

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

CK#1341

Date of Notification (1	L)				Owner/Operator (2)	200 00				1.77	123	ter
4/25/19	all				egional Medical (Center		1117)	ECET	4/	L	i
	Type Notification		Street Ad		200			HLUE	The state of the s	Secretary and the		
□ EPA			703 N							-	1	
☐ DEP	☐ Amended	0	City, Stat					And the second s	APR 29)19		
⊠ DOL	Amendment #	_			J 07503			Telephone Number	717.11	710	1	marine :
	☐ Emergency (including		Name of					973-956-3591				
⊠ DOH	justification)		Glenn	Monrii	ng				VSA AND AND AND AND AND AND AND AND AND AN	1.1	. G	
□ DCA	☐ Cancellation			EΛ	CILITY INFORMATI	ON			LICENSIN			
	Abstancet is Taking Place (3)			17	CILITY IN CHARACTER	Type of F	acility (4)				**************************************	
Name of Facility Whe	re Abatement is Taking Place (3) ional Medical Center - 1st F	Mechan	ical Ro	om			School (K-12)				
	ional Medical Center 2307					100	Subchapter	8 (Other than K-1	2)			
Street Address	ummileo					X (Other (i.e. p	rivate & Commerc	cial buildings, home:	etc.)		
224 Hamburg Ti	urnpike									(r		_
City (5)						Square F		# of Floors	Bldg. Age			
Wayne						30,000		3+	50+			
				County (1		ng demolished)				
County (6)				(STATE U	JSE ONLY)	Hospit	al				_	
Passaic	Firm Hired by Building Owner (8)				ASCM No.	Name of	Abatement Co	ntractor (9)				
Name of Monitoring	Tall Till Ca by Dallaring 1					Unicor	n Contract	ing Corp.				
						Street Ad	ddress	TO TO THE REST OF				
Street Address						32 Wil	low Way					
							te, Zip Code					
City, State, Zip Code						1000	land Park, I	VJ 07424				
					77 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -	Telephor			License No.			
Project Manager for N	Monitoring Firm			Telepho	ne No.	L	33-9176		01331			
						-			0.201			
Start Date (10)					etion Date (11)		OSHA Monitor					
5/6/19			5/8/19	9		-	500	sultants, Inc.				
	ring Abatement (Check Only One)					Street Ad		nd Dida 25 E				
☐ Facility Clo	osed/Vacated During Entire Per	iod of Aba	atemen	t				Rd., Bldg. 35-E				
☐ Abatemen	nt Performed Outside of Norma	I Facility H	lours				te, Zip Code	440				
	escribe: 7-4					Fair La	wn, NJ 07	410		-		
Scope of Work (Check						530,450						
≥3 sf or ≥3			X	Renov	ation			ment with Negati	ve Pressure			
□ ≥160 sf or				Demol	ition		Mini-Enclos					
2100 31 01	2200 11						Glovebag Pr					
							Non-Exempt	ted (*) and Non-F	riable Procedure	Aha	temen	t
			ls Location	n							уре	
	Location of		Normally		Name and the same		ption of	CNA	Amount	T		
Asbestos	s-Containing Material (ACM)	0.000	ed Solely aintenance				ing Material (A stems insulatio		(Specity		m	
	TO BE ABATED		stodial Sta		(i.e.		g, VAT, or	2.00	SF or LF)		Encapsulate	Enc
	In Facility		(12)				cellaneous)			Repair	sula	Enclosure
	(13)	Yes	No	N/A	1					==	16	6
4.4.5	l Mechanical Room	X			Therr	nal Syst	em Insulat	ion	60 SF	+	-	-
	Mechanical Room	X					g Insulation		11 ea	-	-	-
1st F	I Mechanical Room	- A								1	-	
		-										
				foreba blas	ular ID No.	Cubic Ya	rds of Waste		Name of Regustered La	fill		
Name of Registered \					ıler ID No.	3+			Fairless Hills Lanc	11		
Unicorn Contra	cting Corp.		00358	44		Disposal	I Date	,	City, State			
City, State						TBD	Pare	1 D	Morrisville, PA			
Woodland Park	, New Jersey						Signature	7///		te		
Completed by		Title					1/	_ //		'25/	19	
Dimo Golcev		Gener	al Man	ager			//	7//				



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CK# 1341 (Pursuant to NJAC 8:60 and 12:120)

4/23	of Notification /19	5 - 5V	otification		Mor	ntclair T	ng Owner/Operator (2) Township Board of	Education		ECET	\mathbb{V}		
X	EPA	Пуре М	Initial			t Address 'alley Ro	d						and the second
	DEP DOL	X	Amended Amendment #2			itate, Zip (itclair, I	Code NJ 07042		April 1	APR 2.0	1019		
X	DOH DCA		Emergency (including justification) Cancelation		1200	of Contac dio D'Ar			Telephone Numb 973-509-400		100	L ÖL	a de la companya de l
						F	ACILITY INFORMA	TION		D. O. C. L. L. V. V.	art marries	ene	
1 3 TO TO TO S	of Facility Whe Chung Elem		ement is Taking Place (3) y School					Type of Facility (4) School (K-1)	2)				
	Address arden Stree	et						1 march 10 m	8 (Other than K private & Comme	-12) ercial buildings, hor	s, etc	.)	
City (5) Mont	tclair, NJ 07	7042		1.				Square Feet 40,000 SF	# of Floors	Bldg. Age 55+			700
County						1.0	Code (7) USE ONLY)	Current Use (Prior if be Elementary Scho			-		
and the same of the same of	of Monitoring F		d by Building Owner (8)			-	ASCM No.	Name of Abatement Co			-		
Street A	p. Transit Committee Commi	3, 1110.					L	Unicorn Contract Street Address	ing Corp.		::		
	Grand Ave							32 Willow Way					
	ate, Zip Code							City, State, Zip Code					
	wood, NJ C	_				I		Woodland Park, N	NJ 07424	1	0 <u></u>		
	Manager for M en Jaracze		g Firm			Telepho (201)	569-6708	Telephone No. 973-333-9176		License No.			
Start Da			1		Schedul		etion Date (11)	Name of OSHA Monitor		10000	-		
4/19/					4/24/	19		Envirovision Cons	ultants, Inc.				
		2000	ement (Check Only One)	1				Street Address	ا الباء عد د				
			cated During Entire Peri med Outside of Normal			IL		20-21 Wagaraw R City, State, Zip Code	a., Blag. 35-E		-		
	Other - Des							Fair Lawn, NJ 074	10				
	f Work (Check	All That	Apply)					\$\frac{1}{2} \cdot \frac{1}{2}					
	≥3 sf or ≥3 l				X	Renova			nent with Negat	ive Pressure			
X	≥160 sf or ≥	260 lf				Demoli	tion	☒ Mini-Enclosus☒ Glovebag Pro					
										riable Procedure			
					Is Location	1			7			teme	nt
	Ashestos-C	Locati	on of ng Material (ACM)	Us	Normally sed Solely		Asharta	Description of s Containing Material (ACI	M)	Amount	7	Гуре	ī
		TO BE A		1 23200	laintenand	Stow		ermal systems insulation,		(Specity		m	
		In Fac (13		Cu	stodial Sta (12)	ιπ?		surfacing, VAT, or other miscellaneous)		SF or LF)	l _B	Encapsulate	Enclo
				Yes	No	N/A					Repair	ulate	Enclosure
	Annex A	Area -	Crawl Space	Х				Pipe Insulation		504 LF		-	
						-+					+	\vdash	\vdash
		-									+	T	\Box
lame of	Registered Wa	ste Haul	er		NJDEP W	aste Haule	er ID No.	Cubic Yards of Waste		Name of Regustered La	fill		
Sales of the sales of	n Contracti	ng Co	rp.		003584	14		5+	1	Fairless Hills Lanc	1		
ity, State	and Park, N	low lo	rsav				11	Disposal Date TBD		Morrisville, PA			
omplete		iew je	1369	Title			1	Signature	X	IVIOTISVIIIE, FA	:e		-
imo G					l Mana	ger		I God	///		23/1	9	
									//				

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

	I					BESTOS ABA		CKSS	.6	6		
	PAIN	(Purs	uant t	o nja	C 8:60 and 12:	120)	JEPE	1//	Τε		
Date of Notification (1)		37-50-		Name	of Build	ing Owner/Operato	r (2)		- (1)	-1	-1-1	1
1 1 1	19			~	PR	JOHN SI	HATTE	হ				
Agency Notified	Type Notification			Street	t Address	s	Comme	[] APR 2 9	2019	1	1	
□ EPA	D'Initial							Li Alli-J	CUR	9	· Statement	envort:
E DOL	☐ Amended Amendment#			City,	State, Zip		.)=			700	-	
	D Emergency (includ	ing		<u></u>		MINIT.	N2 .	10650	1130	6		,
☑ DOH □ DCA	justification) D Cancellation	le:			of Cont	300 1450e50	数	Telephone Number	<u>G</u>	Aciema		
	1								-			
Name of Facility Where	Abatamant is Taking Di	- M	,	PAC	ILLIA M	FORMATION	T					
1	y	0.50	5				Type of Facility	y (4)				
Street Address	R. SHATE	ER			·- ·		School (K-1					40
Odect Attaless		5742				:	U Subchapter	8 (Other than K-12) rivate & commercial but	ions			
City (5)						<u>`.</u>	homes, etc.)				
Caty (5)	UMMit					•	Square Feet	# of Floors B	3. Ag		,	
	>0(4/4/F4						.6000	1 -	17	32	4	*
County (6)	Moil.		٠,	Count		7) (STATE USE		rior if being demolished		8	-5112	
					<u> </u>			ESIDENCE				
Name of Monitoring Firm (8)	nated by Suiting Own	er	ASC	A No.		Name of Abatem		TOTAL STREET		-		
Street Address							noval In	.c	V			
Sueet Addless				59 34		Street Address						
City, State, Zip Code						450 Sout	th River	St				
Out, cane, 20 code	20					City, State, Zip C						
Project Manager for Mon	inning Eigen	-1-	-11			Hackensa	ack, N.J					
- reject menager for most		1 1	elepno	ne No.		Telephone No. 201-329-	7111	License No.				
Start Date (10)	Scheduled Co	omole	fion Da	the (11)		Name of OSHA		00388		_	_	
5/7/19	5		119			And the state of t	Rovironm	ontol				
Occupancy Status During						Street Address	N T I OHIM	ental			_	_
□ Facility Classed Nassets	d During Entire Devices			5			yler St					
☐ Facility Closed/Vacate ☐ Abatement Performed	Outside of Monnat Faci	Why Wa	LI BOO	E		City, State, Zip C	igiei ol					_
A Other - Describe: 8	SO AM TO S:	30F	M	-				,N.J. 0760	5.			
Scope of Work (Check al	that apply)				,						-	
AZ23sfor≥3F				D Ren	ovation	☐ Full C	Containment with Enclosure	Negative Pressure				
2 ≥ 160 sf or ≥ 260 if			-	☐ Den			bag Procedure	*				
			-			□ Non-I	exempted (") and	l Non-Friable Procedur	T.			
		12.6	Locat				.		^	bate: Typ		nt
. Locatio Asbestos-Containing		Use	d Sole	ly by	-	Description o				M		
TO BE AB			intena Zustodi		Asbe	stos Containing Ma thermal systems	torial (ACM)	Amount (Specify	æ		En	101
IN Fac		7	Staff?	17.7		surfacing, VAT,		SF or LF)	Removal	Repair	Bolsk	100
(13)			(12)			other miscellane	ous)		Va	alr.	Encepsulate	Enclosure
		Yes	No	N/A		858		37		-	0	Ĭ
GAHAGE				1	Alles	CMAC SURFA	UNG !	135#	X	+	-	
				-	1770	-		100	1	-	\dashv	
								* 4	H	+	-	_
	0.7								+	+	-	_
Name of Registered Wast		NJ	DEPV	Vaste H	auder	Cubic Yards of	Name of Regis	formed I amelful				_
Best Remov	al Inc		No.			Waste	The or treats	THE SAME PARTY.		97		-
O7. O			17	109		3cys	CUMBERLE	AND COUNTY L	ND	FIL	L	
City, State	N						City, State	AND COUNTY L				-
Completed by	, N.J. 076	01				5/8/19	NEWBURG	H. PA. 172	Q			-
J. MAIORANO	Title					Signature /		Date		1		
ASB41	_ l Esti					1 / Me	iononi	5 4	25	119	9	
7	* Do not	use th	is form	for ast	estos lic	ensure exempted a	ctivities.	6,	,			

MCOAI MAG	[1		CATION	ate of Nev I OF ASBE to NJAC 8	STOS	ABATE			DEG	E		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Parameter Commence
Date of Notification (1) 4/24/2019 CHECK #0191			Name of	f Building (Owner/0	Operator	(2)	and the second	AP AP	F. 2	201	9	L
Agencies Notified Type Notification				rtel Lane				7.57.	AS		ger 11 f		N. Comment
DEP Amended Amendment				ate, Zip Coo ale NJ,0					n i i i i i i i i i i i i i i i i i i i	LICEN	SING	as -	6 E
DOH justification) Cancellation	ncluding	100		f Contact n george					Telephone	Number			
			FACI	LITY INFO	RMAT	ON						-	
Name of Facility Where Abatement is Taking Street Address	Place (3	5)					Sch Sub		(Other than h		ildings		
19 Hartel Lane City (5)							X Oth etc.)	vate & comme	erciai bu	Bldg. A		is,
Montvale NJ,07645			7.53 - 5.53 - 10 t T				50X10	0	1FL		50 YE		3
County (6) BERGEN				Code (7) USE ONLY)		_	Current I Empty	Use (Prior	if being demo	olished)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	I No.				nent Contr ONS CO	actor (9) ONTRACTI	NG IN	IC		
Street Address							Address HURCH	ST					
City, State, Zip Code) - -			tate, Zip 0 WOOD		J 07407	**********	100-100-1-0	- 66-	
Project Manager for Monitoring Firm		T	Telepho	ne No.			none No. 373 941	8	Licens 01301				
Start Date (10) 04/26/2019	Schedule 04/28/2		pletion	Date (11)			of OSHA SOLUTI		ONTRACTI	NG IN	C	_	
Occupancy Status During Abatement (Check	0.57					16 AV 5 3 8	Address HURCH	ST				_	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: START 7:30 AM TO	al Facility	Abatem Hours	ent		_	City, S	tate, Zip C	Code	J 07407				
Scope of Work (Check All That Apply)												- 92	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renovat Demoliti		2002		×	Mini-E Glovel	nclosure bag Proce	t with Negativ dure *) and Non-F			е	
	1	Locatio	777								Abate Ty		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solel intenan todial S (12)	y by ice/		os Cont thermal surfa		laterial (A s insulation T, or		Amount (Specify SF or LF)	Removal	Repair	7	Enclosure
Attic	100	140	X		Ve	rmiculi	te		450sf	X	1	-	
Name of Registered Waste Hauler		100	JDEP W			Yards	N	lame of Re	egistered Lan	dfill			
ATLANTIC CARTING		H	auler ID	No.	of Wa	ste	(GRAND	CENTRAL				
City, State PEN ARGYL ,PA 18072					Dispos TDB	sal Date		ity, State PEN ARO	GYL _P A, 18	3072			
Completed by LUIS ARCILA	Title PRE	SIDE	NT		5	ignature		4	1	Date 04/24	/2019		

Print Form

PAID

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

CK SOG S

	A A BEEN								_				-
Date of Notification (1)	TYJ .		P			Owner/Operator	The state of the s	REGE		W			-
Agency Notified	Type Notification		- 15		Address	3110000		11 	<u>u</u>	1.3		11	
			"		100	- Section - Sect					- [
□ EPA	D Amended		10	živ, St	ate, Zip C	ode .		it APR 2 S	į,	719		Last	3
EI DEP	Amendment#				JHM						-	Enterior	
₽ бон	Emergency (including justification)	ng	1	lame o	of Contact			Telephone Number	N				-
□ DCA	☐ Cancellation	10		1	RR	KELLEY	_	1.					
				FACIL	JTY INFO	RMATION		. The second of the second sec	-	British Charge of	40 to 10 to		OHIO
Name of Facility Where	Abatement is Taking Pla	če (3)			•		Type of Facility	(4)	_				
MARN	c shilling						School (K-1)	24				10	
Street Address	<u> </u>						☐ Subchapter	8 (Other than K-12)					
	r i	60					homes, etc.	rivate & commercial !	Mal	ngs,			
City (5)	, -			<u> </u>			Square Feet	# of Floors	Bi	- Age			Ī
2009.50.000	MTT					200	6000 .	3	1	21	Ο.	33	
Caimbe (6)			10	County	Code (7)	(STATE USE		rior if being demolish	ed				_
OHION	٠ . ر			ONLY)		•		DENCE					
	n Hired by Building Owne	er A	SCM	No.		Name of Abaten	nent Contractor (9)					-
(8)	1000 1000 1000 100 100 100 100 100 100					Best Re	moval In	C					
Street Address						Street Address						-	-
					-	450 Sou	th River	St					
City, State, Zip Code						City, State, Zip (_
	57.20			60		Hackens	ack, N.J	. 07601					
Project Manager for Mo	nitoring Firm	Tel	ephon	e No.		Telephone No.	····	License No.		-			Ī
						201-329		00388					
Start Date (10)	Scheduled Co	ompletic	on Dat	e (11)		Name of OSHA					- 1 · 1		
5/6/19	5/7	1.19					Environm	ental					_
Occupancy Status Durit	ng Abatement (Check on	ly one)	10			Street Address							
	ted During Entire Period						uyler St					_	_
Abatement Performe Describe:	d Outside of Normal Faci 8:00 AM TO 5:	Hou	is m			City, State, Zip		,N.J. 076	50				
Scope of Work (Check						В. на	ÇRCIIBUCK		~	-		-	-
			29	-6-	ovation	O Full	Containment with -Enclosure	h Negative Pressure					
223 sfor ≥ 3 lf					nolition		-Encrosure rebag Procedure						
		,			,	☐ Non	Exempted (*) ar	d Non-Friable Proce	du	1.6	bate		_
		100	Locati		-		* *			1	Ty		100
Locat	tion of		onnali d Solel		-	Description	of						Ī
Asbestos-Contains TO BE A		Mai	ntenar	ace/		tos Containing M thermal system		Amount (Specify		2	-	Eno	1
IN Fa			ustodi Stali?		65.0	surfacing, VA		SF or LF)		Removal	Repair	BOB	2009
(1	3)		(12)			other miscellan	eous)			S	=	Encapsulate	1170
-		Yes	No	N/A	1	•	•						
FIRST FL	oon lisen			J	THERM	L CLOTEN	J SU LATION	12 17		×	П		
1	1- 1-00-10	\vdash		,	1 storeday	9 9 3 10 17		7 4	•	+	П	1	-
				-	1			1	_	+	H	1	-
		\vdash		-	+					+	H	1	-
Name of Registered Wa	aste Hauler	NJ	DEPV	Vaste I	Hauter	Cubic Yards of	Name of Reg	istered Landfill	_				-
Best Remo			No.			Waste /				90.84		• ,	
			17	109		1920	CUMBERL	AND COUNT	1	ANI)Fi	LL	
City, State				0.000		Disposal Date	City, State	. 0		./ -			ĺ
	ck , N.J. 07	601				5/7/19	NEWBUR		12	40		`	
Completed by	Title	2 0				Signature	deine		Dai	1/2	x/	,0	
J. MAIORANO		imat				LV			-	12	7/1	T	_
ASR-41	* Do no	at use th	is form	n for as	shestos E	ensure exempte	dadivities		e-			-	

Α.	land in	NOT	TIFIC	ATIO	State of N	lew Jers	sey	TEMENT					
MO#25686758160	WYK	-	(P	ursua	nt to NJ	AC 8:60	and 5:1	(e)	The second second	cellation		Ĭ	3
Date of Notification (1)				Nam	e of Buildin	ng Owner	Operator	(2)	11) 15 (n 15	U		
04	24 / 19)					F	\—/					-
Agencies Notified	Type Notification				Gonnello et Address	1			AF	P 2 9	21	0	
□ EPA	☐ Initial			3000	et Address			•3	TI TI VI	11 - 0	54	3	-
☑ DOLWD	Amended			City	State, Zip	Codo							
⊠ DHSS	Amendment #		-	Mark to					ASEE	LICENS	INIO	سفات	8
DCA (NJAC 5:23-8)	Emergency (in justification)	ncludin	g	Nutle	ey, NJ 071 e of Contac	110					HAG	-	river
(10/10/0.25/0)	☑ Cancellation								Telephone N	umber			
	-				Gonnello		No. of the last of		100000000000000000000000000000000000000				
Name of Facility Where A	hotomost is Table	- DI	(0)	FA	CILITY	NFORM	ATION	-					
	voatement is Takin	g Place	€ (3)					Type of Facility					
Private house Street Address								School (K-1	2) 8 (Other than K-	4 2)			
Offeet Address								Other (i.e.,	private and com	nercial bu	ildin		
City (5)		_						homes, etc					
17 1965								Square Feet	# of Floors	Blo	dg. A	е	
Nutley, NJ 07110 County (6)				10		/0=1==							
5.10				Coul	nty Code (7)	(STATE L	ISE ONLY)	Current Use (P	rior if being dem	olished)			
Essex Name of Monitoring Firm	Hirad by Building	7111222	701	1000									
rianic or Monitoring Firm	Timed by Building	JWHEI	(0)	ASCM	No.	Name	of Abatem	ent Contractor (9)				
Street Address						Gr Tec	-						
Street Address						Street .	Address						
City, State, Zip Code							illey Rd #						
Oity, State, Zip Code						City, St	ate, Zip C	ode					
Project Manager for Moni	toring Firm		1				, NJ 074	70				-	
1 Tojout Manager for Morn	toring ritin		Tel	ephone	No.	Telephi	one No.		License No.				
Start Date (10)	School	hulad C	cmal	stion D	ate (11)	973-63			01127			03	
04/24/)4/	_2	5/			of OSHA N vision Co	onsultants,Inc					
Occupancy Status During							Address		***		_		
☐ Abatanant D	d During Entire Pe	riod of	Abate	ement		20-21	Wagaraw	Road, Bldg .#	35E				
Abatement Performed Time of Abatement:	AM- p	Facilit M/	y Hou PM		scribe AM		ate, Zip C					100000	
					_AIVI	Fair La	wn, NJ 0	7410					
Scope of Work (Check all	that apply)					F			nation with nega	tive press	ure		
>3 sf or >3 If		⊠ Re	enovat	ion		Н	Mini-Enc	tainment with Ne losure	gative Pressure				
≥ 160 sf or ≥260 lf			emoliti			\boxtimes	Gloveba	g Procedure	Tent with Negat	tive Press	ure		
		T :					Non-Exe	mpted (*) and N	on-Friable Proce	dure	1		
Location	of	100	s Loca Norma							Aba	atem	nt Ty	/pe
Asbestos-Containing N	Material (ACM)	Use	ed Sol	ely by	Asbe		scription of	terial (ACM)	Amount	Re	Re	ᄪ	En
TO BE ABA		1	intena todial	ance/ Staff?		., therma	systems	insulation.	(Specify	Removal	Repair	cap	Enclosure
(13)	У	000	(12)				cing, VAT, niscellane		SIF or LF)	val	-	Encapsulate	ure
		Yes	No	N/A	1	011101	moderianc	ous				te l	
Basement		П		×	Dina :	ılot:			2015	KZ		=	
Joine III				-	Pipe inst	nation			20 LF		Ц	1	Ш
		Ш											
				П								=	
Name of Registered Wast	e Hauler		NJ	DEP Waste	Hauler ID No.	Cubic Ya	rds of Wast	e Name of Regis	stered Landfill		Ц		ш
Gr Tech LLC									Scree Landill				
City, State				003378	33	TBI		T.R.R.F. Inc				W	
						Disposa		City, State					
Wayne, NJ 07470 Completed By (Print or Ty	pe) Title					TBI		Tullytown, P					
						Sig	nature	who wena	0	Date			
N.Jevtic	Own	ner						wic Wena	of C)4/24/19			
							U						

