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		NOTI	FICATIO	State of N ON OF AS at to NJA	BESTOS	ABATE	EMENT	(i)	Λ	i Or	100		
Date of Notification (1)				of Buildin			10	( De		0,	117		
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Agencies Notified Type Notification	1			Address						E	C E		$\mathbb{V}$
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DEP Amended				tate, Zip 0		5.5-					mn 0	_	240
DOL Amendmer Emergency		_	Unio	n, NJ 0	7083					I A	PR 2	2	)19
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Name of Facility Where Abatement is Taki	ng Place (	3)	FAC	CILITY IN	ORMAT	ION	Type	of Facility (4	1	Karanamana	LICEN	NG	
home		-,					Type			Tags			
Street Address							H	School (K-12 Subchapter I	?) 3 (Other the	n K-12\			
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City (5)							Saus	etc.) are Feet	# of Floo	re	Bldg.	10	
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Union			(STATE	USE ONL	n		hon		9 40		sal.		
lame of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.				atement Cont				_	
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treet Address			100			Street	15.02.00.00.00.00						
ity, State, Zip Code								83, 4 E Ga	ite Drive				
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Project Manager for Monitoring Firm			Telepho	ana Na				i, NJ 0741					
and the mornior may be an arranged to the second of the se			relepric	one No.		Teleph 973-			1	nse No.			
Start Date (10)	Schedule	ed Con	npletion	Date (11)				HA Monitor	703	<b></b>		_	
4/27/19	5/13/19		. prodori	Date (11)		Name	01 031	1A IVIOIIIIOI					
Occupancy Status During Abatement (Chec	k Only On	ne)				Street	Addres	SS				-	
Facility Closed/Vacated During Entire	Period of A	Abatem	nent										
Abatement Performed Outside of Norm Other – Describe: basement	nal Facility	Hours				City, St	tate, Z	ip Code					
cope of Work (Check All That Apply)												B ==	
≥3 sf or ≥3 lf	× R	enova	tion				Ful	l Containmen	t with Neas	itiva Pra	ccure		
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Location of		lormall			Des	cription	of				Ту	3	
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In Facility	Custo	odial S (12)	taff?	(i.e.	thermal : surfac	ing, VAT	r, or	uon,	(Specify SF or LF	,	Repair	Encapsulate	Enclosure
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ity. State	-				Disposa	al Date		City, State				-	

TBD

Signature

Title

President

A. Scott Higgins

Newark NJ

Completed by

Date

4/18/19

Pen Argyl PA

(DC)		NO	OTIFICA'	State of N	BESTO	SARAT	EMENT	- "(	OPEN	NO.	TIF	CA	TI
Date of Notification (1)	,	i.		ne of Building			.51	M	EC	E	III	- 10	7 1
Agencies Notified Type Notifical	19		PS	E&G	g Owner	Operati	or (2)	K			<u> </u>	上	7
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DOH justificati	on)	ding	Nam	e of Contact FREY GA			1000		ASBESTO Telephone	MUMB	èG	1 &	
Name of Facility Where Abatement is Ta		(2)		ACILITY INF		ION			856-628-	2477			W COPPERS
L. 7. E. 4 (0)	All Ig Plac	2(3)	AT!	ON :	< )		Type of Faci				4		
	uc			AVE			School Subcha Other (i.	pter 8 (	Other than I te & comme	(-12) ercial b	uildin	, ho	omes
County (6) NEWAR	K						Square Feet N/A		# of Floors V/A		Bldg N/A	Age	
ESSEX —			Count (STAT	ty Code (7) E USE ONLY)	)		Current Use (			lished)		-	-2-38
Name of Monitoring Firm Hired by Buildin ENVIRONMENTAL TACTICS	g Owner	(8)	004	CM No. 45		Name UNIC	of Abatement QUE SYSTE	Contrac	tor (9)				
Street Address 64 BROAD STREET						Street .	Address WHITEHEAI			CA, II	NC.		
City, State, Zip Code MATAWAN, NJ 07747						City, St	tate, Zip Code TH RIVER,			S.A. Second		-	
Project Manager for Monitoring Firm TOM GEIGER			Teleph 732-2	none No. 290-2217		Telepho	one No.	149 086	License	No.			
Start Date (10) 3/4/2019	Sched	uled Co		Date (11)		Name o	32-8350 of OSHA Monit	or	01111	_		_	
Occupancy Status During Abatement (Che	ck Only	One)	011	9		UNIQ Street A	UE SYSTE	VIS OF	AMERIC	A			
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: OUTDOORS	Period of mal Facili	f Abate ity Hour	ment rs			396 W	VHITEHEAD	AVE.					
Scope of Work (Check All That Apply)					-	SOUT	TH RIVER, N	NJ 088	82				
≥3 sf or ≥3 If ≥160 sf or ≥260 If	×	Renova Demoli	ation tion		e	×	Full Containr Mini-Enclosu Glovebag Pro	re Ocedure				_	
I and the second		s Locat					Non-Exempte	ed (*) ar	nd Non-Frial	ole Pro	Abat	neni	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use	Normal ed Sole aintena	ly by	Asbestos	<b>Contair</b>	ription of ning Mat	terial (ACM)	Δ	mount		T	9	
In Facility (13)	Cus	todial S (12)	Staff?	8	ermai sy surfacin ther mis	g. VAT	nsulation, or ous)		Specify or LF)	Remova	Repair	Encapsulate	Enclosure
OUTDOORS	Yes	No	N/A				r.			val	=	ulate	ure
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ity, State				Di	isposal [		City, State	9					
LIZABETH, NJ													,
LIZABETH, NJ ompleted by AROL RAIMO	Title			TE	3D Signa		MORRI	SVILL	E, PA				

CK# 9485	•			State of h	· · · · · · ·				"OPEN I	TOV	IFI(	47	rior
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Date of Notification (1) 2/20/2019			Nan	ne of Buildin	ig Owne	r/Operato	or (2)		M			_	
Agencies Notified Type Notificat	ion			E&G	5-5 %	490			U U AI	PR 2	2 21	9	
	1011			et Address 00 Hadley	Road							_	-
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DOH Emergen justification	on)	ding		e of Contac		, 0 01		,	Telest			- Contraction	
DCA Cancellat	ion		JEF	FREY GA	AZICK				Telephone 856-628	Numb	er		
Name of Facility Where Abatement is Ta	king Dlas	n (2)	FA	ACILITY INF	FORMA	TION			000-020	-2411		_	
PSEX G. (L	OCA	e (3)					Тур	oe of Facility (	4)				
Street Address	UCH	110	70					School (K-1	2)				
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Oity (5)		0	111					etc.) lare Feet		Ci Ciai L			0.54-55.
NEWARK							N/A		# of Floors N/A		Bldg.	ge	
County (6) ESSEX			Count	ty Code (7)				120	or if being demo	diebad	N/A	_	
The state of the s				E USE ONLY	)		N/A	4	in being denne	Jiisneu,			
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	g Owner	(8)		CM No.		Name	of Ab	atement Con	tractor (9)			-	
Street Address			004	45		UNIC	UE	SYSTEMS	OF AMER	ICA, II	NC.		
64 BROAD STREET						Street						77	
City, State, Zip Code								TEHEAD A	VE.				
MATAWAN, NJ 07747						SOUT	tate, z	Zip Code RIVER, NJ	08883	60000			
Project Manager for Monitoring Firm TOM GEIGER			Teleph	one No.		Telepho				. M.			
Start Date (10)				290-2217		732-4			01111				
3/4/2019	Sched 4/30/2	uled Co	mpletion	n Date (11)				HA Monitor			-	-	
Occupancy Status During Abatement (Che	4/30/	2019				UNIQ	UE S	SYSTEMS	OF AMERIC	CA			
						Street A						_	-
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other - Describe: OUTDOORS	Period of mal Facili	f Abate	ment					EHEAD A	VE.				
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Scope of Work (Check All That Apply)						0001	111	IVER, NJ (	J8882 ————				
≥3 sf or ≥3 If ≥160 sf or ≥260 If	×	Renovi Demoli	ation ition			×	Glo	N-Enclosure ovebag Proced	t with Negative				
	1	s Locat	ion				IVOI	II-Exempled (	*) and Non-Fria	able Pro	112-W. 2007-01	_	
Location of		Norma	lly		Des	cription of	f				Abate Ty	ent	
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	ed Sole aintena	nce/	Asbesto	s Conta	ining Mat	terial	(ACM)	Amount			_	
In Facility (13)	Cus	stodial (12)	Staff?		surfaci	systems in	or	tion,	(Specify SF or LF)	Rer	R	מרו	Enc
(10)		_	_		other mi	scellaned	ous)		O. O. LF)	Removal	Repair	Enconculato	Enclosure
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										+	-	+	-
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lame of Registered Waste Hauler		N.	JDEP W	aste	Cubic Ya	arde		Nie					
VASTE MANAGEMENTS		H	auler ID	No.	of Waste	9			gistered Landfil	1		-	
City, State		111	25		APPX .			FAIRLESS	o o				
LIZABETH, NJ					Disposal	Date		City, State				-	
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AROL RAIMO	OFFI	CE M	GR.		Sigi	iatule	21	al La	Da	ite	240		
	1	- 141	J. v.			0	ero	at Xa	und 2	/20/20	019		

Date of Notification (1)		NO <sup>-</sup>	(Pursua	State of N ION OF AS ant to NJA	SBESTO C 8:60 a	S ABATI	20)		PEN	O	HEH4	7	
Agencies Notified Type Notification	19 on		PSE	e of Buildin E&G et Address	ig Owner	/Operato	г (2)		AP	R 2	2 2	9	The state of the s
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DEP Amended Amendmen Emergence	nt#		City, SOL	State, Zip ( JTH PLA	Code INFIEL	.D, J 07	7068		ASBES	TOS ( JCEN	SING	OL	. &
DOH justification Cancellation	n)	ig	JEF	of Contac FREY GA	AZICK	4			Telephone 1 356-628-2		r ·	-	
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY INF	FORMAT	TION	Type of Facility	.(4)					
15E4C (2 Street Address 65-75 Euc	OC	47:		1			School (K	(-12) er 8 (C	other than K	-12) rcial bi	uilding	hor	mes,
County (6) N EW ARK			200				Square Feet N/A	63 (8)	of Floors		Bldg. N/A	ge	
ESSEX			(STATE	y Code (7) E USE ONL)	n		Current Use (P N/A	rior if b	eing demol	ished)		_	
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS Street Address	Owner (8	3)	ASC 004	CM No. 15		Name UNIC	of Abatement Co QUE SYSTEM	ontract	or (9) AMERIO	CA, IN	 VC.	-	
64 BROAD STREET						Street	Address VHITEHEAD					-	
City, State, Zip Code MATAWAN, NJ 07747				~		City, St	tate, Zip Code TH RIVER, N	J 088	182				
Project Manager for Monitoring Firm TOM GEIGER				one No. 290-2217		Teleph	one No.		License 01111	No.		<del>-</del>	
Start Date (10) 3/4/2019	6	1.2	mpletion	Date (11)		Name o	of OSHA Monitor UE SYSTEM	9.05				_	
Occupancy Status During Abatement (Cher	ck Only O	ne)		7		Street A			AWERIC	.A ——		_	
Abatement Performed Outside of Norr  Other – Describe: OUTDOORS	nal Facility	Abater y Hour	nent s	LONG-TURTURE DOG REAL		City, Sta	ate, Zip Code		POWE			-	
Scope of Work (Check All That Apply)						5001	H RIVER, N.	J 088	82				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		Renova Demolii				×	Full Containm Mini-Enclosure Glovebag Prod Non-Exempted	edure					
	Is	Locati	ion				- Ton Exemple	1 ( ) ai	id Non-Fila	DIE Pro	Abate	nent	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormal d Sole intenar odial S (12)	ly by nce/	(i.e. t	os Conta thermal s surfaci	systems i	terial (ACM) nsulation,	(5	mount Specify or LF)	Ren	Ty Re		Enc
	Yes	No	N/A		other mi	iscellane	ous)		,	Removal	Repair	Encansulate	Enclosure
OUTDOORS		Χ		I	PIPE S	OMAS	TIC	20	00 LF	Х			
Name of Registered Waste Hauler WASTE MANAGEMENTS		Ha	IDEP Water ID I	No.	Cubic Yaste	9	Name of F		red Landfill			1	
City, State ELIZABETH, NJ			7000		Disposal TBD		City, State		F. D.:			-	-
COMPleted by CAROL RAIMO	Title OFFIC	EMO	GR.			nature	MORRIS		Dat	e -/-/	7/1		

CK# 9485 PEN NOTIL CATION State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 2/20/2019 PSE&G 22 2 19 Agencies Notified Type Notification Street Address 4000 Hadley Road EPA Initial DEP ASBESTOS CONT Amended City, State, Zip Code OL & × DOL Amendment # LICENSING SOUTH PLAINFIELD, J 07068 Emergency (including DOH justification) Name of Contact DCA Telephone Number Cancellation JEFFREY GAZICK 856-628-2477 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Street Address School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings nomes, X City (5) etc.) Square Feet # of Floors Bldg. / e N/A N/A N/A County (6) County Code (7) Current Use (Prior if being demolished) **ESSEX** (STATE USE ONLY) N/A Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ENVIRONMENTAL TACTICS** 0045 UNIQUE SYSTEMS OF AMERICA, INC. Street Address Street Address 64 BROAD STREET 396 WHITEHEAD AVE. City, State, Zip Code MATAWAN, NJ 07747 City, State, Zip Code SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm Telephone No. TOM GEIGER Telephone No. License No. 732-290-2217 732-432-8350 Start Date (10) 01111 Scheduled Completion Date (11) Name of OSHA Monitor 3/4/2019 4/30/2019 UNIQUE SYSTEMS OF AMERICA Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 396 WHITEHEAD AVE. Abatement Performed Outside of Normal Facility Hours
Other – Describe: OUTDOORS × City, State, Zip Code SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure

						Non-Exempte	d (*) and Non-Frial	ole Pro	cedure		
Location of Asbestos-Containing Material (ACM		s Locat Normal ed Sole	lly		Description of	F			Abater Typ		
TO BE ABATED In Facility (13)	Ma	aintena todial s (12)	nce/	Asbest (i.e.	os Containing Mat thermal systems in surfacing, VAT, other miscellaned	nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Liiciosdie	Enclos
	Yes	No	N/A			/		val	=	o d	מזווים
OUTDOORS		Х			PIPE SOMAST	TIC	200 LF	X		+	_
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Name of Registered Waste Hauler		I N.	JDEP Wa	iste	Cubic Yards	I No.					
WASTE MANAGEMENTS		Ha	auler ID N	10.	of Waste APPX 10	FAIRLE	Registered Landfill				
City, State ELIZABETH, NJ					Disposal Date TBD	City, State				s. <del></del>	_
Completed by CAROL RAIMO	Title OFFI(	CE M	 GR.		Signature	//	SVILLE, PA			a <del></del>	
					- $ a$	ral Ka	unco 21	20/20	119		

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1001			(Pursua	int to NJAC 8:60	and 12:1	20)	NEC			E	In
Date of Notification (1)	19		Name PSE	of Building Owr	er/Operato	or (2)	n	0.0			
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DEP Amended Amendme	nt #		City, S	State, Zip Code ITH PLAINFII		7068	ASBEST	OS CO	NTR	L &	<u> </u>
Emergenc justification Cancellation	1)	ng	Name	of Contact FREY GAZIC			Telephone	Numbe	Total Section 1	all the same	Pa We have the
Name of Facility Where Abatement is Tak	3.0%	(0)		CILITY INFORM			856-628-	2411		-	
Street Address	400	CAT				Type of Facility School (K-	12) 8 (Other than k	(-12)	*		
City (5) 43 EuC		١ .	41E	J.		etc.)	private & comme	ercial bu		10000	nes,
County (6)	٧_			0.1.		Square Feet N/A	# of Floors N/A		Bldg N/A	.ge	
ESSEX			(STATE	Code (7) USE ONLY)		Current Use (Pri N/A	or if being demo	lished)			
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (	8)	ASC 004	M No. 5	Name UNIO	of Abatement Cor QUE SYSTEMS	ntractor (9) S OF AMERI	CA IN	JC	-	
Street Address 64 BROAD STREET					Street	Address WHITEHEAD A				-	
City, State, Zip Code MATAWAN, NJ 07747					City, S	tate, Zip Code TH RIVER, NJ	and the same of th			_	
Project Manager for Monitoring Firm TOM GEIGER				one No. 90-2217	Teleph	one No.	License	No.		-	
Start Date (10) 3/4/2019	Schedu	uled Co		Date (11)	Name	432-8350 of OSHA Monitor	01111			-	
Occupancy Status During Abatement (Cher	ck Only C	)ne)	0//	9	-	UE SYSTEMS	OF AMERIC	CA		-	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of	Abate	ment			WHITEHEAD A	VE.				
Other – Describe: OUTDOORS  Scope of Work (Check All That Apply)				-		tate, Zip Code TH RIVER, NJ	08882				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli			×	Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	edure			-	
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OUTDOORS	Yes	No	N/A	**************************************				val	1	ulate	sure
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Name of Registered Waste Hauler								+		-	
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City, State ELIZABETH, NJ		1		Dispo	sal Date	City, State					
Completed by CAROL RAIMO	Title OFFI	CE M	GR	1	Signature	1.	VILLE, PA	ate /		-	
	1	141	J. (.	16	-ara	Læes	120 1	4/1.	7.1	0	

CK#9485

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.IAC 8-50 and 42420)

Deta - SN 118 11			(Pursu	ant to N.	JAC 8:60	and 12:1	20)				W [		1
Date of Notification (1) 2/20/2019			Nam PS	ne of Build	ding Owne	er/Operate	or (2)	M					
Agencies Notified Type Notifica	tion		Stre	et Addres 00 Hadle					APR 2	2 2 2	2019		٧
DEP Amende Amendm	ent#		City,	State, Zip	Code			A	SBESTOS				
justificati		ling	Nam	UTH PL e of Conta	act		7068		Telephone	NSIN	or washing the st		Section Co.
Cancella				FREY (					856-628-				
Name of Facility Where Abatement is Ta	king Plac	e (3)	FA	ACILITY II	NFORMA	TION	Type of Fac	ilib. (4)				-	
	Loc			13	)		School	(K-12)	Other than I	ć 40)			
City (5) H. J. EUCLI,	D A	-VE	<u> </u>				etc.)	i.e. priva	te & comme	(-12) ercial b	uilding	s 10	ome
NEWARK,							Square Feet N/A		of Floors		Bldg.	ie	
ESSEX			Count (STAT	ty Code (7 E USE ON	(Y)		Current Use N/A	(Prior if I	peing demo	lished)		_	
Name of Monitoring Firm Hired by Buildin ENVIRONMENTAL TACTICS	g Owner	(8)	ASC 004	CM No. 45		Name	of Abatement QUE SYSTE	Contract	tor (9)			-	-
Street Address 64 BROAD STREET						Street	Address			CA, II	VC.	_	
City, State, Zip Code MATAWAN, NJ 07747						City, S	WHITEHEA tate, Zip Code					-	
Project Manager for Monitoring Firm TOM GEIGER				one No.			TH RIVER,	NJ 088	382 License	No		_	_
Start Date (10)	Schedi	uled Co		290-221 Date (11			32-8350 of OSHA Moni	tor	01111				
3/4/2019 Occupancy Status During Abatement (Che	4/30/2	2019	***	NS 1626		UNIQ	UE SYSTE	MS OF	AMERIC	CA			
Facility Closed/Vacated During Entire	Dorind at	5 A la a 4 -	ment				Address VHITEHEAI	D AVE.				-	
Abatement Performed Outside of Nor  Other – Describe: OUTDOORS	mal Facili	ty Hour	S				ate, Zip Code	N.I. OOO				-	
Scope of Work (Check All That Apply)						3001	H RIVER,	NJ 088	82				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	×	Renova Demolit				×	Full Contair Mini-Enclos Glovebag P Non-Exemp	ure rocedure					
		s Locati					zion zionip	Tou ( ) ai	id Noil-Fila	DIE PI	Abate		nt
Location of Asbestos-Containing Material (ACM)	Us	Normal ed Sole	ly by	Ashes	Des	cription o	f terial (ACM)				Ту		_
TO BE ABATED In Facility (13)	Cus	aintenar stodial S (12)	nce/ Staff?	(i.e.	thermal s. surfaci	systems in ing, VAT, iscellane	nsulation, or	(3	Amount Specify F or LF)	Removal	Repair	1	Lindodia
OUTDOORS	Yes	No	N/A				*			val	air		or c
OUTDOORS	-	X			PIPE S	OMAS	TIC	20	00 LF	Х			
ame of Registered Waste Hauler												-	
ASTE MANAGEMENTS		Ha	IDEP Water ID I		Cubic Yaste	9	VI.		red Landfill				
ty, State IZABETH, NJ		111	25		APPX Disposal		FAIRL City, Sta	te					
ompleted by	Title				TBD	nature /	MORR	ISVILL					
AROL RAIMO	OFFI	CE MO	GR.		Oigi		ax.	La	. Da	te '20/20	110		

MOCH		NOT	TFICATI	State of I	SBESTO	SABATE	EMENT	"	OPEN N	-	IFIC	17	101
Date of Notification (1)	<del></del>			nt to NJA e of Buildir					) E C		$\mathbb{V}$		J.
4/17·/	19		PSE	&G	ig Owner	Operato	r (2)	IIn	1				
Agencies Notified Type Notification	n			t Address ) Hadley	Road			141	APR	2 2	201	-	世
DEP Amended Amendmen			City, S	State, Zip	Code			-	ASBESTO	0.00	NITE	-	
Emergence	y (including			JTH PLA		D, J 07	7068		ASBESTO LIC	ENSI	VG	- Čt	
DOH justification Cancellation	n) On			of Contac					Telephone N 856-628-2				
Name of Facility Where Abatement is Tak	ing Place	(3)		CILITY IN		TION	T =		000-020-2			0.00	
LYSEQG (1)	CAT		NO	2)			Type of Fac	ility (4) I (K-12)			is .		
Street Address 41 Eucli		1.	15				Subch	apter 8 (	Other than K- ate & commer	12)	ildina	<b>b</b>	
City (5)		7 1	E.	-	-		etc.) Square Fee		# of Floors			_	ies,
County (6)	_						N/A	- 1	N/A		Bldg. N/A	је	
ESSEX			County (STATE	Code (7) USE ONL	Y)		Current Use N/A	(Prior if	being demoli	shed)			
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8	)		M No.		Name	of Abatement	Contra	ctor (9)	=		_	
Street Address			004				QUE SYST	EMS C	F AMERIC	CA, IN	IC.		
64 BROAD STREET City, State, Zip Code						396 \	WHITEHEA		Ε.				
MATAWAN, NJ 07747				**			tate, Zip Code TH RIVER,		1882				
Project Manager for Monitoring Firm TOM GEIGER				one No.		Teleph	one No.	140 00	License	No.		_	
Start Date (10)	Schedule	ed Co		90-2217 Date (11)			132-8350		01111		anes a		
3/4/2019	6	1.3	0/1	9			of OSHA Mon UE SYSTE		FAMERIC	Α			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire							Address VHITEHEA	D AVE				-	
Abatement Performed Outside of Non Other – Describe: OUTDOORS	nal Facility	Hour	ment 's			City, St	ate, Zip Code					_	
Scope of Work (Check All That Apply)						SOU	TH RIVER,	NJ 08	882				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	_	enova				×	Mini-Enclos Glovebag F	sure Procedu	vith Negative I re and Non-Frial				
		Locat					TYON EXCIT	picu ( )	and Non-Filal		Abate		
Location of Asbestos-Containing Material (ACM)	Used	lorma d Sole ntena	ely by	Asbes	Des	cription o	of interial (ACM)		Amount		Ту	3	
TO BE ABATED In Facility			Staff?	(i.e.	thermal:	systems ing, VAT	insulation		(Specify SF or LF)	Ren	Re	Enca	Enc
(13)	Yes	No	N/A			iscellane			o. o. c. /	Removal	Repair	Encansulate	Enclosure
OUTDOORS		X	1000		PIPE S	SOMAS	TIC	+-	200 LF	X		D	
								+	200 LF	A	$\dashv$	-	-
								+			$\dashv$	-	$\dashv$
Name of Registered Waste Hauler												+	-
WASTE MANAGEMENTS		H	JDEP W auler ID		Cubic Y of Wast	e	10000		tered Landfill				
City, State		111	125	i	APPX	70.80	City, Si	LESS					
ELIZABETH, NJ Completed by	1 70				TBD				LE, PA				
CAROL RAIMO	OFFIC	EΜ	GR		Sig	nature	20	4	Da	11			-
	3.1.10	- 191	J. (.		16	ara	0 ta	em	0 9	110	7/	9	

CK#9485		NOT	TFICATI	State of New ON OF ASBE ant to NJAC 8	STOS ABAT	EMENT F	"OPEN			C	ITA
Date of Notification (1) 2/20/2019				e of Building O		.    -		2 00			$\prod$
Agencies Notified Type Notificati	on			t Address			APR 23	2 20	19	antes	2
EPA Initial				Hadley Ro			ASBESTOS C	ONT	201 8	-	-
DEP Amended Amended Amended	ent #			State, Zip Cod JTH PLAINI		7068	LICENS		104.0	www	No
□ DOH		ng	Name	of Contact REY GAZI	72	7 000	Telephone N 856-628-2			4 <del></del>	
Name of Facility Where Abatement is Tal	cina Place	(3)	FA	CILITY INFOR	RMATION	T=				-	
V) 5 5 /	OCA7		o 2	)		Other (i. etc.)	7. 3.5	12) cial bu	ildings	101	nes,
NEWARK						Square Feet N/A	# of Floors N/A	100	Bldg.	е	
County (6) ESSEX			County (STATE	Code (7) USE ONLY)		100000000000000000000000000000000000000	Prior if being demoli		N/A	-	
Name of Monitoring Firm Hired by Buildin ENVIRONMENTAL TACTICS	g Owner (8	3)	ASC 004	M No. 5	Name	of Abatement	Contractor (9) MS OF AMERIC	A. IN	IC.	-	-20
Street Address 64 BROAD STREET					Street	Address WHITEHEA				_	
City, State, Zip Code MATAWAN, NJ 07747					City, S	State, Zip Code JTH RIVER,	NJ 08882			-	
Project Manager for Monitoring Firm TOM GEIGER				one No. 190-2217	Teleph	none No. 432-8350	License I	No.	-	-	
Start Date (10) 3/4/2019	4/30/2	019	mpletion	Date (11)		of OSHA Monit	or MS OF AMERIC	Α		-	
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	Period of	Abator	ment		# C - C - C - C - C - C - C - C - C - C	Address WHITEHEAL	D AVE.			-	
Abatement Performed Outside of Nor Other – Describe: OUTDOORS	mal Facilit	y Hour	s			tate, Zip Code TH RIVER,	NJ 08882			: <del>: -</del>	
Scope of Work (Check All That Apply)						_				_	
X ≥3 sf or ≥3  f ≥160 sf or ≥260  f		Renova Demoli			×	Mini-Enclos Glovebag P					
	7.1	Locat					T	1	Abate	-	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole aintena todial ( (12)	ely by nce/	(i.e. the	rmal systems surfacing, VA	laterial (ACM) insulation, T, or	Amount (Specify SF or LF)	Removal	Ty <sub> </sub> Repair	Enconsidate	Enclosure
(10)	Yes	No	N/A	Oti	her miscellan	eous)		oval	air	n data	sure
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Name of Registered Waste Hauler WASTE MANAGEMENTS		Н	JDEP W auler ID 125	No. of	ubic Yards Waste PPX 10	Name o	f Registered Landfill				
City, State ELIZABETH, NJ				18370)	sposal Date	City, Sta	ate RISVILLE, PA			-	
Completed by CAROL RAIMO	Title OFFI	CE M	GR.		Signature	1	/ . Da				
					5	arol X	rimo 21	20/20	119		

