CK 3356 PA	D	NOTIFIC (Pu	CATION	ate of New OF ASBE to NJAC 8	STOS	ABATE	MEI 0)	NT			C	E	\		19.2
Date of Notification (1) 04/09/19				Building (of Peac							APR	1 :	7 20	}	
Agencies Notified Type Notification EPA Initial			Street A 21 Chu	ddress urch Plac	ce					L.	us ,			A.C.	6
DEP Amended Amendment #	oludina			ite, Zip Co Arlington		07031				*	5.11.	Aut in	alVS_	Special Control	
DOH justification) Cancellation	cidaling		Name of Ralph	Contact						elephone 73-270-					
Name of Facility Where Abatement is Taking	Diana (S	2)	FACI	LITY INFO	RMATI	ON	Т.	f F:II	4.74					200	
Queen of Peace High School Street Address	riace (3	·)					1)		K-12)	h = = 41= = = 1	(40)				
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City (5) North Arlington								quare Feet 0,000+	3	of Floors			dg. Ai)+		
County (6) Bergen				Code (7) USE ONLY)		Current Use (Prior if being demolished) School									
Name of Monitoring Firm Hired by Building Ov N/A	ASCN N/A	ASCM No. Name of Abatement Contra N/A EA Services						or (9)							
Street Address N/A				Street 436								L 67.22			
City, State, Zip Code N/A						100000	, State, Zip Code ttenberg, NJ, 07022								
Project Manager for Monitoring Firm N/A			Γelephoi N/A	ne No.			elephone No. License No. 01-295-1700 01074								
	chedul 04/24/		pletion l	Date (11)		Name N/A	of (OSHA Moni	tor						
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Add	dress							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: 9am					_	N/A City, S N/A	State	e, Zip Code		**		-86-2		15 6	
Scope of Work (Check All That Apply)														-	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Solel intenan todial S (12)	taff?	Asbest (i.e.	os Con thermal surfa	scription taining N system cing, VA miscellar	Mate s in: AT, o			Amount (Specify SF or LF)		Removal	Repair	Encanculate	Enclosure
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Name of Registered Waste Hauler		2332	JDEP W	Charles and the same	100 to 10	Yards		000000		tered Lan					
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City, State Bronx, NY					TBD	sal Date	•	City, S Way	nesbur	g, OH					
Completed by Michael Fajardo Title Office Clerk Signature										Dat 04	e /09/1	9			

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lity, State, Sip Code				Montglai	r, NJ (07042							
Project Manager For Monitori	The second secon	elephone Yumb	or .	Telephone Num			CO3		0r				
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Date of Notification (1)	P			(Pursu	ION OF A	AC 8:60 a	and 12:12	20)		E	CE		$\overline{\mathbb{V}}$	T.P.L
04/05/2019				Nam	e of Build rk Quart	ing Owne	r/Operato	or (2)		3	terme and the party of the co	* 14500 clad		
Agencies Notified T	ype Notification	n	_		et Address					1	APR 1	7	010	
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DEP DOL	Amended Amendmer				State, Zip					ASS	· · · · · · · · · · · · · · · · · · ·			
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DOH DCA	justification Cancellatio)			e of Conta k Quart				T	elephone	Numbe	er	and the same	407,0
					CILITY II		TION							
Name of Facility Where Aba	tement is Takir	ng Place	e (3)		KOILII II	NFURIVIA	HON	Type of Facilit	v (4)					
Trader Joe's & Adjace Street Address	nt Vacant S	pace						School (F						
20 Irvington Street								Subchap	ter 8 (Ot	ther than	K-12)			
City (5)								Other (i.e etc.)	. private	& comn	nercial b	uildir	s, ho	mes,
Westwood								Square Feet		of Floors		Bld	Age	
County (6)				Count	y Code (7	'\		16,195		+Mezza		60		
Bergen				(STAT	E USE ON	(Y)		Current Use (F Trader Joe'	rior if be s & Δο	eing dem liacent	olished)	+ 0 -	20	
Name of Monitoring Firm Hire	ed by Building	Owner	(8)	ASC	CM No.		Name	of Abatement C	ontracto	or (9)	Vacaii	ιSp	ce	
Iris Environmental Labo	oratories						Unite	ed Safety LL0)	n (5)				
2333 Route 22 West								Address						
City, State, Zip Code								roy Lane						
Union, NJ 07083							City, S	tate, Zip Code oln Park, NJ (7025				-	
Project Manager for Monitorin	g Firm			Teleph	one No.			one No.	77035	Tieres	- NI-			
Rick Eustaquio				973-6	636-914			276-0099		Licens 0131				
Start Date (10) 04/22/2019	1.5	Schedi	uled Co I/2019	mpletion	n Date (11)		of OSHA Monito		10.01			/ 	
Occupancy Status During Aba	itement (Check							d Safety LLC						
Facility Closed/Vacated I	During Entire B	oriod o	F A b = 4==	ment				Address oy Lane						
Abatement Performed Out Other – Describe: 7:00am	Itside of Norm	al Facili	ty Hour	S				ate, Zip Code						
Scope of Work (Check All Tha								In Park, NJ 0	7035					
≥3 sf or ≥3 lf	t Apply)												-	_
≥160 sf or ≥260 lf			Renova Demoli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
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(10)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		T	-	other m	iscellane	ous)		- /	Remova	Repair	Encapsulate	Enclosure
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2nd FL Mezzanin								mpound	2,2	00 SF	X			
			X					TONLY	81	0 SF	X			
1st FL Adjacent Vacan	ler		X	IDEE:				TONLY		00 SF	X	4		
R.E.D. TECHNOLOGIES			Ha	JDEP Wauler ID	No.	Cubic Y of Wast		Name of F			ill		-	
City, State			00	36163	3	TBD		Minerva		prises				
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Completed by		Title				- Particular	nature	Waynes	burg,			e, P/		
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Date of Notification (1)		Т	Name o	of Building	Owner/6	Operator	(2)			CE		M	70	
04/8/19			South	n Plainfie	eld Boa	ard of E	Educa	ition	1				C. P. Monthson of C.	properties.
Agencies Notified Type Notification				Address ackson	۸۰۰۰			Antichian Transfer and Transfer a		APR 1	7 2	019		UJI
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X DOL Amendmen				n Plainfie		07080			P	V+-		75	. ä	
Emergency justification	(including	-		of Contact	200 200			11 11		ephone Nu	mber -			
DOH justification Cancellation			Thom	as Wigg	gins					8-754-4				
Name of Facility Where Abatement is Takin	ng Place (3	8)	FAC	ILITY INF	ORMAT	ION	Tuno	of Facility (4)						
South Plainfield Middle School	.ga.oo (c	'/												
Street Address								School (K-12 Subchapter 8	(Oth	er than K-1	2)			
2201 Plainfield Ave.								Other (i.e. pri etc.)	vate	& commerc	ial bui	ldinç	hom	es,
City (5) South Plainfield								re Feet	# o	f Floors	E	3ldg	ge	
County (6)	-			Code (7)			Curre	ent Use (Prior	if bei	ng demolis	hed)			
Middlesex				USE ONLY)									
Name of Monitoring Firm Hired by Building Westchester Environmental	Owner (8)		0012				Name of Abatement Contractor (9) Academy Construction Inc							
Street Address			0012			Street			on II	nc				
1248 Wrights Ln.								e 46 Suite	14					
City, State, Zip Code						City, S	tate, Z	ip Code				-	-	
West Chester, PA 19380							27/19	J 07512		+E				
Project Manager for Monitoring Firm Paul McCaa			Telepho	ne No. 94-4841		C. 200 T. 200 B. C. C.	ephone No. License No. 01379							
Start Date (10)	Schedule	ed Con		Date (11)			73 832 4244 01379 me of OSHA Monitor						-	
04/18/19	05/02/		Aff					above						
Occupancy Status During Abatement (Chec	k Only On	e)				Street	Addres	SS					-	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Anal Facility	Abatem	nent			City, S	tate, Z	ip Code	- white pro	•		-	-	
Scope of Work (Check All That Apply)		e mary										_		
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TO BE ABATED		ntenar odial S			thermal	aining M systems	insula			mount pecify	Re	7	Enc	5
In Facility (13)	Just	(12)	Adii:			cing, VA niscellan			SF	or LF)	Remova	керап	Encapsulate	Enclosure
******	Yes	No	N/A			ooo.iiai i	0000)				/al	=	ilate	ure
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							Constant Port							
Name of Registered Waste Hauler		1000000	JDEP Wauler ID		Cubic of Was			Name of Re				1	L	
Academy Construction Inc		100000	34422	. 10.	10			Fairless	Land	lfill				
City, State	Disposal Date City, State						-							
Totowa NJ Completed by	TBD Morrisville, PA						Management							
Filip Geleski	Title Supe	rviso	r		S	ignature	不见	a Dala	h	100	ite 4/08/	/19		

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Date of Notification (1) 4/10/2019				of Building Own	er/Operato	r (2)		G	5	<u> </u>	3	
Agencies Notified Type Notification X).			Address				APR	1 7	2019	Proposition in the	
DEP Amended Amendment Emergency justification)	(includin	g	Living	tate, Zip Code gston, NJ 070 of Contact)39		l L	lenhone	Numbe	- 17 -170	<u> </u>	
DCA Cancellation)		Subra	at Nayak	ATION		1 10			144	22.00	
Name of Facility Where Abatement is Takir Residental	g Place	(3)				Type of Fac	15 2.15					
Street Address						Subcha	apter 8 (Oth i.e. private	er than k & comme	<-12) ercial bi	uildings,	om	ies,
City (5) Livingston						Square Feet 2,678	1	f Floors		Bldg. A)	
County (6) Essex			(STATE	Code (7) USE ONLY)		Current Use (Prior if being demolished) Commercial						
Name of Monitoring Firm Hired by Building (TBD) Street Address	Owner (8	3)	ASCM No. Name of Abatement Contractor (9) Sky Contracting, LLC									
City, State, Zip Code					1385	Address Valley Roa						
Project Manager for Monitoring Firm			T-1- 1		Wayı	City, State, Zip Code Wayne, New Jersey 07470						
Start Date (10)	Cabad	1-10-	Telepho		(973)	phone No. License No. 00874						
4/24/2019 Occupancy Status During Abatement (Chec	4/29/2	2019	mpletion	Date (11)	Sky (Name of OSHA Monitor Sky Contracting, LLC Street Address						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of	Abaten	nent		1385	Valley Roa		K				
Other – Describe: Scope of Work (Check All That Apply)	ai raciii	y nour	5			tate, Zip Code ne, New Je		70				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Committee of the Commit	Renova Demolit			×	Full Contai Mini-Enclo Glovebag I Non-Exem	sure Procedure					
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Cus	aintena stodial S (12)	nce/ Staff?	(i.e. therm sur		aterial (ACM) insulation, Γ, or eous)			Removal	Repair	7	Enclosure
Ground Floor	Yes	No X	N/A	F	loor Tile	S	20	0 SF	x	+	, <u>.</u>	
Name of Registered Waste Hauler	N	JDEP W	/aste Cubi	ubic Yards Name of Registered Landfill								
Service Transport Group, Inc.	Н	auler ID 0990		aste /	300000000000000000000000000000000000000	rva Ente						
City, State New Castle, Delaware			Disp TBD	osal Date	City, S Wayı	state nesburg,	Ohio					
Completed by Predrag Sarcev	Presid	dent		Signature		وساد اراز در سع		Date 4/10/2	019			