Date of Notification (1)	No	(Pursi	State of New TION OF ASBE uant to NJAC 8	STOS ABATE	o)	GEIX APR 2 9 2019	ne #	F	3	<u>د</u>
4-26-	19	INGI	Rapi		Sponse	DV-			Į.	
Agencies Notified	- 5000	Stre	eet Address		sponse	LICENSING	C & C &	1 - 3	4	
□ EPA 📜 Initial		07	t	,0, BE	X do	142	- 11	- * *	3	
DEP Amended Amendment	#	City	, State, Zip Coo		M	7 120	22			
DOH Emergency (including	Nar	ne of Contact	ning to	O IV	Telephone N			8	-
□ DCA justification □ Cancellation			Eddie	Coffe	n90	908-50		15	10	
Name of Facility Where Abatement is Taking	Diago (2)	F	ACILITY INFO					_	7	
S. 1. 5 1	7) <i>I</i>	1/2 .		Type of Facility					
Street Address	X U	1000 1	ling		☐ School (K-☐ Subchapte	12) er 8 (Other than K-	12)			
					Other (i.e.	private & commerc		ding	home	es,
City (5)	A 1 = 7	_	0 0 00 0	_	etc.) Square Feet	# of Floors	В	ldg.	ge	
Manville	NJ		0883	5		1		3)+-	-
County (6)			inty Code (7) ATE USE ONLY)		Current Use (Pr	for if being demolis	shed)			
Name of Monitoring Firm Hired by Building C	hunos (8)				-6.44					
FPC Table Top In	Wilei (o)	A	SCM No.	Name	of Abatement Co	9	2026	Ł		
Street Address	200		8 4 B 848	Street	Address	chaole	716	3	In	16
F.O. DOX 3.	37				O. Box	337	7.0			
City, State, Zip Code	BATT		0635	City, S	tate, Zip Code	417	A	9	P 3	9
Project Manager for Monitoring Firm	NA		999,) N	ed Edi	int m	U	5.	10	2
Troject Wallager for Worthbrings-irm	i)	1 ele	phone No.		none No. 334	License	No.	16		
Start Date (10)	Scheduled	Complet	9 758-3 tion Date (11)		of OSHA Monitor				1	
May 6, 2019	Ma	v 6	2019			hnologies	T	2		
Occupancy Status During Abatement (Check	Only One)	L		500 CO	Address	~			-	
☐ Facility Closed/Vacated During Entire P	eriod of Ab	atement				337				
Abatement Performed Outside of Norm Other – Describe:	al Facility H	iours			tate, Zip Code	/ 1	c= c1 c		_	
Scope of Work (Check All That Apply)			144-4141-4	100	ew Egypt	NU	083	2	3	
23 sf or ≥3 lf	X Rer	novation	28	В	Eull Containe	nent with Negative	Droos			
≥160 sf or ≥260 lf		nolition			Mini-Enclosur	re .	riessui	е		
±	00 W 00 00 1					cedure ed (*) and Non-Fria	ble Pro	cedi	3	
	Is Lo	ocation						21/17/00/19	ment	
Location of	Fig. 1	mally Solely by	,	Description		Table 1 Street	-	1	эе	-
Asbestos-Containing Material (ACM) TO BE ABATED	Maint	enance/	Asbesio	s Containing M hermal systems		Amount (Specify	, a		Ē	Ш
In Facility		lial Staff' 12)	(surfacing, VA	T, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)				other miscellan	eous)		oval	air	ulat	sure
	Yes	No N	/A						e	
Basement	X		A-100	OR II	es	800 SF	EX			
									000000000000000000000000000000000000000	
Name of Registered Waste Hauler			P Waste r ID No.	Cubic Yards of Waste	フー	Registered Landfi				
EPC Technologies	5	100	000	Oi Wasie	Was	te Manage	ment	L .	: P	A
City, State				Disposal Date	City, Sta	te .		Ť		
	NJ			5-7-1	1		PA			
Steve Schenker	Title	iden	+	Signature	561)	ate 🚄	1.	, 1	0
CIWE SCHOOL INEX	LIKES	1011	ı	JE .	Con Jan Che	or a	1	0	2-10	O

NOCK		NOTIFI ((Purs	ON O	F ASBI	ESTOS ABA 8:60 and 5:1	6)		ECE			The second secon	
Date of Notification (1)	25 / 19		N			Owner/Operator MVA BMB	(2)	3	APR 2	9 2019	9		4
Agencies Notified EPA DOLWD DOH	Type Notification Initial Amended Amendment #			ity, Sta	ggert Cr te, Zip Co	rossing Road de e, NJ 08648		-	ASZ JOS LICEN	SING_	OŁ.		
DCA (NJAC 5:23-8)	☐ Emergency (in justification)☑ Cancellation	cluding	N	lame of	Contact m McBr				Telephone Numb				
				FACI	LITY INF	ORMATION			7/				
Name of Facility Where A DMVA - Teaneck A Street Address 1799 Teaneck Road	rmory	g Place (3	3)				Type of Fa	(K-12) apter 8 (i.e., priv) cial build	tinç	*	
City (5) Teneck	u						Square Fe		# of Floors	Bldg 50		e d8	
County (6) Bergen					· /24100	(STATE USE ONLY	govern	ment	or if being demolis	shed)			
Name of Monitoring Firm Whitman Co	Hired by Building	Owner (8) A	SCM N	0.	Plymouth E Street Address			o., Inc.		_	(O)	-
Street Address 7 Pleasant Hill Roa	ad					923 Haws A	ACPINION TO THE REAL PROPERTY.				_		
City, State, Zip Code Cranbury, NJ 085	Control of the contro					Norristown			License No.			-	
Project Manager for Mor			732	hone N 2-390-	5858	Telephone No. 610-239-99			00398			8	
Start Date (10) 4 / 22 /	N 100 NO.	eduled Co		on Date /		Name of OSHA Plymouth E		nal Co	., Inc.			<u> </u>	
Occupancy Status Durin	ted During Entire P	eriod of A	Abatem	nent		Street Address 923 Haws	Ave						
Abatement Performe Time of Abatement:	ed Outside of Norm 7:00AM-11:00PM	al Facility 1/P	Hours M	- Desc AM	cribe	City, State, Zip Norristowr		ı					
Scope of Work (Check a ≥3 sf or ≥3 lf	all that apply)	⊠ Rei	novatio molitio				Enclosure bag Procedu	ıre	gative Pressure on-Friable Proced	ure		60.8	
			1 4			□ Non-E	Exempled ()	and No	III-I Hable I Tocco	Aba	ate	ent T	ype
Location Asbestos-Containin TO BE AF IN Fac (13	g Material (ACM) BATED cility	Use Ma Cusi	Locati Normal od Sole intena todial S (12)	ly ly by nce/		Description estos Containing e., thermal system surfacing, V other miscella	Material (AC ms insulation /AT, or		Amount (Specify SF or LF)	Removal	Vehaii	Encapsulate	Enclosure
2 nd floor mechanica	al room	Yes			pipe in	sulation			400LF wrap/cut		Е		
												븯	
												분	屵
2					Macto	Cubic Yards o	of Name	of Regi	istered Landfill		1	T	
Name of Registered W				IJDEP I	D No.	Waste			andfill				
	•			15939	9	Disposal Date	e City, S	State				8	
City, State Freehold, NJ						6/3/19	E 53000	rrisvill	e, PA				
Completed By (Print o James M. Kelly	r Type)	Title Vice P	resid	ent		Signatur	e			Date u	4	19	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 04 25 19 Haney Kaufman Agencies Notified Type Notification Street Address ☐ Initial □ DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment #_ Summit, NJ 07901 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact 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) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial building) i, homes, etc.) City (5) Square Feet # of Floors Bldg. A e Summit, NJ 07901 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Union 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-Fair Lawn, NJ 07410 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation Mini-Enclosure ≥ 160 sf or > 260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatem ıt Type Normally Location of Description of Repair Used Solely by Removal Asbestos-Containing Material (ACM) Encapsulate 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 M Duct insulation \boxtimes 60 SF Basement П X VAT floor tiles 250 SF \boxtimes Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Gr Tech LLC Waste T.R.R.F. Inc 0033785 TBD City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner Wena 04/25/2 119 ASB-41

MAY 11

()	11		ICATION	ate of Nev I OF ASBE to NJAC 8	STO	BABATE		T and a second		***************************************		- manufacture des	*****	L	And resembly the contract of t
Date of Notification (1) 04/24/2019				f Building (Casperi		/Operator	(2)	9 10 10 10 10 10 10 10 10 10 10 10 10 10	14	Al	R 2	9	201		
Agencies Notified Type Notification I EPA I Initial Amended Amendment				ddress ate, Zip Co a, NJ 07				lo lo	1	AS:	JOE JOE	iŞir	IG.	1.8	<u> </u>
□ Emergency justification) □ DCA □ Cancellation	(including		Name of Sheryl	f Contact Casperi	no	TION			Tel	ephone l	Numb	er		_	
Name of Facility Where Abatement is Takir Private Building Street Address	ng Place (3	3)	FAUI	LITTINFO	RIVIA	IION		e of Facility (School (K-1 Subchapter Other (i.e. p	2) 8 (Oth			build	inge	ome	
340 Totowa Road							1	etc.) lare Feet	# 0	f Floors	SiGlai	BI	dg. A	_	
Totowa, County (6) Passaic		T		Code (7)		0,000		rent Use (Pri vate Buildi		7.0	olished	d)	Α		
Name of Monitoring Firm Hired by Building N/A	Owner (8)	1	ASCN	M No.			of Ab	patement Cor atement, In	ntractor	(9)				·-	
Street Address						Street 11 R		ess ngren Aver	nue					-	
City, State, Zip Code						Toto	wa,	Zip Code NJ 07512							
Project Manager for Monitoring Firm			Telepho				345-	8685		License 01311					
Start Date (10) 04/22/2019 Occupancy Status During Abatement (Chec	04/25/	2019	npietion	Date (11)			Aba	SHA Monitor atement, In	C.					·	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of	Abaten	nent s		_	11 R City, S	oser State,	ngren Aver Zip Code NJ 07512	nue				_	* 	
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolii					F	ull Containmo fini-Enclosure Blovebag Prod Ion-Exempted	e cedure	-					
Location of Asbestos-Containing Material (ACM)	Use	Locat Normal ed Sole	lly ely by		os Co	escription	//ateri			mount			Abati Ty		
TO BE ABATED In Facility (13)		todial (12)		(i.e.	surf	al system facing, VA miscellar	T, or			Specify For LF)		Removal	Repair	Encapsulate	Enclosure
Basement	165	X	IN/A	Pipe	Insu	lation (v	vrap	& cut)	2-	40 LF		Х		*	
							-							-	
Name of Registered Waste Hauler D&S Abatement, Inc.		H	NJDEP W Hauler ID 0996	: : : : : : : : : : : : : : : : : : :		c Yards /aste		Name of Fairless			dfill				
City, State Totowa, NJ					Disp	osal Date)		City, Stat Morrisv		A					
Completed by Ned Joksimovic	Title Proje	ect Ma	anager			Signature	e ,	TU			Date 04/2		019		

B & G proj. #: 2019-91

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

*** Emergency ***

Check # 9261

			Emer	genc	4	CHECK	# 9201			
Date of Notification (1)	Name o	of Building Owr	ner/Operator (2))		INEC	EI	7 (2)	100	
10 14 1/12 12 1/11 19 1	11	n Murphy						la La	di li	Ē
Agencies Notified Type Notification	Street A	Address								_
EPA Initial						III III API	R 2 0 2	9	had)	
DEP	City, St	ate, Zip Code								_
DOL Amendm		ntclair, NJ 07	7042			A.C.		CLA		
X DOH	Name o	f Contact				Telephon	e Number	Mark de Col		
☐ DCA ☐ Cancellat	on Arle	en Murphy					-			
			ILITY INFORM	ATION						
Name of facility where abatement is	taking place (3)					Type of Facility ((4) I (K - 12)			
Arlen Murphy							apter o (Othe	than K	-12)	
Street Address					÷ .	1	(Private/Com		12/	
					1		Homes, etc.	T DI	J- ^	
City (5)	County (6)			Cou	nty Code (7)	Square Feet	# of Floors	BI	dg. Age	,
					te use only)	Current Use (P	rior if being c	nolishe	ed)	===
Montclair, NJ 07042	Essex					residential			200	
Name of Monitoring Firm Hired by B	dg. Owner (8)		ASCM No.		Name of Abatement (Contractor (9)		131		T
22					B & G Restorati	on, Inc.				
Street Address					Street Address 105 Ryerson R	oad				
City, State, Zip Code				_	City, State, Zip Code					_
ony, orate, zip oode					Lincoln Park, i	NJ 07035				
Project Manager for Monitoring Firm		Phone Numi	ber	-	Telephone Number		License Nu	iber		
					(973)696-6869		0037	}		
Scheduled Start Date (10)	Sched. Com	pletion Date (1	1)		Name of OSHA Moni					
04/25/2019	04/26/20	19			B & G Restorati	ion, inc.				
Occupancy Status During Abatement	_l_ (Check only on	e)		_	105 Ryerson Ro	oad				
Facility closed/vacated during e	ntire period of a	abatement.			City, State, Zip Code			-		-
Abatement performed outside of Describe:	f normal facility	hours-								
Other-Describe:					Lincoln Park, N	J 07035		-		
Scope of Work (check all that apply)				□ v	vrap & cut					
	Renovation			□F	ull Containment w/neg	ative pressure	★ Glovebag	roced	ıre	
	160 sf or ≥260 l			X	fini-enclosure]	Non-friat	proce	dure	
Location of	s location norm							R	E n	E
aspesios-contamino	staff(12)		Description material (sbestos-containing	Amount (Specify S	F or	p	C	n
abated in facility (13)	Yes N	o N/A	material	() (0111)		ĹF)	1	i	a	L
1st floor closet		×	7 pipe insula	ation		14 lf	<u> </u>	1		
]	44011	******	1411		带	H	
								市	面上	
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Ha 19563		Cubic Yards of \	Waste	Name of Registered Grand Central					
City, State Lincoln Park, NJ		Disposal I	Date 4/26/2019		City, State Pen Argyl, PA		-		-	
	Title		Signature				Date		N.	-
	Secretary/Tre	easurer			Gerdana Luna		04/22/2	119		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) ate of Notification (1) Name of Building Owner/Operator (2) JACQUELINE LEWIS 22 19 04 Type Notification Street Address Agencies Notified **⊠** EPA ☐ Initial **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment # **⊠** DOH LICENSING WILLINGBORO NJ 08046 ☐ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) ☐ Cancellation JACQUELINE LEWIS **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) SAME ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildi js, SAME homes, etc.) Square Feet # of Floors Bldg. City (5) qe SAME 1727 2 58 County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) County (6) BURLINGTON RESIDENTIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) A.E.S.L 0021 CPR ENVIRONMENTAL SERVICE Street Address Street Address 2200 PATTERSON PLANK RD UNIT 7 8421 HEGERMAN ST City, State, Zip Code City, State, Zip Code PHILADELPHIA PA 19136 NORTH BERGEN NJ 07047 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 2012864-6583 215 333-5117 01328 CARMELO ALTAMONTE Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 4 / 24 / 19 SAME 4 / 23 / 19 Street Address Occupancy Status During Abatement (Check only one) □ Facility Closed/Vacated During Entire Period of Abatement SAME Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/____ PM-SAME Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Renovation ≥3 sf or ≥3 lf □ Demolition Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Is Location Abate ent Type Normally Location of Description of Encapsulate Enclosure Removal Johan Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A X X VAT 283 **FAMILY ROOM** M 133 DINING ROOM П X VAT

NJDEP Waste Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. Waste WASTE MANAGEMENT CENTURY WASTE SERVICES 32787 City, State City. State Disposal Date

ELIZABETH NJ

TULLYTOWN PA

Completed By (Print or Type) Title Signature **ANTHONY JONES** PROJECT MANAGER

П

			5	state	e of	New J	ersey			Initial A	lon-E	riable N	lotific	ation		
	2	NO	TIFIC	ATION	OF	ASBES	TOS ABAT	EMEN	r -7)	Check:	#· 73	88 & 74	08			
6600 - NJ	PATT	(Pur	suant	to l	NJAC	8:50-	7 and 12		.,	CHECK		7 @ 1	5.1	W	ā ;	1
Date of Notificatio		11	Name	of B	uild:	ing Ou	ner/Oper	ator	(2)			5 6	L U	<u></u>	=-	-
	5 1/1 1 9	11					ansporta			At appearance	MI.					-
Agencies Notified			Stree	t. Ad	dres	S	dioporto					APR	2 9	2019	1	ا الاعت
	Type Motari		P.O.	Boy	600					1	a) bedy				_	
[X]EPA	[X]Initial Notificat	ion	City.	Sta	te,	Zip C	ode				L	ASSAULT -		: 50	â	
[X] DEP	[]Amended					8625-0						LIC.	ENSI	19		
Ø]DOL	Notificat	ion	Name							Tel	ephon	e Number				
(×1 DOH	[]Cancellat	ion								609	-530-	2031				
[]DCA			Mich				ORMATION								_	
		ic Tak	ing P				JRUMITON.	-11	Type	e of Facil	ity	(4)		-3-50 H		
Name of Facility W	here Abatement	1S lan	Ing I		,					[]School			er tha	n K-1)	
Lafayette Maintenan	ice Yard															
Street Address									Squ	cial are Feet	# O	dings, h	Bldg	. Age	_	
38 NJ-94						Count	y Code (71	_	40000		2		50	av	
City (5)		County	(6)			(STAT	E USE ON	ĽÝ)	Cur	rent Use			ng aer	MOTISI	u,	
Lafayette Twp., NJ	07848	Sussex							Ma	intenance Contract	Yard	1)				
Name of Monitoring	Firm Hired by	Build	ing /	ASCM	No.	N	lame or F	oate	meric							
Owner (8)				0003		F	our Stro	ng Bu	uilde	ers, Inc.					-	
Environmental Cons	lection, mo.					11	treet Ac									
120 North Warren S	Street					;	180 Sarg	eant	Ave	Code					-	
City. State. Zip	Code					11									100000000000000000000000000000000000000	
Trenton, NJ 08608		लर रिग	21005	078	Numb	er	Clifton, N	e Num	ber	1933		Lice	nse Nu	mber		
Trenton, NJ 08608 Project Manager E	or Monitoring	erem	erebu	01.0	00		973-614-					0080	7			_
Dominick Dercole	(10) Sch	ed.Comp	09-39	12-42 in Da	te (Name of	OSHA	Mon	itor						
Scheduled Start D		51/15	1:0:	711	191	- 11	Four Stro	ona B	uild	ers. Inc.						_,,
0 4 / 2 9 / Day	1		Dage	/ 1	ear		Street A	ddre	SS	-						
Month / Day / Occupancy Status (X) Facility Clo	DHETTIN VOGCES	ring E	ntire	Peri	.od	11	180 Sarg	eant	Ave	enue	n ===					_
of Abatement	erformed Outsid	le of No	ormal	Fac	llit	1.1	City, St	ate.	Zig	Code	Helanaria					
Hours - Desc []Other - Desc	cribe:					- 1	Clifton, N	NJ 07	013							
Scope of Work (C		apply)			•					ontainment	with	n Negati	ve Pre	ssure		•
		-65-7,	DX1	Reno	vati	on	r	IMIT	1 - E	nclosure ag Procedi		•				
[]Demol []>3 sf	or >3 1f		0.12				[D	X]Not	i-Fr	iable Pro	cedur	e				
X1∑160	sf or >260 lf			Is	1						\top		Abat	emen	:	Ξ.
				atio			Desc	ripti	Lon	of		Amount	RE	R	!	N C T.
Ashesto	ation of s-Containing		U	sed olely			Asbesto Mater	ial	(ACM	1)		(Specify		E P	3	0
Mater TO E	ial (ACM) E ABATED		by	Main	-	in	i.e., th	C 111	rfac	ing. VAL.		LF)	V	A	3	O S U
in F	(13)		Cus	stodi	.al		or othe	er mi	scel	laneous)			L	R	L	R
2Ē			Yes	No	N/A	111	0	otod	mae	tic	12	,553 SF	X		-	
Bldg. #1228 - bre	ak room & parts	office		X			& associ					70 SF	X		十	
Bldg. #1229	•			X		VAT	& associ	aleu	illas		- +		X			_
<u> </u>													-	-	1	_
							Cubic Y	ards		Name of R	egist	ered Lan	afill			_
Name of Registe	red Waste Haul	er	H	JDEP aule	was r ID	No.	of Wast	e								
Newark Carting	Co		4	509			M	7 024	-	Grand Cer	te S	ariitary L	anunn))), 	
Newark Carting, City. State	<u> </u>						Disposa	ı uat				0070				
Noverle M.I										Pen Argyl	, PA 1	8072		Date	-	_
Newark, NJ	rint or Type)	Title					Si	gnati	ure	10					•	
Bilyana Kulakov		Office	Admi	nistra	ator		4	77	5	2-				4/15/	3	
ASB-41															G46	57
JUN 95															370 (0.0)	4000

r 2000 11:00PM NJ Asbestos C	control 60	9.633.066	54	page	1	DEP	r	ПП	7 17
.04.2019 07:17 AM A.	Mac Co	ontract	ting	201	262032		E	∏ V	1.5
ICID 39 PAI	D NOT	FIGATION (NJAO 8:80 e	ABATEMEN		DOL - 10	2 9 DAY	201	-
4/33/19		MI	e. + mR.	5 582	10R	ASmith Inc	DI-(O)	1	1
gencies Notified Type Notification		Skeet Ad	dreas			1	11/	7	
EPA Initial Amended Amended Amendment		City, Bian	e. Ip Gode 1774 URA	MAKE N	0797	9	Z		1
DOH Juetification Cancellation	noluding	blamm at	Contex KA SELI	The second secon	Vicil	Takephone Nuno	per /	n_	7
	<u>'</u>		TOY IN I COM	TION			-17		
ame of Facility Where Abatement is Taking SEVIOR House Address	Pisos (3)				Bohsol (K-12 Subchapter 6 Other (i.e. pri		j i buildi	nge, hi	ewai
lly (E)					unre Feet	# of Floors	Bh	ig. Ag	
Sourt orace	Warrant Programme and American	County C	ode (7)	CU	Ment Use (Prior	If being demolish	ad)	57	
ESSEX lame of Monitoring Firm Hired by Building (Pener (5)	ABOM			betament Cont Contracting				
Freet Address				Street Add		110.			
ty, Siste, Xip Code				Oley, State	Zip Code Park, NJ 07	1432			
reject Manager for Menkering Firm	·	Telepho	ne No.	Telephons 201-262	No.	Liberes No 00156	Q.		
Hart Date (70) 4/2-3 //5	Boneduled I	Completion	Date (11)		Environmen	tal Servicer Inc	g.		
Dooupanoy Status During Abatement (Chec	Will obligation of a second			280 Hus	rese vier Street				
Facility Closed/Veceted During Entire I Abatement Performed Outside of Norm Other — Describe:	nel Facility H	SLIFE SLIFE		City, State	, Zip Cade esok, NJ 07	506			
Scope of Work (Check As That Apply) 23 of or 23 if 2160 of or 2260 if	Ren Den	nevation neition	,	PAC	Full Containms Mini-Engleture Glovebes Proc	ini with Negative P	is Pre	eadure	
Lacetton of	No	selon maly		Describility of				Abasa Typ	
Asbestos-Containing Meterial (ACM) TO BE ASATED in Facility (18)	Maint Custod	Bolely by enember liei Guarro 12)	(I.e. then	Containing Mate misi systems in unacing, VAT, o ser miscellenso	suistion,	Amount (Specify SF or LF)	Remonsi	Region	Encaphidate
BASEMENT	1.44	\\ \tau_{\tau_{\tau}}		PINK		1225	عار		-
1ST Flam	41	<u> </u>	1.	ALC T		650			X
	-		 			- La Property Communication Co	+		
Name of Registered Waste Heuler Newwerk Certing Inc.		NJDEF V Hauler ID 04509	No. of	Ubic Yards Weste / .	Grand	Registered Landin Central Benitar		dfill	
City, State Newark, NJ 07105	9			4/00 /5	Chy. Blan	gyl, PA 06072	:		٠,,
Dempleted by	Tide	Ant		Signature	TO ME		ate c	1/	1

20

Cleak H 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) 29 04 23 Trustees of Princeton University Agencies Notified Type Notification Street Address ☐ EPA E.A. MacMillian Building LICENSING **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Princeton, NJ 08544 ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Robert F. Ortego, PE (609) 258-1841 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Springdale Apartments School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildir s, 53-59 College Road West homes, etc.) City (5) Square Feet # of Floors Bldg. 1 je Princeton 7,000 3 70 · yrs. County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Mercer Apartments Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental, Inc. 00003 East Coast Haz Mat Removal, Inc. Street Address Street Address 1253 North Church Street 494 East 41st Street City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 Paterson, NJ 07504 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Michael R. Keehn (856)-840-8800 973-345-0022 00507 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05 / 02 / 19 05 / 20 / 19 Same as above Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time City, State, Zip Code of Abatement: 7:00AM-3:30PM/ PM-WrAP + Col Phot advires

Full Containment with Negative Pressure Scope of Work (Check all that apply) $\boxtimes \ge 3$ sf or ≥ 3 If ☐ Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location ent Type Abater Normally Location of Description 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)(13)other miscellaneous) Yes No N/A Unit 53-Living rm. behind book cases \boxtimes Pipe Insulation 32 LF \boxtimes Unit 59-Living rm. behind book cases M П Pipe Insulation 32 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage Waste Mgmt. - Fairless Hills

ASB-41 MAY 11

City, State

Freehold, NJ

James Unger

Completed By (Print or Type)

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

Disposal Date

May 2019

Signatur

City, State

Morrisville, PA

4-23-19

2265

Sr. Estimator/Project Mgr.

