PAID	N		ATION	OF ASBESTOS o NJAC 8:60 an	ABATE)ne	ck	12	99		
Date of Notification (1) 04/13/2019		100000		Building Owner/Goss Jr.	Operator	(2)			E	C		Ī	
Agencies Notified Type Notification EPA Initial			treet Ad	dress e, Zip Code						\PR	8 2	19	The second second state of the second
DEP Amended Amendment #_ Emergency (inc	luding	_ ^	/laplev	vood, NJ 070	40			I Tala	Leaners N.	umbar		_	Section 1
DOH justification) Cancellation		1000	Oon Go					l reiet	phone Nu	ambei	<u> </u>		- 8,
Name of Facility Where Abatement is Taking P Residential Property	Place (3)		FACIL	ITY INFORMAT	ION	_	f Facility (4)					-	
Street Address						S × O	chool (K-12) ubchapter 8 ther (i.e. pri	(Other	than K- commer	12) cial buil	dings, I	mes	s,
City (5) Maplewood						Square 1,279		# of F	-loors	85	Bldg. Aç 950		
County (6) Essex				Code (7) ISE ONLY)		Curren	t Use (Prior	if bein	g demoli	shed)			
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM	No.			ement Contr ntracting I		9)			-	
Street Address					100000000000000000000000000000000000000	Address South							
City, State, Zip Code						State, Zip abeth, I	Code NJ 07206						
Project Manager for Monitoring Firm		Т	elephor	ne No.	1 00,000,000	hone No -906-41			License 01355	No.			
	chedule 5/17/2		pletion [Date (11)			A Monitor mental La	abora	tories,	Inc.			
Occupancy Status During Abatement (Check C						t Address	e 22 Wes	t					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: OCCUPIED	riod of A Facility	Hours	ent		City, S	State, Zipon, NJ	Code					_	
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				× Mini	Containmer -Enclosure vebag Proce -Exempted	edure					
Least and		Locatio		D	escriptio	n of					Abate Ty		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solel intenan odial S (12)	ce/	Asbestos Cor (i.e. therma surf	ntaining I	Material ns insula AT, or		(S	nount pecify or LF)	Removal	Repair	Encansulate	Enclosure
Basement	100	- 1.0	X	Trai	nsite Pa	anels		64	1 SF	Х			
										IEII			
Name of Registered Waste Hauler Danvic Contracting LLC.		H	JDEP W auler ID 7574	D77847030701 L. D0785333573	c Yards aste		Name of F Fairless			11111			
City, State Elizabeth, New Jersey				Disp TBD	~	~	City, State Morrisvi		A				
Completed by Jeymy Donneys	Title Owne	er			Signatu	re	17	/		Date 04/13	/2019		

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Date of Notification (1 04/13/2019)				of Building Own Koury	er/Operato	or (2)	1	ini E	G			7	
Agencies Notified	Type Notification	1		Street	Address				KI		()	<u>u</u>	J. Comp.	13
EPA DEP X DOL	Initial Amended Amendmer				tate, Zip Code Brunswick	wp, NJ	08902	00 P ² S. P ²	and the same of th	APR	1	8 21	9	No. of Persons Spirits of Spirits
DOH DCA	Emergency justification Cancellatio)	3	Name Joe k	of Contact Coury				Telephone	e Numb	er			<u>_</u>
Name of Facility When	re Abatement is Taki	ng Place ((3)	FAC	CILITY INFORM	ATION	Type of F	acility (4)	2,000		er univ	<u> </u>		
Residential Prope Street Address	erty				1		☐ Sub	er (i.e. priv	(Other than rate & comm	K-12) nercial	build	lings,	mc	es,
City (5) North Brunswick	Twp						Square F 1,508		# of Floors	3	11 200	ldg. A 919	;	
County (6) Middlesex					Code (7) USE ONLY)		Current U	lse (Prior i	f being dem	nolished	d)		· ·	
Name of Monitoring Fi	rm Hired by Building	Owner (8)	ASC	M No.		of Abatemovic Contra						_	
Street Address						Street	Address South 5th							
City, State, Zip Code						City, S	State, Zip Co	ode						74,1025
Project Manager for Mo	onitoring Firm			Telepho	one No.	Teleph	none No. 906-4123		Licens 0135	se No.			_	
Start Date (10) 05/04/2019		Schedul 05/10/2		npletion	Date (11)	Name	of OSHA M	lonitor	oratories		i depart		-	
Occupancy Status Duri	ing Abatement (Ched					Street	Address		oratories	s, Inc.			<u></u>	
Facility Closed/Va Abatement Perfor Other – Describe:	ncated During Entire med Outside of Norm OCCUPIED	Period of A	Abaten Hours	nent S		City, S	Route 22	ode						
Scope of Work (Check	All That Apply)					Unio	n, NJ 070	103						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	AA40 4544		Renova Demolit	1000000		×	Mini-En Gloveba	closure ig Procedi	with Negation					
Locatio	on of	1	Locati Iormal	ly		escription		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	did Holl-	nable i		Abate	∍nt	
Asbestos-Containin TO BE At In Fac (13	BATED	Ma Cust	d Sole intenar odial S (12)	nce/ Staff?	Asbestos Co (i.e. therm sur	ntaining M	laterial (ACI insulation, T, or	VI)	Amount (Specify SF or LF)	Noncord	Removal	Repair	1	Enclosure
Basen	nent	Yes	No	N/A X	Pip	e Insula	tion		120 LF	X		\dashv	+	
												+	+	
Name of Registered Wa Danvic Contracting			H	JDEP W auler ID '574		c Yards aste		ne of Reg irless La	istered Land	dfill				
City, State Elizabeth, New Jers	sev		101	J1-1		osal Date	City	, State		<u> </u>			-	
Completed by eymy Donneys		Title Owne	r		1100	Signature	NIC.			Date 04/13	120	110	-	
N A STATE OF			27/5			-	1011	1		04/13	120	19		

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3630 PAID	Ν	ІТОИ		ATIO	N OF AS	lew Jersey BESTOS ABA AC 8:60 and 5:						
Date of Notification (1)			<u> </u>	Nam	e of Buildin	ng Owner/Operator	(2)	AP	B I	8 3	19	
	19	_		W	alters Res	sidential		136	386	3		
Agencies Notified Type Notifica ☐ EPA ☐ Initial	ation			Stree	et Address			-713	JÓE.v.	d	0.00	C
☑ DOLWD ☐ Amended	ı			City	Ctata 7:-	0-1-		**************************************	thought and		No. 2	
□ DOH Amendme					State, Zip (rnegat, N							
DCA Emergent justification		luding			e of Contac			Telephone Nui	mhor	_	_	
Cancellat	00000				ctor	**		releptione Nul	Tibel			
				FA	CILITY IN	NFORMATION					-	
Name of Facility Where Abatement is T	aking F	Place	(3)				Type of Facility	(4)			-	
Residence							School (K-12		6)			
Street Address							Other (i.e., p	3 (Other than K-1 rivate and comm	2) ercial b	uildir	3.	
City (5)							homes, etc.)					
LB Twp.							Square Feet	# of Floors	100.0	ldg. /	е	
County (6)	_			Con	nty Code (7	7)(STATE USE ONLY)	1700 sf Current Use (Pri	1 or if being demo		65	<u> </u>	
Ocean					., 5546 (1	, SINIE OUL ONE I)	Residence	or it being demo	iisiled)			
Name of Monitoring Firm Hired by Build	ing Ow	vner (8	3)	ASCM	No.	Name of Abatem	ent Contractor (9)				-	
N/A						The state of the s	ontracting, Inc.					
Street Address						Street Address						
						1889 Route 9	9, Unit 61					
City, State, Zip Code						City, State, Zip C					-	
Project Manager for Monitoring Firm			T.1.				New Jersey 08					
Project Manager for Monitoring Firm			I ele	phone	No.	Telephone No.		License No.			A Street,	
Start Date (10)	chedule	ed Co	mnle	tion Da	ate (11)	732-349-9932 Name of OSHA N		00624				
04 /25 /19					19	E.M.S.L. Ana						
Occupancy Status During Abatement (C	heck o	nly or	ie)			Street Address					-	
☐ Facility Closed/Vacated During Entire	e Period	d of A	bater	ment		1056 Stelton						
Abatement Performed Outside of No Time of Abatement:AM	rmal Fa	acility	Hour	s - Des		City, State, Zip C	ode					
	PIVI/	-2.75377	PIVI-		AM	Piscataway,	New Jersey 088	354				
Scope of Work (Check all that apply)						□ Full Con	falancas cuito N.				-	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Ren				☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and Nor		ıre			
V 90 51			ocat						Ab	aten	nt T	уре
Location of Asbestos-Containing Material (ACM)		Used		ly by	Ashee	Description of stos Containing Ma	of sterial (ACM)	Amount	R	Re		-
TO BE ABATED		Main Custo			(i.e.	., thermal systems	insulation,	Amount (Specify	Removal	Repair	cap	Enclosure
IN Facility (13)			(12)	Jan!		surfacing, VAT other miscellane	, or	SF or LF)	val	-	Encapsulate	sure
52% M	Y	res	No	N/A		outor misoenane	ous)				ite	
exterior-house] [\boxtimes		asbesto	s siding		1700 sf				
exterior-garage			X		asbesto	s siding		650 sf				Г
] [- 500						
											1	-
				JDEP \	Naste	Cubic Yards of	Name of Regist	ered Landfill				
			H	auler II		Waste	T.R.R.F.					
Name of Registered Waste Hauler Guardian Contracting, Inc.				20222	3	3						
Guardian Contracting, Inc. City, State				20223	3	3 Disposal Date	City, State			_	-	
				20223	3			Pennsylvania			-	
Guardian Contracting, Inc. City, State Toms River, New Jersey	Title			20223	3	Disposal Date			ate /	1		

