61 de	Glovebag Non-Exer  Description of the Containing Mat, thermal systems ()	Procedura  npted (*) and Nor  erial (ACM)  reulation.	Amount (Specify	Ab	T at I	
Location of Asbestos-Conteining M	leterial (ACM) ED	Is No.	Location Spin odial (12)	don lly aly by nce- Staff?	(1,e.	Glovebag Nerr-Exer Description of	Procedura npted (*) and Nor erial (ACM) reulation, or	Amount	The succession in	T at I	
Location of Asbestos-Gantaining Management (N. Pacisty (13)	leterial (ACM) ED	Is No Used Mail Custo	Locations of Solar (12)	don lly aly by nce Staff?	(1,e.	Description of the Containing Mat., thermal systems I/S surfacing, VAT,	Procedura npted (*) and Nor erial (ACM) reulation, or	Amount (Specify	Ab	T at I	_
Location of Asbestos-Cantaining Management (N. Pacisty (13)	leterial (ACM) ED	Is No.	Location Spin odial (12)	don lly aly by nce- Staff?	(1,0.	Description of the Containing Mat., thermal systems I/S surfacing, VAT,	Procedura npted (*) and Nor erial (ACM) reulation, or	Amount (Specify	A Removal	Repeir	Encapsulate
Location of Asbestos-Containing M TO BE ABAT IN Pecify (13)	leterial (ACM) ED	Is No Used Mail Custo	Locations of Solar (12)	don lly aly by nce Staff?	Soller R	Glovebag Nar-Exer  Description of the Containing Mat, themal systems in surfacing, VAT, other miscellaned	Procedura npted (*) and Nor erial (ACM) reulation, or	Amount (Specify SF or LF)	Removal 🔯	Repair	Encapsulate
Location of Asbestos-Containing M TO BE ABAT IN Pecify (13)	leterial (ACM) ED	Is N Used Mai Cust	Locationme di Sols Offense odial (12)	don lly aly by nce- staff?	(1,0.	Glovebag Nar-Exer  Description of the Containing Mat, themal systems in surfacing, VAT, other miscellaned	Procedura npted (*) and Nor erial (ACM) reulation, or	Amount (Specify SF or LF)	A Removal	Respeiir 0 0	Encapsulate
Location of Asbestos-Containing M TO BE ABAT IN Pecify (13)	leterial (ACM) ED	Is N Uses Mai Cust	Location and solid	on lip ly by need Staff?	Soller R	Glovebag Nar-Exer  Description of the Containing Mat, themal systems in surfacing, VAT, other miscellaned	Procedura npted (*) and Nor erial (ACM) reulation, or	Amount (Specify SF or LF)	Removal 🔯	Respeiir 0 0	Encapsulate
Location of Asbestos-Centerining M TO SE ABAT (N Pacify (13)) Attic	laterial (ACM)	Is N Used Mai Cust	Locationme di Sols Offense odial (12)	don lly aly by nce- staff?	Soller R	Glovebag Nar-Exer  Description of the Containing Mat, themal systems in surfacing, VAT, other miscellaned	Procedura npted (*) and Nor erial (ACM) reulation, or	Amount (Specify SF or LF)	Removal 🖾 🖾 🔾	Repair 🔘 🗆 🖸	Encapsulate
Location of Asbestos-Centerining M TO SE ABAT (N Pacify (13)) Attic	laterial (ACM)	Is N Uses Mai Cust	Locat Locat Locat I Commodist Sois Offens odial (12)	on lion lly by ally by staff?	Soller R Pipe Fitt	Description of Descri	Procedure repted (*) and Nor reful (ACM) resultation, or rus)	Amount (Specify SF or LF) 70 SF	Removal 🔯 🔯	Repair 🔘 🗆 🖸	Encapsulate
Location of Asbestos-Centerining M TO SE ABAT (N Pacify (13)) Attic	laterial (ACM)	Is N Uses Mai Cust	Molitic Locati Locati lorms d Sols ordinal (12) No No No No H	don lly by hy by h	Soller R Pipe Fitt	Glovebag Nar-Exer  Description of the Containing Mat, themal systems in surfacing, VAT, other miscellaned	Procedure repted (*) and Nor relal (ACM) revial (ACM)	Amount (Specify SF or LF)  70 SF  \$ LF	Removal 🖾 🖾 🔾	Repair 🔘 🗆 🖸	Encapsulate
Location of Asbestoe-Cantaining Management (13)  Attic  Isme of Registered Waste Freehold Cartage	laterial (ACM)	Is N Uses Mai Cust	Molitic Locati Locati lorms d Sols ordinal (12) No No No No H	on lion lly by ally by staff?	Soller R Pipe Fitt	Description of stos Containing Mat, themsel systems () surfacing, VAT, other miscellaned lings  Cubic Yards of Wester  1	Procedura Insted (*) and Nor Instal (ACM) Installation, Or Installation, Or Installation, Installati	Amount (Specify SF or LF)  70 SF  \$ LF	Removal 🖾 🖾 🔾	Repair 🔘 🗆 🖸	Encapsulate
Asbestos-Centeining M  IORS ABAT  IN Pecifity  (13)  Attic	laterial (ACM)	Is N Uses Mai Cust	Molitic Locati Locati lorms d Sols ordinal (12) No No No No H	don lly by hy by h	Soller R Pipe Fitt	Description of stop Containing Mat, themsel systems in surfacing, VAT, other miscellaned lings  Cubic Yards of Wester  Obsposel Date	Procedura Insted (*) and Nor Instal (ACM) Installation, Or Installation, O	Amount (Specify SF or LF)  70 SF S LF  ared Landfill (MGILL)	Removal 🖾 🖾 🔾	Repair 🔘 🗆 🖸	Encapsulate
Location of Asbestos-Centerining M TO SE ABAT (N Pecify (13)) Attic  Isme of Registered Waste Freehold Cartage (ity, State Freehold, NJ	laterial (ACM) IED	Is N Uses Mai Cust	Molitic Locati Locati lorms d Sols ordinal (12) No No No No H	don lly by hy by h	Soller R Pipe Fitt	Glovebag  Glovebag  Nar-Exer  Description of stoe Containing Mat, thermal systems in surfacing, VAT, other miscellaneously Packing  Cubic Yards of Weste  Ostrozofa  Disposel Date  Ostrozofa	Procedura Insted (*) and Nor Instal (ACM) Installation, Or Installation, Or Installation, Installati	Amount (Specify SF or LF)  70 SF S LF  ared Landfill (MGILL)	Removal 🖾 🖾 🔾	Repair 🔘 🗆 🖸	Encapsulate
Asbestos-Cantaining Marian State  Asbestos-Cantaining Marian Mari	laterial (ACM) IED  Hauler	Je Der Je Now Jest Mai Custo Yes Des Der Je	Location Model of the Control of Sales of Sales of Sales of Sales of Control	on lon lly by hose staff?	Soller R Pipe Fitt	Description of stop Containing Mat, themsel systems in surfacing, VAT, other miscellaned lings  Cubic Yards of Wester  Obsposel Date	Procedura Insted (*) and Nor Instal (ACM) Installation, Or Installation, O	Amount (Specify SF or LF)  70 SF S LF  ared Landfill (MGILL)	A Rumoval 🖾 🖾 🗆	Repair 🔘 🗆 🖸	Encapsulate

RECEIVED 04/04/2019 04:35PM 2013297440 BEST REMOVAL INC 01 Apr 2000 11:10PM NJ Asbestos Control 609.633.0664 CK 50:40 page 1 04/04/2019 B2:12PM 201329744B BEST REMOVAL INC PAGE 82/84 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Persuant to NJAC 8:60 and 12:120) Name of Building Dame (Operator (2)

MS. ROSE (RTA TH lia M3. NOTX Type Netification D EPA Cimital D Amended City, Blate, Amendment si DRANGE . WJ. 2 Emergency (Including 07051 E DCA justification)

Gannelistion Name of Contact MS. THATON FACILITY INFORMATION Hame of Facility Where Absterners is Taking Place (3) Ms. Type of Family (4) ROBERTA COOKAHT □ School (K-12) El Supchapter 5 (Cliner Sun K-12) Le Ciner (Le. private & communicial CHY (S) homes, etc.) of Ploots DRANGE Ze00, 2 930 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior & being derrollehed) ESSEX. Name of Monitoring Firm Hited by Suiding Owner ASCM No. Name of Abalament Contractor (8) (8) Best Removal Inc Blicet Arleman Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. Project Menager for Menitoring Pine 即7601 Telephone No. 201-329-7444 00388 Scheduled Correlation Date (11) 4/5/19 Name of OSHA Mentor Omega Environmental Occupancy Status During Abatement (Check only gen) Street Address D Facility Closed/Vaceted During Entire Period of Absternant
D Absternant Performed Dutpide of Normal Facety Hours
of Power - Describe: 6:32AK TO 5:00 PM 280 Huyler St City, State, Zip Code S. Hackensack N.J. 07606 Scope of Wark (Check all that apply) 223 # cr 2 3 # C Full Containment - Ramousson 1 2 160 of or is 260 F A Mai-Enclosure ☐ Demolition A Hen-Exempted (") and N n-Frieble Procedure le Lecation Normally Location of Containing Material (ACM) Description of contenting Material (ACM) (i.e., Trettind systems insulation, eartholist, VAT, or other miscellaneous) Used Selety by fairhationce/ Custodist State? Amount ..... M Fischity (13) SF OF LE (12)