Title

Noch	N	OTIFICA	ATION	OF ASB	w Jersey ESTOS ABATEN 60-7 and 12:120-	MENT		E C	E		\mathbb{W}	E
Date of Notification (1)		(Fuisi	Jani to i	Name	e of Building Ov ON HALL UNIVE	vner/Operator (2)			-	. When the second		
4 / 23 /19				1000	t Address	EAVENUE	and the same of th	AP	P. ?	0	201	口口
Agencies Notified Type Notification EPA Initial Notification					State, Zip Code	EAVENUE	Serie Arms 1				_	
DEP X Amended Notification X DOL Cancellation	#3			SOU	TH ORANGE, N	EW JERSEY 070	F	Sil	i.		. 11 10	10
X DOH On Hold EMERGENCY NOTIFICATION	TION			MICH	e of Contact HAEL MARCONI		Telephone Nu 973-761-9439	mber	ب بالمنا مستعدد	(*************************************	and a series	erenzisti:
Name of Facility Where Abatement is Taking Place (3)			FACIL	ITY INF	ORMATION	Type of Facility					_	
SETON HALL UNIVERSITY							r 8 (Other than orivate & comm		s ho	mes, et	tc.)	
Street Address 400 SOUTH ORANGE AVENUE - McQUAID HALL						Square Feet 60,000	# of Floors			Bld	g. Aç 40+	
City (5) County (6)					nty Code (7)	Current Use (Pri	or if being dem	olished				
SOUTH ORANGE ESSEX Name of Monitoring Firm Hired by Building Owner (8)				(STATE	ASCM No.	UNIVERSITY Name of Abate	ment Contract	or (9)			_	
OMEGA ENVIRONMENTAL					3	PAR ENVIRON			ON			
Street Address						Street Address 313 SPOOK RC	CK ROAD					
280 HUYLER STREET City, State, Zip Code			0.000			City, State, Zip (Code).
SOUTH HACKENSACK, N	EW JERS		one Nur	mher		SUFFERN, NEV		cense N	umbe	r	_	
Project Manager for Monitoring Firm GEISER FAJARDO		201-48		Tibei		845-369-7500		01				
EXPECTED START DATE (10): (RESTART)	Sched.				40	Name of OSHA QUALITY ENVI	Monitor	SOLUT	ONS	& TEC	н	
12 / 26 /18 Month Day Year	Mon	4 /		23 Day	/19 Year	QUALITY ENVI	HOINWENTAL	SOLUTI	ONO	4120		
Occupancy Status During Abatement (Check only one)		10				Street Address 1376 ROUTE 9						
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Faci	of Abatem lity Hours	ent - Descr	ibe:			13/6 HOUTE 9						
X Other - Describe: MONDAY -FRIDAY 8PM-						City, State, Zip	Code WAPPINGE	DC EAL	IS N	V 1250	90	
Scope of Work (Check all that apply)					X Full Conta	 ainment with Nega		.NO I'AL	LO, 14	11 1200		
Demolition X	Renovat	tion			Mini-Encl	0:,						
>3SF OR LF X >160 SF OR 260 LF						Procedure ble Procedure						<u></u>
Location of	ls L	ocation	F6		Description of A					Abate		ype
Asbestos-containing		ally use	ed	(Containing Mater (ie. Thermal sy		Amount (Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR	
Material (ACM) TO BE ABATED		lely by /Custod	lial	i	nsulation, surfac	NGMA 10 10 40 4	SF or LF)	Ş	Α̈́	AP.	5	
in Facility (13)		aff (12)			or other miscella			P	-	SUL	SUF	
* ***********************************	Yes	No	N/A				-	-	+	1	-	
3RD FLOOR ROOMS 201,201A,203A,203B,207A,	-		-				205.05		+	+		
207B,224, 225,226, & CORRIDORS	-	\vdash		AT			835 SF	X	+	+	\vdash	
2ND FLOOR ROOMS 118,120,121,122A	-			AT			315 SF	x	+	+	\vdash	
2ND FLOOR ROOM 106	-			AT			85 SF 335 SF	X	+	+		
2ND FLOOR ROOM 104 & MAIN CORRIDOR	-			AT			170 LF	x	+	+		-
2ND FLOOR ROOMS 108,110,112,114,118,120				SI & DE	BRIS			-\hat{x}	+	+		
ATTIC-THROUGHOUT	-		X V	AT			78 SF	^	+	+	+	
<u> </u>	-									+	+	10
	-	-	-					-	+	1		8
	-			are employed					+			
		-	-						+		1	8
	-		-					_	+	1	\top	
	-							+	+	1		20
Name of Registered Waste Hauler	NJDEP	Waste		ubic Ya	rds of Waste	Name of Regis						
NEWARK CARTING INC.	Hauler	ID No.			20	GRAND CENT	RAL SANITAF	RY LANE	FILL			
369 RAYMON BLVD. City, State		913		Disposal	Date	City, State		-	1	1		
NEWARK, NEW JERSEY 07105				2/26-05	/01/19	PLANFIELD T		Date /	//	1)	1	19
Completed by (Print or Type) BENJAMIN SANCHEZ Title DIRECTOR OF OF	PERATION	NS			Signature	NN_	,	7	/	1	2/	1/

	N		ATIO	state of New Jersey N OF ASBESTOS ABATEN D NJAC 8:60-7 and 12:120-	7)	In E	3 (7 [5		M	
Date of Notification (1)				Name of Building Ow SETON HALL UNIVER			ΑĪ	30	2 0	20	
3 / 11 /19				Street Address		TU U	11	- Ch	6 0		
Agencies Notified Type Notification				400 SOUTH ORANGE	EAVENUE						
DEP X Amended Notification	#2			City, State, Zip Code SOUTH ORANGE, NE	EW JERSEY 070	times con-	Sim	LIC	ENSI	NG	نائد گذ
X DOH On Hold	TION.			Name of Contact MICHAEL MARCONI		Telephone Num 973-761-9439	ber				
DCA EMERGENCY NOTIFICA	TION		EΔC	CILITY INFORMATION		070 707 0100				_	
Name of Facility Where Abatement is Taking Place (3)			IAC	ALIT I IN CHARTMAN	Type of Facility					2	
SETON HALL UNIVERSITY					School (K- Subchapte X Other (ie. p	12) r 8 (Other than K private & commo	(-12) I. bldg:	s., hor	nes, etc	o.)	
Street Address					Square Feet 60,000	# of Floors 3				. Ag 0+	
400 SOUTH ORANGE AVENUE - McQUAID HALL				County Code (7)	Current Use (Pri	No. 2015	lished)		-	-	
City (5) County (6) SOUTH ORANGE ESSEX				(STATE USE ONLY)	UNIVERSITY						
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.	Name of Abate	MENTAL CORP	r (9) Drati	ON			
OMEGA ENVIRONMENTAL Street Address					Street Address						
280 HUYLER STREET		dipolic de la constante de la			313 SPOOK RC			2011-000		_	
City, State, Zip Code SOUTH HACKENSACK, N	IEW IEB	SEY 07	606		City, State, Zip (SUFFERN, NEV	V YORK 10901					
Project Manager for Monitoring Firm	ELVY OLI II	Teleph	none N	lumber	Telephone Num	ber Lice	nse N	umbe	r		#
GEISER FAJARDO		201-48			845-369-7500 Name of OSHA	110	1			-	
EXPECTED START DATE (10): (RESTART)	Sched.			Date (11) 01/ /19	QUALITY ENVI	NONITOR RONMENTAL S	OLUTI	ONS	& TECH	1 .	
Month Day Year	Mo			Day Year	Street Address						
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 6PM	ility Hours	nent s - Desc	ribe:		1376 ROUTE 9	Code					
Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF	Renova	ation	×	Mini-Enclo Glovebag	ainment with Nega o: , Procedure ole Procedure	WAPPINGER ative Pressure	5 FAL	.L3, N			
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	norr s Main S	Locationally us olely by t/Custo taff (12	ed dial	Description of As Containing Mater (ie. Thermal sy insulation, surfact or other miscella	ial (ACM) /stems ing, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	Abaten	ENCLOSUR	уре
	Yes	No	N/A				+	1	1		
3RD FLOOR ROOMS 201,201A,203A,203B,207A,	+-	+-	\ <u>'</u>	NAT.	complete	835 SF	х				
207B,224, 225,226, & CORRIDORS	+	+	X	VAT	Complete	315 SF	×	\top			
2ND FLOOR ROOMS 118,120,121,122A	-	-	X	VAT		85 SF	X				
2ND FLOOR ROOM 106	-	-	X	VAT		335 SF	X				
2ND FLOOR ROOM 104 & MAIN CORRIDOR	+-	+		TSI & DEBRIS	complete	170 LF	x				
2ND FLOOR ROOMS 108,110,112,114,118,120	+	+-	X		complete	78 SF	X				
ATTIC-THROUGHOUT	-	-	X	VAT		17001	1	\top			
	_	+-	-				1	+		П	
	-	-	+				1	\top			
	-	-	+				-	+			-
		+-	-	-			-	1			×
	-	+	-				+	+	1		
	-	+	-			+	+	+	1		
Name of Registered Waste Hauler NEWARK CARTING INC.		P Wast r ID No 913		Cubic Yards of Waste 20	Name of Regis	stered Landfill FRAL SANITARY	/ LANI	DFILL		t	
369 RAYMON BLVD. City, State		910		Disposal Date	City State	TOWNSHIP, PA					
NEWARK, NEW JERSEY 07105 Completed by (Print or Type) PEN JAMIN SANCHEZ DIRECTOR OF C	PERATIO	ONS		12/26-05/01/19 Signature	IPLAINFIELD		ate	3	-11	_	9

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) SETON HALL UNIVERSITY Date of Notification (1) Street Address /19 400 SOUTH ORANGE AVENUE Type Notification Agencies Notified City, State, Zip Code CCERCING Initial Notification SOUTH ORANGE, NEW JERSEY 07079 Amended Notification DEP Cancellation DOL Name of Contact Telephone Number On Hold DOH MICHAEL MARCONI 973-761-9439 **EMERGENCY NOTIFICATION** DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) SETON HALL UNIVERSITY Other (ie. private & commcl. bldgs., homes, etc.) # of Floors Bldg. Age Square Feet Street Address 60 000 40+ 3 400 SOUTH ORANGE AVENUE - McQUAID HALL Current Use (Prior if being demolished) County Code (7) City (5) County (6) (STATE USE ONLY) UNIVERSITY SOUTH ORANGE ESSEX ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION 3 OMEGA ENVIRONMENTAL Street Address Street Address 313 SPOOK ROCK ROAD 280 HUYLER STREET City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 SOUTH HACKENSACK, NEW JERSEY 07606 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 1101 845-369-7500 201-489-8700 GEISER FAJARDO Name of OSHA Monitor Sched. Completion Date (11) EXPECTED START DATE (10): (RESTART) QUALITY ENVIRONMENTAL SOLUTIONS & TECH. 01/ /19 12 / 26 /18 5 / Year Day Day Month Street Address Occupancy Status During Abatement (Check only one) 1376 ROUTE 9 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 4PM-12AM City, State, Zip Code WAPPINGERS FALLS, NY 12590 Full Containment with Negative Pressure Scope of Work (Check all that apply) Renovation Mini-Enclos. Demolition Glovebag Procedure >3SF OR LF Non-Friable Procedure >160 SF OR 260 LF Description of Asbestos-Abatement pe Is Location Location of Containing Material (ACM) Amount **ENCLOSUR** ENCAPSUL Asbestos-containing normally used REMOVA REPAIR (Specify (ie. Thermal systems solely by Material (ACM) insulation, surfacing, VAT, SF or LF) Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) in Facility (13) No N/A 3RD FLOOR ROOMS 201,201A,203A,203B,207A, 835 SE VAT complete 207B,224, 225,226, & CORRIDORS X 315 SF X VAT 2ND FLOOR ROOMS 118,120,121,122A X 85 SF VAT 2ND FLOOR ROOM 106 335 SF 2ND FLOOR ROOM 104 & MAIN CORRIDOR VAT X TSI & DEBRIS 170 LF X complete 2ND FLOOR ROOMS 108,110,112,114,118,120 78 SF VAT ATTIC THROUGHOUT Cubic Yards of Waste Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler GRAND CENTRAL SANITARY LANDFILL 20 NEWARK CARTING INC. Hauler ID No. 369 RAYMON BLVD. 913 City, State PLAINPIELS TOWNSHIP, PA Disposal Date City, State 12/26-05/01/19 NEWARK, NEW JERSEY 07105 Signature Date Completed by (Print or Type) DIRECTOR OF OPERATIONS BENJAMIN SANCHEZ

State of New Jersey

or handled and extension. "S	NOT (F	IEICATIO	tate of New Jersey NOF ASBESTOS ABATE NJAC 8:60-7 and 12:120	-/)		3 (а [<u>с</u>			
	7,	dioddin t	Name of Building Ov SETON HALL UNIVE	wner/Operator (2)		Al	PR.	2 5	20	
Date of Notification (1)			Street Address		1 1					
12 / 17 /18			400 SOUTH ORANG	E AVENUE	-			i.		
Agencies Notified Type Notification			City, State, Zip Code				110	ENE.	iNG	12.4217 · · ·
DEP Amended Notification			SOUTH ORANGE, N			- 17-7-1			and the Park	33.2557
X DOL Cancellation			Name of Contact	10	Felephone Number 1973-761-9439	er				70
X DOH ON HOLD EMERGENCY NOTIFICAT	TION		MICHAEL MARCON		7,3-701 3400					
in Taking Place (3)		FAC	CILITY INFORMATION	Type of Facility (31			
Name of Facility Where Abatement is Taking Place (3)				School (K-1	8 (Other than K-	12)				
SETON HALL UNIVERSITY				X Other (ie. p	rivate & commcl.	bldgs.	, home	es, etc	.) . Age	-
Street Address				Square Feet 60,000	# of Floors 3)+ D+	
400 SOUTH ORANGE AVENUE - McQUAID HALL			County Code (7)	Current Use (Price	or if being demolis	shed)				A
City (5) County (6)			(STATE USE ONLY)	UNIVERSITY Name of Abaten			-		_	-
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	PAR ENVIRONM	MENTAL CORPO	RÁTIC	N			-
OMEGA ENVIRONMENTAL				Street Address 313 SPOOK RO						
Street Address 280 HUYLER STREET				City, State, Zip C	Code					
City, State, Zip Code SOUTH HACKENSACK, N	IEW JERSE	Y 07606		SUFFERN, NEV	V YORK 10901	se Nu	mber		_	
Project Manager for Monitoring Firm	T	elephone		Telephone Num 845-369-7500	1101					
GEISER FAJARDO	Sched Co	01-489-87 ompletion	Date (11)	Nema of OSHA	Monitor RONMENTAL SC	LITE	NIS &	TECH	Н	
EXPECTED START DATE (10): (RESTART) 12 / 26 /18		5 /	01/ /19 Day Year		HONNIEN I AL SC	LOTIC	J140 0			
Month Day Year (Check only one)	Month		Day	Street Address						
	of Abateme	nt Doscribe:		1376 ROUTE 9						-
Abatement Performed Outside of Normal Fac	Jilly Flours	Describe.		City, State, Zip	Code WAPPINGERS	SFAL	_S, N	/ 1259	90	
			X Full Co	I ntainment with Nega						1
Scope of Work (Check all that apply) Demolition X	Renovation	on	Mini-Er	iclo:, ag Procedure						
>3SF OR LF			X Non-Fr	iable Procedure		-				
X >160 SF OR 260 LF Location of	' Is Lo	ocation	Description of	Asbestos-	Amount	B		Abate		rpe
Asbestos-containing		ally used	Containing Mar		(Specify	REMOVA	REPAIR	NC A	ĮČ.	
Material (ACM) TO BE ABATED		ely by Custodial	insulation, surf	acing, VAT,	SF or LF)	NA!	B	ENCAPSUL	ENCLOSUR	
in Facility (13)		aff (12) No N/A	or other misc	ellaneous)		1	-	1	D	27-
	Yes	NO IN				_	-	-	-	() <u> </u>
3RD FLOOR ROOMS 201,201A,203A,203B,207A,	_	X	VAT ¥		835 SF	X	1	+-	+	Name of the last o
207B,224, 225,226, & CORRIDORS	_	×	VAT		315 SF	X	+	+	+	
2ND FLOOR ROOMS 118,120,121,122A		X	VAT		85 SF	X	+	+	+	-
2ND FLOOR ROOM 106 2ND FLOOR ROOM 104 & MAIN CORRIDOR		X	VAT		335 SF	X	+	+	+	×
2ND FLOOR ROOMS 108,110,112,114,118,120		x	TSI & DEBRIS ✓		170 LF	X	+	+	+	
		×	VAT		78 SF	X	+	+	+	-
ATTIC-THROUGHOUT						+	+	+	+	8-
					_	+	+	-	+	R
					+	+	+	+	+	
						+	+	+	+	-
					+	+	+	1	+	
						+	+	1		
			Cubic Yards of Waste	Name of Rec	istered Landfill				T	(v)====================================
		Waste ID No.	Cubic Yards of Waste	GRAND CEN	TRAL SANITAR	Y LAN	IDFILL	3		
Name of Registered Waste Hauler	IHAIIIPI									
NEWARK CARTING INC.	Haulei	913	Dienceal Date	/ City State/						
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105	Haulei		Disposal Date 12/26-05/01/19 Signature,	City, State PLAINFIELD	TOWNSHIP, PA	ate		1		718

PA			9	tate of Ne	w loreou	,			36	4)		Pri	nt Fo
C/L2364			ICATIOI ursuant	N OF ASB t to NJAC	8:60 and	ABATE 12:120	0)		E-G	E		\mathbb{V}	3 1 3	
Date of Notification (1) 04/19/19				of Building vnanian				In					Andrewson Co.	
Agencies Notified Type Notification			Street A	Address	t Ave.				I APF	1 2	y	2019	-	U)
EPA X Initial Amended Amended				ate, Zip Co					AGA	511	4	1200		
DOL Amendment Emergency justification)	(including	_		n, NJ 08 of Contact	3837					KUPN	SW	G G	*	
DOH justification) DCA Cancellation			AN THE SEASON	Crane					732-22					
Name of Facility Where Abatement is Takir	g Place (3)	FAC	ILITY INFO	ORMATIC	ON	Туре	of Facility (4)					
Essex County Hospital Street Address								School (K-12		14.40				
204 Grove Ave.							×	Subchapter 8 Other (i.e. pri etc.)	Other than ivate & com	n K-12 mercia) ıl bui	ldings,	me	es,
City (5) Cedar Grove							Squa	re Feet	# of Floor	s	100	Bldg. A	-	
County (6)				Code (7)			0 Curre	ent Use (Prior	of being der	nolish	1.5	0	_	
Essex				USE ONLY)		den	nolision del	bris		ř.			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	И No.				atement Contr rvices Inc.	ractor (9)					
Street Address		-5				Street		774					6. 	
City, State, Zip Code						100000000000000000000000000000000000000		e Ave. Lip Code						
Deliver to Market St							_	n, NJ 0705					_	
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 862-			011	ise No 07).			
Start Date (10) 04/29/19	05/04/	19	npletion	Date (11)	77			HA Monitor alodka		2016			(S) 	
Occupancy Status During Abatement (Chec			750			Street		ro,						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nom Other – Describe:	Period of a raility	Abaten y Hours	ement 156 Maple Ave. City, State, Zip Code Wallington, NJ 07057									_		
Scope of Work (Check All That Apply)	25000000		100				-	-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mir Glo	Il Containmen ni-Endosure ovebag Proce n-Exempted (dure					
6		Locati						Zampisa (y and mon	, nabi	, , , ,	Abater Typ	∍nt	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility No Used Maint Custoo						of aterial insula T, or eous)	(ACM)	Amount (Specify SF or LF))	Remova	Repair	1	Enclosure
	Yes							N/A () () () () () () () () () (ф
building 13	building 13							t	80 Yards	S	Ci	BAN	i,	j)
					with	concre	ete				\ 	-	-	_
													-	\dashv
Name of Registered Waste Hauler Atlantic Carting Inc.	1	Н	JDEP W auler ID 6085		Cubic Y of Wast 80			Name of Re	egistered La	ndfill				
City, State Wayne, NJ					Disposa 05/06/			City, State Pen Argy	/I PΔ				_	
Completed by Leslaw Nalodka	Title Pres	ident				nature		VA.	., . , .	Date 04/	19/	 19	a	

Date of Notification (1) Agencies Notified Type Notification Street Address DEP Amended A))s,
Agencies Notified Type Notification Street Address	35,
Street Address Stre	ж,
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Street Address Street Address City (5) County (6) County (6) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial bedings, home etc.) Square Feel # of Floors County (6) County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9) ACLISIANCE Street Address Street Address	35,
County (6) County (6) County (7) (STATE USE ONLY) County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address	
Name of Monitoring Firm Hired by Building Owner (8) Street Address (STATE USE ONLY) Residence of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AULTS STOCK Street Address	
Street Address	
City, State, Zip Code City, State, Zip Code	
Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 1000 20042 - 2000 6	
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Street Address	
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 100-100-100-100-100-100-100-100-100-100	
Scope of Work (Check All That Apply) 23 sf or ≥3 if Pull Containment with Negative Press to Nini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable P	
Location of Normally Description of Type Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Asbestos Containing Material (ACM)	m
TO BE ABATED In Facility (13) Ves No N/A (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Enclosure
exterior X Siding 120017 4	
Name of Registered Waste Hauler ACCINS SIGNATURE NUMBER Waste Cubic Yards of Waste City, State Disposal Date City State	_
Colt Nect New Title Signature Date City, State Completed by Bigginature Completed by Secretary Treasure Date 19	

CK 4 4802 PAJUD

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

PAU	NOTIFIC	ATIC	N OF A	SBESTUS A C 8:60 at	nd 12:120)	1000	U Li /	APR 4 5 6	JUIU	Lorenz	1	1
3'	(Pur	suan	(10 No.	Iding Owne	r/Operator (2	2)	11	0)		
ate of Notification (1) 743 - 19		Nam	ne of bu	Tom	WELS	H	BUILD	LICENTIN	G			1
N. History		Stre	et Addre	ess /	Pomo	AINC	ALE	The state of the s		=	=	4
encies (40tilios				Zip Code				0803	2.2			
DEP Amended		City	, State,	HADY	DON FIT	FU)	N.T	elephone Numb				1
BOL Emergency (inclu- justification)	ding	Nar	me of Co	ontact			,	еторгюто		=		4
DOH Cancellation				TOM						_		4
DCA CONTROL		F	ACILIT	Y INFORMA	NOITA	Type	of Facility (4)					
ame of Facility Where Abatement is Taking F	Place (3)					□ Sc	hool (K-12)		2)			1
ame of Facility Where Abatement RESIDENC	=	_				VI Ot	her (i.e., priv	ate & commerc	ial buildi	JS.		
treet Address	4.1	1	0			l ho	re Feet	# of Floors	Bld	Age	2	
						100	20		=15	=	_	=
ity (5) AUALDAI				ode (7) (S	TATE	Curre	nt Use (Prio	r if being demo	lished)			_
		1	JSE ON	V)			VACK	WII				
	umer .	T AS	CM No.	Nat	me of Abater	ment Co	TAIC			=		=
lame of Monitoring Firm Hired by Building O		_		1	KLEM eet Address							
N/A					369	5 3	PRUC	E AVE		=		_
Street Address		_		Cit		Code	THANE	1.17	081	5	2	_
City, State, Zip Code							SHADE	License No.	2.7			
	—	relept	hone No	Te	elephone No.	79-	0472	-01	51	=	=	=
Project Manager for Monitoring Firm	.				ame of OSH	A Monito	X .					
Schex	duled Con	pletic	on Date	(11)	31.0		NA			=		
Start Date (10)				- S	treet Addres	ss		8)		=		
Occupancy Status During Abatement (Che	eriod of Al	batem	nent	_	City, State, Zip	Code						
Occupancy Status During Abatement (Cree X Facility Closed/Vacated During Entire Pro Abatement Performed Outside of Normal	al Facility	Hours	5	10	ony, State. A	, 000-				=		_
Abatement Performed Odds.							ment with Ne	egative Pressu	re			
Scope of Work (Check all that apply)					Mini-	Enclosu	ıre					
	☐ Ren	ovation	on n		Glov Non-	ebag P	rocedure ted (*) and N	Ion-Friable Pro	cedure	Aba	teme	nt
≥3 sf or ≥3 lf ≥ ≥160 sf or ≥260 lf	_						10			1	Гуре	_
	No	ocatio mally	/		Description	on of	611)	Amount	Γ		1	E
Location of	Used	Solet tenar	y by noe/	Asbesto	Descriptions Containing	Materia	il (ACM)	(Specify SF or LF		Damarial	Repair	Encapsulate
habactos-Containing Material (ACM)	Cu	stodie	al		surfacing, \other miscell			31 01 21	'	lour	막	ulate
IN Facility		(12)			other miscen	a loos	'				\perp	_
(13)	Yes	No	N/A			5 · F /		1250	5+2	(
	+		X		TRAN	2116		- 1-1-			_	
SIDING	=		1					-		1	1	
	=		1									
	+				Cubic Yard	is	Name of R	tegistered Land	Hill	.Λ		
TWeste Harler	=	1	NUDEP	Waste ID No.	of Waste		C.V	M. C. A	4.11	<u></u>		_
Name of Registered Waste Hauler		_	179	04_	Disposal D	ate	City, State	. a.c. D	115			
KLEMED 9		_					W	000 BU	Datei	7		19
City. State MAPLE SHADE	N	7			Signa	ture _ ()	107/		4.	1) ~	닏
Completed By	Title S	UP	L		M	لس	10/10				3.2	
MicHAEL KLEMM			<u> </u>			o over	nted activitie	es.				