Date of Notification (f)	AII	Control of the Contro	NO	TIF	(Pursi	ON OF Jant to I	ASB NJA(w Jersey ESTOS ABA C 8:60 and 5:	16)	T		C [2	7	199
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	15 /		9		1	All Amer	ican	Environment	tal		L.	36	38		-	فب
Agencies Notified	Type Noti	fication	1		Str	eet Addre	ess					7 7		ivé		
					-	36 Edis	on R	oad				100			******	
☑ DOLWD	Amend	Sec. 11.			Cit	y, State, Z	Zip Co	ode						_	_	
□ DCA	☐ Emerge			-	11 /		O. T. C. C. C. C. C.	ong, NJ 07849	9							
(NJAC 5:23-8)	justifica		riciuui	ng		me of Cor		3,			Talash	N1 1				
	☐ Cancel				1	andrew \$	Smith	1			Telephone					
							45 111111111				973-66	3-1680				
Name of Facility Where A	batement is	s Takir	n Plac	CD /3	1)	ACILIT	INF	ORMATION					-50(11)			
Residence		·	g i iac	00 (0	')					Facility (4						
Street Address									Scho	ool (K-12)	(O+b = - +b = -	16.40)				
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City (5)									home	es, etc.)	rate and co	illinero.	ai Di	andi	5,	
									Square I	Feet	# of Floor	s	BI	dg.	је	
Springfield County (6)									2000	sf	2			90	*****	
					Co	ounty Cod	e (7)(S	STATE USE ONLY)	Current	Use (Prio	r if being de	emolish	ed)	_	7	
Union									Resid		3					
Name of Monitoring Firm F		ilding (Owner	(8)	ASC	M No.	N	Name of Abatem	nent Contra	ctor (9)				_		200
Guardian Contractin	ıg, Inc.							Guardian Co								
Street Address								Street Address	Jiidaodiii	g, IIIC.		-			_	
1889 Rte. 9, Unit 61								1889 Route	0 11=:4 04							
City, State, Zip Code							-									
Toms River, New Jer	rsev 0875	5					-	City, State, Zip C								
Project Manager for Monito				1	-11			Toms River,	New Jers	sey 087	55					
Nicholas Fernicola	oring r iiiii			1	elephon		T	elephone No.			License N	lo.				
Start Date (10)				\perp		19-9932		732-349-993			00624					
04 /26 /	10					Date (11)	N	lame of OSHA	Monitor							
						19		E.M.S.L. Ana	lytical							
Occupancy Status During A	Abatement	(Check	only	one))		S	treet Address						_	-	_
Facility Closed/Vacated	During Ent	ire Pe	riod of	Aba	tement			1056 Stelton								
Abatement Performed C	Outside of N	lormal	Facilit	ty Ho	ours - De	escribe	C	ity, State, Zip C	ode							
Time of Abatement:	AM	PN	Λ/	P	M	_AM	- 50	Piscataway,		OV 000E	· 4					
cope of Work (Check all the	hat apply)							1 locataway,	New Jers	ey uooo)4				2222	
☑ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	20000000		⊠ Re					☐ Full Con ☐ Mini-End ☐ Gloveba ☐ Non-Exe	losure g Procedur	e						
					cation				1 () 0	1.011-1			۸۰	to		
Location of Asbestos-Containing Ma					nally olely by			Description of	of			-		_	nt T	
TO BE ABATE	atenai (ACN ED	/I)	Ma	inter	nance/	Asi	pestos	Containing Ma	terial (ACN	1)	Amount		Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus		al Staff?	(ermal systems surfacing, VAT,			(Specify SF or LF		300	a.	aps	losu
(13)		-		(12		4	0	ther miscellane	ous)		SF UI LF	,	<u>m</u>		ula	ıге
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ame of Registered Waste					NJDEP		Cu	bic Yards of	Name of	Register	ed Landfill			ш		Ц
Guardian Contracting	ı, Inc.				Hauler I		29999	aste	T.R.R		unum					
ty, State					2022	3	Dis	sposal Date								
Toms River, New Jers	sey						1)4/29/19	City, Stat							
mpleted By (Print or Type	-	Title							Tullyt	own, Pe	ennsylvan	ıa	1			
Nicholas Fernicola	,		nio c+	NA-			-	Signature			0	Date	-	1		
R-41		Fre	oject	ivial	nager				1	12	1	4/	13	1	9	

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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)					Nam	e of Buildir	ng O	wner/Operator	(2)	HIII API	1 1 8	20	-	house
	15 /	19	_		Ch	net Martig	gnet	tti		Î	36	3	31	
Agencies Notified	Type Notifi	ication			Stree	et Address				Actions		+ 1	G	فد
⊠ EPA										£	0211.71	iQ_	4400	
⊠ DOLWD	☐ Amende				City,	State, Zip	Cod	e					_	
☑ DOH □ DCA	Amendr				1	all, NJ 07								
(NJAC 5:23-8)	☐ Emerge justifica		aing		-	e of Contac	-0.0			Telephone N	umbor			
•	☐ Cancella				Ch	et Martig	net	ti		l rejeblione id	umber			
								RMATION				_	-	
Name of Facility Where	Abatement is	Taking P	lace	(3)	174	CILITTI	VIC	RIVIATION	Type of Facility	(4)			_	
Residence			.000	(0)					Type of Facility ☐ School (K-12					
Street Address									Subchapter	²) 8 (Other than K	-12)			
									Other (i.e., p	rivate and com	nercial b	uildi	s,	
City (5)									homes, etc.)					
Wall									Square Feet	# of Floors	В	ldg.	je	
County (6)					0-	ntu Cada "	71/0-	ATE HOE COUR	1800 sf	1		65		
Monmouth					Cou	nty Code (1)(51	ATE USE ONLY)	Current Use (Pr	or if being dem	olished)			
Name of Monitoring Firm	Hirad by Dui	ilding O	nor /o	N T	1001	NI-	1		Residence					
N/A	rined by Bul	iding Owl	iler (8	"	ASCM	NO.			ent Contractor (9)	Š.			/. Baur =	
Street Address							-		ntracting, Inc.				1000	
Ouder Address							, Land	reet Address						
City State 7in Code								1889 Route 9						
City, State, Zip Code								ty, State, Zip Co						
Desir 1M								Toms River,	New Jersey 08	755				
Project Manager for Mon	itoring Firm			Tele	phone	No.	Te	lephone No.		License No.				
01-15-776							1	732-349-9932	!	00624				
Start Date (10)		Schedule					Na	ame of OSHA N	lonitor					
04 /25 /					_ / .	19_	1	E.M.S.L. Ana	lytical					
Occupancy Status During							Str	reet Address					-	-
☐ Facility Closed/Vacate	d During Ent	ire Period	of A	bater	nent			1056 Stelton						
Abatement Performed	Outside of N	lormal Fa	cility	Hour	s - Des	scribe	Cit	y, State, Zip Co	ode			-	-	_
Time of Abatement: _	AM	PM/_		PM-		AM			New Jersey 088	R54				
Scope of Work (Check all	that apply)		-111				_		,				-	_
≥3 sf or >3 If			-						ainment with Neg					
≥160 sf or ≥260 lf			Rend						losure					
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				ocati								aten	nt T	vne
Location			No Used	rmal				Description of			-	-	100	T
Asbestos-Containing I TO BE ABA			Main					Containing Mag ermal systems i		Amount	Removal	Repair	nca	Enclosure
IN Facilit			Custo		Staff?	(1.0		surfacing, VAT,	or	(Specify SF or LF)	ova	=	psu	usc
(13)				(12)		-	ot	her miscellane	ous))	_		Encapsulate	e
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exterior] [\boxtimes		asbesto	s s	iding		1200 sf		П		П
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Name of Registered Wast				1 2 3	JDEP V			oic Yards of	Name of Regist	ered Landfill				
Guardian Contractir	ng, Inc.				auler IE 20223		Wa		T.R.R.F.					
City, State				1	20223		Dis	posal Date	City, State				_	
Toms River, New Je	rsey							4/26/19		Pennsylvania				
Completed By (Print or Ty		Title							Tanytown,				2	
Nicholas Fernicola	10.5V	Proje	ect M	lana	ner			Signature			Date /	1		
20.11		. 10]6	- CC 14	and	ge!			1		1	4/1	SA	5	