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Estimator

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Minerva Enterprises ,LDC

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Name of Registered Lancies

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Composted by

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J.Maiorano

Best Removal Inc

Hackensack , N.J. 07601

#### NOTIFICATION OF ASBESTOS ABATEMENT Check#3313 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 04 05 19 Dawson Kukuwa Agencies Notified Type Notification Street Address ☐ EPA X Initial DOLWD. Amended City, State, Zip Code X DHSS Amendment # Maplewood, NJ 07040 DCA Emergency (including (NJAC 5:23-8) iustification) Name of Contact Telephone Number Cancellation Dawson Kukuwa **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Maplewood, NJ 07040 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 04 / 16 / 19 04 / 17 / 19 Envirovision Consultants, Inc. Street Address Occupancy Status During Abatement (Check only one) ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure Renovation >3 sf or >3 lf > 160 sf or >260 lf Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Enclosure Encapsulate Remova Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X 40 LF Pipe insulation Basement NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler 0033785 Gr Tech LLC TBD T.R.R.F. Inc City, State Disposai Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date ewic Wenad 04/05/19 N.Jevtic Owner ASB-41

State of New Jersey

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Date of Notification (1)	N	_(Pursi	uant to NJAC	B:60 an	ABATEMENT	L			0	12	019		
04/05/2019	and the state of	Fai	ne of Building r Lawn Boar	d of Edi	Operator (2) JCation		- LU	eck No	-144	8			
Agenties Notified Type Notification  D EPA ED Initial		Stre 37-	et Address 01 Fair Law	n Avenu	16		Pages	LIČ					
□ DEP □ Amended □ DOL Amendments □ Entergency (i		[ Fair	State, Zip C Lawn, New	Jersey	07410		7	17		1	2.14		
■ DOH Justification) ■ DCA □ Concellation	remaing	Nan Ton	ne of Contact n Senko			L VIII	Telephone/Nu 201-794-550	mber	()	1			
Name of Facility Where Abatement is Takin	en Bloom (2)	F	ACILITY INF	ORMATI						1000			
Fair Lawn High School	ilà Lieca (3)				Type of Fac	lity (4)		- 11					
Street Address 14-00 Berdan Avenue				<u> </u>	School Subchap	(K-12) plar 8 (Other th: s. privale & con	en K-12) Amercial buildi	ngs, hon	nes, e	r(c.)			
City (8) Fair Lawn, New Jersey 07410					Square Feet 20,000		# of Floors 2	BIG 50	ig. Ag	e			
County (6)		Cour (\$7,4	nty Code (7) TE USE ONLY		Current Use	(Prior if being of High School	femolishad)						
Name of Monitoring Firm Hired by Building Omega Environmental Services Inc. Street Address	Owner (8)	A	SCM No.		Neme of Aba Lilich Corpo	tement Contrac ration	tor (9)				_		
250 Huyler Street					Street Address 246 Union B	s Souleverd							
City, State, Zip Code South Hackensack, New Jersey D7600	5				City, State, Z. To:owa, Ne	p Code W Jersey 075	12						
Project Manager for Monitoring Firm Stan Blackman		201-	phone No -489-8700		Telephone No 973-225-846		01104						
Start Date (10) 04/18/2019	Scheduled 0 04/21/201	19	n Date (11)		Name of OSI Iris Environs	iA Monitor nental Labore	itories, LLC						
Occupancy Status During Abatement (Che Pacility Closed/Vacated During Entire P Abatement Performed Outside of Norm	arian at Ahai	lament.			Street Address 2333 Route	22 West							
Other - Describe; Scope of Work (Check All That Apply)	HI PROMY PE				City, State, Zi Union, NJ 0	p Goda 7083							
20 ≥3 =f or ≥3  f □ ≥160 sf or ≥260  f		novation molition			☐ Min	Containment w I-Enclosure eve Beg Proced Exempted (*)	ure / Limited C	Contains	ent é	Ten	ŕ		
Location of		ocation rmelly					Amount (Specify	<u> </u>	bater Typ				
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Name of Registered Waste Heyler Lilich Corporation			P Waste	Cubic of Was		7 EE 1777 10	istered Lendfill						
City, State Fotows, New Jersey		1072	EM .	Dispos 04/21/	al Date /2019	City. State Morrisville, F		-	_	_	- 1		
Completed by Adriana Olejarova	Title Presi	dent		1/8		IN STREET, I	Di	ste 4/05/20	19				
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Date of Notification (1) 04/05/2019	And the second			f Building wn Board		perator (2) ucation	Congress of the Congress of th	- Land	Check N	o. 1	445	.011.001.009	
Agencies Notified Type Notification	1		Street A 37-01 F	ddress air Lawn	Avenu	e	Transfer of the second	A. A	PR -	9	2019	}	
☐ EPA ☐ Initial ☐ Amended ☐ Amendme ☐ Emergence				ate, Zip Co wn, New		07410		Printer		1.11	i (i		
<ul><li>☑ DOH justificatio</li><li>☑ DCA ☐ Cancellati</li></ul>	n)	123	Name of Tom Se	f Contact enko				elephone N 01-794-5				New Art	
1			FACI	LITY INFO	RMATI								
Name of Facility Where Abatement is T Fair Lawn High School	aking Place (3)					Type of Faci	W. (SQ = 1/2 )						
Street Address 14-00 Berdan Avenue						☐ Subchap	oter 8 (Other than e. private & com	n K-12) mercial bui	ldings, h	ome	s, et	c.)	
City (5) Fair Lawn, New Jersey 07410						Square Feet 20,000	# 2	of Floors		3ldg 50+	. Age	)	
County (6) Bergen				Code (7) USE ONLY)			(Prior if being de High School	molished)					
Name of Monitoring Firm Hired by Build Garden State Environmental Inc	ing Owner (8)		ASCN	/I No.		Name of Aba Lilich Corpo	tement Contractoration	or (9)					
Street Address 555 Broad Street, Suite K			1			Street Addres 246 Union E	1.75 C						
City, State, Zip Code Glen Rock, New Jersey 07452						City, State, Zi Totowa, Nev	p Code w Jersey 0751:	2					
Project Manager for Monitoring Firm Bruce Wolf		Telepho 201-65			Telephone No 973-225-840		License 01104						
Start Date (10) 04/16/2019	Scheduled 04/18/20		letion Da	te (11)		Name of OSH Iris Environr	lA Monitor nental Laborat	ories, LL(	0				
Occupancy Status During Abatement (0	Check Only One	e)			ss 22 West				-				
<ul> <li>☒ Facility Closed/Vacated During Enti</li> <li>☐ Abatement Performed Outside of N</li> <li>☐ Other – Describe:</li> </ul>			nt			p Code 7083							
Scope of Work (Check All That Apply)						0111011,110							
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			novation						d Contai	Containment &Te			
	lo l	Locati	<b></b>				Zxomptou ( ) a.	Amoun	nt	70.00	atem	nent	
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	Yes	No	N/A									te	U
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2nd Floor Mechanical Room			(NJDOL		uct Vibration Dar Icl-Intact Remo	mper/s val Non Sub 8)	40 SF	- ×					
Name of Registered Waste Hauler Lilich Corporation	H	JDEP W lauler ID 18724	The State of the S	of Wa	Yards ste	Name of Regis		dfill					
City, State Totowa, New Jersey					sal Date	City, State Morrisville, P	A						
Completed by Adriana Olejarova	siden	t		/8	Signature	(B)		Date 04/05/	201	9			