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Date of Notification (1)  Agencies Notified Type Notificat	19		PSE	e of Buildi		r/Operato	or (2)		AP	R 2	2 2	9	1
	1011			et Address 0 Hadley		)		1			7	_	1
DEP Manda	í		1000000	State, Zip				-	ASBES	ros (	1400	entures.	
X DOL Amendm	ent#/	in-	SOL	JTH PLA	AINFIEL	D, J 07	7068			ICEN	SING	OL	. C(
i justification	on)	ing		e of Contac				IT	elephone N	lumbe	·r		The state of the s
DCA Cancellat	ion			FREY G				10.00	56-628-2				
Name of Facility Where Abatement is Ta	king Plac	e (3)	FA	CILITY IN	FORMA	TION						-	
LPSEX G (L	OCA	7:0	<b>#</b> )	ı			Type of Facility	90,3777					
Succi Address							School (K	(-12)	her than K	10)			
Euclib AVE.	4 (	ock	wo	40	57		Other (i.e etc.)	. private	& comme	cial b	uilding	hor	mes,
County (6) NEWARK							Square Feet N/A	11 2833	of Floors /A		Bldg. N/A	ge	
ESSEX			(STATE	y Code (7) E USE ONL	.Y)		Current Use (P	rior if be	ing demoli	shed)		_	
Name of Monitoring Firm Hired by Buildin	g Owner	(8)		CM No.		Mama	N/A						
ENVIRONMENTAL TACTICS			004			UNIC	of Abatement Co QUE SYSTEN	ontracto AS OF	r (9) AMERIC	Δ 1	JC	i lora	
Street Address 64 BROAD STREET			700			Street	Address		, and the	, 11	VO.	-	
City, State, Zip Code	_						WHITEHEAD	AVE.					
MATAWAN, NJ 07747				*		SOUT	tate, Zip Code TH RIVER, N	1000	22				
Project Manager for Monitoring Firm TOM GEIGER				one No.	7	Teleph	one No.	J 0000	License	No.		-	
Start Date (10)	Sched	uled,Co		Date (11)			of OSHA Monitor		01111				
3/4/2019	6	2/03	0/1	9			UE SYSTEM		AMERIC	A			
Occupancy Status During Abatement (Che			**************************************	,		Street A	Address					-	
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period o mal Facil	f Abate	ment				VHITEHEAD	AVE.					
El Citier - Describe: OUTDOORS		•	-				ate, Zip Code TH RIVER, N.	1 0888	2				
Scope of Work (Check All That Apply)								0000				-	
≥3 sf or ≥3 if ≥160 sf or ≥260 if	×	Renova Demoli				×	Full Containm Mini-Enclosure Glovebag Prod	e cedure					
		s Locat	ion				Non-Exempted	d (*) and	Non-Friat	le Pro		_	
Location of		Normal	ly		Das	orintian a					Abate Ty	ent	
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(13)		(12)			other m	iscellane	ous)	SF	or LF)	Removal	Repair	Encanculato	Enclosure
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N					Market State							1	
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City, State ELIZABETH, NJ					Disposa		City, State					_	_
Completed by	Title				TBD		MORRIS	VILLE	, PA				
CAROL RAIMO	-00000000	CE M	GR.		Sig	pature	2 Lai	712	Date	1/,	2/	0	

CK# 9485

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

"OPEN NOT	IFIC	TION'
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Date of Notification (1)			ame of Duildi				n)  <u> </u>	3 G	<u>E</u>			
2/20/2019		P	ame of Buildi SE&G	iiig Owner/C	perato	(2)			-		-	THE PASSAGE AND ADDRESS OF THE PASSAGE AND ADDRE
Agencies Notified  Type Notificati  EPA  Initial  DEP  Amended		40	eet Address 000 Hadle y, State, Zip	y Road				APR	2 2	201	=	A STATE OF THE PERSON NAMED IN COLUMN 1
X DOL Amendme		_ S	DUTH PLA	AINFIELD	, J 07	068	AS	SBESTO	OS CO		L	&
DOH justificatio	n)		me of Conta FFREY G					phone N 6-628-2	umbe	-	<u>uneres</u>	men.
Name of Facility Where Abatement is Tak	rine Diagram		FACILITY IN	FORMATIC	ON			-020-2	411		-	
PSE4G-(Loc	n A +	) ~ * 1	()			Type of Facilit	y (4)				_	
Euclid AVE.			001	ST		X Other (i.e	<-12) ter 8 (Othe e. private &	r than K- commer	12) cial bu	uildings	101	mes
NEWARK			005	3/4		etc.) Square Feet N/A		Floors		Bldg.		
County (6) ESSEX		Cou (STA	nty Code (7)	) LY)		Current Use (F	100		shed)	N/A	-	
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)	A	SCM No.		Name o	N/A of Abatement C	ontractor (9	9)			-	
Street Address 64 BROAD STREET					Street A	UE SYSTEM ddress /HITEHEAD		WERIC	A, IN	IC.	-	
City, State, Zip Code MATAWAN, NJ 07747				(	City, Sta	ate, Zip Code H RIVER, N					-	
Project Manager for Monitoring Firm TOM GEIGER			ohone No. -290-2217		Telepho		1	icense N	No.		_	
Start Date (10) 3/4/2019	4/30/201	9	on Date (11)	) 1	Name o	OSHA Monitor	r		^		-	
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	Period of Ah	atomont		S	Street A			VILITIO			-	
× Other – Describe: OUTDOORS	nal Facility H	lours		C	City, Sta	te, Zip Code H RIVER, N			_		-	
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If		novation nolition			×	Full Containm Mini-Enclosur Glovebag Pro	ent with No				-	
Location of	Nor	cation mally		Descri	ption of	Non-Exempte	u ( ) and N	ion-Friab	le Pro	Cedure Abate Typ	100000	t
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mainte Custod	Solely by enance/ ial Staff? 12)	Asbes (i.e.	tos Containi thermal sys surfacing other misc	ing Mat stems in g, VAT,	erial (ACM) sulation, or	Amo (Sper SF or	cify	Removal	Repair	7	Enclosure
OUTDO		N/A							a	7		ure
OUTDOORS	)	K		PIPE SO	MAST	TC	200	LF	Х			
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ame of Registered Waste Hauler		NJDEP	Masta	Out to V								
ASTE MANAGEMENTS		Hauler I		Cubic Yard of Waste APPX 10		Name of F	Registered SS	Landfill				
ty, State LIZABETH, NJ				Disposal D		City, State	SVILLE,	ΡΔ			_	- 80
ompleted by AROL RAIMO	Title OFFICE	MGR.		Signa	ture /	rolla	•	Date	20/20	10	_	

mrh	NO			TON O	F ASE	w Jersey ESTOS ABATI 8:60 and 12:12	The second secon	) E C E			Parameter Control	1
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Date of Notification (1)	10					g Owner/Operator	(2)				-	
Agency Notified	Type Notification		+	Street A		ATINNY	#1C2EM	The second section of the section of th		Minimage	1	SHARRY
Agency Notiled	Type Nouncauon					15 5000	LJ W X I	ASBESTOS LICEN	CONTR	L &	ı	
□ EPA	☐ Initial ☐ Amended		H	City St	ate, Zip	Code	1767	2 LIOLI	01140		-	
D DEP	Amended Amendment#					CN, NOT	0788	<				
	☐ Emergency (includir	ıg	ŀ	Name o	of Contac	+ 010 , 110	. 0100	Telephone Numb	er	-		
DOH DCA	justification)  Cancellation			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		TOLSMA		201-794.		)		
a box	4 00/10/10/11					ORMATION		1201 111		-		_
Name of Easily Magaza	Abstament in Taking Dis	~ (3)		PACIL	ar timer	UKRATION	Type of Facility	(4)				-
Name of Facility Where						1	Type of Facility	(4)				
	, NNY ARSEN	IAC					School (K-12	) (Otherston V 12)	2			
Street Address 2/3 NJ SKA	TE HWY 15			75	, .		El Other (i.e. pri	(Other than K-12) ivate & commercial	buildings	2000		
City (5) .						***	Square Feet	# of Floors	Bldg. A	27		
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County (6)			T			) (STATE USE		rior if being demolish	ned)			
Morris			İ	ONLY)			Ma	TH ROOM				
	Hired by Building Owne	r A	ASCM	No.		Name of Abatem	1831 1835					
(8)						Best Ren	noval In	C				
Street Address						Street Address	.0 7 0 1 111			-		_
						450 Sout	h River	St				
City, State, Zip Code					1	City, State, Zip C		00				
	20					Hackensa		. 07601				
Project Manager for Mor	nitorina Firm	Tel	lepho	ne No.		Telephone No.		License No.				_
. reject manager ter ter						201-329-	7444 -	00388				
Start Date (10)	Scheduled Co	moletic	on Da	te (11)		Name of OSHA				-		_
4/24/19	4125			3.0		Omega E	nvironme	ental				
	ng Abatement (Check onl					Street Address						-
		SON HOR				280 Hi	yler St					
☐ Abatement Performed	ed During Entire Period of d Outside of Normal Faci too AM To \$:50 Pt	lity Hou	ement urs	t -		City, State, Zip C	ode	,N.J. 076	506			
Scope of Work (Check a			-			1 0. 1140	Remodek	,11.0. 070		-		
☑ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf				Rend Dem	ovation notition	☐ Mini-i	Enclosure ebag Procedure	Negative Pressure	dure			
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Locati Asbestos-Containi TO BE A IN Fa (1:	ng Material (ACM) BATED cility	Used Mai Ç	d Sok intena ustod Staff (12)	ely by ince/ lial ?		Description of story Containing Manager, thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)		Repair		Enclosure
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BLA6 383				1		VAT		130 51	=			
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Name of Registered Wa	iste Hauler	100,000		Waste H	lauler	Cubic Yards of	Name of Regis	stered Landfill		-		
Best Remo	oval Inc	ID	No. 17	109		Waste 3/2cy	CUM BERL	AND COUP	TY L.	109	Fil	٤
City, State			07.82			Disposal Date	City, State	0:				
Hackensad	ck , N.J. 07	601				4/25/19	NEM B	secu, PA	. 17	:40	0	
Completed by	Title	-383-37				Signature			Date			
J.Maiorano	Est	imat	cor			1 Horos	Como		4/15	16	1	
ASB-41	* Do no	use th	is for	m for as	bestos l	icensure exempted	activities.		e.			

	NO			ION O	FASE	w Jersey EESTOS ABAT 8:60 and 12:1	1.1.1	) ECEIV		nnn	n
Date of Notification (1)	9/19		T	Name o	f Buildin	g Owner/Operator	(2) A ARS	WAGPR 22 20	1	Contraded and	U
Agency Notified	Type Notification	*	+	Stroot A	ddroce					1	and the same
	2 Initial			21:	3 N	J STATE	HWY F	ASBESTOS CONTI LICENSING	wichos		N/COME!
© EPA © DEP	☐ Amended		-	City, St	ate, Zip	Code .	/	ASSESTOS CONTI	31_	Ö	
Z DOL	Amendment#			W	HAR	TON. NO	5.078	5	artes and	nan ceneral	MATERIA
д бон	☐ Emergency (including justification)	3		Name o	of Contac	#		Telephone Number			
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				FACIL	JTY INF	ORMATION					
	Abatement is Taking Place						Type of Facility	(4)			
Street Address	NUY ARSE	NA					School (K-12	2)			
Street Address					1.0	٠.		3 (Other than K-12)			
213 NJ	STATE HWY	12	5		, .		homes, etc.)	ivate & commercial buildings			
City (5) .						*.2	Square Feet				
WHA	RTON				2547120	43	10,000.	1 90	10	A	es
			T	County	Code (7	) (STATE USE		rior if being demolished)	-		
County (6)	MS			ONLY)		· · · · ·	71	ECH ROOM			
Name of Monitoring Firm	Hired by Building Owner	1	ASCM	No.		Name of Abatem	ent Contractor (9		_		
(8)	,						noval In	70			
Street Address				-		Street Address	HOVAL III			· ·	-
				8		450 5011	th River	4.2			
City, State, Zip Code						City, State, Zip C		50	-	100.00	_
	**						ack, N.J	. 07601			
Project Manager for Mon	nitorina Firm	Tel	lephoi	ne No.		Telephone No.		License No.			
								00388			
Start Date (10)	Scheduled Cor	npletic	on Da	te (11)		Name of OSHA			-		-
1/24/1	9 4/2					Omega I	Environm	ental			
	g Abatement (Check only	one)				Street Address					Sec. 10
				18		280 Hı	ıyler St				
Ahatement Performed	ed During Entire Period of I Outside of Normal Facilit	v Hou	rs .			City, State, Zip C					
Other - Describe:	7:00 AM TO .	5:5	206	M				,N.J. 07606			
Scope of Work (Check a											
22 ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf				☐ Rend ☐ Dem		☐ Mini- ☐ Glov	Enclosure ebag Procedure	Negative Pressure  d Non-Friable Procedure			Section 19
		Is	Locat	ion					-	eme	ent
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. Location . Location . Asbestos-Containin			d Sole		Asbe	Description stos Containing Ma		Amount		m	m
TO BE A	BATED	Ċ	ustod	ial		., thermal systems	insulation.	(Specify SF or LF)	Re	Encapsulate	Enclosure
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	·		(12)	Г			,			te	0
		Yes	No	N/A					_	-	-
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Name of Registered Wa				Naste H	lauler	Cubic Yards of	Name of Regi	stered Landfill	-	-	
Best Remo	val Inc	ID	No. 17	109		Waste 3/20	Minerva	a Enterprises	, L	LC	
City, State						Disposal Date	City, State		0.00		
Hackensac	k , N.J. 076	501				1 4)25/19	Waynes	sburg, 0h, 4468	3		
Completed by	Title					Signature	1)	Date	1	0	
J.Maiorano	Esti	mat	or			1 /	Toioner	1 4/	11	7	
ASB-41		use th	is for	n for as	bestos li	censure exempted	activities.		- 13		

145638	3		NO	TIFI (	CAT	TION	tate of N LOF AS It to NUA	BE	Jersey STOS ABA 8:60 and 5:1	EMENT 6	D.	E (			$\mathbb{V}$		li n n
Date of Notification (1)  04 /	40 /		•		N				wner/Operator	(2)		AF	PR 2	2 2	101	9	Managaran Process
	18 /	1				Dio	ocese of (	Car	mden		feel levi						1
Agencies Notified  EPA	Type Notif	ication	1		S	Street	t Address					ASBE	OTOC	200	TE	OL	2.
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☐ DCA	☐ Emerge		– ncludir	ng			mden, NJ		3102								
(NJAC 5:23-8)	justifica	000000000000000000000000000000000000000			N		of Contact	910			Telep	hone N	lumbe	r			
	☐ Cancell	ation				Pat	Williams	3			856	5-583-	2857				
						FAG	CILITY IN	FO	RMATION								
Name of Facility Where A		Takin	g Plac	e (3)						Type of Facility	(4)				-		
New Retreat Center										School (K-12	2)						
Street Address										Subchapter l	8 (Other	than K	(-12)				
702 S. New Road										Other (i.e., p	rivate ar	nd com	merci	al bu	ling	IS,	
City (5)										Square Feet		Floors		Ble	. A	ae	
Absecon										20,000	3			-	: 5:5	90	
County (6)					(	Coun	ty Code (7)	(ST	ATE USE ONLY)	Current Use (Pr		na dem	nolishe	Pd)	-		
Atlantic								*********		Vacant			10010011	,			
Name of Monitoring Firm I	Hired by Bui	ilding	Owner	(8)	AS	CM	No.	Na	ame of Abateme	ent Contractor (9)					_		
MDG Environmental	l, LLC									onmental, LLC							
Street Address						-			reet Address						-		
1000 Maplewood Dr	ive, Suite	207						(	623 Cutler Av	/enue							
City, State, Zip Code									ty, State, Zip Co								
Maple Shade, NJ 086	052								Maple Shade								
Project Manager for Monit	oring Firm			Te	elepho	one N	No.		lephone No.	, 55562	Licer	se No.					
Chris Macri							9300		856-755-0099			842					
Start Date (10)		Sched	duled C	Comp	letior	Dat	e (11)		me of OSHA M		1 00	042			-		
04 /17 / _	19	_(	)4/				19		EMSL Analyti								
Occupancy Status During								Str	reet Address						-		
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Abat	temer	nt		2	200 Route 130	0 North							
Abatement Performed ( Time of Abatement:	Jutside of N AM-	Iormal Pi	Facilit	y Ho	urs -	Desc	cribe	Cit	y, State, Zip Co	de						-	
			VI/		VI	—′	AIVI	C	Cinnaminson	, NJ 08077							
Scope of Work (Check all t	hat apply)								☐ Full Conta	ainment with Neg	ative Pre	PSSIIFA			-		
$\boxtimes \ge 3$ sf or $\ge 3$ If $\boxtimes \ge 160$ sf or $\ge 260$ If			⊠ Re						☐ Mini-Encle	osure	ativo i it	Jooure					
23 - 100 31 01 - 200 II			□ ре	moli	tion				☐ Glovebag	Procedure mpted (*) and Nor	Friable	Droop	dura				
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Location of				Norm					Description of					Aba	- 1	nt Ty	
Asbestos-Containing M <u>TO BE ABAT</u>	aterial (ACN	<b>1</b> )			lely b		Asbest	os	Containing Mat	erial (ACM)		ount		Remova	,	Enc	Enclosure
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(13)			2.2	(12				otl	her miscellaneo	ous)	51 (	JI LI')		<u>m</u>		Encapsulate	ге
Room 211			Yes	No		I/A	Eleas Tile						-1.		_	0	_
Room 311							Floor Tile	_				SF			1		
1st Floor Landry Room												SF			1	Ш	Ш
1 Floor Lanury Room							Floor Tile	e ai	nd Mastic		180	) SF			]		
Name of Registered Waste	Haular		Ц				I1- I-	-					[				
Shade Environmenta				100	NJDE Haule			Cub Nas	oic Yards of	Name of Registe					200		
	i, LLC				324			1		Atlantic Cou	unty Ut	ilities	Auth	norit			
City, State									oosal Date	City, State		3/			-		
Maple Shade, NJ								04	4/26/2019	Egg Harbor	Towns	ship, N	IJ				
Completed By (Print or Type	e)	Title	3						Signature			TI	Date		-		
Christina Lynch		Vi	ce Pre	esid	ent d	of Op	perations	;	Onster	タフ			4-19	81	3		

RIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 4-17-2019 S. BERNSTEIN Street Address Agency Notified Type Notification D EPA Initial City, State, Zip Code O DEP ☐ Amended 2: E DOL Amendment# PIDGEWOOD, NI 0745 Emergency (including) Name of Contact III DOH justification) D DCA ☐ Cancellation L & BERNSTEIN VG FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) S. BERNSTEIN School (K-12) Street Address Q Subchapter 8 (Other than K-12) Other (i.e. private & commercial building homes, etc.) # of Floors Bldg. / e Square Feet RIDGE WOOD 900 . 2 YES 82 County Code (7) (STATE USE County (6) Current Use (Prior if being demolished) BERGEN ONLY RESIDEUCE Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) (8) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-329-7444 00388 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5-2-2019 Omega Environmental Occupancy Status During Abatement (Check only one) Street Address 280 Huyler St G Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours Other - Describe: 8AM 5PM S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) Full Containment with Negative Pressure Q≥3sfor≥3f Renovation **Q** Mini-Enclosure ☐ Demolition @≥ 160 sf or ≥ 260 kg ☐ Glovebag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure batement is Location Type Normally . Location of Used Solely by Description of sbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate Enclosure TO BE ABATED Custodial (i.e., thermal systems insulation, (Specify Repair .... IN Facility starfacing, VAT, or Staff? SF or LF) (13) other miscellaneous) (12)No NA BASEMENT X 575 VAT SF Name of Registered Waste Hauter NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill ID No. Waste Best Removal Inc 2/2 YOS CUMBERLAND COUNTY 17109 Hackensack , N.J. 07601 NEWBURGH Completed by R. VELDIPAN Estimator

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

State of New Jersey

Thomas	)		NO	TIFIC	OHA:	State of N N OF A: Int o N	SBESTO	SABA	TEMENT	DE	CE		1 [	
Date of Notification (1)					11	ne of Build								
04/	17 /	19	9		11	ariann Lo		<del>ope</del> rator	(2)		APR 2	2 2	9	
Agencies Notified  EPA	Type Notifi	ication			Stree	et Address	,			ASB	ESTOS	CON	IOL	&
☑ DOLWD		ad.									LICE			COOK-BURNING
⊠ DOH	Amendr				1 100	State, Zip								
☐ DCA	☐ Emerge		cludin	- ig		endall Pa		3224						
(NJAC 5:23-8)	justifica					e of Conta				Telephone	Number			
	Cancella	ation			Ma	ariann Lo	och							
					FA	CILITY	NFORMA	NOITA						- 1 - 1
Name of Facility Where A	batement is	Takin	g Plac	e (3)					Type of Facility	(4)				
Loch Residence									School (K-12					
Street Address									Subchapter Other (i.e., p	rivate and co	r K-12) emmercia	l build	i js,	
City (5)									Square Feet	# of Floor	'S	Bldg.	ge	
Kendall Park									1,398	1		60	120	
County (6)					Cou	nty Code (	(7)(STATE U	SE ONLY)	Current Use (Pr	ior if being de	emolished	1)		
Middlesex									Residence					
Name of Monitoring Firm I					ASCM	No.	Name o	f Abateme	ent Contractor (9)				-	
Management & Envi	ro. Consu	lting	Servi	ces			Shac	de Enviro	onmental, LLC					
Street Address							Street A	ddress					-	
PO Box 341							623 (	Cutler Av	/enue					
City, State, Zip Code							City, Sta	ate, Zip Co	ode				-	
Chesterfield, NJ 085							Mapl	e Shade	, NJ 08052					
Project Manager for Monito	oring Firm			Tele	ephone	No.	Telepho	ne No.		License N	lo.		-	
Bill Weisgarber				11.7		3-4070	856-7	755-0099		00842				
Start Date (10)04 /26 /					etion Da	19	Control Assistant Services	f OSHA M L <b>Analyti</b>		_1				٠
Occupancy Status During	Abatement (	(Check	only o	one)			Street A	ddress						-
☐ Facility Closed/Vacated	During Enti	ire Per	iod of	Abate	ment		200 F	Route 13	0 North					
Abatement Performed (	Outside of N	lormal	Facility	y Hou	rs - Des	scribe	City, Sta	te, Zip Co	ode				10 <del></del>	_
Time of Abatement:		PIN	/l/	_PM		AM			, NJ 08077					
Scope of Work (Check all t	hat apply)						(202							
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			⊠ Re □ De	novat molitic				Mini-Encl Glovebag	ainment with Neg osure   Procedure npted (*) and Nor					
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Location of Asbestos-Containing M		<b>/</b> 1)		d Sole		Asha		cription of	erial (ACM)			0 7	-	
TO BE ABAT	ED	,		intena			., thermal			Amount (Specify		Repair	Encapsulate	Enclosure
IN Facility (13)			Cust	odial (12)	Stan?			ing, VAT,		SF or LF	7)   2	5   =	bsul	sure
(13)		Ī	Yes	No	N/A	1	otner m	iscellaneo	ous)				ate	Φ
Living Room, Hallway,	Den					Floor T	ile and N	lastic		391 SF				
											Г	1	П	
				П							-  -	-   -		
								70 X			L	1   _	Ш	
Name of Registered Waste	Haulas			Ц	Ш					1				
Freehold Cartage	nauler				JDEP V auler ID 15939	No.	Cubic Ya Waste 1	rds of	Name of Regist Fairless La					
City, State							Disposal	Date	City, State				-	
Freehold, NJ							04/29/	2019	Morrisville,	PA				
Completed By (Print or Typ	e)	Title					Sign	ature			Date		_	
Christina Lynch		Vic	e Pre	eside	nt of C	peration	/	mode	2		41	710		

								Check,	#		
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Date of Notification (1) 4-19-1	9	10-1	Name	of Building	Owner/C	Operator (2)	arisk	DEG	[5.1]	V/ [	
Agencies Notified  Type Notification  I EPA I DEP DOL Amended Amendment I Emergency ( justification) I DCA  Cancellation	#including	3	City, Si	Address tate, Zip C	K	anil	ton	A CANONIA CONTRACTOR OF THE CO	l22 08(	119 19 ROL	Y Y
Name of Facility Where Abalement is Taking	Place (		. /	Vac	17		ype of Facility				127,227
Street Address  City (5)	WEY	men	1	Vaca	nr)		Subchapte Other (i.e. etc.)	er 8 (Other than K- private & commen	cial buildi	11//	ies,
Hamilton	N	J	0	1861	9	So	quare Feet	# of Floors	Blc	Age 70 +	_
County (6)			County	Code (7) USE ONLY				rior if being demolis			
Name of Monitoring Firm Hired by Building C	wner (8		ASCI	M No.			Abatement Co	Azutner ontractor (9)		I	
Street Address	37					Street Add	iress	777	3		V 000
City, State, Zip Code	N.		08	53	2	City State	, Zip Code	A ALT	05	53	3
Project Manager for Monitoring Firm	1		Telepho		724	Telephone	No.	License	No.	111	- Aller
		ed Con	pletion	758-: Date (11)	200		SHA Monito		42	17	
Occupancy Status During Ab atement (Check	Only O	- [ ]	7-1	9		Street Add	PC Tec	hnologies	In		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of	Abatem	ent			P <sub>-O</sub>	, Zip Code	. 337		-	20 E 100
Scope of Work (Check All Triat Apply)					_	New	Egypt	NJ (	085	33	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	1.	Renovat Demoliti					Full Containn Mini-Enclosus Glovebag Pro			ıre	
	9	Locatio							A	temen	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma	ed Solel intenan todial S (12)	y by ice/		os Conta thermal s surfac	cription of aining Mater systems ins ing, VAT, or iscellaneou	ulation, r	Amount (Specify SF or LF)	Removal	Encapsulate	Enclosure
Roofs (Flat)	Yes	No	N/A	0						- E	
Hoots (Flut)		54	X	Root	- fel	+ Pupen	lan	2700 SF		+	
Rasement	*	<u>X</u>		Some	11 40	mant o	actiles	16,00 SF		+	
Basement	አ				nsit	-	1 6	<17.5F		+	
Name of Registered Waste Hauler	-	19	IDEP W	/aste	Cubic Y	ards	Name of	Registered Landfil			
EPC Technologies	)		700		Activities	24	Was	te Manage	nent	FF	A
	UJ				Disposa	al Date -17-1	City, Sta		PA		

Title President

Completed by

Date

(3/17)		orie (F	ursdaht	to NJAC	BESTOS A	12:120	1)	R	C		40	造
Date of Notification (1) 4/18/19					Owner/O	perator	(2)		APH	222	13	
Agencies Notified Type Notification	;	OPERAL S. C.						ACI	DEST	oe con	200	11 5
EPA Initial		1						ASI				/1. 0
	1.#					7						
		-			10 0002			Telephone	e Numb	er		
			E	ric Plackis	3							
Name of Facility Where Abatement is Taki	na Place (3)		FACI	LITY INFO	DRMATIO	IN	T (C )	763	Principal and the Assessment of the Assessment o			
The state of the s	ig riace (2)	,				Į.	-					
Street Address							Subchapi Other (i.e	ter 8 (Other than		buildings.	est (	es.
Jackson							Square Feet 1056	# of Floor	s	Bidg. A 60	1	
		Table 1					Current Use (F	rior if being den	nolished	f)		
	Osenor (D)					Na	Home				_	
Date of Notification (1)  A/18/19  Name of Building Owner/Operator (2)  Sarah Feit  Agencies Notified  Type Notification  Initial Amended Amendment # Emergency (including justification)  Cancellation  Taking Place (3)  Street Address  Telephone Number  City, State, Zip Code Jackson, NJ 08527  Name of Contact Eric Plackis  FACILITY INFORMATION  Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings. etc.)  City (5)  Jackson  County (6)  County Code (7) (STATE USE ONLY)  Convertible Quarter (i.e. private (i.e. private description) (Current Use (Prior if being demolished)												
Street Address			1			Street		ries, inc.			-	
							PO	Box 915				
City, State, Zip Code						City, St	ate, Zip Code		No. of Concession, Name of Street, or other Designation of Concession, Name of Street, Name of		-	etianen i
Drouget Managay for Manitoday Sign			Tologia									
rioject warager to worldoing ritti		Director	relephos	ie No.		5550V		Licen				
	Scheduler	f Con	npletion I	Date (11)				or	0119	6	-	
4/18/19	5/2/1	9										
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of A	batem		-								
_			tion									
] ≥160 sf or ≥260 lf	De	emold	on				Mini-Enclosu Glovebag Pr	ire ocedure				
	Íst	.ocati	on [	- Toronto (		E	Mini-Enclosu Glovebag Pr	ire ocedure		Procedure Abate	ant	i c
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	ls L No Used Main Custo	ocation and solet	on y ly by	(i.e. t	os Contair hermal sy surfacin	ning Ma stems rg. VA1	Mini-Enclose Glovebag Pr Non-Exempt of sterial (ACM) insulation,	ed (*) and Non-i	Friable I	Procedure Abate Tys	ant	
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Dep												