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

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Date of Notification (1)			No.	f Dullette - O	10-	(0)			55 (550)				
4/10/2019				of Building Owner te Property /E			1000	NE	C	E	1	<i>V)</i>	
Agencies Notified Type Notification	ı		Street A	Address			On the same	- //	0)	(ha)	<u> </u>	1	
EPA X Initial			City Ct	ate, Zip Code			1000		155	1 -7		40	
DEP Amended DOL Amendmen		_	Short				- 11		APR	1 /		119	
☐ DOH ☐ Emergency justification			Name o	of Contact			Tele	ephone Nu	mber	20 24	-	-	
DCA Cancellation				y Mataresse					4		7.1	. Sales	
Name of Facility Where Abatement is Takin	ng Place (3))	FAC	ILITY INFORMA	TION	Type of Facility	(4)	a Commission	Part Carlo	And the state	र प	Million	
Private Property						School (K-	3.17.						
Street Address						Subchapte	r 8 (Othe			al'assa			
0,4 (5)						Other (i.e. etc.)						es,	
City (5) Springfield NJ						Square Feet	# of	Floors		3ldg. A -50	ge		
County (6)			County	Code (7)		Current Use (Pri		na demolis		-50	_		
union County				USE ONLY)		Carrent Goo (i ii	or ii beli	ig demons	rieu)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	И No.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of Abatement Contractor (9) ACM Solutions Services LLC							
N/A Street Address			N/A		1000000		vices	LLC					
N/A						Address 51st Street							
City, State, Zip Code					City, S	State, Zip Code				1227		X (200 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -	
N/A					Nort	rth Bergen NJ 07047							
Project Manager for Monitoring Firm N/A	ect Manager for Monitoring Firm					ephone No. License No. 01-552-9685 01384							
Start Date (10)	Schedule	d Cor	mpletion	Date (11)		01-552-9685 01384 ame of OSHA Monitor							
4/10/2019	4/12/20			20.0 (1.1)	The state of the s	ris Environmental Laboratories							
Occupancy Status During Abatement (Chec	ck Only One	e)				reet Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of A	bater	ment			2333 Route 22 West ity, State, Zip Code							
Other – Describe: 7:00 AM to 4:00 PM	nai racility	Hour	S		100000000000000000000000000000000000000	Union NJ 07803							
Scope of Work (Check All That Apply)		-			OHIOH NJ 07 803						-		
≥3 sf or ≥3 lf	☐ Re	enova	ation			Full Containm	ent with	Negative I	Pressu	re			
x ≥160 sf or ≥260 lf	× De	emoli	tion		×	 Mini-Enclosure 	е						
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		_ocat								Abate Ty		t	
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TO BE ABATED In Facility	110000000000000000000000000000000000000	ntena odial S	nce/ Staff?	(i.e. therma	l system	s insulation,	(S	pecify	Re	Z.	TIICa	Enc	
(13)		(12)			acing, VA miscellar		SF	or LF)	Remova	Repair	Elicabsnian	Enclosure	
	Yes	No	N/A						1 20		aie	Т	
basement			х	pipe insula	tion Wr	ap and cut	5	5LF	Х				
Name of Registered Waste Hauler	88	JDEP W		Cubic Yards Name of Registered Landfill of Waste									
Newark Carting Inc				INO. OT VV	iste	ISES B	ethlehe	em Rd L	andfil	ı			
City, State				Dispo	sal Date	A lame		1	e cares				
Po Box 5670				2325 Aparebutter Rd Bethle				ehem	Р				
Galo Zumba	Inpleted by Title Principa					cipal Signature of Date 4/10/2019							
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State of New Jersey

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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 4/10/2019 Private Property /Brett Tanzman ESQ Agencies Notified Type Notification Street Address **EPA** Initial DEP Amended City, State, Zip Code × DOL Amendment # Short Hills Emergency (including Name of Contact DOH justification) Telephone Number DCA Danny Mataresse Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private Property School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, h nes, × etc.) City (5) Square Feet # of Floors Bldg. Ag Springfield NJ +50 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) union County Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A N/A ACM Solutions Services LLC Street Address Street Address N/A 1435 51st Street City, State, Zip Code City, State, Zip Code N/A North Bergen NJ 07047 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. N/A 201-552-9685 01384 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4/10/2019 4/12/2019 Iris Environmental Laboratories Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: 7:00 AM to 4:00 PM Union NJ 07803 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatem t Is Location Normally Туре Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Enclosure Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF (12)(13)other miscellaneous) Yes N/A No basement X pipe insulation Wrap and cut 40LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting Inc ISES Bethlehem Rd Landfill 04509 City, State Disposal Date City, State Po Box 5670 2335 Applebutter Rd Bethlehem P

Completed by

Galo Zumba

Title

Principal

Signature

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Date of Notification (1) 04/08/2019	Name of Building Owner/Operator (2) PEARSALL ST. LLC. Street Address											0	11	
Agencies Notified Type Notification					I. LLC	·.				Al Al	'n i	1 4	9	Less
			City, Sta	ate, Zip Co					Tel	ephone N	LICEN	<u>Sinv</u> C	ار از	
DCA Cancellation			RAFA	EL BER	NAL					-				
			FAC	ILITY INF	ORMATI	ION								
Name of Facility Where Abatement is Taking PRIVATE	Place (3)					Туре	of Facility (4)					
Street Address								School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth rivate	& comme		dings	nome	ıs,
City (5) JERSEY CITY NJ.								are Feet 00 SF	# 0	f Floors 2	E	3ldg. 98	je	
County (6)	County C (STATE U							Current Use (Prior if be						
HUDSON Name of Monitoring Firm Hired by Building O	irm Hired by Building Owner (8) ASCM No.							N/A atement Con	tractor	(0)				
N/A	wrier (o	ı	ASCI	vi NO.				EAST ENV			AL LL	Ο,		
Street Address						Street Address 4919 BERGENLINE AVE,								
City, State, Zip Code				-0		City, State, Zip Code								
N/A Project Manager for Monitoring Firm		- 1	Telepho	no No		WEST NEW YORK NJ.								
1 Tojost Managor for Monitoring (IIII			releptio	ne No.		Telephone No. License No. 201 776 0642 01300								
	Schedul 04/11/		pletion	Date (11)	Name of OSHA Monitor EMSL ANALITICAL INC									
Occupancy Status During Abatement (Check						Street								\dashv
Facility Closed/Vacated During Entire Pe	riod of	Abatem	ent			307 \								
Abatement Performed Outside of Norma Other – Describe:	i Facility	/ Hours				TOTAL STATE OF		ip Code RK NY.						
Scope of Work (Check All That Apply)														\neg
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti			10	×	Mi Gl	II Containme ni-Enclosure ovebag Proc on-Exempted	edure	J				
		Locatio										Abat T	nent e	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Solel intenan todial S (12)	y by ce/		tos Conta thermal surfac		lateria insul T, or		(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										e	
BASEMENT		Х		-	PIPE IN	NSULA	TIOI	V	10	00 LF	X		_	
							57		Sen - 8				-	
Name of Registered Waste Hauler		120000	IDEP Wauler ID		Cubic of Was			Name of F	370					
TRI STATE ASSOCC INC		19	951		TBD			MINER		NIERPI	KISE I	NC		
City, State BRONX N.Y.					Dispos TBD	al Date		City, State WAYNE		RG OH	0			
BRONX N.Y. Completed by CARLOS ESQUIVEL Title OWNER TBD WAYNESBURG OHIO Signature Date 04/08/2019														

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification	*			Nai	me	of E	Buildina (Owner / Opera	ator (2)	15	-			_ []
	4/3/19			Ric	der	Un	iversity	i	(2)	100000	. AF	PR 17	19	
Agencies Notified	Type Notific	ation		1			ress			111 1	AI PI	11 1 / 2	13	1 6-
☐ EPA		550.0						ille Road		ŧ	Ì			į
☐ DEP ☐ DOL							& Zip C				Francis		Das	2.42
		nded #R3-4/1	2/19	mar Cod 1	wre	nce	eville, N	J 08648				Literations	marken	
□ DOH □ DCA □		rgency					ontact					Telephon	Nu	mber
DCA	☐ Can	cellation		Wa	Ite	r Ec	ddy					609-896		
				F	AC	11 1	TV INIE	DRMATION				000 000	-	
Name of Facility Wh	ere Abatem	ent is Taking I	Place	(3)	70	11_1	I I IIVI C	Type of Fac	sility (A)					
Kroner Dormitory	<i>r</i>	3		(-)				School	(K-12)					
Street Address									apter 8 (Other t	han 1/ 1	10)			
2083 Lawrencevil	le Rd							Other (i a privota 8 ac	nan K-1	(2)			
								Square Fee	i.e. private & co				eto	: .)
City (5)		County (6)	10	County		odo	(7)	Square Fee	State of the state	oors		Bldg. Age		
Lawrenceville			1	Journey	/ ((Jue	(1)	4	+					
		Mercer							(Prior if being	demolis	shed)			
Name of Manitorine	Eirm Ulas J.	Duitti 6						Dormitory						
Name of Monitoring Pennoni Associat	oc nin mirea b	y Building Ow	ner (8)		AS	CM No.	Name of Ab	atement Contra	actor (9)		_	
Street Address	C5							Bristol En	vironmental,	Inc.				
515 Grove Street,	Suite D							Street Addre	ess				_	
City, State & Zip Cod	Suite D			-74				1123 Beav						
Haddon Heights, I								City, State 8	Zip Code				-	
Project Manager for M	Monitorina F		T					Bristol, PA						
Brian Clark	vioriitoring F	HIII		ephon			ber	Telephone N			License I	Number	in the second	
Scheduled Start Date	(10))-b-1110		-656				(215) 788-6			00509			
4/8/19		Scheduled Co	mple	tion D	ate	(11)	Name of OS					_	
	using Abel	4/12/19 (SUB	8 PC	RTIO	A CC	OMF	PLETED)		/ironmental l	nc.				
Occupancy Status Du Facility Close	dN/acated F	nent (Check o	nly o	ne)				Street Addre						
Abatement Pe	urvacateu L	uring Entire F	erioc	OT AL	oate	eme	nt	1123 Beav						
F	Data 400	Iside of Norm	al H	ours –	- 7a	m to	o 3pm	City, State &					-	
Facility Occup	2 PW - 10P	M (4/11/19)						Bristol, PA	19007					
	pled During /	Abatement												
Scope of Work (Chec	k all that app	oly)											-	
≥3 sf or ≥3 lf				_		180				ntainme	ent with N	legative Pr	SSL	ıre
≥160 sf ≥260	ıŧ					atio			Mini-En	closure				
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	ation of s-Containing			Loca		23U	,	Description	n of		mount	Abate	_	Туре
	ial (ACM)			mally Solely		ed		Asbestos-Con			Specify			7,1
	ABATED		Mair	ntenar	Dy	or	,	Material (A		SF	or LF)	71		
	acility		Cust	todial	Sta	ff?	ins	i.e., thermal sulation, surfac	ystems sing VAT			Removal		Encisoure Clean Up
((13)			(12)		٠٠٠	01	other miscell	aneous)			your vome	1	SOL
			Yes	No	N	/A		ourior mileoch	aricous)			<u>a</u>	7	5 8
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Name of Registered W	raste Hauler	li .						ubic Yards	Name of Regi	stered	Landfill			414.
Service Transport I	no						100	Waste						
	IIC.			20	990)	5	cu yd	Fairless Lar	ndfill				
City, State							Di	sposal Date	City, State				-	
New Castle, DE									Fairless Hill	, PA				
Completed By (Print or	Type)			Titl	е		Sie	gnature			ì	Date /	,	
Gino Pizzigoni				Pr	oje	ct			R	/	il	4/12	1,	0
	Project Manager							Lino 6	Mazado.	m/		4/12	/	7