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CK 45360 DAT		NOTIFICAT (Pursi	State of New Jer TION OF ASBEST and to NJAC 8:60	OSABATEMENT		9.5.	2010	Lin 
Date of Notification (1)		Name	of Building Owner	Operator (2)		<u> APR - 9</u>	2019	
Agencies Notified Type Notification	1	Street	Address A	Mome D	vilders L	-LC		
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DOL Amendmen	t#	City,	State, Zip Code	2 NIT	10000			
Emergency justification  DCA  Cancellation	)	Name	of Contact	1, 14.0-	Telephone N	lumber		
		FAC	CILITY INFORM	TION LOUIS	646	-522	.68	68
Name of Facility Where Abatement is Taking	Place (3)			Type of Fac	ility (4)			
Street Address	Λ			☐ School	(K-12) apter 8 (Other than K-1	2)		
City		-		Other (	i.e. private & commerc	ial buildings,	homes,	etc.)
Westtield UNI	J.			Square Feet	# of Floors	Bldg.	. Age	
County (6) nian		County	Code (7) USE ONLY	Current Use	(Prior if being demolish	ned)		
Name of Monitoring Firm Hired by Building O	wner (8)		CM No.	Name of Abatement	Cohtractor (0)			
Street Address				1 Novated	1 -1			
The second secon				Street Address	··· CIU			
City, State, Zip Code				City, State, Zip Code	X 0/7	•3		
Project Manager for Monitoring Firm		Telepho	one No.	Telephone No.	de N.J.	088	57	
Start Date (10)	Schadulad	Completion D		17321238-75	License	0.00.00 0111-10	080	6
04/01/19	5/1	G / / / 9	Pate (11)	Namoof OSHA Moni	1 1.		- 00	
Occupancy Status During Abatement (Check On Facility Closed/Vacated During Fatire Pos		/		Street Address	en Mic			
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal I Other – Describe:	iod of Abater Facility Hour	nent s		City, State, Zip Code	0x 817			
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□ ≥3 sf or ≥3 If	☐ Rer	novation			7)//			
≥160 sf or ≥260 lf	Der Der	nolition	54	☐ Mini-Enclo	nment with Negative Pr sure	essure		
	T				ted (*) and Non-Friable	e Procedure		
Location of	No	ocation rmally	De	scription of			ement ype	
Asbestos-Containing Material (ACM)  TO BE ABATED	Main	Solely by tenance/ lial Staff?	Asbestos Cont	aining Material (ACM) ems insulation, surfacing,	Amount		E	
In Facility (13)	F = 100 (0.00)	12)	I	VAT, or miscellaneous)	(Specify SF or LF)	Repair Remova	Encapsulate	Enclosure
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City State Rolling NI			Dispose	Date City, St	- 11	01	1C.	-
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Agencies Notified Type Not Sinitial				1	rt Address 11 State F	Routo 33		10:00:10	1		Ĭ.)	
	dment #_				State, Zip C			LICENS	MG	Acres (Acres (Ac		_
C) DCA SEment (NJAC 5:23-8) Justifi	gency (inc cation)	hiding			e of Contac			Telephone Nun	nber			_
, Cano	elletion				bert Sanl			866-885-78	00			
Name of Facility Where Abatement	la Takina	Pipes	(3)	F	CILITY IN	FORMATION	Type of Facility	(4)				_
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Gloucester				Cm	intly Code (i	VISTATE USE ONLY)	Current Use (P	for If being demol	(shed)			
Name of Monitoring Firm Hired by Epic Environmental Service		What (	(B)	ASC	A No.		nent Contractor (9 ronmental, LLC			-		
Street Address	in legaler					Street Address	PRINT HOLD SPECIAL PRINTED					-
1930 Brown Road						623 Cutler A	Asuna					
City, State, Zip Code		-				City, State, Zip C						
Newfield, NJ 08344						Maple Shad	e, NJ 05052					
Project Manager for Monitoring Pin	ħ			phon		Telephone No.		License No.				
Jim Eberts Start Date (10)	Cohed	Jan P			S-1077 Inter (11)	856-755-009 Name of OSHA		00842		man Printers and		
04 / 08 / 19	1.50	4 /			19	EMSL Analy						
Occupancy Status During Abateme	nt (Check	only (	one)			Street Address						
Facility Closed/Vacated During Abstament Performed Outside	of Normal	FECUR	y Hou	m - C	escribe	250 Route 1 City, State, Zip (						-
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		Yes	No	-	_							
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	ate of the later of					The second second						
Name of Registered Weste Hauter Freehold Cartage				Haule 159	Waste ID No.	Waste	Name of Reg Fairless L	atored Landfill andfill				
City, State Freehold, NJ				133		Dispossi Date 04/10/2019	City, State Morrisvill	e. PA				
Completed By (Print of Type) Margie Muller	Title	- T	istive	i Mar	mger	Signisture	MITO		Date Lf-1	4-	10	-
All5-41					-	4 11	11/1/	/	4-	1		

JK1441	PAID			ICATIO		BESTOS	ey ABATEMEN <sup>-</sup> nd 12:120)	r jin	EG	E	I = I		ta .	1 .
Date of Notification (1) 04/03/2019				Name o		Owner/0	Operator (2)	Check N	-	<u> </u>	n 1,	1 12		Parameter
Agencies Notified  □ EPA	Type Notification				Address hn F Ker	nnedy D	)rive		APF	7 - 9	201	9	On the Avendance of	No.
⊠ DEP ⊠ DOL	☐ Amended Amendment #			City, St Middle	ate, Zip C sex, Nev	ode v Jersey	08846	i i	Augusta (					
☑ DOH □ DCA	☐ Emergency (in justification) ☐ Cancellation	ncluaing			of Contact e Loree	, , , , , , , , , , , , , , , , , , ,			Telephone 732-317-6			24+1-75-7		
				FAC	ILITY INF	ORMAT	ION					0.00		
Name of Facility Where Parker Elementary S	e Abatement is Takir School	ng Place (	3)				Type of Fa	cility (4) I (K-12)						
Street Address 150 South Lincoln A	venue						☐ Subcha	apter 8 (Other tha i.e. private & com	an K-12) nmercial b	uildings	, hom	es, e	tc.)	
City (5) Middlesex, New Jers	sey 08846						Square Fee 20,000		of Floors	3	Bld 50-	g. Ag +	е	
County (6) Middlesex					Code (7) USE ONLY	)	Current Us	e (Prior if being d Elementary S		d)				
Name of Monitoring Fir Briggs Associates	m Hired by Building	Owner (8)		ASCI	M No.		Name of Ab Lilich Corp	atement Contractoration	tor (9)					
Street Address 3 Crosswicks Street							Street Addre 246 Union							
City, State, Zip Code Bordentown, New Je	ersey 08505						City, State, Totowa, No	Zip Code ew Jersey 0751	12					
Project Manager for Mo Michael Hoodak	onitoring Firm			Telepho 609-29	ne No 98-5520		Telephone 1 973-225-8		Licen: 0110	se No.				
Start Date (10) 04/19/2019		04/26/20	19				Name of OS Iris Enviror	SHA Monitor nmental Labora	tories, Ll	LC				
Occupancy Status Duri	ng Abatement (Chec	k Only Or	ne)				Street Addre							
<ul><li>☒ Facility Closed/Vac</li><li>☐ Abatement Perform</li><li>☐ Other – Describe:</li></ul>	ated During Entire Poned Outside of Norm	eriod of Al al Facility	oateme Hours	ent			City, State, 2 Union, NJ	Zip Code						
Scope of Work (Check	All That Apply)						Officia, No	07003				_		
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Renova Demolit				□ M 図 <u>G</u>	Il Containment wi ini-Enclosure love Bag Procedu on-Exempted (*) a	ure / Limit	ed Con	tainm		Tent	t
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		Yes	No	N/A									te	(D
Boiler F		Х						g Procedure)	8		X			
Boiler F	Room	Х			Tran		ling Panels ( Procedure)	Non Friable	100 S	SF	X			
Name of Registered Wa	acto Houses		1 2 -	IDEE	11-	T 6 1 :		T						
Lilich Corporation	iole Haulel		H	IJDEP W lauler ID 18724		Oubic of Was 5	Marchen en	Name of Registration		ndfill				
City, State Totowa, New Jersey							sal Date /2019	City, State Morrisville, P	'A					$\neg$
Completed by Adriana Olejarova		Title Pre	siden	t			ignature \	as		Date 04/0	3201	9		

CKano Pa	AID'		CATION	ate of New I OF ASBE to NJAC 8	STOS	ABATE					C	E		$\mathbb{V}$	
Date of Notification (1) 04/03/2019				f Building ( Grove E		Operator	(2)			A COLUMN TO THE PERSON OF THE	AP	R -	- 9	2019	
Agencies Notified Type Notification  EPA Initial				ompton A		е			1	P.S	gar Vallar		1.6.2	. n.	لة عاد
DEP Amended Amendmen		_ [		ite, Zip Coi Grove, I		009			1000		. 197 <u></u>	on to the control of	And the second	torib, sein	- Mean
➤ DOH justification)     ➤ DCA Cancellation		- 1	Name of Mario	f Contact Galta						ephone					
			FACI	LITY INFO	RMATI	ON									
Name of Facility Where Abatement is Takin Cedar Grove High School	ig Place (3	)					_	of Facility (4) School (K-12)							
Street Address 90 Rugby Road							目:	Subchapter 8 Other (i.e. pri	(Oth				dings,	home	es,
City (5) Cedar Grove								etc.) re Feet	# 0	Floors	;	В	ldg. A	ge	
County (6) Essex			County (	Code (7) USE ONLY)			Curre	nt Use (Prior	if bei	ng den	nolish	ed)			
Name of Monitoring Firm Hired by Building Ahera Consultants Inc.	Owner (8)		ASCM 0005				of Aba	tement Contr	actor	(9)		-		,	
Street Address PO Box 385			10000			Street	Addres					S-10112-			
City, State, Zip Code Oceanville, NJ 08231						City, S	tate, Z	p Code 07011							
Project Manager for Monitoring Firm		- 1	Telephor	ne No		Teleph				1:	NI-				
John Smoyer			609-65	52-1833			253-8			Licen 0070					
Start Date (10) 04/22/2019	Schedule 04/26/2	2019	npletion (	Date (11)				IA Monitor pany Inc.		W.002-0		Stan See		=	
Occupancy Status During Abatement (Che						Street	Addres	S							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr  Other – Describe: Occupied	Period of Anal Facility	baten Hours	ent			City, S	tate, Zi	p Code			-				
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova emolit				×	Mir	l Containmen ii-Enclosure vebag Proce n-Exempted (	dure					9	
Location of	100	Locati			1250				7 411		11001		Abate	ment pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Mai	d Sole intenai odial S (12)	ly by nce/	Asbest (i.e.	os Cont thermal surfa	scription taining M systems cing, VA niscellan	laterial s insula T, or	(ACM)	(8	mount Specify For LF)	9	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									<u>a</u>		ate	re l
Main Entrance		X			Ceili	ng Pla	ster		27	77 SF		x			
Main Entrance		X		Ce	iling P	laster	top co	pat	5	5 SF		х			
Name of Registered Waste Hauler Newark Carting Inc.	,	Н	JDEP W auler ID 5409	1010101010-	Cubic of Was			Name of Re	576	red La	ndfill				
City, State Newark, NJ					Dispos	sal Date		City, State Morrisvill	e, P	Α					
Completed by Voytek Roszkowski	Title Presi	dent			S	Signature	77.6-		-	) Vari	Dat 04	e '03/2	2019		