President

Eric Plackis

Ch 1455	NO	(Pursuan	tate of New Jerse NOF ASBESTOS tee NJAC 8:60 at	ABATEMENT	Townson Townso	) E C	EI	$\mathbb{V}$	
Date of Notification (1) 04/17/2019	1	South!	of Building Owner/ oridge Park, Inc.	Opérator (2) Check N	No. 1455	APR	2 2	2019	and department of the control of the
Agencies Notified Type Notification			Address Palisades Avenu	e	Total Total	AIN AIN	<u>L. C.</u>	_010	
☐ EPA ☑ Initial ☐ Amended			ate, Zip Code ee, New Jersey (	7024		ASBEST	OS CC	TRO	L &
			of Contact		Te	elephone Num		Material	
□ DCA □ Cancellation		Kenny		1011		01-947-3331			
Name of Facility Where Abatement is Takin The Plaza	g Place (3)	FAC	ILITY INFORMAT	Type of Facilit	ty (4)				
Street Address				☐ School (K	-12) er 8 (Other than	ı K-12)			
1500 Palisades Avenue				☑ Other (i.e.	. private & com	mercial building			)
City (5) Fort Lee, New Jersey 07024				Square Feet 120,000	5	of Floors	Bldç 50+	Age	
County (6) Bergen		County (STATE	Code (7) USE ONLY)	Current Use (F	Prior if being de Condo Bldg	molished)			
Name of Monitoring Firm Hired by Building Whitman	Owner (8)	ASCI	M No.	Name of Abate Lilich Corpora	ement Contracto ation	or (9)		-	
Street Address 7 Pleasant Hill Road				Street Address 246 Union Bo					
City, State, Zip Code Cranbury, New Jersey 08512				City, State, Zip Totowa, New	Code Jersey 07512	2		-	
Project Manager for Monitoring Firm Kevin Lovely		Telepho 732-39	one No 10-5858	Telephone No. 973-225-8400		License No. 01104			
Start Date (10) 04/29/2019	Scheduled Co 05/08/25/20	mpletion Da 019	ate (11)	Name of OSHA Iris Environm	A Monitor ental Laborato	ories, LLC		<u> </u>	
Occupancy Status During Abatement (Chec	0.50 0 000			Street Address 2333 Route 2					
□ Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	eriod of Abater al Facility Hou	ment rs		City, State, Zip Union, NJ 070	Code				
Scope of Work (Check All That Apply)  □ ≥3 sf or ≥3 lf		200243 <b>4 6</b> 0000							
<ul><li>≥3 \$f of ≥3 if</li><li>≥160 \$f or ≥260 if</li></ul>	⊠ Reno □ Demo	vation olition		☐ Mini- ☐ Glove	Containment with Enclosure Bag Procedure	e / Limited Con	ntainmei	&Ten	nt
	Is Loc	ation		⊠ Non-E	Exempted (*) ar	Amount	200.00	emer	nt
Location of Asbestos-Containing Material (ACM)	Norm Used So	olely by	Ashastas Ca	Description of ntaining Material	(ACM) (i.e.	(Specify SF of LF)		ype	$\top$
TO BE ABATED  In Facility	Mainter Custodia	al Staff?		tems insulation, s			Ren	Encap	Enck
(13)	(1:		oth	er miscellaneous	)		Removal	Encapsulate	Enclosure
2nd Floor Northern Corridor	Yes N	SEO II COMPANI	Acous	tical Ceiling Pla	aster	400 SF	X	-	
								T	
Name of Registered Waste Hauler		NJDEP W Hauler ID			Name of Regis	tered Landfill			
Lilich Corporation  City, State		18724	5		Fairless Land	llift			
Totowa, New Jersey					City, State Morrisville, PA	4			
Completed by Adriana Olejarova	Title Preside	ent	S	Signature V	al	Date 04/	17/201		
ASR-41 (R-06-08)	1							5	

RECEIVED 04/17/2019 03:48PM

Date of Notification (1) 04/17/2019		NOT	*FUITEU	ant to Mu	日の 一日の つ	ABATEMEN nd 12:120) Operator (2)	T	DOI - AP	RDA	P	20	П
	- Ave a contension		How	ell Town	ship Pub	lic Schools	1	Check		-	1	1
gencies Notification  EPA  Fig. logical			Stree 200	Address Souanke	m - Valle	wbrook Ros		ASBES	TOS			1
B DEP D Amended Amendment	*		City.	State Zin	Code	Sey 07727	10		LICE	NSIN	G	+
S DOH S Emergency justification Cancellation		}	Name	of Conta ph Isola			- MA	Telephone NE 732-751-245	imber	YEL	<u></u>	+
sme of Facility Where Abetement is Tek	ing Place	(2)	FA	CILITY	FORMAT	ION					_	_
della ciemaniary School		(0)				Type of Fa	CHI NO CONSTRUCTOR				_	~
trest Address 55 Adalphia Road						☐ Subch	ol (K-12) apter 8 (Other the (i.e. private & con	an K-12) Imercial buildi	nos h	mec	mb	
ty (5) armingdale, New Jersey 07727						Square Fe 20,000		of Floors	TE	idg. A		_
ounty (6) anmouth	10		Count	y Code (? E USE OMI	n	Current Us	e (Prior if being of High School	emolished)	ــــــــــــــــــــــــــــــــــــــ		_	_
ame of MonRoring Firm Hired by Building nytronmental Design Inc	Owner (8	3)	AŞ	OM No.		Name of Ab Lilich Corp	Palement Contrac	tor (9)			_	-
reet Address 34 King Avenue, Ste 101 ly. Stats, Zip Code					E	Street Addn 246 Union	est Bouleyard			_		-
ennsauken, New Jersey						City, State, A	Zip Code 9w Jersey 0751	2			_	_
oject Manager for Monitoring Firm Prints Grober			Telaph 856-6	one No 16-9516		Telephore 6 973-225-84	Vo.	License N	0.		_	_
art Date (10) /18/2019	04/25/2	2019	pletion (	Jate (11)		Name of OS Iris Environ	HA Monitor mental Laborat	tories. LLC		_	-	100
cupsncy Status During Abatement (Che Facility Clesed/Vecated During Entire P			ent			Street Addre 2333 Route	S.S.				_	_
Absternent Parlormed Outside of Norm Other – Describe: Ope of Werk (Chack All That Apply)	nel Facility	Hours				City, State, 2 Union, NJ t	Pip Code 07083				-	-
≥3 of or ≥3 if ≥160 of or ≥260 if		Renova				D Glo	I Canteinment wit ni-Enclosure ove Beg Procedur n-Exempted (°) as	a I I imHad Ca	adolem	ant S	Ter	
Lecation of	le	Locat Norma	ion	-				Amount (Specify		Abata		-
Asbestos-Containing Material (ACM)  TO BEABATED  In Facility	Ma	ed Sole Untens todial	nes/	Asb	stos Coni	Description of Izining Materi Imagination VAT, or	al inches is a	SF of LF)	70	Typ	T	9
(13)	Yes	(12) No	N/A		othe	miscallaneo	na)		Removal	Repair	Encapsulate	Enclosure
16 Location		×	1377	Glue Do	s ettached	to 1 x 1 Split location)	Celling Tile (per	4 SF aa	X	+	₹	_
,										+	H	_
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ne of Registered Waste Hauler		N	JOEPV	aste	Cubic Y	200	Man					
ch Corporation		H	suler 10 18724		of Wast		Name of Regist		. 11		_	-
State ows, New Jersey					Dispose 04/25/2	I Date 1018	City, State Morrisville, PA			_	_	-
ncieted by	Title Pre	eldeni						Date	17/20	10		-

noch	NOT		State of New TON OF ASBE ant to NJAC 8	STOS ABA			Dr	E C		0040	Dr. P	ŧ-Forr
Date of Notification (1) April 16, 2019			ne of Building C sidence/PN					APR	22	2019	-	
Agencies Notified Type Notification  EPA Unitial			et Address D Penilyn-Bl	ue Bell P	ike			ASBESTO LIC	OS CO	NTRO NG	Be	
DEP Amended Amendment			, State, Zip Con le Bell, PA									
Emergency ( justification)  DCA  Cancellation	including	100 237 35	ne of Contact nn Lutz				10000	elephone N 09-571-7		г		
Name of Facility Where Abatement is Taking	Place (3)	F	ACILITY INFO	RMATION		Type of Faci	lity (4)				12.00	
Residence	,a.a. (e)					☐ School	(K-12)					
Street Address						Other (i	pter 8 (Of .e. private	ther than K & comme	(-12) ercial bi	uildings,	me	s,
City (5) Stillwater						etc.) Square Feet 4,000	#	of Floors		Bldg. A		
County (6) Sussex County			inty Code (7) ATE USE ONLY)	(A)	-	Current Use Residence	9		lished)			
Name of Monitoring Firm Hired by Building of ATC Group Services, LLC	Owner (8)	A	SCM No.	1000000		of Abatement ervices, LL	_	or (9)				
Street Address 3 Terri Lane				1000		Address 3 National	Road					
City, State, Zip Code Burlington, NJ 08016						tate, Zip Code n, PA 1934						
Project Manager for Monitoring Firm John Lutz		100000	ephone No. 9-386-8800	1.3 822		one No. 372-8884		License 01161				
Start Date (10) 3/25/19	Scheduled 4/19/19	Comple	tion Date (11)		ame (	of OSHA Mor L	nitor					
Occupancy Status During Abatement (Chec				100000		Address Route 130	North					
Facility Closed/Vacated During Entire   Abatement Performed Outside of Norm Other – Describe:					50.00	tate, Zip Code aminson, N						
Scope of Work (Check All That Apply)	SPUES				gand							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation nolition			×	Mini-Enclo	osure Procedu	ith Negativ e and Non-Fr				
	EX 333553555	ocation				0				Abat€ Ty	ient	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod (	mally Solely b enance/ lial Staff 12)	Asbes (i.e.	Descritos Contain thermal sys surfacing other mise	ing M stems g, VA	lateria <mark>l</mark> (ACM s insulation. T, or	)	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure
Basement	Yes		X F	loor tile a	and	mastic		2108	X	+	-	$\neg$
Dasement	+			1001 1110								
W 60 11 1W 4 11 1		TAUD	ED Mests	Cubic Ya	rde	Nam	e of Regi	stered Lan	dfill			
Name of Registered Waste Hauler WM of NJ			EP Waste er ID No.	of Waste		Sus	sex Co	" Mrshc	Logic	Solid' Com	las	He
City, State Newark, NJ				Disposal TBD	Date	City,	State	He, N			4.1	
Completed by Jack Bally	Title Sr. Pro	ject M	anager		nature	Λ	lly	600	Date 4~	16-10		
ASB-41 (R-06-08)	•			Q,	бо по	ot use this for	m for asb	estos licen	isure e	xempted	ctivi	ties.

V )							Promoter	- Kritis- and children		-	L	P	rint F
10CK	N	OTIFICATIO	State of No ON OF ASI nt to NJAC	BESTOS	ABATE		T B	CHECK	E [	15/	/ [ 261	7	M
Date of Notification (1) 04-15-19			of Building Port Auth					APR	22	20	19	And And State Control	IJ
Agencies Notified Type Notified Type Notified Type Notified		Street	Address ark Liber	ty Inter	nationa	al Ai	rport, Bldg.	125 Cen	tral de	mien	al.Z	Da	
DEP X Amer	nded ndment #_1	City, S	State, Zip Cark, NJ 0	ode			L	Leonesi.	CENSI	VG VG	וטני	Market	rhenesers.
DOH justifi	gency (including cation) ellation		of Contact A. Volpe					Telephor (973) 6			xt. 2	9	
		FAC	CILITY INF	ORMAT	ION			1, ,	VALUE - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1			-	
Name of Facility Where Abatement is Newark Liberty International	s Taking Place (3) Airport		30			Тур	e of Facility (4	50				-	
Street Address 3 Brewster Road						×	School (K-12 Subchapter 8 Other (i.e. pr	(Other tha	n K-12) mercial l	build	ings,	om	nes,
City (5) Newark						200	etc.) are Feet 0,000	# of Floor	rs		dg. A		
County (6) Essex			Code (7)	·		Curi	rent Use (Prior	r if being de	molished		yıc		
Name of Monitoring Firm Hired by Bu The Port Authority of NY & No.	uilding Owner (8)	ASC N/A	M No.			of Ab	atement Conti Environme					_	
Street Address 241 Erie Street		10000000			Street	Addr		ntai ooip.				-	
City, State, Zip Code Jersey City, NJ 07310					City, S	tate,	Zip Code , NJ 07072					-	
Project Manager for Monitoring Firm Ralph Campione		Telepho 973-6	one No.		Teleph 201-9	one N	No.	Licer 007	nse No.			_	
Start Date (10) 04-15-19(1)04-24-19	Scheduled 07-31-19	Completion			Name o	of OS	HA Monitor					-	
Occupancy Status During Abatement	(Check Only One)				Street /	Addre			entai Se	ervic	es		
Facility Closed/Vacated During E Abatement Performed Outside o Other – Describe: Abatement w	f Normal Facility H	ours	irea.		City, St	ate, 2	Ckson Aven					_	
Scope of Work (Check All That Apply)					Long	Isla	nd City, NY	11101		53		_	
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf	× Ren	novation nolition			×	Mi GI	ill Containmen ni-Enclosure ovebag Proce on-Exempted (	dure					
Location of		cation mally						7 4110 11011	, nabic i		bate	ent	i
Asbestos-Containing Material (AC  TO BE ABATED In Facility (13)	M) Used S Mainte Custod	Solely by enance/ ial Staff? 12)	Asbest (i.e.	tos Conta thermal s surfac	cription of aining Ma systems ing, VAT iscellance	ateria insul , or	ation,	Amount (Specify SF or LF)	2	Demove	Repair	1	Enclosure
Exterior	Yes N	No N/A	T 6							_			-G
CYCCHOI		X	rar C	coated	Corrug	atec	Pipe	400LF	х		+	-	
												1	
Name of Registered Waste Hauler		NJDEP W	lasta	Cubic Y	'ords		Nom (5	-1-1					
ATC, Inc. / JBT (50071)		Hauler ID 24310		of Wast		_	Name of Re Minerva E	-					
City, State Shirley, NY / Bronx, NY				Disposa TBD	al Date	7	City, State /Waynesb	urg, OH 4	4688			-	
Completed by Raymond Kinsella	Title Project	Manager		Sig	nature	7			Date 04-15			-	

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Date of Notification (1 04/12/2019	)			Ramse	f Building Board	Owner/of Educ	Operator (2) ation	Check	No. 1	449	Carlos Commission		-		
Agencies Notified	Type Notification			Street A 266 Ma	ddress ain Stree	et				APR	2.2	2019		L	井
☐ EPA ☑ DEP ☑ DOL	<ul><li>☑ Initial</li><li>☐ Amended</li><li>Amendment #</li></ul>	e e			ate, Zip Co		7446	-	L	SREST	08.0	ONTRO	8		-
⊠ DOH	☐ Emergency (in justification)			Name o	f Contact	ociocy o		- Long	Te	LI	CENS Num	SING	men.	A STORAGE	
□ DCA	□ Cancellation			G Boha					20	01-785-	2300		_		
Name of Facility When	e Abatement is Takir	ng Place (3	5)	FACI	ILITY INF	ORMATI	ON Type of Fac	cility (4)	71/01/0-34				-		
Former Residence Street Address							□ School								
29 N Franklin Turnp	ike						☐ Subcha☐ Other (i.	pter 8 (Oth .e. private 8	er than comn	n K-12) mercial b	uilding	js, home	et	c.)	
City (5) Fair Lawn, New Jer	sey 07410						Square Fee 20,000	t	# 2	of Floors	5	Bldg 50+	Age	<del>)</del>	
County (6) Bergen				County (	Code (7) USE ONLY	)	Current Use	Prior if be High Scho		molished	d)				
Name of Monitoring Fi Environmental Desi	rm Hired by Building gn Inc.	Owner (8)		ASCN	/I No.		Name of Aba Lilich Corpo	atement Co oration	ntracto	or (9)					
Street Address 5434 King Avenue							Street Addre 246 Union						-		
City, State, Zip Code Pennsauken, New J	ersey 08109						City, State, Z Totowa, Ne		07512	2			=		
Project Manager for M Tim Gromen	onitoring Firm			Telepho 856-616			Telephone N 973-225-84			Licen 0110	se No.		-		
Start Date (10) 04/29/2019		Schedule 005/06/		pletion Da	te (11)		Name of OS Iris Environ			ories, L	LC		_		
Occupancy Status Dur	1.77	27/2	50				Street Addre 2333 Route						-		
<ul><li>☑ Facility Closed/Vac</li><li>☐ Abatement Perform</li><li>☐ Other – Describe:</li></ul>	med Outside of Norm						City, State, Z Union, NJ (	Zip Code 07083					-		
Scope of Work (Check	All That Apply)										A CONTRACTOR CONTRACTOR				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		200 Miles	lenova emolii				☐ Mir	I Containme ni-Enclosur ove Bag Pron-Exempte	e ocedur	e / Limit	ed Co	ntainme	& T	Tent	
		Is	Locat	tion			E 140	II-Exempte	1 ( ) ai	Amou	unt		em	ent	
Locati			lorma d Sole	illy ely by			Description of			(Spec			/pe	:	_
Asbestos-Containi TO BE A In Fa (1:	BATED cility	Ma	intena	nce/ Staff?	Asbe thei	mal syst	ntaining Materi tems insulation VAT, or er miscellaneo	n, surfacing	e.			Removal	1	Encapsulate	Enclosure
		Yes	No	N/A								<u>m</u>		ate	Гe
1st F	loor		Х			Jo	oint Compound	d		3200	SF	Х	1		
			1												
													1		
Name of Registered W Lilich Corporation	aste Hauler		- 8	NJDEP W Hauler ID 18724	000-00000000000000000000000000000000000	Cubic of Was		Name of	100		ndfill				
City, State Totowa, New Jersey	e			10724		10 Dispos 05/06	sal Date /2019	City, Star Morrisvi	e				-		
Completed by	34	Title		12		1	ignature	MOTTISVI	, FF		Date		-		-
Adriana Olejarova		Pre	sider	nt		The state of	LUEL.)	LC	6		04/	12/201			

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H 448	sbestos Con		TIFIC	CATION	to of How OF ASBES	TOS ABA			DE		E 2-2		7
ate of Notification (1) 4/12/2019			10	Vame of	Building Ov	waar/Oper	rator (2)	ity Foundation	DOL-C		A CAR	48	
gencies Notified Type No	ification			Sireet Ad 555 Ken	dress nedy Boul	levard			ASB	STO			idi
DEP D An	nended andment#		1	City, State Bayonne	e, Zip Code a, New Jer	) rsey 070	02		Se	M	7		
DOH jus	nergency (India tification) ncellation	á ing		Name of Samanti	Contact ha Howard	d ,		2	llephone Name 01-688-7271		OV.	ED)	1
sme of Facility Whem Abatem	ent is Taking P	lace (3)	•	FACIL	ITY INFOR		ype of Faci	lity (4)				_	7
ormer) Holy Family Acaden reel Address 17-249 Avenue A	ny School					, E		K-12) pter 8 (Other that a. private & com		s, home	as, etc	:.)	
ty (5) ayonne, New Jersey 07002							quere Feet 2,000	3	of Floors	93	. Age	_	-
ounty (6) udson	· ·			County C	ods (?) SE ONLY)			(Prior if being de Not Current Us		Commu	inity	Çer	r)
ama of Monitoring Firm Hired t atrix New World Engineeri	ng, inc	ner (6)		ASCM	No.		ame of Aba ilich Corpo	nament Contract vation	ot (9)				7
treet Address 8 Columbia Tumpike							trest Addres 48 Union E						
ity, State, Zip Coda Iorham Perk, New Jersey 0	7932					C	ily, State, Z otowa, Ne	ip Cods w Jersey 0751	ż				
roject Manager for Monitoring lavin Gilmore	Firm	¥		Telephon 908-586			elephone N 73-225-84		D1104	<u>er</u>			
lart Date (10) 4/15/2019		heduled 5/13/20		letion Dat	e (11)	N Ir	is Environ	HA Monitor mentai Laborai	ories, LLC		_		
Coupancy Status During Abate  Facility Closed/Vecated Dur				.44			treet Addre: 333 Route		*				٦
Abatament Performed Outs Other - Describa: cope of Work (Chack Ali That	ide of Normal f	Facility H	aruoi				ity, State, 2 Injon, NJ 0					_	
23 af or 23 if 2 2160 af or 2260 if	· <del>*** *</del> */		nova				□ Mi	# Containment w ini-Enclosure ove Bag Procedu n-Exempted (*) s	re / Limited Cor	ntainma	nt & T	ent	
			Locat					1	Amount (Specify SF of LF)		baten Typ:		
Location of Asbettos-Containing Mater TO BE ABATED In Facility (13)	ial (ACM)	Mai	ntena	Steff?		ios Conta nai syster		ial (ACM) (i.e. n, surfacing,	G G G G	Removal	Repair	Encapsulate	Farkesin
1et Flage Coeries	-	Yes	No X	N/A	Achei	she Con	Maining Ca	iling Plaster	2.310 SF	×	-	86	_
1st Floor Corrido			X		-			Vinyi Floor Tile		X	-	-	-
1st Floor Corrido			X				& Mastic	c to Wall Pane		×	-	-	-
st Floor Corridor (over me	n work area		×		Asber	stos Cor	italning Pl	pe insulation	1,500 LF	×	-		_
Name of Registered Waste Ha	ulor			NJDEP V Hauler ID 18724	No.	of Wast		Name of Reg	] Islored Landfill ndfill		1		-
City, State Totowa, New Jersey	<i>(</i>					Dispose 05/13/5	1019	Morrieville,	PA		443		
		Title					वर्गानिप्रतेष _	00	De	4		_	-

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Ch3071	)_		NOT	IFIC (P	ATTO	VOF AS	lew Jersey BESTOS ABAT AC 8:60 and 5:1	TEMENT 6)			1	7	0
Date of Notification (1)	16 /	19				of Buildin	g Owner/Operator (	2)	CEIV	E	ī		
Agencies Notified  ⊠ EPA	Type Notifica					t Address JDOT		Particular de la constitución de	APR 2 2 201	9	L		
⊠ DOLWD	Amended				City,	State, Zip	Code						
☑ DHSS □ DCA	Amendme		cluding		Ne	w Jersy		AS	BESTOS CONTR	OL &			
(NJAC 5:23-8)	justification		Jidanig	,	Name	of Contac	t .		LICENSING Telephone Numb	Of-	ANDERSON	1	
10 20 20 20	☐ Cancellat	ion			Mr	Georgic	Mavrakis		201-294-530	5			
			1		FA	CILITY IN	NFORMATION						
Name of Facility Where A	batement is T	aking	Place	(3)	7.44			Type of Facility	(4)			_	
46 Bridge								☐ School (K-1:					
Street Address						-10 00-			8 (Other than K-12)				
46 Bridge								homes, etc.	orivate and commerce )	cial bu	ilding		
City (5)								Square Feet	# of Floors	Blo	dg. Aı		
Ridgefield, New Jo	ersey							Outside			1935	100	
County (6)					Cou	nty Code (	7)(STATE USE ONLY)	Current Use (P	rior if being demolis	ned)			
Bergen County								Bridge					
Name of Monitoring Firm	Hired by Build	ding O	wner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	)				
							Graham-Tecl	h Environmen	tal Service, LLC.				
Street Address					55 TA W.S.		Street Address					-	
		A 1 == 1 11 11 1			-01.00		958 Jackson	Rd					
City, State, Zip Code							City, State, Zip Co					2	
							Mays Landin	g, NJ 08330					
Project Manager for Monit	toring Firm			Tele	ephone	No.	Telephone No. 609-561-1901	1	License No. 01158				
Start Date (10)	15	Sched	uled C	omple	etion Da	ate (11)	Name of OSHA M		01100	-		-	
04/26/						19			tal Services, LLC				
Occupancy Status During	Abatement (0	Check	only o	ne)			Street Address						
☐ Facility Closed/Vacate							958 Jackson	Rd					
Abatement Performed Time of Abatement: 7/						scribe	City, State, Zip Co	ode				-	
Time of Abatement. 17	41VI- <u>11.30</u> PIVI	u	PIVI-		_AM		Mays Landin	g, NJ 08330					
Scope of Work (Check all	that apply)						· ·						
			□Re	novat	ion		☐ Full Con	tainment with Ne	gative Pressure				
≥160 sf or ≥260 lf			⊠ De				☐ Gloveba	g Procedure					
								mpted (*) and No	on-Friable Procedur	9		_	
Location	of			Loca			Description of	.e		Ab	atem	t Ty	/pe
Asbestos-Containing N	7.6	1)	Use	d Sol	ely by	Asbe	estos Containing Ma		Amount	Rei	Repair	Σ	En
TO BE ABA  IN Facilit					ance/ Staff?		e., thermal systems	insulation,	(Specify	Removal	oair	Encanculate	Enclosure
(13)	у			(12)			surfacing, VAT other miscellane		SF or LF)	8		= 0	ure
			Yes	No	N/A							Ď	
Bidge					$\boxtimes$	Piles			436			]	
										П			П
										П	П	٦	П
Name of Registered Wast	e Hauler			1	JDEP	Waste	Cubic Yards of	Name of Regi	stered Landfill				
Graham-Tech Enviro	onmental S	ervic	е	ŀ	lauler I		Waste 30	Pioneern					
City, State					0034	JUU	Disposal Date	City, State				-	
								1 1 1					
Completed By (Print or Ty	pe)	Title					Signature		. Dat	ė		0	
Vernice Graham		Pr	eside	ent			10 m	a Tal	1	11	6:	9	

Check#		Ν	ITOI		MOITA		BES	ersey TOS ABAT 60 and 5:16		MENT	DEC	E		$\overline{\mathbb{V}}$	lnn n	n
Date of Notification (1) 04 /	17 /	19			1000000	of Building		ner/Operator (	2)		APF	2	2 2	0119	Contraction and	Ш
Agencies Notified  EPA	Type Notifica	ition			Street	Address									-	hancood
☑ DOLWD	☐ Initial  Amended				011 6						ASBEST				S.	,
☑ DHSS	Amendme					State, Zip C					L.	ICEN	ISIN	3	Martin	race without to
DCA	☐ Emergend		uding			nmit, NJ		)1			T-1 N					
(NJAC 5:23-8)	justification				100000000000000000000000000000000000000	ney Kaufr					Telephone N	umbe	er			
					FA	CILITY IN	FOR	MATION							-	
Name of Facility Where A	Abatement is T	aking F	Place	(3)					Ту	pe of Facility	(4)				-	
Private house										School (K-12						
Street Address										Subchapter 8 Other (i.e., pr	Other than K ivate and com	12) merci	ial bu	ildina		
										homes, etc.)	7.4.0 4.14 00.11		ш. Би	9		
City (5)									So	quare Feet	# of Floors		Blo	lg. Ag	3	
Summit, NJ 07901					1											
County (6)					Cour	ity Code (7	)(STA	TE USE ONLY)	Cu	urrent Use (Pri	or if being dem	nolish	ed)			
Name of Monitoring Firm	Hirad by Build	ling Ou	mor /	01	ASCM	Ma	Man	<del></del>		0(0)					_	
reame of workoning i iiii	Tilled by build	ing Ov	viiei (d	0)	ASCIVI	NO.		r Tech LLC		Contractor (9)						
Street Address								et Address							-	
							550	76 Valley Ro	oad	H#283						
City, State, Zip Code								, State, Zip Co	011-111						200	
							100	ayne, NJ 07								
Project Manager for Moni	toring Firm			Tele	phone	No.	Tele	phone No.			License No				-	
						Salar Community of the Salar	9	73-638-1777	1		01127					
Start Date (10)				25	tion Da	25 25	215	ne of OSHA M							200	
04 /25 /					<u> </u>	19			Co	nsultants, l	nc					
Occupancy Status During	7.50							et Address								
□ Facility Closed/Vacate     □ Abatement Performed						crihe				Road, Bldg.	#34 A					
Time of Abatement: _		PM/		_PM-		AM	_	, State, Zip Co air Lawn, N.								
Scope of Work (Check all	that apply)						1 0	all Lawii, ive	0 0	7410					-	
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	11.27		⊠ Rer □ Der					Mini-Enc     Glovebag	losu g Pr	ure rocedure	ative Pressure					
				Locat									Aba	ateme	Ty	уре
Location Asbestos-Containing		,		lorma d Sole	lly ely by	Ache	etoe (	Description o		al (ACM)	Amount		Re	Re	П	E
TO BE ABA	TED	'		ntena	nce/ Staff?		., the	rmal systems i	insu	ulation,	(Specify		Removal	Repair	2	Enclosure
IN Facilii (13)	ty		Oust	(12)	otan:			urfacing, VAT, er miscellane			SF or LF)	Ý	a		il.	ure
, ,			Yes	No	N/A	1	1523		-	,					,	
Garage					$\boxtimes$	Duct in	sula	tion			60 SF				]	
Basement					$\boxtimes$	VAT flo	or til	es			250 SF		$\boxtimes$		]	
				П								TO.	П	П	]	П
									-							
Name of Registered Was	te Hauler		74		JDEP \		30 PM - 1	ic Yards of	IN	Name of Regis	tered Landfill	10000				
Gr Tech LLC				H	lauler II 00337		Was	ste BD		T.R.R.F. In						
City, State					00331	00		osal Date	1	City, State					507.0	
Wayne, NJ 07470						Ž.	T	BD	Tullytown, PA							
Completed By (Print or T	ype)	Title						Signature	Ho	whe Wen	ad	Date	3			
N.Jevtic		Ow	ner					Į,	//			0.	4/17	/201		