CKE 4802

PAID

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

间追	C	E		M	And the control of th
	APR	2	9	20	American Constitution of the Constitution of t

		(P	ursua	nt to	NJAC 8	:60 and 12:120	')		1			1	1 (
			Na	me of	Building	Owner/Operator	(2)	1	Ti common	11/	ن کیاں	cardin L	
Date of Notification (1	73-19		_		Joi	INATHON	HX	IMN	EXCAUAT	100	same/et-	=	1
Agencies Notified	Type Notification		St	reet Ad	ddress	0 30	1 - 10	98	a contract of the second			_	
D BPA	TX Initial		L=		<u> </u>								1
□ DED.	Amended Amendment #_		Ci	ty, Stat	e, Zip Co	APE MA	y Co	WRT	HOUSE		1	_	
DOL DOL	Emergency (inc	duding	-		Contact		1		Telephone Number	2	1.0		
Ø DOH	justification) Cancellation		Na	ame or	To	MN			609-780	-5	10		
□ DCA	Carlocidoon					ORMATION					3550 n		
	F	(0		FACIL	II T II'd '	ordina (Total	Type of	Facility (4	1)				
Name of Facility Whe	re Abatement is Taking	Place (3))				Scho	ol (K-12)					
	RESIDENCE						Subc	hapter 8	(Other than K-12) vate & commercial	buildii	s,		
Street Address							home	es, etc.)		Bld	Age		+
		_					Square	_	# of Floors .	5	0 +		
City (5) 5	TONE HO	AK BO	DIC				1500) (D-1	or if being demolish		=		+
	TORC I	-12		County	Code (7) (STATE	Current	Use (Pric	ANIT	54)			
County (6)	E MAY		- 1	JSE Ó		Name of Abater					=		7
Name of Monitoring F	im Hired by Building C)wner	AS	CM No	D	Name of Abater		I 1					
(8)	N.A					Street Address		1	1/20 //20		W		
Street Address	10					369	5.5	PRIX	E AUE				
Guest. 152						City, State, Zip				~-		7	
City, State, Zip Code						WIAP	LE S.	HADE	E, N.J	08	7	_	=
			Teleph	one N		Telephone No.			License No.3	71			
Project Manager for	Monitoring Firm		leich	OTIC IV	0.	036	79-01	172	7013	11	_=		-
	Tola	duled Cor	poletio	n Date	(11)	Name of OSHA	Monitor						
Start Date (10)		12	-1	9							=		ᅱ
5-2-19						Street Address	5 .		9				
Occupancy Status D	Ouring Abatement (Che	eriod of Al	batem	ent									7
Facility Closed/Va	rmed Outside of Norma	I Facility	Hours			City, State, Zip	Code						_
Other - Describe:										-			\neg
Scope of Work (Che						☐ Full C	ontainmen	t with Ne	gative Pressure				
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Ren	ovation	n		☐ Mini-E	nclosure	4110					
≥3 sf or ≥3 lf ∑≥160 sf or ≥260	, If	Den	notition			Non-B	Exempted (*) and No	on-Friable Procedu	re	pater	non!	\dashv
∑ ≥160 St 01 ≥200	"	1 1010	ocation			7				1 1	Typ		
		Nor	mally			Description	of		25 244	-	\neg		7
Local	tion of	Used S	Solely enano	by	Asbe	etos Containing N	Aaterial (AC	CM)	Amount (Specify	N.	77	Encapsulate	Enclosure
Asbestos-Contain	ning Material (ACM)	Cus	stodial		(i.e	, thermal system surfacing, VA	is insulation	η,	SF or LF)	Removal	Repair	psu	losi
TO BE	ABATED acility	4	taff? 12)			other miscellar	neous)			val	=	late	Jre
(1	13)	1											\dashv
		Yes	No	N/A			12-17		750 50	X	_		
6 10	11/			X		TRANIS	115		1000	+			
51011	NG	+-+								+	-		
	<u> </u>	+-+								+	-		
		+-+	-				-		intered Landfill				
	······································	ــــــــــــــــــــــــــــــــــــــ		JDEP V		Cubic Yards	Nan	ne of Re	gistered Landfill	1	1		
Name of Registere		_		auter ID		of Waste	_ _	C. U	1. C. M.	25	$\stackrel{\sim}{=}$		
Klth	(CO IN		-17	1-10		Disposal Date	City	, State	OBINE		8		
City, State	- SUADI-	1	II	_			- -	w 00	Tota		=		
MAPL	E SHADE	Ho I				Signatur	e 0 (N	: ".	-27	70	1_	
Completed By	16.	<u>50</u>	P.				u				_		
MICHAEL	TENUL -							ctivities					

CK# 4805

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

ME	C]	
	APR	2 9	2019	

EAL	(Pui			8:60 and 12:120	-	and the same of th	d d	-		
(1)		Nam	ne of Buildi	ng Owner/Operator	MINER	ACCE LICENSING	100000000000000000000000000000000000000			
Date of Notification (1)		l		-	MALIVIEW	A CONTRACTOR OF THE PROPERTY O		_	-	
Agencies Notified Type Notification		Stre	et Address	11 CITE	MONT !	DR. UNII	_A_	=	_	
nitial Display		_	2: 1: 7:-				-	^	C 7	1
DEP Amended		City	, State, Zip	CAPT MA	IY COUR	1 110	W)	0	521	10
Emergency (in	cluding	=	ne of Conta			Telephone Number				
DOH justification)		Nar	ne or conta					=	_	1
DCA Cancellation		<u></u>		FORMATION				_		
		F	ACILITY	FORMETION	Type of Facility	(4)				
Name of Facility Where Abatement is Takin	g Place (3)		2		School (K-1	2)				
RESIDENCE	<u>t</u>				Subchapter	8 (Other than K-12) private & commercial b	uildings			1
Street Address					homes, etc	.)		_	_	+
					Square Feet	# of Floors	Bldg. A			1
City (5) STONE 1-	LIAID B	Oil			1500	- I demoliche		=	_	+
	TUTICO			(7) (STATE	Current Use (F	Prior if being demolished	, a			
County (6) APE WAY		U	SE ONLY)		1			=		1
LANE Wind by Building	Owner	ASC	CM No.	Name of Abater	ment Contractor (+ 41/				
Name of Monitoring Firm Hired by Building (8)				- LK	Ltmed	INC		=		1
		1-		Street Address		PROF ALE	-	_		-
Street Address	84577570					ICA C TIES		-		٦
City, State, Zip Code .				City, State, Zip	DIE SHE	ADE WIJ	080	>	<u>_</u>	_
City, State, 21p code				Telephone No.	FLC	License No.	1			
Project Manager for Monitoring Firm	T	elepho	one No.	856-7	79-042	2 -0137	I _	=		-
A CONTRACTOR OF THE CONTRACTOR			- (44)	Name of OSHA	Monitor					
Start Date (10) Sch	eduled Com	pletion	Date (11)	Name of Oors	L	IIA		=	_	늬
E-1-19	2-13		1_	Street Address	s					
Occupancy Status During Abatement (Ch	eck only on	e) ·	_,	0000111				=	_	=
- A During Entire t	enou or ~~	Citonina	310	City, State, Zip	Code					
Abatement Performed Gutside of North	a raciny i	100.0	11					=	_	=
Other - Describe:					iant with	Negative Pressure				
Scope of Work (Check all that apply)				☐ Mini-F	Enclosure	Acgaure :				
≥3 sf or ≥3 lf	☐ Reno	vation	lj.		Dan and tro	Non-Friable Procedur	e			_
≥160 sf or ≥260 lf	DX Delly	Oli DOTT		Non-	Exempted () and	Titori	Ab		ent	
	Is Loc	cation						/P	- T	_
	Nom Used S	nally solely I	ру	Description	of	Amount			四	г
Location of Asbestos-Containing Material (ACM)	Mainte	enance todial		bestos Containing (i.e., thermal system	ns insulation,	(Specify SF or LF)	Ren	1	Encapsulate	1,000
TO BE ABATED		aff?		surfacing, V	A1, 01	SFOLL)	Removal	ī	sula	
IN Facility (13)	(1	12)		other misceria	(income)		=		te	1
(15)	Yes	No	N/A				17	+		T
	+-+		X :	TRAMS	ITE	2250 SE	121		-	1
5101ALG		-	1	1 CV IVS				-	_	+
									_	+
				Cubic Yards	Name of	Registered Landfill				
Name of Registered Waste Hauler			IDEP Waste	of Waste	(M. C.M.	U.	1		
		17	4984	1 5_	te- City, Stat	e = -		91		
CLIMED THE				Disposal Dat	e- City, State	DOODBIN	E	18.		_
City, State	N.					Date	70	-	9	
MAPLE SHADE	Title			Signatu	=010M	<u> </u>	-13	-(1	=
Completed By WICHARL KLINAM	SUP	<u> </u>								
WILLIAM CUMPE			55.0 va 500	· · · · · · · · · · · · · · · · · · ·	exempted activiti	es.				

OK OITAPATI			CATION	ate of Nev I OF ASB to NJAC	ESTOS	ABATE		The state of the s		EGI	5 1	Ŋ	En .	and a section of the
Date of Notification (1) 4/02/2019 CHECK #0172			Name of	f Building	Owner/C	perator	(2)		L	APR	2.9	201		巴
Agencies Notified Type Notification EPA Initial			Street A 55 HA	ddress WKINS	AVE				L	The second secon	i i i i	. n	1.8	
DEP Amended DOL Amendment				ate, Zip Co IPPANY		054		i)		بندا النوبية المجلسة المنافرة المنافرة المنافرة المنافرة المنافرة المنافرة المنافرة المنافرة المنافرة المنافرة المنافذة المنافذة المنافزة ال	ar I Carlo		en:	
DOH justification) DCA Cancellation	_			f Contact CRUZ					Tele	ephone Nu	mher			
Name of Capilla Manage Abstract is Takin	- Di /	,,	FACI	LITY INFO	ORMATI	ON	T (F.	-1114 . (4)						
Name of Facility Where Abatement is Takin	g Place (») 						oi (K-12)	i					
Street Address							Other etc.)	(i.e. priv		er than K-1 commerc		ding	home	s,
City (5)							Square Fee 50X100	et	. 305 000	Floors LOORS	- 0.00	Bldg. iO Y	ge ARS	;
County (6) BERGEN				Code (7) USE ONLY)		OCCUPA		if beir	ng demolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	No.			of Abatemer SOLUTIO				3		-	
Street Address 55 HAWKINS AVE						200	Address HURCH S	T					W	
City, State, Zip Code PARSIPPANY NJ,07054							tate, Zip Coo		7				()	
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none No. 373 9418			License N 01301	lo.		(/ <u></u>	
Start Date (10) 4/02/2019			npletion I	Date (11)		Name	of OSHA Mo		NITE	38 1 1 2 3 1 1 1 2		-	(1)	
Occupancy Status During Abatement (Chec	4/03/20 k Only Or					Street	SOLUTIO Address		II NC	KACTING	J	_	88 <u></u>	
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm	al Facility						HURCH S tate, Zip Coo						-	
Other – Describe: 4:00 PM TO 11:00pr Scope of Work (Check All That Apply)	n					ELM	WOOD N	J 0740	7					_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X C	Renova Demolit	tion ion			×	Mini-Enc Glovebag	ntainment with Negative closure ag Procedure empted (*) and Non-Fri					<u> </u>	
		Locati	555.50 Feet		-							Aba 1	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intenar todial S (12)	ly by nce/	Asbestos Cor (i.e. therma		systems cing, VA	cription of ining Material (ACM) systems insulation, ng, VAT, or scellaneous)		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT	163	110	X		PIPE II	NSULA	TION	-	7	LF	X	\vdash	-	
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yarde	Nan	ne of Ro	nieto	red Landfill				
ATLANTIC CARTING		100000	auler ID		of Was			AND (
City, State PEN ARGYL PA 18072					Dispos	al Date		, State N ARC	GYL	PA 1807	2			
Completed by LUIS ARCILA	Title PRE	SIDE	VT		S	ignature	/	<u></u>	1	Da	ate 02/2	019		

Print Form

96500	7PA		TON		ATIO		BE	STOS ABA ⁻ 8:60 and 5:1		D		C			$\overline{\mathbb{V}}$		7/1
Date of Notification (1)	24 /	19			M			wner/Operator perties Retai			April 1 to 1 t	AP	R 2	9)19		
Agencies Notified EPA DOLWD DOH	Type Notific	ed nent #_	C-107 - 711-		35 City,	et Address 0 N. Orle State, Zip sicago, IL	Code		300		L AS	Talina (1) i	IÚEI	-	1.0	Lå	
☐ DCA (NJAC 5:23-8)	☐ Emerge justificat		cludin	g	-	e of Conta				Т	elenh	none N	lumb	or.	8		1,000
(5.125 5)	☐ Cancella				100000000000000000000000000000000000000	mes Bere	530	ko		1.		-734-					
					FΔ	CILITYII	VEO	RMATION			, 02	, , ,	0012		-	_	_
Name of Facility Where A	batement is	Takino	Place	e (3)		OILITT II	VI O	KWATION	Type of Facility	(4)					_		
Woodbridge Center			,	(-)					School (K-1								
Street Address					-				☐ Subchapter	8 (0							
250 Woodbridge Ce	nter Drive								Other (i.e.,)		ite an	d com	nmerc	ial bu	gnit	js,	
City (5)									homes, etc.	*	# 05 5	loors		TDI			
Woodbridge									1,633,000		# 01 F	10015			1. A	ge	
County (6)					Cou	nty Code (71/07	ATE USE ONLY)							,		
Middlesex					000	inty Code (1)(01	ATE USE UNLT)	Current Use (P		it bein	ig aen					
Name of Monitoring Firm	Hired by Ruil	Idina C	wner	(8)	ASCM	No	Nie	mo of Abatam	ent Contractor (9								
Criterion Laboratori		ung c	WITCI	(0)	ASCIVI	INO.				5							
Street Address							-		onmental, LLC								
400 Street Road			Street Address 623 Cutler Avenue														
City, State, Zip Code															_		
Bensalem, PA 1902	n						0.00	ty, State, Zip Co									
Project Manager for Monit				Tol	phone	No	-	Maple Shade	, NJ 08052	-							
Michael Panepresso						I-1300	100	lephone No.		3		se No					
Start Date (10)		Schod	ulad C			ite (11)	4	356-755-0099	and the second second		008	342					
05 /17 /	19	_ 0	5_ /	_ 20		19	35555	me of OSHA M Criterion Lab	onitor oratories, Inc.								
Occupancy Status During							Str	eet Address									
Facility Closed/Vacated							3	370 Progres	s Drive, Suite	J							
Abatement Performed Time of Abatement:	Outside of N	ormal	Facilit	y Hou	s - Des	scribe	Cit	y, State, Zip Co	ode		-						
			# <u>5.00</u>	1 1VI-1	.00AIVI		E	Bensalem, PA	19020								
Scope of Work (Check all ≥3 sf or ≥3 lf	that apply)		⊠ Re		☐ Full Containment with Negative Pressure							16		-			
≥160 sf or ≥260 lf			∐ De	molitio	n			☐ Glovebag	g Procedure mpted (*) and No	- F	riabla	Decad					
			le	Locat	ion	T		⊠ Noll-Exel	ripted () and No)/I-F	nable	Proce	eaure		State of		iliano il
Location of	of		1	Norma	lly			Description of					-		-	ent Ty	
Asbestos-Containing N		1)		d Sole intena				Containing Mat	terial (ACM)			ount		Removal	Ronair	Encapsulate	Enclosure
TO BE ABAT				todial		(i.e		ermal systems i surfacing, VAT,				ecify or LF)		SVOI	2	apsi	nso
(13)				(12)				her miscellaned			31 (ו נר)		=		ulate	Гe
			Yes	No	N/A											CD	
Space 1025 Restroom							Caulk			10	LF						
]		
		_															
Name of Registered Waste	Hauler			N	JDEP V	Vaste	Cub	oic Yards of	Name of Regis	tere	d Lan	dfill					
Freehold Cartage				Н	auler II	5	Wa	ste	Fairless La								
City, State					15939		1 Dis	posal Date	City, State						V = 0.0		
Freehold, NJ							- 40	5/20/2019	Morrisville	P	Δ						
Completed By (Print or Typ	ne)	Title								, . ,	**		Dete		-		_
Christina Lynch			ce Pr	eside	nt of (Operation	าร	Signature	0				Date	24	10	7	E.S.



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

CK# 2105

Date of Notification (1) 04/25/19	1 000	lame of E Dany N	Building Owner/G lissim	Operator	(2)	III) IE	; C	F		M	3				
Agencies Notified	Type Notification		5	Street Add	iress				厅) - (0)	122	u	Aud annual female	-	The second second	
EPA	X Initial								1		-			+		
DEP	Amended				e, Zip Code					APR	2	9 2	019	-		
	Amendment Emergency			Chatha					Tele	phone h	Numb	er		-	-	
DOH DCA	justification)		0.00	vame or v Dany	Domage			St.	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			inii	15	1	
D DCA	Cancellation				ITY INFORMAT	ION			1 798	4	CEN			-		
Name of Facility Where	Abatement is Takin	g Place (3)		1 701	III IIII OIIIIII		Type of	Facility (4))					. 02-2-2-2		
	Residential House Street Address								School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, I							
							et		1 # 05	Floors		Ble	ig. Ag	-	-	
City (5)							Square 2000	reet	2	1 10013		15.00)+			
Chatham					-1-(7)			Use (Prior	-	na dema	lishe			-		
County (6)				County C	ode (7) SE ONLY)			iential Ho		.g donne		-,				
Morris	10 4 L. D. 0.11	Ourser (O)	Т,	ASCM		Name		ment Cont		(9)		-		-		
Name of Monitoring Fin	m Hirea by Building	Owner (8)		n/a	140.			ontractin								
n/a Street Address				11/4			t Address		3		****			-		
n/a						1	Palisa									
City, State, Zip Code						City, 8	State, Zip	Code						-		
n/a						Gar	rfield, NJ 07026									
Project Manager for Mo	onitoring Firm		Τ.	Telephon	e No.	Telep	phone No. License No.									
n/a				n/a		1	460.60			0125	5					
Start Date (10)		Scheduled	Com	pletion D	ate (11)	37.57.59.55		A Monitor								
05/04/19		05/07/19	1000000					Contractir	ng Ind					-		
Occupancy Status Duri	ing Abatement (Che	ck Only One)			et Address 0 Palisade Ave										
Facility Closed/Va	cated During Entire	Period of Ab	atem	ent			City, State, Zip Code Garfield, NJ 07026							-		
Abatement Perfor Other – Describe:	med Outside of Non Scheduled for Demo	nal Facility F	lours	i.		1000										
						Gai	meia, iv	0 07020						-	-	
Scope of Work (Check ≥3 sf or ≥3 if ≥160 sf or ≥260 if			enova emolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
							and Holl manifesto () and Hol						Abate	ier	ıt	
		1	.ocati ormal	10000	-								Ту	;		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used S Maint Custod				ly by nce/	Asbestos Co (i.e. therm sur	ntaining al syster facing, V	on of Material (ACM) ms insulation, VAT, or laneous)		Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure	
F.1.	vior	++	No	X	Tran	site Si	ningles		20	000 SF		ĸ				
Exte		+		+		e Insu		-		15 LF		×			1	
Base	ment	++		X	ΓŅ	e msu	lation			10 11		`		_	1	
															7	
Name of Registered V		NUDEP W		ic Yards Vaste		Name of			ndfill							
Harmony Contrac	ting INc			Hauler ID 033085	TB	D	GROWS Landfill									
City, State						oosal Da	te	City, Stat		D.A						
Garfield, NJ					TB		Morrisville, PA						-			
Completed by		Title			100 Sept. 10	Signatu					Da	te 1/25/	/19			
E. Cirovic	Secretary					c. W	roin				1,00	-1201				