PHILL FORM

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

Ch Co				(1	ursua	ant to NJ	AC 8:60 and 5:	16)					- 11
Date of Notification (1)	29 /	19	9				ng Owner/Operator		APF Job #1903-24				The second
Agencies Notified	Type Notin	fication		-		et Address		остр.	Lauren				1
⊠ EPA	☐ Initial	noation			133.00	Road C			ASSESSE			:ÜL	â
☑ DOLWD							Codo		Sub-	and have been a series	- CANCO	-	62
☑ DHSS	Amend				M 52.00	State, Zip							
DCA (NJAC 5:23-8)	☐ Emerge	ency (ir	ncludin	g			Park, NJ 08106						
(NJAC 5.23-0)	justifica					e of Conta		8 8 6	Telephone Nu				
		iation					n (Mainenance S	upervisor)	856-547-45	550			
Name of Facility Where	Abatement is	s Taking	n Plac	9 (3)	F/	ACILITY II	NFORMATION	T= .=					
Residential Prope		- raiding	9 1 140	c (0)				Type of Facility	* *				
Street Address	,							School (K-12	2) 8 (Other than K-1	2)			
								Other (i.e., p	rivate and comm	ercial b	uildin	gs,	
City (5)								homes, etc.) Square Feet					
Audubon Park									# of Floors		Bldg. A	\ge	
County (6)					Cou	inty Code /	7)(STATE USE ONLY)	+/- 1,000	1		78		
Camden					000	inty code (	I (STATE USE UNLT)	A SAMPLE OF STREET STREET, MANUAL PROPERTY OF STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,	or if being demo	lished)			
Name of Monitoring Firr	m Hired by Bu	ildina C	wner	(8)	ASCN	1 No	Nome of Abeter	Residential					
Briggs and Assoc		munig C	, will Ci	(0)	AGGIV	I NO.		ent Contractor (9)					
Street Address								d Mold Service	s, Corp.				+
3 Crosswicks Stre	et						Street Address						
City, State, Zip Code							3859 Sylon B						
Bordentown, NJ 0	8505						City, State, Zip Co						
Project Manager for Mor				T-1-			Hainesport, N	NJ 08036					
Doug Ferry	intolling Fillin				phone		Telephone No.		License No.				
Start Date (10)		Cabad	م اد داد			7-2957	609-702-0400		00862				
4 / 10 /	10					ate (11)	Name of OSHA M						
	Alternative Control				_ ′	19_	EMSL Analyti	ical, Inc.					
Occupancy Status Durin							Street Address		•				
□ Facility Closed/Vacat     □ Abatement Performed     □ Abate	ed During Ent d Outside of N	ire Peri	od of	Abater	nent		200 U.S. Rout	te 130 North					
Time of Abatement:	AM-	PM	raciiity I/	PM-	s - Des	AM	City, State, Zip Co	ode					
							Cinnaminson	, NJ 08077					
Scope of Work (Check a	Il that apply)						57 = 4 0		7"	1			
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Rei				LI WILLI-EUCI	ainment with Nega osure Procedure	ative Pressure	.NCI	2SN	RE	
							☐ Non-Exer	npted (*) and Non	-Friable Procedu	ıre			
Location				Locati Iormal						Ab	atem	ent T	уре
Asbestos-Containing	Material (ACN	/h)		d Sole		Aches	Description of stos Containing Mat			Z	Z	Ш	Ш
TO BE ABA	ATED	·		ntenar		(i.e.	, thermal systems in	nsulation.	Amount (Specify	Removal	Repair	nca	nclo
IN Facili (13)	ty		Cust	odial S (12)	itan?		surfacing, VAT,		SF or LF)	val	-	Encapsulate	Enclosure
(10)			Yes	No	N/A		other miscellaneo	ous)				ate	CD
Attic					$\boxtimes$	Asbesto	s Insulation		375 SF				
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lame of Registered Was	te Hauler			L N	DEP V	Vacto	Cubia Vanda of	IN CO					
Waste Management					uler ID		Cubic Yards of Waste	Name of Registe					
City, State				100000	17273		5	Grand Cent	rai				
Lafayette, NJ							Disposal Date	City, State	- 1-107				
		T ====					4/12/19	Penn Argyle	, PA				
completed By (Print or Ty Kaysi Gruner	rpe)	Title					Signature		Da	200.7			
Raysi Gruner		Off	ice A	ssista	ant		10M	V _	- 1	4-4	-16		
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

01/2000		NO.	ΓIFIC	CATIO	State of I	New Jersey SBESTOS ABA	TEMENT		G	5 [		7
UK 5357	TDA	TT				AC 8:60 and 5:		IIKI			entrance (in	Annual season and
Date of Notification (1)		HE	<u> </u>	Nam	ne of Buildi	ng Owner/Operator	(2)		155			
4/5	/			A43	arc School		#1903-2411 Ch	nk. #5337	APR	- 9	201	9
	otification			Stre	et Address			N. Walleton			A second	To a reduce
☐ EPA ☐ Initia				10	89 Creek	Road		Pala	Ballini Liga		25	- i. č
	nded ndment #			City,	State, Zip	Code			i de la company	184,44	¥ G	
	rgency (ir		-	Be	ellmawr,	NJ 08031						
(NJAC 5:23-8) justif	ication)	ioidaii	9	Nam	e of Conta	ct		Telephone	Number			
☐ Cano	ellation			Ma	arc Chees	seman		856-933				
			-2-3-	F/	CILITY	NFORMATION						
Name of Facility Where Abatemen	t is Taking	g Plac	e (3)				Type of Facility	(4)				
Larc School							School (K-1)					
Street Address							Subchapter	8 (Other than	K-12)			
1089 Creek Road City (5)							Other (i.e., phomes, etc.	orivate and cor )	mmercial	ouildi	ngs,	
Bellmawr							Square Feet	# of Floors	s I	Bldg.	Age	
County (6)						The state of the s	65,000	1		54		
Camden				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	rior if being de	molished)			
							School					
Name of Monitoring Firm Hired by I	Building C	Owner	(8)	ASCM	l No.	Name of Abatem						
Horizon Environmental						Asbestos an	d Mold Service	es, Corp.				
Street Address PO Box 316						Street Address	~ 20					
						3859 Sylon E	Boulevard					
City, State, Zip Code Thorofare, NJ 08086						City, State, Zip C	ode					
Project Manager for Monitoring Firm			1			Hainesport, I	NJ 08036					
Steve / Dave Flanigan	n			ephone		Telephone No.		License N	0.			
Start Date (10)	C-11	-1-10			3-0800	609-702-0400		00862				
_4 / _22 / _19				etion Da 5 /	ate (11) 19	Name of OSHA N EMSL Analyt						
Occupancy Status During Abatemen	nt (Check	only	one)			Street Address	,					
☐ Facility Closed/Vacated During E	Entire Per	iod of	Abate	ment		200 U.S. Rou	te 130 North					
☐ Abatement Performed Outside o	f Normal	Facility	v Hou	rs - Des	scribe	City, State, Zip Co						
Time of Abatement:AM	PN	1/	_PM		AM	Cinnaminson						
Scope of Work (Check all that apply	)					o i i i i i i i i i i i i i i i i i i i	, 140 00077					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		⊠ Re □ De	novat moliti			☐ Mini-Enc	ainment with Neg losure g Procedure mpted (*) and Nor					
			Loca					1		oaten	nent 1	Type
Location of Asbestos-Containing Material (A	CM)		lorma d Sole	illy ely by	A-1	Description of	f				1	T
TO BE ABATED	Civi)	Ma	intena	ince/	(i.e	stos Containing Mat ., thermal systems i	terial (ACM)	Amount (Specify	-	Repair	Encapsulate	Enclosure
IN Facility (13)		Cust	odial (12)	Staff?		surfacing, VAT,	or	SF or LF)	) oval	===	nsd	Sur
(13)	F	Yes	No	N/A	1	other miscellaned	ous)			1	late	0
Rooms 13, 8 & 11				⊠ ×	Floor Ti	ile & Mastic		1080 SF	: 🛛			
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			_						⊔	1		Ш
Name of Registered Waste Hauler			Ц									
Waste Management			1 1000	JDEP V auler IE	7.27.	Cubic Yards of Waste	Name of Regist					
				17273		5	Grand Cent	tral				
City, State						Disposal Date	City, State			100		
Lafayette, NJ				6 1		4/25/19	Penn Argyle	e, PA				
Completed By (Print or Type)  Kimberly Trumbetti	Title	Fig. 0		linator		Signature	1		Date	0.2504		