Check# 332	.7	I	NOI					STOS ABA1 8:60 and 5:1	THE RESERVE OF THE PERSON NAMED IN		E	CE		VE
Date of Notification (1)  04 /	16 /	19			4	e of Buildir		wner/Operator (	(2)					
			_				IIIIai	П			A	PR 2	2 :	119
Agencies Notified  ⊠ EPA	Type Notific	cation			Stree	t Address								1
☑ DOLWD	☐ Amende	d			0.1	0 7:					ACDE	STOS	400	ROL &
☑ DHSS	Amendm				1	State, Zip						LICE		NOL a
☐ DCA	☐ Emerger		ludin	g		Iburn, N.		041					T-Enfattress	THE RESERVE OF THE PERSON OF T
(NJAC 5:23-8)	justificat					of Contac				Telepho	ne Nun	nber		
	☐ Cancella	ition				ney Kauf	2000							<u> </u>
					FA	CILITY II	NFO	RMATION	and the second					
Name of Facility Where A	batement is	Taking	Place	(3)					Type of Facility					
Private house									School (K-12		1/ 1	٥)		
Street Address									Subchapter 8	o (Other the rivate and	comme	∠) ercial bu	ilding	
									homes, etc.)					
City (5)									Square Feet	# of Flo	ors	BI	dg. A	· ·
Millburn, NJ 07041		-												
County (6)					Cou	nty Code (	7)(ST.	ATE USE ONLY)	Current Use (Pri	ior if being	demol	ished)		
Essex														
Name of Monitoring Firm	Hired by Buil	ding O	wner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)					
		greek i ee					1	Gr Tech LLC						
Street Address							Sti	reet Address						
							į	576 Valley Ro	pad#283					
City, State, Zip Code							Cit	ty, State, Zip Co	ode			- 1470/00		
							1	Wayne, NJ 07	7470					
Project Manager for Monit	toring Firm			Tele	phone	No.	Te	lephone No.		License	No.			
							5	973-638-1777		0112	27			
Start Date (10)	1					ite (11)		me of OSHA M						
//		- 7/2/27/2		- 61 11	<u> </u>	19	E	Envirovision	Consultants, I	nc				
Occupancy Status During			- 5		10.00		Str	eet Address						
☐ Facility Closed/Vacate							2	20-21 Wagara	w Road, Bldg.	#34 A				
Abatement Performed Time of Abatement:	Outside of No	ormal F	acility	y Hou	s - Des	cribe	Cit	y, State, Zip Co	ode					-
					-	Alvi	F	Fair Lawn, N.	J 07410					
Scope of Work (Check all	that apply)		(3)								BINOS-25			
≥3 sf or ≥3 If		0	⊠ Re	novat	on			☐ Full Cont	ainment with Neg	ative Pres	sure			
≥160 sf or ≥260 lf		Ī		molitic				Glovebag	Procedure					
									mpted (*) and Nor	n-Friable F	rocedu	ıre		
Location	nf.		-	Locat Vorma				5				Ab	atem	t Type
Asbestos-Containing N		1)	Use	d Sole	ly by	Asbe	stos	Description of Containing Mat		Amo	unt	Re	Re	3 5
TO BE ABAT				intena odial	nce/ Staff?		., the	ermal systems i	nsulation,	(Spe	cify	Remova	Repair	Enclosure Encaneulate
IN Facility (13)	У		Ous	(12)	otan:			surfacing, VAT, her miscellaned		SF or	LF)	l a		ure ure
, , , ,			Yes	No	N/A	1	Ů.	nor misochane	Jusy					Ď
Garage		1			$\boxtimes$	Duct in	nsula	ation		60 9	SF.			10
Basement						VAT flo	or ti	iles		250	SF		П	7
		-												
													П	
Name of Registered Waste	e Hauler			2500	JDEP \		120000	oic Yards of	Name of Regist	ered Land	fill			
Gr Tech LLC				H	auler II 00337		AV670.55	ste BD	T.R.R.F. Inc	;				
City, State								posal Date	City, State					
Wayne, NJ 07470							Т	BD	Tullytown,	PA				
Completed By (Print or Ty	pe)	Title						Signature	Heure 1	1	Da	ate		
N.Jevtic		Ow	ner						peutic (	Nenad		04/1	6/20	9

State of New Jersey

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Topological Control of the Control o			State o		Jersey STOS ABATEMENT			Check	# 16	5	
	F /=\	Pursu	ant to NJA	C 8:60	-7 and 12:120-	7)			-	pipan	-
Date of Notification	n (1)	Sand Storage	Name of B	uildin	g Owner/Operato	r (2)	IMEG	E II	<i>y</i> ₩	=	n
4/17/2019			Melis	sa T	horpe				. U	=	
Agencies Notified	Type Notific	ation	Street Add	dress	****		110			-	Ш
[ ]EPA	[X]Initial						III III APE	3 22.	2019		U
	Notifi	cation								100	home
[ ]DEP	[ ]Amended		City, Stat					macinia supplie and	orougueser.		
[X]DOL	Notifi	cation	Monte.	Lair	NJ,07043			TOS CON		8	
[X] DOH			Name of Co	ontact		Tele	phone Number	ICENSIN	G	No. Page 1	mannes
[ ]DCA	[ ]EMERGEN	CA	Meliss	sa Th	norpe	1					
and the second of the second o	[ ]Cancella	ation			_						
		(40)			INFORMATION					_	
Name of Facility Who		is Takir	ng Place (	3)		Type of Fa	cility (4)			_	
Melissa Thorp	e					[ IScho	ool (K-12)				
Street Address						[ ]Subc	hapter 8 (Oth				
- Jacob Mulless							r (i.e., priv				
							l buildings,			_	
City		Country		la.	mbra Cida (D)	Square Fee	t # of Flo	ors B	ldg.	ie	
1		County		- 1	inty Code (7) TATE USE ONLY)					_	
Montclair		Facar		1.5		Current Us	e (Prior if b	eing de	molis	≥d)	)
Name of Monitoring E	Firm himed h	Essex			Thr					-	
Owner (8)	TIM HILLEG DY	Bullaing	ASCM No.	*8	Name of Abate		0.00				
N/A				<u> </u>	AZTECH M	Walter Street	NT, Inc.				
Street Address					Street Addres	_					
					86 Chris	topher	St.				
City, State, Zip Cod	le				City, State,	Zip Code				-	
					Montclai	r, NJ 0	7042				
Project Manager for	Monitoring Fi	rm Tel	ephone Num	ber	Telephone Num	ber		License	Numb	-	-
		N/	A		(973) 744			0037		. 5	
Scheduled Start Date	(10) Sche	d. Compl	etion Date	(11)	Name of OSHA 1	Moni tor				_	
5 6 1	The state of the s		8 19		N/A	20111 101					
	ear Mo	nth D	ay Yea		1						
Occupancy Status Dur [X]Facility Clos	ing Abatement	(Check	only one)	,	Street Address	3				_	
of Abatement		iring Ent	lie Perioc	1							
[ ]Abatement Per				ty	City, State, 2	Zip Code				-	
Hours - Desci [ ]other - Desci	cibe: «OffHours					one <del>r</del> a sonaranon					
			Descript"		1					_	
Scope of Work (Check	all that app	TÀ)			וויים (	Containment	with Negative	a Pracei	120		
$[X] \ge 3$ sf or		[X	]Renovation	n		Enclosure	mich negacive	- 116990	116		
[ ]≥160 sf o	r ≥260 lf	1	]Demolitio	n		pag Procedu					
		1	Is	1	[ ]Non-E	riable Proce	edure	Aha	temer	T	Tme.
Location			cation		Description	n of			T		ype
Asbestos-Con Material (	A GOLD CONTRACTOR SEC.		Used _		Asbestos-Cont		Amount	1 E	R	f .	C
TO BE ABA		By	olely Main-		Material (2 (i.e., thermal		(Specify	MO	P	1	LO
In Facil	ity		nance/ stodial	in	sulation, surfa		LF)	V	A		S
(13)			ff (12)	4 '	or other miscel	laneous)		A	R		R
Basement		Yes	No N/A	Dim	Insulation		200 LF	X	-	+	E
		+ +	27	- The	. InsuractC	711	ZUU LE	4	-	+	
		-								1	
Inmo of Design				1						1	
Name of Registered Wa			EP Waste ler ID No.	- 1	oic Yards Waste 1.5		gistered Land	ifill			
AZTECH MANAGE	TATEMAT' TING	17	040	0.1		Tri -	State				
City, State				100000	posal Date	City, Stat	e				
Montclair, NJ	07042			5	/9/19	Bronx,	NY, 104°	74			
completed By (Print o	or Type) Tit	10			C:		1 -			_	
Constantine Vi		<sub>.e</sub> esiden	÷		Signature	+ J.	1/ 120	Date	(2010		
	.v.zem EI	-srue!			_ Cms	Culle!	11/1000	4/17/	2019		
O Hadden Dlace					( )	1	0 0 0	-		-	

	F /	1 [							
	19/1	1 /2	State of				Cì	neck # 1657	
	U L				TOS ABATEMENT 7 and 12:120-7	)			
Date of Notification	1 (1)	,	Name of Bu	ilding	Owner/Operator		In) E	C E	E
4/17/2019			Michae	1 To	lkoswky				-
Agencies Notified	Type Notifica	tion	Street Add	cess			A I	ים כי חם	( )
[ ]EPA	[X]Initial						IU U AI	PR 22 21	. 9
[ ]DEP		tion	City, State			:			
[X]DOL		tion	West 0	rang	e,NJ,07052	2	ASBE	STOS CONT LICENSING	DL &
[X]DOH	-		Name of Cor	ntact		Telepho	ne Number	LIULINGING	MATERIAL STREET, SALES
[ ]DCA	1 120 S 2 20 20 20 20 20 20 20 20 20 20 20 20 2		Michael	Tol	koswky				
	[ ]Cancellat	ion							
Name of Facility Whe	ere Abatement i	s Taki			INFORMATION	Type of Faci	lity (4)		-
Michael Tolko		.0 20012	9 12000 (0	6		[]School			
						[ ] Subchar	pter 8 (Other		
Street Address							<pre>(i.e., private ouildings, hor</pre>		-
						Square Feet	# of Floors		
City	lo	ounty		Cou	inty Code (7)				
					ATE USE ONLY)	Current Use	(Prior if beir	ng demolish	1)
West Orange	The state of the s								
Name of Monitoring F Owner (8)	irm hired by B	uildin	ASCM No.			ment Contracto			
N/A						IANAGEMENT	, inc.		
Street Address					Street Addres				
						topher St	• •		
City, State, Zip Cod	le				City, State,	r, NJ 070	42		
Daniant Vanagas for	Manitanina Bir	- mo	lanhana Mumb		Telephone Num			cense Numbe	
Project Manager for	Monitoring Fir	100		per	(973)744			0371	2
Scheduled Start Date	(10) Sched			(11)	Name of OSHA				
		. comp	4 19		N/A				
				=					
					Street Addres	s			
of Abatemen	t				City, State,	Zin Codo			
5 6				-Y	City, State,	Zip Code			
			y Descript»						
Scope of Work (Check	all that appl	y)			[ ]Full	Containment wi	ith Negative E	ressure	
[X]≥3 sf or		97	[X]Renovation			Enclosure bag Procedure			
[ ]>160 SI 6	or ≥260 II	ı	] Demoir Cro.	.1		riable Procedu	ıre		
Logation	Of	I	Is Location		Description	on of		Abatemen	E
Asbestos-Con	taining	ì	Normally Used		Asbestos-Con	taining	Amount	RRER	L C L
Material TO BE ABA					Material ( (i.e., thermal		(Specify SF or	M P P A	0
In Facil		C	ustodial	1	sulation, surfa	acing, VAT,	LF)	V I R	S U
(13)		Yes	No N/A	1	or other misce	rraneous)		LK	R
Basement			X	Pipe	Insulati	on	60 LF	X	
Attic			X	Verm	niculite		10 SF	X	
Name of Registered W				1000	oic Yards	1	stered Landfi	.11	
AZTECH MANAG	EMENT, INC	:	7040 No.	of	Waste 1.5	Tri - S	rate		
City, State					sposal Date	City, State	NTST 2045	1	70. 800 200.
Montclair, NJ	07042			5/	6/19	Bronx,	NY, 10474	ė	
Completed By (Print	or Type) Titl	.e			Signature	3 / /		Date	
Constantine V	Notification []Amended Notification []EMERGENCY []Cancellation    Part   Name of Michael     Part   Na				/ no	Tatino 11	MACA	4/17/2019	
				-	1 Chs	jarine v	OVUNI		-

UN 5852	NO	THEATION	ate of New I OF ASSE TO NVAC 8	Jersey STOS ABATE :60 and 12 12	MENT		) E C	) E		Pri	nt For
Date of Notification (1) 04/15/2019			f Building C as Delore	owner/Operator	(2)	- Francisco	U API	R 22	2019	-	U
Agencies Notified  Type Notification  I provided in the provid	i		address ate, Zip Coo Kus, NJ				ASBES	TOS CI ICENS		&	elatera no a
■ Emergen     justification     ■ DCA		Name o	f Contact as Delore				Telephone	Numbe	r		
Name of Facility Where Abatement is Ta	aking Place (3)	FACI	LITY INFO	RMATION	Туре	of Facility (4)	)			_	
House Street Address							) (Other than vate & comm		uildings,	me	es,
City (5) Ho Ho Kus						e Feet	# of Floors N/A		Bldg. A		
County (6) Bergen			Code (7) USE ONLY)		Currer		if being dem	olished)			
Name of Monitoring Firm Hired by Buildi N/A	ng Owner (8)	ASCN	И No.			ement Contr ement, Inc	200 CO				
Street Address					Addres	s ren Aveni	ue			-	
City, State, Zip Code					State, Zi wa, N.	p Code J 07512			·	-	
Project Manager for Monitoring Firm	10 70 00	Telepho	ne No.		hone No 345-86		Licens 0131	se No.		-	
Start Date (10) 04/25/2019			Date (11)			A Monitor ement, Inc				-	
Facility Closed/Vacated During Enti	ire Period of Abar			11 R	State, Zi	ren Avent	ne			_	
Scope of Work (Check All That Apply)   ≥3 sf or ≥3 If  ≥160 sf or ≥260 If				>	Full Min	Containmer i-Enclosure vebag Proce	nt with Negati edure (*) and Non-F				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Norr Used S Mainte Custodia	nally olely by nance/ al Staff?		Description os Containing N thermal system surfacing, VA	Material s insula AT, or		Amount (Specify SF or LF)	Kelliove	Abate Tyl Repair		Enclosure
(13)	Yes N	o N/A		other miscella	neous)			2	<u> </u>	1245	ure
Basement		(		Pipe Insula	ation		60 LF	2		_	
										_	
Name of Registered Waste Hauler D&S Abatement, Inc.			No.	Cubic Yards of Waste TBD		Fairless	egistered Lar Lendfield	ndfill			
City, State Totowa, NJ				Disposal Date TBD		City, State Morrisvil	le, PA				
Completed by Ned Joksimovic	onitoring Firm Hired by Building Owner (8)  ASCM  ASC		Signature	e 5	91/		Date 04/1	5/2019			

								,				_[	Pri	nt Fo
CK 2069	1	OTIF	CATION	ate of New OF ASBE to NJAC 8	STOS A	BATE 12:120	MENT			G		7		
Date of Notification (1) 04/15/2019		1000		f Building C ry Macal		erator	(2)			APR	2.2	20	9	
Agencies Notified Type Notification  EPA Initial			Street A						AS	BESTO		ONT	OL	&
X EPA X Initial Amended Amendment		_		ate, Zip Coo de Park, I		10			Воличного					
□ Emergency justification)     □ DCA     □ Cancellation				f Contact ry Macal	luso			H-14	Telepho	ne Num	ber			
Name of Facility Where Abatement is Takin	n Place (3	1)	FACI	LITY INFO	RMATIC	N	Type	of Facility (	1				_	
House	ly Flace (C	')					-	School (K-1						
Street Address							×	Subchapter Other (i.e. p etc.)	8 (Other th			dings	ome	s,
City (5) Cliffside Park								re Feet	# of Flo N/A	ors		ldg. /	е	
County (6) Bergen			(STATE I	Code (7) USE ONLY)		_	Curre	nt Use (Prid se	or if being d	emolishe	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	ИNo.	1.2			tement Cor ement, In	and the second second					
Street Address							Addres oseno	ss gren Aver	nue					
City, State, Zip Code								ip Code J 07512						
Project Manager for Monitoring Firm			Telepho	ne No.			one No 345-8		10000	ense No 311	).			
Start Date (10) 04/26/2019	Schedule 04/27/2		npletion	Date (11)	1.3			HA Monitor ement, In	c.					
Occupancy Status During Abatement (Chec	ck Only Or	ne)					Addres						-	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of / nal Facility	Abaten Hours	nent			City, S	tate, Zi	gren Aver p Code J 07512	iue	-		_	_	
Scope of Work (Check All That Apply)						1010	wa, i	0 07012					-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demolit				×	Mir Glo	I Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					
	1000	Locat										Abat T	nent e	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena todial ( (12)	ly by nce/		os Conta thermal s surfaci other mi	ystem: ng, VA	Material s insula T, or		Amou (Spec SF or	ify	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A		Pipe I	nsula	ntion		190 L	F	Х		Ф	
Bassmone					1 ipe i	nouic	, ion		1001	-1	21			
													_	
Name of Registered Waste Hauler D&S Abatement, Inc.		H	J IJDEP W lauler ID 0996	STREET,	Cubic Y of Wast TBD			10000 0000	Registered Lendfiel					
City, State Totowa, NJ		2	0990		Disposa TBD	al Date		City, State	е		t e			
Completed by	Title					gnature	2	Morrisv	ille, FA	Dat	e		-	
Ned Joksimovic	1. S130000	ct Ma	anager		1 316	, iatuit	•	SAL		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1755	2010		



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

Date of Notification (1) 04/05/2019		N	ame of B Sheryl C	uilding Own	rer/Opera	ator (2)						
Agencies Notlfied Type Notification		S	treet Add	ress								-
EPA Initial Amended Amendment #		C	ity, State otowa,	, Zip Code NJ 0751	2							
Emergency (inclination)  DOA  Emergency (inclination)  Justification  Cancellation	uding	- 20	lame of C Sheryl C	Contact Caspering	)			Telephone Nur	nber			-
			FACILI	TY INFOR	MATION	Time	of Facility (4)					-
Name of Facility Where Abatement Is Taking P Private Building Street Address		1		<u>.</u>			School (K-12)		2) ial buildir	ngs, l	mes	and the second s
340 Totowa Road 99 ho	245	10	n			Squa	etc.) re Feet	# of Floors	Bld N/	g. Ai		$\neg$
	470	4	County C	ode (7)		N/A Curre	ent Use (Prior	N/A if being demolis		_	-	$\dashv$
County (6) Passaic		1	STATE US	SE ONLY)		- Priv	ate Buildin	g			_	
Name of Monitoring Firm Hired by Bullding Ow	mer (8)		ASCM	No.	N E	ame of Aba )&S Abat	ernent, Inc	(9) :.				į
N/A Street Address						treet Addre	ss gren Aven	ue				
Ou State Sta Code			<u> </u>		C	ity, State, 7	ip Code				_	- 1
City, State, Zlp Code					- 1	Totowa, N	NJ 07512	1 frense	Nio.			
Project Manager for Monitoring Firm			Telephor	e No.	9	73-345-	3685	01311				
Start Date (10)	Scheduled		npletion [	Date (11)			HA Monitor tement, lik	<b>c</b> .				
O4/18/2019 Occupancy Status During Abatement (Check						Street Addr	es ngren Aven				-	
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	ariod of At	baten	nent s			City, State,	2.52	-		_		
Other - Describe:						TOLOWA,	140 0/012					
Scope of Work (Check All That Apply)  ≥3 sfor≥3 if  ≥160 sfor≥260 if		enova				H	ini-Endosum					
-	lo l	Loca	tion						Į	Abai T	(E	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Mal	orma d Sol ntent	ally ely by ance/ Stair?	Asbesti (i.e. t	os Contai thermal s surfaci	niption of ining Mater ystems ins ng. VAT. or scellaneou	dation.	Amoust (Specify SF or LF)	Removal	Repulr	Encupacilate	Englosure
	Yes	No	+-	-	Danka	g Materia	al	1250 SF	X	1	-	
Roof	$\perp$	X	_	-		nolium	31	700 SF	I	1		*
Stairways		X		-		VAT		100 SF	1 2	-	_	1
3rd floor	+	X	-	-		*/\.				1		1
Name of Registered Waste Hauler	لـــــــــا	T	NJDEP	Waste	Cubic \			Registered Len	dfå			
D&S Abatement, Inc.			Hauler II 20996	D No.	of Was			s Lendfield			-	
City, State Totowa, NJ					TBD	al Date	City, Sta Morris	ville, PA	Date		_	
Completed by Ned Joksimovic	Title Proje	ect f	Manage	er	S	ignatur <del>c</del>	AV		04/05	/201		

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

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V5405 FAIL	NC	TIFICATIO (Pursuant	to NJAC 8:	BESTOS ABATE :60-7 and 12:12	.0-7)		· @	R		M
	0		Name	of Building Ov RVIEW MEDICA	vger/Operator (					M
Date of Notification (1)					IL CENTEIT		-	-		
4 / 12 /19 Agencies Notified Type Notification				Address ERVIEW PLAZA	A	And the second of the second o	AP	R 2	2 2	01
Agencies Notified Type Notification    EPA   Initial Notific	ation		City, S	State, Zip Code			ru	11 -		-
DEP X Amended No		tion #6	RED E	BANK, NEW JE	RSEY 07701	ļ <b>L</b>	mber '		25-150	0712
X DOL Cancellation X DOH On Hold	É		Name	of Contact		Telephone Numb		LICE	VSINO	a
X DOH On Hold EMERGENC	CY NC		THE RUNNINGS	MATTSON		732-450-2689	المسالدات المشارعة	THE CONTRACTOR	AND CHARTEST	182484
			CILITY INF	FORMATION	Type of Facility	(4)				_
Name of Facility Where Abatement is Takir	ig Pia	ice (3)			School (K	-12)				
RIVIERVIEW MEDICAL CENTER					Subchapte	er 8 (Other than K- private & commcl.	12) bldas	hom	nes. et	c.)
Observat Addresses	-				Square Feet	# of Floors	Diago	Bldg.	Age	
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS	ř				250,000	6	abad\	6 Dhorr		_
City (5) County (6)			Count	y Code (7) USE ONLY)	Current Use (PI	rior if being demoli	sneu)	Filali	II. Lat	
RED BANK  Name of Monitoring Firm Hired by Building		ner (8)	(STATE	ASCM No.	Name of Abate	ement Contractor	(9)	211		
ENVIRONMENTAL TACTICS				17	PAR ENVIRON Street Address	IMENTAL CORPO	RATIO	JIN		_
Street Address 64 BROAD STREET					313 SPOOK R	OCK ROAD				
City State 7in Code					City, State, Zip	Code W YORK 10901				
MATAWAN, NEW Project Manager for Monitoring Firm	JERS	SEY 07747 Telephone	Number		Telephone Nur	nber Lice	nse N	umbe	ý.	
THOMAS GEIGER	7	732-290-22	36		845-369-7500	110	1			_
Expected State Date (10)	Sched		tion Date ( 30	<b>11)</b> /19	Name of OSHA QUALITY ENV	A Monitor IRONMENTAL				
1 / /23/ 19 Month Day Year	Mon	9 / nth	Day	Year						_
Occupancy Status During Abatement (Check	only	one)	natament		Street Address					
Facility Closed/Vacated During El	Norm	al Facility	Hours - De	scribe:						
Other - Describe: MONDAY - SATURDA	FRIDA	AY 7AM-1	2 AM		City, State, Zip WAPPIN	Code IGERS FALLS, N	EW Y	ORK 1	2590	
Scope of Work (Check all that apply)	I /AIV	/I-3.30 1 WI			with Negative Pre					
Demolition	Renov	vation		X Mini-Encl	o , i Procedure					
>3SF OR LF X >160 SF OR 260 LF				X Non-Frial	ole Procedure					
Location of		ocation	1	Description of Asontaining Mater	sbestos-	Amount	_	batem		
Asbestos-containing Material (ACM)		nally used olely by		(ie. Thermal sy		(Specify	REMOVA	REPAIR	ENCAPSU	ENCLUSU
TO BE ABATED	Maint	t/Custodial	in	sulation, surfac	ing, VAT,	SF or LF)	100	Ħ	PS	CS
in Facility (13)	St Yes I	aff (12) No N/A		or other miscell	aneous)		-		۶	E
THE THINGS TO SAME VIDE ALTHOUGH	163	X	PIPE INSI	ULATION	-10-1	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR		X	VAT & MA			1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR		X	WALL MA	The second secon		1,552 SF				
2ND FL WEST -FAMILY HEALTH CNTR		×	VAT & MA		nplete	1,300 SF	X			$\perp$
2ND FL MED SURG/OBSERVATION WAY 2ND FL MED SURG/OBSERVATION WAY	1	$\prod_{x}$	WALL MA		nplete	1,056 SF	Х			$\perp$
2ND FL MED SURG/OBSERVATION WAY		×		Visit of the State	nplete	478 LF	X			1
2ND FL MED SURG/OBSERVATION WAY	1	×	WINDOW			20 SF	X		_	1
		X			mplete	40 LF	X		$\perp$	1
2ND FL EAST CORRIDOR		X	WALL MA	CONTRACT.		144 SF	X			1
2ND FL WEST CORRIDOR		X	WINDOW			2 SF	X			1
2ND FL WEST CORRIDOR 2ND FL CARDIAC RESPIRATORY REHAB	3	X			mplete	960 SF	X		$\perp$	1
1ST FL KITCHEN		X		SULATION		1,260 SF	Х		_	1
		X		OR WALL MAST	ΓIC	420 SF	X		_	1
2ND FLOOR NORTHWALL										1
Name of Registered Waste Hauler NEWARK CARTING		EP Waste ler ID No.	Cubic Ya	rds of Waste 120	Name of Reg GRAND CEN	istered Landfill ITRAL SANITARY	LAND	FILL		L
City, State		913	Disposal	Date	City, State					
NEWARK, NU 07/105			1/11/201	9-05/1/2019	PLAINFIELD	TOWNSHIP, PA	ate	- 1	1	_
Completed by (Pfint or Type) Title	1			Signature		ID	1	1	1	_