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

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Date of Notification (1) 4/3/19		Nam	e of B	uilding versit	Owner / Operat	tor (2)		APR	17 20)	100	מינים מינים מינים
Agencies Notified Type Notification			et Addı		,	-		Linear		٠.		
EPA					ville Road			Fallen		Y i	4.4	
☐ DEP ☐ Initial ☐ Amended #R	0.44040			& Zip C			2.4	The second secon	Commission of the commission o			
	2-4/10/19				NJ 08648							
☑ DOH☑ Emergency☑ Cancellation		5-55-5	e of Co						Telephor		Numb	er
			er Ed	15.50					609-896	5	780	
Name of Facility Where Abatement is Tal	-i DI - 6	FA	CILIT	Y INF	ORMATION					1		
Kroner Dormitory	king Place (3)			Type of Faci	ility (4)						
Street Address					School Subaba		O4h 4h 14	. 40)				
2083 Lawrenceville Rd					Other (i	e prive	Other than Kate & comme	(-12) Total build				
					Square Feet		# of Floors	iciai bullul			etc.)	
City (5) County	(6) Co	unty	Code	(7)	12000		3		Bldg. Age		2	
Lawrenceville Mercer		,		. ,			f being demo	liched)	-	4	+	
					Dormitory	(. Doning Goine	niorica)				
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASC	CM No.								
Pennoni Associates					Bristol Env	/ironm	ental, Inc.	(-)				
Street Address					Street Addre							
515 Grove Street, Suite B City, State & Zip Code					1123 Beave							
Haddon Heights, NJ 08035					City, State &							
Project Manager for Monitoring Firm	Telen	hone	Numb	per	Bristol, PA Telephone N	19007	30 	Licones	Alouahaa	١.		-
Brian Clark	856-				(215) 788-6			License 00509	Number			
Scheduled Start Date (10) Schedule	d Completic	n Da	te (11)		Name of OSI		nitor	00000		+ -		
4/8/19	4/12				Bristol Env	Bristol Environmental Inc.						
Occupancy Status During Abatement (Che	eck only one	e)		11000000000000000000000000000000000000	Street Addres	١.						
Facility Closed/Vacated During Er Abatement Performed Outside of	itire Period (of Aba	atemei	nt	1123 Beave							
Abatement Performed Outside of Describe: 2 PM - 10PM	Normai Hot	Jrs –	am to	3pm	City, State &							
Facility Occupied During Abateme	nt				Bristol, PA	19007						
Scope of Work (Check all that apply)												
											ssure	
≥3 sf or ≥3 lf	\boxtimes	Ren	ovatio	n	Mini-Enclosure						SSUIC	
≥160 sf ≥260 lf		Den	nolition	1	Glove Bag Procedures							
Location of							Non-Exempt	ed and No	n-Friable	F :	cedur	е
Asbestos-Containing	Norm	ocati	770700		Description			Amount	Abat	E	ent Ty	ре
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in Facility (13)	Custo		Staff?		sulation, surfac				Removal		Clean Up	Enclsoure
(10)	Yes	(12) No	N/A	(or other miscell	aneous)		à		등	ure
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lame of Registered Waste Hauler		NJE	DEP W	/aste (Cubic Yards	Name	of Registere	d Landfill		= .	Ш	Ш
		Hau	ıler ID	No.	of Waste		_					
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ity, State					Disposal Date	City, S						-
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ompleted By (Print or Type) Sino Pizzigoni	Title		S	Signature) -	/ -	0	Date		,		
AND I IZZIYUIII	Project Line Project of 4/16					2	119					

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT ECEIVE

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Date of Notification (1) 4/3/19		e of Buildin r Univers	g Owner / Operat ity	or (2)	APR	1 7 2019	
Agencies Notified Type Notification EPA		t Address	eville Road		77.6.124		
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			NJ 08648		j.j.	J.10,14Q	
☐ DOH ☐ Emergency		of Contac	t			Telephone	lumber
☐ DCA ☐ Cancellation	Walte	er Eddy				609-896-	'80
	FA	CILITY IN	FORMATION				-
Name of Facility Where Abatement is Taking I	Place (3)		Type of Faci	lity (4)			-
Kroner Dormitory			☐ School	(i) (i)			
Street Address				pter 8 (Other th			
2083 Lawrenceville Rd					mmercial buildi		etc.)
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City (5) County (6)	County (Jode (/)	12000		3	41	*
Lawrenceville Mercer				(Prior if being	demolished)		
Name of Monitoring Firm Hired by Building Ow	mor (9)	ASCM N	Dormitory	-t	(0)		
Pennoni Associates	ilei (o)	ASCIVI IV		atement Contra			
Street Address		1	Street Addre		mc.		-
515 Grove Street, Suite B			1123 Beave				
City, State & Zip Code			City, State &				
Haddon Heights, NJ 08035	T=		Bristol, PA				
Project Manager for Monitoring Firm Brian Clark	Telephone		Telephone N		License	Number	
	856-656-2		(215) 788-6	printer and the second	00509		
Scheduled Start Date (10) Scheduled Co	4/12/19	e (11)	Name of OSI	HA Monitor ' ironmental I			
Occupancy Status During Abatement (Check of	77 7 7 7 7 7		Street Addre		nc.		
Facility Closed/Vacated During Entire F	Period of Aba	tement	1123 Beave				
Abatement Performed Outside of Norm							-
Describe:			Bristol, PA				
Facility Occupied During Abatement 7:	00 AM to 3	:30 PM					
Scope of Work (Check all that apply)					82 SE YES 1880 T		
≥3 sf or ≥3 lf	⊠ Ren	ovation			ntainment with	Negative Pr	sure
≥160 sf ≥260 lf	Mary 1	olition			closure Bag Procedures		
		Ollaon			empted and No		oodure.
Location of	Is Location	on	Description	n of	Amount		ent Type
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Material (ACM) TO BE ABATED	Solely b		Material (A		SF or LF)	71	Om
in Facility	Maintenand Custodial S		(i.e., thermal s insulation, surface			l cem	ncls
(13)	(12)	can:	or other miscell			Removal	Enclsoure Clean Up
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Boiler Room			Boiler Insul	ation	60 SF	N C	
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Name of Registered Waste Hauler			Cubic Yards	Name of Reg	istered Landfill		
Service Transport Inc.	209	iler ID No.	of Waste	Enirless I -	m alfill		
City, State	205	JU	5 cu yd Disposal Date	Fairless La	HOTH		
New Castle, DE			Dishosai Date	City, State Fairless Hil	I PA		
Completed By (Print or Type)	Title		Signature 0		.,	Date ,	
Gino Pizzigoni	114 255 155	ject	4.	gigans (B	4/10	19
4		nager	Hears 1 Mg	and mars !		7719	, ,

APPROUED BY: State of New Jersey TOM VOOTHEES, NOTIFICATION OF ASBESTOS ABATEMENT NJ DOL, 4/3/19, 3:45pm (Pursuant to N.J.A.C. 8:60 and 12:120)

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	(ırs	u	21	nt	to	N.	J.A.	C.	8:6	0 :	and	12:	120)

TOM voorhees,	NOTIF					BESTOS A				1495	16
NJ DOL, 4/3/19,3:	45pm (Pi	ırsı	uant	to	N.J.A.	<u>C.</u> 8:60 an	d 12:1	20)	Chik	和智	1//
Date of Notification (1) 4/3/19						Owner / Opera	ator (2)			5 6 15	- /A/ E
Agencies Notified Type Notific	ation				niversit	<u> </u>			[PAL		
☐ EPA	auon					ville Road			$U \cup V$	APR 1)	2019
☐ DEP ☐ Initia	1				e & Zip C						-
	nded					NJ 08648			1	Mile v	
	rgency		Nam	e of	Contact					Telephone I	mber
DCA Cano	ellation		Walt	ter E	Eddy					609-896-77	
			FA	CIL	ITY INF	ORMATION					-
Name of Facility Where Abateme Kroner Dormitory	ent is Taking Pla	ace (3)			Type of Fac	cility (4) I (K-12)				
Street Address		-						Other than K	40)		
2083 Lawrenceville Rd						Other	die nrive	ouer uran K	-12) roial huildii	ngs, homes,	
						Square Fee	ot prive	# of Floors			C.)
City (5)	County (6)	ICo	unty	Code	e (7)	1200		m 01110012		Bldg. Age	
Lawrenceville	Mercer				- (.)			being demo	lichod)	40+	_
		1				Dormitory		boing delilo	listicu)		
Name of Monitoring Firm Hired by	Building Owne	r (8)	-	IAS	SCM No.			Contractor ((0)		
Pennoni Associates		. (-)				Bristol En	vironm	ental, Inc.	ارح		
Street Address				_		Street Addr		Tribun, Into.			-
515 Grove Street, Suite B			March Color			1123 Beav					
City, State & Zip Code					M	City, State &	Zip Co	de			
Haddon Heights, NJ 08035						Bristol, PA					
Project Manager for Monitoring File Brian Clark			hone			Telephone I		4	License I	Number	-
	The second secon		356-2			(215) 788-4	-	No.	00509	-	
4/8/19	cheduled Comp	netio 1/11/		e (1	1)	Name of OS					
Occupancy Status During Abatem						Bristol En		ental inc.			_
☐ Facility Closed/Vacated D	uring Entire Per	iod c	of Aba	item	ent	1123 Beav		né.			
Abatement Performed Out						City, State 8					
Describe:					33 - F	Bristol, PA					
Facility Occupied During A	batement 7:00	AM	to 3	:30	PM		10007				
Scope of Work (Check all that app	oly)										
M	_	_	1	C. Ob VAIL				Full Containn	nent with N	legative Pres	ıre
≥3 sf or ≥3 lf	<u> </u>	X	Ren					Viini-Enclosu	re		
≥160 sf ≥260 lf	L	_	Dem	olitic	n			Glove Bag Pr	ocedures		
Location of		10.1	41			D	<u> </u>			n-Friable Pro	
Asbestos-Containing	N		ocatio ally U			Descriptio Asbestos-Cor			Amount	Abateme	Type
Material (ACM)	"		lely b			Material (A			(Specify SF or LF)		T
TO BE ABATED		ainte	nanc	e or		i.e., thermal s	ystems		, or L.,	2 2	CE E
in Facility (13)	Cı		dial S	taff?		ulation, surfa				Repair	Enclsoure Clean Up
(13)	Ye		12) No	N/A	- 0	other miscell	laneous)			i i	L ure
Boiler Room	×			П		Boiler Insul	lation		60 SF		-
Boiler Room			H	Ħ		Flue Pack			30 LF		414
	T I F	111	T	Ħ			5		JU LI		
	IF		TIT	П			1		• • • • • • • • • • • • • • • • • • • •		414
		ili	7	П	-	(0 5 5 5				=
											414
Name of Registered Waste Hauler						ubic Yards	Name	of Registered	d Landfill		
Service Transport Inc.			Hau 209			Waste cu yd		ss Landfill			
City, State			1			sposal Date	City, St				
New Castle, DE					15,	-hoom pate		ss Hill, PA			
Completed By (Print or Type)			Title		Si	gnature	1. 20000			ID-4-	
Gino Pizzigoni			Proj	ect		1/1) .		Ó-	Date	_
9			Man		r	Sero P	Myspil	Joni /	gu	4-3-	19
II 18271 D					1-		100			1 1	