ASB-41 **MAY 11** 

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

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEM

N/5338	PAI	D	NOT					TOS ABAT :60 and 5:10			PR - 9	01	010	A separate s
Date of Notification (1)					3			ner/Operator (		4:34	1 9000000000000000000000000000000000000		119	- Institute
	5 /	19			Me	dford Lea	as		/ Job #1810-	2361Chk	. #5338			فمب
Agencies Notified	Type Notifica	ation				t Address				£ 15,2 s	LICENS.	NO		-
⊠ EPA ⊠ DOLWD	☐ Initial	1				e Medfor		as Way			The representation from the first	A		500
☑ DOLWD	Amendm				City, S	State, Zip C	Code							
□ DCA	☐ Emergen	_		1	Me	dford, NJ	J 080	55						
(NJAC 5:23-8)	justification	on)			Name	of Contac	t	1-2/3/2		Telephone N				
	☐ Cancellat	tion			Ste	ve Mirar	chi			215-539-9	124			
					FA	CILITY IN	IFOR	RMATION						- 15-20
Name of Facility Where A	batement is T	aking	Place	(3)					Type of Facility	(4)				
Medford Leas - PHA	ASE 2								School (K-12					
Street Address				·		10000			Subchapter 8					
One Medford Leas	Way								Other (i.e., p homes, etc.)		merciai b	IIIDIIL	igs,	
City (5)				35-176-					Square Feet	# of Floors	В	ldq.	Age	
Medford														
County (6)					Cour	nty Code (7	7)(STA	TE USE ONLY)	Current Use (Pr	ior if being dem	nolished)	12.00		
Gloucester						,			Residential					
Name of Monitoring Firm	Hired by Build	ding O	wner (	(8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)			_		
Criterion Labs									d Mold Service					
Street Address								et Address		ю, согр.		_		_
400 Street Road							1275-75-7	859 Sylon B	oulevard					0.
City, State, Zip Code								, State, Zip Co				_		
Bensalem, PA 1902	0						- 335	ainesport, N						
Project Manager for Moni				Tele	phone	No		ephone No.		License No.				
Mike Panepresso					15-244			09-702-0400		00862				
Start Date (10)	5	Schedi	ıled C	1000	tion Da			ne of OSHA M		00002		_		
4 /15 /	19	4	_ /	_ 26	<u> </u>		100000000000000000000000000000000000000	MSL Analyti						
Occupancy Status During							Stre	et Address						
☐ Facility Closed/Vacate							20	00 U.S. Rout	te 130 North					
Abatement Performed Time of Abatement:							City	, State, Zip Co	ode					
						/ NVI	Ci	innaminson	, NJ 08077					- 8
Scope of Work (Check all	that apply)							Ппи		_				
☐ >3 sf or >3 lf			⊠ Re	novat	ion			☐ Full Cont	ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf			De					☐ Glovebag	Procedure					
-0								Non-Exer	mpted (*) and No	n-Friable Proce	dure			
				Loca				<u> </u>			Al	ater	ment 7	Гуре
Location Asbestos-Containing N		n			ely by	Ashe	etne (	Description of Containing Mar		Amount	Re	20	I I	Ē
TO BE ABA	TED	"		intena			., ther	rmal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facilit	у		Cust	(12)	Staff?			urfacing, VAT,		SF or LF)	/al	1	Encapsulate	ure
(13)		ŀ	Yes	No	N/A		otn	ner miscellane	ous)				ate	
Pharmacy						floor tile	e and	d mastic		700 SF				
Custodial Closet						floor tile	e and	d mastic		33 SF		-	-	
Common Hallway			$\Box$	П		floor tile	e and	d mastic		1184 SF		Ē		
Salon Storage						2x4 ceil				30 SF		-		
Name of Registered Wast	e Hauler		ш_	100	JDEP \		1700	ic Yards of	Name of Regis					
Waste Management				1000	lauler II 17273	O No.	Was		Grand Cen					
City, State					11213	,		osal Date	City, State				110000	
Lafayette, NJ								26/19	Penn Argy	le, PA				
Completed By (Print or Ty	rpe)	Title	Y					Signature	7		Date			
Kimberly A. Trumbe		115.10.000.00		Coor	dinato	r		0	Parameter Company		4-12-	10		

ASB-41 MAY 11

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

2019-70 B & G proj. #:

### State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 9210 NON Sub 8 Date of Notification (1) Name of Building Owner/Operator (2) 10 14 1/10 15 1/11 19 1 Demarest Board of Education Agencies Notified Type Notification Street Address APR 2019 ☐ EPA 568 Piermont Road Initial ☐ DEP City, State, Zip Code Amendment X DOL Demarest, NJ 07627 Telephone Number X DOH Name of Contact Cancellation Thomas Perez 201-768-6060 ☐ DCA **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Demarest Middle School (NON Sub 8) Subchapter 8 (Other than K-12) Other (Private/Com nercial Street Address Bldgs./Homes, etc. 568 Piermont Road # of Floors Blda. Age Square Feet County (6) County Code (7) City (5) Current Use (Prior if being d amolished) (State use only) Demarest, NJ 07627 Bergen middle school Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Nu mber Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 04/17/2019 04/19/2019 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Lincoln Park, NJ 07035 Other-Describe: start 8:00 am Scope of Work (check all that apply) ★ Glovebay procedure Demolition Full Containment w/negative pressure X Renovation Non-frial le procedure Mini-enclosure × >3 sf or >3 lf >160 sf or >260 lf Is location normally used solely Location of e by maintenance/custodial Amount n asbestos-containing Description of asbestos-containing p C (Specify SF or staff(12) C material to be material (ACM) a a LF) abated in facility (13) Yes No N/A 60 If 5 pipe (wrap & cut) Auditorium/Gym Stage left side Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Grand central Landfill B & G Restoration, Inc. 19563 Disposal Date City, State City, State Pen Argyl, PA 04/20/2019 Lincoln Park, NJ Signature Date Completed by (Print or Type) Gordana Luna 04/05/ 2019 Gordana Luna Secretary/Treasurer

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 1 22 19 1 Millennial Partners LLC Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 2 Riverside Drive Suite 500 ☑ DOLWD □ Amended
 □ City, State, Zip Code X DOH Amendment #4 Camden NJ 08103 □ DCA ☐ Emergency (including) (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation 1 800 971-6773 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Victor Bldg ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial build ngs, 201 N. Front Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Camden 90,000 7 10)+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni DELTA/BJDS, INC Street Address Street Address 515 Grove Street, Suite 1B 1345 INDUSTRIAL BLVD. City, State, Zip Code City, State, Zip Code Haddon Heights, NJ 08035 SOUTHAMPTON PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Alan Lloyd 856-656-2875 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2 / 1 / 19 5 / 31 / 19 Criterion Labs Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 Street Road ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-4PM/ PM-Bensalem Pa 19020 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ☐ >3 sf or >3 lf ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abate nent Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Inahaii Encapsulate Asbestos Containing Material (ACM) Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st Floor Office  $\boxtimes$ П Pipe insulation Г 160 LF X П 1st Floor  $\boxtimes$ Radiator Insulation 75 SF  $\boxtimes$ Basement X Pipe Ins. above Plaster Ceiling 600 LF X П П Basement M П Contaminated Plaster Ceiling Г 12,000 SF X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE WAYNESBURG, OHIO Completed By (Print or Type) Signature Date CHRISTINE DEL VISCIO ASST. ADMINISTRATOR ASR-41

JAN 13

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								1						1		T			
REMOVAL REPAIR		×	×	××	×	×		×	×			1				T			
AMOUNT SPECIFY SF OR LF		600 sf	1,350 sf	32 II 250 lf	1,420 lf	32,000 sf		_	200LF										
ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)		9x9 Red floor tile and Mastic	Mastic associated with non-ACM Kitchen sheet flooring	Exterior Window Caulk	Exterior Window Glazing	Roofing Material	Contaminated Plants	Containinated Plaster Celling	ripe insulation above plaster celling										
IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF?	YES NO N/A	×	××	×	×	×	>	< >	<	+	+	-		+		-			
LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	Victor Building Warehouse	1st fl Superintendent's Office	Ist fl Kitchen Exterior	Exterior	Exterior	Top Roof	7th Floor	7th Floor											

		NO	TIFIC	ATIO	N OF A	New Jersey	TERFERE			December 1	nen uz				
1370 -03		NO				SBESTOS ABA JAC 8:60 and 5:1	IEMENT	EGEI	W						
Date of Notification (1)				Nam	e of Build	ing Owner/Operator	(2)				il	111			
1 / 22		9		M	illennial	Partners LLC		APR - 9	2019	200	lan				
	e Notification	n		Stre	et Address		F 2 15 2				_ =				
- Automorphists	nitial	i.		21	Riverside	e Drive Suite 500	Lace		- 22 #	طوحين دا ان طوحين دا ان					
- Landing	mended mendment	#2		City,	State, Zip	Code	<i>f</i> -		٠, ١	2000	-				
72-0	mergency (	The second second	20	Ca	mden N	J 08103	- *		50	100					
	ustification)	modul	'y	Nam	e of Conta	act		Telephone Nun	her						
	ancellation							1 800 971-6							
				FA	CILITY	NFORMATION		1 000 01 1-0	110						
Name of Facility Where Abater	nent is Takir	ng Plac	ce (3)			III OIIIIATION	Type of Facility (	4)							
The Victor Bldg			,				School (K-12)	N							
Street Address							Subchapter 8	Other than K-12	2)						
201 N. Front Street							Other (i.e., pri	ivate and comme	rcial b	uildin	9 ,				
City (5)							homes, etc.) Square Feet	# of Floors	15	1d - A					
Camden							90,000	7		100 A	-				
County (6)				Cou	nty Code (	(7)(STATE USE ONLY)	Current Use (Price	- Land Same and the same and the same	chod)	100	Ξ_				
Camden					my codo (	I NOTHIE GOL ONET	Current Use (File	or it being demoir	snea)						
Name of Monitoring Firm Hired	of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)														
Pennoni	noni DELTA/BJDS, INC														
Street Address	noni DELTA/BJDS, INC Address Street Address														
	oni DELTA/BJDS, INC														
City, State, Zip Code	<u> </u>						The state of the s								
Haddon Heights, NJ 0803	· -					City, State, Zip Co									
Project Manager for Monitoring			1			SOUTHAMPT	ON PA 18966								
Alan Lloyd	-um		1 1000	phone		Telephone No.		License No.			192				
	10.		2000		-2875	215 322-2900		00783							
Start Date (10)					ite (11)	Name of OSHA M		64							
//			31	_ / .	19_	Criterion Lab	S								
Occupancy Status During Abate						Street Address									
Facility Closed/Vacated Durin	ng Entire Pe	riod of	Abater	nent		400 Street Ro	ad								
☐ Abatement Performed Outsic Time of Abatement: 7AM-4P	e of Norma	I Facilit	y Hour	s - Des	cribe	City, State, Zip Co	de								
		VI	AM			Bensalem Pa	19020								
Scope of Work (Check all that a	oply)						THE THE SECOND STATE OF				165				
☐ >3 sf or >3 lf		⊠ Re	enovatio	าก			ainment with Nega	tive Pressure							
≥160 sf or ≥260 lf			molitio			☐ Glovebag									
						☐ Non-Exer	npted (*) and Non-	Friable Procedur	e						
l continu of		- 53	Locati Normal						Ab	ateme	7	Гуре			
Location of Asbestos-Containing Materia	I (ACM)		ed Sole		Acho	Description of stos Containing Mat			N	D	1	_			
TO BE ABATED	( ( ( ( ) ( ) ( ) ( ) ( )		intenar			., thermal systems in		Amount (Specify	em	Repair		nck			
IN Facility		Cus	todial S (12)	Staff?	,	surfacing, VAT,	or	SF or LF)	Removal	=		Enclosure			
(13)		Yes	No	N/A		other miscellaneo	us)		-			6			
1 <sup>st</sup> Floor Office			×		Pipe ins	sulation		160 LF			1 1				
1 <sup>st</sup> Floor						or Insulation		75 SF			1 1	분			
Basement	Politics - Strategy					s. above Plaster (	Ceiling	600 LF			1 1				
Basement						inated Plaster Ce					1 1				
Name of Registered Waste Haule	er			IDEP V		Cubic Yards of		12,000 SF		Ш					
SERVICE TRANSPORT GI			Ha	uler ID	No.	Waste	Name of Register MINERVA LA								
City, State				20990		Disposal Date	City, State				-				
58 PYLES LANE NEW CAS	STLE DE					- opodi bate	WAYNESBUI	RĢ, OHIO							