	-	
Print	1-0	rm

Agencies Notified Type Notification Sineal Address 388 PIERMONT RD DOH DOH Emergency (including Entergency (including Entergency (including Dot) Amended Cancellation FACILITY INFORMATION Name of Facility Where Abstement is Taking Piece (3) Street Address 388 PIERMONT RD Type of Facility (4) School (K-12) S	OKO173	PAU		NOTI	FICATIO	State of N ON OF AS nt to NJA	BESTOS	SABATE	EMEN 20)	T		G [3 1	V		
Second Process Street Address Street Address Second Process Second Address Seco	Date of Notification (1) 4/08/2019 CHECK:	#0173			Name	of Buildin	g Owner	/Operato	r (2)	State of the state		APR	2 a	2010	and the same of th	
DOH Cannelment # CASTER.NJ 07624 Sementence (including Sementence Semen			1								1 1	T11 11	- 0	6013	-	Lauren 1
DOH Cancellation Name of Contact Telephone Number JEANNE BELDEN Telephone Number JEANNE BELDEN Type of Facility (4)	DEP	Amended Amendmen			City, S	state, Zip (Code		Δ.		INCHV	G	_2			
Street Address		justification)	1	Name	of Contac	:t			-	Te	elephone N	lumber		8-	
Street Address 388 PIERMONT RD School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (O	N- 65 W						Instruction and indicate	TION					-		·	
Sabchapter (6, Cher than k.7) Sabchapter (6, Cher than k.7) Subchapter (6, Cher than k.7) Subchapter (6, Cher than k.7) Sturer Feet # of Floors 50 Y 50 Y	Name of Facility Where A	batement is Takir	ng Place (3)					Тур	e of Facility	/ (4)					
Source S									×	Subchapte Other (i.e.	er 8 (Oth	ner than K	-12) rcial bu	ilding	hom	ies,
County (6) BERGEN County Code (7) Current Use (Prior if being demolished) EMPTY								are Feet	8.1020		1		-			
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)				y)		Curr	ent Use (P		(100.0)		- 1					
Street Address Street Address 24 CHURCH ST 25 Code 25 CHURCOD NJ 07407 25 CHURCH ST	Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.		Name	of Ab	atement Co	ontractor	(9)	10.11		-	<u> </u>
City, State, Zip Code City, State, Zip Code ELMWOOD NJ 07407	Street Address					Street	Addre	ess	CONT	RACTIN	NG IN	<u> </u>	8			
Project Manager for Monitoring Firm	City, State, Zip Code															
Start Date (10) O/4/12/2019 Scheduled Completion Date (11) O/4/12/2019 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City State, Zip Code ELMWOOD NJ 07407 Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf ∑ Seneovation Demolition Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 260 lf Scope of Work (Check All That Apply) ⇒ 3 sf or ≥ 260 lf Scope of Work (Check All That Apply) ⇒ 3 sf or ≥ 260 lf Scope of Work (Check All That Apply) ⇒ 3 sf or ≥ 260 lf Scope of Work (Check All That Apply) ⇒ 3 sf or ≥ 260 lf Scope of Work (Check All That Apply) ⇒ 3 sf or ≥ 260 lf Scope of Work (Check All That Apply) ⇒ 3 sf or ≥ 260 lf Scope of Work (Check All That Apply) ⇒ 2 sf or ≥ 260 lf Scope of Work (Check All That Apply) ⇒ 3 sf or ≥ 260 lf Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) ⇒ 3 sf or ≥ 260 lf Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) ⇒ 3 sf or ≥ 260 lf Scope of Work (Check All That Apply) Scope of Work (Check Al	Project Manager for Monit		Talanho	ana Na		ELM										
O4/13/2019 O4/13						201 8	373 9	418		20.00	No.					
Street Address 24 CHURCH ST Abatement Performed Outside of Normal Facility Hours City, State, Zip Code ELMWOOD NJ 07407 Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 if ▼ ≥ 160 sf or ≥ 260 if Street Address 24 CHURCH ST City, State, Zip Code ELMWOOD NJ 07407 Scope of Work (Check All That Apply) ⇒ 3 sf or ≥ 3 if ▼ ≥ 160 sf or ≥ 260 if Street Address 24 CHURCH ST City, State, Zip Code ELMWOOD NJ 07407 Scope of Work (Check All That Apply) ⇒ 3 sf or ≥ 3 if ▼ ≥ 160 sf or ≥ 260 if Street Address 24 CHURCH ST City, State, Zip Code ELMWOOD NJ 07407 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A SF or LF) BASEMENT SF or LF) SF or LF) SF or LF) SF or LF) Name of Registered Landfill GRAND CENTRAL City, State PEN ARGYL PA 18072 Completed by Title DEPONDENT: Street Address 24 CHURCH ST City, State, Zip Code ELMWOOD NJ 07407 Abai Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu Abai The procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted	04/12/2019		04/13/2	2019	npletion	Date (11)						RACTIN	IG IN		-	
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code ELMWOOD NJ 07407 Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf Location of Asbestos-Containing Material (ACM) 10 BE ABATED In Facility (13) BASEMENT X FLOOR TILE 180SF X Name of Registered Waste Hauler ATLANTIC CARTING Name of Registered Waste Hauler ATLANTIC CARTING Name of Registered Waste Hauler ATLANTIC CARTING Abatement Performed Outside of Normal Facility Hours City, State FLUI Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A N/A State Normal Facility Normal Facility Normal Facility (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Used Solely by Normal Facility Normal Facility (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Used Solely by Normal Facility Normal Facility (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Used Solely by Normal Facility Normal Facility (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Used Solely by Normal Facility Normal Facility (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Used Solely by Normal Facility Normal Facility Normally Used Solely by Normally Normally Used Solely by					Street					ss						
Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Second Demolition Description of Abala Normally Description of Asbestos Containing Material (ACM) Amount (Specify Specify Speci	Abatement Performed	d Outside of Norm	Period of A nal Facility	Abaten	nent			City, St	State, Zip Code							
≥ 160 sf or ≥260 lf Demolition Description of Abai The left Description of Asbestos Containing Material (ACM) Amount (Specify Demolition Specify Demolition Demolition Description of Asbestos Containing Material (ACM) (Specify Demolition Demolition Description of Asbestos Containing Material (ACM) (Specify Demolition Demolition Description of Asbestos Containing Material (ACM) (Specify Specify Demolition Demolition Description of Asbestos Containing Material (ACM) (Specify Specify Demolition Specify Demolition Demolition Description of Asbestos Containing Material (ACM) (Specify Specify Demolition Specify Demolition Demolition Description of Asbestos Containing Material (ACM) (Specify Specify Demolition Demolition Description of Asbestos Containing Material (ACM) (Specify Specify Demolition Demolition Description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation Specify Description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation Specify Description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation Specify Description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation Specify Description of Demolition Demolition Demolition Demolition De	Scope of Work (Check All	That Apply)						LLIVI	VVOC	D NJ U/	407					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A BASEMENT Name of Registered Waste Hauler ATLANTIC CARTING City, State PEN ARGYL PA 18072 Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Popular Amount (Specify SF or LF) To description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) To description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF To description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF To description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF To description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF To description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF To description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF To description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF To description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF To description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF To description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF To description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF To description of Asbestos Conta		50219 50000	-					×	Mini-Enclosure Glovebag Procedure							
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A BASEMENT Name of Registered Waste Hauler ATLANTIC CARTING City, State PEN ARGYL PA 18072 Completed by LIS ARCII A Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) AFOLIA A Amount (Specify SF or LF) ABOSF X Amount (Specify SF or LF) ABOSF X Disposal Date PEN ARGYL PA 18072 Completed by LIS ARCII A Date	Looption	£											Ab			
Name of Registered Waste Hauler ATLANTIC CARTING City, State PEN ARGYL PA 18072 Completed by USARCILA PENEROPENT ATLANTIC ARTING Disposal Date TDB Title Date Disposal Date TDB Signature Disposal City, State PEN ARGYL PA 18072 Date	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Sole Maintenal Custodial S				ly by nce/ staff?	Asbes (i.e.	tos Cont thermal surfac	aining Ma systems sing, VAT	laterial (ACM) Amou s insulation, (Spec T, or SF or I			pecify	Removal	Repair	-	Enclosure
Name of Registered Waste Hauler ATLANTIC CARTING City, State PEN ARGYL PA 18072 Completed by USARCILA PENERGISER ATLANTIC CARTING Disposal Date TDB City, State PEN ARGYL PA 18072 Completed by USARCILA DISPOSAL DATE Disposal Date TDB Signature Date	RASEMEN	NT.	Yes	No			FI 0	OD TII	_						6	
ATLANTIC CARTING Hauler ID No. of Waste TDB GRAND CENTRAL City, State PEN ARGYL PA 18072 Completed by Title Signature Disposal Date PEN ARGYL PA 18072 Title Signature Date	D/ (OLIVIE)	-			^		FLO	OR III	-E		18	BOSF	X		_	
ATLANTIC CARTING City, State PEN ARGYL PA 18072 Completed by UIS ARCULA Disposal Date TDB City, State PEN ARGYL PA 18072 Completed by Title Disposal Date TDB Signature Date	Section of the contract of the					DEP Waste Cubic Yards				Name of	Register	ed Landfil				
PEN ARGYL PA 18072 Completed by Title UIS ARCII A Disposal Date City, State PEN ARGYL PA 8072 Date Date				Ha	auler ID	NO.		te		GRANE	CEN.	TRAL				
Completed by Title Signature Date	PEN ARGYL PA 1807	2						al Date				PA/1807	2			
	Completed by LUIS ARCILA		100.0000000	IDEN	IT		Si	gnature	· ·			Da	ate	.019)). -0	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) D E C E												[$\overline{\mathbb{W}}$	E
Date of Notification (1) 4/23/2019 CHECK #0187			Name o	of Building	Owne		API	R 2	9	2019	3			
Agencies Notified Type Notification	Street A	Address ERGRE		All	11 -	J	2013	1						
EPA Initial Amended Amendment:	#		City, Sta	ate, Zip Co	ode				A	(\$12) L	JČE	VSI	G	üL 6
DOH Emergency (injustification) Cancellation	ncluding		Name o	f Contact					Telephone		\$			
Carlocatation	-			ILITY INFO										
Name of Facility Where Abatement is Taking	Place (3)	170	LITT IN	J111117	IIION	Туре	of Facility (4)	() () () () () () () () () ()					
Street Address 75 EVERGREEN AVE				7 			×	School (K-12) Subchapter 8 Other (i.e. pridetc.)	(Other than		buildi	ngs	iome	s,
City (5) EDISON,NJ 08837							Squa 50X	re Feet 100	# of Floors	3	75 772	lg. / YE	e ARS	;
County (6) UNION				Code (7) USE ONLY				ent Use (Prior CUPAID	if being den	nolished	i)		ik	
Name of Monitoring Firm Hired by Building C	wner (8)		ASC	/I No.		10 20 20 20 20 20 20 20 20 20 20 20 20 20		tement Contr		TING I	G INC			
Street Address					Street	Addre	accompanies and		_	-				
City, State, Zip Code		City, State, Zip Code ELMWOOD PARK,I						107407						
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph	Telephone No. 201 873 9418			License No. 01301					
			npletion	Date (11)		Name	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC							
Occupancy Status During Abatement (Check	05/07/: Only Or		Street Address						DNIRACI	_	-			
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma	al Facility	Abaten Hours	ment 24 CHUR city, State, Z					, Zip Code						
Other – Describe: START 7:30 AM TO 4 Scope of Work (Check All That Apply)	1:30 PM		ELMWOOD PARK,						J 07407				3 	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Commence	Renova Demolit				×	Mir Glo	ive Pres						
Location of	1000	Locati										nent		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	d Sole intena todial s (12)	nce/		tos Co therma surf	Description of Containing Material (ACM) ermal systems insulation, surfacing, VAT, or ther miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
DACEMANT	Yes	No	N/A		2105	INOLU A	TION			_	1		6	
BASEMANT			X	1	JIPE	INSULA	TION	1	55LF	X	-	-	-	
Name of Device and Alarm 1		- 172												
Name of Registered Waste Hauler ATLANTIC CARTING		1000000	IJDEP W lauler ID	100 CO	of W		Name of Registered Landfill GRAND CENTRAL							
City, State PEN ARGYL ,PA 18072						osal Date	City, State PEN ARGYL PA, 18072							
Completed byUIS ARCILA	Title PRE	SIDE	NT		Y. C. S. C. C.	Signature			, ,	Date 04/2	3/20	119	-	

Print Form

V 10189	PAI	NC	TIFIC (Pui	State ATION C rsuant to	of New OF ASBE NJAC 8	STOS A	BATEN	IENT	Annual Property of the Control of th		; C [$\underline{\mathbb{W}}$		
Date of Notification (1) 4/23/2019 CHECK #	0188	N	lame of B	Building O	wner/O	perator	(2)	and the second s		APR	2 9	2019			
_	Type Notification			Street Address 40 CUMBERLAND AVE ASSESSED 30.000									1,50	_ å	
DEP X DOL	Amended Amendment #			City, State VERON							Las Car	ENDI	V(Z	gat. van	(+)
DOH DCA	Emergency (in justification) Cancellation	ncluding	Name of Contact Telephone Number CAREN DONAHUE												
_ BOA				FACILI	TY INFO	RMATI	ON								
Name of Facility Where A	batement is Taking	Place (3)							of Facility (4 School (K-12 Subchapter 8	2)	than K-12	^			
Street Address 40 CUMBERLAND A	AVE							X e	other (i.e. pretc.)	ivate &	commercia	al buildi		mes	3 ,
City (5) VERONA ,NJ 07044								50X1		1FL	loors	50	dg. Ag	38	
County (6) BERGEN				County Co				occ	nt Use (Prio UPAID			ied)		×	
Name of Monitoring Firm	Hired by Building C	Owner (8)	,	ASCM	No.		Name ALL	of Abai	tement Cont ITIONS C	tractor (9 ONTR	ACTINO	SINC		122	
Street Address								Addres HUR(S CH ST						
City, State, Zip Code								State, Zip Code IWOOD PARK,NJ 07407							
Project Manager for Moni		Telephon	e No.			Telephone No. License No. 01301									
Start Date (10) 04/24/2019		d Com	pletion D	ate (11)		Name	of OSH	HA Monitor	CONTR	RACTING	3 INC			-	
Occupancy Status During				Stree 24 0					ss CH ST		Li con de la constanta				
Facility Closed/Vaca Abatement Perform Other – Describe: S	ad Outside of Norm	nal Facility	Hours	ent	10				ip Code D PARK,	NJ 07	407				
Scope of Work (Check A	Il That Apply)						_	_							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enova emolit				2	Min Glo	Il Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					
		0.000	Locati	27.55.75									Abate Ty		Ž.
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Nor Used S Maint Custod				ely by nce/	Asbes (i.e.	tos Cor therma surfa	escription taining lass system acing, V/ miscella	Materia is insul AT, or	ation,	Ar (S SF	Removal	Repair	Encapsulate	Enclosure	
BASEM	ANT	Yes	No	X PIPE INSULATION 55LF						X					
DAGEIVI	ANI														
														_	
Name of Registered Wa	200	NJDEP W Hauler ID			Waste GR			ne of Registered Landfill AND CENTRAL							
City, State PEN ARGYL ,PA 18				2.2			osal Dat	e/)	City, Star	te RGYL	PA, 180	72			
Completed by LUIS ARCILA	Title	SIDE	:NT					\ \ \ \	1,	[ate)4/23/	2019			

rint Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 4 25 JCP&L/FirstEnergy Company / Job #1903-5454 Check # 1 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 10 Legion Place- Building A □ DOLWD City, State, Zip Code **⊠** DHSS Amendment #2 Morristown, NJ 07960 ☐ Emergency (including □ DCA Name of Contact justification) Telephone Number (NJAC 5:23-8) □ Cancellation John Beirne 609-444-9922 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) JCP&L School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial building 31 Park Street homes, etc.) City (5) Square Feet # of Floors Bldg. Ac Florham Park, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Morris Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4 / 15 / 19 5 / 31 / 19 **EMSL Analytical** 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-_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ⊠ Renovation ≥3 sf or >3 lf ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abateme Type Normally Location of Description of 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)(13)other miscellaneous) Yes No N/A Exterior Pole#JC58A377.42 X Asbestos risers П 16 LF П] П П П] П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 City, State Disposal Date City, State Lumberton, NJ 5/31/19 Tullytown, PA Completed By (Print or Type) Title Signature

ASB-41 MAY 11

Gwen Trumbetti

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

Operations Coordinator

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) 24 19 JCP&L/FirstEnergy Company / Job #1901-5435 Check # Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 10 Legion Place-Building A **⊠** DOLWD City, State, Zip Code □ DHSS Amendment #2 Morristown, NJ 07960 □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Keith Slansky 973-955-7602 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJ DOT School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial building Route 71 & Asbury Ave MM564.13 to Rt. 71 & Deal Lake Rd. MM595.39 homes, etc.) Square Feet # of Floors Bldg. Ag Neptune, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC Associates AbateTech, Inc. Street Address Street Address 3 Terri Lane 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. John Lutz 609-571-7522 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __3__ / __25 5 / 31 / 19 EMSL Analytical 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: __PM/___PM-_ -AM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation Mini-Enclosure ☐ >160 sf or >260 lf Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatemer Type Normally Location of Description of Used Solely by Remova Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior Street Lights \boxtimes Asbestos Conduit 90 LF X П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 City, State Disposal Date City, State Lumberton, NJ Tullytown, PA 5/31/19 Completed By (Print or Type) Title Signature Date

Gwen Trumbetti

Operations Coordinator

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) 19 / Job #1903-5448 Check #11218 4 23 Kean University Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 100 Morris Avenue **⊠** DOLWD City, State, Zip Code Amendment #1 □ DHSS Union, NJ 07083 ☐ Emergency (including ☐ DCA Name of Contact justification) Telephone Number (NJAC 5:23-8) ☐ Cancellation Suzanne Kupiec 908-737-4804 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Kean University- Dougall Hall School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial building: 1000 Morris Avenue homes, etc.) City (5) # of Floors Bldg. Ag Square Feet Union, NJ 07083 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Union University Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental AbateTech, Inc. Street Address Street Address 1253 North Church Street 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Guilardi 856-840-8800 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4 / 23 / 19, 4 / 26 / 19. **EMSL** Analytical 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 ≥3 sf or >3 If ⊠ Renovation Mini-Enclosure ☐ Demolition ≥160 sf or ≥260 lf ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Туре Abateme Normally Location of Description of 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)(13)other miscellaneous) Yes No N/A X] \boxtimes Pipe Insulation 8 LF

Lobby П П П NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. **GROWS-Fairless** 18750 City, State Disposal Date City, State Lumberton, NJ 4/26/19 Morrisville, PA Completed By (Print or Type) Signature Date Gwendolyn Trumbetti Operations Coordinator

]

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) PSE&G / 19 / Job # 1904-5460 Check# Agencies Notified Type Notification Street Address **EPA** ☐ Initial 4000 Hadley Road ☑ DOLWD City, State, Zip Code ☑ DHSS Amendment #1 South Plainfield, NJ ☐ Emergency (including) ☐ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Patrick Dispoto 908-986-5741 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G- Madison Street Substation School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial building , 1160 Madison Street homes, etc.) City (5) # of Floors Square Feet Bldg. A : Hoboken County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hudson Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. James Proctor 609-704-8850 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4 / 22 / 19 / 17 / 19 **EMSL Analytical** 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 ≥ 3 If ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abateme t Type Normally Location of Description of 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 Control House X Door Caulk 10 LF X Control House П 95 SF X П X Cement Panels П Control House П \Box X Window Caulk 12 LF X П 4KV Yard Transite Pipe 300 LF X X Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards of Hauler ID No. Waste Grows-Fairless Landfille Environmental Transport Group, INC. 000692061 25 City, State Disposal Date City, State Flanders, NJ 5/17/19 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date Gwendolyn Trumbetti **Operations Coordinator**

-11224 PA	NO NO		CATIO	N OF AS	BESTOS ABA AC 8:60 and 5:1		DEC						
Date of Notification (1) 4 / 18	/19			Name of Building Owner/Operator (2) Millville Public Schools / Job #1707-5179 Check #11224									
☑ EPA☑ Initia☑ DOLWD☑ Ame☑ DHSSAme			10 City,	et Address 1 North 3 State, Zip (Ilville, NJ	Code	Actual Section to	ASSESS CONTROL						
(NJAC 5:23-8) justif	cation)	Name of Contact Telephone Numb											
☐ Cano	609-858-53												
Name of Facility 10th and Obstantial	· + · · · · · · · · · · · · · · · · · ·	(0)	FA	CILITY IN	FORMATION								
Name of Facility Where Abatement is Taking Place (3) Millville Senior High School Street Address 200 North Wade Blvd. Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial build homes, etc.)													
City (5)						Square Feet	# of Floors	В	ldg. A	3			
Millville						200,000	2		50+				
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)					
Cumberland						Education				NS			
Name of Monitoring Firm Hired by I			ASCM		Name of Abateme								
Brinkerhoff Environmental Street Address	Services, in	ic.	001	00	AbateTech, I	nc.				784 			
1805 Atlantic Avenue					30 Maple Ave	PO Boy 25							
City, State, Zip Code					City, State, Zip Co					_			
Manasquan, NJ 08736					Lumberton, N								
Project Manager for Monitoring Firm	1	Te	ephone	No.	Telephone No.		License No.			19			
Christopher Glowacki			32-859	9-0766	609-265-2107		00529						
Start Date (10)4 /22 /19	Scheduled 4		etion Da	1	Name of OSHA M EMSL Analyti								
Occupancy Status During Abatemen	t (Check only	y one)		1	Street Address					(K 			
☐ Facility Closed/Vacated During B					200 Route 13	0 North							
Abatement Performed Outside o				10,000	City, State, Zip Co	ode) %			
Time of Abatement:AM				_AM	Cinnaminson	, NJ 08077							
Scope of Work (Check all that apply ≥3 sf or ≥3 if ≥160 sf or ≥260 if	⊠ F	Renova Demolit			☐ Mini-Encl	ainment with Neg losure g Procedure mpted (*) and Nor		ıre					
		Is Loca	ition			(/=::=::		-	ateme	t T	vpe		
Location of Asbestos-Containing Material (A <u>TO BE ABATED</u> IN Facility (13)	N	Norma sed Sol fainten stodial (12)	lely by ance/ Staff?		Description of stos Containing Mat , thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	П 3 3 3 3 3 1 3 4 3	Enclosure		
	Yes			ļ						_	_		
Throughout		10		Window	s & Associated	Glazing	8 total						
]					
Name of Registered Waste Hauler AbateTech, Inc.		11/70	NJDEP \ Hauler II 18750	O No.	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill							
City, State Lumberton, NJ				Disposal Date City, State 4/26/19 Tullytown, PA									
Completed By (Print or Type)	Title				Signature	, , , , , , , , , , , , , , , , , , , ,		ate		-			
Gwendolyn Trumbetti	(1) (2) (2) (2) (3) (1)	tions	Coordi	inator	9			4 -1	18-1	9			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 18 JCP&L/FirstEnergy Company / Job #1904-5468 Check #11225 Type Notification Agencies Notified Street Address **⊠** EPA 10 Legion Place-Building A **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Morristown, NJ 07960 ☐ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation **Matt Turner** 215-221-9335 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) JCP&L ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial building, South Pearl & Mohawk Drive homes, etc.) City (5) Square Feet # of Floors Bldg. A 3 Red Bank, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City. State, Zip Code Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4 / 22 / 19 4 / 22 / 19 **EMSL Analytical** 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-_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation ≥3 sf or ≥3 If Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatem t Type Normally Location of Description of Repair 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)other miscellaneous) (13)Yes No N/A Electrical Infrastructure X Asbestos Risers 16 LF X П П П П Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards of Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 City, State Disposal Date City, State Lumberton, NJ 4/22/19 Tullytown, PA Completed By (Print or Type) Title Signature

State of New Jersey

Gwen Trumbetti

Operations Coordinator

PAID

NOTIF

STATE OF NEW JERSEY	000
FICATION OF ASBESTOS ABATEMENT RSUANT TO NJAC 8:60-7 AND 12:120-7	11/14
RSUANT TO NJAC 8:60-7 AND 12:120-7	00 /

Date of Notification (1) / 19			Name of PSE&G	Building Owner / Ope	rator (2)	IN IF		S I W	Ĭ.		
/ /	/			Street Ad			U广		3 11 17	Lini		
Agencies Notified		otification		-	NLEY TERRACE		5			11111		
☑ EPA DEP		Initial Amended		UNION, N	e, Zip Code IJ	Water Johnson		APR 2	2 9 2019			
☑ DOH		Amendment #		Name of		Ì		ne Numb				
DOL		Cancellation	/ justification	KEVIN KI	NIGHT	(#)	732 <u>-850</u> -	-3578				
				ACILITY II	NFORMATION		The second	LICE	KONG			
Name of Facility Whe PSE&G	ere Abatem	ent is Taking	Place (3)		Type of Facility (4)							
Charact A dalama					School (K	San Service Control of the Control o						
Street Address 2198 STANLEY TERR	RACE					er 8 (Other t , private & c						
					bldgs., ho	mes, etc.)	ininoroidi					
City (5) UNION	County (6 UNION)	County Code	(7)	Square Feet 10,000	# Of Floors		Buildin	g Age			
					Current Use (Prior if	being demo	lished)	+	40 +			
N					;PRODUCTION/OFFI							
Name of Monitoring F	-irm Hired	by Bldg. Own	er (8)	ASCM NO	1							
LANGAN ENGINEERI	NG				NORTHSTAR CONTR	RACTING GF	ROUP, INC) .				
Street Address 300 KIMBALL DR, 4Th	H EL OOP				Street Address							
City, State, Zip Code	TILOOK				32 Williams Parkway							
PARSIPPANY, NJ 070					City, State, Zip Code							
Project Mngr. For Mo BRIAN FEURY	nitoring F	irm	Telephone Nu 973-560-4857	mber	Foot Honover N I 070							
Sheduled Start Date ((10)	Sched. Comp	letetion Date (1	1)	East Hanover, NJ 079 Telephone Number							
05//06/				19_			License			- 1		
Occupancy Status Du	cupancy Status During Abatement (Check Only 1)				973-884-8682 00860 Name of OSHA Monitor							
	osed/Vacat	ted During Ent	ire Period of									
Abatement Abatement	-	d Outside of N	armal Facility									
Hours - De	scribe:	d Outside of N			32 Williams Parkway							
☐ Other - Des	scribe:	7:00 AM-3:30 I	PM		City, State, Zip Code							
Scope of Work (Chec	k All That	Annly		-	East Hanover, NJ 079	36						
Coope of Work (Office	K All Illat	uppiy)										
☑ Demolition			Renovation	<u></u>	Full Containment wit	h Negative I	Pressure			- 1		
≥3sf or_≥3l					Mini - Enclosure Glovebag Procedure							
				\Box	Non-Exempted (*) an	d Non-Friab	le Proced	ure		- 1		
Location of		ls		Descripti	ion of		I A batama	-4 T				
Asbestos Contai		Location	As	bestos - C			Abateme R	I	ĮΕ	:		
TO DE ADATE	-D	Normally	,,	Material (Amount	E	R	N	1		
TO BE ABATE in Facility	<u>:D</u>	Used Solely		e., thermal lation. surf	systems facing, VAT,	(Specify SF or LF)	M	E P	C	:		
(13)		by Main-		other misc		J. J. Z. ,	v	A	P	,		
		tenance/ Custodial					A L	l R	S			
		Staff (12)							L	1		
EXTERIOR		YES NO N/A										
ROOF			WINDOW GLA ROOFING & FI			21 EA 8,900 SF	\ \ \		1			
ROOF			ROOF TAR	Aorillo		270 SF	7		++	+		
OFFICES	Veet 1		VAT/MASTIC			300 SF	V					
Name of Registered V ENVIRONMENTAL TR	ANSPORT	GROUP INC	NJDEP Waste Hauler ID No. *00692061	Cubic Yards Of Waste -100	Name of Registered I FAIRLESS LANDFILL	_andfill						
City, State			00032001	Disposal	City. State							
FLANDERS, NJ				Date TBD	MORRISVILLE, PA		ä					
Completed by (Print o	r Type)		Title		Signature	1	/		Date			
Steve Stiles			Project Mona-		Xtee	i~ 1.	15.)	0.11	2/40		
ASB-41			Project Manage		There.	11/2			04/	3/19		

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abateme R E M O V A L	R E P A	ENCAPSUL	E N C L O S U R
	YES NO N/A						
OFFICES	☐ ☑ ☐ VAT		350 SF	1			



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NO CK.			(P	ursua	nt to NJ	AC 8:60 and 5:1	6)			1			
Date of Notification (1) 4 / 26	/19				e of Buildir izabeth C	ng Owner/Operator cameron	100	APR -2435 Chk. #53		and and an interpretation of the last			
⊠ EPA □ Init	Notification ial				et Address	0.4	¥7.	ASILO	EKSING	8			
	endment #_			1 380%	State, Zip	wick NJ 08816							
DCA Em (NJAC 5:23-8) Em	ergency (inc	luding			e of Contac	3 800 1 10 10 10 10 10 10 10 10 10 10 10 10		17.1					
(C) (I) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	ncellation				zabeth C			Telephone Nu	mber				
		-	-				COOPERATOR			8			
Name of Facility Where Abateme	nt is Taking I	Place	(3)	FA	CILITY	NFORMATION	Time of Facility	. 74)					
Residential Property		000	(0)				Type of Facility ☐ School (K-1)						
Street Address		-					☐ Subchapter	8 (Other than K-1	12)				
							homes, etc	private and comm	ercial building	1			
City (5)							Square Feet	# of Floors	Bldg. A	,			
East Brunswick							1,544	2	1962				
County (6)				Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (F	Prior if being demo	lished)				
Middlesex							Residentia		\$1000 SEC.				
Name of Monitoring Firm Hired by	Building Ow	mer (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9	9)		lie-			
Finog Enviromental						Asbestos and	d Mold Service	rices, Corp.					
Street Address						Street Address				-			
617 Stokes Road						3859 Sylon B	oulevard						
City, State, Zip Code						City, State, Zip Co							
Medford.NJ 08055						Hainesport, N	IJ 08036						
	The state of the s					Telephone No.							
Start Date (10)	ark Rubnitz					609-702-0400			519				
5/6/19	Schedule					Name of OSHA M			l l				
				_ ′ -	19	EMSL Analyti	cal, Inc.						
Occupancy Status During Abatem ☑ Facility Closed/Vacated During						Street Address							
☐ Abatement Performed Outside	of Normal Fa	a ot Al acility	bater Hour	ment s - Des	cribe	200 U.S. Rout							
Time of Abatement:AM	PM/_	20mcy	PM-	5 - 503	AM	City, State, Zip Co							
Scope of Work (Check all that app	lv)					Cinnaminson	, NJ 08077						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		Reno	ovatio olitio	on on		☐ Glovebag	osure Procedure	gative Pressure [
			ocati						Abateme	t Typ			
Location of Asbestos-Containing Material (TO BE ABATED IN Facility (13)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Used Main Custo	tenai	ly by nce/	Asbes (i.e.	Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Repair				
33 33	Y	'es	No	N/A						5			
ower Level] [Floor til	е		700 SF][
] [][
] [] [
] [][
ame of Registered Waste Hauler Waste Management			Ha	JDEP V auler ID 17273	No.	Cubic Yards of Waste 5	Name of Regis						
ity, State				11213		Disposal Date	City, State			10			
Lafayette, NJ						5/8/19	Penn Argy	le, PA					
ompleted By (Print or Type)	Title					Signature	11	D	ate ,	20 <u></u>			
Kaysi Gruner	Offic	ce As	sist	ant		KILLA	MA	1	11212/	7			
SB-41 AY 11	* Do	not us	e thi	is form	for asbesto	os licensure exempt	ed activities.		1100/1				