										Pri	nt Form
CK1545 PA	IDNO	TIFICATIO	tate of New Jers N OF ASBESTOS t to NJAC 8:60 ar	ABATE		to the state of th	DEC				The second secon
Date of Notification (1) 04/10/2019			of Building Owner, ady of Mount			1 may	H ₃ AF	PR 1	7 2019		凹
Agencies Notified Type Notification			Address Iarris Avenue				Fairm			. 6	
▼ EPA ▼ Initial ▼ DEP ↑ Amended ▼ DOL Amendment #	ŧ		ate, Zip Code esex, NJ 0884	-6				UCE,	miG_	4//	
Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding	Name o	of Contact rd Kura				Telephone 732-356-			1	
Cancellation		15/5/65/12/5	ILITY INFORMAT	TION			732-330-	2145	GAL.20	-	_
Name of Facility Where Abatement is Taking Our Lady of Mount Virgin Parish Ce		1,40	ILITI INI OKIIA	1014		of Facility (4	E1				
Street Address 450 Drake Ave							?) 3 (Other than ivate & comm		ıildings,	me	es,
City (5) Middlesex	y				Squa	etc.) re Feet	# of Floors		Bldg. A	-	
County (6) Middlesex			Code (7) USE ONLY)			ent Use (Prio	r if being dem		50+		100
Name of Monitoring Firm Hired by Building O AHERA Consultants, Inc	wner (8)		M No.		of Aba	rch Cente stement Cont truction, L	ractor (9)			-	
Street Address P.O Box 385		1000		Street	Addre					-	
City, State, Zip Code				City, S	state, Z	ip Code		1112-1111		-	
Oceanville, NJ 08231 Project Manager for Monitoring Firm		Telepho			none N	ark, NJ 070 o.	J35 Licens	se No.	-		-
John Smoyer Start Date (10)	Scheduled	609-6 Completion	52-1833 Date (11)		264-9 of OSI	HA Monitor	0130	6		_	
04/22/2019	05/01/20					truction, L	LC				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po Abatement Performed Outside of Normal	70 10	atement		100.00	Addre: eathe	ss r Stocking	Path				
Abatement Performed Outside of Norma Other – Describe:	I Facility H	ours		000000000000000000000000000000000000000		ip Code ark, NJ 070	035				
Scope of Work (Check All That Apply)							7.20			-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation nolition		×	Mir	ni-Enclosure ovebag Proce	nt with Negation edure (*) and Non-F				
	- TARETT	cation							Abate Ty	ent	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Maint Custod	mally Solely by enance/ ial Staff? 12)	Asbestos Cor (i.e. therma surfa		faterial s insula T, or		Amount (Specify SF or LF)	Removal	-		Enclosure
Hallway to Boiler Room	Yes I	No N/A	V	AT/Mas	tic		720 SF	v	+	5	
Boiler Room (Crawlspace)		X	V/	TSI	lic		3200 LF	X	4	-	
Y				///c2503							
Name of Registered Waste Hauler		NJDEP V	Vaste Cubic	Yards		Name of R	egistered Lan	dfill			
Nari Construction, LLC		Hauler ID		aste		G.R.O.V					
City, State Lincoln Park, NJ			Dispo TBD	sal Date		City, State Morrisvil	e, PA				
Completed by Igor Jezdimirovic	Title P.Mana	ager		Signature		7		Date 04/10	/2019		

610567	PAIL	NOT (Purs	IFICATION	OF ASI	BESTOS ABATEMENT 50-7 and 12:120-	7.				
Date of Notification	(1)		Name of	Buildi	ng Owner/Operato	r (2)	P P	r I	7.//	
4/12/2019			Crai	g Dz:	iura		MEG		\mathbb{V}	E
Agencies Notified	Type Notifica	ation	Street A	ddress						-11
[]EPA	[X] Initial						APF	1 1 7	2019	
[]DEP	Notific	ation	City, St	ate, Z	ip Code		U IA) DIT			-
[X]DOL	[]Amended Notific	ation	Nutle	ey,N:	7,07110					
[X] DOH			Name of	Contact	t	Teleph	none Number	Low V	na -	- 42
[]DCA	[]EMERGENC	Y	Crai	g Dzi	ura	[WOUNTED	
	[]Cancella	tion	1							
Name of Facility When	ro Abotoment	. m-1./	F	ACILIT	Y INFORMATION					
Craig Dziura	re abatement	ıs Takı	ng Place	(3)		Type of Fac	ility (4)			
						[]Schoo		00 C 10 G 10 G 10 C 10 C	. Discovered	
Street Address						[X]Other	apter 8 (Othe (i.e., priva	er than	K-1	•
							buildings, h			
O. i. Iran						Square Feet	# of Floo	rs B	ldg.	ge
City	C	County			ounty Code (7)					
Nutley		-		1	STATE USE ONLY)	Current Use	(Prior if be	ing de	moli	ed)
Name of Monitoring Fi		ssex								
Owner (8)	.Im Hired by E	sullain	g ASCM N	0.	Name of Abate					
N/A Street Address						ANAGEMEN	T, Inc.			
Street Address					Street Address	W) R.C.
City State 7: 2						topher S	t.			
City, State, Zip Code					Montclai		042			1 500000
Project Manager for M	onitoring Fir	m Tel	ephone Nu	mber	Telephone Numb			icense	Mami	
		N/			(973) 744		1	0037		I
Scheduled Start Date			etion Dat		Name of OSHA N	fonitor				-
04 23 19 Month Day Yea				9	N/A					
Occupancy Status Durin	ng Abatement	(Check	only one)	ar	Street Address					
[X] Facility Close of Abatement	d/Vacated Dur	ing En	tire Peri	od						
[]Abatement Perf	formed Outside	of No:	rmal Faci	litv	City, State, Z	in Codo				
Hours - Descri	be: «OffHours	Descri	ot»			IP COde				
[]other - Descri			Descript	<u>»</u>						
Scope of Work (Check a	all that apply	y)			[]Full (ontainment w	ith Negative	Drassi	ire	
[X] >3 sf or >		-]Renovati		[X]Mini-E	nclosure		11000		
[]≥160 sf or	2260 II	L]Demoliti	.on		ag Procedure iable Proced				
Location of		T.C	Is cation					Aba	teme:	Typ
Asbestos-Conta		No	rmally Used		Description Asbestos-Cont		Amount	R	R	1 1
Material (A		5	olely Main-		Material (A	CM)	(Specify	E	E	; (
TO BE ABAT		te	nance/	1	<pre>(i.e., thermal nsulation, surfa</pre>		SF or LF)	O V	A	? (
(13)	-		stodial ff (12)		or other miscel		I IE	A	R	JU
Basement		Yes	No N/I		- T7		00		_	E
oasement.			X	PID	e Insulatio	n	20 LF	X		_
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			TID III ata		hi - wi-					
ame of Registered Wa-	to Want	IUN	DEP Waste		ubic Yards Waste .5	Name of Regi	istered Landf	111		
Name of Registered Was		· Hau	ler ID No	J. 01		122	rate			
		· 17	ler ID No		sposal Date		tate			-
AZTECH MANAGEN	ÆNT, INC	. Нац 17				City, State		4		
AZTECH MANAGEN Sity, State Montclair, NJ (MENT, INC 07042	1.1				City, State	NY, 1047	4		
AZTECH MANAGEN	Type) Title	1.1	7040			City, State	NY, 1047	4 Date 4/12/		

Check # 1 6/

0.11/2:0	STED A P	-	7.5	00000	OT ME	M DETRE	¥Y			C	heck	# 16	18
CK105108	PA	NOT:	IFICA	ATION to NJ	OF AS	BESTOS 60-7 an	ABATEMENT	? ·7)	IN E	C	ß	1 N	E
Date of Notification 4/12/2019	n (1)		Nam	e of I	Buildi	ing Own	er/Operat	or (2)		Un	15	11 /41	
Agencies Notified	Type Notific	ation		eet Ac	9					4.00	1 -	7	Tenningstrage
[]EPA	[]Initial	acion	SCE	eet Ac	ldress	3				APR	1/	201	Lots
[]DEP	Notific	ation	Cit	v. Sta	te 2	Zip Code							
[X]DOL	[]Amended					,NJ,O			$F_{\theta J_{A}}$	in i	illi. Miliot		ú
[X]DOH	Notific	ation		e of C				m-1-	1011-000	F TV 1504	of tour Pilling	TE N COM	i i
[]DCA	[X] EMERGENC	Y .		avid		(-7)		Tere	phone Numbe.	r			
	[]Cancella	tion							-				
Name of Facility Whe	ere Abatement	is Taki	na P	FA	CILIT	Y INFOR	MATION	15					
David Berry		10 1001	ig i	race ((3)				acility (4)				
Street Address			- 0						ool (K-12) Chapter 8 (O	ther	thai	n K-12	2
								[X]Othe	er (i.e., pr al buildings	ivate	3 6	commer	
								Square Fee				ldg.	-
CITY	ř	County					Code (7)					g	
Millburn		_			((STATE (JSE ONLY)	Current Us	e (Prior if	bein	ıg de	molis	id)
Name of Monitoring F		ESSEX	7 7	SCM No		l htoma	-5 21						-
Owner (8) N/A		Jarrariig	, in	SCM NO	•			ment Contra	ctor (9) NT, Inc.				
Street Address							et Addres						
								stopher	St.				
City, State, Zip Code	9						, State,				_		
						Mo	ntclai	r, NJ 0	7042				
Project Manager for N	Monitoring Fir	m Tel N/.		ne Nur	ber		phone Num					Numb	
Scheduled Start Date	(10) Sohod			- D-4-	/111		73)744			0	037	1	
04 13 19		. Comple		n Date		Name N/A	of OSHA	Monitor					
Month Day Ye Occupancy Status Duri	ar Mon	th Da	ay	Yea	r								
[X]Facility Close	ed/Vacated Du	(Check of	oniy ire	one) Period	d	Stree	et Addres	S			248807		
of Abatement []Abatement Per:	formed Outside	of Nor	mal	Facil:	itv	City	, State,	7in Cada					
Hours - Descri	ibe: «OffHours	Descrip	t»		-	CICY	, state,	arb code					
Scope of Work (Check			Desc	TIPC»									
[X]>3 sf or >		T000					[]Full	Containment	with Negati	ve Pi	cessi	ıre	
[]≥160 sf or	≥260 lf	100		ovatio olitio				Enclosure bag Procedur	ce				
		1	Is				[]Non-F	riable Proce	edure		1.,		
Location Asbestos-Cont		No	cati rmal	ly			escriptio					temen	Type E N
Material (F	ACM)	S	Jsed olel	У			stos-Cont aterial (_	Amoun (Speci		R E M	RE	C
TO BE ABAT In Facili		ter	Main	e/	1		, thermal	systems cing, VAT,	SF or	-	OV	PA	SOS
(13)	-	Star	todi	12)	1		er miscel		LF)		A	R	UR
Basement		Yes	No	N/A X	Pin	e Inc	sulation) E	40 LF		X		E
					2 - 10		020020	744	20 TE		~		-
													+
Name of Registered Was				aste	52.5	ubic Ya			gistered Lar	ndfil	1		
AZTECH MANAGEI	MENT, INC	· 17	040	ID No.	of	f Waste	1.0	Tri -	State				
City, State Montclair, NJ (07042				Di	isposal	Date	City, State		0.072.0			
	01042							Bronx,	NY, 104	174			
Completed By (Print or						S	ignature	1 1	11	Da	te		
Constantine Vi	vian Pre	siden	t				1 12	Tative.	Mina	4	/12/	2019	
22 South Mountain Rd							C CHI	1	/ /	-			

											Pr	int Fo
Date of Notification (1)	AID	NOTIF (F	FICATIO Pursuan	state of New Je N OF ASBEST t to NJAC 8:60	OS ABATE and 12:12	0)	Total Control of the		E			Management of the state of the
04/09/19 Check #33	354			of Building Owr Trinity Churc		r (2)	and the state of t	L) AF	PR 1;	7 2019		
Agencies Notified Type Notific	ation			Address aple Ave			İ	- Commence				
EPA Initial Amend		1	City, St	tate, Zip Code				A.E	station LIGHW	ind Ma	8	
☐ Emerg	lment # ency (including	_		ensack, NJ,	07601			· Peterphone	tu historianistanista	No. of The Control of	1 E2	
DOH justifica			Tom	or Contact				Telephon 201-968		er		
Name of Facility Where Abatement is	Taking Place (3)	FAC	ILITY INFORM	IATION	Tyne	of Facility (4)				_	
Bergen Arts & Science Charte	r School					lannal .	School (K-12)					
Street Address 43 Maple Avenue							Subchapter 8 Other (i.e. privetc.)	(Other than	n K-12) mercial b	uildings,	∍m	es,
City (5) Hackensack						Squar 20,0	re Feet 00+	# of Floors	S	Bldg. A		
County (6) Bergen			County (STATE	Code (7) USE ONLY)		Curre	nt Use (Prior	if being den	nolished))	_	
Name of Monitoring Firm Hired by Buil N/A	ding Owner (8))	ASCI N/A	M No.	Name EA S	of Aba	tement Contra	actor (9)			-	
Street Address N/A			-			Addres 69th s					_	
City, State, Zip Code N/A							p Code g, NJ, 0702	2				
Project Manager for Monitoring Firm N/A			Telepho N/A	ne No.		one No 295-1		Licen 0107	ise No. 74		-	
Start Date (10) 04/19/19	Schedul 04/22/		npletion	Date (11)	Name N/A	of OSH	IA Monitor				_	
Occupancy Status During Abatement (Street N/A	Addres	s				-	
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: 9am	ntire Period of A Normal Facility	Abaten / Hours	nent		939/3550/651	tate, Zi	p Code				_	
Scope of Work (Check All That Apply)					IN/A						-	
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Renova Demolit			×	Min	Containment i-Enclosure vebag Proced i-Exempted (*	ure				
		Locati						,		Abatei Typ		
Location of Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	1) Use Ma	ed Sole intenar todial S (12)	ly by nce/	Asbestos C (i.e. therr su	Description ontaining M mal systems rfacing, VA er miscellan	laterial insulat T, or	(ACM) tion,	Amount (Specify SF or LF)	Kemova		1	Enclosure
	Yes	No	N/A			ŝ			<u>a</u>	- -		и́е
Basement Area		X		А	CM Elbo	ws		3 LF		Х		
											-	\dashv
Name of Registered Waste Hauler		N	JDEP W	/aste Cut	oic Yards		Name of D	vioto' !	- de!!			
ri-State Transfer Associates		Н	auler ID 9551	COMPANIES 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Vaste		Name of Reg Minerva E					
City, State Bronx, NY				Dis TBI	posal Date D		City, State Waynesbu	ırg, OH			_	
Completed by Michael Fajardo	Title Office	e Cler	k		Signature	7/1	7		Date 04/09	/19	-	