	NOTIFICA (Pursua	nt to NJAC	8:60-7 and 12:1		ILUT	EC	E	U \	1
Date of Notification (1)			RVIEW MEDIC		(2)	APF	2	2 20	19
4 / 5 /19			et Address	200	TO COMPANY OF THE PARTY OF THE				
Agencies Notified Type Notification		0.0503	VERVIEW PLAZ	200	i buna	Metows. •	6.9.	8 8 8	
EPA Initial Notifi DEP X Amended N X DOL Cancellatio	Notification #5	City, RED	State, Zip Code BANK, NEW J	ERSEY 07701	1. 1.104		CEN	<u>Jing</u>	No.
X DOH . On Hold		0.0000000000000000000000000000000000000	e of Contact		Telephone Nu				
DCA EMERGEN	ICY NOTIFICAT				732-450-2689	9			_
CF - 114 - MI Ab - A Ab		ACILITY II	NFORMATION	Type of Facili	ty (A)			-	_
lame of Facility Where Abatement is Tak	ing Place (3)			School (F					
RIVIERVIEW MEDICAL CENTER				Subchap X Other (ie	ter 8 (Other that private & comr	n K-12) ncl. bldg	s., hor	mes, e	tc.
Street Address				Square Feet	# of Floors		Bldg	, Age	
RIVERVIEW PLAZA -1ST & 2ND FLOORS	S			250,000	6			65	_
City (5) County (6) RED BANK MONMOUT			nty Code (7) E USE ONLY)	Current Use (F HOSPITAL	rior if being der	nolished	) Phar	rm. La	٥.
RED BANK MONMOUT lame of Monitoring Firm Hired by Buildir		(STATE	ASCM No.	Name of Abat	ement Contrac	tor (9)			_
NVIRONMENTAL TACTICS			17	PAR ENVIRO	NMENTAL COF	RPORATI	ON		_
Street Address				Street Address					
4 BROAD STREET  City, State, Zip Code				City, State, Zip					-
MATAWAN, NEV	JERSEY 0774	7		SUFFERN, NE	EW YORK 1090				
Project Manager for Monitoring Firm	Telephon			Telephone Nu		icense N	lumbe	er	
HOMAS GEIGER	732-290-2		(4.4)	845-369-7500	and the second s	1101		- 7.00	_
Expected State Date (10)  1 / /23/ 19	Sched. Compl 9 /	etion Date 30		Name of OSH QUALITY ENV	A Monitor /IRONMENTAL	8			
Month Day Year	Month	Day	Year						
0: 1 0: 1 1 1 1 1 10	le anhe anal								
Occupancy Status During Abatement (Chec Facility Closed/Vacated During E Abatement Performed Outside of X Other - Describe: MONDAY	ntire Period of	Hours - De	escribe:	Street Address 1376 ROUTE	9 Code	NEW Y	ORK 1	12590	
Facility Closed/Vacated During E Abatement Performed Outside of X Other - Describe: MONDAY  Scope of Work (Check all that apply)	ntire Period of A f Normal Facility	Hours - De	Criticals v X Mini-Enc	1376 ROUTE  City, State, Zip  WAPPII  with Negative Pr	9 Code NGERS FALLS,				
Facility Closed/Vacated During E Abatement Performed Outside of X Other - Describe: MONDAY  Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of	ntire Period of A f Normal Facility -FRIDAY 7AM- Renovation  Is Location	Hours - Do	X Mini-Encl X Glovebag X Non-Frial	City, State, Zij WAPPII with Negative Pr to , g Procedure ble Procedure sbestos-	9 O Code NGERS FALLS, essure	A	baten	nent T	/p
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Facility Closed/Vacated During E Abatement Performed Outside of X Other - Describe: MONDAY  Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)	Renovation  Is Location normally used solely by	Hours - De	X Mini-Encl X Glovebag X Non-Frial Description of A Containing Mater (ie. Thermal sy	City, State, Zij WAPPII with Negative Pr to , g Procedure ble Procedure sbestos- rial (ACM) ystems	9 O Code NGERS FALLS, essure	A	baten	nent T	LIACE
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Facility Closed/Vacated During E Abatement Performed Outside of X Other - Describe: MONDAY  Coope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  CND FL WEST -FAMILY HEALTH CNTR CND FL WEST -FAMILY HEALTH CNTR	Renovation  Is Location normally used solely by Maint/Custodia Staff (12)  Yes No N/A  X  X  X	PIPE INS	Criticals of Mini-Enclosed States of Mini-Enclosed States of Mon-Frial Description of A Containing Mater (ie. Thermal synsulation, surfactor other miscell SULATION ASTIC	City, State, Zij WAPPII with Negative Pr Io , g Procedure ble Procedure sbestos- rial (ACM) ystems ing, VAT,	O Code NGERS FALLS, essure  Amount (Specify SF or LF)  832 LF  1,352 SF •	REMOVAL X	baten	nent T	EINCE
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Facility Closed/Vacated During E Abatement Performed Outside of X Other - Describe: MONDAY  Cope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  END FL WEST -FAMILY HEALTH CNTR END FL WEST -FAMILY HEALTH CNTR END FL WEST -FAMILY HEALTH CNTR END FL MED SURG/OBSERVATION WAY END FL WEST CORRIDOR	Renovation  Is Location normally used solely by Maint/Custodia Staff (12)  Yes No N/A  X  X  X  X  X  X  X  X  X  X  X  X  X	PIPE INS VAT & M WALL M VAT & M WALL M PIPE INS WINDOV PIPE INS WALL M	Criticals of Mini-Enclosed Sunsulation, surface or other miscell SULATION  ASTIC  ASTIC  ASTIC  CONTROL OF ASTIC  ASTIC  ASTIC  ASTIC  ASTIC  ASTIC  ASTIC  CONTROL OF ASTIC	City, State, Zij WAPPII with Negative Pr lo , g Procedure ble Procedure sbestos- rial (ACM) ystems ring, VAT, aneous)  mplete mplete mplete	9  Code NGERS FALLS, essure  Amount (Specify SF or LF)  832 LF  1,352 SF  1,300 SF  1,056 SF  478 LF  20 SF  40 LF  144 SF	REMOVAL X X X X X X X X X X X X X X X X X X X	baten	nent T	LIACE
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Facility Closed/Vacated During E Abatement Performed Outside of Other - Describe: MONDAY  Coope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  END FL WEST -FAMILY HEALTH CNTR END FL WEST -FAMILY HEALTH CNTR END FL WEST -FAMILY HEALTH CNTR END FL MED SURG/OBSERVATION WAY END FL WEST CORRIDOR END FL WEST CORRIDOR END FL WEST CORRIDOR END FL CARDIAC RESPIRATORY REHAE ENT FL KITCHEN	Renovation  Is Location normally used solely by Maint/Custodia Staff (12)  Yes No N/A  X  X  X  X  X  X  X  X  X  X  X  X  X	PIPE INS VAT & M WALL M VAT & M WALL M PIPE INS WINDOV PIPE INS WALL M WINDOV COLUMN DUCT IN	Criticals of X Mini-Encil X Glovebag Non-Frial Description of A Containing Mater (ie. Thermal synsulation, surfactor of their miscell SULATION ASTIC ASTIC CONTAINING	City, State, Zij WAPPII with Negative Pr lo , g Procedure ble Procedure sbestos- rial (ACM) ystems ring, VAT, aneous)  mplete mplete mplete mplete	9  O Code NGERS FALLS, essure  Amount (Specify SF or LF)  832 LF  1,352 SF  1,352 SF  1,300 SF  1,056 SF  478 LF  20 SF  40 LF  144 SF  2 SF  960 SF  1,260 SF	REMOVAL X X X X X X X X X X X X X X X X X X X	baten	nent T	EINCE
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20 201 200 2000	NJAC 8:60-7 and 12:13 Name of Building O RIVERVIEW MEDIC	wner/Operator	(2)		rken.												
Date of Notification (1)						AL CENTER	- 111	Af	R 2	)	201						
3 / 25 /19	Street Address  1 RIVERVIEW PLAZA																
	encies Notified Type Notification  Initial Notification						City, State, Zip Code										
DEP X Amende	on #4		RED BANK, NEW JE	RSEY 07701	+ +	Francisco de la composición del composición de la composición de la composición de la composición del composición de la	JČE	ASIIM(	a i								
X DOL Cancella X DOH X On Hold		Name of Contact			phone Number												
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		-	(0)	FAC	ILITY INFORMATION	Type of Facilit	v (4)			_							
Name of Facility Where Abatement is T	акіпс	g Plac	ce (3)			School (K	(-12)										
RIVIERVIEW MEDICAL CENTER		Subchap	ter 8 (Other than private & comm	K-12)	hon	nes. e	tc.)										
Street Address						Square Feet		ici. biago	Bldg.	Age	1017						
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RED BANK MONMO Name of Monitoring Firm Hired by Buil			er (8)		ASCM No.	ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION											
ENVIRONMENTAL TACTICS					17	PAR ENVIROR		PORATION	JIV		_ 1						
Street Address 64 BROAD STREET						313 SPOOK F	OCK ROAD										
City State Zip Code			=			City, State, Zip	Code W YORK 1090	ode VORK 10901									
MATAWAN, N Project Manager for Monitoring Firm	elepho	umber	Telephone Nu		icense N	umbe	r										
THOMAS GEIGER	32-290	6	845-369-7500	The second secon	1101												
Expected State Date (10)	S	ched.		pleti	on Date (11) 30 /19	Name of OSH	A Monitor /IRONMENTAL	Monitor RONMENTAL									
1 / /23/ 19 Month Day Year		Mont	9 / th		Day Year												
Occupancy Status During Abatement (C	one)	tomont	Street Addres 1376 ROUTE														
Facility Closed/Vacated Durin Abatement Performed Outsid	le of N	Norma	al Facil	ity H	ours - Describe:		×000										
X Other - Describe: MOND	AY - F	FRIDA	AY 2 P	M- 1	):30 PM	City, State, Zi WAPPI	p Code NGERS FALLS,	NEW Y	ORK 1	2590							
Scope of Work (Check all that apply)		*				with Negative Pr											
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THE STATE OF THE SALE OF THE S		res	X	_	PIPE INSULATION		832 LF	X			$\Gamma$						
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NEWARK CARTING		Haule	er ID N	o.	120	GRAND CEI	NTRAL SANITAI	TY LANL	TILL								
NEWANK CARTING			040			and a	*										
			913		Disposal Date	Gity, State	<del>)</del>				8						
City, State NEWARK, NJ 07105	Title		913		Disposal Date 1/11/2019   Signature /	Gity, State	) TOWNSHIP, P	A Date )	1 >	<   .	10						

		NC		State of N ON OF AS	BEST	OS ABAT		NT			5	5 [				
Date of Notification (1)				to NJAC 8:60-7 and 12:120-7)  Name of Building Owner/Operator (2)  RIVERVIEW MEDICAL CENTER  APR 2 2 2019												
2 / 27 /19				Stree	Street Address											
Agencies Notified Type Notification					1 RIVERVIEW PLAZA											
EPA Initial Notification  DEP X Amended Notification #3					City, State, Zip Code RED BANK, NEW JERSEY 07701  LICENDING											
X DOL Cancel X DOH On Hol	Name	Name of Contact Telephone Number														
DCA EMERO	GEN	CY NO	TIFICATI		N ERIC MATTSON 732-450-2689											
	= 1.	DI.		ACILITY IN	FORM	MATION	Time	of Facility	· (A)		-			_		
Name of Facility Where Abatement is	Iakii	ng Pia	ice (3)				Туре	School (K-								
RIVIERVIEW MEDICAL CENTER							X	Other (ie. p	er 8 (Other th orivate & cor	an K-1. nmcl. b	ldgs.			tc.)		
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RED BANK MONM			(0)	(STATE		ONLY) CM No.	HOSPITAL  Name of Abatement Contractor (9)							-		
Name of Monitoring Firm Hired by Bu ENVIRONMENTAL TACTICS	ıldın	g Owi	ner (8)		AS	17	PAF	ENVIRON	MENTAL CO	RPOR	ATIO	N_				
Street Address					Street Address											
64 BROAD STREET					313 SPOOK ROO City, State, Zip C											
City, State, Zip Code MATAWAN, I	NEW	JERS	SEY 07747	7			FERN, NEV	NEW YORK 10901								
Project Manager for Monitoring Firm Telephone Nur							phone Num									
THOMAS GEIGER 732-290-2236 Expected State Date (10) Sched. Completion					(11)		-369-7500	0 1101 HA Monitor								
Expected State Date (10)	ľ	sched	9 /	30		/19			RONMENTA	AL.						
Month Day Year		Mon		Day		Year	Chro	at Addraga								
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abate					Street Address ement 1376 ROUTE 9											
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X Other - Describe: MOND	AY -	FRID	AY 2 PM-	10:30 PM			City	, State, Zip WAPPIN	GODE GERS FALL	S. NEV	V YO	RK 1	2590			
Scope of Work (Check all that apply)								egative Pre								
Demolition	(	Renov	ration		X	Mini-Encl		edura								
>3SF OR LF X >160 SF OR 260 LF					X	Non-Frial						onge.				
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Material (ACM) solely by TO BE ABATED Maint/Custodial			in		on, surfac			SF or L	F)		A F	AP	6			
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2ND FL WEST -FAMILY HEALTH CNT			X	WALL MA	operation in the	- 1			1,552 SF		.,		-	$\vdash$		
2ND FL MED SURG/OBSERVATION V	VAY		X	VAT & MA		/			1,300 SF		X			+		
2ND FL MED SURG/OBSERVATION V	VAY		X	WALL MA	STIC		_		1,056 SF		X		-			
2ND FL MED SURG/OBSERVATION V	NAY		X	PIPE INS	ULAT	ION V			478 LF		X	-	-			
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2ND FL EAST CORRIDOR			×	PIPE INS	ULAT	ION	/		40 LF		X		-			
2ND FL WEST CORRIDOR			X	WALL MA	ASTIC	;			144 SF		Х	_	-	+ -		
2ND FL WEST CORRIDOR			X	WINDOW	CAL	JLK			2 SF		X	-	-	₩.		
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1ST FL KITCHEN			X	DUCT IN					1,260 SF		Χ	_		<u> </u>		
Name of Registered Waste Hauler NJDEP Waste			Cubic Ya	rds of 120		Na	me of Regis	stered Landfi RAL SANIT	III ARY LA	ANDF	ILL		L -			
NEWARK CARTING		liaule	913		120	1										
City, State				Disposal			Cit	y, State	TOWNSHIP,	РΔ						
NEWARK, NJ 07105 Completed by (Print or Type)	Title	3		1/11/2019		nature/	V74	X	OTTIVOLIN',	Date	7-		17-	1		
BENJAMIN SANCHEZ			R OF OPE	RATIONS		11	XX			1	<u>y</u>	1	/	1		

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Date of Notification (1)			Nam	e of Building C	)wner/		(2)	APF	7 2	2 2	
1 / 22 /19			Stree	t Address			14.54	MII	1 =	1 (	11.59
Agencies Notified Type Notificatio	n		1 RIV	ERVIEW PLAZ	ZA						4 72
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X DOH X On Hold	OII		Name	e of Contact			Telephone Num	ber			
DCA EMERGE	NCY NOT	IFICAT	TION ERIC	MATTSON			732-450-2689				
Name of Equility Where Abeter and in Tal	des Dies		ACILITY IN	IFORMATION	IT	-4 F104	- (4)				
Name of Facility Where Abatement is Tal	ding Plac	e (3)			Туре	of Facility School (K					
RIVIERVIEW MEDICAL CENTER							er 8 (Other than I	<-12)			
Ctroat Address					X		private & commo	l. bldg			
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOOP	IS					uare Feet 250,000	# of Floors 6			g. Age 65	<i>E</i> .
City (5) County (6	)		Coun	ty Code (7)			rior if being demo	lished	) Pha	rm. La	ab.
RED BANK MONMOU		(0)	(STATE	USE ONLY)		PITAL		(2)			
Name of Monitoring Firm Hired by Buildi ENVIRONMENTAL TACTICS	ng Owne	r (8)		ASCM No. 17	100000000000000000000000000000000000000		ment Contracto		ION		
Street Address					Stree	et Address					
64 BROAD STREET City, State, Zip Code						SPOOK RO State, Zip	OCK ROAD				
MATAWAN, NEV	W JERSE	Y 0774	7				W YORK 10901				
Project Manager for Monitoring Firm	Tel	ephone	Number			ohone Num		ense N	lumbe	er	
THOMAS GEIGER		2-290-2				369-7500	110	)1			
Expected State Date (10) 1 / /23/ 19		Comple 9 /	etion Date ( 30	/19		e of OSHA	RONMENTAL				
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Occupancy Status During Abatement (Chec Facility Closed/Vacated During B	k only on	e)	batomont			et Address ROUTE 9					
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X Other - Describe: MONDAY	- FRIDAY	- 7AM-3	3:30PM		City,	State, Zip	Code		ODIC.	٥٥٥٥	
Scope of Work (Check all that apply)			ı	Criticals v	 vith Ne	wappin gative Pre	GERS FALLS, N	EVV Y	JHK '	12590	
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TO BE ABATED in Facility (13)	Maint/Cu Staff		7.000	sulation, surfaci or other miscella	0	3377	SF or LF)	DVAL	田田	PSUL	SC
	Yes No					· ·		L		=	SUR
2ND FL WEST -FAMILY HEALTH CNTR		X	PIPE INSU	ILATION			832 LF	Х			
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2ND FL WEST CORRIDOR		X	WINDOW				2 SF	X	1	1	$\vdash$
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NEWARK CARTING	Hauler ID	No.		120	GRA	ND CENT	RAL SANITARY	LAND	FILL		
City, State	91	3	Disposal D	ate	Citra	State					
NEWARK, NJ 07105			1/11/2019		PHAI	NEIELD TO	OWNSHIP, PA		_/		1.
Completed by (Print or Type) Title BENJAMIN SANCHEZ DIRE		F OPE	RATIONS	Signature	XX		Dat	te /	17	2	1/0
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			Name of Building O	wner/Operator (	2)		, (m)		k
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X DOL Cancellation	on		Name of Contact	-	Telephone Num	ber	LICIT.	tions.	
	NCY NOTIFICA	ATION			732-450-2689	11			
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lame of Facility Where Abatement is Tak	(ing Place (3)			Type of Facility					
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xpected State Date (10)  1 / /23/ 19	9 /	pictioi	30 /19	QUALITY ENV	IRONMENTAL				
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Facility Closed/Vacated During	Entire Period of	of Abate	ement	1376 ROUTE 9					
Abatement Performed Outside of	of Normal Faci ' - FRIDAY 7A	lity Hou	ırs - Describe:	City, State, Zip	Codo			_	-
X Other - Describe: MONDAY	- FRIDAT /A								
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Scope of Work (Check all that apply)	_	0.00	Criticals	WAPPIN with Negative Pre	IGERS FALLS, N	NEW Y	ORK 1	2590	
Scope of Work (Check all that apply)  Demolition	Renovation	W 0.001	Criticals  X Mini-Enc	WAPPIN with Negative Preside,	IGERS FALLS, N	IEW Y	ORK 1	2590	
Scope of Work (Check all that apply)	_		X Mini-Enc X Glovebag X Non-Fria	WAPPIN with Negative Precio , g Procedure ble Procedure	IGERS FALLS, N				
Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X  >160 SF OR 260 LF  Location of	Renovation Is Location	n	X Mini-Enc X Glovebag X Non-Fria Description of A	WAPPIN with Negative Prediction , g Procedure ble Procedure asbestos-	IGERS FALLS, Nessure	A	batem	ent T	ур
Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X  >160 SF OR 260 LF  Location of  Asbestos-containing	Renovation  Is Location normally us	n ed	X Mini-Enc X Glovebag X Non-Fria	WAPPIN with Negative Pre lo , g Procedure ble Procedure usbestos- rial (ACM)	IGERS FALLS, N	A	batem	ent T	ур
Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X  >160 SF OR 260 LF  Location of	Renovation Is Location	n ed	X Mini-Enc X Glovebay X Non-Fria Description of A Containing Mater (ie. Thermal s insulation, surface	WAPPIN with Negative Pre lo , g Procedure ble Procedure usbestos- rial (ACM) ystems bing, VAT,	Amount	A		ent T	ур
Demolition X >3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)	Renovation  Is Location normally us solely by Maint/Custon Staff (12)	n ed dial	X Mini-Enc X Glovebay X Non-Fria Description of A Containing Mater (ie. Thermal s	WAPPIN with Negative Pre lo , g Procedure ble Procedure usbestos- rial (ACM) ystems bing, VAT,	Amount (Specify		batem		ур
Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X  >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)	Is Location  Is Location  normally us  solely by  Maint/Custor  Staff (12)  Yes No N	n ed dial	Criticals X Mini-Enc X Glovebay X Non-Fria Description of A Containing Mater (ie. Thermal s insulation, surfac or other miscel	WAPPIN with Negative Pre lo , g Procedure ble Procedure usbestos- rial (ACM) ystems bing, VAT,	Amount (Specify SF or LF)	A	batem	ent T	
Demolition  >3SF OR LF  X  >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  END FL WEST -FAMILY HEALTH CNTR	Renovation  Is Location normally us solely by Maint/Custor Staff (12)  Yes No N	n ed dial	Criticals  X Mini-Enc  X Glovebay  X Non-Fria  Description of A  Containing Mater  (ie. Thermal s  insulation, surfac  or other miscel	WAPPIN with Negative Pre lo , g Procedure ble Procedure usbestos- rial (ACM) ystems bing, VAT,	Amount (Specify SF or LF)	REMOVAL X	batem	ent T	ур
Demolition >3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  END FL WEST -FAMILY HEALTH CNTR	Renovation  Is Location normally us solely by Maint/Custor Staff (12)  Yes No N	dial	Criticals X Mini-Enc X Glovebag X Non-Fria Description of A Containing Mater (ie. Thermal s insulation, surfac or other miscel	WAPPIN with Negative Pre lo , g Procedure ble Procedure usbestos- rial (ACM) ystems bing, VAT,	Amount (Specify SF or LF)  832 LF  1,352 SF *	REMOVAL	batem	ent T	ур
Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  END FL WEST -FAMILY HEALTH CNTR END FL WEST -FAMILY HEALTH CNTR	Is Location  Is Location  Is Location  normally us solely by Maint/Custor Staff (12)  Yes   No   N	dial	Criticals X Mini-Enc Glovebag X Non-Fria Description of A Containing Mater (ie. Thermal s insulation, surfac or other miscel	WAPPIN with Negative Pre lo , g Procedure ble Procedure usbestos- rial (ACM) ystems bing, VAT,	Amount (Specify SF or LF) 832 LF 1,352 SF *	REMOVAL	batem	ent T	ур
Demolition >3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  PAND FL WEST -FAMILY HEALTH CNTR END FL WEST -FAMILY HEALTH CNTR	Renovation  Is Location normally us solely by Maint/Custor Staff (12) Yes No N X X X X	dial	Criticals X Mini-Enc X Glovebay X Non-Fria Description of A Containing Mater (ie. Thermal s insulation, surfac or other miscel  PE INSULATION AT & MASTIC ALL MASTIC	WAPPIN with Negative Pre lo , g Procedure ble Procedure usbestos- rial (ACM) ystems bing, VAT,	Amount (Specify SF or LF)  832 LF 1,352 SF 1,552 SF	REMOVAL X	batem	ent T	ур
Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X  >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  2ND FL WEST -FAMILY HEALTH CNTR  2ND FL MED SURG/OBSERVATION WA'  2ND FL MED SURG/OBSERVATION WA'	Renovation  Is Location normally us solely by Maint/Custor Staff (12)  Yes No N X X X X Y X Y	dial MA	Criticals X Mini-Enc Glovebag X Non-Fria Description of A Containing Mater (ie. Thermal s insulation, surfac or other miscel  PE INSULATION AT & MASTIC ALL MASTIC ALL MASTIC ALL MASTIC	WAPPIN with Negative Pre lo , g Procedure ble Procedure usbestos- rial (ACM) ystems bing, VAT,	Amount (Specify SF or LF)  832 LF  1,352 SF  1,505 SF	REMOVAL X X	batem	ent T	ур
Cope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  PND FL WEST -FAMILY HEALTH CNTR  PND FL MED SURG/OBSERVATION WA	Renovation  Is Location  Is Location  normally us solely by Maint/Custoo Staff (12) Yes No N  X  X  Y  X  Y  X  Y  X	dial MA VA	Criticals X Mini-Enc Glovebag X Non-Fria Description of A Containing Mater (ie. Thermal s insulation, surfac or other miscel  PE INSULATION AT & MASTIC ALL MASTIC ALL MASTIC ALL MASTIC PE INSULATION	WAPPIN with Negative Pre lo , g Procedure ble Procedure usbestos- rial (ACM) ystems bing, VAT,	Amount (Specify SF or LF) 832 LF 1,352 SF 3 1,552 SF 1,300 SF 1,056 SF	REMOVAL X X X X X	batem	ent T	ур
Scope of Work (Check all that apply)  Demolition >3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  2ND FL WEST -FAMILY HEALTH CNTR 2ND FL MED SURG/OBSERVATION WA 2ND FL MED SURG/OBSERVATION WA 2ND FL MED SURG/OBSERVATION WA	Renovation  Is Location normally us solely by Maint/Custor Staff (12) Yes No N  X  X  Y  X  Y  X  Y  X  Y  X  X  X  X	dial J/A VAC VAC VAC VAC VAC VAC VAC VAC VAC VA	Criticals X Mini-Enc X Glovebay X Non-Fria Description of A Containing Mater (ie. Thermal s insulation, surfac or other miscel  PE INSULATION AT & MASTIC ALL MASTIC ALL MASTIC ALL MASTIC PE INSULATION INDOW CAULK	WAPPIN with Negative Pre lo , g Procedure ble Procedure usbestos- rial (ACM) ystems bing, VAT,	Amount (Specify SF or LF)  832 LF  1,352 SF  1,552 SF  1,056 SF  478 LF  20 SF	REMOVAL X X X X X X X	batem	ent T	ур
Demolition >3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  END FL WEST -FAMILY HEALTH CNTR END FL MED SURG/OBSERVATION WA	Renovation  Is Location normally us solely by Maint/Custor Staff (12)  Yes No N X X X X X X X X X X X X X X X X X	dial dial dial dial dial dial dial dial	Criticals X Mini-Enc Glovebay X Non-Fria Description of A Containing Mater (ie. Thermal s insulation, surfac or other miscel  PE INSULATION AT & MASTIC ALL MASTIC ALL MASTIC ALL MASTIC PE INSULATION INDOW CAULK PE INSULATION	WAPPIN with Negative Pre lo , g Procedure ble Procedure usbestos- rial (ACM) ystems bing, VAT,	Amount (Specify SF or LF)  832 LF  1,352 SF  1,552 SF  1,056 SF  478 LF  20 SF  40 LF	REMOVAL X X X X X X X X X X X X X X X X X X X	batem	ent T	ур
Demolition >3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  PND FL WEST -FAMILY HEALTH CNTR END FL MED SURG/OBSERVATION WA END FL EAST CORRIDOR	Renovation  Is Location  Is Location  Is Location  Normally us solely by Maint/Custoo  Staff (12)  Yes No N  X  X  Y  X  Y  X  Y  X  Y  X  Y  X  Y  X  X	dial dial dial dial dial dial dial dial	Criticals X Mini-Enc Glovebay X Non-Fria Description of A Containing Mater (ie. Thermal s insulation, surfac or other miscel  PE INSULATION AT & MASTIC ALL MASTIC ALL MASTIC PE INSULATION INDOW CAULK PE INSULATION CAULK PE INSULATION CAULK CAULMASTIC	WAPPIN with Negative Pre lo , g Procedure ble Procedure usbestos- rial (ACM) ystems bing, VAT,	Amount (Specify SF or LF) 832 LF 1,352 SF 3 1,552 SF 1,300 SF 1,056 SF 478 LF 20 SF 40 LF	REMOVAL X X X X X X X X X X X X X X X X X X X	batem	ent T	ур
Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  2ND FL WEST -FAMILY HEALTH CNTR 2ND FL MED SURG/OBSERVATION WA 2ND FL EAST CORRIDOR	Renovation  Is Location normally us solely by Maint/Custor Staff (12)  Yes No N X X X X X X X X X X X X X X X X X	dial dial dial dial dial dial dial dial	Criticals X Mini-Enc Glovebay X Non-Fria Description of A Containing Mater (ie. Thermal s insulation, surfac or other miscel  PE INSULATION AT & MASTIC ALL MASTIC ALL MASTIC PE INSULATION INDOW CAULK PE INSULATION ALL MASTIC INDOW CAULK PE INSULATION ALL MASTIC	WAPPIN with Negative Pre lo , g Procedure ble Procedure usbestos- rial (ACM) ystems bing, VAT,	Amount (Specify SF or LF)  832 LF  1,352 SF  1,300 SF  1,056 SF  478 LF  20 SF  40 LF  144 SF  2 SF	REMOVAL X X X X X X X X X X X X X X X X X X X	batem	ent T	ур
Scope of Work (Check all that apply)  Demolition  3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  2ND FL WEST -FAMILY HEALTH CNTR  2ND FL WEST -FAMILY HEALTH CNTR  2ND FL WEST -FAMILY HEALTH CNTR  2ND FL MED SURG/OBSERVATION WAY  2ND FL WEST CORRIDOR  2ND FL WEST CORRIDOR	Renovation  Is Location normally us solely by Maint/Custor Staff (12)  Yes No N X X X X X X X X X X X X X X X X X	dial dial dial dial dial dial dial dial	Criticals X Mini-Enc Glovebay X Non-Fria Description of A Containing Mater (ie. Thermal s insulation, surfac or other miscel PE INSULATION AT & MASTIC ALL MASTIC ALL MASTIC ALL MASTIC PE INSULATION INDOW CAULK PE INSULATION CALL MASTIC INDOW CAULK CINDOW CAULK COLUMN MASTIC	WAPPIN with Negative Pre lo , g Procedure ble Procedure usbestos- rial (ACM) ystems bing, VAT,	Amount (Specify SF or LF)  832 LF  1,352 SF  1,552 SF  1,056 SF  478 LF  20 SF  40 LF  144 SF  2 SF  960 SF	REMOVAL X X X X X X X X X X X X X X X X X X X	batem	ent T	yp.
Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  PND FL WEST -FAMILY HEALTH CNTR  PND FL MED SURG/OBSERVATION WA  PND FL MED SURG/OBSERVATION W	Renovation  Is Location normally us solely by Maint/Custor Staff (12)  Yes No N X X X X X X X X X X X X X X X X X	dial dial dial dial dial dial dial dial	Criticals X Mini-Enc Glovebay X Non-Fria Description of A Containing Mater (ie. Thermal s insulation, surfac or other miscel  PE INSULATION AT & MASTIC ALL MASTIC ALL MASTIC PE INSULATION INDOW CAULK PE INSULATION CALL MASTIC UNDOW CAULK COLUMN MASTIC UCT INSULATION	WAPPIN with Negative Pre lo , g Procedure ble Procedure usbestos- rial (ACM) ystems sing, VAT, laneous)	Amount (Specify SF or LF)  832 LF  1,352 SF  1,552 SF  1,056 SF  478 LF  20 SF  40 LF  144 SF  2 SF  960 SF  1,260 SF	REMOVAL X X X X X X X X X X X X X X X X X X X	batem	ent T	ур
Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  2ND FL WEST -FAMILY HEALTH CNTR  2ND FL WEST -FAMILY HEALTH CNTR  2ND FL WEST -FAMILY HEALTH CNTR  2ND FL MED SURG/OBSERVATION WA  2ND FL WEST CORRIDOR  2ND FL WEST CORRIDOR  2ND FL WEST CORRIDOR  2ND FL WEST CORRIDOR  2ND FL KITCHEN	Renovation  Is Location normally us solely by Maint/Custor Staff (12) Yes No N  X  Y  Y  Y  AB	dial dial dial dial dial dial dial dial	Criticals X Mini-Enc Glovebag X Non-Fria Description of A Containing Mater (ie. Thermal s insulation, surfac or other miscel  PE INSULATION AT & MASTIC ALL MASTIC ALL MASTIC ALL MASTIC PE INSULATION INDOW CAULK PE INSULATION ALL MASTIC UCT INSULATION Ubic Yards of Waste 120	WAPPIN with Negative Pre lo , g Procedure ble Procedure usbestos- rial (ACM) ystems sing, VAT, laneous)  Name of Regi GRAND CEN	Amount (Specify SF or LF)  832 LF  1,352 SF  1,552 SF  1,056 SF  478 LF  20 SF  40 LF  144 SF  2 SF  960 SF  1,260 SF  Italian SANITAR	REMOVAL X X X X X X X X X X X X X X X X X X X	batem	ent T	ур
Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  2ND FL WEST -FAMILY HEALTH CNTR  2ND FL WEST -FAMILY HEALTH CNTR  2ND FL WEST -FAMILY HEALTH CNTR  2ND FL MED SURG/OBSERVATION WAY  2ND FL WEST CORRIDOR  2ND FL WEST CORRIDOR  2ND FL WEST CORRIDOR  2ND FL CARDIAC RESPIRATORY REHAMATED  1ST FL KITCHEN  Name of Registered Waste Hauler NEWARK CARTING  City, State	Renovation  Is Location normally us solely by Maint/Custor Staff (12)  Yes No N  X  X  Y  Y  N  N  N  N  N  N  N  N  N  N  N	dial dial dial dial dial dial dial dial	Criticals X Mini-Enc Glovebag X Non-Fria Description of A Containing Matel (ie. Thermal s insulation, surfac or other miscel  PE INSULATION AT & MASTIC ALL MASTIC ALL MASTIC ALL MASTIC PE INSULATION INDOW CAULK PE INSULATION ALL MASTIC UCT INSULATION UDIOW CAULK OLUMN MASTIC UCT INSULATION ubic Yards of Waste 120 isposal Date	WAPPIN with Negative Pre lo , g Procedure ble Procedure usbestos- rial (ACM) ystems sing, VAT, laneous)  Name of Regi GRAND CEN	Amount (Specify SF or LF)  832 LF  1,352 SF  1,552 SF  1,056 SF  478 LF  20 SF  40 LF  144 SF  2 SF  960 SF  1,260 SF  Italian SANITAR	REMOVAL X X X X X X X X X X X X X X X X X X X	batem REPAIR	ent T	ур
Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  2ND FL WEST -FAMILY HEALTH CNTR  2ND FL WEST -FAMILY HEALTH CNTR  2ND FL WEST -FAMILY HEALTH CNTR  2ND FL MED SURG/OBSERVATION WA  2ND FL WEST CORRIDOR  2ND FL WEST CORRIDOR  2ND FL WEST CORRIDOR  2ND FL WEST CORRIDOR  2ND FL CARDIAC RESPIRATORY REHA  1ST FL KITCHEN  Name of Registered Waste Hauler NEWARK CARTING	Renovation  Is Location normally us solely by Maint/Custon Staff (12) Yes No N X X X X X X X X X X X X X X X X X	dial dial dial dial dial dial dial dial	Criticals X Mini-Enc Glovebag X Non-Fria Description of A Containing Mater (ie. Thermal s insulation, surfac or other miscel  PE INSULATION AT & MASTIC ALL MASTIC ALL MASTIC ALL MASTIC PE INSULATION INDOW CAULK PE INSULATION ALL MASTIC UCT INSULATION Ubic Yards of Waste 120	WAPPIN with Negative Pre lo , g Procedure ble Procedure usbestos- rial (ACM) ystems sing, VAT, laneous)  Name of Regi GRAND CEN	Amount (Specify SF or LF)  832 LF  1,352 SF  1,552 SF  1,300 SF  1,056 SF  478 LF  20 SF  40 LF  144 SF  2 SF  960 SF  1,260 SF  istered Landfill TRAL SANITAR'	REMOVAL X X X X X X X X X X X X X X X X X X X	batem REPAIR	ent T	ур