Series Address City (6) County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		K807	4 PA		NOT	IFICATIO	State of N ON OF AS nt to NJA	BEST	rsey OS ABATE and 12:12	EMEN 20)	т		C	E	1 0		2	
EPA Initial Amended Alanta, 6.4 30305 Alanta Amended Alanta, 6.4 30305 Alanta Amended Alanta, 6.4 30305 Alanta	04/	/16/19	· ·					g Own	er/Operato	r (2)			APF	1 1	3 20	-	A STATE OF THE STA	
DOP Amended Amendent # Emergency (including) Gardent Gar	Age	ncies Notified	Type Notification					nt Da		2. 11.11	7.0	20. 173				-	-	
Atlanta, GA 30305 Control Consequency (including justification) September Security Secur			District						ad NE, E	Buildi	ng / Suite	9 70 L	Control of the	25 115		-	فس	
Street Address Stre	×		Amendment	#					5				ل - محسود	CEW	HidG.			
Name of Facility Whore Abatement is Taking Place (3) Street Address City (5) County (6) City (6) County (7) County (8) Cannot (9) County (9) City (7) County (8) County (9) County (9) City (8) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. AName of Abatement Contractor (9) ASCM No. AName of Abatement Contractor (9) ASCM No. Name of Abatement Contractor (9) City, State, Zip Code LAKEWOOD, NJ 08701 County (9) City, State, Zip Code LAKEWOOD, NJ 08701 County Code (7) County (8) Street Address Stree	×		justification)		g			t				Telep	ohone N	umber		18		\dashv
Type of Facility Where Abatement is Taking Place (3)		DCA	Cancellation	1														
Street Address School (K-12) Subchapter 3 (Other than K-12) Subchapter 4 (Other than K-12) Subchapter 3 (Other than K-12) Subchapter 4 (Other than K-12)	Nam	ne of Facility Where	Abatement is Takin	g Place	(3)	FAC	CILITY INF	ORM	ATION	Type	e of Facility	(4)					1106	
City (5) City (5) City (5) County (6) County (6) Essex County Code (7) (STATE USE ONLY) County (6) Essex City State, Zip Code City, State Storet Address																		
Cury (6) ESSeX Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. AAA LEAD PROFESSIONALS Street Address Street Address G WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Project Manager for Monitoring Firm Telephone No. Telephone No. 732-668-9078 License No. 1200 AAA LEAD PROFESSIONALS Street Address G WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Project Manager for Monitoring Firm Telephone No. 732-668-9078 License No. 1200 AAA LEAD PROFESSIONALS Street Address G WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Project Manager for Monitoring Firm Telephone No. 732-668-9078 License No. 732-668-9078 City, State, Zip Code LAKEWOOD, NJ 08701 Street Address G WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Nor-Exempted (') and Non-Friable Procedu										×	Subchapter Other (i.e. p	r 8 (Other	than K- commer	12) cial bu	ildings	om	es,	
Same of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS										Squ		# of F	loors		Bldg. /	e		
Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address Street Address Street Address Street Address GWHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Project Manager for Monitoring Firm Telephone No. Telephone No. Tolephone No. Toleph								7)		Curr	ent Use (Pri	or if being	demoli	shed)		_		-
Street Address 6 WHITE DOVE COURT City, State, Zip Code CIty, State, Zip Code LAKEWOOD, NJ 08701 Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. Talephone Talephone Talephone Talephone No. Talephone Talep	Nam	e of Monitoring Firm	Hired by Building	Owner (8	()				Name	of Ab	atement Cor	ntractor (9))			-		-
City, State, Zip Code City, State, Zip Code City, State, Zip Code LAKEWOOD, NJ 08701 Project Manager for Monitoring Firm Telephone No. Telephone No. Talephone No. T	Stree	et Address										SSION	ALS			_		
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Project Manager for Monitoring Firm	City,	State, Zip Code		19								8701						1
Start Date (10) 04/30/19 Scheduled Completion Date (11) 05/03/19 Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Full Containment with Negative Pressure Mini-Enclosure Mini-Enclo	Proje	ect Manager for Mon			Telepho	one No.		Teleph	none N	١٥.	I		No.		-		-	
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: Scope of Work (Check All That Apply) State Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: Scope of Work (Check All That Apply) State Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Solvebag Procedure Non-Exempted (*) and Non-Friable Pro						mpletion	Date (11)		Name	of OS	HA Monitor					_		+
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code LAKEWOOD, NJ 08701 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Normally Used Solely by Maintenance/ Coustodial Staff? (12) Yes No N/A INTERIOR PIPE INSULATION TO BE ABATED Ty Yes No N/A INTERIOR PIPE INSULATION TOLF X Name of Registered Landfill IESI City, State Ent. Ent. City, State, Zip Code LAKEWOOD, NJ 08701 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pro	Occu	pancy Status During	Abatement (Chec	100100000000000000000000000000000000000	10000	- 17-12-12-13-13-13-13-13-13-13-13-13-13-13-13-13-			_		e se sensence	.55IUN	ALS			B		
Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Scope of Work (C		Facility Closed/Vaca	ted During Entire F	Period of	Abate	ment						DURT						
Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf □ Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A INTERIOR □ Normally Yes No N/A INTERIOR □ Normally Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A INTERIOR □ Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A INTERIOR □ Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A INTERIOR □ Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A INTERIOR □ Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A INTERIOR □ Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A INTERIOR □ Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A INTERIOR □ Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A INTERIOR □ Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A INTERIOR □ Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A INTERIOR □ Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A INTERIOR □ Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A INTERIOR □ Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Surfacing, VAT, or other miscellaneous Normally Used Solely by Maintenance/ (i.e. thermal systems insulation, Surfacing, VAT, or other miscellaneous) Normally Used Solely by Maintenance/ (i.e. thermal systems insulation, Specify (i.e. thermal systems insul	×	Other – Describe: _	ed Outside of Norm	al Facility	y Houi	rs						8701						
≥160 sf or ≥260 lf Demolition Demolition Demolition Demolition Demolition Description of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A DEFINITION TOLE N/A N/A DESCRIPTION N/A		e of Work (Check Al	That Apply)															+
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A INTERIOR INTER									×	Min	ni-Enclosure ovebag Proc	edure						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A INTERIOR PIPE INSULATION PIPE INSULATION Name of Registered Waste Hauler NEWARK CARTING NEWARK CARTING Dissposal Date 05/03/19 Dissposal Date 05/03/19 Dissposal Date 05/03/19 Disposal Date 05/03/19 Disposal Date 05/03/19 Disposal Date 05/03/19 Date												1/2			Abate	2000		1
TO BE ABATED In Facility (13)	A			Use	ed Sol	ely by	Ashes				L(ACM)	Λ			T			+
INTERIOR PIPE INSULATION 70LF x Name of Registered Waste Hauler NEWARK CARTING City, State NEWARK, NJ Disposal Date 05/03/19 Title Pipe INSULATION 70LF x Name of Registered Landfill IESI City, State BETHLEHEM PA Date		TO BE ABA	TED	7257.0			(i.e.	therm	al systems	insula	ation,	(Spe	cify	Re	الما	П	E	
INTERIOR PIPE INSULATION 70LF x Name of Registered Waste Hauler NEWARK CARTING NEWARK CARTING NEWARK, NJ Disposal Date 05/03/19 Title Signature PIPE INSULATION 70LF x Disposal Date 05/03/19 Date			у		(12)							SF or	· LF)	vom	epai	1300	Enclosure	
Name of Registered Waste Hauler NEWARK CARTING Name of Registered Landfill Hauler ID No. Of Waste 5 Disposal Date 05/03/19 Disposal Date 05/03/19 Name of Registered Landfill ESI Disposal Date 05/03/19 Date				Yes	No	N/A				200				a		loto	IГе	
Hauler ID No.		INTERIO	DR					PIPE	INSULA	TION	١	70L	_F	x]
NEWARK CARTING Hauler ID No. 0f Waste 5 IESI City, State NEWARK, NJ Disposal Date 05/03/19 Disposal Date 05/03/19 BETHLEHEM PA Completed by Title Signature																		
NEWARK CARTING Hauler ID No. 0f Waste 5 IESI City, State NEWARK, NJ Disposal Date 05/03/19 Disposal Date 05/03/19 BETHLEHEM PA Completed by Title Signature			<u></u>										11-220-			-		-
Hauler ID No.			e Hauler		10000			100000000000000000000000000000000000000			Name of F	Registered	l Landfil		Ш			+
NEWARK, NJ O5/03/19 BETHLEHEM PA Completed by Title Signature							No.		aste		19950							
Completed by Title Signature Date	NEW.	ARK, NJ											'A					
OSEPH PERLSTEIN OWNER 04/16/19		leted by EPH PERLSTEIN	ı		IER				Signature		l	-varge ayek	Da		19			1

Print Form

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Date of Notification (1) 04 / 12 /	40			30		ng Owner/Operator	(2)	APF	182	9	\parallel
	19				seph Kei	nel	2.0	Lij AFI	1 10 4	J	hatest
Agencies Notified Type Notifi ☐ EPA ☐ Initial	cation			Stree	et Address			No speciment	E/e, T0		
☑ DOLWD ☐ Amende	he							Paris	vent de lar	Thirtie C	ž.
☑ DOH Amendr				City,	State, Zip	Code		· · · · · · · · · · · · · · · · · · ·	المراجعة ال المراجعة المراجعة ال	programme and the	
☐ DCA ☐ Emerge		cludin	- Iq	W	illingbord	, NJ 08046					
(NJAC 5:23-8) justifica	tion)		-	Nam	e of Contac	ct		Telephone N	Number	-	
Cancell	ation			Jo	seph Ker	nel					
Name of Facility Where Abatement is	Taking	Dlace	0 (3)	FA	ACILITY II	NFORMATION	T=			12000	
Kenel Residence	raking	1 lace	c (3)				Type of Facility	. ,			
Street Address	-						School (K-12	2) 8 (Other than k	(-12)		
							Other (i.e., p	rivate and com	mercial bui	ngs,	
City (5)			•				homes, etc.)				
Willingboro							Square Feet	# of Floors	Bld	Age	
County (6)							1,595	1	5		
Burlington				Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being den	nolished)		
							Residence				
Name of Monitoring Firm Hired by Bui				ASCM	l No.	Name of Abatem	ent Contractor (9)			-	
Management & Enviro. Consu	Iting S	Servi	ces			Shade Enviro	onmental, LLC				
Street Address						Street Address				-	
PO Box 341						623 Cutler Av	venue				
City, State, Zip Code						City, State, Zip Co	ode				
Chesterfield, NJ 08515						Maple Shade	, NJ 08052				
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No			
Bill Weisgarber			60	09-298	3-4070	856-755-0099) ,	00842			
Start Date (10)	Schedu	led C	omple	tion Da	ate (11)	Name of OSHA M	Ionitor	1			-
04 /23 /19				_ /	19	EMSL Analyt	ical, Inc.				
Occupancy Status During Abatement (Street Address					
Facility Closed/Vacated During Ent	ire Perio	od of	Abate	ment		200 Route 13	0 North				
Abatement Performed Outside of N	ormal F	acility	y Hour	s - Des	scribe	City, State, Zip Co	ode		-	-	
Time of Abatement:AM	PM/		PM-		_AM	Cinnaminson					
Scope of Work (Check all that apply)		2712									
≥3 sf or >3 If	Б	ZI Re	novati	on		☐ Full Cont ☐ Mini-Encl	ainment with Neg	ative Pressure			
≥160 sf or ≥260 lf	Ē		molitic			Glovebag					
						Non-Exer Non-Exer	mpted (*) and Nor	-Friable Proce	dure		
100000000000000000000000000000000000000	- 84		Locat Iorma			A000 00 1980			Abat	nent 7	Гуре
Location of Asbestos-Containing Material (ACN	1)		d Sole		A-6	Description of		74/2000		7	
TO BE ABATED		Mai	intena	nce/	(i.e.	stos Containing Mat , thermal systems i	nsulation	Amount (Specify	Remova	nca	Enclosure
IN Facility		Cust	odial 3 (12)	Staff?		surfacing, VAT,	or	SF or LF)	ova	psu	Insc
(13)		Yes	No	N/A	-	other miscellaned	ous)		1-1	Encapsulate	e e
Dining Rm, Living Rm, Hall & Clo		Tes			FI					10	_
Dining Rin, Living Rin, Hall & Cit	_				Floor II	le and Mastic		431 SF		Ш	
N											
Name of Registered Waste Hauler			100000	JDEP V auler ID		Cubic Yards of	Name of Registe	ered Landfill			
Freehold Cartage			12.5 B V	15939	9000000000	Waste 1	Fairless Lar	ndfill			
City, State						Disposal Date	City, State				
Freehold, NJ						04/25/2019	Morrisville,	PA			
Completed By (Print or Type)	Title					Signature			Date		
Christina Lynch	Vice	e Pre	side	nt of C	peration				4-12	7	

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PA	JUL		ATION	te of New OF ASBES o NJAC 8:	STOS	ABATE		C	Rei	ak	1	Q#	76	-	3'
Date of Notification (1) 4/15/19				Building O			(2)			E	C			-	191
Agencies Notified Type Notification		1 7	treet Ac	ldress re Road					In						
X EPA X Initial Amended				te, Zip Code	e					eA l	APR	1	8 20	7	-
X DOL Amendment #	cluding		100.00	Saddle F	River,	NJ 07	7458		The state of the s	170				_	Assemble Shot
X DOH justification)	cidding	1 22		Contact Goodfello	14/				Tele	ep hone 1-327-	Numb	er 1		u t	. Ġ
DCA Cancellation				ITY INFOR		ION			20	1 027		الالتاب	VII VCI		
Name of Facility Where Abatement is Taking	Place (3)						Туре	of Facility (4)						
Onyx Equities, Inc. Street Address								School (K-12 Subchapter 8		er than k	<-12)				
48 North Maple Street							×	Other (i.e. pr	ivate 8	& comm	ercial	buildi	ngs, h	nes	i,
City (5)				20 10			Squa	re Feet		Floors		1	dg. Ag	_	
Ridgewood							3100	-	1			68	3		
County (6)				code (7) ISE ONLY)				nt Use (Prior	r if bei	ng demo	olishe	d)			
Bergen Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.		Name	2002	tement Cont	ractor	(9)				-	-
, , ,	3.00					ABS	Envi	ronmental	Serv	rices, L	LC				
Street Address							Addres	ss 83, 4 E Ga	ato D	rivo					
City, State, Zip Code								ip Code	ale D	live				=	
only, State, Zip Gode						The state of the s		, NJ 074	18						
Project Manager for Monitoring Firm		T	elephor	ne No.			hone N -764-2			Licens 703	se No.	9			
Start Date (10) 4/24/19	Schedule 5/24/19		pletion (Date (11)		Name	of OSI	HA Monitor							
Occupancy Status During Abatement (Check	Only On	e)				Street	Addre	SS							
Facility Closed/Vacated During Entire Postatement Performed Outside of Normal Other – Describe:	eriod of A al Facility	Abateme Hours	ent			City, S	State, Z	ip Code						-	
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenovat emolitio				book poor	Mi Gle	Il Containme ni-Enclosure ovebag Proc on-Exempted	edure						
	Is	Locatio	on										Abater Typ		
Location of	1.00	Normally				escriptio		1/4014					1 yp	П	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ма	intenan todial S (12)	ce/		herma surf	ntaining al system acing, V miscella	ns insul AT, or		(5	Amount Specify F or LF)		Removal	Repair	1	Enclosure
	Yes	No	N/A						80.0				_	-	
lower roof			Х			roofing			-	800 SF	-	Х	_	-	
building		0	Х			r in ve	10.000		270	00 LF		Х		_	_
warehouse			X			floor til				00 SF		Х		_	
bathroom		1	X	/t		floor til	е	Non-		10 SF	ndfill	Х			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		H	JDEP Wauler ID 7787		of W			Name of I Chrin B	0.500			/ Lar	ndfill	Let .	
City, State Bridgewater NJ					-	osal Dat)	е	City, State Easton							
Completed by A. Scott Higgins	Title Pres	ident		TBD Easton PA Title Signature Date											