CK 64			NOT	IFIC	S IOITA	State of N	lew Jersey BESTOS ABA	TEMENT		2 [6	3	W	7
1370-03	PAI						AC 8:60 and 5:1			- Ban	-	****	
Date of Notification (1)	22 /	19)				ng Owner/Operator (Partners LLC	(2)	Al	PR	1 7	2019	9
Agencies Notified EPA	Type Notific					t Address Riverside	Drive Suite 500		ASSEC	MOS MOE	O.C.	A	اد 8
☑ DOLWD			5			State, Zip						-	
☐ DCA	☐ Emerger	ncy (ir		g		mden NJ						20000	
(NJAC 5:23-8)	justificat Cancella				Name	e of Contac	CT.		1 800 971-67				
					FA	CILITY IN	NFORMATION					-	-
Name of Facility Where A	batement is	Takin	g Place	e (3)				Type of Facility	2.05 / N. C.				
The Victor Bldg						12 - 14		School (K-1:		v.			
Street Address 201 N. Front Street								Other (i.e., p	8 (Other than K-12) private and commer) cial bu	uildir	S,	
City (5)								homes, etc.					
Camden								Square Feet	# of Floors	- 1	dg.		
County (6)					Com	nty Code (7	7)(STATE USE ONLY)	90,000	7 rior if being demolis		100	2	
Camden					000	nty code (NOTATE OSE ONET)	Current Ose (F)	nor it being demons	nea)			
Name of Monitoring Firm	Hired by Buil	lding (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	<u> </u>		_	-	
Pennoni	,	3		(-,			DELTA/BJDS	And the first of the contract	,				
Street Address							Street Address	,				19	
515 Grove Street, S	uite 1B						1345 INDUST	RIAL BLVD.					
City, State, Zip Code							City, State, Zip Co						
Haddon Heights, NJ	08035							ON PA 18966					
Project Manager for Monit	oring Firm			Tele	phone	No.	Telephone No.		License No.		-	-	
Alan Lloyd				8	56-656	-2875	215 322-2900		00783				
Start Date (10)	- ;	Sched	luled C	omple	tion Da	ite (11)	Name of OSHA M	lonitor					
/// .	19	Spensor	6 /	3()_/	19	Criterion Lab	s					
Occupancy Status During	Abatement (Check	c only	one)			Street Address					-	
☐ Facility Closed/Vacate							400 Street Ro	ad					
		City, State, Zip Code PMAM Bensalem Pa 19020 Full Containment with Negative Pressure Renovation Renovation		100									
Time of Abatement: 7	AIVI-4PIVI/	Bensalem Pa 19020 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure											
Scope of Work (Check all	that apply)												
≥3 sf or ≥3 lf≥160 sf or ≥260 lf							☐ Mini-Encl	losure Procedure	gative Pressure on-Friable Procedur	е			
• 100 100 000 000 000 000	_			Locat			2000 20000 00			Ab	aten	nt T	уре
Location of Asbestos-Containing N		A)	100	d Sole		Ashe	Description of stos Containing Mat		Amount	R	ZD.	П	Ш
TO BE ABAT	TED	::X	16533	intena todial			., thermal systems i	nsulation,	(Specify	Removal	Repair	ncap	nclos
IN Facility (13)	/		Cus	(12)	Stall?		surfacing, VAT, other miscellaned		SF or LF)	val	7	Encapsulate	Enclosure
(10)			Yes	No	N/A	1	other miscellanet	ous)				ate	350
1 st Floor Office				\boxtimes		Pipe ins	sulation		160 LF				
1 st Floor				\boxtimes		Radiato	r Insulation		75 SF				П
Basement				\boxtimes		Pipe Ins	s. above Plaster	Ceiling	600 LF				
Basement				\boxtimes		Contam	inated Plaster C	eiling	12,000 SF				П
Name of Registered Waste	e Hauler				JDEP V		Cubic Yards of	Name of Regis	stered Landfill				_
SERVICE TRANSPO	RT GROUF	•		H	auler II 20990		Waste	MINERVA					
City, State					20330		Disposal Date	City, State				-	
58 PYLES LANE NEV	V CASTLE	DE					usawa Katasa mile 1886		URG, OHIO				
Completed By (Print or Typ	oe)	Title					Signature		/ Dat	е.		-	
CHRISTINE DEL VIS				ADMI	NISTR	ATOR	17/0.	1- 100	1/1 1	<u> </u>	i ji	*-	
SB-41							- LA Mos	unalle	V parent	1-	6	10	17

A section of the sect							
LOCATION OF 100	IS LOCATION	DESCRIPTION OF	AMOUNT	REMOVAL	REPAIR	ENCAPSULATE ENCLOSURE	NCLOSURE
3	USED SOLEY BY	(IE, THERMAL SYSTEMS INSULATION	SF OR LF				
IN FACILITY A	MAINTENANCE/ CUSTODIAL STAFF?	SURFACING, VAT, OR F7 OTHER MISCELLANEOUS)					
Victor Building Warehouse	YES NO N/A	A					
Victor Building Warehouse	×	Old Roof below newer roof	32,000 sf	×			
Through out	×	Wire Insulation	500 LF	×			
1st Fl Cafeteria	×	Residual 9 X 9 Mastic	150 SF	×			
1st fl small office	×	Residual 9 X 9 Mastic	100 SF	×			
2nd Fl Large Rm 40sf under							
and Ellara Branch	×	Residual 9x9 Mastic	600 sf	×			
Above Colling and elicity-Stall Way	×	Residual 9x9 Mastic	60 sf	×			
Above Celliligs and Old Root	×	Duct Tar	840 sf	×			
Above Large Storage 4" dia	×	Block Pipe Insulation	50 If	×			
Above Large Storage 1' dia	×	Block Pipe Insulation	50 lf	×			
2nd floor Tool Shop	×	Block Pipe Insulation	35 lf	×			
2nd floor Tool Shop Closet	×	Block Pipe Insulation	3 If	×	1		
2nd floor office after bathrm	×	9x9 Gray Floor Tile and Mastic	360 sf	×			
1st FI , in pile debris in							
cafeteria	×	cove base mastic	50 If	×			
1st Floor Cafeteria/Kitchen					1		
Side	×	Mastic on bottom of drywall	600 sf	×			
1st fl Cafeteria /kitchen side				1	1		
floor tile continues under							
walls and mastic	×	9x9 Floor Tile	600 sf	*	_		
1st fl,entryway to stairs and					1	1	
into walk-in freezers	×	Residual 12 x 12 Mastic	1,275 sf	×			

MATERIAL (ACM) TO BE ABATED	IS LOCATION USED SOLEY BY MAINTENANCE/	IS LOCATION SOLEY BY	AND DESCRIPTION OF THE PERSON NAMED IN	DESCRIPTION OF (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR	AMOUNT SPECIFY SF OR LF	REMOVAL REPAIR ENCAPSULATE ENCLOSURE	REPAIR
Victor Building Warehouse	YES	NO N/A	N/A				
1st fl-Superintendent's Office			×	9x9 Red floor tile and Mastic	600 sf	×	1
1st fl Kitchen		J	×	n sheet flooring	1.350 sf	×	
Exterior			×		32 lf	× ;	
Exterior		J	×	Saulk	250 lf	×	
Exterior		×		Exterior Window Glazing	1,420 lf	×	
Top Roof		×		Roofing Material	32,000 sf	×	1
		L	L				
/th Floor		×		Contaminated Plaster ceiling	1500 SF	×	
7th Floor		×		Pipe insulation above plaster ceiling	200LF	×	
8th Floor		×		Pipe insulation above plaster ceiling	318	×	
		Ļ					
		Ļ					

1370-03

Date of Notification (1)	40				ing Owner/Operator	(2)		APR -1.7 :
Agencies Notified Type Notificat	19 ion			illennial et Address	Partners LLC		la l	
⊠ EPA ☐ Initial	.011				e Drive Suite 500		Paris	ilCLm, nd
☐ DOLWD ☐ Amended ☐ Amendmen	nt #4		City,	State, Zip	Code		- The second	THE RESERVE AND STREET CASES
☐ DCA ☐ Emergency		ng		amden N				
(NJAC 5:23-8) justification ☐ Cancellation			Nam	e of Conta	ict		Telephone Nur	nber
)[]		<u> </u>				1 800 971-6	3773
Name of Facility Where Abatement is Ta	king Pla	re (3)	FA	CILITY	NFORMATION	T= '1=	and the same of the same	
The Victor Bldg		oc (o)				Type of Facility ☐ School (K-1)		
Street Address		Material express				☐ Subchapter	8 (Other than K-1	2)
201 N. Front Street						Other (i.e., phomes, etc.	private and comme	ercial buildings,
City (5)					a contraction	Square Feet	# of Floors	Bldg. Age
Camden						90,000	7	100 +
County (6)		EXP	Cou	nty Code	7)(STATE USE ONLY)		rior if being demol	
Camden	80.01.000			*		Y		
Name of Monitoring Firm Hired by Buildin Pennoni	g Owne	(8)	ASCM	No.	Name of Abateme)	*************************************
Pennoni Street Address					DELTA/BJDS	, INC	22.20.20.20.20.20.20.20.20.20.20.20.20.2	
515 Grove Street, Suite 1B					Street Address			* ****** *****************************
City, State, Zip Code		t processor (a	4		1345 INDUST	Control of the second of the s	-	
Haddon Heights, NJ 08035					City, State, Zip Co			
Project Manager for Monitoring Firm	1 17 77 164	Tele	ephone	No	SOUTHAMPT Telephone No.	UN PA 18966		
Alan Lloyd			56-656		215 322-2900		License No.	
Start Date (10) Sch	neduled				Name of OSHA M	onitor	00783	
2/_1_/_19	_5_	1 3	1_1	19	Criterion Lab			
Occupancy Status During Abatement (Ch	eck only	one)			Street Address			The Name of the S
☐ Facility Closed/Vacated During Entire I	Period o	Abate	ment		400 Street Ro	ad		
Abatement Performed Outside of Norm Time of Abatement: 7AM-4PM/	nal Facili	ty Hou	s - Des	cribe	City, State, Zip Co	Manager of the second	The same of the same	
	r ivi-	AM			Bensalem Pa			
Scope of Work (Check all that apply)	Bensalem Pa 19020 Full Containment with Negative Present	The second state of the second	Pressure					
≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf	⊠ R	enovati emolitic	on		☐ Mini-Enclosed ☑ Glovebag	osure Procedure		
7	1	s Locat	ion		LI NOII-EXEII	ipted () and Nor	1-Friable Procedu	
Location of Asbestos-Containing Material (ACM)		Norma ed Sole			Description of			Abatement
TO BE ABATED	Ma	intena	nce/	Asbe	stos Containing Mate ., thermal systems in	erial (ACM)	Amount	Repair Removal
INI Castley	Cus	todial (12)	Staff?	(,,,,	surfacing, VAT,	or	(Specify SF or LF)	Repair Removal
IN Facility		114/		ł	other miscellaneo	us)		late
(13)	Yes	No	N/A			/-		
(13)	Yes		N/A	Pipe ins			16015	
st Floor Office		×			sulation		160 LF	
st Floor Office				Radiato	sulation r Insulation		75 SF	
st Floor Office st Floor asement				Radiate Pipe Ins	sulation r Insulation s. above Plaster (Ceiling	75 SF 600 LF	
st Floor Office st Floor assement				Radiato Pipe Ins	sulation r Insulation s. above Plaster Ce Inated Plaster Ce	Ceiling Hillng	75 SF 600 LF 12,000 SF	
st Floor Office st Floor assement		No.	D DEP Vauler ID	Radiato Pipe Ins Contam Vaste No.	sulation r Insulation s. above Plaster (Ceiling Silling Name of Regist	75 SF 600 LF 12,000 SF lered Landfill	
st Floor Office st Floor Basement Basement lame of Registered Waste Hauler SERVICE TRANSPORT GROUP ity, State		No.	D D D D D D D D D D	Radiato Pipe Ins Contam Vaste No.	r Insulation a above Plaster Celinated Plaster Celous Yards of	Ceiling Filling Name of Regist MINERVA L City, State	75 SF 600 LF 12,000 SF tered Landfill ANDFILL	
st Floor Office st Floor Basement Basement lame of Registered Waste Hauler SERVICE TRANSPORT GROUP bity, State 58 PYLES LANE NEW CASTLE DE		No.	D DEP Vauler ID	Radiato Pipe Ins Contam Vaste No.	r Insulation a above Plaster Collinated Plaster Collinated Starts of Waste Disposal Date	Ceiling Eiling Name of Regist MINERVA L	75 SF 600 LF 12,000 SF tered Landfill ANDFILL	
st Floor Office st Floor Basement Basement lame of Registered Waste Hauler SERVICE TRANSPORT GROUP bity, State 58 PYLES LANE NEW CASTLE DE completed By (Print or Type)		X X H A A A A A A A A A	U U U JDEP V auler ID 20990	Radiato Pipe Ins Contam Vaste No.	r Insulation a above Plaster Colinated Plaster Coloic Yards of Waste	Ceiling Filling Name of Regist MINERVA L City, State	75 SF 600 LF 12,000 SF tered Landfill ANDFILL	