CK140% PA			CATION	ate of New I OF ASBES to NJAC 8:	STOS A	BATE		Pandagaryahi Panda		3 6	<u>L</u>		<u> </u>	Propries	Water the state of										
Date of Notification (1) 04/22/2019				F Building O			85 (S. O)	Billion and Comment		APR	2 5	20	19		1										
Agencies Notified Type Notification EPA Initial		- 1	Street A	ddress TNUT ST	. SUI	TE 10	1		A	Simon	DENS		HÜĹ	· franc	1										
DEP Amended Amendment #_		- 1		ite, Zip Code EWOOD,		7450			1.07.17.40	Company of the State of the Sta	A CONTRACTO	ALTERNATION CO.	Market LC												
	luding	- 1		Contact NA MLEN	NAK					lephone 01-447				-											
Name of Facility Where Abatement is Taking P	lace (3)		FACI	LITY INFOR	RMATIC	ON	Type	of Facility	(4)					=											
PRIVATE	1000 (0)						-	School (K-																	
Street Address								Subchapte Other (i.e. etc.)	r 8 (Oth			build	ings,	me	s,										
City (5) RIDGEWOOD NJ. 07450								re Feet 000	# 0	of Floors 2		BI	dg. A 98	ł											
County (6)		(County (Code (7) USE ONLY)			Curre	ent Use (Pri	or if be	ing demo	olishe	d)													
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCM	1 No.				atement Co EAST EN			TAL	LLC													
Street Address						Street 4919		ss RGENLIN	E AV	——— Е,				-											
City, State, Zip Code								ip Code W YORI	K NJ.	07093															
Project Manager for Monitoring Firm			Telephone No. Telephone No. 201 776 0642							Licens 0130				-											
27 27 17	heduled 4/25/2		npletion Date (11) Name of OSHA Monitor EMSL ANALITYCAL INC							// <u></u>															
Occupancy Status During Abatement (Check C	nly One	;)	Street Address 307 W . 38 ST.																						
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal Other – Describe:			nent																						
Scope of Work (Check All That Apply)						INLV	V 10	IXIX IV. I .						-											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				×	Mi Gl	ni-Enclosur ovebag Pro	e cedure		egative Pressure														
		ocatio											Abate Tyj	ent											
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	Solelintenan dial S (12)	y by ce/		s Conta nermal s surfaci	cription aining M systems ing, VA iscellan	fateria s insul T, or	ation,	(Speci		Amount (Specify SF or LF)		(Specify		(Specify		(Specify		(Specify			Removal	Repair	Encanculate	Enclosure
Laurenter et en en	Yes	No	N/A		FLO	OR TI			16	O SF	-	v	-	+											
Lower level room	vel room X						LE		, I J	∪ ar		Х		1											
Name of Registered Waste Hauler TRI - STATE ASSOCC		Ha	IDEP Wauler ID 1951	No.	Cubic Y of Wast TBD			Name of MINER				EIN	IC												
City, State BRONX N.Y		18	1 00		Dispose TBD	al Date	-	City, Sta	te			000000		-											
	d by Title Signature Da									Date															
CARLOS ESQUIVEL	SAFE	TY N	IANAG	SER	04/22/2019						150														

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)														
Date of Notification (1) 04/ 20/2019		T		f Building ((2)				طا	Ш	13	Lin J.
Agencies Notified Type Notification			Street A							d API	7-2	9 20	719	1
EPA Initial Amended Amendment #		_	ENGL	ate, Zip Co EWOOD					1	Teaches et al. (1) and (1)	ICEN		- i i	S2)
DOH justification) Cancellation			SHAR	f Contact A					Tel	lephone Nu	mber		-	2
Name of Facility Where Abatement is Taking	Place (3)		FAC	LITY INFO	ORMATI	ON	Туре	of Facility (4	4)					
PRIVATE Street Address							X	School (K-1. Subchapter Other (i.e. p etc.)	8 (Oth			dings,	hc	ies,
City (5) ENGLEWOOD NJ.								re Feet	# 0	f Floors		ldg. A	ge	
County (6) BERGEN				Code (7) USE ONLY)			Curre N/A	ent Use (Pric	or if bei	ing demolis	hed)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCN	/I No.			of Aba	atement Con		- 1	L LLC).	-	
Street Address									E AVE	≣.				
City, State, Zip Code	City, State, Zip Code WEST NEW YORK						NJ.							
Project Manager for Monitoring Firm	T	201					none No. License No. 1300					_		
	Scheduled 04/24/2		Completion Date (11) Name of OSHA Monitor ENVIRO-PROBE										_	
Occupancy Status During Abatement (Check		(20) () () ()	Street Address 108 LIBERTY ST.											
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:		of Abatement												
Scope of Work (Check All That Apply)							1		*******					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit				×	Mir	II Containme ni-Enclosure ovebag Proc n-Exempted	edure				•	
<u>. 1</u>	F 7575 F F						1 110	II-Exempleo	() an	u Non-Friat	JIE FIO	Abate		t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used So Mainter Custodia						of laterial insula T, or eous)	I (ACM) ation,	(5	mount Specify For LF)	Removal	Repair	Lincapsulate	Enclosure
BASEMENT	N/A	F	PIPE II	NSULA	OIT	V	1:	58 LF	X					
												H		
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Registe	ered Landfill				
TRI-STATE		Н	auler ID 9958	67070 NOCC	of Was					NTERPR		NC.		
City, State BRONX NY.					Dispos	al Date		City, State		RG OHIO)			
Completed by CARLOS ESQUIVEL SAFETY MANAGER Signature 04/20/20190														

.....

GAC# 676-2019		PAI	D				C	houft	13508
Date of Notification (1) April 23,	2019	25 25 25			Name of Building Owner CELGENE CORPO	er/Operator (2	A E	GEIV	Par
Agencies Notified IMEPA IDCA ID DOL IM DEP- No Longer REQUIRE ID DOH		Notification Initial I Amend	Notificated Notificated Notificated Notificated Notification (Notification)	tification (including	Street Address 86 MORRIS AVEN City. State, Zip Code SUMMIT, NJ 0790 Name of Contact MR. Janos Angeli Director - Engineer Construction	IUE 1	A Telepi	PR 2 9 201 hone Number) 897-4646	
Name of Facility Where Abetern	-4 (- T-)	Li- Di- (0)		FACILITY IN	FORMATION				
Name of Facility Where Abateme CELGENE CORPORATION	nt is Tai	BUILDING			Type of Facility (4) School (K-12)				
Street Address 86 MORRIS AVENUE City (5) SUMMIT	ounty (6) DRRIS		y Code (7) Use Only)	Subchapter 8 (other the Source of So	ommercial bui of Floors:	Bldg. A	<u>Age:</u> ~70+ y€	
Name of Monitoring Firm Hired by	/ Bldg. (Owner (8)	ASCM	I No.	RESEARCH LABS Name of Contractor (9)				
McCABE ENVIRONMENT SERVICES, LLC	TAL		001		GREENWOOD ABA	TEMENT	CONCIL	TANTE INC	
Street Address					Street Address	CIEWENI C	ONSUL	LIANIS, INC	
464 VALLEY BROOK AV	ENUE	#3A			268 MAIN STREET				
City, State, Zip Code					City State, ZipCode			i 	
LYNDHURST, NJ 07071 Project Manager for Monitoring Fi	rm	Telephone N	lumber	-	BUTLER, NJ 07405 Telephone Number	License	e Number		
JOHN CHIAVELLO		201-438-			973-492-0477	00840			
Scheduled Start Date (10) 05/03/2019		Scheduled 0 05/06/201		on Date (11)	Name of OSHA Monitor)			
Occupancy Status During Abate Facility Closed/Vacated Duri Abatement Performed Outsid Describe Facility Occupied During Ent SUB 8 – Friday 8AM – Monday	ng Entide of Notice Period	re Period of A ormal Facility iod of Abatem	bateme Hours nent, Are	ea Vacated (NOT	ENVIROVISION, IN Street Address 20-21 WARGARAW City, State, Zip Code FAIRLAWN, NJ 074	ROAD			
Scope of Work (Check all that app	lv)								
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\boxtimes \square \ge 160 \text{ sf or } \ge 260$				Renovation Demolition		Mini-Enclose Glovebag Pr	ıre (Tent) ocedure	Negative Press	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Solel	cation Normall y by Maint. odial Staff? (1: NO	•	Description of Ash (ACM) (i.e. therma VAT, or other mise	pestos Containing Material al systems insulation, surfaci	Amou	nt fy SF	Abatement Type Remove Repair E	
1204/1204-1		X		Flooring & Mast base, etc.)	ics (floor covering, cove	350 S	F I	X	
				buoc, cto.j					-
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509		NJDEP Wast		I : ID #	Cubic Yards of Waste: 20 CY			f Registered Land .W.S. North L	
Notes: None						Disposal Da 05/06/20		City, State 100 New F Morrisville, 215-736-11	a 19067
Completed by (Print or Type) RAYMOND C. PEDALINO Title SENIOR PROJECT MANAGER				т	Signature Raymond C. Pedalino Date April 23, 2019				

Copies To: CELGENE CORP. Attn: Mr. Janos Angeli & Ms. Jennifer Demilio and McCabe Environmental Svcs. LLC Attn: M John Chiavello

Chef# 3234

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) April 24, 2019 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ENVIRONMENTAL HEALTH & SAPETY DEPT. ☑Initial Notification **P**EPA □ Amended Notification # 74 STREET 1603, BLDG 4116, LIVINGSTON CAI PUS DCA ■ Emergency (including City, State, Zip Code X DOL PISCATAWAY, NJ 08854 justification) ☑ DEP- No Longer REQUIRED Name of Contact Telephone Number **□**Cancelled X DOH MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SMITH HALL, BLDG# 7223 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) NEWARK CAMPUS Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ yea s City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC NEWARK **ESSEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/03/2019 05/06/19 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ■Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Press *e ≥ 3 sf or >3 lf **X**Renovation ☐ Mini-Enclosure □≥ 160 sf or ≥ 260 lf □ Demolition Glove bag Procedure / Wrap & Cut X Non-Exempted (*) and Non-Friable F ∋cedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial (Specify SF Staff? (12) Remove Repair El ap Enclose VAT, or other miscell.) or LF) YES NO NA Room 341 X VAT 100 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Lanc Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State rd Mill 100 New F Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morris ille, Pa 05/06/2019 NJ DEP # 4509 19067 215-736-1 0 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT April 24, 2019 Raymond C. Pedalino

MANAGER

JK1551 PAI		NOTI	FICATIO	State of N ON OF AS nt to NJA	BESTOS	ABATE	MEN	т		E C			P 7	rint For
Date of Notification (1) 04/23/2019			Name Paso	of Buildin cack Val	g Owner. ley Reg	Operator Jional H	r (2) ligh	School Di	strict -	APF	2	9 2	9	
Agencies Notified Type Notification Type Notification Initial	n		28 W	Address Vest Gra		nue			<u> </u>	Si.	į.		10	
□ EPA □ Initial □ Amended □ Amendmer □ Emergency				State, Zip (tvale, N.						- mercusian	UE.	v.StraG	Physic	and the state of
DOH justification Cancellatio)	g		of Contac ela Baxl	-					one Nun 358-700		_	-	
Name of Facility Where Abatement is Taki	ng Place	(3)		CILITY IN	FORMAT	ION	Tyn	e of Facility	(4)					
Pascack Valley Regional High Sc Street Address 200 Piermont Avenue	hool Gy	mnas	ium				×	School (K- Subchapte	18.5186 - 1.5196	nan K-12 ommercia) al bu	ildings,	mc	ies,
City (5) Hillsdale, NJ 07642								etc.) are Feet 0,000	# of Flo			Bldg. A	1000000	
County (6) Bergen			County (STATE	Code (7)	y)		Curr	rent Use (Pri	or if being o	demolish	112		5	
Name of Monitoring Firm Hired by Building AHERA Consultants, Inc	Owner (8)	ASC 005	M No. 7		Name Nari	of Ab Con	atement Cor struction,	ntractor (9) LLC	*		t.	_	
Street Address P.O Box 385						Street 63 Le		ess er Stockin	g Path				(1)	
City, State, Zip Code Oceanville, NJ 08231					(2)			Zip Code ark, NJ 07	7035					
Project Manager for Monitoring Firm John Smoyer			Telephone No. Telephone 609-652-1833 862-264						License No. 01306					
Start Date (10) 05/06/2019	06/14/	I van Oonstruction,												
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of	eriod of Abatement 63 Leather Il Facility Hours City, State, Zi						r Stocking	g Path	150		L		
Scope of Work (Check All That Apply)			-		_	Linco	In Pa	ark, NJ 07	7035				E(
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	grander and the same of the sa	Renova Demolit				×	Mi	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure					12
Location of	1	Locati	у		Des	cription o						Abater Typ	int	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solei intenar todial S (12)	ice/		tos Conta thermal surfac	aining Ma systems ing, VAT iiscellane	ateria insula , or		Amour (Speci SF or L	fy	Removal	Repair	1	Enclosure
Gymnasium Floor	Yes	No	N/A X	Mercur	v Catal	vzed D	olvan	rethane	4275.0				1	- -
				IVICIOUI	, Jaiai	y 2 GU P	oiyu	Guidi	4375 8	DF	K)	+	
													1	
Name of Registered Waste Hauler WT Transport, Inc		Ha	IDEP Wauler ID		Cubic Yof Was	te			Registered L		air	lėss, L	С	
City, State Dakland, NJ					Disposa TBD			City, State					-	
Completed by Title Signature									Date 04/2		.019	9:		

OKIUMS PAID

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

and the second		and the same of th	-	п	77.77	- 1
450.00	1	(0)	1	- 11	M	- 1
1	وسأ	11 -	12	1	11//	- 31
1171		107	1	- 11	14	- 8
11 11		-	Corner.	-		
11 111	-	-				
16/						
1 1						

Date of Notification (1) 4/24/2019 Agencies Notified □ EPA □ Initial □ Amended □ Amendment # Emergency (including justification)	1 00 th	1266 Ap Street Ad 5 Horizo	n Road e, Zip Code	orp.&	perator (1 First Se	2) ervice F	Residenti	al	check# 1	/r +11		-	Management operation .
☐ EPA		5 Horizo City, Stat Fort Lee	n Road e, Zip Code					ASE		i i i i			
□ DEP □ Amended Amendment #_ Emergency (including	-	Fort Lee	e, Zip Code						LIČENS	1 1 1 1 1 1 1	Name of the		
		Name of	, HOW OUT	sey 07	7024			j. Literatur	And the second s				
□ DCA □ Cancellation		Michael				rs in well processes			phone Num -224-6300	ber			
		FACIL	ITY INFOR	MATIC	N								
Name of Facility Where Abatement is Taking Place (3) Horizon House					□ Sc	f Facility	12)		2.20	5			
Street Address 5 Horizon Road					☐ St 図 Ot	ibchapti her (i.e.	er 8 (Othe private &	comme	k-12) ercial building	gs, hor	nes	∌tc.)	
City (5) Fort Lee, New Jersey 07024					Square 30,00	0		4	Floors		dg)+	je	
County (6) Bergen		County C (STATE U	ode (7) SE ONLY)		Curren	it Use (F	Prior if bel Apart	ng dem ment l					
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates Inc		ASCM	No.	and the same of th		of Abate Corpora	ment Con ation	tractor	(9)				
Street Address 560 Sylvan Avenue, Suite 3065	- 1000000000000000000000000000000000000			The same particular pa		Address nion Bo	oulevard						
City, State, Zip Code Englewood, New Jersey 07632					City, St Totow	ate, Zíp a, New	Code Jersey (7512					
Project Manager for Monitoring Firm Anthony Valentine		Telephor 201-569				one No. 25-840			License No 01104).			
Start Date (10) Scheduler 05/06/2019 05/08/20		npletion [Date (11)		Name Iris En	of OSHA vironm	A Monitor ental Lal	oorato	ries, LLC				
Occupancy Status During Abatement (Check Only One)					Address Route 2	22 West			A			
☐ Facility Closed/Vacated During Entire Period of At ☐ Abatement Performed Outside of Normal Facility t ☐ Other – Describe:	atem lours	nent				tate, Zip							
Scope of Work (Check All That Apply)												-	
⊠≥3 sf or ≥3 lf	enova emolit				☐ Full Containment with Negative Pressu☐ Mini-Enclosure☐ ☐ Glovebag Procedure / Limited Containt☐ ☐ Non-Exempted (*) and Non-Friable Pro					ntainn	neni	*ent	
ls	_ocat	ion										ege	Ł
Asbestos-Containing Material (ACM) TO BE ARATED Mai	ntena	ely by nce/ Staff?		os Cont hermal surfa	scription taining N systems cing, VA niscellar	/laterial s insulat .T, or		(S	amount Specify F or LF)	Removal	керап	Encapsulate	Enclosure
Yes	No	N/A	Elbows					26 LF		 		-	
	4 - First Floor Bathroom, X							26 LF		Х	_	-	-
Adjoining Area and Overhangs													
Name of Registered Waste Hauler	- 4	NJDEP V	CC-0.2	Cubic Yards Name of Regis				Regist	ered Landfil		The same of the sa	<u> </u>	***
Lilich Corporation	Hauler ID No. 0				of Waste 2 Fairless Landfill								
City, State Totowa, New Jersey			sal Date 3/2019		City, Sta Morris	te /ille, P	A						
Completed by Adriana Olejarova Title Presi				Signatur	Mej Q	م بله	e_		ate 1/24/2	:01!			

UK 15/7 PA	AUD	NO.	TIFICATI (Pursua	ON OF A	SBESTO AC 8:60 a	SABATE	EMENT (0)	lin	E C	E [Ē	i - 1
Date of Notification (1) 04/24/2019			Name	e of Build	ing Owner	r/Operato	r (2)	$H = V \Gamma$					711
			Mar	k Quart	tello		, ,		ΔPF	2 a	20	Y	IIIJ
	on		Stree	t Address	3			14 4	—API		_4)	<u>1</u>	
EPA Initial Amended			Oil									-	
X DOL Amended Amended	nt #1			State, Zip	Code NJ 076	7.5		i	4812	CECT		12.6	
Emergence	y (includ	ing		of Conta		75		1.74.57	The Company	CENSI	14/2	NEW LINE	et :
DOH justificatio				k Quarte				T	elephone	Numbe	er		
News			-		VFORMA	TION							
Name of Facility Where Abatement is Tai Trader Joe's & Adjacent Vacant	ing Place	(3)		0.2.11	VI. OTTIVIA	TION	Type of Facil	itv (4)					
Street Address	Space						School (-0.000					
20 Irvington Street					+ =		Subchar	iter 8 (Ot	her than	K-12)			
City (5)					E.		Other (i. etc.)	e. private	& comm	ercial b	uildir	s, ho	mes.
Westwood							Square Feet		of Floors		Bld	Age	
County (6)		-	Count	Code (7			16,195		+Mezza		60		
Bergen			(STATE	USE ONL) Ly		Current Use (Prior if be	eing dem	olished)			
Name of Monitoring Firm Hired by Building	Owner (8)	I ASC	M No.		Nama	Trader Joe	S & Ad	jacent '	Vacan	t Sp	се	
ins Environmental Laboratories			10000			Unite	of Abatement (ed Safety LL	Contracto	r (9)		,		
Street Address						-	Address						
2333 Route 22 West City, State, Zip Code							oy Lane						
Union, NJ 07083						City, St	ate, Zip Code	7			-	-	
Project Manager for Monitoring Firm				one No.		Linco	In Park, NJ	07035					
Rick Eustaquio	ick Eustaquio						one No.		Licens	e No.		1	-
Start Date (10)	Schedu	iled Co		36-914 Date (11			276-0099		01317	7			
04/22/2019	05/10	1/2019		Date (11)		of OSHA Monito d Safety LL(-	
Occupancy Status During Abatement (Che	ck Only C	ne)				Street A		<i></i>					
Facility Closed/Vacated During Entire	Period of	Abate	ment				oy Lane						
Abatement Performed Outside of Norr Other – Describe: 7:00am -3:30pm Mon-Fri	nal Facili	ty Hou	'S				ate, Zip Code						
Scope of Work (Check All That Apply)							incoln Park, NJ 07035						
≥3 sf or ≥3 lf) i									
≥ 160 sf or ≥260 lf		Renova Demoli				×	Full Containment with Negative Press Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable P						
	1:	s Locat	ion				- Non-Exemple	Ju () and	Non-Fri	able Pro	5.000	e amen	+
Location of Asbestos-Containing Material (ACM)		Norma ed Sole			Des	cription o	f				7100	pe	
TO BE ABATED	Ma	aintena	nce/	Asbes	stos Conta	aining Ma	terial (ACM) nsulation,		nount			m	
In Facility (13)	Cus	todial ((12)	Staff?	(1.0	surfac	ing, VAT,	or		pecify or LF)	Remova	Re	Encapsulate	Enclosure
, , , , , , , , , , , , , , , , , , , ,	-	Total Maria	T		other m	iscellane	ous)			SVOL	Repair	osuli	nso
	Yes	No	N/A							=		ate	9
1015 5 101						ued Pag	ge 2				T		
1st FL Back Storage Room						yered \	/AT	1.70	00 SF	X	-		
1st FL Adjacent Vacant Space	1st FL Adjacent Vacant Space X						Below		00 SF				
						wood		0,00	, o or	X			
Name of Registered Waste Hauler		N	JDEP Wa	aste	Cubic Y	ards	Name of	Register	ed Lands	11			
R.E.D. TECHNOLOGIES LLC	City, State					е	Name of Registered Landfill Minerva Enterprises						
Portland, CT			TBD Disposa	I Date	100 Aug 2017								
Completed by	TBD Waynesburg, OH												
Vanco Petkov	Title Signature Date												
	1-1016	ot Ma	nager		1	010	1.33.00	19	20	4/24/2	2019		

CK1510 P	ATD	(Pursu	ION OF A	AC 8:60 a	S ABATE nd 12:12	20)	Dr	EC	E		C	7
Date of Notification (1) 04/24/2019 Agencies Notified Type Notification	2	Ma	ne of Buildi rk Quart	ello	/Operato	or (2)		APR	2 g	201	-	
	nt #1 / (including	City,	State, Zip estwood, e of Conta	Code NJ 0767	75		1 29 00	and the second second second second	CENSI	VG_	L &	- Processory
DCA Cancellation	ń	Mai	rk Quarte	ello	1011			elephone	Numbe	r	V	
Name of Facility Where Abatement is Taki Trader Joe's & Adjacent Vacant S	ng Place (3)		NOILIT II	IFURIVIA I	ION	Type of Facilit	y (4)				8	
Street Address 20 Irvington Street City (5)	pace		1	*		School (P Subchapi Other (i.e etc.)	ter 8 (Ot	her than I & comm	K-12) ercial bu	uildinį	, hor	mes,
Westwood						Square Feet 16,195	5200	of Floors Mezza	nine	Bldg 60+		
County (6) Bergen		Count (STAT	ty Code (7)		Current Use (F	rior if be	ing demo	olished)		S 	
Name of Monitoring Firm Hired by Building Iris Environmental Laboratories	Owner (8)		CM No.		Name	Trader Joe' of Abatement C	ontracto		/acant	Spa	:e	
Street Address						ited Safety LLC et Address						
2333 Route 22 West	-T-				252.523	roy Lane						
City, State, Zip Code Union, NJ 07083					City, S	tate, Zip Code oln Park, NJ (7035				() <u></u>	3
Project Manager for Monitoring Firm Rick Eustaquio			none No.		Teleph	one No.	77035	License	No.		3	
Start Date (10)	Scheduled		636-914 n Date (11			276-0099 of OSHA Monito	100	01317				
04/22/2019	05/10/20		ii Bato (11		d Safety LLC							
Occupancy Status During Abatement (Chec						Address oy Lane					-	
Abatement Performed Outside of Norm Other – Describe: 7:00am -3:30pm Mon-Fri	al Facility Ho	tement ours		+	ate, Zip Code							
Scope of Work (Check All That Apply)						In Park, NJ 0	7035					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X Rend	ovation olition		i	Full Containment with Negative Press Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pro							
Location of	Is Loc Norn									1000000000000	nen	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainte Custodia (12	nance/ al Staff?	Asbes (i.e.	tos Conta thermal s	ystems ing, VAT	iterial (ACM) insulation, or	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
1st El Book Storage De	Yes N						i.	9	-		ate	Ġ.
1st FL Back Storage Room 1st FL Back Storage Room	X					VAT ONLY	56	0 SF	X			
2nd FL Mezzanine	X			-		mpound	2,20	00 SF	X			
1st FL Adjacent Vacant Space	X	-	The second second			TONLY	81	OSF	X			
Name of Registered Waste Hauler	1	NJDEP W		Cubic Y		TONLY		00 SF	X			
R.E.D. TECHNOLOGIES LLC	Hauler ID 0036163	No.	of Waste	The street of the distered Landing								
City, State Portland, CT			Disposal TBD	l Date	City, State Waynes		∩ L/\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	rio di		i i i	-	
Completed by /anco Petkov	/lanager			nature	W o	Sourd,	D	ate 4/24/2		-		