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

04 /	16 /	19				or Building nces Skr	obe	2)	. API	7 2 2	2019		U
Agencies Notified	Type Notificati	tion		-	Street	Address		, in the second					- Company
□ EPA	☑ Initial								ASILI.6	CD 30	, P.C.	1 20	4
⊠ DOLWD	Amended			Ì	City, S	tate, Zip C	ode		End	OENSIN	G		
☑ DHSS	Amendmer		. 41		Glei	Rock, N	NJ 07452						
DCA (NJAC 5:23-8)	☐ Emergency justification		laing	1		of Contact			Telephone Nu	mber		-	
(110/10/0.20-0)	☐ Cancellation					nces Skr							
					FAC	ILITY IN	FORMATION						
Name of Facility Where A	batement is Ta	aking P	Place (3	3)	•			Type of Facility (	4)				$\neg$
Private house								School (K-12)					
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr			Idinas		1
								homes, etc.)	ivate and comm	ieroiai bui	unigo	,	1
City (5)								Square Feet	# of Floors	Blo	lg. Ag	e -	
Glen Rock, NJ 0745	52												1
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Bergen													
Name of Monitoring Firm	Hired by Buildi	ng Ow	ner (8)	1	ASCM	No.	Name of Abateme	ent Contractor (9)					
							Gr Tech LLC						
Street Address							Street Address						
							576 Valley Ro						
City, State, Zip Code							City, State, Zip Co						
D.: - + M				Tala		VI-	Wayne, NJ 07	7470	License No.				
Project Manager for Mon	itoring Firm			reie	phone I	NO.	Telephone No. 973-638-1777	,	01127				
Start Date (10)	Tso	chedul	ed Cor	nnle	tion Dat	e /11\	Name of OSHA M		01127				
04 / 30 /					/			Consultants, I	nc				
Occupancy Status During		-					Street Address					_	-
☐ Facility Closed/Vacate					nent		A1000000000000000000000000000000000000	aw Road, Bldg.	#34 A				
☐ Abatement Performed	~					cribe	City, State, Zip Co						
Time of Abatement: _	AM	PM/_		PM-		AM	Fair Lawn, N.						
Scope of Work (Check al	I that apply)								1. P				
		D	☑ Rend	ovati	on		☐ Full Cont	tainment with Neg closure	jative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Dem				☐ Gloveba	g Procedure					
			To 1		1		∐ Non-Exe	mpted (*) and No	n-Friable Proce				
Location	of			ocat rma			Description of	of			ateme	n ly	
Asbestos-Containing			Used			Asbe	stos Containing Ma	iterial (ACM)	Amount	Removal	Repair		Enclosure
TO BE ABA			Main Custo			(i.e	., thermal systems surfacing, VAT	insulation,	(Specify SF or LF)	SVOL	జ	•	losu
(13)	ity			(12)			other miscellane		Of Of Lif	=			ē
			Yes	No	N/A								
Garage		[			$\boxtimes$	Pipe ins	sulation		35 LF				
Basement		] [			$\boxtimes$	Pipe Ins	sulation	7004	95 LF			[	
		]										[	
												1	
Name of Registered Was	ste Hauler			253	JDEP \		Cubic Yards of	Name of Regis	stered Landfill		-		
Gr Tech LLC				H	lauler II 00337		Waste TBD	T.R.R.F. In	С				
City, State					00337	00	Disposal Date	City, State				_	
Wayne, NJ 07470							TBD	Tullytown,	PA				
Completed By (Print or T	ype)	Title					Signature	#1 1	0	Date			
N.Jevtic	2004 - 100 PM 1	Ow	ner					Hewis Wer	nag	04/1	6/20	1	
ASR-41								-1/					

PAID

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

Date of Notification	(1)			Na		rsuant to NJAC 8:60		grane entre and	CK++ 1	3	_	-	_
4/15/19	1999				ic Voe			1 mg	EGEI	W			
Agencies Notified	Type N	otification		Str	eet Addre	ss	,	111/1		U	122		-
□ EPA	X	Initial						ling					-
□ DEP		Amended		0.00	, State, Z				APR 22	201	-	11	1
⊠ DOL		Amendment #		-		on Park, NJ 07640		11 [1]	ALI ZZ	ZUI.			Par
[V] 5011		Emergency (includ	ing		ne of Con			Telephone Nu	mber		-	-	-
☑ DOH ☐ DCA		justification)		Eri	c Voel	lm					L. (	indi S	
□ DCA		Cancelation				FACILITY INFORMA	T.O.		LICENSIN	G		_	
Name of Facility Whe	ere Abate	ement is Taking Place (3)				FACILITY INFORMA		b. (a)	Analysis and a property of the second section of the section of the second section of the section of the second section of the section of t	- Auguston	_		_
Residence							Type of Facili						
Street Address								ool (K-12)					
								chapter 8 (Other than					
							⊠ Oth	er (i.e. private & Com	mercial buildings, h	ome	eto	.)	
City (5)							Square Feet	# of Floors	Bldg. Age				-
Westwood, NJ (	)7675						1,588	2	119+				
County (6)		16.200				ty Code (7)		Prior if being demolished)	1		-		-
Bergen					(STA	TE USE ONLY)	Residentia						
lame of Monitoring F	irm Hire	d by Building Owner (8)				ASCM No.	Name of Abat	ement Contractor (9)			- 72		-
							Annual Control of the	ontracting Corp.					
treet Address							Street Address			_	-		-
							32 Willow						
ity, State, Zip Code							City, State, Zip	,	110000000000000000000000000000000000000		-	-	+
								Park, NJ 07424					
oject Manager fo Mo	onitoring	Firm			Telen	hone No.	Telephone No.		To		_	1	_
					, cicp	10.	973-333-91		License No.				
art Date (10)				Sched	uled Com	pletion Date (11)	Name of OSHA		01331		-		_
/27/19				4/28		pretion bate (11)	The second second second second						
	ng Abate	ment (Check Only One)		17/20	113			n Consultants, Inc.			_		_
Facility Clos	ed/Var	ated During Entire P	eriod of A	hatama	nt		Street Address	D.J. D.J. 25 (	_				
		med Outside of Norm			111		The second second second	araw Rd., Bldg. 35-E			<u> </u>		_
Other - Desc		08:00 AM Start	iai raciiity	nouis			City, State, Zip (		T.				
ope of Work (Check A							Fair Lawn, N	NJ 0/410					_
23 sf or ≥3 lf				$\boxtimes$	0		- · ·						
2 ≥3500 ≥510 2 ≥160 sf or ≥2						vation	The second second second	ontainment with Neg	ative Pressure				
2 2100 31 01 22	200 11				Demo	iltion	Annual Control of the	nclosure					
								pag Procedure					
				la la sasti		T	☐ Non-Ex	kempted (*) and Non	-Friable Procedure				
	Locatio	n of		Is Location Normali			D					emer /pe	t
Asbestos-Co		Material (ACM)	U	sed Solel	3000	Ashesto	Description of s Containing Mate		Amount	$\vdash$		1	1
Ī	O BE AB			faintenan			nermal systems in:		Amount (Specity			-	
	In Facil		Cu	stodial St (12)	aff?	200-000	surfacing, VAT, c	or .	SF or LF)	R		Enca	
	(13)		Vac		NI/A	1 '	other miscellaneo	us)		Removal	0	Encapsulate	
	Basem	ent	Yes	No	N/A					-	1	ate	
			-	X	-		ork Insulatio		12 SF	X			1
	Basem	ent	-	X		Due	ctwork Insula	tion	70 SF	X			1
	Our est												
e of Registered Wast						ler ID No.	Cubic Yards of Wa	este	Name of Regustered L	andfil			*
corn Contractin	ng Corp	).		00358	44		2		Fairless Hills Lan	dfill			
State							Disposal Date	1	City, State		-		
odland Park, Ne	ew Jers	sey					TBD		Morrisville, PA				
pleted by			Title				Signature	/_	-	Date	_		
ko Nikolov			Preside	ent				11	-/	1/1	10		

			-		
П	m	1 -	10	m	

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

PA	ID			N OF ASBE t to NJAC 8				100	a a	18	17	10	G	
Date of Notification (1) 4/16/19				of Building Coaters	Owner/0	Operator	(2)		IN E	C	E	1	V	E
Agencies Notified Type Notifica	tion			Address				-	KI	regularity of anti-re, report				
EPA X Initial	or and the second			ox 643	- Prints			do co		APR	2	2 2(	)1	-
DEP Amende  DOL Amende				ate, Zip Coo esex, NJ		16		On parameters		2.11			11.	1 600
➤ DOH Emerge	ncy (including ion)	-		of Contact				1	Telegho	ne Num	ber	7. 7.	174	_&
DCA Cancella				ael Rodri	-				908-36	1-088	9.1	ING		
Name of Facility Where Abatement is T	aking Place (	3)	FAC	ILITY INFO	RMAT	ION	Type of	Facility (4	)					
home	,							thool (K-12	50.					
Street Address							Su	ibchapter ( her (i.e. pr	Other that ivate & con			dings,	h	ies,
City (5) South Plainfield							Square 1900		# of Floo	rs	0.00	ldg. A	√g€	
County (6) Middlesex				Code (7) USE ONLY)			Current		r if being de	molishe	ed)			
Name of Monitoring Firm Hired by Build	ing Owner (8)	)	ASC	M No.		1		ment Cont nmental	ractor (9) Services	, LLC		- 1002		
Street Address							Address Box 483		ate Drive				_	
City, State, Zip Code						City, S	tate, Zip						-	
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one No. 764-22			nse No		200	-	
Start Date (10) 4/25/19	Schedul 5/6/19		npletion	Date (11)		Name	of OSHA	Monitor					_	
Occupancy Status During Abatement (C	Check Only Or	ne)				Street	Address							
Facility Closed/Vacated During En: Abatement Performed Outside of N Other – Describe: basement	tire Period of A Normal Facility	Abaten / Hours	nent			City, S	tate, Zip	Code					1	
Scope of Work (Check All That Apply)											-		_	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	(promote)	Renova Demolit				×	Mini-l Glove	Enclosure ebag Proce	nt with Nega edure (*) and Nor				е	
		Locati										Abate Ty		ıt
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	) Use Ma Cus	ed Sole intena todial S (12)	ly by nce/ Staff?		os Con hermal surfa	scription taining M systems cing, VA' niscellan	laterial (A insulation T, or		Amoun (Specif SF or LI	y	Removal	Repair	- Incompanies	Enclosure
basement	Yes	No	N/A X		duct	insulat	lion		10 SF				Ľ	-
basement			^		uuci	IIISulai			10 5	_	x		-	-
														+
Name of Registered Waste Hauler ABS Environmental Services, LL	.c	Н	JDEP Wauler ID	2000	Cubic of Was	Yards ste			egistered L entral Sa		Lan	dfill	_	
City, State Glenwood NJ		1.	- 1210		N. Carlotte	sal Date	1100	City, State Pen Arg		•				-
Completed by A. Scott Higgins	Title Pres	ident				Signature		/		Date 4/1	6/19	9	_	



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

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Date of Notification (1)				of Building Owner	/Operator	(2)					2
4/16/19				ndro Revilla		0.000	IN E (	CE	1	VI	B
Agencies Notified Type Not	ification		Street A	Address				9 5	U	10	L
× EPA × Initia											
	ended endment #			ate, Zip Code			All All	PR 2	2 1	201	
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	fication) cellation			of Contact ndro Revilla			Telephone N	umber			100
_ Can	cenation			ILITY INFORMA	TION		Photo:	T p magni	2001		195
Name of Facility Where Abatement	is Taking Place	(3)	FAC	ILIT INFORMA	TION	Type of Facility (	4)	LICE	45114	1	guert.
home						School (K-1					
Street Address						Subchapter	8 (Other than K-				
						Other (i.e. p	orivate & commer	cial bui	ldings	hc	es,
City (5)						Square Feet	# of Floors		3ldg. A	\ge	
Kearny						1000	2		78		
County (6)				Code (7)		Current Use (Prid	or if being demoli	shed)		_	-
Hudson			(STATE	USE ONLY)	_	home					
Name of Monitoring Firm Hired by E	Building Owner (8	)	ASCN	Л No.	120	of Abatement Cor					-
Obs. I A I I					ABS	Environmenta	I Services, LL	C			
Street Address						Address					
City, State, Zip Code						Box 483, 4 E G	ate Drive				
City, State, Zip Code						state, Zip Code	10				
Project Manager for Monitoring Firm			Talaalaa	N-		wood, NJ 074				22.3	
1 10 Jost Manager for Monitoring Fifth	L		Telepho	ne No.	1	none No. 764-2276	License 703	No.			
Start Date (10)	Schedu	ed Cor	nnletion	Date (11)		of OSHA Monitor	703				_
4/26/19	5/20/./		ripiduori	Date (11)	Ivaille	or OSHA Worldon					
Occupancy Status During Abatemer	nt (Check Only O	ne)			Street	Address				-	<u> </u>
Facility Closed/Vacated During Abatement Performed Outside	Entire Period of of Normal Facilit	Abaten	nent		City	tate, Zip Code				_	_
Other - Describe:		, , , , , , , , ,			City, S	tate, Zip Code					
Scope of Work (Check All That Appl	у)									_	-
≥3 sf or ≥3 lf	×	Renova	ition		×	1 Full Containmy	ent with Negative	Drong			
× ≥160 sf or ≥260 lf	promotes	Demolit				Mini-Enclosure	)	riessi	ne		
					l v	Glovebag Proc	edure I (*) and Non-Fria	ble Dro	and		
		Locati			122	1 Non-Exempled	( ) and Non-Fria	ble Pro	10000-100	em:	-
Location of	1122	Normal	75.500		!	- 6				/ре	•
Asbestos-Containing Material (A		ed Sole			escription ntaining M	laterial (ACM)	Amount			Г	
TO BE ABATED In Facility	10.000	todial S				s insulation,	(Specify	Re	Z.	Elicaboniare	Enclosure
(13)		(12)			acing, VA miscellan		SF or LF)	Remova	Repair	psu	losu
	Yes	No	N/A			-		<u>a</u>	1	Idle	ē
Living room			×		floor tile		225 SF	x			
bedroom			х	linole	um floc	r tile	150 SF	x			
exterior			x		siding	1 110		-	-	-	-
roof				LI		1-1-1	530 SF	Х	-		
Name of Registered Waste Hauler		- N 1	X IDEB W		roof ma	0.50	750 SF	×		L	
		-0.333	JDEP Wauler ID	77	Yards aste	17.50.50.50.50.50	Registered Landfi				
Newark Carting			4509	TBD		Grand (	Central Sanita	ry Lai	ndfill		
City, State				Dispo	sal Date	City, State				_	-
Newark NJ				TBD		Pen Arg	yl PA				
Completed by	Title				Signature	A		ate	100		
A. Scott Higgins	Pres	ident				111	4	/16/1	9		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 04 16 Nicholas Fenezia Agencies Notified Type Notification Street Address **⊠** EPA **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment #\_ LICENSING Middeltown, NJ 07748 ☐ Emergency (including ☐ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Nicholas Fenezia **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Fenezia Residence School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial build js, homes, etc.) Square Feet City (5) # of Floors Bldg. ge Middletown 2.440 2 63 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Management & Enviro. Consulting Services Shade Environmental, LLC Street Address Street Address PO Box 341 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Chesterfield, NJ 08515 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-298-4070 Bill Weisgarber 856-755-0099 00842 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 04 / 25 / 19 04 / 26 / 19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_PM/\_\_PM-\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure  $\boxtimes$   $\geq$ 3 sf or  $\geq$ 3 lf □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abate ent Type Normally Description of Location of Encapsulate Removal Repair Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A X **Basement Office** M Floor Tile 140 SF П П П П  $\Box$ Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Fairless Landfill Freehold Cartage 15939 1 City, State Disposal Date City, State Freehold, NJ 04/26/2019 Morrisville, PA Completed By (Print or Type) Signature Date Title Christina Lynch Vice President of Operations 4161

State of New Jersey

ASB-41

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

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04/	16 / 19				se of C	emden		Li	UEIV	SIN		_
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(NJAC 5:23-5)	[ustification]	gnipug	N	awe c	Contact			Tolsphone Number		Military of the		1
	Cancellation				Villiams	The second second		856-583-2867				_
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County (6) Atlantic				County	/ Cade (/)	USTATE USE ONLY)	Vacant	DI M DONING DOLLIGHBUM	(e)			
Name of Mentoring Firm	Hirad by Building O	wner (8	) IA	SCM N	lg,	Name of Abatem	ant Contractor (9)				_	$\dashv$
MDG Environmenta		•				Shade Envir	onmental, LLC					
Street Address						Street Address						
1000 Maplewood Dr	ive, Suite 207	-				823 Cutier A						4
Chy, State, Zip Code Maple Shade, NJ 08	nas-					City, State, Zip C Maple Shade						- {
Project Manager for Migni		-	Telep	hone N	lo,	Telephone No.		License No.				7
Chris Macri			856	765	ÓOEQ	856-755-0099		00842				
Start Date (10)		ulad Co	- 17. 17. T			Name of OSHA						
04 / 17 /		4_/		_ ′ _	19	EMSL Analy	tical, Inc.					_
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Time of Abatement: _	PA		_PM	^	AM	Clamaminso	n, NJ 08077					
Scope of Work (Check a)	that apply)					T Full Cor	itainmeni with Neg	sutive Pressure				
⊠ ≥3 af or ≥3 if □ ≥160 af or ≥260 if		⊠ Re	novatio molition	П		☐ Mini-En	cloeure 19 Procedure					
☐ 5160 \$4 04 5520 II			Hense	'		⊠ Non-E×	empted (*) and No	n-Friends Progedure		man (STEELE)		
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Logation Asbestos-Containing	Material (ACM)	Usa	d Sole	y by	Asbe	estos Containing M	steriei (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO SE AS/			iodiai 8		(FE	a., thermal systems surfacing, VA	T, or	(Specify SF or LF)	lano	<u>g</u> ,	psul	06-THE
(13)		Yes	(12) No	NYA		other miscellan	eonz)				ate	-
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1		India.	1	_	3							-

11-83A C1 KAL

City, State

Name of Registered Waste Houter

Maple Shade, NJ

Christins Lynch

Completed By (Print or Type)

Shade Environmental, LLC

13

Cubic Yards of Waste

Disposal Date

04/18/2019

Signature

Name of Registered Landfill

Egg Harbor Township, NJ

City, State

Atlantic County Utilities Authority

Onto

4-16-19

NJOEP Waste Hauter ID No.

32426

Vice President of Operations

Title

<sup>\*</sup> Do not use this form for espesios ticensure exempted activities.