Victor Building Warehouse YES NO N/A Victor Building Warehouse X Old Roof below newer rand by the language of the	DESCRIPTION OF NORMALLY ASBESTOS CONTAING MATERIAL (ACM) USED SOLEY BY (IE, THERMAL SYSTEMS INSULATION MAINTENANCE/ SURFACING, VAT, OR CUSTODIAL STAFF? OTHER MISCELLANEOUS)	SPECIFY SF OR LF	REMOVAL REPAIR	ENCAPSULATE ENCLOSURE	ENGLOSURE
	YES NO N				
X X X X X X X X X X X X X X X X X X X		32.000 sf X		4 No. 10	
	Wire Insulation		1		
	Residual 9 X 9 Mastic	T			
	X Residual 9 X 9 Mastic	T	State Commence and the		
	X Deciding Out Date at a				
	v nesitudal 9x9 Mastic	600 sf ×			
× × × × × × × × ×	A Kesidual 9x9 Mastic	× 1s 09			
× × × × × × × ×	X Duct Tar	840-sf x	'n		
× × × × × × ×	X Block Plpe Insulation	50 If ×			
× × × × × ×	X Block Pipe Insulation	I			
x x x x x	Block Pipe Insulation	-	1		
× × × × ×	X Block Pipe Insulation		+		
× × ×	X 9x9 Gray Floor Tile and Mastic	4			
×	cove base mastic				
×	x Mastic on bottom of drowall	1			
×		<			
1st fl.entryway to stairs and	x 9x9 Floor Tile	x Js 009			For the second
×	x Residual 12 x 12 Mastic	1,275 sf ×			

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1370 -03

Date of Notification (1)			15.				111 111			
	19				ing Owner/Operator Partners LLC	(2)		APR	1	2019
Agencies Notified Type Noti	fication		Stre	et Address	;		1-Henry			
☐ EPA ☐ Initial ☐ Initial ☐ Amend	COLUMN .		2	Riverside	Drive Suite 500		En.			
	ed		City	, State, Zip	Code		-	2	145	-
	ency (includi	na	C	amden N.	J 08103					
(NJAC 5:23-8) justifica		9	Nam	ne of Conta	ct		Telephone Nu	mher	-	
☐ Cancel	lation						1 800 971-			
		-	F	ACILITY I	NFORMATION		1 000 07 1	0770	_	
Name of Facility Where Abatement is	Taking Place	ce (3)			III OILWATION	Type of Facility ((4)			
The Victor Bldg		. ,				School (K-12				
Street Address			77.E7E			Subchapter 8) (Other than K-1	2)		
201 N. Front Street						Other (i.e., pr homes, etc.)	ivate and comm	ercial build	dir s,	
City (5)						Square Feet	# of Floors	Blda	e	
Camden						90,000	7	10		
County (6)			Cou	inty Code (7)(STATE USE ONLY)		1		_	
Camden							or in being defined	isried)		
Name of Monitoring Firm Hired by Bu	ilding Owner	(8)	ASCN	1 No.	Name of Abateme	nt Contractor (9)				
Pennoni					DELTA/BJDS					
Street Address					Street Address	, 1110		8	_	
515 Grove Street, Suite 1B					1345 INDUST	DIAI DI VID				
City, State, Zip Code					City, State, Zip Co				_	
Haddon Heights, NJ 08035					SOUTHAMPT					
Project Manager for Monitoring Firm		Tele	phone	No	Telephone No.	UN PA 18966				
Alan Lloyd				6-2875	215 322-2900		License No.			
Start Date (10)	Scheduled (Name of OSHA Mo	nitor	00783			
2/1/19				19	Criterion Labs		*			
Occupancy Status During Abatement					Street Address	·		+		
☐ Facility Closed/Vacated During Ent			nent		400 Street Ros					
☐ Abatement Performed Outside of N	ormal Facili	v Hour	s - Des	scribe						
Time of Abatement: 7AM-4PM/	PM	AM			City, State, Zip Coo Bensalem Pa					
Scope of Work (Check all that apply)					Belisalem Pa	19020			_	_
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		enovatio emolitio				inment with Nega sure Procedure apted (*) and Non-				
4	Is	Locati	on			Prod () and Non-	THADIE PROCECU			
Location of		Vormal			Description of			Abate	200	уре
Asbestos-Containing Material (ACN TO BE ABATED	1) USE Ma	ed Solel intenar	y by ice/	Asbes	stos Containing Mate	erial (ACM)	Amount	Removal	E	Enclosure
IN Facility		todial S		(I.e.	, thermal systems in surfacing, VAT, o	sulation,	(Specify SF or LF)	nov	ans.	los
(13)	Yes	(12) No	N/A		other miscellaneou		SF UI LF)	<u>a</u>	Encansulata	ure
1 st Floor Office	П	×		Pipe ins	ulation		16015		, ,	
1 st Floor					r Insulation		160 LF			
Basement					. above Plaster C	oiling	75 SF		4 4	님
Basement					inated Plaster Ce	-	600 LF		1 -1	
Name of Registered Waste Hauler			DEP V			_	12,000 SF			
SERVICE TRANSPORT GROUP		Ha	uler ID	No.	Waste Waste	Name of Register MINERVA LA				
City, State			20990		Disposal Date	City, State				
58 PYLES LANE NEW CASTLE	DE				- opoda Date	WAYNESBUI	RG. OHIO			
Completed By (Print or Type)	Title				Signature		Da	te	_	
CHRISTINE DEL VISCIO	ASST. A	DMIN	ISTR	ATOR	(hi-	- 170			1	10
ASB-41					MINA	rell	1 Mars	3-8-	0)1	7

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LOCATION OF	MOLEVOOLS	i i	a committee					
ASBESTOS-CONTAINING MATERIAL (ACM)	NORMALLY USED SOLEY BY	EY EN	ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION	AMOUNT SPECIFY	REMOVAL REPAIR		ENCAPSULATE ENCLOSURE	ENCLOSURE
TO BE ABATED IN FACILITY	MAINTENANCE/ CUSTODIAL STAFF?	CE/ TAFF?	SURFACING, VAT, OR OTHER MISCELLANEOUS)	5				
Victor Building Warehouse	YES NO	N/A						
Victor Building Warehouse		×	Old Roof below newer roof	32 000 CE	,	1		
Through out		×	Wire Insulation	50,000 SI	< >			
1st Fl Cafeteria		×	Aastic	300 LF	<	1		
1st fl small office		×		150 SF	× ;			
2nd Fl Large Rm 40sf under				TOO SE	×			
concrete floor	- 2	×	Residual 9x9 Mastic	£000	,	-		
2nd Fl Large Rm entry-stairway		×		15 000	×	1		
Above Ceilings and Old Roof		×		eu sr	×	1		
Above Large Storage 4" dia			1401.000	840 ST	×			
Above Large Storage 11 dia	T	I		50 lf	×			
2nd floor Tool Show	×	T		50 lf	×			
Constitution for the constitution of the const	×			35 lf	×			
2nd floor office of 1 11	×	1	Block Pipe Insulation	3 lf	×	T		
	×		9x9 Gray Floor Tile and Mastic	360 sf	×	t		
cafeteria	×		cove base mastic					
1st Floor Cafeteria/Kitchen		Ī		30.11	×	+		
Side	×		Mastic on bottom of drywall	, COS				
Lst fl Cafeteria /kitchen side				T	×	\dagger		
floor tile continues under								
walls and mastic	×		9x9 Floor Tile	600 sf >>	×	\dagger		1
1st fl,entryway to stairs and		T			\dagger	+		AFR
into walk-in freezers	×	ш.	Residual 12 x 12 Mastic	1.275 sf x				
				٦		1		