	PAID			ON OF ASB				01	all	18	3071	9	/
Date of Notification (1) 4/15/19				of Building Park Ave				lini	EG	E	IV	T	2
X EPA X	Notification		Street PO E	Address Box 1196					APF	1	2 20:		- 1 maj waterprise off
⊠ DOL	Amended Amendment #			tate, Zip Co oken, NJ)		11. 1-3	1111	9 9			l lars
	Emergency (includi justification)	ng		of Contact				Tel	ephone Nu	mber	- 1		Fish State of the
	Cancellation		- TO SERVICE	sh Amin					1-832-7			e Sue	· Ma
Name of Facility Where Abaten	nent is Taking Place	(3)	FAC	CILITY INFO	DRMATI	ION	T 5 E 111	(4)	The Property of the Party of th	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_	100
home	noncio runing riacc	, (5)					Type of Facility						
Street Address				- 1000000			Other (i.e.	er 8 (Oth	er than K-1 & commerc		ldings,	mc	es,
City (5) Bayonne							etc.) Square Feet 1900	# of 2	Floors		Bldg. A	-	
County (6) Hudson				Code (7)			Current Use (Pr	rior if bei	ng demolis	- 1			
Name of Monitoring Firm Hired	by Building Owner ((8)	ASC	M No.			of Abatement Co						
Street Address						Street	Address Box 483, 4 E (-	
City, State, Zip Code						City, S	tate, Zip Code wood, NJ 07		1146			-	
Project Manager for Monitoring	Firm		Telepho	one No.		Teleph	one No. 764-2276	410	License N	lo.		<u> </u>	
Start Date (10) 4/27/19	Sched 5/27/		mpletion	Date (11)		Contract Contract	of OSHA Monitor		703				
Occupancy Status During Abate						Street	Address					-	
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	iring Entire Period o side of Normal Facil	f Abaten ity Hour	ment s			10	ate, Zip Code					-	
Scope of Work (Check All That /	Apply)											_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demolit				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
Location of	8	Is Locati Normal									Abatei Typ	nt	
Asbestos-Containing Materia TO BE ABATED In Facility (13)	N (ACIVI)	sed Sole faintena stodial S (12)	nce/	(i.e. t	os Conta hermal s surfac	cription aining Ma systems ing, VAT iscellane	aterial (ACM) insulation, , or	(S	nount pecify or LF)	Remova	Repair	1	Enclosure
	Yes	No	N/A									*	Ф
exterior			X		S	iding		3,00	00 SF	х			
second floor kitche	en		Х		flo	ooring		15	0 SF	х			
Name of Desistered W.					. 111- 1- 1-1-1-1							-	
Name of Registered Waste Haul Tonys Cleanup & Hauling	er	Н	JDEP W auler ID 7787	No.	Cubic Y of Wast TBD	137100 100000	1 may 10 may	. 7	ed Landfill S Sanitar	y Lar	ndfill		
City, State Bridgewater NJ	÷				Disposa TBD	al Date	City, Stat Easton	е				-	-
Completed by A. Scott Higgins	Title Pres	sident			-0.100000000	gnature	1		Da 4/	te 15/19		-	

NOCI	į.	N		ICATION	ate of New I OF ASB to NJAC	ESTOS	ABATEMENT		ECE			3	
Date of Notification (1) 04/15/2019			-(1	Name of		Owner/C	Operator (2)	Check No. 1	449 APR 1	8 201		The second second second	-
Agencies Notified	Type Notification			Street A 266 Ma	ddress in Stree	t		The second secon	AFN I	3 24		and the second s	- J
□ EPA ☑ DEP ☑ DOL	☐ Initial ☑ Amended Amendment #				ate, Zip Co y, New J		7446	-	Average Collection	ning_	<u></u>	d.	
☑ DOH □ DCA	☐ Emergency (in justification) ☐ Cancellation	cluding		Name of G Boha	f Contact acik				elephone Numb 01-785-2300	ber			
				FACI	LITY INFO	DRMATI							
Name of Facility Wher Former Residence	e Abatement is Taking	g Place (3)				n1	Type of Fac						
Street Address 29 N Franklin Turnp	pike							pter 8 (Other than e. private & comr		s, home	et	c.)	
City (5) Ramsey, New Jerse	ey 07446						Square Feet 20,000	t # 2	of Floors	Bldg 50+	\ge	9	
County (6) Bergen				County (Code (7) USE ONLY)			(Prior if being de High School					
Name of Monitoring Fi Environmental Desi		Owner (8)		ASCN	/I No.		Name of Aba Lilich Corpo	atement Contractor oration	or (9)				
Street Address 5434 King Avenue							Street Addre						
City, State, Zip Code Pennsauken, New	Jersey 08109						City, State, Z Totowa, Ne	ip Code w Jersey 07512	2				
Project Manager for M Tim Gromen	Ionitoring Firm			Telephor 856-616			Telephone N 973-225-84		License No. 01104				
Start Date (10) 04/29/2019		Scheduled 005/06/2		letion Da	te (11)		Name of OSI Iris Environ	HA Monitor mental Laborat	ories, LLC				
Occupancy Status Du	ring Abatement (Chec	k Only One	:)				Street Addre				1 50		
☒ Facility Closed/Vac☐ Abatement Perfor☐ Other – Describe:	med Outside of Norma	eriod of Aba al Facility H	iteme ours	ent			City, State, Z Union, NJ 0	Zip Code			-		
Scope of Work (Check	(All That Apply)												
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 li 	f		enova emolit				☐ Mir	I Containment wit ni-Enclosure ove Bag Procedu n-Exempted (*) a	re / Limited Co.	ntainme	&7 3	Tent	
		ls l	ocat	ion					Amount (Specify	Ab	em		
Locat	ion of		orma				Description of		SF of LF)		/pe	;	
TO BE A	ing Material (ACM) ABATED acility 3)	Mair	itena	ely by nce/ Staff?		mal sys	ntaining Materi tems insulation VAT, or er miscellaneo	n, surfacing,		Removal)	Encapsulate	Enclosure
		Yes	No	N/A								e	
1st F	Floor		X			J	oint Compound	d 	3200 SF	X	_		
											-		
Name of Registered V	Vaste Hauler		l N	JDEP W	/aste	Cubic	Yards	Name of Regis	stered Landfill				
Lilich Corporation	vaste i laulei		337	lauler ID 18724		of Wa	ste	Fairless Lan					
City, State Totowa, New Jerse	у					05/06	sal Date 3/2019	City, State Morrisville, P					
Completed by Adriana Olejarova		Title Pres	sider	nt		S	Signature \	Sed	04/	15/201			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

		NO		CATION	OF ASB	ESTOS	ABATEMENT	in E	GEI	1 1		20 1		
Date of Notification (1) 04/12/2019			Ť	Name of		Owner/O	perator (2)	Check No. 14		,			And the second	
Agencies Notified	Type Notification			Street Ac	idress n Street				APR 18	201	-			
☐ EPA ☑ DEP ☑ DOL ☑ DOH ☐ DCA	Initial Amended Amendment # Emergency (in justification) Cancellation			City, Stat	te, Zip Co v, New Je Contact	de	7446	/ _{Acco}	<u>(102.45)</u> lephone Nür 11-785-230	mber	in the second	0170	The state of the s	
Name of Facility Who	. Abstament in Takin	Diago (2)		FACIL	ITY INFO	RMATI		lib. (4)						
Name of Facility When Former Residence	e Abatement is Takin	g Place (3)					Type of Facil	5 202						
Street Address 29 N Franklin Turnp	oike						☐ School (i	K-12) ster 8 (Other than e. private & comn	K-12) nercial buildii	ngs, i	me	s, et	c.)	
City (5) Fair Lawn, New Jer	sey 07410						Square Feet 20,000	2	of Floors		dg)+	. Age	9	
County (6) Bergen		8 %		County C (STATE U	ode (7) SE ONLY)			(Prior if being de High School	molished)					
Name of Monitoring F Environmental Desi		Owner (8)		ASCM	No.		Name of Aba Lilich Corpo	tement Contracto ration	r (9)					
Street Address 5434 King Avenue				1			Street Addres 246 Union E				70.00			
City, State, Zip Code Pennsauken, New	Jersey 08109						City, State, Zi Totowa, Nev	ip Code w Jersey 07512	2					
Project Manager for M Tim Gromen	Monitoring Firm			Telephor 856-616			Telephone No 973-225-84		License N 01104	No.				
Start Date (10) 04/29/2019		Scheduled 0 005/06/20		oletion Dat	te (11)		Name of OSH Iris Environ	HA Monitor mental Laborate	ories, LLC					
Occupancy Status Du	uring Abatement (Chec	k Only One)				Street Addres				00.5			
	cated During Entire Primed Outside of Norm			ent			City, State, Z Union, NJ 0	ip Code			-	8 8		
Scope of Work (Chec							1	1000			_			
□ ≥3 sf or ≥3 lf 図 ≥160 sf or ≥260	lf .		nova				☐ Mir	Containment wit ni-Enclosure ove Bag Procedur n-Exempted (*) a	re / Limited (Conta	me	ent &	Tent	
		ls L	ocat	ion					Amount (Specify		C. Committee	aten		
The second secon	tion of	No Used	rma				Description of		SF of LF)	-		Тур	e 	
TO BE	ning Material (ACM) ABATED	Main Custo	tena	nce/			ntaining Materia tems insulation				0	ZJ	Enca	En
	acility 13)		(12)			oth	VAT, or er miscellaneo	us)			Domouro	Repair	Encapsulate	Enclosure
٠,		Yes	No	N/A							7		ate	re
1st	Floor		Χ			J	oint Compound	d	3200 SF					
										-	_			
None of Decision 11	•/					1011		T. 15 .						
Name of Registered Lilich Corporation	waste Hauler		1 0	NJDEP W Hauler ID 18724	-0.0	of Wa		Name of Regis		Ш				
City, State Totowa, New Jerse	∍y			******			sal Date 3/2019	City, State Morrisville, P	A					
Completed by Adriana Olejarova		Title Pres	ider	nt			Signature)ate 04/12	30	19		