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

Date of Notific	cation 4/23	/19	Name of Saul Fu	Building O	wner / Operator (2)		EG	E I W	E
AgenciesNotified	Type of Not	ification	Street Ac	11/10/10/10/10/10	1103		the state of the s	A COMPANY OF THE PARTY OF THE P	
EPA		rgency Notific	ation P.O. Bo			The second second	2021097 1 18		
DEP		Notification	000000000000000000000000000000000000000	te & Zip Co	de		APR :	2 9 2019	$-\parallel U \parallel$
X DOL	Ame	nded Notificat			, NJ 08690				leoques
X DOH	Can	cellation	Name of	Contact	, 143 00030			I=	
DCA			Dawn S			F	SEESTOR LICE	609-587	Number
					PRMATION	nu Millian		009-987	0170
Name of Facility W	here Abater	ment is Taking			Type of Facility (4)				
	Fu	neral Home	, 1,000 (0)		School (K-12)				
Street Address					Subchapter 8 (Other than K.	.12\		
	1740 C	reenwood .	Ave		X Other (i.e., priv	ate & comme	rcial buildi	nas home	; etc
					Square Feet	# of Floors		Bldg. Age	
City (5)		County (6)	County Code	e (7)	4,000	2)+
Hamilto	n	Mercer			Current Use (Prior i	1000	ichad)		<u> </u>
					Funeral Home	r being demoi	isileu)		
Name of Monitoring	Firm Hired	by Building C)wner (8) As	SCM No.	Name of Abatemen	t Contractor (2)		
Environmental T	actics	, , ,	89,822	/A	Global Abatemen	of Services)))		
Street Address					Street Address	it Services,	LLC		0
64 Broad Street					443 Schoolhouse	Pood			
City, State & Zip Co					City, State & Zip Co				η-
Matawan, NJ 077	'16				Monroe Townshi				
Project Manager for	Monitoring	Firm	Telephone Nun	nber	Telephone Number	p, 145 0665 i	License N	lumbor	-
Tom Geiger			732-290-2217		732-605-9062		License	00714	
Scheduled Start Da	te (10)	Scheduled Co.	mpletion Date (1	1)	Name of OSHA Mor	nitor		007 1-4	Y
5/3/19			5/9/19		Global Abatemen		LLC		
Occupancy Status [Juring Abate	ement (Check	only one)		Street Address	,			W
Facility Closed	1/Vacated D	uring Entire P	eriod of Abateme	ent	443 Schoolhouse	Road			
X Abatement Pe	rformed Ou	tside of Norma	al Facility Hours	- 1	City, State & Zip Coo	de			
Describe: B		n			Monroe Township	p. NJ 08831			
Other - Descri									
Scope of Work (Che	ck all that a	pply)							
Demolition		X Renovat	ion		Full Cont	ainment with	Negative F	ressure	
Large Project					Mini-Encl		rogulivo i	1000010	
X Quantity is ≥ 3	SF or ≥ 31	_F ACM			X Glovebag				
Quantity is ≥ 1	160 SF or ≥	260 LF ACM				von-friable			
	cation of		Is Location	T	Description of		mount	Abatan	ent Type
	s-Containing	g	Normally Used	A	sbestos-Containing	1900	Specify		Removal,
	rial (ACM)		Solely by		Material (ACM)		re Feet or		air,
	E ABATED Facility		Maintenance or		e., thermal systems	Line	ear Feet)		lation or
	(13)		Custodial Staff?		lation, surfacing, VA	T		Enc	sure)
	()		(12)	Or	other miscellaneous))			
Ras	sement		NI/A		T01 D1				
Das	- Cilibili		N/A		TSI Pipe	6	0 LF	Rer	oval
ame of Registered		er	NJDEP Waste H		Cu. Yds. of Was	ste Name	of Registe	ered Land	1
reehold Cartage			1869	93	5		berland (N.51
ity, State					Disposal Date	City, S		.	%
Freehold, NJ					5/10/19	0.0000000000000000000000000000000000000	ourg, PA		
ompleted By (Print	or Type)	Title			Signature				ate
Dominick Tring	alı	Manage	r		Dominick Tri	ngali			1/23/19
SR-41 II IN 95 C40	007					•			

				CETYE	ED 04/23/20	19.00	-015		-	
Apr 2000 11:09PM NJ Asbes	tos Control 60	9,633,0664	4	I	page 1	ID.) <u>E</u>	CEI		300
X Q Q Q Q 2019-91	PAID,	Pursuant to	State of on of Asber o NJAC 8:6 Emerge	stos A 30-7 ar	nd 12:120-7)	The second secon	1011 to	PR 2 9	2019 IAY _	And a country of the
Date of Notification (1)							Again	oro:	. : 140	2
0 14 1/12 12 1/11 19	Name of Bull Arien Mu		Operawr (≤)			1	t Park 1 Park Park Park 1 Park	LICENSI		
Agencies Notified Typs Notification								1		
EPA Initial						į.	inger i ne in			
DEP Amendme	City, State, Z	Ip Code Ir, NJ 0704	40			L		Li ii		
E DOH Westque	Name of Con		76				Tele 1765	a Niumbar		-
☐ DCA ☐ Cancellatio						,	98A -	40.0		
	J		TY INFORMA	MOIT						
Name of facility where abatement is	nking piace (3)					Тура	of Facility ((4) (K - 12)		
Arien Murphy			±100 .000					aplar 6 (Othe	rthan K-	•
Street Address							2 Other	(Private/Com Montes, str.	mercial	
						Squa	re Fest	# of Floors	[Bit	Age
City (5)	County (d)				y Cada (7) use anly)	Curr	ent lies (P	rias if being d	ampliahe	-
and (a)	Essex		1	(-,-,-	. 200		idential	their treadule a		
Montclair, NJ 07042							- Charles and the Control of the Con	and the second second		Desired to the last of the las
10.			ASCM No.	.	Varne of Abstarren	(Contrac	tor (9)			
Montclair, NJ 07042 Name of Monitoring Firm Hired by El			ASCM No.		8 & G Restora	tion, In	tor (9)			
Montclair, NJ 07042 Name of Monitoring Firm Hired by El Street Address			ASCM No.		B & G Restora Street Address 105 Ryerson	Contraction, In	tor (9)			
Montclair, NJ 07042 Name of Monitoring Firm Hired by El			ASCM No.		8 & G Restora	Contraction, In	c.		-	
Montclair, NJ 07042 Name of Monitoring Firm Hired by El Street Address	isg. Owner (b)	hone Numbe			B & G Restora Seet Address 105 Ryerson City, State, Zip Code	Road NJ 07	c.	License N		
Montclair, NJ 07042 Name of Monitoring Firm Hired by El Street Address Chy, Siste, Zip Code Project Manager for Monitoring Firm	isg. Owner (b)	Phone Numbe	P		B & G Restora Street Address 105 Ryerson City, Slate, Zip Code Lincoln Park retephone Number (973)696-68 Name of OSHA Mo	Road NJ 07	(9) c. 035	200000000000000000000000000000000000000		
Montclair, NJ 07042 Name of Monitoring Firm Hired by El Street Address Chy, Siste, Zip Code	isg. Owner (b)	Phone Numbe	P		B & G Restora Seest Address 105 Ryerson Sity, Slate, Zip Code Lincoln Park relephone Number (973)698-68	Road NJ 07	(9) c. 035	200000000000000000000000000000000000000		
Montclair, NJ 07042 Name of Monitoring Firm Hired by El Street Address City, State, Zip Code Project Manager for Monitoring Firm Schaduled Start Date (10) 04/25/2019 Occupancy Status During Abetement	Sched. Complet 04/28/2019 (Check only one)	Phone Number	P		B & G Restora Street Address 105 Ryerson Thy, Slate, Zip Code Lincoln Park Felephone Number (973)698-68 Name of OSHA Mo B & G Restora Street Address 105 Ryerson	Road NJ 07 Road Road Road Road Road Road Road	(9) c. 035			
Montclair, NJ 07042 Name of Monitoring Firm Hired by El Street Address City, Siste, Zip Code Project Manager for Monitoring Firm Schaduled Start Date (10) 04/25/2019 Occupancy Status During Abstement Facility closed/vecsted during it Abstement performed outside	Sched. Complet 04/26/2019 (Check only one) antire period of abat	Those Number (11) don Date (11) tement.	P		B & G Restora Street Address 105 Ryerson Thy, Slate, Zip Code Lincoln Park Telephone Number (973)698-68 Name of OSHA Mo B & G Restora Street Address 105 Ryerson City, State, Zip Code	Road NJ 07 69 Initer atton, Ir	035			
Montclair, NJ 07042 Name of Monitoring Firm Hired by El Street Address Chy, Siste, Zip Code Project Manager for Monitoring Firm Schaduled Start Date (10) 04/25/2019 Occupancy Status During Abstement Facility closed/vecsled during it	Sched. Complet 04/26/2019 (Check only one) antire period of abat	Those Number (11) don Date (11) tement.	P		B & G Restora Street Address 105 Ryerson Thy, Slate, Zip Code Lincoln Park Felephone Number (973)698-68 Name of OSHA Mo B & G Restora Street Address 105 Ryerson	Road NJ 07 69 Initer atton, Ir	035			
Montclair, NJ 07042 Name of Monitoring Firm Hired by Electronic Address Chy, Siste, Zip Code Project Manager for Monitoring Firm Scheduled Start Date (10) 04/25/2019 Occupancy Stalus During Abstement Facility closed/vacated during of Abstement performed outside: Describe: Other-Describe: Scops of Work (check all that apply	Sched. Complete D4/25/2019 E (Check only one) andre period of abat of normal facility house)	Those Number (11) don Date (11) tement.	P		B & G Restora street Address 105 Ryerson Thy, State, Zip Code Lincoln Park retephone Number (973)698-68 Name of OSHA Mo B & G Restora Street Address 105 Ryerson City, State, Zip Cod Lincoln Park, rep & out	Road NJ 070 NJ 070	035 nc.	003	78	
Montclair, NJ 07042 Name of Monitoring Firm Hired by Electronic Monitoring Firm Hired by Electronic Monitoring Firm Schaduled Start Date (10) 04/25/2019 Occupancy Status During Abstement Facility closed/vecited during of Abstement performed outside Describe: Other-Describe: Scope of Work (check all that apply Demostion	Sched. Complete O4/26/2019 (Check only one) andre period of abat of normal facility house) Renovation	Those Number (11) don Date (11) tement.	P		B & G Restora Street Address 105 Ryerson Thy, Slate, Zip Code Lincoln Park Telephone Number (973)698-68 Name of OSHA Mo B & G Restor Street Address 105 Ryerson City, State, Zip Cod Lincoln Park,	Road NJ 070 NJ 070	035 nc.	003	78	
Montclair, NJ 07042 Name of Monitoring Firm Hired by Electronic Monitoring Firm Hired by Electronic Monitoring Firm Project Manager for Monitoring Firm Schaduled Start Date (10) 04/25/2019 Occupancy Status During Abstement Facility closed/recated during Describe: Chartoner Describe: Scope of Work (chack all that apply DamoRion	Sched. Complete D4/25/2019 E (Check only one) andre period of abat of normal facility house)	hone Number	Descripti	Ton of as	B & G Restora Street Address 105 Ryerson Thy, Slate, Zip Code Lincoln Park Felsphone Number (973)696-68 Name of OSHA Mo B & G Restora Street Address 105 Ryerson City, State, Zip Code Lincoln Park, rep & out	Road NJ 070 Road NJ 070 Road NJ 070	C. 035 1c. Ampunit	Glovebs	78 ig proced ble proce R R m p	E in
Montclair, NJ 07042 Name of Monitoring Firm Hired by Electronic Monitoring Firm Hired by Electronic Address Chy, Siste, Zip Code Project Manager for Monitoring Firm Schaduled Start Date (10) 04/25/2019 Occupancy Status During Abstement Facility closed/vacated during (1) Abstement performed outside Describe: Owner-Describe: Scops of Work (check all that apply 1) DamoRton Electronic Status During Status During (1) Location of	Sched. Complete Sched. Complete 04/28/2019 (Check only one) entire period of abat of normal facility ho 150 of or >250 if Is location normal by maintenance/or	hone Number		To of as	B & G Restora Street Address 105 Ryerson Lincoln Park 105 Ryerson 105 Ryerson 105 Ryerson Street Address 105 Ryerson City, State, Zip Cod Lincoln Park, rep & out uil Contatnment wir fini-enclosure	Road NJ 070 Road NJ 070 Road NJ 070	035 nc.	Glovebs	ag procedable procedab	E i
Montclair, NJ 07042 Name of Monitoring Firm Hired by Electronic Monitoring Firm Hired by Electronic Address Chy, Siste, Zip Code Project Manager for Monitoring Firm Scheduled Start Date (10) 04/25/2019 Occupancy Stalus During Abstement Facility closed/vacated during to Describe: Cher-Describe: Scops of Work (check all that apply Damostion Signature of Signature Containing material to be	Sched. Complete O4/26/2019 (Check only one) andre period of abat of normal facility how the other of normal facility has been on the other of the other	inner Numbe Ion Date (11) Itemant. Ity used solely ustodial	Descripti	C A M	B & G Restora Street Address 105 Ryerson Lincoln Park 105 Ryerson 105 Ryerson 105 Ryerson Street Address 105 Ryerson City, State, Zip Cod Lincoln Park, rep & out uil Contatnment wir fini-enclosure	Road NJ 070 Road NJ 070 Road NJ 070	C. 035	Glovebs	ag procedute pro	E n
Montclair, NJ 07042 Name of Monitoring Firm Hired by Electronic Monitoring Firm Hired by Electronic Monitoring Firm Project Monager for Monitoring Firm Scheduled Start Date (10) 04/25/2019 Occupancy Stalus During Abstement Facility closed/vacated during a Abstement performed outsides Describe: Other-Describe: Const. Describe:	Sched. Complete O4/26/2019 (Check only one) andre period of abat of normal facility how the other of normal facility has been on the other of the other	inner Numbe Ion Date (11) Itemant. Ity used solely ustodial	Cescript	C A M	B & G Restora Street Address 105 Ryerson Lincoln Park 105 Ryerson 105 Ryerson 105 Ryerson Street Address 105 Ryerson City, State, Zip Cod Lincoln Park, rep & out uil Contatement wir fini-enclosure	Road NJ 070 Road NJ 070 Road NJ 070	035 nc. Amount (Specify LF)	Glovebs	ag procedable proced	E n
Montclair, NJ 07042 Name of Monitoring Firm Hired by Electronic Monitoring Firm Hired by Electronic Monitoring Firm Project Monager for Monitoring Firm Scheduled Start Date (10) 04/25/2019 Occupancy Stalus During Abstement Facility closed/vacated during a Abstement performed outsides Describe: Other-Describe: Const. Describe:	Sched. Complete O4/26/2019 (Check only one) andre period of abat of normal facility how the other of normal facility has been on the other of the other	inner Numbe Ion Date (11) Itemant. Ity used solely ustodial	Cescript	C A M	B & G Restora Street Address 105 Ryerson Lincoln Park 105 Ryerson 105 Ryerson 105 Ryerson Street Address 105 Ryerson City, State, Zip Cod Lincoln Park, rep & out uil Contatement wir fini-enclosure	Road NJ 070 Road NJ 070 Road NJ 070	035 nc. Amount (Specify LF)	Glovebs	ag procedable proced	E n
Montclair, NJ 07042 Name of Monitoring Firm Hired by Electronic Monitoring Firm Hired by Electronic Address Chy, Siste, Zip Code Project Manager for Monitoring Firm Scheduled Start Date (10) 04/25/2019 Occupancy Stalus During Abstement Facility closed/vacated during abstement performed outside: Describe: Okner-Describe: Scops of Work (check all that apply Demoition	Sched. Complete D4/25/2019 (Check only one) andre period of abat of normal facility how the period of abat (12) Yes No	tement.	Description material	C C C C C C C C C C C C C C C C C C C	B & G Restora Seest Address 105 Ryerson Ity, Slate, Zip Code Lincoln Park Park Tolephone Number (973)696-68 Name of OS/A Mo B & G Restora Street Address 105 Ryerson City, State, Zip Cod Lincoln Park, reap & out uit Contatement wire sheetos-containing	Road Road Road Road Road Road Road Road	C. 035 O35 Amount (Specify LF)	Glovebs	ag procedable proced	E in
Montclair, NJ 07042 Name of Monitoring Firm Hired by Electronic Address Chy, Siste, Zip Code Project Manager for Monitoring Firm Scheduled Start Date (10) 04/25/2019 Occupancy Status During Abstement Facility closed/vacated during Abstement performed outside beaceites: Other-Describe: Scops of Work (check all that apply DemoRton	Sched. Complete O4/26/2019 (Check only one) andre period of abat of normal facility how the other of normal facility has been on the other of the other	ion Date (11)	Descript material pipe insu	C C C C C C C C C C C C C C C C C C C	B & G Restora Street Address 105 Ryerson Lincoln Park Felephone Number (973)696-68 Name of OSHA Mo B & G Recton Street Address 105 Ryerson City, State, Zip Cod Lincoln Park, rep & out uil Contatnment wir fini-enclosure Sheetora-containing	Road NJ 070 Road NJ 070 Road NJ 070 Road NJ 070	O35 Ampunit (Specify LF)	Glovebs	ag procedable proced	E n
Montclair, NJ 07042 Name of Monitoring Firm Hired by Electronic Monitoring Firm Hired by Electronic Address City, State, Zip Code Project Manager for Monitoring Firm Schaduled Start Date (10) 04/25/2019 Occupancy Status During Abstement Facility closed/recated during to Abstement performed outside Describe: City Construction Scope of Work (check all that apply DamoRton Signature of State Containing material to be absted in facility (13) 1st floor closet	Sched. Complete 04/28/2019 (Check only one) antire period of abat of normal facility horizontal period of abat of normal facility horizontal faci	tement. Iy used solely ustodial N/A	Descript material pipe insu	C C C C C C C C C C C C C C C C C C C	B & G Restora Street Address 105 Ryerson Ity, State, Zip Code Lincoln Park (973)696-68 Name of OSHA Mo B & G Reston Street Address 105 Ryerson City, State, Zip Cod Lincoln Park, rrap & out uit Contatement wir itini-enclosure	Road NJ 070 Road NJ 070 Road NJ 070 Road NJ 070 Road	O35 Ampunit (Specify LF)	Glovebs	ag procedable proced	E n
Montclair, NJ 07042 Name of Monitoring Firm Hired by Electronic Monitoring Firm Hired by Electronic Address City, Siste, Zip Code Project Manager for Monitoring Firm Scheduled Start Date (10) 04/25/2019 Occupancy Status During Abetement Facility obsed/vecated during of Pacifity obsed/vecated during of Describe: Other-Describe: Scope of Work (check all that apply Dumotion	Sched. Complete 04/28/2019 (Check only one) antire period of abat of normal facility horizontal period of abat of normal facility horizontal faci	tement. Ity used solely ustodial N/A Disposal	Descript maherial pipe insul	Wasse (ACM)	B & G Restora Street Address 105 Ryerson Iny, Slate, Zip Code Lincoln Park Felephone Number (973)696-68 Name of OSHA Mo B & G Rector Street Address 105 Ryerson City, State, Zip Code Lincoln Park, rep & out uit Contatement wir fini-enclosure sbestos-containing Marine of Registe Grand Cent City, State	Road Road NJ 070 Road NJ 070 Road NJ 070 Road Road A	O35 Ampunit (Specify LF)	Glovebs Non-fris	ag procedable proced	E n

K 602730 PAID	NOT		ATION C	OF ASBES	TOS A	BATEN		T B		G E	ll_	\\ <u>/</u>		11. complete	The second second
Date of Notification (1) 4/17/19		9 2333	ame of E	Building Ov IC	wner/O	perator	(2)			APR 2	9	2019			Singles on And
Agencies Notified Type Notification			reet Add	dress st State S	St.				1				-	,	
EPA Initial Amended Amendment #			ity, State	e, Zip Code	е				2 (See (a)	LICE			a state	-	
Emergency (inclu	ding	N	ame of 0	Contact					100	phone Nu					
DCA Cancellation		F		Bruno		011			609	9-433-8	/45	03		2 <u>—</u>	_
Name of Facility Where Abatement is Taking Pla	ce (3)		FACIL	ITY INFOR	(IVIA I II	ON	Тур	oe of Facility (4	1)					0	
former residence, BLUE ACRES DEM		NC						School (K-1							
Street Address							X	Subchapter Other (i.e. p	8 (Otherivate 8	er than K- commen	12) cial l	uildi	ngs,	omes	3,
40 Belmont Ave.							-	etc.)		Floors			g. A	100	
City (5) South River, NJ								uare Feet 800	2	F10015		50	100		
County (6)			ounty C					rrent Use (Pric	r if beir	ng demoli	shec	1)		-	
Middlesex		(5	STATE U	SE ONLY)		_		oandoned, E			3				
Name of Monitoring Firm Hired by Building Owner n/a	er (8)		ASCM	No.				batement Con zi Group, In		(9)					
Street Address						Street 135		ress nelon Rd.							
City, State, Zip Code							3 12.40 5 13.7 14	, Zip Code						% <u></u>	\neg
						Kinn	elo	n, NJ 07405	5	personal transport of the second transport of the seco				00	
Project Manager for Monitoring Firm		Т	elephon	e No.		Teleph 908-		No. 3-0880		License 01228					
1 2 4		Comp	oletion D	Date (11)			015/2000	SHA Monitor							
(7) (1) (2)	3/19					Street		zi Group, In	C.			4		-	_
Occupancy Status During Abatement (Check Or						11 (57)		nelon Rd. S	uite 1	02					
Facility Closed/Vacated During Entire Perior Abatement Performed Outside of Normal F Other – Describe:	acility H	ours	ent		_	City, S	State	, Zip Code n, NJ 0740							
Scope of Work (Check All That Apply)						Kitii	ieio	11, 145 0740							\neg
≥3 sf or ≥3 lf		novati				2	\exists	Full Containmonth Mini-Enclosure Glovebag Production Non-Exempter	e cedure					1	
	0.705010-10	ocatio	30000											ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maint Custoo	tenan	y by ce/		os Con therma surfa		Matens in: AT, o		(5	amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							25000 12	_				
Interior Floor			х			VAT				255 sf	-	Х	_		
Porch Roof			х		Ro	ofing I	Felt		1	50 sf		Х			
Name of Registered Waste Hauler		NI.	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Land	dfill				
Yannuzzi Group, Inc		H	auler ID 7467		of Wa			Grows	Fairle		def				
City, State Kinnelon, NJ		1			Dispo	osal Date	е	City, Sta Morris		PA					
Completed by															

THIR FURIN

OKIDUS PA	III	NO		CATIC	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		DE C	E			100
Date of Notification (1) 4 / 25	/1	19	24	V2-10		ng Owner/Operator od Johnson Hos			2 g k#112		(
Agencies Notified Type No	tificatio	n		Stre	et Address				0.976		-	1
☑ EPA ☑ Initial					C 0250500000 0	t Wood Johnson	Place	ASI	OEKS	011.15 MAC		Ö.
☑ DOLWD ☐ Amer					State, Zip		11 1400	<u> </u>	UENC	11.473	_	
	dment		_			wick, NJ 08901						
DCA Emer	gency (cation)	includir	ng		e of Conta			Tolombono Niv	mbor			
(NJAC 5:23-8) justifi				30.570.0	risten Bel	715 		Telephone Nu				
- Salie	mation			1				732-937-87	01		-	
Nome of Facility 18/5 Abotton		DI	(0)	FA	ACILITY II	NFORMATION						
Name of Facility Where Abatement		ng Plac	e (3)				Type of Facility					
Robert Wood Johnson Hos	oital						School (K-1	2) 8 (Other than K-1	2)			
Street Address One Robert Wood Johnson	Place							rivate and comm		uilding	j:	
City (5)							Square Feet	# of Floors	IB	ldg. A		
New Brunswick							100					
County (6)				Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demo	lished)		-	(Indiana
Middlesex							Hospital	23 201.101				
Name of Monitoring Firm Hired by E	uilding	Owner	(8)	ASCN	I No.	Name of Abateme)			- 100	
Omega Environmental			(-)			AbateTech, I		,				
Street Address						Street Address	110.		- 14112		1251	
280 Huylar Street		3				30 Maple Ave	PO Boy 25					
City, State, Zip Code						City, State, Zip Co					-	
South Hackensack, NJ 0760	;					Lumberton, N						
Project Manager for Monitoring Firm			Tol	ephone	No		10 00040	I I innere Ma		nc.r-cv-		
Geiser Fajardo			1		9-8700	Telephone No.	rs	License No.				
Start Date (10)	Coho	dulad C				609-265-2107		00529				
					19	Name of OSHA M EMSL Analyti						
Occupancy Status During Abatemen						Street Address					-	
Facility Closed/Vacated During E	ntire Pe	eriod of	Abate	ment		200 Route 13	0 North					
Abatement Performed Outside of Time of Abatement:AM	Norma P	I Facilit	y Hou PM	rs - De: 	scribe _AM	City, State, Zip Co						
Scope of Work (Check all that apply)							•				- 7	
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			novat			☐ Mini-Encl	Procedure	gative Pressure n-Friable Procedu	ıre			
		Is	Loca	tion					Ab	ateme	T	уре
Location of			Norma			Description of			D	D D	-	1
Asbestos-Containing Material (A) TO BE ABATED	(M)		intena			stos Containing Mat ., thermal systems i		Amount (Specify	Removal	Repair		Enclosure
IN Facility		Cus		Staff?	(1.6	surfacing, VAT,		SF or LF)	oval	=	İ	Sur
(13)			(12)	T	4	other miscellaned						(D)
Emergency Department "G" Le	vel	Yes	No ⊠	N/A	Floor til	e & Mastic		2,000 SF			1	
and gone, repairment of the			100000	-	11001 111	c a mastro		2,000 01				-
											1	
]	
											1	П
Name of Registered Waste Hauler	I may be a		IN	JDEP I	Waste	Cubic Yards of	Name of Regis	tered Landfill				1-
AbateTech, Inc.			Н	18750		Waste 12	G.R.O.W.S					
City, State Lumberton, NJ						Disposal Date 5/10/19	City, State Tullytown,	PA				
Completed By (Print or Type)	Title	9				Signature		Di	ate			
Gwendolyn Trumbetti	0	perati	ons (Coord	inator	(00	N		4-2	51		