Completed By (Print or Type) CHRISTINE DEL VISCIO

ASST. ADMINISTRATOR

3-8-2 119

ASB-41 JAN 13

					1			***		8								The second secon	E (	
ENCLOSURE																			Ar	PR = 9 2019
ENCAPSULATE ENCLOSURE																				es e suendamano.
REPAIR												T	T	T	1		T		1	
REMOVAL REPAIR		×	×	×	×	×	l <sub>×</sub>	×	T <sub>×</sub>	l <sub>×</sub>	T <sub>×</sub>	. ×	 		×	>				
AMOUNT SPECIFY SF OR LF		32,000 sf	500 LF	150 SF	100 SF	600 sf	T	T	Γ	50 lf	35 lf	T	J.	T	50 IF	600 cf		x y s 009	1,275 sf x	1
ASBESTOS CO (IE, THERMAL SURFACING, V OTHER MISCE	N/A		T	X Residual 9 X 9 Mastic	A Residual 9 X 9 Mastic	X Residual 9x9 Mastic	X Residual 9x9 Mastic	X Duct Tar	X Block Pipe Insulation	X Block Pipe Insulation	X Block Pipe Insulation	X Block Pipe Insulation	X 9x9 Gray Floor Tile and Mastic		T	x Mastic on bottom of drywall		y Syg Floor Tile	Residual 12 x 12 Mastic	
IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF?	YES NO				+		×	×	×	×	×	×	×	×	+	×		×	×	
VTAINING M)		Victor Building Warehouse	Inrougn out	1st fl small office	2nd Fl Large Rm 40sf under	concrete floor	2nd Fl Large Rm entry-stairway	Above Ceilings and Old Roof	Above Large Storage 4" dia	Above Large Storage 1' dia	2nd floor Tool Shop	2nd floor Tool Shop Closet	2nd floor office after bathrm	1st FI, in pile debris in cafeteria	1st Floor Cafeteria/Kitchen	ide	ist fl Cafeteria /kitchen side foor tile continues under	walls and mastic	Lst fl,entryway to stairs and Into walk-in freezers	

																	<u></u>	EIW
ENCLOSURE											Addition of the last of the la						APR	<b> </b>
REMOVAL REPAIR ENCAPSULATE ENCLOSURE																		
REPAIR					T			T	T	T	Ī	T		T			T	
REMOVAL		  ×	×	×	×	×	l <sub>×</sub>											
AMOUNT SPECIFY SF OR LF		600 sf	1,350 sf	32 lf		4	32,000 sf											
DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)		9x9 Red floor tile and Mastic	Mastic associated with non-ACM Kitchen sheet flooring	Door Frame Caulk	Exterior Window Caulk	Exterior Window Glazing	Roofing Material											
IS LOCATION ORMALLY SOLEY BY VTENANCE/ 'ODIAL STAFF?	NO N/A	×	×	×	×	×	×										- 11	]
IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF?	YES NO								-					$\vdash$	-			-
LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	Victor Building Warehouse	1st fl Superintendent's Office	ast fl Kitchen	gxterior	Exterior	Exterior	Top Roof						21			-		

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

1370-03		NO				AC 8:60 and 5:1		E	G	E		$\mathbb{W}$
Date of Notification (1)				Nam	e of Buildi	ng Owner/Operator (	(2)			-		
_1 / _	22 / 1	9		1		Partners LLC	(-)		APR	- (	2	019
Agencies Notified	Type Notification			Stree	et Address				* E T T T T T T T T T T T T T T T T T T			
I I	☐ Initial			2 F	Riverside	Drive Suite 500		ļ.,	s			. T.
☑ DOLWD	Amended  Amendment #	12		City,	State, Zip	Code		Francis,	21	1.11	FLI	<u> </u>
□ DCA	☐ Emergency (i	-	a	Ca	mden N.	J 08103		14-4	- 1	med and a	April 4	6.t
(NJAC 5:23-8)	justification)  Cancellation	iologiii	9	Name	e of Conta	ct		Telephone Num				
			8	FA	CILITY II	NFORMATION		1 800 971-67	113		_	
Name of Facility Where Al	atement is Takin	g Place	e (3)	100			Type of Facility (	4)		-	-	
The Victor Bldg							☐ School (K-12	)				
Street Address	74						Subchapter 8	(Other than K-12	)	.,		2/3
201 N. Front Street							homes, etc.)	ivate and commer	rcial bi	uildin	5,	
City (5)							Square Feet	# of Floors	В	ldg. A	ie	
Camden							90,000	7	- 1	100		
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pric	or if being demolis			-	-46
Camden						11.71 - 12.00 - 25.00 15.00 f						
Name of Monitoring Elm. F	lired by Building	Dwner.	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				-	
Pennoni						DELTA/BJDS						
Street Address						Street Address					-	
515 Grove Street, Su	ite 1B					1345 INDUST	RIAL BLVD.					
City, State, Zip Code						City, State, Zip Co	ode					
Haddon Heights, NJ	08035					SOUTHAMPT	ON PA 18966					
Project Manager for Monito	ring Firm		Tele	phone	No.	Telephone No.		License No.			_	
Alan Lloyd			85	6-656	-2875	215 322-2900		00783				
Start Date (10)		duled C	omple	tion Da	te (11)	Name of OSHA M	onitor				_	
/ / /	19	3_/	_ 31	_ / .	19	Criterion Lab	S					
Occupancy Status During A						Street Address					_	
☐ Facility Closed/Vacated	During Entire Pe	riod of	Abater	ment		400 Street Ro	ad					
Abatement Performed C	Outside of Normal	Facility	y Hour	s - Des	cribe	City, State, Zip Co	de				-	-
Time of Abatement: 7Al		/	_AIVI			Bensalem Pa	19020					
Scope of Work (Check all the	nat apply)		N							-	-	-
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			novatio molitio			<ul><li>☐ Mini-Enclosed</li><li>☐ Glovebag</li></ul>	Procedure	ative Pressure -Friable Procedure			39	
		Is	Locati	ion	Ι	☐ NOIFEXE	inpled ( ) and Non	-Friable Procedure	1			
Location of		1	Normal	ly		Description of				ateme	_	ype
Asbestos-Containing Ma <u>TO BE ABATE</u>	aterial (ACM)		d Sole intena		Asbe	stos Containing Mat	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility		10000	odial S		(i.e	., thermal systems in surfacing, VAT,		(Specify SF or LF)	VOU	air	aps	losi
(13)			(12)	1		other miscellaneo		Si di Li')	<u>a</u>		ulat	le
1 <sup>st</sup> Floor Office		Yes	No 🖂	N/A	Ding in	nulation			-		e	
1 <sup>st</sup> Floor						sulation		160 LF		Ш	Ц	Ш
	Notes of the second					or Insulation		75 SF				
Basement ( RDD	Sale Sale Sale					s. above Plaster (		600 LF				
Basement 1 ADI	> 1 医多说					inated Plaster Ce		12,000 SF				
Name of Registered Waste				JDEP V auler ID		Cubic Yards of Waste	Name of Registe	red Landfill				
SERVICE TRANSPOR	I GROUP			20990		**dSlE	MINERVA L	ANDFILL				
City, State 58 PYLES LANE NEW	CASTLE DF					Disposal Date	City, State	ופה טחוט				

Completed By (Print or Type)

CHRISTINE DEL VISCIO

Title

ASST. ADMINISTRATOR

Signature

2-15-2019

1370-03

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

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	1	11.77	1	H 5.