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Date of Notification (1)					Nan	ne of Build	ing C	Owner/Operator	(2)	11111		-		
	15 /	19	9		С	ity of Bri	dge	ton		11 11	APR 1	S	2019	Sept-Sept
Agencies Notified	Type Notifi	ication			Stre	et Address	3			1		-		15
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) City of Paterson 19 11 4 Street Address Type Notification Agencies Notified Department of Economic Development, 125 Ellison Street, 4th Floor ☐ Initial EPA DOLWD ☐ Amended City, State, Zip Code Amendment # DOH Paterson, New Jersey 07505 Emergency (including ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) 973-321-1220 □ Cancellation Gianfranco Archimede **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) The Paterson Armory Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Street Address homes, etc.) 461-473 Market Street Bldg. Age Square Feet # of Floors City (5) 100 15,000 Paterson, New Jersey Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Vacant **Passaic County** Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Super, LLC Altomonte Environmental Services, LLC Street Address Street Address 203 Belmont Avenue 2200 Paterson Plank Road City, State, Zip Code City, State, Zip Code Haledon, NJ 07508 North Bergen, NJ 07047 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01195 201-336-0477 201-647-4056 Carmelo Altomonte Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Super, LLC 6 / 12 / 19 4 / 12 / 19 Street Address Occupancy Status During Abatement (Check only one) 203 Belmont Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code PM/_ Time of Abatement: ____AM-_ Haledon, NJ 07508 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ≥3 sf or ≥3 lf Glovebag Procedure Demolition 2160 sf or ≥260 If Non-Exempted (*) and Non-Friable Procedure Abatems Type Is Location Normally Description of Location of Asbestos Containing Material (ACM) Amount Used Solely by Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Maintenance/ TO BE ABATED SF or LF) **Custodial Staff?** surfacing, VAT, or IN Facility other miscellaneous) (12)(13)No N/A Yes X 800 SF X **Boiler Insulation Boiler Room** X 400 SF **Breeching Insulation** X Boiler Room Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Waste G.R.O.W.S, Waste Management Hauler ID No. SUPER, LLC TBD 0034893 City, State Disposal Date City, State Morrisville, PA TBD Haledon, NJ Signature Completed By (Print or Type)

Project Manager

Tailor Dominguez

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Name of Facility Whe	re Abatement	is Takir			INFORMATION	Type of Fac:	ilitr (A)			_	
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						Square Feet			Ldg.	ge	
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Name of Monitoring F: Owner (8)	irm hired by	Building	ASCM No.		Name of Abate						
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Street Address					Street Addres					N.S.	
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City, State, Zip Code	9				City, State,	Zip Code .r, NJ 07	042				
Droingt Manager for 1	familiani - Di	lm - 1									
Project Manager for 1	Monitoring Fi	N/	ephone Numb A	er	Telephone Number (973) 744		Ľ.	icense 0037		r	
Scheduled Start Date	(10) Sche	d. Compl	etion Date	(11)	Name of OSHA	Monitor					
100 72 m		5 0			N/A						
Occupancy Status Duri	ng Abatement	(Check			Street Address	3		III		-	
[X]Facility Clos of Abatement		ring Ent	tire Period		The state of the s						
[]Abatement Per	formed Outsid			ty	City, State, 2	Zip Code					
Hours - Descr []other - Descr			Lancacione .		1940						
Scope of Work (Check	all that app	ly)									
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TO BE ABA		Ву	Main-		(i.e., thermal		SF or	M	PA	P	O
In Facili	ty	Cu	enance/ stodial	11.000	sulation, surfa or other miscel	cing, VAT,	LF)	VA	I	S	S
(13)	¥5	Yes	No N/A		or other miscel	.ianeous)		L	R	<u>.</u>	R
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City, State		/-	020	Dis	posal Date	City, State				-	
Montclair, NJ	07042				/03/19	E	NY, 1047	<u>4</u>			
Completed By (Print o	r Type) Tit	Le			Signature	<u> </u>	///	Date		-	
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			I - Linguis particular and		-				16	repriorie Mu	mbei			
Name of Facility Where Abatement is Ta	king Place (3)	FAC	ILITY IN	ORMAT	ON	Time	of Facility	(4)					
Residence	iking r lace (k	٥,							3005					
Street Address							×	Subchapter Other (i.e.)	8 (Oth	ner than K-1 & commerc	2) ial bu	ildings	nom	es,
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Name of Monitoring Firm Hired by Buildin A. Seine Lighthouse Solutions	ng Owner (8))	ASC	M No.		Name Brink	of Aba	tement Cor nk Servic	ntractor	(9)			-	
Street Address PO Box 354						Street	Addre	ss					25	
City, State, Zip Code South Orange, NJ 07079			Ē			City, S	tate, Z	ip Code					=	
Project Manager for Monitoring Firm Sarah Calandra						Teleph	one N	0.			lo.		-	
Start Date (10) 4/20/2019			mpletion			Name	of OSH	HA Monitor	o Soli		W. II			
Occupancy Status During Abatement (Ch	72.0					Street			9 3010	20115	-		-	
Facility Closed/Vacated During Entir	e Period of A	Abater	nent			PO B	35 xox	54						
Abatement Performed Outside of No Other – Describe:	rmal Facility	Hour	S		_ [ip Code nge, NJ (07079)				
Scope of Work (Check All That Apply)													-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Pemoli				×	Full Min Glo	i-Enclosure	edure	Negative F				
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lame of Registered Waste Hauler ewark Carting		Н	IJDEP Wilauler ID I 4509		Cubic Y of Wast					red Landfill Jement La	ald:			

Disposal Date

Office Manager

Completed by

Alison Lamers

East Orange, NJ

City, State

Penn Argyle, PA

City, State

Date

4/10/2019

0K3055 PA	VIII	NOTII (I	FICATIO	State of New Jer N OF ASBESTO It to NJAC 8:60	S ABATE	EMENT	Dr	ECI	E			
Date of Notification (1) 4/11/2019				of Building Owne Park Terrace				APR	18	2019	_	
Agencies Notified Type Notification IN EPA IN DEP IN DOL	# (including	<u> </u>	City, S News	Address tate, Zip Code ark NJ 07103 of Contact		F	A	LICE	NO my	g	- Company	
DOH justification) Cancellation			Jame	s Ward			100000	elephone Nu 08-422-24				
Name of Facility Where Abatement is Takin Residence	g Place	(3)	FAC	CILITY INFORMA	TION	Type of Facilit					1 10-	
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Name of Monitoring Firm Hired by Building (A. Seine Lighthouse Solutions	Owner (8)	ASC	M No.		of Abatement C s Tank Serv		r (9)			_	
Street Address PO Box 354						Address Liberty Ave	nue					
City, State, Zip Code South Orange, NJ 07079						state, Zip Code de, NJ 0720	5				<u> </u>	
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-3	one No. 49-2666		none No. 462-7465		License N	10.		-	
Start Date (10) 4/22/2019	Schedul 05/20/		npletion	Date (11)		of OSHA Monito		utions			_	
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F	300-000-00	00.00	nent		11/4/2017	Address Box 354					-	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility	y Hours	S			tate, Zip Code h Orange, N	J 07079)			-	
Scope of Work (Check All That Apply)			22			1					-	
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Name of Registered Waste Hauler Newark Carting		H	JDEP W auler ID 1509		Yards aste	1000000		red Landfill gement La	andfi			
City, State East Orange, NJ				Dispo	sal Date	City, Sta	ite Argyle,	PA				
Completed by Alison Lamers	Title Office	Man	ager		Signature		3, -,	Da	te 11/20	019		

Print Form

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Date of Notification (1) 4/11/2019				Nam	e of Building	Owner	/Operato	r (2)			APR	18	20	19
Agencies Notified	Type Notification	n			n Park Ter	race	Jooper	ative)					
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➤ DOH DCA	justification Cancellation	1)	rig	100	e of Contact es Ward					Telephoi 908-42			-	
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Name of Monitoring Firm A. Seine Lighthouse	Hired by Building	Owner (8)		CM No.		Name	Rer	novations atement Cor	(not being	demoli	shed)	_	
Street Address PO Box 354	Solutions						Brink Street	s Ta	nk Service	es				
City, State, Zip Code	7070						City, St	tate, Z	erty Avenu Zip Code	е			-	
South Orange, NJ 07 Project Manager for Monit Sarah Calandra					one No.		Hillsic	de, N	IJ 07205	Licer	ise No.			
Start Date (10) 4/22/2019		Schedu	ıled Co	mpletion	349-2666 Date (11)		844-4 Name o		465 HA Monitor	013			_	
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Other – Describe:	That Apply)					-			nge, NJ 0	7079				
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli	ation tion			×	Glo	n-Enclosure vebag Proce	nt with Negat edure (*) and Non-F				
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st Orange, NJ		Tal				Disposa			City, State Penn Arg	yle, PA				
son Lamers		Title Office	Man	ager		Sig	nature 1	an	UNS		Date 4/11/20	019		

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Date of Notification (1) 4/11/2019					of Building Park Ter						AP	R I	8	2(
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	Amended Amendmen Emergency		_	Newa	rk NJ 07				90	Xi. 14	et en 1962 de la terra	il d representation of	es-university		ACAIT
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County (6) Essex					Code (7) USE ONLY)			rent Use (Prior novations (r				ed)		
Name of Monitoring Firm Hire A. Seine Lighthouse So		Owner (8)		ASCI	M No.				atement Contr ank Services					7	
Street Address PO Box 354							Street 1256		ess erty Avenue						
City, State, Zip Code South Orange, NJ 070	79								Zip Code NJ 07205					-	
Project Manager for Monitorin Sarah Calandra	ng Firm			Telepho 201-3	ne No. 49-2666		Teleph 844-			1,5377,53	ense No 316	0.			
Start Date (10) 4/22/2019		Schedule 05/20/2		mpletion	Date (11)				SHA Monitor Lighthouse	Solution	ns			-	
Occupancy Status During Ab							Street PO E							_ ,	
Facility Closed/Vacated Abatement Performed C Other – Describe:						_	City, S	tate,	Zip Code ange, NJ 07	7079				-	\neg
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City, State East Orange, NJ						Dispos	al Date		City, State Penn Arg	yle, PA					
Completed by Alison Lamers		Title Office	e Mar	nager		S	ignature		MUK	97.	Dat 4/1	e 1/20	019	-	