1370-03

D-1 ENI- CC C - (4)							<u> </u>	461 113				
Date of Notification (1)	00					ng Owner/Operator	(2)	HI L	APR	17	2015	9
/	22 /	19		M	illennial F	Partners LLC						50
Agencies Notified	Type Notification	n		Stre	et Address							-
⊠ EPA	☐ Initial			2	Riverside	Drive Suite 500		£n.	1177		111	
☑ DOLWD ☑ DOH	Amended Amendment	# 2		_	State, Zip			0.00			2 · 7 · - 4	- 4
□ DCA	Amendment Emergency	_	20		amden NJ							
(NJAC 5:23-8)	justification)		ig		ne of Contac			Tolophana	Nicosite		-	
	☐ Cancellation					2.5		Telephone				
				E/	A CIL ITY IA	NFORMATION		1 800 9	/1-6//3			
Name of Facility Where A	batement is Tak	na Plac	e (3)	17	ACILITY II	NFORMATION	l -					
The Victor Bldg		ng i iac	(5)				Type of Facility					
Street Address							School (K-12	!) ? (Other than	V 12)			
201 N. Front Street	**						Other (i.e., pr	rivate and co	mmercial	build	gs,	
City (5)							Square Feet	# of Floors	s T	Bldg.	ge	
Camden							90.000	7	3	10		
County (6)				Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pri		moliehed		-	
Camden								or in pening de	molished	,		
Name of Monitoring Firm F	lired by Building	Owner	(8)	ASCN	1 No.	Name of Abateme	ent Contractor (0)			_	_	
Pennoni						DELTA/BJDS						
Street Address						Street Address	, INC					
515 Grove Street, Su	ite 1B					1345 INDUST	DIAL DIVID					
City, State, Zip Code	AND					City, State, Zip Co					_	
Haddon Heights, NJ	08035					12 10						
Project Manager for Monito			Tele	phone	No	SOUTHAMPT	ON PA 18966					
Alan Lloyd			1		5-2875	Telephone No.		License N	0.			
Start Date (10)	Sche	dulad (2000		ate (11)	215 322-2900		00783				
2/_1_/					19	Name of OSHA M						
Occupancy Status During A	_					Criterion Lab	5					
☐ Facility Closed/Vacated	During Entire P	oriod of	one)			Street Address						
☐ Abatement Performed C	Outside of Norma	l Facilit	ADater v Hour	nent	ecribo	400 Street Ro						
Time of Abatement: 7Al	M- <u>4</u> PM/P	M	AM	3 - DC3	scribe	City, State, Zip Co						
Scope of Work (Check all the						Bensalem Pa	19020				-	
≥3 sf or ≥3 lf		M Re	enovatio	nn.		☑ Full Conta	ainment with Nega	ative Pressure	е			
≥160 sf or ≥260 lf			molitio			☐ Mini-Enclos☑ Glovebag	Procedure				100	
						☐ Non-Exen	npted (*) and Non	-Friable Proc	edure			
1 ! !			Locati Normal						I A	bater	ent T	vne
Location of Asbestos-Containing Ma			d Sole		Achoo	Description of			100	_	-	
TO BE ABATE			intenar		(i.e.	tos Containing Mate thermal systems in	erial (ACM)	Amount (Specify		Repair	nce	Enclosure
IN Facility (13)		Cus	todial S (12)	statt?		surfacing, VAT,	or	SF or LF)	ova	=	psc	nso
(13)		Yes	No	N/A	1	other miscellaneo	us)	•	-		Encapsulate	re
1 st Floor Office					Pipe ins	ulation		160 LF		\vdash	П	
1 st Floor			\boxtimes		Radiator	Insulation		75 SF		-		
Basement ADD					Pipe Ins.	above Plaster (eiling	600 LF		-		
					Contami	nated Plaster Ce	eiling	12,000 SI		-		
Name of Registered Waste				DEP V		Cubic Yards of	Name of Registe	The second second second second		1-		
SERVICE TRANSPOR	T GROUP	- 1		uler ID 20990		Waste	MINERVA L					
City, State				20330		Disposal Date	City, State				_	
58 PYLES LANE NEW	CASTLE DE					F	WAYNESBU	BC OFIC				
Completed By (Print or Type) Title	9				Signature	TATRESBU	NO, UNIO			S	
CHRISTINE DEL VISC			ADMIN	IISTP	ATOR	Signature			Date	-	5-	
SB-41									2-1)	CX	14

1370-03

Date of Notification (1)				Na	me of Build	ling Owner/Operator	(2)	La 107 lbs	U 197	
1/22	/	19		ı	Millennial	Partners LLC	(2)	ADD 1	T. Nava	The second second
Agencies Notified Type No		on		Str	eet Address	S	3,1 ()	APR 1	/ 2019	- 1
☐ EPA ☐ Initia)9	2	Riversid	e Drive Suite 500		ŀ		1
- 1 miles	nded ndment				y, State, Zip			Consequence .		1182
□ DCA □ Eme			lina	0	amden N	J 08103			100	
(NJAC 5:23-8) justif	ication)		m ig	Nar	ne of Conta	act		Telephone Nu		_
☐ Cano	ellation	i				P)		1 800 971-		
Name of Facility W.				F	ACILITY I	NFORMATION				_
Name of Facility Where Abatement	t is Taki	ing Pla	ce (3)				Type of Facility	(4)		-
The Victor Bldg							School (K-12	?)		
Street Address							Subchapter 8	(Other than K-1	12)	
201 N. Front Street							Other (i.e., pi homes, etc.)	nvate and comm	ercial buil	ld gs,
City (5)		2000					Square Feet	# of Floors	Bldg	g. ge
Camden							90,000	7	10	
County (6)	0.50			Co	unty Code ((7)(STATE USE ONLY)				
Camden							,	ar in a sining dominor	ionoa)	
Name of Monitoring Firm Hired by B	Building	Owne	r (8)	ASC	И No.	Name of Abateme	ent Contractor (9)			-
Vertex						DELTA/BJDS				
Street Address						Street Address	, 1110			_
700 Turner Way Suite 105						1345 INDUST	PIAI PI VD			
City, State, Zip Code						City, State, Zip Co				
Aston Pa 19014						SOUTHAMPT				
Project Manager for Monitoring Firm			Tele	phone	e No	Telephone No.	ON PA 18966	1		
David Brown			1		8-8902	215 322-2900		License No.		
Start Date (10)	Sche	duled			ate (11)	Name of OSHA M	- 11	00783		
2/1/19					19	Criterion Lab				
Occupancy Status During Abatemen										
Facility Closed/Vacated During En	ntire Pe	riod o	Ahata	mont		Street Address				
Abatement Performed Outside of	Normal	Facili	ty Hour	s - De	scribe	400 Street Ro				
Time of Abatement: 7AM-4PM/_	PI	M	AM		001100	City, State, Zip Co		(4.19)		
cope of Work (Check all that apply)						Bensalem Pa	19020			
] ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		⊠ Re	enovati emolitio	on		☐ Mini-Enclo		tive Pressure		
							procedure opted (*) and Non-	Friable Procedu	re	
Location of			S Locati Normal						Abate	en nt T
Asbestos-Containing Material (AC	(M)	Use	ed Sole	ly by	Ashas	Description of stos Containing Mate				_
TO BE ABATED	•		intenar todial S		(i.e.	, thermal systems in	sulation	Amount (Specify	Removal	nce
IN Facility (13)		Cus	(12)	otan?		surfacing, VAT, o	or	SF or LF)	ova	ıpsı.
(.5)		Yes	No	N/A	1	other miscellaneou	us)	ation ages — introduces on a place of	-	Encapsulate
t Floor Office					Pipe ins	ulation		46015		
t Floor						r-Insulation		160 LF		
					radiato	illouianon		€75-SF~		
me of Registered Waste Hauler			I NI	DEP V	Nacto I	Cubia Vanda 1				
SERVICE TRANSPORT GROU	Р			uler ID		Cubic Yards of Waste	Name of Register			
y, State				20990			MINERVA LA	NDFILL		
8 PYLES LANE NEW CASTLE	- DE					Disposal Date	City, State			
							WAYNESBU	RG, OHIO		
mpleted By (Print or Type) CHRISTINE DEL VISCIO	Title					Signature	7	/ Dat		_
41	AS	51./	ADMIN	ISTR	ATOR	1 Ch	nall	dear	Z-6-	- 01
A.A.							- 10			

Date of Notification (1)		24.77.9.3			LN	(D.)	**							
1 /	22	, .	19					ng Owner/Operator	(2)	APR	1 7	20	ı	
Agencies Notified	Type Not ⊠ Initial	tificatio	n		Stre	eet Addres	SS			To proper solu-			177	
⊠ DOLWD	Amen	ded			_			Drive Suite 500		facilities (10.54	. ***
☑ DOH	Amen		#		1	, State, Zij				. James - State	1,250,000,10	and the state of t	202	
☐ DCA	☐ Emerg			ng	-	amden N								
(NJAC 5:23-8)	justific				Nan	ne of Cont	ac	t	all all	Telephone Nu	mber		500	
	☐ Cance	ellation								1 800 971-	6773			
					F	ACILITY	IN	FORMATION						
Name of Facility Where A	Abatement i	is Taki	ng Pla	ce (3)					Type of Facility	(4)			_	_
The Victor Bldg									School (K-12	?)				
Street Address									Subchapter 8	3 (Other than K-1 rivate and comm	12)	b. illa		
201 N. Front Street	H								homes, etc.)	iivate and comm	erciai	DUIIG	js,	
City (5)			10-1-1-1-1						Square Feet	# of Floors	1	Bldg.	ae	_
Camden									90,000	7		101		
County (6)					Cot	unty Code	(7))(STATE USE ONLY)	Current Use (Pri	or if being demo	lished	1)	77.	
Camden										95. P333171				
Name of Monitoring Firm	Hired by Bu	uilding	Owner	(8)	ASCN	l No.		Name of Abateme	ent Contractor (9)				-	-
Vertex								DELTA/BJDS						
Street Address								Street Address						_
700 Turner Way Suit	te 105							1345 INDUST	RIAL BLVD.					
City, State, Zip Code							1	City, State, Zip Co	ode				-	_
Aston Pa 19014								SOUTHAMPT						
Project Manager for Monit	oring Firm			Tele	ephone	No.	1	Telephone No.		License No.				_
David Brown				6	10-55	8-8902		215 322-2900		00783				
Start Date (10)		Sche	duled (Comple	etion D	ate (11)	1	Name of OSHA M	onitor					_
2/1/_	19		3	3	1_/	19	1	Criterion Lab	s					
Occupancy Status During	Abatement	(Chec	k only	one)			+	Street Address			_			
☐ Facility Closed/Vacated	During En	itire Pe	eriod of	Abate	ment	42		400 Street Ro	ad					
Abatement Performed (Outside of I	Norma	I Facili	y Hou	rs - De	scribe	+	City, State, Zip Co	de					
Time of Abatement: 7A	M-4PM/	P	VI	AM				Bensalem Pa						
Scope of Work (Check all t	that apply)						_	=	1		-			_
] ≥3 sf or ≥3 lf			M D	enovati	0.0			Full Conta	ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf				emolitic				☐ Mini-Enclosed☐ Glovebag						
								☐ Non-Exer	npted (*) and Non	-Friable Procedu	ire			
				Locat							A	baten	nt T	vn
Location of Asbestos-Containing M		M)		Norma ed Sole		Ache	001	Description of				1	_	T
TO BE ABAT	ED	,	Ma	intena	nce/	(i.e	251 e.,	tos Containing Mat thermal systems in	enai (ACM) isulation.	Amount (Specify	Removal	Repair	nca	
IN Facility (13)			Cus	todial ((12)	Staff?		10000	surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	
(13)			Yes	No	N/A	1		other miscellaneo	us)				late	1
st Floor Office				×		Dina !-	_	·lotion			-	1_		-
Tioor office				-	-	Pipe in	SU	Jiation		160 LF				E
														E
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SERVICE TRANSPOR		P		7.77	auler I		1	Vaste	Name of Registe					
ty, State		*: 			20990)			MINERVA LA	ANDFILL			-	
58 PYLES LANE NEW	CASTLE	DE					C	Disposal Date	City, State	DO 01115				
									WAYNESBU	KG, OHIO				
시 없는 가능이 많은데 있어요? 하지만 이렇게 얼마나요? 그 아이들이 얼마나요? 아이프라그어요	0.000							Signature	1 ~	Da	te		-	
	,IU	A:	551./	MUMUA	NISTR	ATOR		11 Ann	stre 1)	W/Mi I	-7	7-	Λſ	(
ompleted By (Print or Type CHRISTINE DEL VISC B-41 N 13	0.000		SST.			ATOR for asbest	tos	1/ 1/20-	the D		_	.2-`		01