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Agencies Notified	Type Notific	cation			Stree	et Address				-ii				-		
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□ DCA	☐ Emerge			-	Ch	erry Hill,	NJ	08034		I 0	ngan (NEUME L.F	معا اب السوا ويوسوون <sub>النا</sub> م	and a constant		Assessment	100
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Name of Facility Where A		Taking	g Place	e (3)					Type of Facility (4	4)				_		
Beck Middle Schoo	l								School (K-12)							
Street Address									Subchapter 8	(Othe	r than	K-12)				
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Camden					000	inty code (	1)(01	ATE OSE ONET)	School	or ii be	ing dei	molisi	iea)			
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TTI Environmental,		iding C	wilei	(0)			9		ent Contractor (9)							
Street Address	IIIG.				000	03	-		onmental, LLC							
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1253 N. Church Stre	et							623 Cutler Av	renue							
City, State, Zip Code							Ci	ty, State, Zip Co	ode	-101						
Moorestown, NJ 080							1	Maple Shade	, NJ 08052							
Project Manager for Monit	oring Firm			Tele	ephone	No.	Te	lephone No.		Lice	nse No	0.				
Jim Guilardi				8	56-840	-8800	1	856-755-0099		0	0842					
Start Date (10)		Sched	uled C	omple	etion Da	ate (11)	Na	me of OSHA M	onitor	_				-	_	
06 /25 / _	19	_0	7_ /	_ 03		19	10000	EMSL Analyti								
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Time of Abatement:	AM	PN	//	PM-		AM		Cinnaminson								
Scope of Work (Check all t	that apply)						_		,			-		_	-	
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Freehold Cartage	riaulei			100000	auler II		Wa	oic Yards of ste	Name of Registe		andfill					
					15939		2	0	Fairless Lan	atill						
City, State							Dis	posal Date	City, State							
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Christina Lynch		Vio	ce Pre	eside	nt of (	Operation	ıs	Omoral.					110,	1		

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Agencies Notified  ☐ EPA ☐ DOLWD ☐ DOH ☐ DCA (NJAC 5:23-8)	Type Notific Initial Amender Amendm Emerger justificati Cancella	d nent # <u>1</u> ncy (in ion)	_	(	35 City, S Mil Name	Main Street Main Street State, Zip ( Iburn, N.J.) of Contact te Cosen	Code J 07041		ASULUIC LIC Telephone N 973-886-1	UENSING umber		_&	
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Millburn County (6) Essex						10.50	(STATE USE ONLY)	Restauran	<u> </u>		50		
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Street Address 2333 Route 22 Wes	4						Street Address 623 Cutler Av						
City, State, Zip Code							City, State, Zip Co				_		
Union, NJ 07083							Maple Shade						
Project Manager for Mon	itorina Firm			Tel	ephone	No.	Telephone No.	, 110 00002	License No.				W11777-7-14
Rick Eustaquio					00-908		856-755-0099		00842	•			
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Scope of Work (Check all	that apply)	_		= 10									-9.57
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re	A. 550			Mini-Enc     Glovebag	losure g Procedure	egative Pressure on-Friable Proce				
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Basement							tings Insulation		15 LF		-		
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1st Floor Main Dining	Control of the contro					Glue Do			4,000 SF		L		Ш
Name of Registered Was Freehold Cartage City, State	te Hauler			100	NJDEP N Hauler II 15939	O No.	Cubic Yards of Waste 20 Disposal Date	Fairless L	stered Landfill andfill		_		
Freehold, NJ							05/10/2019	Morrisville	e, PA				
Completed By (Print or Ty	/pe)	Title		eside	ent of (	Operation	Signature			Date	_	- Company	

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

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		21			123	Bartlett	Avenue						
☑ DOLWD ☑ DOH	☐ Amended Amendme				City,	State, Zip (	Code						
	☐ Emergen		cluding		We	st Creek,	NJ 08092						
(NJAC 5:23-8)	justification		, adamig		Name	of Contac	t		Telephone No	umber			
	☐ Cancellat	ion			Jo	ce Corlis	SS		609-296-0	700			
					FA	CILITY IN	IFORMATION						
Name of Facility Where Ab	atement is T	aking	Place	(3)				Type of Facility (	4)				
Residence								School (K-12)					
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr			ildine		
								homes, etc.)	ivate and com	Herciai bu	manıç		
City (5)								Square Feet	# of Floors	BI	dg. A	1	
Beach Haven								1700 sf	1		70		
County (6)					Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)			
Ocean							100	Residence					
Name of Monitoring Firm H	lired by Build	ding O	wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)				-	
N/A							Guardian Co	ntracting, Inc.					
Street Address							Street Address				_		_
							1889 Route 9	, Unit 61					
City, State, Zip Code							City, State, Zip Co	The second secon				100	_
							Toms River,	New Jersey 087	755				
Project Manager for Monito	oring Firm			Tel	ephone	No.	Telephone No.	•	License No.			-	_
							732-349-9932	<u>.</u>	00624				
Start Date (10)	S	Schedu	uled C	omple	etion Da	ate (11)	Name of OSHA M	lonitor				-	_
04 /29 / _	19	_ 04	4_ /	_3	0_/	19	E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (0	Check	only o	ne)			Street Address					-	_
□ Facility Closed/Vacated					ment		1056 Stelton						
☐ Abatement Performed (							City, State, Zip Co	ode				-	
Time of Abatement:	AM	PM	1/	_PM		_AM	The state of the s	New Jersey 088	354				
Scope of Work (Check all t	hat apply)											=	
☐ ≥3 sf or ≥3 lf			ПР	20110	ion		☐ Full Conf	tainment with Neg	ative Pressure				
≥ 160 sf or ≥260 lf			☑ De					losure g Procedure					
No. Access							Non-Exe	mpted (*) and Nor	n-Friable Proce	dure			
				Loca						Ab	atem	ıt Ty	/pe
Location o Asbestos-Containing M	The marks the same and	n		Norma d Sol	ely by	Asho	Description of stos Containing Ma		Amount	Re	Re	m	En
TO BE ABAT	ED	'	Ma	inten	ance/	(i.e	., thermal systems	insulation,	(Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility (13)			Cust	odial (12)	Staff?		surfacing, VAT other miscellane		SF or LF)	Val		sula	зиге
(13)			Yes	No	N/A	1	other miscellane	ous)				te	
exterior					-	achest	an nidir r		4700 - 1			7	
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Guardian Contracting				4 12	Hauler I		Waste	T.R.R.F.	tereu Landilli				
	g, 1110.				2022	3	3					<u> </u>	
City, State	2001						Disposal Date	City, State	D	121			
Toms River, New Jer							04/17/19	lullytown,	Pennsylvani			<u> </u>	
Completed By (Print or Typ	oe)	Title					Signature		1139	Date	1	93 100	
Nicholas Fernicola		Pr	oject	Mar	ager			- +x	-	41	17	19	1
ASB-41		* [	20 004		hin fam	. fa				f		27	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 04 17 Eisco-NJ 19 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 43 New Brunswick Avenue, Unit 3 □ DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Hopelawn, NJ 08861 ☐ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Jeff 732-713-8273 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Office Building School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial building 340 Kingsland Street homes, etc.) City (5) Square Feet # of Floors Bldg. A Nutley 300,000 sf 15 60 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Essex Office Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Sky Environmental Services Guardian Contracting, Inc. Street Address Street Address 140 Boulevard 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Mountain Lakes, NJ 07046 Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-588-4821 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04 / 18 / 19 05 / 02 / 19 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or $\ge 3$ If □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatem it Type Normally Location of Description of Encapsulate Repair Enclosure Removal Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 3rd floor east side M asbestos fireproofing overspray 40 sf X 4th floor east side X asbestos fireproofing overspray X 40 sf 5<sup>th</sup> floor east side П M asbestos fireproofing overspray 40 sf $\boxtimes$

П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Guardian Contracting, Inc. T.R.R.F. 20223 City, State Disposal Date City, State Toms River, New Jersey 05/02/19 Tullytown, Pennsylvania Completed By (Print or Type) Title Signature Nicholas Fernicola **Project Manager** 

CK 364	BAA	NOT		TION	OF ASI	ew Jersey BESTOS ABAT .C 8:60 and 5:16	6)	RE	CE		E
Date of Notification (1)	·-	_		0.0000000000000000000000000000000000000		g Owner/Operator (	5 50	Α.	PR 2/2	1019	1
/	17 / 1	9		RA	D Constr	uction Consulta	nts, Inc.		5649	UIS	1
Agencies Notified	Type Notification	1		Street	Address			ACADOMACA			
⊠ EPA	⊠ Initial			184	South L	ivingston Avenu	ue, Suite 9-334	ASIL	NUS CO	1 111	2.6
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□ DCA	☐ Emergency (i	0	1	Liv	ingston,	NJ 07039					
(NJAC 5:23-8)	justification)		9	Name	of Contac	t		Telephone Num	ber		
	☐ Cancellation			Rol	ert Dykn	nan		973-715-450	)5		
				FA	CILITY IN	FORMATION		<u>.</u>		-	
Name of Facility Where A	batement is Takir	ng Place	(3)				Type of Facility (	(4)		- 200	
Jewlery Store							☐ School (K-12				
Street Address								(Other than K-12			
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City (5)							Square Feet	# of Floors	Bldg.	e 4	
Iselin							4500 sf	3	100		
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Middlesex				1,000,000	., (	///	Jewlery Sto		31.00)		
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No	Name of Abateme				-	
Guardian Contraction	100		( )				ntracting, Inc.				
Street Address	.9,					Street Address	indacting, inc.			_	
1889 Rte. 9, Unit 61						1889 Route 9	Unit 61				
City, State, Zip Code						City, State, Zip Co				_	
Toms River, New Je	rsev 08755						New Jersey 08	755			
Project Manager for Monit			Tolo	phone	No	Telephone No.	New Jersey 00	License No.			
Nicholas Fernicola	oning i min			32-349		732-349-9932	1	00624			
Start Date (10)	1 1977 19	eduled C				Name of OSHA M	lonitor	ah — tu-saa		- AC	
04 /29 /		04 /	_ 30	_ / _	19	E.M.S.L. Ana	lytical				
Occupancy Status During	Abatement (Che	ck only	one)	<del>3 -3107</del> -		Street Address				-	
□ Facility Closed/Vacate						1056 Stelton					
☐ Abatement Performed						City, State, Zip Co	ode			-	
Time of Abatement:	AMF	PM/	PM-		AM	Piscataway, I	New Jersey 088	854			
Scope of Work (Check all	that apply)							5V 550		- Ta	
≥3 sf or ≥3 lf     □ ≥160 sf or ≥260 lf			enovati emolitic			☐ Mini-Enc ☐ Glovebag	tainment with Neg dosure g Procedure mpted (*) and Nor				
		le	Locat	ion	T	□ Moli-Exe	impled ( ) and No	n-Friable Procedu	1 200 00	-1.7	
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(13)	y		(12)			surfacing, VAT other miscellane		SF or LF)	=	ulat	Ге
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basement			$\boxtimes$		asbesto	os pipe insulatio	n	20 If		$\overline{\Box}$	
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			1						_ _ _	<u> </u>	1-1
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Toms River, New Je	rsev					04/30/19		Pennsylvania			
		112				and the second s	runytown,				
Completed By (Print or Ty Nicholas Fernicola		lle Decise				Signature		/ D	ate /	gr 80	
		Project	ıvıan	ayer			> de	1	4/17	19	Ž.
ASB-41						1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	\ - I		1		

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Check # 1952

Date of Notification (1) Name of Building Owner/Operator (2) 4/17/2019 SOUTHAMPTON BOAARD OF EDUCATION Agencies Notified Type Notification STREET ADDRESS EPA □ Initial 177 MAIN STREET ☐ DEP ☐ Amended Amendment #\_ City, State, Zip Code **LICENSH** DOL DOL Emergency (including VINCENTOWN, NJ 08088 □ DOH justification) Name of Contact Telephone N mber DCA DCA Cancellation ALIANO BROS. 856-794-949 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SOUTHAMPTON BD. OF ED. BARN/STORAGE BUILDING School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) 177 MAIN STREET Other (i.e., private & commercial uildings) City (5) Square Feet # of Floors E a. Age VINCENTOWN, NJ 08088 County County Code (7) (STATE USE ONLY) Current Use (Prior if being demolishe BURLINGTON Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC. Street Address Street Address 15 BLACK FOREST ROAD City, State, Zip Code City, State, Zip Code Hamilton, NJ 08691 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-890-7110 00676 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4/23/2019 MECS Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement P.O. BOX 341 Abatement Performed Outside of Normal Facility Hours City, State, Zip Code IX EXTERIOR WORK CROSSWICKS, NJ 08515 Scope of Work (Check all that apply) ☐ Full Containment with Negative F :ssure 3 sf or > 3 lf ☐ Renovation X ≥ 160 sf or ≥ 260 lf Demolition Glovebag Procedure ■ Non-Exempted (\*) & Non-Friable rocedure Is Location Abatement T e Normally Used Description of Asbestos Containing Location of Asbestos-Containing Solely by Enclosure Material (ACM) (i.e. thermal systems Amount (Specify SF or Remova Material (ACM) TO BE ABATED In Maintenance/Custo insulation, surfacing, VAT, or other LF) Facility (13) dial Staff? (12) miscellaneous) Yes No N/A INTERIOR & EXTERIOR WALLS PLASTER - TOP COAT 2465 S.F. X EXTERIOR WINDOWS GLAZING & CAULK 36 SF/6 WINDOWS X Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Hauler ID No. Waste CHAMPION DISPOSAL GROWS NJ-32707 40 City, State Disposal Date City, State HAINESPORT, NJ 4/25/2019 MORRISVILLE, PA. Completed By Title Signatur 27-Mar Date DAVID D'ANDREA PRESIDENT 4/17/2019

ASB-41

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities

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CK	23250	) PA	W)		ICATION	tate of Ne N OF ASB to NJAC	ESTOS	ABATE		т П		C	E		V		Appropriate to the control of the co
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	icies Notified	Type Notification	1		Street A	Address rince St					ASI		os of	Vic. 7	701	- R	d of the state of
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×	DOH DCA	Emergency justification) Cancellation	(including		Name o	of Contact					3000000	phone 3-422-				_	
ш	DOA	Caricellation				ILITY INFO	ORMATI	ON			000	, ,	2100			-	
	e of Facility Where	Abatement is Takir	ng Place (3	3)	TAG	ILIT IN	ONWATI	ON	Тур	pe of Facility (4	A.						
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City (									Sq	etc.) uare Feet 000	155 (155.00)	Floors		Blo	dg. A	g€	-
	ity (6)					Code (7)	)	227.00.200	Cu	rrent Use (Prio				)		_	
Name	ex e of Monitoring Firm Seine Lighthouse		Owner (8)		ASCN				of A	enovations ( batement Cont ank Service	ractor		ernoli	sne	u)	-	
Stree	t Address Box 354	Columnia						Street	Add							_	
City,	State, Zip Code th Orange, NJ 0	7070						City, S	State,	Zip Code						-	_
Proje	ct Manager for Mon				Telepho			Teleph	none			Licens				-	-
Start	ah Calandra Date (10)		Schedule	ed Cor		49-2666 Date (11)		Name	of O	-7465 SHA Monitor		01316	b			_	$\dashv$
(00,000,000)	2/2019 pancy Status During	Ahatement (Che	05/20/2	200000				A. Se		Lighthouse	Solu	tions					
×	Facility Closed/Vaca	ated During Entire	Period of A	Abaten				PO E	Зох	354							
	Abatement Perform Other – Describe: _	ed Outside of Norr	mal Facility	Hours	S		_			Zip Code range, NJ 0	7079						
	e of Work (Check A	Il That Apply)	_						7								
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	4	Full Containment Mini-Enclosure Glovebag Proce Non-Exempted	edure	×				4	
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			Yes	No	N/A											-	0
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																_	
Name	e of Registered Was	te Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of R	egister	ed I an	dfill				
	ark Carting			F	lauler ID 4509		of Was			Waste M	1300			dfill			
City, S East	State Orange, NJ						Dispos	sal Date	34	City, State Penn Ar		PA		2 112			
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
//Burguent to NIAC 8-60 and 42-420)

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e of Notification (1)	9	Name	of Buildi	ing Owner/Opera Plaza Associa	tor (2) es /Dev	vy Meadow					
12/2019		Street	Address	S			AP	R 2	2 20	19	
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justification)				taresse			732-580-9090				
DCA Cancellation				INFORMATION	Typ	e of Facility (4)				7 5	
ame of Facility Where Abatement is Taking Plant rivate Property/former A&P Superma	ace (3) arket					School (K-12	)	h. ildina	e hom	es	
reet Address					×	Other (i.e. prietc.)	ivate & commercial				
05-407 King George Rd ty (5)						uare Feet	# of Floors	+50	Age		
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ounty (6)		(STA	ATE USE	ONLY)	_						+
Somerset County  ame of Monitoring Firm Hired by Building Ow	mer (8)		SCM NO	D	Name of A	batement Con olutions Ser	tractor (9) vices LLC				-
N/A Street Address					Street Ad 1435 5	dress 1st Street					
N/A City, State, Zip Code					City, State	e, Zip Code Bergen NJ 0	7047				
N/A Project Manager for Monitoring Firm		Te	lephone	No.	Telephor		License No 01384	0.			
N/A	Scheduled		letion Da	ate (11)	Name of	OSHA Monitor	Laboratories				
4/22/2019 Occupancy Status During Abatement (Check	5/8/2019 Only One)				Street A						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: 7:00 AM to 4:00 PM	eriod of Ab	ateme	nt		City, Sta	te, Zip Code NJ 07803	2)				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enovati			×	Mini-Enclose	ment with Negative ure rocedure ted (*) and Non-Fria				
					<u> </u>	Mon-Exemp			Abate:	ne	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used Mai	Location ormallist Solel of tenar odial Solel (12)	y ly by nce/	Asbestos Cor (i.e. therma	escription ntaining M al systems acing, VA miscellar	aterial (ACM) insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Elicabanian	Enclosure
(13)	Yes	No	N/A				1250LF	×			
Roof			x	Ro	of Flash	ning	1250LF			- 1	
										-	
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Name of Registered Waste Hadis  Newark Carting Inc			Hauler II )4509	5110.	posal Dat	0.11	Chata			— - m A	_
City, State Po Box 5670					Signatu	200	5 Applebutter R	Date			
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X3357 PA			ICATIO		w Jersey ESTOS ABAT 8:60 and 12:1		т	EC	E		3 2 2	
Date of Notification (1) 4/15/2019 Check# 3357				8	Owner/Operat na Parish	or (2)		LI APR	2 2	2019	- Inches	
Agencies Notified Type Notification	X .			Address ay Stree	t		į	House	-	19,0	-	man of
EPA Initial DEP Amended Amendment	:#		City, St	ate, Zip Co ark, NJ 07	ode		904	AS LIC	DENSI	vG	-	
DOH justification) DCA Cancellation		,	Name o	of Contact	iatkwoski			Telephone		r	-	
Cancellation					DRMATION			973-482-	-0002		<u> </u>	
Name of Facility Where Abatement is Takin Roseville Community Charter Sch		3)	TAG	ILIT INT	DRIVIATION	Тур	e of Facility (4	)			8. <del>10.</del>	
Street Address	001						School (K-12 Subchapter 8	(Other than I	K-12)			
540 Orange Street							Other (i.e. pretc.)	ivate & comm	ercial b	uildings,	me	es,
City (5) Newark						10.300	are Feet ,000	# of Floors		Bldg. Aq 50+		
County (6) Essex			County (STATE	Code (7) USE ONLY)			rent Use (Prior	if being demo	olished)		), <del>1</del>	
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	M No.	0.000	ne of Ab	patement Cont	and the state of t			-	
Street Address						et Addr	ices Corpor ess	ation				
City, State, Zip Code							Street Zip Code				_	
oity, state, zip sode							erg, NJ 070	93				
Project Manager for Monitoring Firm			Telepho	one No.	PE222	phone I 1-295-		Licens 0107				
Star (2019) -4/16/2019	Schedul 4/20/2		mpletion	Date (11)			SHA Monitor above	Alt			-	
Occupancy Status During Abatement (Chec					3.000	et Addre					-	
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe: Starting 8 AM					City,	State,	Zip Code				<u> </u>	
Scope of Work (Check All That Apply)	5-0										-	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demoli				M ✓ G	ull Containmer lini-Enclosure lovebag Proce on-Exempted	edure				
l		s Locat Norma						. /		Abate: Typ	ent	
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Basement-Boiler Room	X				Pipe Insu	lation		8 LF	X		-	
											-	
Name of Registered Waste Hauler		4 4728	JDEP W		Cubic Yards		Name of R	egistered Lan	dfill		-	
ri State Transfer Assoc		1000	lauler ID 9551	No.	of Waste tbd		Minerva	Enterprises	s Inc			
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Completed by	Title				Signatu	ire	(D)	A T	Date		4 55.	
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DOL Amendment #  Emergency (incli	uding		ne of Con					17	Telephone N	Number				
DOH justification	200	Em	ıma Ha	rmon										
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me of Facility Where Abatement is Taking Pl	ace (3)						School	1011	Other than b	K-12)				
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ersey City, NJ 07305		Co	unty Cod	e (7)			Current Use	(Prior if	f being dem	iolished)	)			
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ame of Monitoring Firm Hired by Building Ow	mer (8)	1	ASCM N	0.	Gr	eer	n Environi	mental	Services	s, LLC			_	4
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Project Manager for Monitoring Firm		Te	elephone	No.	Tel 20	leph	one No. 333-8855		011					
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4-12-2019	4-12-201	9		- To N. J. (186)			en Enviror Address	nmenta	al Service	S, LLC			-	
Occupancy Status During Abatement (Check	Only One)	)			23	35	Virginia A	venue					_	
Facility Closed/Vacated During Entire P     Abatement Performed Outside of Norm	eriod of Ab	ateme	ent		Ci	ity, S	State, Zip Co sey City, N	ode NJ 073	04					
Other – Describe:														
Scope of Work (Check All That Apply)   ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	× Re	enovat emoliti	tion ion				× Mini-Er	nclosure	odura					
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	orma! d Sole ntena odial ( (12)	ely by nce/ Staff?	(i.e. th	Descr is Contain nermal sy surfacin other mis	ning yster na. \	i Material (A ms insulatio √AT, or	CM) n,	Amou (Spec SF or	cify	Removal	Repair	Tananalato	Fuciosare
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Date of Notification	on (1)		Name	of	Buil	ding	Owner,	Operato	r (	(2)	· P		= N	11/7	E
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ASB-41 JUN 95										80					4667

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Check #: 7388

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Agencies Notified ☐ EPA ☑ DOLWD ☑ DHSS	Type Notification  ☑ Initial  ☐ Amended  Amendment #	<u> </u>		920 City,	t Address D Broad S State, Zip (	Code		ASSES		SING	Nest L	8
DCA (NJAC 5:23-8)	Emergency (i justification)	ncludin	g		wark, NJ of Contac			Telephone Numb	ner			
,	☐ Cancellation			Ric	h Lopez			(973) 508-24				
				FA	CILITY IN	IFORMATION					-	
Name of Facility Where A Ironbound Ice Rink Street Address 226 Rome Street	batement is Takir	ig Place	9 (3)					2) 8 (Other than K-12) rivate and commer		uilding		
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Street Address						Street Address	and the second of the second o		-		-	-
655 West Shore Trai	I					494 East 41st	Street					
City, State, Zip Code						City, State, Zip Co	ode					
Sparta, NJ 07871			1			Paterson, NJ	07504					
Project Manager for Monit  Laura Wieczezak	oring Firm		1	phone		Telephone No.		License No.				
Start Date (10)	Sche	dulad C	1	A	29-5649 te (11)	973-345-0022 Name of OSHA M		00507			_	
04/29/_	19	06_ /	30	)/_	100	Same as above						
Occupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed of Abatement: 7:00AM	During Entire Pe Dutside of Norma	eriod of	Abate / Hour	s - Desc	cribe Time	Street Address  City, State, Zip Co	de		3312		_	
Scope of Work (Check all	that apply)										<u> </u>	
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			novati			Mini-Encl     Glovebag	Procedure	gative Pressure n-Friable Procedure	9			
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Asbestos-Containing N TO BE ABAT IN Facility (13)	laterial (ACM) ED	Use Ma	ed Sole iintena todial (12)	ely by nce/		Description of stos Containing Mat , thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Enconcidato	Enclosure
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Newark, NJ						Disposal Date May 2019	City, State Morrisville,	ΡΔ				
Completed By (Print or Typ	8		mato	r/Proje	ect Mgr.	Signature	1 /4	Dat		6	9	7
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Hart Date/(0) /	- American					201-28	ne na. 32-5841	License 00158	No.			
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12 Apr 2000 11:19PM NJ Asbestos Control 609,633,0664

OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 04 16 Haney Kaufman Agencies Notified Type Notification Street Address X EPA □ DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment # LICENSING Millburn, NJ 07041 □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Haney Kaufman **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial building: homes, etc.) City (5) Square Feet # of Floors Bldg. Ag Millburn, NJ 07041 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Road#283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_04\_\_ / \_\_25\_\_ / \_\_19\_\_ 04 / 26 / 19 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg.#34 A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_\_AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure  $\boxtimes \ge 3$  sf or  $\ge 3$  lf  $\boxtimes \ge 160$  sf or  $\ge 260$  lf □ Renovation Mini-Enclosure ☐ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abateme Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Enclosure Remova Repair Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Garage X Duct insulation 60 SF X П Basement X VAT floor tiles 250 SF X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Gr Tech LLC T.R.R.F. Inc 0033785 TBD City, State City, State Disposal Date Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date Wenad N.Jevtic Owner 04/16/20 3

State of New Jersey

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Agencies Notified	Type Notification	on	-	eet Addres	122 BJ	50	Liúc -	IVSING		_			
⊠ DOF	Amendmen  Emergency	(including	.  _		RELNIFIE	CO M.	J 082						
DOH DCA	justification  Cancellation				UCE		Telephone Num						
				ACILITY IN	FORMATION	T 7: (F1)	E-745						
Name of Facility Where	Abatement is Tak	ting Place	(3)				SE TOTAL		ii S,				
						homes, et	c.)	Blo	The second				
City (5)	CEAN	СПТ			(2) (07175	2000	# of Floors  Prior if being demoi		2+				
	MAY	*	_   US	SE ONLY)	(7) (STATE	-VA	CAWT	isnea)	=	_			
Name of Monitoring Firm (8)	Hired by Building	Owner	ASC	M No.	Name of Abatem	ent Contractor							
Street Address					Street Address	S SPIE	UCE ALF						
City, State, Zip Code					City, State, Zip C	2							
Project Manager for Mon	itoring Firm	T	Telephon	e No.	Telephone No.	E SHAD	License No.	7 1	=				
		eduled Cor	moletion [	Tate /11)	856-)) Name of OSHA N		013	11	=	==-			
Start Date (10) 4-24-19	_5	7 - 3	-19			NA			: ==				
Occupancy Status During Facility Closed/Vacate	Abatement (Cha	eck only or eriod of Al	ne)" patement		Street Address		* *						
Abatement Performed Other - Describe:	Outside of Norm	al Facility I	Hours		City, State, Zip C	ode	5. H. E. E.						
Scope of Work (Check al	that apply)				☐ Full Con	tainment with N	egative Pressure						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		☐ Rend	ovation olition		☐ Mini-End	closure a Procedure	lon-Friable Procedu	ıre	_				
		Is Loc	cation naily					Ab	pe	d.			
Location of Asbestos-Containing Market TO BE ABATE IN Facility (13)	aterial (ACM)	Mainte	2)	(i.e.,	Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Encapsulate	Enclosure			
		Yes	NO N/A		RANSIT	F	1750 SE	X	-	$\vdash$			
SIDIM	6	-			ICAN STI		17500.						
		-	-							_			
			_										
Name of Registered Wast	e Hauler		NUDEP Hauter I		Cubic Yards of Waste	Name of Reg	gistered Landfill	Д	===				
City, State		T	1 1 1 1		Disposal Date	City, State	DBINE						
Completed By	ADE I				Signature_/	1	Date	14-	7				
	CMM _	SU	в.		Mul	UN		11	: =				

1K5024	PA	NO	TIFIC (F	CATIC	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:	TEMENT	[]屋(	SE		<u></u>	
Date of Notification (1)  04 / 16 /	19					ng Owner/Operator		H)   AF	PR 2	<u> </u>	10	
		_				wood Board of I	=ducation	4 4) ni	11 4	4 4	19	and the second
Agencies Notified	ilication				et Address		3	A C	w 200 CY 100			
☑ DOLWD ☐ Amend	ded					ic Avenue		AS	ICENE	UH	1	&
	dment #_		_		State, Zip			a a leastwing with	and the facility of the	HIVC	Mary and the Co	**
DCA Emerg	ency (in	cludi	ng	-		wood, NJ 08260						
(NJAC 5:23-8) justific				100000000000000000000000000000000000000	ne of Contac ose Millar	TO TO S		Telephone N				
				1		NFORMATION		609-729-4	1649		_	
Name of Facility Where Abatement i		Plac	ce (3)				Type of Facility (	4)		_		
Margaret Mace Elementary S	chool						School (K-12)	20.5				
Street Address							Subchapter 8	(Other than K	-12)			
1201 Atlantic Avenue							Other (i.e., pri	ivate and com	mercial	build	gs,	
City (5)							Square Feet	# of Floors	Ι,	Olda		
North Wildwood							80,000	3	,	Bldg	ige	
County (6)				Cou	inty Code (7	)(STATE USE ONLY)			- 1:- 11	90		
Cape May					, 0000 (/	NOTHIE OUR ONET	School School	or it being dem	olisnea)			
Name of Monitoring Firm Hired by Bu	ıildina O	wner	(8)	ASCN	1 No	Name of Abatom	ent Contractor (9)					
TTI Environmental, Inc.			(0)	71001	1110.	A STATE OF THE PARTY OF THE PAR						
Street Address							onmental, LLC					
1253 North Church Street						Street Address						
City, State, Zip Code						623 Cutler A						
Moorestown, NJ 08057						City, State, Zip C						
Project Manager for Monitoring Firm			Tel	ephone	No	Maple Shade	, NJ 08052	T				
Jim Guilardi			1000		0-8800	Telephone No. 856-755-0099	1	License No.				
Start Date (10)	Schedu	lled C	omple	etion Da	ate (11)	Name of OSHA M		00042			-	
				8_ /	19	EMSL Analyt	ical, Inc.					
Occupancy Status During Abatement	(Check	only	one)			Street Address	Tage 2				_	1 la
☐ Facility Closed/Vacated During En	tire Perio	od of	Abate	ment		200 Route 13	0 North					
Abatement Performed Outside of N Time of Abatement:AM	Normal F	acilit	y Hou	rs - Des	100000000000000000000000000000000000000	City, State, Zip Co	ode					
					_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply)						☐ Full Cont	ainment with Nega	tive Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			novati				losure	ave i ressure				
23 = 100 31 01 <u>&gt;</u> 200 11		_ De	molitic	on		☐ Glovebag	Procedure mpted (*) and Non-	Field B				
		Is	Locat	ion		M HOII-EXE	ripled ( ) and Non-	Friable Proced				
Location of			Vorma			Description o	f			oater	ent T	ype
Asbestos-Containing Material (ACI TO BE ABATED	VI)	Use	d Sole intena	nce/	Asbes	tos Containing Mai	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure
IN Facility		Cust	odial	Staff?	(i.e.,	thermal systems i surfacing, VAT,		(Specify	von	air	ap	sols
(13)	_		(12)		1	other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
Crowlenger		Yes	No	N/A							e e	
Classrania N. 43						lean-up (O&M)		250 SF	$\boxtimes$			
Classroom No. 10 Classroom No. 15	L	_				e and Mastic		263 SF	$\boxtimes$			
				$\Box$	Carpet IV			291 SF				
Classrooms in 1920 Section	_   L	_				Hood Caulk		60 LF				
Name of Registered Waste Hauler			100000	JDEP V auler ID		Cubic Yards of	Name of Register	ed Landfill				
Freehold Cartage			2000000	15939		Waste 1	Cape May Co	ounty Landfi	II			
City, State Freehold, NJ					[	Disposal Date City, State  06/28/2019 Woodbine N.I.					-	
Completed By (Print or Type)	Title						Woodbine, N	J	eriore into o		12000000	
Christina Lynch	51.50=50=5	. D	- l-i-	n4 - r =		Signature			ate			
Omistila Lylicii	VICE	- rre	sidei	it of C	perations	· ( Mishe)		411	01			