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Agencies Notified Type Notification			Street A				i.					-	الح
X EPA X Initial Amended Amendmen		_		ate, Zip Code rk NJ 07103					A Commence	Light Control	Marie Co	5 6mm	. Ct
□ Emergency □ justification) □ DCA □ Cancellation				f Contact S Ward					ephone N 8-422-2			-	
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City (5) Newark						-53.53	uare Feet 100	# o	f Floors		Bldg. Ag 120	,	
County (6) Essex				Code (7) USE ONLY)			rent Use (Prior novations (r				ned)		
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8))	ASC	/ No.			oatement Contract		(9)			-	
Street Address PO Box 354					Street 1256		ress erty Avenue)				_	
City, State, Zip Code South Orange, NJ 07079							Zip Code NJ 07205					-	
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-34	ne No. 19-2666	Teleph 844-4		No. -7465		License 01316	No.		_	
Start Date (10) 4/22/2019	Schedul 05/20/2		npletion	Date (11)	100000000000000000000000000000000000000		SHA Monitor Lighthouse	Solu	utions			-	
Occupancy Status During Abatement (Che	ck Only Or	ne)			Street	Addr	ess					-	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:					- A-2-19-A-4-19-A	tate,	Zip Code	7070				-	
Scope of Work (Check All That Apply)					Sout	n Oi	range, NJ 0	7079				_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			×	N G	full Containmer fini-Enclosure Glovebag Proce Ion-Exempted	edure					
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City, State East Orange, NJ				Dispo	sal Date	,	City, State Penn Arg		PA			_	
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Date of Notification (1) 4/11/2019				of Building Park Te					I A	APR 1	3 20)19		
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▼ DOL	(including		Name o	rk NJ 07 of Contact of Ward					100000000000000000000000000000000000000	ohone Nun			_	
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County (6) Essex				Code (7) USE ONLY)		Current Use (Prior if being demolished) Renovations (not being demolished)					ed)		
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)		ASC	И No.			of Abatement Contractor (9) s Tank Services						_	
Street Address PO Box 354							Addres	ss rty Avenue	9				-	
City, State, Zip Code South Orange, NJ 07079						tate, Z	ip Code J 07205					_		
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-34	ne No. 19-2666		Teleph	none N 462-7	0.	1.82	License No).	_		
Start Date (10) 4/22/2019	Schedule 05/20/2		npletion	Date (11)		Name of OSHA Monitor A. Seine Lighthouse Solutions							_	
Occupancy Status During Abatement (Chec			72			Street Address PO Box 354							_	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other – Describe:						City, State, Zip Code South Orange, NJ 07079							-	
Scope of Work (Check All That Apply)						Sout	n Ora	inge, NJ U	7079				_	
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Name of Registered Waste Hauler Newark Carting		Н	JDEP W auler ID		Cubic of Was			Name of R Waste M			ndfil	l l	_	
City, State East Orange, NJ		02	4509	T. D. C. S.	Dispos	al Date		City, State Penn Arg			ruill	9/4	_	

Completed by

Alison Lamers

Title

Office Manager

Date

4/11/2019

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			FAC	ILITY INFORMA	TION			1000 12				-	
Name of Facility Where Abatement is Taki Residence	ng Place	(3)				Тур	e of Facility (4)						
Street Address						×	School (K-12 Subchapter 8 Other (i.e. pri etc.)	(Other tha	n K-12 mercia	2) al bui	ldings,	ome	es,
City (5) Newark						Squ 8,0	are ^{c‡} aet	# of +100 4	rs		3ldg. A 120	+	
County (6) Essex			(STATE	Code (7) USE ONLY)			ent Use (Prior novations (r				ed)	. ====	
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8	3)	ASCI	M No.			atement Contr ank Services						
Street Address PO Box 354						Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079						City, State, Zip Code Hillside, NJ 07205						_	
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-3	ne No. 49-2666	A MANGEMENT OF THE PARTY	Telephone No. License No. 01316							
Start Date (10) 4/22/2019	05/20/	2019	mpletion	Date (11)	Name of OSHA Monitor A. Seine Lighthouse Solutions							-	
Occupancy Status During Abatement (Che		5%			E-10/E-15/E-1	Street Address PO Box 354							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of mal Facilit	Abaten y Hours	nent S		City, S	tate, Z	Zip Code ange, NJ 07	7070				-	
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≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolii			×	Mi Gl	ill Containmen ni-Enclosure ovebag Proced on-Exempted (dure					
Location of		S Locati Normal	ly	De	escription			,			Abatei Typ	nt	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial s (12)	nce/	Asbestos Cor (i.e. therma surfa	taining M	lateria insul T, or	ation,	Amount (Specify SF or LF		Remova	Repair	1	Enclosure
Deserved	Yes	No X	N/A		ipe wraj					<u>m</u>		•	re .
Basement	Basement							120 LF		X			
												-	
Name of Registered Waste Hauler		l N	JDEP W	aste Cubic	Yards		Name of D-	gietere d I	nde"				
Newark Carting		Н	auler ID 4509	252	Name of Registered I Waste Waste Managem								
City, State East Orange, NJ			Disposal Date				Penn Arayle, PA					-	
Completed by Alison Lamers	Title Offic	e Mar	ager	5	Signature	A/I	WINS		Date 4/1	1/20	19) Sec	

			7.1.0	tion of Ashostos A	haten	ent	S	heck	#	3496	5
PAIS	tate of Nev	v Jersey Pursuani	to <u>N.J.A.C.</u>	ation of Asbestos A 8:60-7 and 12:120-7)	Daten	III	16	C I	5 0	VE	No. of Persons
AC Project # 060-19				Name of Building Owner/Op RUTGERS, THE STA	- aratar	(2)	SITY	OF NJ	1 0	010	
April 12, 2019 Agencies Notified EPA DCA DOL DEP- No Longer REQUIRED DOH	Notification T Initial Notification T Initial Notification T Mew Start & Emerge justification T	tification 1 Notifica 2 Comple ncy (including)	tion #1 – tion Dates uding	ENVIRONMENTAL H 74 STREET 1603, BL City, State, Zip Code PISCATAWAY, NJ 0 Name of Contact MICHAEL F. SMITH, HEALTH & SAFETY	IEALT DG 4 8854 ENV.	H & S.	AFET VING	Y DEP	T. (R CAN er	HS) US HOL&	Lacron La
Name of Facility Where Abatement is Take SCHOOL OF DENTAL MEDIC Street Address RBHS NEWARK CAMPUS	king Place (3) CINE, BLDG		FACILITY INF	Type of Facility (4) School (K-12) Subchapter 8 (other than X Other (i.e. private & con Sq. Feet: N/A #	of Floo	rs: 4	siug. F	ige. or)+ ye:	s	
City (5) County (6) NEWARK	SSEX	County Co (State Use	de (7) Only)	Current Use (prior if being							
Name of Monitoring Firm Hired by Bldg. ATC	Owner (8)		Name of Contractor (9) GREENWOOD ABAT Street Address	ГЕМЕ	IT CO	NSUL	TANTS	, INC		_	
Street Address 3 TERRI LANE		511 MAIN STREET City State, ZipCode							-		
City, State, Zip Code BURLINGTON, NJ 08016	Telephone I	Number		BUTLER, NJ 07405		1	icense	Number		-	\dashv
Project Manager for Monitoring Firm BRIAN R. KEARNEY	609-386	-8800		973-492-0477 Name of OSHA Monitor	<u> </u>	-					
Scheduled Start Date (10) 04/26/2019		9/2019	Date (11)	ENVIROVISION, INC. Street Address							\dashv
Occupancy Status During Abatement Facility Closed/Vacated During En Abatement Performed Outside of N Describe: Other- Describe: Schedule: 5PN WEEKENDS AS NEEDED)	tire Period of F Normal Facility	Hours -	Ž.	20-21 WARGARAW City, State, Zip Code FAIRLAWN, NJ 074		o, BLD	G# 35	5E			
Scope of Work (Check all that apply)								th Negat	ive Pr€	sure	
□≥ 3 sf or >3 lf ☑≥ 160 sf or ≥ 260 lf			Renovation Demolition		☐ Glov	Enclosure bag P -Exempt	rocedu	ire / Wra and Non	-Friabl	Procedure)
Material (ACM) in Facility (13)	Location Norm olely by Maint./0 taff? (12) /ES NO	ally Used Custodial	Description of ACM) (i.e. the VAT, or other r	Asbestos Containing Material ermal systems insulation, surfaniscell.)		Amount (Specific or LF)		Abatem Remove	ent Ty	Encap Enc	lose
D-LEVEL 800 SUITE	X		VAT			670	SF	X	-		
			10.11	La Li V. La «f Masto»	15 (CV	Name	of Regis	stered L	ndfill	
Name of Reg. Waste Hauler See Hauler Below #1 & 2	See Bel			Cubic Yards of Waste:		oosal Da	G.R.	O.W.S.	Nortl City, S	Landfill	
Hauler #1) Greenwood Abatement C NJDEP # 12561 Hauler #2) Newark Carting, Inc., Ne NJ DEP # 4509			NJ 07405	04/29/2019 Rd. N					100 N Rd. M 19067	Ford Mil risville, P	a
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR MANAG		СТ	Signature Raymond C. S	Pedali	ino	<u>Date</u> Apr	il 12, 2	2019		