												111			
Date of Notification (1)  1 / 22 /	40			1000		ng Owner/Operator	(2)	n:	220			116			
								APR	- 0	20	9				
Agencies Notified	E.+	1	et Address Bivorside	Drive Suite 500											
☑ DOLWD ☑ Amend	ed~			_											
	ment.#1			120	State, Zip amden N.			440	1 - 100	- 4-					
DCA Emerge justifica	ency (in	cluding	g		e of Conta			-							
(NJAC 5.23-6) Justilica				INall	ie oi Conta	Ct		Telephone Num							
	10011							1 800 971-6	773						
Name of Equility Where Abeter and	T-11	Di	(0)	FA	CILITY II	NFORMATION									
Name of Facility Where Abatement is The Victor Bldg	aking	Place	(3)				Type of Facility		17.0	. 7:					
Street Address Subchapter 8 (Other tha											2)				
201 N. Front Street  Other (i.e., private ar homes, etc.)										ildir ıs,					
City (5)							Square Feet	# of Floors	Did	_					
Camden							90,000	7		g. / 00					
County (6)	7			Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Pri		Ri Service						
Camden					,,	Menus occ outly	Odirent Ose (i ii	or it being demons	ileu)						
Name of Monitoring Firm Hired by Bu	ilding O	wner (	8)	ASCN	1 No.	Name of Abateme	ent Contractor (9)			_					
Vertex					7.7	DELTA/BJDS									
Street Address						Street Address	,				_	-			
700 Turner Way Suite 105						1345 INDUST	RIAI BI VD								
City, State, Zip Code			1.			City, State, Zip Co				_	_				
Aston Pa 19014							OUTHAMPTON PA 18966								
Project Manager for Monitoring Firm			Tele	phone	No.		Telephone No. License No.								
David Brown			6	10-558	3-8902	215 322-2900									
Start Date (10)	led Co	omple	ate (11)	Name of OSHA M	onitor	33.33		_	_	-					
_2_/_1_/_19_	3	/	_ 31	/	19	Criterion Lab	5								
Occupancy Status During Abatement	(Check	only o	ne)			Street Address									
☐ Facility Closed/Vacated During Ent	ire Perio	od of A	Abate	ment		400 Street Ro	ad								
☐ Abatement Performed Outside of N	lormal F	acility	Hour	s - Des	scribe	City, State, Zip Co	_	_							
Time of Abatement: 7AM-4PM/	PM-		_AM			Bensalem Pa									
Scope of Work (Check all that apply)										_		$\dashv$			
≥3 sf or ≥3 lf	Б	⊠ Rer	novati	on			ainment with Nega	ative Pressure							
≥160 sf or ≥260 lf		Den				⊠ Glovebag	Procedure								
						☐ Non-Exen	npted (*) and Non	-Friable Procedur	е						
Location of			Locat orma		v						nt Ty	/pe			
Asbestos-Containing Material (ACM)  TO BE ABATED  Used Sole Maintena				ly by	Asbes	Description of stos Containing Mate	erial (ACM)	Amount	Re	R	四	m			
					(i.e.	., thermal systems in	nsulation,	(Specify	Removal	Repair	cap	Enclosure			
IN Facility Custodial S (13) (12)					surfacing, VAT, or SF or LF)						Encapsulate	sure			
		Yes	No	N/A		outer missellanes	43)				ate				
1 <sup>st</sup> Floor Office	1		$\boxtimes$		Pipe ins	Pipe insulation 160 LF				Ī	at				
1st Floor					Radiator Insulation 975 SF					5	ot				
									ПГ	7	F				
	Г	7	П								=				
Name of Registered Waste Hauler			N.	JDEP V	Vaste I	Cubic Yards of	Name of Registe	ered Landfill		_		Ш			
SERVICE TRANSPORT GROUP	•		Ha	auler II	No.	Waste	MINERVA L								
City, State				20990		Disposal Date	City, State			_					
58 PYLES LANE NEW CASTLE	DE					cpcca. Date	WAYNESBU	RG OHIO							
Completed By (Print or Type)	Title					Signature				_					
CHRISTINE DEL VISCIO		ST. A	DMIN	NISTR	ATOR		10	Date	2~6	_	All	al			
SB 41						Un	male	Vilcar !	6		.01	1			