OK/04916 1301-02 PA		NO	TIFI (CATIC Pursu	N OF A	SBE	v Jersey ESTOS ABA : 8:60 and 5:1	TEMENT (D)	ECE		<u>y</u>	3 7 7	
Date of Notification (1) 4	19	9		Nan			Owner/Operator	111	APR 1	7 20	19	-	IJ
Agencies Notified Type Notifi ☑ EPA ☑ Initial	ication			100000000	et Address	-		i i	ASEEDTON	W 117 22	17.7		
☑ DOLWD ☐ Amend	ed				Stow R				LIČEN	SING	2 2 year	-	
☑ DOH Amend			_	0	, State, Zip			N. O. C.			-		-
DCA Emerge	ency (ir	ncludi	ng		arlton N.		053						
(NJAC 5:23-8) justifica				1000000	ne of Conta		on		Telephone Nur 215 253-72				
				F	ACILITY	INFO	ORMATION		210 200-12	10		_	
Name of Facility Where Abatement is	Takin	g Plac	ce (3)		·O/LITT		DIGINATION	Type of Facility (4)				
Tatem Brown Family Practice		***************************************						School (K-12)					
Street Address								Subchapter 8	(Other than K-1	2)			
2225 Evesham Road								Other (i.e., pri homes, etc.)	vate and comme	ercial b	ouild	JS,	
City (5)								Square Feet	# of Floors	1	ld-		
Voorhees								>25,000	# 01 F100FS		30-	ge	
County (6)		10.		Cou	inty Code	(7)/S	TATE USE ONLY)	Current Use (Price		iohod)			
Camden					,	(·)(o)	2 OOL ONL 1)	Current Ose (File	i i being demoi	isnea)			
Name of Monitoring Firm Hired by Bui	ilding C	Owner	(8)	ASCN	1 No.	N	lame of Ahatem	ent Contractor (9)				-	
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Street Address		-		1		_	treet Address					_	
700 Turner Way, Suite 105							1345 Industri	al Plud					
City, State, Zip Code						SI	ity, State, Zip Co					_	
Aston, Pa 19014						1	Southamptor						
Project Manager for Monitoring Firm			Te	lephone	No		elephone No.	1 F a 10900	Tr.				
David Brown				310 558			215 322-2900		License No.				
Start Date (10)	Sched	uled (ate (11)		ame of OSHA M		00783				
4 /30 /19	6			80 /			Criterion	ionitor					
Occupancy Status During Abatement	Check	only	0.0									ge ge	
☐ Facility Closed/Vacated During Ent				ement		1	reet Address 400 Street Ro	!					
☐ Abatement Performed Outside of N	lormal	Facilit	ty Hou	ırs - De	scribe	-	TANA DE LA CONTRACTOR DE	- C				-	
Time of Abatement: 7AM-4PM/	PM	l	AN				ty, State, Zip Co Bensalem Pa						
Scope of Work (Check all that apply)							Delisalelli Pa	19020					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enova emolit				☐ Mini-Encl			ге			
Location of			Loca Norma							Ab	ater	nt T	vpe
Asbestos-Containing Material (ACN	1)	Use	ed Sol	lely by	Ache	etec	Description of Containing Mat	eriel (ACM)	•	R	Z	-	T
TO BE ABATED	.			ance/ Staff?	(i.e	e., the	ermal systems in	nsulation,	Amount (Specify	Removal	Repair	nca	Enclosure
IN Facility (13)		Cus	(12)				surfacing, VAT,	or	SF or LF)	oval	=	psul	nus
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Doctor and Patience rooms					Pedest	al M	lastic		150 SF		П		
Basement Mechanical Room					Boiler F	Rone	Α				H		
			_	+	2011011	· cop			110 LF		Ш	Ш	
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Nome of Decision 1111													
Name of Registered Waste Hauler Service Transport Group				JDEP \ lauler II		A CONTRACTOR	bic Yards of	Name of Register					
			1	20990		VVa	.0.0	Minerva Land	dfill				
City, State 58 Pyles Lane New Castle DE						Dis	posal Date	City, State Waynesburg	Ohio				
Completed By (Print or Type)	Title						Signature	Jilosbarg		4-			
Christine Del Viscio		st. A	dmin	istrato	r		Chart	To Day	Mer i		c -	01	9

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

_OCOIO III PA		(F	Pursuant	t to NJAC	3:60 and 12	2:120)		M					displayable of the state of the
Date of Notification (1) 04-10-19			Name o		Owner/Oper	rator (2)		APH	17	201		L
Agencies Notified Type Notification EPA Initial	n			Address Hadley R	ld.			1	GLASTO			L &	1
DEP Amended DOL Amendmer				ate, Zip Co Plainfiel				- 1: F/ AN	15	1111111	4 <u>G</u>	salt = 1	- 3
□ Emergency justification □ DCA □ Cancellation)			of Contact y Gazick					lephone N			8	
Name of English Where Abeternatis Tel	DI 10		FAC	ILITY INFO	RMATION			- V				-	
Name of Facility Where Abatement is Taki Manhole #2	ng Place (3)						Type of Facility						
Street Address 1 Maltese Dr.							Other (i.e.	er 8 (Oth	er than K- & commer	12) cial bu	lding	hom	ies,
City (5) Totowa							etc.) Square Feet N/A	# o	f Floors A		Bldg. N/A	ge	
County (6) Passaic				Code (7) USE ONLY)			Current Use (P						
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN N/A	И No.			Abatement Co Environmen			·		_	
Street Address N/A					Str	eet A	ddress Dock Rd					-	
City, State, Zip Code N/A							te, Zip Code nk, NY 1198	30				-	
Project Manager for Monitoring Firm N/A			Telepho N/A	ne No.	Tel	lephor	ne No. 24-8111		License I	No.		-	
Start Date (10) 04-22-19	Scheduled 05-22-1		npletion l	Date (11)	Nai	me of	OSHA Monitor			·····			
Occupancy Status During Abatement (Che	ck Only One)					idress					-	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Exterior street	Period of Atmal Facility F	aten Hours	nent		City	y, Stat	Dock Rd	20				-	
Scope of Work (Check All That Apply)					_ 16	арпа	nk, NY 1198	30					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova molit				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
	74	ocati	50150				THOM Exemple	la () ain	a NOII-I IId	Jie Fit	Aba	nent	t
Location of Asbestos-Containing Material (ACM)	Used		ly by	Ashesto	Descript s Containing				maunt		_	<u>e</u>	
TO BE ABATED In Facility (13)		dial S (12)	Staff?	(i.e. th	nermal system surfacing, other miscel	ems ir VAT,	sulation, or	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Street	Yes	No	N/A		Cool tor	wro	_	-	0.1.5	-			
Onoci			X		Coal tar	wra	0	5	0 LF	X		-	
Name of Registered Waste Hauler		12/03/	JDEP W		Cubic Yards	s	Name of	Registe	red Landfil	1	_	-	
Veolia ES Technical Solutions			auler ID I 1699		of Waste TBD		EQ						
City, State Flanders ,NJ				55.	Disposal Da ΓΒD	ate	City, Stat					-	
Completed by Raymond Tutiven	Title Project	Ma	nager		Stgnati	ure	1-	1.l	4 1 33333	ate 4-10-	19	<u> </u>	
ASSESSMENT AND RESERVED AND ADDRESS OF A SECOND ADDRES						1	100						

Print Form

State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-67 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 4 / 1 1 / 1 9 119 MICHELLE HARBECK Agencies Notified Type Notification Street Address ☐ EPA M Initial Amended DEP Amendment #: City, State, Zip Code DOL. Emergency glen ridge, nj 07028 (including DOH. Name of Contact justification) Telephone Number ☐ DCA MICHELLE HARBECK Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) MICHELLE HARBECK Subchapter 8 (Othe han K-12) Street Address Other (Private/Comr ercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being de iolished) glen ridge Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Nun 973-345-8020 0116 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 04/22/19 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pres \times >3 sf or >3 If \boxtimes Renovation Mini-enclosure ≥160 sf or ≥260 lf Demolition Glovebag procedure Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of R by maintenance/custodial Ε asbestos-containing E е е Description of asbestos-containing material (acm) to be staff(12) Amount n m n p material (ACM) C (Specify SF or abated in facility (13) 0 C Yes No N/A LF) a V BASEMENT PIPE INSULATION 201ft \boxtimes basement crawl space & CLOSET PIPE INSULATION 29 L FT X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 04/23/19 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date BOGDAN JOLDZIC PRESIDENT 04/11/19

Do not use this form for asbestos licensure exempted activities.

ASB-41

Notification of Asbestos Abatement D&S Proj. #: 19-65 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 4 / 1 1 / 1 9 mary anne marra Agencies Notified Type Notification Street Address ☐ EPA Initial Amended DEP City, State, Zip Code Amendment #: DOL M Emergency westfield, ni 07090 DOH (including Name of Contact Telephone Number justification) DCA Cancellation mary anne marra **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) mary anne marra Subchapter 8 (Other Ian K-12) Street Address Other (Private/Comm Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being de olished) westfield Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Num 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 04/17/19 05/03/19 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pres \times >3 sf or >3 If Renovation X Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable rocedure Is location normally used solely Location of R E by maintenance/custodial E asbestos-containing е e Description of asbestos-containing n Amount staff(12) n material (acm) to be m p C material (ACM) (Specify SF or abated in facility (13) C 0 a а Yes No LF) N/A V p BASEMENT PIPE INSULATION 30 L FT \boxtimes Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 04/18/19 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date **BOGDAN JOLDZIC** PRESIDENT 04/11/19

State of NJ

State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-66 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 |4 |/|1 |1 |/|1 |9 george tzezairlidis Agencies Notified Type Notification Street Address | Initial ☐ EPA Amended DEP City, State, Zip Code Amendment #: DOL Emergency westfield, nj 07090 DOH (including Name of Contact Telephone Number justification) DCA george tzezairlidis Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) george tzezairlidis Subchapter 8 (Other an K-12) Street Address Other (Private/Comm Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being der westfield union Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number Phone Number License Num 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 04/20/19 05/10/19 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pres ≥ 3 sf or >3 If Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely R E Location of E by maintenance/custodial е е asbestos-containing n Description of asbestos-containing Amount п staff(12) m p C material (acm) to be (Specify SF or material (ACM) C 0 abated in facility (13) а LF) Yes No N/A ٧ p BASEMENT PIPE INSULATION 195 l ft X П Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yd. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 15 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 04/11/19 Do not use this form for asbestos licensure exempted activities. ASR 41

OK 702 PA	ID	NOT	IFICATION	State of New Jers ON OF ASBESTO Int to NJAC 8:60 a	SABAT	EMENT	NEC	E	
Date of Notification (1) 04/11/2019			Name Pass	of Building Owne saic County W	r/Operato eatheriz	or (2) Zation DEP		100 mg	-
Agencies Notified Type Notification EPA Initial	1		Street	Address River Dr			API	2 1	7-201 -
DEP Amended Amendmen			City, S Toto	state, Zip Code wa,NJ,07512		· · · · · · · · · · · · · · · · · · ·	F.G	on Cent	
DOH Emergency justification) Cancellation		9		of Contact Stone		11.1	Telephone 973-569-	Numbe	and the section of the section of
Name of Facility Where Abatement is Takir Private House	ng Place ((3)	FAC	CILITY INFORMA	TION	Type of Facility (4)			=======================================
Street Address City (5)						School (K-12 Subchapter 8 Other (i.e. pri) (Other than k vate & comme	(-12) ercial be	uildings,)r
Passaic						Square Feet N/A	# of Floors N/A		Bldg. A ; N/A
County (6) Passaic				Code (7) USE ONLY)		Current Use (Prior PRIVATE HOL	if being demo	lished)	
Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASC	M No.	Name EHV	of Abatement Contr V ABATEMENT I	actor (9) _LC		
Street Address						Address RANKLIN STRE	ET		_
City, State, Zip Code					City, S PATE	tate, Zip Code ERSON,NJ,0752	!4		
Project Manager for Monitoring Firm			Telepho	one No.		one No. 333-5144	License 01274		-
Start Date (10) 04/20/2019	04/21/2	2019	mpletion	Date (11)	Name EHW	of OSHA Monitor ABATEMENT L			-
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P	oriod of A	hata.	mont		Street	Address RANKLIN STRE			
Abatement Performed Outside of Norm. Other – Describe: OCCUPIE	al Facility	Hour	'S	X.	City, St	ate, Zip Code RSON,NJ,0752			
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf									
≥160 sf or ≥260 lf	The same of	enova emoli			<u> </u>	Full Containment Mini-Enclosure Glovebag Proced Non-Exempted (*	ure		
Location of	N	Locat ormal	ly	Doc	orintian		and Non-ind	J.	Abater n
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		d Sole ntena odial S (12)	nce/	Asbestos Cont (i.e. thermal surfac	scription of aining Ma systems cing, VAT niscellane	aterial (ACM) insulation, . or	Amount (Specify SF or LF)	Remova	Repair
Basement	Yes	No X	N/A	Dina				/al	=
		^		Pipe I	Insulatio	on	120 LF	X	
Name of Registered Waste Hauler EHW ABATEMENT LLC City, State		Ha	JDEP Wa auler ID N 037095	0 000			istered Landfil TRANSFE		
Paterson,NJ				Disposa TBD	al Date	City, State BRONX,N	Υ ,		-
Completed by /ictor Espiritu	Title Projec	t Ma	nager	Si	gnature	hw	Da	ite 4/11/2	019