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n	APR	1	8	2019	

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Date of Notification (1)					220		0.70	Owner/Operator	AND SECURE OF CORNER	it bi	49 7.5	0	- 11	113	
/	/	19	-		N	J Transit	t		/ Job #190	02-5443 Chec	k #11	222			
Agencies Notified	Type Notifi	ication			Stre	et Address				Fallin	LIC.	ENSi	9	2 / 500	
⊠ EPA					01	ne Penn I	Plaz	za East		and the suppose	ال السنة معرف المساونات	the ways and	-10	MALL NO	
☑ DOLWD ☑ DHSS	Amende Amendr				City,	State, Zip	Cod	de					-		
□ DCA	☐ Emerge		ludin	-	Ne	wark, NJ	07	105							
(NJAC 5:23-8)	justifica		iuuiii	9	Nam	e of Conta	ct			Telephone Nur	nber				
	☐ Cancella				Ru	issell Sar	mar	00		973-491-70					
					FA	CILITY II	NFC	ORMATION							
Name of Facility Where	Abatement is	Taking	Place	(3)					Type of Facility	(4)			-	_	
Boyd Tower Rarita	an Station								School (K-12						
Street Address							_		Subchapter 8	Other than K-1					
77 Thmpson Stree	et								Other (i.e., property) homes, etc.)	rivate and comme	ercial b	uilding	0		
City (5)									Square Feet	# of Floors	ors Bldg. A				
Raritan, NJ 08869									oquare i eet	# Of Floors Bldg. A					
County (6)			Series S		Cou	nty Code (7	7)(\$7	TATE USE ONLY)	Current Use (Prior if being demolished)						
Passaic						, (/	11-1		Garage	July delilor	51.00/				
Name of Monitoring Firm	n Hired by Buil	lding Ow	vner ((8)	ASCM	No.	N:	Name of Abatement Contractor (9)						_	
TTI Environmental		J	\		000			AbateTech, Inc.							
Street Address						12 20 12 20 12 20 12		reet Address						_	
1253 N. Church Str	reet							30 Maple Ave	PO Box 25						
City, State, Zip Code					1	ty, State, Zip Co					2	_			
Moorestown, NJ 08						Lumberton, N									
roject Manager for Mon				Tele	phone	No	_	elephone No.	License No.					_	
Jim Guilardi				I SHAROWSKI CO.	•	-8800		609-265-2107		License No. 00529					
Start Date (10)	18	Schedule	ed Co		ALCO HACCO		-	ame of OSHA M				-	_		
4/_30/						19	12000	EMSL Analyti							
Occupancy Status During							_	reet Address					-		
Facility Closed/Vacate					nont		2000		\						
Abatement Performed						crihe		108 Haddon A					_	_	
Time of Abatement: _	AM	PM/_		_PM-		AM		ty, State, Zip Co							
cope of Work (Check al				12A 17A			,	Westmont, N.	J 08108				4	_	
	п шас арріу)	_		novatio				Mini-Encl Mini-En		ative Pressure					
☑ ≥160 sf or ≥260 lf		_] Den	nolitio	n			⊠ Glovebag ⊠ Non-Exer	Procedure npted (*) and Non	-Friable Procedu	re				
64				Locati							Ab	ateme	. 7	Гур	
Location	7.57	.		ormal Sole				Description of		1 <u>2</u> 112	R	D	1	Ť	
Asbestos-Containing TO BE ABA		"	Mair	ntenai	ice/			Containing Mat emal systems in		Amount (Specify	Removal	Repair			
IN Facili		'	Custo	odial S	staff?	(1.0.	5	surfacing, VAT,	or	SF or LF)	oval	-			
(13)			/ T	(12)	A1/A	-	ot	her miscellaned	ous)				1	1	
rst Floor			'es	No	N/A	Elea: #		Masti		700.00	R-3		=	1	
			-			Floor til	25 34			796 SF			7		
	cond Floor					Floor til	-	o to trace trace		740 SF]	-	
nroughout						Pipe Fit	itng	ıs		9 total]	1	
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ame of Registered Was	te Hauler				DEP V			oic Yards of	Name of Registe	ered Landfill			7.	-	
AbateTech, Inc.					uler ID 18750	- C - C - C - C - C - C - C - C - C - C	Wa 4		FAIRLESS I	andfill					
City, State					.0100			posal Date	City, State				2 50	-	
Lumberton, NJ							5	/8/19	Morrisville,	PA					
Completed By (Print or Type) Title								Signature		Da	te		-	_	
Gwendolyn Trumbe	3,000,000	9,100,000	ratio	ons C	oordi	nator			NA			-16			
								V /	011		17	-			

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

NOCK				(F	ursua	ant to NJ	AC	8:60 and 5:1	6)	n\				-	
Date of Notification (1)				- No E-F	Name of Building Owner/Operator (2)										
4 / _	15 /	19	<u> </u>		1000				ter County / Job	in the state of	Chec	k #1	221	AN A PROPERTY.	
Agencies Notified	Type Notif	fication			Stre	et Address				ASSESSED I		4.47	i in the	 _ (h	
⊠ EPA					14	100 Tanya	rd F	Road			ICEN	GHUE.	وميوناها	S	
□ DOLWD	☐ Amend					State, Zip (23/23/44/200		1 January 1					
☐ DHSS	Amend			_		ewell, NJ (
☐ DCA (NJAC 5:23-8)	☐ Emerge justifica		ncludin	ig	Victoria de la constante de la	e of Contac				Tolonhono Num	obor				
(140/10 3.23-0)	☐ Cancell					ike Rumpi				Telephone Nun 609-209-39					
								RMATION		003-203-33	Ja		-		
Name of Facility Where A	batement is	Taking	g Plac	e (3)	.,	(OILITT III	0	TUIATION	Type of Facility (4	1)			-		
Rowan College Roo			gu.c	- (-)					School (K-12)						
Street Address									Subchapter 8 (Other than K-12)						
1400 Tanyard Road									Other (i.e., pri	uildin	5,				
City (5)									homes, etc.)	-15		_			
Sewell, NJ									Square Feet	# of Floors	В	ldg. A	е		
County (6)					Cou	inty Code (7)(ST	ATE USE ONLY)	Current Use (Prior if being demolished)						
Gloucester						******	_		College						
Name of Monitoring Firm		ilding C)wner	(8)	ASCM	l No.			ent Contractor (9)						
Pennoni Associates							1	AbateTech, Ir	nc.						
Street Address								reet Address					Sec. 1		
515 Grove Street, St					3	30 Maple Ave	. PO Box 25								
City, State, Zip Code					Cit	y, State, Zip Co	ode		0						
Haddon Heights, NJ					L	_umberton, N	IJ 08048								
Project Manager for Monit	oring Firm			Tele	phone	No.	Tel	lephone No.			_				
Alan Lloyd		+ 4		8	56-547	7-0505	6	09-265-2107		00529					
Start Date (10)		Schedi	uled C	omple	tion Da	ate (11)	Na	me of OSHA M	onitor				-		
4/_24_/_	19	4	/	_ 30	_ /	19	E	EMSL Analyti	cal						
Occupancy Status During	Abatement ((Check	only o	one)	-		Str	eet Address					-		
☐ Facility Closed/Vacated					ment			200 Route 130	North						
☐ Abatement Performed (Outside of N	lormal l	Facility	y Hour	s - Des	scribe		y, State, Zip Co							
Time of Abatement:	AM	PM	1/	_PM-		_AM	THE STATE OF	innaminson,							
Scope of Work (Check all t	hat apply)								,	-	-				
		3						☐ Full Conta	ainment with Negat	tive Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novati molitic				☐ Mini-Enclo							
Z4 _100 01 01 _200 11				monuc	n i				npted (*) and Non-	Friable Procedu	re				
			Is	Locat	ion						1	atem	it Ty	vne	
Location of				lorma				Description of					-	1	
Asbestos-Containing M	0.000 3 0 10 0	/I)		d Sole intena				Containing Mate		Amount	Removal	Repair	Encaneulate	Enclosure	
TO BE ABAT IN Facility	The state of the s			odial		(I.e.,		rmal systems in surfacing, VAT,		(Specify SF or LF)	ova	¥.	שמנו	nso	
(13)				(12)				her miscellaneo		Si Gi Li')	=		il p	Ге	
V4. 2500.			Yes	No	N/A								D		
Instructional Center Re	oom 400				\boxtimes	Spline &	Ce	iling Plaster		1,292 SF		П			
											+=		_	-	
												П			
123					JDEP V			oic Yards of	Name of Register	red Landfill					
AbateTech, Inc.	Andrew Tooli, Illo.						Was		Fairless Landfill						
City, State					18750 40 Disposal Date				City, State				-		
Lumberton, NJ							4/	30/19	Morrisville, P	PA					
Completed By (Print or Type) Title								Signature		Da	te		-	_	
Gwendolyn Trumbetti Operations C											-15	5-1	}		

ASB-41 MAY 11

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

B & G proj. #:

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

Check # 9228 Date of Notification (1) Name of Building Owner/Operator (2) 10 14 1/11 15 1/11 19 1 Ethan Coleman Agencies Notified Type Notification Street Address ☐ EPA X Initial ☐ DEP City, State, Zip Code X DOL Amendment Montclair, NJ 07042 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Ethan Coleman **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Ethan Coleman Subchapter 8 (Other t in K-12) Street Address Other (Private/Comme ;ial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being den lished) Montclair, NJ 07042 Essex residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) 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 Project Manager for Monitoring Firm Telephone Number License Numl Phone Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 04/25/2019 04/26/2019 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) wrap & cut Demolition **X** Renovation Full Containment w/negative pressure ★ Glovebag pr :edure × >3 sf or >3 If X Mini-enclosure >160 sf or >260 lf Non-friable ocedure Is location normally used solely E Location of E е by maintenance/custodial e n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C material to be (Specify SF or material (ACM) 0 C а abated in facility (13) LF) Yes No N/A p 1st floor kitchen pipe insulation 12 If X X Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill B & G Restoration, Inc. 19563 Grand Central Landfill Disposal Date City, State City, State 04/26/2019 Lincoln Park, NJ Pen Argyl, PA Signature Completed by (Print or Type) Date Gordana Luna Gordana Luna Secretary/Treasurer 04/15/201

UK(e49)	ay PA	I	NO		ATIO	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1) EC	5 [\mathbb{V}	57 0 0 7	1000		
Date of Notification (1)					Nam	e of Buildir	ng Owner/Operator	(2))	7		+			
/	17 /	19	9				Venture Partner	C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	LI APR	18	2019	-	L		
Agencies Notified	Type Notific	cation			Stree	et Address			-			+			
☐ EPA ☐ DOLWD					22	Maple A	venue		A80		نات.	ئىــــــــــــــــــــــــــــــــــــ			
⊠ DOH	Amenda Amenda	VICTOR VICTOR	:		City,	State, Zip	Code	200	LOE LICE	1.014	<u> </u>	8457.5			
□ DCA	☐ Emerge			- ng	Mo	orristown	, NJ 07960								
(NJAC 5:23-8)	justificat	tion)				e of Contac			Telephone Nur	nber		-			
	☐ Cancella	ation			-	nald J E			973-292-95	95					
Nome of Facility When a	N				FA	CILITY II	NFORMATION					S Reco			
Name of Facility Where A			g Plac	e (3)				Type of Facility (-			
Street Address	I II AKIVIUR	(1						School (K-12) Subchapter 8) (Other than K-1	2)					
1189 MAGNOLIA A	VENUE							Other (i.e., pri	ercial b	uilding					
City (5)	ALIAOL							homes, etc.)							
ELIZABETH								Square Feet	# of Floors	В	ldg. A				
County (6)		e15255			Cou	ntv Code (7)(STATE USE ONLY)	>50,000 Current Use (Price	2	iebod\	107	-			
UNION COUNTY						, 0000 (I NOTHIE GOL ONET	Current Ose (File	or it being demoi	isneu)					
Name of Monitoring Firm	Hired by Buil	lding (Owner	(8)	ASCM	No.	Name of Abatement Contractor (9)								
Vertex							Delta/BJDS, Inc								
Street Address							Street Address	1550							
700 Turner Way Sui	ite 105						1345 INDUST	INDUSTRIAL BLVD.							
City, State, Zip Code							City, State, Zip Co								
Aston, Pa 19014							SOUTHAMPT	TON PA 18966							
Project Manager for Moni	toring Firm			Tele	ephone	No.	Telephone No.		License No.						
Start Date (10)		0 1					215 322-2900		00783						
5/_01/					etion Da) /	ate (11)	Name of OSHA M								
		_				19	Criterion Lab	S							
Occupancy Status During Facility Closed/Vacate					mont		Street Address		7						
☐ Abatement Performed	Outside of N	ormal	Facilit	y Hou	rs - Des	scribe	400 Street Ro			~,~					
Time of Abatement: 7	AM- <u>4</u> PM/		Λ				Bensalem Pa								
Scope of Work (Check all	that apply)						Delisalem i a		-						
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf				enovati emolitic			☐ Full Cont ☐ Mini-Encl ☐ Glovebag ☐ Non-Exer								
12 T (1900 AS) F (1900 AS)				Locat						1	ateme	Tv	/ре		
Location (Asbestos-Containing N		1)		Norma		Asha	Description of stos Containing Mar		A				65.25		
TO BE ABA	TED	.,	0.0000000000000000000000000000000000000	intena todial		(i.e	., thermal systems i	nsulation,	Amount (Specify	Removal	Repair	;	Enclosure		
IN Facility (13)	у		Cus	(12)	Stall !		surfacing, VAT, other miscellaned		SF or LF)	val		1	sure		
			Yes	No	N/A		outer miscellane	ous)				f			
Vault Hall						Pipe ins	sulation and sea	lant	12 LF			1			
Exterior roof flats						Roof FI	ashing		650			1			
Open office 1st Floor						9" X 9"	Floor Tile		3000 SF		H	1			
							000001					1			
Name of Registered Wast	e Hauler				JDEP \		Cubic Yards of	Name of Registe	ered Landfill			-1			
SERVICE TRANSPO	RT GROUP)		Н	auler II 20990	Consultation	Waste	MINERVA LANDFILL							
City, State 58 PYLES LANE NE	W CASTI F	DF					Disposal Date	City, State	IDC CIUC			7			
Completed By (Print or Ty		Title					10: :	WAYNESBU	/						
Completed By (Print or Type) Title CHRISTINE DEL VISCIO ASST. ADMINISTRATOR Signature Date												. ~			
CO. 44		7,	501.7	INIT INIT	AIO I V	AIOR	Most	TO WILL	Man 1	+1	1-21	14			