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

1370-63

1	Date of Notification (1)			Nam	ne of Buildi	ng Owner/Operator	(2)						
SPA		19	9					APR - 9	2019				
DOLIVD	Agencies Notified Type Not	fication		Stree	et Address		i						
DOH				21	Riverside	Drive Suite 500		A.					
Camden NJ 8103		1700000		City.	State, Zip	Code		-					
Name of Facility Where Abatement is Taking Place (3)					8 W M.			***************************************					
Cancellation			aing				Talanhana Mumhar						
Name of Facility Where Abatement is Taking Place (3)		7.0											
Name of Facility Where Abetement is Taking Place (3)				FA	CILITY	NFORMATION		. 000 011		No.			
The Victor Bidg  Street Address 201 N. Front Street  Clty (6) Camden  County (6) Camden  County (7) Camden  County (8) Camden  County (8) Camden  County (8) Camden  County (8) Camden  County Code (7)(STATE USE ONLY) Camden  Name of Monitoring Firm Hired by Building Owner (8) Vertax  Street Address  Street Road  St	Name of Facility Where Abatement i	s Taking Pl	ace (3)				Type of Facility (	4)					
Street Address   201 N. Front Street   20		J	. ,										
Double   D	Street Address						☐ Subchapter 8	(Other than K-					
County (6)   Camden	201 N. Front Street							ivate and comm	rercial building	5,			
County (6)	City (5)							# of Floors	Blda, A	9			
County (6)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)	Camden												
Camden	County (6)			Cou	ntv Code (	7)(STATE USE ONLY)	The state of the s	or if being demo		-			
Vertex	Camden					, N,		or in boning dome	morrou)				
Vertex	Name of Monitoring Firm Hired by Bu	ilding Own	er (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Street Address   T00 Turner Way Suite 105   City, State, Zip Code   Aston Pa 19014   City, State, Zip Code   SOUTHAMPTON PA 18966   SOU	Vertex												
City, State, Zip Code	Street Address					Street Address				_			
Aston Pa 19014  Project Manager for Monitoring Firm David Brown  Start Date (10) 2 / 1 / 19 Scheduled Completion Date (11) Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement Terformed Outside of Normal Facility Hours - Describe Time of Abatement Terformed Outside of Normal Facility Hours - Describe Time of Abatement Terformed Outside of Normal Facility Hours - Describe Time of Abatement Terformed Outside of Normal Facility Hours - Describe Time of Abatement Terformed Outside of Normal Facility Hours - Describe Time of Abatement Terformed Outside of Normal Facility Hours - Describe Time of Abatement Terformed Outside of Normal Facility Hours - Describe Time of Abatement Terformed Outside of Normal Facility Hours - Describe Time of Abatement Terformed Outside of Normal Facility Hours - Describe Time of Abatement Terformed Outside of Normal Facility Hours - Describe Time of Abatement Terformed Outside of Normal Facility Hours - Describe Time of Abatement Terformed Outside of Normal Facility Hours - Describe Time of Abatement Terformed Outside of Normal Facility Hours - Describe Time of Abatement Terformed Outside of Normal Facility Hours - Describe Time of Abatement Terformed Outside of Normal Facility Hours - Describe Time Terformed Outside of Normality Used Solely by Maintenance/ Outsocial Staff? (12) Yes No N/A  1st Floor Office  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	700 Turner Way Suite 105					1345 INDUST	RIAL BLVD.						
Project Manager for Monitoring Firm David Brown  Start Date (10) 2	City, State, Zip Code					City, State, Zip Co	ode						
David Brown	Aston Pa 19014					SOUTHAMPT	ON PA 18966						
Start Date (10)  2	Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone No.		License No.		-			
2	David Brown		6	10-558	-558-8902 215 322-2900 00783								
Occupancy Status During Abatement (Check only one)  ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement TAM-4PM PMAM  Scope of Work (Check all that apply) ☐ 23 sf or ≥3 if ☑ 150 sf or ≥260 if ☐ Demolition ☐ Demolition ☐ Demolition ☐ Demolition ☐ Demolition ☐ Description of Asbestos-Containing Material (ACM) ☐ Normally ☐ Used Solely by ☐ Asbestos-Containing Material (ACM) ☐ IN Facility ☐ (13) ☐ Vers No N/A   Normally ☐ Description of Asbestos Containing Material (ACM) ☐ Specify ☐ (13) ☐ Pipe insulation ☐ Demolition ☐ Demolition ☐ Description of Asbestos Containing Material (ACM) ☐ Asbestos Containing Material (ACM) ☐ Specify ☐ Specify ☐ Specify ☐ Description of Asbestos Containing Material (ACM) ☐ (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) ☐ Demolition ☐ Demolition ☐ Description of Asbestos Containing Material (ACM) ☐ (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) ☐ Demolition ☐ Demolition ☐ Description of Asbestos Containing Material (ACM) ☐ (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) ☐ Demolition ☐ Description of Asbestos Containing Material (ACM) ☐ (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) ☐ Demolition ☐ Demolition ☐ Description of Asbestos Containing Material (ACM) ☐ (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) ☐ Demolition ☐ Demolition ☐ Description of Asbestos Containing Material (ACM) ☐ (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) ☐ Demolition ☐ Demolition ☐ Description of Asbestos Containing Material (ACM) ☐ (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) ☐ Demolition ☐ Demolition ☐ Demolition ☐ Demolition ☐ Demolition ☐ Demolition ☐ Description of Asbestos Containing Material (ACM) ☐ (I.e., thermal systems insulation) ☐ Demolition ☐ Demolition ☐ Demolition ☐ Demolition ☐ Demolition ☐ Demolition ☐ Descr						Name of OSHA Monitor							
Facility Closed/Vacated During Entire Period of Abatement   A00 Street Road				1_ /	19_	Criterion Labs							
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM PM AM PM AM PM AM PM AM PM AM PM PM PM AM PM PM PM AM PM				,		Street Address							
Time of Abatement: 7AM-4PM PM-AM Bensalem Pa 19020  Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Demolition □ Demolition □ Demolition □ Description of Asbestos-Containing Material (ACM) Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted						400 Street Ro	aď						
Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  □ Demolition  □ Demolition □ Demolition □ Description of □ Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Demolition □ Demolition □ Scope of Work (Check all that apply) □ Secope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Demolition □ Description of □ Abateme □ Non-Exempted (*) and Non-Friable Procedure □ Non	Time of Abatement: 7AM-4PM/	Normal Fac	ility Hou	rs - Des	Oity, Oiato, Zip Oode								
≥3 sf or ≥3 if						Bensalem Pa	19020						
Secondation   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and	Scope of Work (Check all that apply)					⊠ Full Cont	sinment with Neas	tive Pressure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  1st Floor Office    Security   S	≥3 sf or ≥3 lf					☐ Mini-Encl	osure	ilive i lessure					
Sacription of Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes No N/A   Pipe insulation   Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes No N/A   Pipe insulation   Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes No N/A   Pipe insulation   Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes No N/A   Pipe insulation   Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes No N/A   Pipe insulation   Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes No N/A   Pipe insulation   Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes No N/A   Pipe insulation   Normally Used Solely Description of Assertic Maintenance/ (Specify SF or LF)   Yes No N/A   Pipe insulation   Normally Used Section   Norm	≥160 sf or ≥260 lf	Ш	Demolitic	on				Eriable Dressed					
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  1st Floor Office    Set Floor Office   Pipe insulation   Pi			Is Locat	ion	T	LI NOIPEXE	ilpieu ( ) and Non	-Filable Proced		-			
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  1st Floor Office    Secondary   Sec	Location of		Norma	lly		Description of							
String of the miscellaneous   Shorth						stos Containing Mat	erial (ACM)		Ren	E DO			
1st Floor Office					(i.e				nov	losi			
1st Floor Office	*************************************		(12)	_				SF OI LF)	<u>B</u>	and and			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP City, State 58 PYLES LANE NEW CASTLE DE  CHRISTINE DEL VISCIO  CITY ASST. ADMINISTRATOR  CITY ASST. ADMINISTRATOR  CITY ASST. ADMINISTRATOR  CITY ASST. ADMINISTRATOR  CUbic Yards of Waste Output Yards of Wast		Ye	s No	N/A						D			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP  City, State 58 PYLES LANE NEW CASTLE DE  Completed By (Print or Type) CHRISTINE DEL VISCIO  CID Cubic Yards of Waste Mame of Registered Landfill MINERVA LANDFILL  Cubic Yards of Waste MINERVA LANDFILL  Cubic Yards of Waste MINERVA LANDFILL  Cubic Yards of Waste MINERVA LANDFILL  City, State WAYNESBURG, OHIO  City, State WayNESBURG, OHIO  Completed By (Print or Type) CHRISTINE DEL VISCIO  ASST. ADMINISTRATOR	1 <sup>st</sup> Floor Office				Pipe in	sulation		160 LF					
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP  City, State 58 PYLES LANE NEW CASTLE DE  Completed By (Print or Type) CHRISTINE DEL VISCIO  NJDEP Waste Hauler ID No. 20990  Disposal Date Cubic Yards of Waste Minerya Landfill MINERVA LANDFILL  City, State WAYNESBURG, OHIO  Date  Signature  Signature  ASST. ADMINISTRATOR													
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP  City, State 58 PYLES LANE NEW CASTLE DE  Completed By (Print or Type) CHRISTINE DEL VISCIO  NJDEP Waste Hauler ID No. 20990  Disposal Date Cubic Yards of Waste Minerya Landfill MINERVA LANDFILL  City, State WAYNESBURG, OHIO  Date  Signature  Signature  ASST. ADMINISTRATOR		П		In									
Name of Registered Waste Hauler  SERVICE TRANSPORT GROUP  City, State  58 PYLES LANE NEW CASTLE DE  Completed By (Print or Type)  CHRISTINE DEL VISCIO  Name of Registered Landfill  Waste  NINERVA LANDFILL  Cubic Yards of Waste  Name of Registered Landfill  MINERVA LANDFILL  City, State  WAYNESBURG, OHIO  Signature  Signature  ASST. ADMINISTRATOR			15	-	-								
SERVICE TRANSPORT GROUP  City, State  58 PYLES LANE NEW CASTLE DE  Completed By (Print or Type)  CHRISTINE DEL VISCIO  CHRISTINE DEL VISCIO  Completed By (Print or Type)  CHRISTINE DEL VISCIO  COMPLETE DEL VISCIO  COMPLETE DEL VISCIO  COMPLETE DEL VISCIO  CITY, State  WAYNESBURG, OHIO  Completed Signature  Completed By (Print or Type)  CHRISTINE DEL VISCIO  COMPLETE DEL VISCIO  COMPLE	Name of Registered Wests Usuals				Meet	Out to Vand							
City, State  58 PYLES LANE NEW CASTLE DE  Completed By (Print or Type)  CHRISTINE DEL VISCIO  CHRISTINE DEL VISCIO  Disposal Date  City, State  WAYNESBURG, OHIO  Signature  Signature  Signature  Signature  Date  Title  CHRISTINE DEL VISCIO  ASST. ADMINISTRATOR		D	200			A STANDARD CONTRACTOR OF THE PROPERTY OF THE P							
58 PYLES LANE NEW CASTLE DE  Completed By (Print or Type)  CHRISTINE DEL VISCIO  Title  ASST. ADMINISTRATOR  WAYNESBURG, OHIO  Date  1-72-7 19				ANDFILL									
Completed By (Print or Type)  CHRISTINE DEL VISCIO  Title  ASST. ADMINISTRATOR  Signature  Notative  Date  1-72-7 ) 9					Disposal Date								
CHRISTINE DEL VISCIO ASST. ADMINISTRATOR (Months ) 1-22-7 19							WAYNESBU	RG, OHIO					
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	ASB-41	A551	. AUMI	NI SIN	AIUK	11 pm	strell	XV/sss	1-55-5	219			

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K 8005	)	N		ATION	OF ASBEST D NJAC 8:60	TOS AE				**************************************	7/11 _	10	7	F11		
Date of Notification (1) 01/07/19					Building Ow Konopack		erator	(2)			1111 -	10	11	TY.		
	pe Notification		Street Ad								ts i	- 11	()	1	-	
EPA DEP DOL	Initial Amended Amendment #	<b>;</b>			e, Zip Code sex, NJ 08		4	-9	1			1)				
X DOH DCA	Emergency (I justification) Cancellation	ncluding	1	Name of Contact  Walter Konopacki												
				FACIL	ITY INFORM	IOITAN	N									
Name of Facility Where Aba Street Address	tement is TakIng	Place (3)						S S	of Facility (4 chool (K-12 ubchapter	2) B (Othe						
City (5)								200	(her (i.e. pr tc.)		Floors	rcial bu		gs, he		3,
Middlesex		W.										:-b-ad\				
County (6) Middlesex		74		County C STATE U	ode (7) SE ONLY) _		_	Currer	it Use (Prio	r it beir	ng demoii	isnea)				
Name of Monitoring Firm Hir	ed by Building C	)wner (8)		ASCM	No.				of Abatement Contractor (9) LEAD PROFESSIONALS							
Street Address									et Address VHITE DOVE COURT						7	
City, State, Zip Code									, State, Zip Code KEWOOD, NJ 08701							
Project Manager for Monitor	ing Firm							hone No. License No. 1200								
Start Date (10) 01/08/19	2	Schedule 01/09/1		pletion D	Date (11)	(11) Name of OSHA Monitor  AAA LEAD PROFESSIONALS					NALS				_	~
Occupancy Status During A								Addres	9 DOVE CO	URT	ñ.					
Facility Closed/Vacater Abatement Performed Other – Describe:	d During Entire F Outside of Norm	Period of A nal Facility	batem Hours	ent		1	City, S	tate, Zi	p Code OD, NJ 0					_		
Scope of Work (Check All T	hat Apply)				· · ·		5	4		*						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enoval emoliti					Mir Glo	Containment-Enclosure vebag Production-Exempted	e cedure						
			Locati					20			•			Abatei Typ	n :nt	
Asbestos-Containing Material (ACM)  Used Mair			d Sole intenal odlal S (12)	ly by nce/	(i.e. th	Description of as Containing Material (A nermal systems insulation surfacing, VAT, or other miscellaneous)			tion, (S		Amount Specify F or LF)		Removal	Repair	To a second deal	Endosure
Yes			No	N/A		Dailor	Incui	lation	<i>I</i> * -		9SF			-		
INTERIOR				-		Boiler Insulation 9SF						×	00	-		-
												1				
Name of Registered Waste	Hauler		4 .	NDEP W		Cubic `			Name of	Regist	ered Lan	idfill				
NEWARK CARTING	*0			dauler ID 4509		of Was			IESI				000			
City, State NEWARK, NJ		0			- 1	Dispos 01/09		е	BETHI		м РА	20				3.5
Completed by Title JOSEPH PERLSTEIN OWNE				Signatu								Date 01/0		9		