K5022 PA	M '	10111	(Purs	ON OF A	SBESTOS ABA JAC 8:60 and 5:	TEMENT	D B	GEI	1///	E
Date of Notification (1)		1			ling Owner/Operator	· 13		GEI	M	6
04 / 16	/ 19		''	Dennis Bo	ing Owner/Operator	(2)	2			11
Agencies Notified Type No	otification					all to the state of the state o		APR 2 2	2010	
⊠ EPA ⊠ Initia			St	treet Addres	S	3 I	d hij	AFR ZZ	2019	- 16
☑ DOLWD ☐ Ame						T.	ŀ			apenistra-r
☑ DOH Ame	ndment #_			ity, State, Zip		1	ASD	#arUS CC	THU	à
DCA Eme	gency (inclu	ding			o, NJ 08046		THE TO A THE PROPERTY OF	LICENSI	G	
	ication)			ame of Conta			Telephon	ne Number		
☐ Cano	ellation			Dennis Bo	aso		, , ,	io ivaliiboi		
N- G-				FACILITY	INFORMATION				_	
Name of Facility Where Abatement	is Taking P	lace (3)	)			Type of Facility	(4)			
Boaso Residence						School (K-12				
Street Address						Subchapter 8	Other tha	n K-12)		
						Other (i.e., pr	rivate and c	ommercial b	Idings	
City (5)						nomes, etc.)			70,000	
Willingboro						Square Feet	# of Floo	ors B	g. Age	;
County (6)			C	ounty Code /	7)(STATE USE ONLY)	1,384	1		8	
Burlington				ounty Code (	I (STATE USE UNLY)		or if being d	lemolished)		
Name of Monitoring Firm Hired by B	uilding Own	er (8)	IASC	M No.	Tu	Residence				
Management & Enviro. Cons	sulting Ser	vices	AGC	IVI INO.	Name of Abateme					
Street Address	arting our	VICES				onmental, LLC				
PO Box 341					Street Address		-			
City, State, Zip Code					623 Cutler Av					
Chesterfield, NJ 08515					City, State, Zip Co				-	
Project Manager for Monitoring Firm					Maple Shade,	NJ 08052				
Bill Weisgarber			lephon		Telephone No.		License N	No.	_	
Start Date (10)				98-4070	856-755-0099		00842			
04 /25 /19	Scheduled	Compl	etion [	Date (11)	Name of OSHA M	onitor				
	04	/ _2	9 /	19	EMSL Analyti	cal, Inc.				
Occupancy Status During Abatement	(Check only	one)			Street Address					
☐ Facility Closed/Vacated During Er	itire Period o	of Abate	ement		200 Route 130	North				
Abatement Performed Outside of	Normal Faci	lity Hou	ırs - De	escribe	City, State, Zip Coo					
Time of Abatement:AM	PM/	PM		_AM	Cinnaminson,					
Scope of Work (Check all that apply)					o.i.i.d.iiiiisoii,	143 00077				
≥3 sf or ≥3 If	<b>M</b>		g.		☐ Full Conta	inment with Negat	ive Pressur			
≥160 sf or ≥260 lf		enovat			☐ MILLI-ELICIO	sure	1103301	C		
		oonu	011		☐ Glovebag	Procedure pted (*) and Non-l	F-:	. Testes National States		
		s Locat			Z . Ten Zxem	pted ( ) and Non-r	Friable Proc	cedure	<u> </u>	
Location of Asbestos-Containing Material (ACI	a lie	Norma ed Sole			Description of	31		Aba	ment 7	Гуре
TO BE ABATED	M	aintena	nce/	Asbes	tos Containing Mate	rial (ACM)	Amount	Re	1 5	En
IN Facility	Cus	stodial	Staff?	(i.e.,	thermal systems ins surfacing, VAT, o	sulation,	(Specify		Encapsulate	Enclosure
(13)		(12)	T estates	-	other miscellaneou	r (S)	SF or LF)	) <u>  à  </u>	Sula	sure
Uallana B. d	Yes	No	N/A			,			ate	
Hallway Bathroom & Hallway		$\boxtimes$		Floor Tile	е		218 SF	N .	+	
							210 35		44	
		_								
		Ш								
									+=	
Name of Registered Waste Hauler		N.	JDEP V	Vaste 1	Cubic Yards of	Namo of Davis	-			
Freehold Cartage		Ha	auler ID	No. V	Vaste	Name of Registere				
City, State		1	15939		1	Fairless Land	TIII			
Freehold, NJ						City, State	9.0			
Completed By (Print or Type)	Title				04/29/2019	Morrisville, PA	4			
Christina Lynch	Title				Signature	1		Date	-	-
ASB-41	vice Pr	esider	it of C	perations	( )mostar			4/1101	3	

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 04 15 19 Cynthia Finuoli Agencies Notified Type Notification Street Address ASSESTOS CON **⊠** DOLWD □ Amended City, State, Zip Code M DOH Amendment # Voorhees, NJ 08043 ☐ Emergency (including □ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Cynthia Finuoli FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Finuoli Residence School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildin 3, homes, etc.) City (5) Square Feet # of Floors Bldg. / e Voorhees 2,412 2 45 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Management & Enviro. Consulting Services Shade Environmental, LLC Street Address Street Address PO Box 341 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Chesterfield, NJ 08515 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Weisgarber 609-298-4070 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05 / 01 / 19 05 / 03 / 19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure  $\boxtimes \ge 3$  sf or  $\ge 3$  lf  $\boxtimes \ge 160$  sf or  $\ge 260$  lf □ Renovation ☐ Mini-Enclosure □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatem nt Type Normally Location of Description of Used Solely by Encapsulate Removal Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Lower Level X Floor Tile 589 SF X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage Fairless Landfill 15939 2 City, State Disposal Date City, State Freehold, NJ 05/03/2019 Morrisville, PA Completed By (Print or Type) Title Signature Date Christina Lynch Vice President of Operations

State of New Jersey

					BESTOS AL		y - andrews to the state of the					
11/00	Pursu	ant	to N	1.J.A	<u>.C.</u> 8:60 and	12:120)	MEC	E I	V			
Date of Notification (1) 2/22/2019					Owner / Operat		1151		he said and	711		
Agencies Notified Type Notification	5	Stree	t Add	ress	MUNICATION	5	HU LI APR	22	019			
⊠ EPA	-				venue		Contract Con			lance.		
☐ DEP ☐ Initial ☐ Amended-#2-4/16				& Zip			ASSEST(	ie ryn	FOL	لي		
☐ DOH ☐ Emergency				NJ 07		41						
DCA Cancellation	100				s Santos		133	elepho	-Num			
							3	47-886	5/14			
Name of Facility Where Abatement is Taking	Place (3	) FA	CILI	I Y INI	Type of Faci	lity (A)						
Verizon - Millburn Central Office	1 1400 (0	,			School							
Street Address						pter 8 (Other th	an K-12)					
386 Millburn Avenue					Other (i.	e. private & cor	mmercial building	s, hom	, etc.	)		
City (5) County (6)	10-		0 - 1	(7)	Square Feet	100000000000000000000000000000000000000	ors BI	dg. Ag€				
, , , ,	Cor	inty	Code	(7)	20000		3					
Millburn					COMMUNIC	(Prior if being of	temolished)					
Name of Monitoring Firm Hired by Building Ov	vner (8)		AS	CM No		atement Contra	ctor (9)		-			
USA ENVIRONMENTAL MANAGEMENT Street Address	, INC.				BRISTOL E	NVIRONMEN						
8436 ENTERPRISE AVE					Street Addre	SS ER STREET						
City, State & Zip Code						City, State & Zip Code						
PHILADELPHIA PA 19153 Project Manager for Monitoring Firm	Talast		Nicon	t.		BRISTOL, PA 19007						
MARK JENKINS	Teleph 215-3			ber	Telephone N 215-788-60		License Nu	mber 0050!				
Scheduled Start Date (10) Scheduled Co 4/3/2019 Scheduled Co			te (11	)	Name of OSI	HA Monitor		-	- <del>-</del>			
Occupancy Status During Abatement (Check of	ON HO				Street Addres	NVIRONMEN	ITAL INC					
Facility Closed/Vacated During Entire	Period o	f Aba			1123 BEAV	ER STREET						
Abatement Performed Outside of Norm	nal Hou	rs –	7am t	o 3pm								
Describe: 5:00 PM – 1:30 AM					BRISTOL, F	PA 19007						
Facility Occupied During Abatement Scope of Work (Check all that apply)												
ocepe of train (eneat all that apply)						Full Cor	tainment with Ne	native I	ASSIII	-e		
≥3 sf or ≥3 lf	$\boxtimes$	Ren	ovatio	on		94.10	occui					
≥160 sf ≥260 If		Den	nolitio	n		Glove B	ag Procedures					
							empted and Non-	Friable	roced	ure		
Location of Asbestos-Containing		ocati			Description		Amount	Abat	nent	Туре		
Material (ACM)	Norma	lely b			Asbestos-Con Material (A		(Specify SF or LF)		7	,		
TO BE ABATED	Mainte	enan	ce or		(i.e., thermal s	ystems	Of Of Elf	Re	Encapsulate	Enclsoure		
in Facility	Custo		Staff?		insulation, surfac			Remova	Capsul	Isou		
(13)		(12) No	N/A	-	or other miscella	aneous)		a	ate	īe		
Basement HSB/Store room			П		Vat/Mast	ic	195 SF		1	$\vdash$		
Basement Boiler Room	$\boxtimes$				Vat/Mast		220 SF		110			
Basement Air Dryer Room					Vat/Mast		250 SF					
Basement Ventilating Equip. Room					Vat/Mast	ic	532 SF					
Name of Registered Waste Hauler		NI	)EB V	Masta	Cubic Yards	Name of Desi						
0.50			uler IE		of Waste	Name of Regi	stered Landfill					
SERVICE TRANSPORT GROUP, INC.		209	990		11	MINERVA L	ANDFILL					
City, State YARDLEY, PA					Disposal Date City, State WAYNESBURG, OH							
Completed By (Print or Type)		Title	9		Signature	WATNESDU		Date	1			
PATRICK T. DeCARO		100000	imat	or	$  \uparrow \rangle$	, T N /	1	4/16/2	19			
					Palrick	LT, Dec	an / ym					

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

	,		active.	10 11		. <u></u> 0.00 and	1 12.120)	IIU	August 1 - Mary Confidences	majo contaño	
Date of Notification (1) 2/22	2/2019		Nam	e of B	uilding	Owner / Opera	tor (2)	TINII APR	2 2 2(	7	
Agencies Notified Type	Notification			t Add		MICHICATION		ILI Li)		_	) lawret
⊠ EPA	10110000					venue				-	فمر
DEP S	Initial				& Zip			Acres 1	CENSING	Cof Lin	Ct.
□ DOL □	Amended-#1-4/9/				NJ 07			E. d	The second contract of the second on the	~~~	****
DCA H	Emergency Cancellation				ontact				Telephor		mber
	Caricellation					Santos			347-886	171	4
Name of Facility When A	h-4	DI (	FA	CILIT	TY INI	ORMATION					
Name of Facility Where A Verizon - Millburn Cer	tral Office	Place (	3)			Type of Fac					
Street Address	itiai Office						pter 8 (Other t	han K 10			
386 Millburn Avenue						Other (i	i e pr <mark>i</mark> vate & c	ommercial buildir	nas home	etc	• 1
						Z 0 a.i.o. (i	privato a o	ommercial buildin	igs, nome	-610	)
						Square Feet	t # of F	loors	Bldg. Age	-	
City (5)	County (6)	Co	unty (	Code	(7)	2000	DEC SOURCES	3	-1-317134		
Millburn	Essex		<del>-</del>				(Prior if being	demolished)			
						COMMUNI					
Name of Monitoring Firm	Hired by Building Ov	vner (8)		ASC	CM No		atement Contr	actor (9)			
USA ENVIRONMENTA	L MANAGEMENT	, INC.					ENVIRONME	NTAL INC			
Street Address 8436 ENTERPRISE AV	<b>1</b> =					Street Addre					
City, State & Zip Code							/ER STREET				
PHILADELPHIA PA 19	153					City, State & BRISTOL,					
Project Manager for Monit		Telep	hone	Numb	per	Telephone N		License I	Vumber	-	-
MARK JENKINS		215-				215-788-60			00509		
Scheduled Start Date (10)	Scheduled Co				)	Name of OS				1100	
4/3/2019	A h = 1 = 1 (O1 - 1	4/16/2		*			ENVIRONME	NTAL INC			
Occupancy Status During Facility Closed/Va	cated During Entire	only one Period (	e) of Aha	ateme	nt	Street Addre	ess <b>/ER STREE</b> T				
	med Outside of Norn					City, State &				- P. C	
Describe: 5:00					o opiiii	BRISTOL,					
Facility Occupied I	During Abatement										
Scope of Work (Check all	that apply)					•				-	
D >2 of on >2 if			_					ontainment with N	Negative P	ISSL	ıre
≥3 sf or ≥3 lf ≥160 sf ≥260 lf		$\bowtie$		ovatio				nclosure			
≥ 100 SI =200 II			Den	nolition	1			Bag Procedures			
Location	of	ls l	ocati	on		Description		kempted and Nor Amount	n-Friable F Abate		
Asbestos-Cor	ntaining	Norm				Asbestos-Con		(Specify	Abate	T	. Type
Material (A			olely b			Material (A		SF or LF)			m m
TO BE ABA in Facili		Maint				(i.e., thermal s nsulation, surface	systems		Rem	1	ncis
(13)	.,		(12)	naii:		or other miscell			Removal		Encapsulate
		Yes	No	N/A			,				a e
Basement HSB/Store r		$\boxtimes$				Vat/Mas	tic	195 SF		Tr	$\forall \Box$
Basement Boiler Roon						Vat/Mast	tic	220 SF		忭	filfi
Basement Air Dryer Ro		$\boxtimes$				Vat/Mast	tic	250 SF		TĒ	ill
Basement Ventilating I	Equip. Room					Vat/Mast	tic	532 SF		TE	
										IL	
Name of Pagistared Waste	111	Ш	<u> </u>				1				
Name of Registered Waste	Hauler			iler ID		Cubic Yards of Waste	Name of Reg	istered Landfill			
SERVICE TRANSPORT	GROUP, INC.		209			11	MINERVA L	ANDELL			
City, State		-				Disposal Date	City, State			-	
ARDLEY, PA						TBD	WAYNESB	URG, OH			
Completed By (Print or Typ	e)	erden bloo	Title	9		Signature	- Control of Control of Control		Date	-	
PATRICK T. DeCARO			Est	imato			T ND	ano for	4/9/201		
						MALACAL	11/1/20	4/12/ (N/			

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

Che#3525

Date of Notification (1)	Name of Building	Name of Building Owner / Operator (2)									
2/22/2019	VERIZON CON	VERIZON COMMUNICATIONS									
Agencies Notified Type Notification	Street Address		The state of the s								
	386 Millburn A										
DOLG576   Amended	City, State & Zip Millburn, NJ 07		LL LI   APH 2 2 20	اللا							
☑ DOH 6569 ☐ Emergency	Name of Contact		Telephon	Number							
☐ DCA ☐ Cancellation	Johnny De Los										
	FACILITY IN		AS 347-886 LICENSING								
Name of Facility Where Abatement is Taking	Place (3)	Type of Facility (4)									
Verizon - Millburn Central Office		School (K-12)									
Street Address		Subchapter 8 (Other t	han K-12)								
386 Millburn Avenue		Other (i.e. private & co	ommercial buildings, home	etc.)							
City (5)   County (6)	10 10 1 17	Square Feet # of F	loors Bldg. Age								
1	County Code (7)	20000	3								
Millburn		Current Use (Prior if being	demolished)								
Name of Monitoring Firm Hired by Building Ov	vner (8) ASCM No	COMMUNICATIONS									
USA ENVIRONMENTAL MANAGEMENT	I. INC.	Name of Abatement Contri BRISTOL ENVIRONME	actor (9)								
Street Address	,	Street Address	INTAL INC								
8436 ENTERPRISE AVE		1123 BEAVER STREET	•								
City, State & Zip Code		City, State & Zip Code									
PHILADELPHIA PA 19153 Project Manager for Monitoring Firm	Tolombone Niverbon	BRISTOL, PA 19007									
MARK JENKINS	Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number								
	ompletion Date (11)	Name of OSHA Monitor	00509								
4/3/2019	4/16/2019	BRISTOL ENVIRONME	NTAL INC								
Occupancy Status During Abatement (Check of	only one)	Street Address		-							
Facility Closed/Vacated During Entire	Period of Abatement	1123 BEAVER STREET									
Abatement Performed Outside of Norm Describe: 5:00 PM - 1:30 AM	nal Hours – 7am to 3pm	City, State & Zip Code									
Facility Occupied During Abatement		BRISTOL, PA 19007									
Scope of Work (Check all that apply)											
		⊠ Full Co	ntainment with Negative P	SSUITE							
≥3 sf or ≥3 lf	Renovation	☐ Mini-Er	nclosure	Courc							
≥160 sf ≥260 lf	Demolition		Bag Procedures								
Location of			empted and Non-Friable F	cedure							
Asbestos-Containing	Is Location Normally Used	Description of Asbestos-Containing		ent Type							
Material (ACM)	Solely by	Material (ACM)	(Specify SF or LF)	ш							
TO BE ABATED	Maintenance or	(i.e., thermal systems	Reg	Enc							
in Facility (13)	Custodial Staff? ii	nsulation, surfacing, VAT or other miscellaneous)	Remova	Enclsoure							
3N (1003V)	Yes No N/A	G office miscellaneous)	<u> </u>	re							
Basement HSB/Store room		Vat/Mastic	195 SF 🛛 🖺								
Basement Boiler Room		Vat/Mastic	220 SF	-							
Basement Air Dryer Room		Vat/Mastic	250 SF 🛛	HHH							
Basement Ventilating Equip. Room		Vat/Mastic	532 SF 🛛	HH							
Name of Registered Waste Hauler											
varie of registered waste nauter	NJDEP Waste Hauler ID No.	Cubic Yards Name of Reg of Waste	istered Landfill								
SERVICE TRANSPORT GROUP, INC.		11 MINERVA L	ANDELL								
City, State		Disposal Date City, State	AINDI ILL								
'ARDLEY, PA		TBD WAYNESBU	JRG. OH								
Completed By (Print or Type)		Signature	Date								
ATRICK T. DeCARO	Estimator	Patrick T. De	Can lon 2/22/20	}							
		I while I is	Car W/Jh								

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Date of Notification (1) 04/17/19	440,000,000		Nam	e of Buildir irotech (	ng Ow	ner/Operato	r (2)			Cond 			7
Agencies Notified Type Notification	n		1	et Address	Jioup				APE	2 2 2	26	2	
EPA Initial				- indicoo				A STATE OF THE STA					- Later
DEP Amended Amendmen	nt#		City,	State, Zip	Code			1	ASDEST	QS O	ONG	DL 8	<u>.</u>
DOH Emergency justification	(includia	ng	Name	e of Contac	·†			*		CENS	******	www.co.i.	- 44
DCA Gancellation	n n		111000000000000000000000000000000000000	irotech G		)		77.550	lephone 17-583-		r		
Name of Facility Where Abatement is Takin	na Plana	(2)	FA	CILITY IN	FORM	TATION				2001	_	-	
300 N Day Street	ng Flace	(3)					Type of Facili			Executive Control			
Street Address 300 N Day Street							School (I Subchap Other (i.e	ter 8 (Oth	ner than h & comme	(-12) ercial bi	uilding	, hor	nes,
City (5) Orange							etc.) Square Feet		of Floors		Bldg		
County (6)			Count	y Code (7)			Current Use (Prior if being demolished)						
Essex			(STATE	E USE ONL	r) _		Current Use (I	Prior if be	ing demo	lished)			
Name of Monitoring Firm Hired by Building  Street Address	Owner (8	3)	ASC	CM No.		Name AAA	ne of Abatement Contractor (9) A LEAD PROFESSIONALS						
Officer Address						5,000,000,000,000	eet Address VHITE DOVE COURT						
City, State, Zip Code							, State, Zip Code					_	
Project Manager for Monitoring Firm							WOOD, NJ	08701					
		Teleph	one No.			one No. 668-9078		License	No.				
Start Date (10) 04/29/19	2 1 10 2 1 1 2							or					
Occupancy Status During Abatement (Check	05/02/						EAD PROF	ESSIO	NALS				
Facility Closed/Vacated During Entire F	Period of	Abatar	ment			Street A	Address ITE DOVE C	OURT					
Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hour	S			City, Sta	ate, Zip Code					-	
Scope of Work (Check All That Apply)						LAKE	WOOD, NJ	08701					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ELITATION .	Renova Demoli		-		I I	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure					
		Locati						// 4110	TTOTT THE	IDIC I IC	Abat	nent	
Location of Asbestos-Containing Material (ACM)	Use	Normal d Soie	ly by	Ashest	OS CO	escription o	f terial (ACM)			-	T	е	
TO BE ABATED In Facility (13)		intenar todial S (12)		(i.e.	therm sur	al systems i facing, VAT, miscellane	nsulation, or	(Sr	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A							<u>a</u>	1	ate	re
INTERIOR				F	PIPE	INSULAT	ION	20	)LF	x			
													4
Name of Registered Waste Hauler		1110000	JDEP W		Cubi	c Yards	Name of	Register	nd I andfil				
NEWARK CARTING			auler ID 509	DOMESTICS.	of Wa	non the second	IESI	, registere	u Lanuill				
City, State NEWARK, NJ	Disposal Date 05/02/19				te City, State BETHLEHEM PA								
Completed by OSEPH PERLSTEIN	Title OWN	ER				Signature			Da	ate 1/17/1	0	-	$\dashv$

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1K8080	P	AIR		ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE		NT			C	E		7	
Date of Notification (1) 04/17/19	•				of Building en State					1		APR	2 2	2 2	9	
Agencies Notified	Type Notification	1	-	Street A		manaş	90111011	•		İ	-		-		-	
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DEP X DOL	Amended Amendmen	. 44		City, Sta	ate, Zip C	ode					· · · · · · · · · · · · · · · · · · ·	LIC	Livi	SING	- Depute	00.00
	Emergency	(including	-	Name o	of Contact			Tolophono Number							_	
DOH DCA	justification Cancellatio				n State		gemen	Telephone Number 732-903-2000								
					ILITY INF											
Name of Facility Where 70 Colonial Avenue		ng Place (3)						Ту	pe of Facility	(4)						
Street Address			1000					H	School (K- Subchapter		er than	K-12				
70 Colonial Avenue								×	Other (i.e. petc.)					dings	iom	es,
City (5) Hamilton	20							Sq	uare Feet	# 0	f Floors	3	В	ldg. /	е	
County (6) Mercer					Code (7) USE ONLY	)		Cu	rrent Use (Pri	ior if bei	ng dem	nolishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	A No.			Le of Abatement Contractor (9) A LEAD PROFESSIONALS								
Street Address							et Address 'HITE DOVE COURT									
City, State, Zip Code								, Zip Code OOD, NJ 0	8701					2-		
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	none			Licen:			_		
Start Date (10) 04/28/19		Scheduled 05/01/19		The state of the s					e of OSHA Monitor A LEAD PROFESSIONALS						<u> </u>	
Occupancy Status During	Abatement (Che	ck Only One	:)	Street Address						0.1.00					-	$\neg$
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire ed Outside of Norr	Period of Atnal Facility I	atem Hours	nent			6 WHITE DOVE COURT  City, State, Zip Code  LAKEWOOD, NJ 08701						_	<u></u>		
Scope of Work (Check Al	That Apply)	E- 12(14)					LAN		OOD, NJ U	8701					-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova: emoliti				×	N	Full Containme Mini-Enclosure Glovebag Prod Von-Exempted	e cedure						
		100000000	ocation	200										Abat Ty	nent	
Location Asbestos-Containing TO BE ABA In Facilii (13)	Material (ACM)	Used Main Custo	Solel tenar	ly by nce/		tos Cont thermal surfac		fater s insi T, or		(5	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
INTERIO	DB.	Yes	No	N/A			10111.4	TIC	N						ate	Ф
INTERIO	JK	-		-		PIPE II	NSULA	ATIC	NI	1:	50LF		Х			
													х			
N (5																
Name of Registered Wasi AAA LEAD PROFES			Ha	JDEP W auler ID 1509												
City, State LAKEWOOD, NJ				1000 E		Disposal Date City, State TRENTON NJ					-					
Completed by Title JOSEPH PERLSTEIN OWNER						Signature Date 04/17/19				9	) <del>10-11</del>					

X 3635 PA	ID N	IOTI		OITA		BE			TEMENT 6)		<u> </u>				To the second
Date of Notification (1)  /	19				of Buildin		wner/Opera	ator (	2)		PR 2	2	2	9	1
Agencies Notified  ☐ EPA ☐ Initial ☐ DOLWD ☐ Amend ☐ DOH ☐ DOA	ed ment #			21: City,	t Address 56 Camp State, Zip	Code	114.00000000000000000000000000000000000		Tradition of the state of the s	ASSI 	STOS LICEN	CON	I S G	OL 8	Special Control of the Control of th
DCA Emerge (NJAC 5:23-8)		iding			of Contac		10 00011			Telephone					
☐ Cancel	ation			An	tonio Din	nuzi	io			732-713	-4496				
Name of English Where Abeleand	T 1: 5		(0)	FA	CILITY IN	NFO	RMATIO	N				1122			
Name of Facility Where Abatement is Residence	laking P	lace	(3)						Type of Facility  ☐ School (K-12						
Street Address									☐ Subchapter 8	(Other than	K-12)				
									Other (i.e., p homes, etc.)		mmercia	bui	ldi	JS,	
City (5)								1.50	Square Feet	# of Floors	s	Bld	g.	ge	
Short Hills									4,000	2		8	0		
County (6) Essex				Cour	nty Code (7	')(ST)	ATE USE ON	Current Use (Pr	ior if being de	molished	i)		8		
Name of Monitoring Firm Hired by Bu	ilding Ow	nor (S	2)	ASCM	No	NI-			Residence						
Guardian Contracting, Inc.	nuing Ow	nei (c	"	ASCIVI	CM No. Name of Abatement Contractor (9)  Guardian Contracting, Inc.										
Street Address						_			ntracting, inc.				_		
1889 Rte. 9, Unit 61						1,000	Street Address 1889 Route 9, Unit 61								
City, State, Zip Code						-	ty, State, Z						-		
Toms River, New Jersey 0875				10.00	514 15	1.	New Jersey 08	755							
Project Manager for Monitoring Firm	Tele	phone	No.		lephone N			License N	0.		-	-			
Nicholas Fernicola			73	32-349	-9932	00624									
Start Date (10) 04 /17 /19			2000	ion Date (11) Name of OSHA Monitor    19   E.M.S.L. Analytical						-1					
Occupancy Status During Abatement						Str				-	-				
<ul> <li>         □ Facility Closed/Vacated During En     </li> <li>         □ Abatement Performed Outside of National Time of Abatement:        AM</li></ul>	Normal Fa	cility	Hour	s - Des	s - Describe City State Zin Code								_		
Scope of Work (Check all that apply)			_1 101-		/ IVI	F	Piscatawa	ay, N	lew Jersey 088	854				-	
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			ovati			☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Proce									
I analise of			_ocat				W-100 228 100					Aba	teı	ent Ty	ре
Location of Asbestos-Containing Material (ACIND BE ABATED IN Facility (13)	.,	Used Mair Custo	Sole	ely by nce/ Staff?		., the	Descripti Containing ermal syste surfacing, N ther miscell	Matems in VAT,	rerial (ACM) nsulation, or	Amount (Specify SF or LF	· · ·	Removal	Kepair	Encapsulate	Enclosure
laundry room		es 7	NO NO	N/A	asbesto	s fl	oor tile			70 sf	F	7	_		П
exterior					roofing					2500 si		<u>a</u>			
					roomig	mai	Corrai			2500 \$				님	
Name of Registered Waste Hauler			N.	JDEP V	Vaste	Cub	bic Yards o	of	Name of Regist	ered I andfill			_		ш
Guardian Contracting, Inc.			H	auler IE 20223	No.	Wa			T.R.R.F.						
City, State						Dis	posal Date		City, State						
Toms River, New Jersey						0	4/19/19		Tullytown,	Pennsylvar	nia				
Completed By (Print or Type)	Title					e	Signature	е	1		Date			1	
Nicholas Fernicola	Proj	ect I	vlana	ager				_	La		141	10	6	14	