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Name of Building Owner / Operator (2) Mondelez International

Date of Notification (1)		Name of Building Owner / Operator (2)											
06 / 07 / 18		ondelez Int				111115	5 (0)	1- 11	7				
//			treet Addre				115						
Agencies Notified Type of Not	ification		211 Route 2					100	10.00				
□ EPA □ II	nitial	lc	ity, State, 2	Lip Code	410			APR	8 20				
□ DEP ☑ A	mended	- Lower	airlawn, Ne	w Jersey, 07	710	IT	elephone	Number		and I may			
DOH A	mendment #					2	01-794-40	000					
□ DOL □ E	mergency w/ j	ustification P	ETER VILL	ANO				480000	The second secon	34.8			
	Cancellation		II ITV INCO	RMATION	2-1-72003-24-1-			Later and the second	ULIVIII9G	stander or			
		FAC	ILIT INFO	ALIMA HON									
	= 1: DI	(2)	IT	ype of Facil	lity (4)								
Name of Facility Where Abateme	nt is Taking Pia	ace (3)		ype or r den	, (- /								
Mondelez International				☐ So	chool (K-1	2)							
					Subchapter 8 (Other than K-12)								
Street Address				□ O	ther (l.e., p	orivate & c	mmercial	h					
2211 Route 208				bl	dgs., hom	es, etc.)							
(5) (5) (County (6)	10	County Code (7)	Square Feet # Of Floors Building Age									
City (5) County (6) Fairlawn Bergen	1	Journey Court (1,000,0	000	3							
Fairlawn Bergen				Current Use	(Prior if b	eing demo	lished)		40 +				
				Bakery		9350							
Name of Monitoring Firm Hired I	ov Blda Owner	(8)	SCM NO					and the second second					
name of Monitoring Firm Aired	blug. Owner	(5)				TOTAL STATE		23					
AET			1	NORTHSTAF	R CONTRA	ACTING GF	ROUP, INC	C					
Street Address	eet Address												
907 Doolittle Drive													
City, State, Zip Code				32 Williams I									
Bridgewater, NJ 08807		C	City, State, 2	Zip Code	Andrew Control of the								
Project Mngr. For Monitoring Fi	rm I	Telephone Num	ber										
Eric Houseknecth		908-218-1108	1	East Hanove									
Sheduled Start Date (10)	Sched. Comple	etetion Date (11)	Telephone N	Number		License N	Number					
06 // 25 / 18	06 /	24/	19				00860						
	/			973-884-									
Occupancy Status During Abate	ment (Check O	nly 1)		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.									
Facility Closed/Vacat	ed During Entir	re Period of				ACTING G	ROUP, IN	C.					
Abatement			Street Address										
☐ Abatement Performed		ormal Facility			5 .								
Hours - Describe:				32 Williams									
☑ Other - Describe:	7:00AM - 3;30P	M		City, State, East Hanove		0.6							
				East Hanove	el, NJ 0793	00				Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner, whic			
Scope of Work (Check All That	Apply)												
_		D		Eull Contair	nment with	h Negative	Pressure	4					
☐ Demolition	7	Renovation		Mini - Enclo		rivogativo	legative Pressure						
≥3sf or_≥3lf				Glovebag P									
≥160 sf or ≥260 lf				Non-Exemp		d Non-Fria	ble Proce	dure					
Location of	ls l		Descripti	on of			Abateme	nt Type	100	1			
Asbestos Containing	Location	As	bestos - Co				R		E				
Aspestos Containing	Normally	,,,	Material (Amount	E	R	N				
TO BE ABATED	Used	(Le	e., thermal			(Specify	M	E	C				
in Facility	Solely	insul	ation, surf	acing, VAT,		SF or LF)		P	A				
(13)	by Main-	or o	ther misce	ellaneous)			V	Α	P				
(10)	tenance/						Α	1	S				
	Custodial				1		L	R	U				
	Staff (12)		Charles and the against					1	L				
	YES NO N/A												
2ND FLOOR OVEN#7		ROLLER GASH	KETS			80 SF	7						
2ND FLOOR OVEN#7	TRANSITE				100 SF	7							
2ND FLOOR OVEN#7	GASKET				4,000 SF	7							
	ND FLOOR BAKE SHOP					60 LF	1						
Name of Registered Waste Hau	NJDEP Waste	Cubic	Name of R	Landfill									
NEWARK CARTING	Hauler ID No.	No. Yards GROWS											
NORTHSTAR CONTRACTING	4509	4509 of Waste											
City, State		Disposal City. State											
NEWARK, NJ		Date Morrisville, PA 19067											
EAST HANOVER, NJ		lo:-bátimo //						Tr.					
Completed by (Print or Type)	Title			Signature				Date					
		1 ton				ensito 041							
Steve Stiles	Project Manag	er	1 Cel	04									

ASB-41

CK482V	PAI	D	NOT	IFICAT (Pursua	ION OF A	New Jersi ASBESTOS AC 8:60 ar		S		and the second	<u> </u>						
Date of Notification (1)	1/9/2010	,		Nam	e of Buildi	ing Owner/	Operator	(2)		144 1	IPR_	18	_20	11			
Agencies Notified	Type Notificatio					Ly Ni			(i.	i i							
□ EPA	Initial	n			t Address	,				AGE.	.a		4				
□ DEP	☐ Amended					1415	- M	14.6	tt k	I was the same	LIC	iks;	NG				
Ď DOL	Amendmen D Emergency	nt#		City.	Stale, Zip	Code	Will	1	VJ	0 7719				200			
DOH DCA	justification	1)	ij	Name	of Conta	ict				Telephone N	iumhai						
	- 337100112110				In.	Meren	da		an	731-134 1060							
Name of Facility Where /				- FA	CILITY	VFORMAT	ION	Tyne	of Facility								
161213 KIWI 1/1	1915 1 10 (m	PSI	te				Ī		chool (K-								
Street Address	//jph/and	1 fac	Ku	īv.				□ s □x c	iubchapter Other (i.e. p	8 (Other than K- private & commer	12) cial bu	ildings	, hom	ie			
City (5)	, t			1			-	Square	tc.) e Feet	# of Floors		Bidg.	Ane				
County (6)	AIVIT NU	-	1. J	753				45,0	()()	NIA		44	S				
(2)				(STAT	y Code (7 E USE ON	() LY)		Curren	I Use (Pri	or if being demuli	shedi	•		100			
Name of Monitoring Firm	Hired by Building	Owner (8	3)		CM No			CAM told Soil fewerhelion from									
N/A					2010 000					ractor (9) Degrr							
Street Address						6	Street	Address	Address								
City, State, Zip Code							142	2	ancl	SHIRET							
							City, St	ate, Zip	Code	/ 1	100	20					
Project Manager for Monit	oring Firm			Teleph	one No.			XOK		NY 1	123	5 d					
				reiopi	0116 140.		Telepho			License I	No.						
Start Date (10)		Schedy	led Co	mpletion	1 Date (11)			Monitor	4010101	4						
4/30/2019		91	151	201	9		EM		An	aludica	1 5	F1(-			
Occupancy Status During							Street A	ddress	L.	<u>original</u>	11-	-					
Facility Closed/Vacate Abatement Performed Cother - Describe:	d During Entire P	eriod of A	forme		PM	1	307 City, Sta	1	<u>Uest</u> çode	38th 5	TYP	Qt_					
Scope of Work (Check All							Ner		(6(K	NY 101	019			i			
□≥3 sf or ≥3 if 30 ≥160 sf or ≥260 if		ratio n					Mini E		ire					7 7			
94 = 100 St 01 = 200 H			enova molitío				Full Co	ntaini	ment wi	th Negative Pr	essur	e					
						×	Gloveb	ag Pro	cedure	/ curt and (Wrely	P					
		Is	Locat	ion	T		NON EX	empte	ed (*)	and Non-Fria	ble P						
Location o	f	1	Vorma	lly		Des	cription o	(f			1		ement pe				
Asbestos-Containing M TO BE ABAT	aterial (ACM) ED	Ma	id Sole intena	nce/	Asbe	stos Conta	ining Ma	terial (A	ACM)	Amount		T	E	Γ 1			
In Facility (13)		Cus	todial 5 (12)	Staff?	(I.e	thermal s surfaci	ng, VAT,	or	on,	(Specify SF or LF)	Ren	Re	nca				
(10)		-				other m	scellane	ous)		0, 0, 2, 7	Remova	Repair	Encapsulate				
		Yes	No	N/A							-		ate				
New tol figure	cavital figs in treats						or wil	rup		300 LF	X		_	_			
7700 Pro-1907	and the same of th													-			
Name of Registered Waste	Hauler		- I M	JDEP W	Ineta	105			-								
Freehold Cart			H	auler ID	No.	Cubic Y of Waste	A	E. and		egistered Landfill			-				
Dity, State	1111		1/1	15-1	13		30			s land till							
Irehill NJ C	1728		-			Disposa N/A	Date	0	My, State	Ford MillEd	Mer	775 ps	lle 8	7			
Phot Denberg	1	Title Part	1114	uC			nature /	12 -		Da 41	le 17-1	10		-			
SB-41 (R-06-08)		1				7					+ 4	-1-1		j			
2010 1105 C125-C130055000000							Do not u	ise this	form for a	sbestos licensure	exem	pted a	ctivitie	es			