W 325 P	AID N		CATION	ate of New OF ASBE to NJAC 8	STOS	ABATE		R	CE	3 5	y	in a a	The second secon
Date of Notification (1) 4/23/2019	4		Name of Michae	Building (el Sohm	Owner/C er	perator	(2)	Ш	APR 2	9 20	119		
Agencies Notified Type Notifica Initial DEP Amende	d		Street Ad	te, Zip Co	de		1	AS	John Marie		706	N. Epotonican	Minute Service -
DOL Amendr Emerge justificat DCA Cancella	ncy (including ion)		Name of	Ridge Nu Contact el Sohm				Te	lephone Nu	mber			
Name of Facility Where Abatement is T	aking Place (3)		FACIL	LITY INFO	RMATI	ON	Type of Facili	ty (4)					
N/A Street Address	uning 1 1466 (6)						School (K-12) ter 8 (Oth	er than K-1 & commerc		lings	home	es,
City (5) Glen Rldge							etc.) Square Feet 1,932		f Floors	В	ldg. 93		
County (6) Essex			County C	ode (7) ISE ONLY)			Current Use (residence	Prior if be	ing demolis	shed)			
Name of Monitoring Firm Hired by Build	ling Owner (8)		ASCM	l No.			of Abatement (ckmark Indu		(9)			1	
Street Address				T.			Address Iorgan Dr						
City, State, Zip Code							tate, Zip Code ta NJ 07871						
Project Manager for Monitoring Firm		1	Telephor	ne No.			one No. 570-2645		License N 01334	No.			
Start Date (10) 4/24/2019	Scheduled 4/30/20		pletion [Date (11)			of OSHA Monit ckmark Indu						
Occupancy Status During Abatement (22				Address Iorgan Dr						
Facility Closed/Vacated During En Abatement Performed Outside of Other – Describe:					_		tate, Zip Code rta NJ 0787	1					
Scope of Work (Check All That Apply)											_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Part Assessed	enova emoliti				××	Full Contain Mini-Enclos Glovebag F Non-Exemp	ure Procedure				3	
	1 22-2	_ocati									Aba	ment	
Location of Asbestos-Containing Material (ACN <u>TO BE ABATED</u> In Facility (13)	Used	ormall Solel ntenar odial S (12)	y by nce/		os Cont thermal surfa		laterial (ACM) s insulation, T, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			9						fe	(b
Basement/Furnance Room		Χ			pi	pe wra	р	2	25 LF	Х			
										-		-	
									<u> </u>	-			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Yards	Name	of Regist	ered Landfi	1	<u></u>		_
Newark Carting		Н	auler ID	No.	of Was		Gran	nd Centr	al Sanita		ndfi		
City, State Newark NJ					•	sal Date	Pen	tate Argyl, P					
Completed by Corey Stankovic	Title CEO				S	Signature	Stan	erec		ate 1/23/2	019		

V.11037 PAIL	1													
Date of Notification (1)	19	*						(54)	TII APE	2	1	2019		
☑ EPA ☐ Initial ☑ DOLWD ☐ Amended ☑ DOH Amendme	nt #	– ng		29 P City, St Berk	ark Aver tate, Zip C keley Hei	ode i ght :	s, NJ 07922	\$	The second secon	Souther William St.		G.	(kn)	
											r			
'				FAC	ILITY IN	FOR	RMATION							
Name of Facility Where Abatement is Ta	aking Plac	e (3)			(0,000,000), 1660)			Type of Facility	(4)				_	_
Commercial														
Street Address								Subchapter 8	Other than K-	12)				
29 Park Avenue										nercia	al Dui	laing	s,	
City (5)											Bld	a. Ac	ie	-
								oqua.o.			117539	3- 0	, -	
County (6)				Count	v Code (7)	/STA	TE USE ONLY)	Current Use (Pri	or if being dem	olishe	ed)		-	
Union					,, 0000 (, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		o oog	00111	/			
	ing Owne	(8)	TΑ	SCM N	Vo.	Nar	me of Ahateme	ent Contractor (9)				-	_	-
	ing Owne	(0)	1	OOW 1	10.	Carata			I C					
								WAOLINEIVI E						
19.379-03.00 DOME DOME DO 36- 26-9 MARIE WAS							season er van d	lano						
										_			_	-
A CONTRACTOR OF THE CONTRACTOR														
A STATE OF THE STA		1 =	-1	h N	le.			07026	License No					<u> </u>
		1												
	-11-11								1100				_	
						0/2/2019								
					10			NAGEWENT L	LC				_	
	and the second second					1000								
					vibo		CA PERCENTENT STEELS							
						135								
			2			G	Sarfield, NJ	07026						
Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		emo	litior	1			☐ Mini-End	losure g Procedure						
		3 (5) (7) (7)	CHEST PROPERTY.	5) (-0.0)							Aba	atem	ent	/ре
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	' N	sed S Nainte ustodi	Solel enan ial S	y by ice/		., the	Containing Ma ermal systems surfacing, VAT	iterial (ACM) insulation, , or	(Specify		Removal	Repair	Encapsular	Enclosure
(10)	Ye	s N	10	N/A				,					е	
Exterior]	\boxtimes	Clean U	Jр			Unknown	1	\boxtimes			
	П	Г	7	П									Г	
		-	7										F	
Name of Registered Wests Hauts			I NI		Vaete	Cul	hio Varda of	Name of Dogi	stered Landfill		ш	ш	L	
D&A Contracting, LLC			На	auler ID NJ957	No.	Wa	iste As Needed	Fairless L						
City, State			-				posal Date	City, State				Ti.		
Parsippany, NJ						T	BD	Morrisville	, PA					
Completed By (Print or Type)	Title						Signature			Date	9		-	-
Allen Monchik	Proje	ct M	ana	ger			-	Monchik	2	4/2	25/1	9		

CK324 P	AID	NOT	FICATION	ON OF AS ont to NJA	BESTO	SABATE	EMEN 20)	ΙT		EC	E			1
Date of Notification (1) 3/8/2019			Name	of Building gro Deve	g Owner elopme	/Operato	or (2) npan	У	In	Printer maybeaut / printer		Laboration	* characteristic	To the same
Agencies Notified Type Noti				t Address South C	entral .	Ave, Sı	uite 3	301		APF	2 9	201	_	
DEP X Ame	nded ndment # 2		City, S	State, Zip C ouis, Mis	ode				<u> </u>	4.5	CENC!	nin ti	īà	
DOH justif	rgency (includin ication) cellation	g	Name	of Contact	:					elephone 73-440	Numbe	THE PERSON NAMED IN	estate i	<u> </u>
			FA	CILITY INF	ORMAT	TION				70 110	2404			
Name of Facility Where Abatement N/A	is Taking Place	(3)				. ioit	Тур	e of Facilit						
Street Address 200 Old Hook Road							×	School (k Subchapt Other (i.e etc.)	ter 8 (Oth	ner than I & comme	K-12) ercial bu	ıilding	hon	nes,
City (5) Harrington Park						10.0		are Feet 0,000	# 0	of Floors		Bldg.		
County (6) Bergen			County (STATE	Code (7) USE ONLY)		Cur	rent Use (P	Prior if be	ing demo	olished)	**********	-	
Name of Monitoring Firm Hired by Br	uilding Owner (8	3)	ASC	M No.		Name Che	of Ab	atement C ark Indus	ontractor	r (9)			-	
Street Address						Street	Addr	1352253						
City, State, Zip Code						City, S	state,	Zip Code					-	
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	none l	J 07871 No.		License	No.		_	
Start Date (10)	Schedu	led Cor	mpletion	Date (11)				2645 SHA Monito	r	01334	1			
3/12/2019 Occupancy Status During Abatement	5/10/2	2019		3 ./3/		Ched	ckma	ark Indus	trial					
Facility Closed/Vacated During F	Entire Period of	Ahatan	nent			Street A		an Dr						
Abatement Performed Outside of Other – Describe:	*	y Hour	S					Zip Code J 07871					-	
Scope of Work (Check All That Apply)			1										
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit				×	Mi Gl	II Containm ni-Enclosur ovebag Pro on-Exempte	re ocedure					
	Is	Locati	ion						T Tank	11011-111	able FTC	100 PM	nen	
Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	M) Use	Normal ed Sole intenar todial S (12)	ly by nce/	Asbest (i.e.	os Cont thermal surfac	scription aining Ma systems cing, VAT niscellane	ateria insula r, or	I (ACM) ation,	(S	mount pecify or LF)	Remova	Repair	_ω Encapsulate	Enclosure
D. (Yes	No	N/A								val	=	ulate	ure
Roof		X			roof	flashin	ng		79	6 LF	Х			
											-		_	
Name of Beginter 134													-	
Name of Registered Waste Hauler Newark Carting			JDEP W auler ID		Cubic Y of Was 60			Name of Grand		ed Landfi I Sanita		ndfill		
City, State Newark NJ					Disposa	al Date		City, Stat	e .		Ž		-	
Completed by Corey Stankovic	Title CEO				Sig	gnature/	$^{\wedge} \in$	-,		D	ate	10		
							Z	Jacko	ne	3	3/8/20	19		

CK323 PAI			CATION	I OF ASBE to NJAC 8	STOS	ABATE			NE	C	E		7 [4	
Date of Notification (1) 4/12/2019				f Building (sman Re			(2)	- Comment		100	9 6	00	10	To a state county was	- Janes and Comments
Agencies Notified Type Notification Initial			Street A 16 He	ddress erbert Str	eet			The second secon		APR	-/-5	 2U	19		3
DEP Amended Amendment #			City, Sta Newa	ate, Zip Coo rk NJ 07	de 105			#! 	AS		JE I	ING	NUL.	l L	
□ DOH	ncluding			f Contact Neissma	ın					ephone 73-53					
			FACI	LITY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking N/A	Place (3	3)					-	of Facility (School (K-1	2)						
Street Address 16 Herbert Street							×	Subchapter Other (i.e. petc.)					lings	ıome	ıs,
City (5) Newark							Squa 50,0	re Feet	# o	f Floors	S		ldg. / 00	е	
County (6) Essex				Code (7) USE ONLY)				ent Use (Pri nmercial p			nolish	ed)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	/I No.				atement Cor ark Industr		(9)				-	
Street Address						Street 54 M	Addre lorga								
City, State, Zip Code				. 18				Zip Code J 07871						-	-
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-	one N 570-			Licen 013	se No 34			-	
Start Date (10) 4/15/2019	Scheduk 4/29/2	ed Com 019	pletion	Date (11)				HA Monitor rk Industr	ial					2000	
Occupancy Status During Abatement (Check	Only Or	ne)				Street					77.		_		
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:						City, S		n Dr ip Code J 07871							
Scope of Work (Check All That Apply)												-	_	-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				×	Mi Gl	II Containmoni-Enclosure ovebag Procon-Exempted	e cedure						
Location of	1000	Locatio			Dog	scription	of						Abat T	nent e	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Solel intenar todial S (12)	ice/ staff?		os Cont thermal surfac		fateria s insul T, or		(5	mount Specify or LF		Removal	Repair	Encapsulate	Enclosure
Linit D. Dans Office	Yes	No	N/A											(D	
Unit D- Rear Office		Х		F	loor til	e and	Mast	ic	76	60 SF		Х	_	-	
8															
Name of Registered Waste Hauler		l Nr	IDED IA	loots	Cult	Vard		Ne	David (
Newark Carting		1 111200	JDEP W auler ID	1017200	Cubic of Was 8			Name of Grand				Lan	dfill		
City, State Newark NJ			4		Dispos	sal Date	les e	City, Stat Pen Ar		A					
Completed by Corey Stankovic	Title CEC)			S	ignature	(<	Farko	·		Dat 4/	e 12/20)19		

X DON'S PAIL	NO	TIFIC (Pur	ATION C	of New Jer F ASBESTO NJAC 8:60	SABATEN	MENT)		E	C	E [\mathbb{V}	E		
Date of Notification (1) 4/17/19		1	NJDPM		r/Operator	(2)			APR	2 9	2019)		A CONTRACTOR OF THE PARTY OF TH
Agencies Notified Type Notification		11 12	treet Add	t State St.			lar, le							Nacional Services
EPA Initial Amended				e, Zip Code				ASS			. () () N	J. 6	Į.	*
DOL Amendment #			Frenton					To Charles	phone	mark Carrier 1974	A STATE OF THE STA	e destinator		
DOH justification) Cancellation		2.5	lame of C Regina						9-433					
			_	ITY INFORM	ATION								Vers	
Name of Facility Where Abatement is Taking former residence, BLUE ACRES DR	Place (3)	ION				Type of F								
Street Address	LIVIOLIT	IOIV				Subo	ool (K-12 chapter	8 (Othe	er than	K-12)			1000240	
43 Belmont Ave.						Othe etc.)	er (i.e. p	rivate 8	k comr	nercial			900000	9.
City (5)						Square F	eet	# of	Floors	3	Blo 50	ig. A	Э	
South River, NJ			County Co	ada (7)		1,600 Current U	lee (Prin	- 7	na den	nolishe	-		70	
County (6) Middlesex				SE ONLY)		Abando	25							
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.		of Abatem			(9)					
n/a						nuzzi Gro	oup, In	ic.						
Street Address						Address Kinnelor	Rd.							
City, State, Zip Code			-		City, S	State, Zip C	ode						-	
Sign States are						nelon, NJ	07405	5						
Project Manager for Monitoring Firm		-	Telephon	e No.		hone No. -218-088	0		Licer 012	nse No 28).			
Start Date (10)	Schedule	d Com	noletion D	Date (11)		of OSHA			0.2					
4/30/19	5/1/19				Yan	nuzzi Gr	oup, Ir	ic.						
Occupancy Status During Abatement (Chec	k Only On	e)				t Address	- D4 C	Suito 1	102					
Facility Closed/Vacated During Entire F	Period of A	batem	ent		1000000	Kinnelor State, Zip C		suite	102		_		_	
Abatement Performed Outside of Norm Other – Describe:	iai Facility	Tiours	10		1 3	nelon, No		5						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				Mini-E	ontainm nclosur bag Pro xempte	e cedure			le Prod	cedu		
	Is	Locati	ion										ment ce	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal d Sole intena todial s (12)	ly by nce/	(i.e. the	Description Containing rmal syster surfacing, V her miscella	Material (A ns insulatio 'AT, or	cCM) on,	(Amour Specif F or L	y	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						200	r	1	-		
Porch			х		VAT			-	200 s	T	Х	_		
												-		
							1345-03-13		100000000000000000000000000000000000000					
Name of Registered Waste Hauler			NJDEP W		ubic Yards f Waste		Name of	380 3004		andfil			92	
Yannuzzi Group, Inc		123	Hauler ID 17467	1			Grows		ess					
City, State Kinnelon, NJ					isposal Da /2/19	V61205	City, Sta Morris		PA					
Completed by John Mucha	Title AHE	RA F	Project I	Designer	Signatu	ure kh	Me	eln		(3=23)	ate /17/1	9		

OK 0(2)732	NO	TIFIC/ (Pur	ATION C	e of New Jerse OF ASBESTOS NJAC 8:60 at	ABATEN	MENT			CE.			The second secon	Andrew Co. Co.
Date of Notification (1) 4/17/19			ame of E	Building Owner C	/Operator	(2)			APR 2	9 20)19		4
Agencies Notified Type Notification			reet Add	dress t State St.			-	AS			2743	_ <u>.</u>	
EPA Initial Amended Amendment #			ity, State	e, Zip Code				1 2000	LIVE	SING	D. propling one	(45.5	
Emergency (ir		N	ame of 0	Contact				100000000000000000000000000000000000000	hone Num				
DOH justification) DCA Cancellation		F	Regina	Bruno ITY INFORMA	TION			609	-433-874	5	-		
Name of Facility Where Abatement is Taking	Place (3)		FACIL	II Y INFORMA	TION	Type of	Facility (4)				-	
former residence, BLUE ACRES DE Street Address	-MOLI I	ION				T Su	hool (K-12 bchapter 8	(Other	than K-12)	0.000			
38 Belmont Ave.						Otl etc	her (i.e. pr	ivate &	commercia	l buildi	ngs,	omes	,
City (5)						Square 1,600	Feet	# of 1	Floors	50 50	lg. A	Э	
South River, NJ		To	ounty C	ode (7)	-			1	g demolish				
Middlesex			STATÉ U	SE ONLY)			doned, E		100000000000000000000000000000000000000				
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.	Tree against an an an		ment Cont roup, In		9)				
Street Address						t Address							
City State 7in Code						Kinnelo State, Zip						70.	\dashv
City, State, Zip Code							IJ 07405						
Project Manager for Monitoring Firm		Т	elephon	e No.	100000000000000000000000000000000000000	hone No. -218-08			License No 01228	ο.			
Start Date (10)	Schedule	d Com	pletion D	Date (11)	0.7-510000	of OSHA	A Monitor Group, In	<u> </u>					
4/30/19 Occupancy Status During Abatement (Check	5/1/19 k Only One	e)				t Address		· ·			_	-	-
Facility Closed/Vacated During Entire F	Period of A	batem	ent				on Rd. S	uite 1	02		_		
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours				State, Zip nelon, N	Code NJ 0740	5					
Scope of Work (Check All That Apply)									40	W 100000 20 1 10			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				Mini- Glov	-Enclosure	e cedure	Negative F)	
	0.00	Locati				_						ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cust	d Sole intenar todial S (12)	ly by nce/ Staff?	Asbestos C (i.e. ther	Description Descri	Material ms insulated (AT, or	(ACM) tion,	(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
luturian Flore	Yes	No	N/A X		VAT			7	50 sf	x	-		
Interior Floor Interior Wall behind paneling			X		Masti				60 sf	x			
Interior avail behind paneling			1										
Name of Registered Waste Hauler		1 3	IJDEP V lauler ID		ubic Yards Waste		Name of Grows		ered Landfi				
Yannuzzi Group, Inc		1	7467	1	engeal Do	ate.	City, Sta		,33		_		
City, State Kinnelon, NJ				7.00	sposal Da 2/19	ii.e	Morris		PA				
Completed by John Mucha	Title	RA P	roiect	Designer	Signati	ure /	Norda		11200	ate /17/1	9		
	CALL TO SERVICE	A			1	100							

FIRE FORM

State of New Jersey

1/1301		N	OTIF					OS ABAT 30 and 5:16		MENT		APR 2	9 2	7 1	State of the State of
Date of Notification (1) 4 /	26 /	19	_					er/Operator (2 nership LL0					<u> </u>	<u> </u>	
□ EPA	Type Notificat ☐ Initial	ion				Address hel Rd. S	uite	205A			- more	LICEN	SINC		APRO SO
⊠ DHSS		_	ding		Garage -	ate, Zip C		1							
(NJAC 5:23-8)	justification Cancellation	n)			Mr.	of Contact Joe Bijou	ı				Telephone Nu (732) 248-		. 115		
					FAC	ILITY IN	FOR	MATION						4 -	
Name of Facility Where At Butler Plaza (Stop & Street Address					lestau	rant,Old	Laur	ndry Mat)	H	pe of Facility (4 School (K-12) Subchapter 8 (Other (i.e., priv	Other than K-	12) nercial bui	ldings		
1501-1506 Route 23										homes, etc.)				4 -	
City (5) Butler									;	quare Feet 39,574	# of Floors	5	g. Age 9		
County (6)					Count	ty Code (7)	(STAT	E USE ONLY)	Cu	urrent Use (Prio	r if being demo	olished)			
Morris									'	Vacant					
Name of Monitoring Firm F	lired by Buildi	ing Ow	ner (8	3) /	ASCM N	NO. INC.	110000000000000000000000000000000000000			Contractor (9)	028929				
Health & Safety					0011	7		Camate on Almonocountry	mer	ntal Services,	LLC				
Street Address								et Address	_						
PO Box 365										ad, Suite 102				4 -	_
City, State, Zip Code Berlin, NJ 08009						11	Fa	State, Zip C airfield, NJ		5:502					
Project Manager for Monit	oring Firm			Tele	ohone N	No.		phone No.			License No.				
Jim Proctor					6-452-			73) 852-344			01349			4 -	
Start Date (10)04 /22 / _					ion Dat			ne of OSHA N Al Environ r		itor ntal Services	, LLC				
Occupancy Status During	Abatement (C	check o	nly o	ne)			Stre	et Address						- li	
□ Facility Closed/Vacated							27	77 Fairfield	Ro	ad, Suite 102	2				
Abatement Performed Time of Abatement:						cribe AM		, State, Zip C airfield, NJ							
Scope of Work (Check all	that apply)							F1 = 110			ti - D				- 2
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novati molitic				☐ Mini-End	clos ag P						
			25.710	Locat				****				Ab	ateme	n [ype
Asbestos-Containing M TO BE ABA IN Facilit (13)	Material (ACM)		Use	lorma d Sole intena odial (12) No	ly by nce/		., the	Description of Containing Marmal systems urfacing, VAT ner miscelland	lateri s ins T, or	ulation,	Amount (Specify SF or LF)	Removal	Repair	Livapouium	Enclosure
Old Laundry Mat	-	_			×	Floor N	lastic	C			1,600 SF	⊠		[
Roof over Stop & Sho	p & Stores	1			\boxtimes	Various	s Roo	ofing Mater	rials	3	39,200 SF	- ×		[
Stop & Shop Interior	•					Floor N	lasti	С			35,560 SF	= 🛛		[
Chinese Restaurant					\boxtimes	Floor T	ile				1,600 SF			[
Name of Registered Wast Service Transport G				10.0	JDEP \ lauler II SW21	O No.	Was	oic Yards of ste		Name of Regist Minerva La					
City, State Yardley, PA							Disp	oosal Date arious		City, State Waynesbur	rgh, OH				*
Completed By (Print or Ty Mary Petrovski	rpe)	Title Ma	nage	er				Signature	Ti	W Peter	trah	Date 4/	26/1	ç	

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

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

									£ 1 2 0 1				_
Date of Notification (1)	. 11 /	19					Owner/Operator (2 Partnership LLC		11 L. A	PR 2	9 2	01	
	/	19					arthoromp ==						_
Agencies Notified	Type Notification	on			Street A		1 100 100 100 100 100 100 100 100 100 1		knoone.				
□ EPA	☐ Initial				100175-01855	Chicago and Caster of the	uite 205A		/%	100	11111	_	. 0
⊠ DOLWD		n+ #1			City, Sta	ate, Zip Co	ode		1	- was said	And the second	THAT	
☑ DHSS ☐ DCA	☐ Emergency	200 - 20	dina		Edis	on, NJ 0	8818						
(NJAC 5:23-8)	justification		3		Name o	f Contact			Telephone Num				
•	☐ Cancellatio	n			Mr. J	oe Bijou			(732) 248-82	200 ext.	115		
					FAC	ILITY INF	FORMATION						
Name of Facility Where	Abatement is Ta	king Pl	lace (3)		And the second		Type of Facility (
Butler Plaza (Stop	& Shop /attac	ched C	Chine	se R	lestaur	rant,Old	Laundry Mat)	School (K-12)		٥١			
Street Address							i i	☐ Subchapter 8 ☐ Other (i.e., pri	ivate and comme	rcial buil	dings,		
1501-1506 Route	23							homes, etc.)					
City (5)								Square Feet	# of Floors	Bldg	g. Age		
Butler								39,574	1	5	9		
County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (Pric	or if being demoli	shed)		200	
Morris						33.4		Vacant					
Name of Monitoring Fir	m Hired by Buildin	ng Owi	ner (8	3) /	ASCM N	10.	Name of Abatem	ent Contractor (9)					
Health & Safety	720				00117	7	SAI Environ	nental Services	s, LLC			4.5	
Street Address	or the second of						Street Address					=16 0	
PO Box 365							277 Fairfield	Road, Suite 10	2				
City, State, Zip Code			-				City, State, Zip C	ode					
Berlin, NJ 08009							Fairfield, NJ	07004					
Project Manager for M	onitoring Firm			Tele	phone N	No.	Telephone No.		License No.				
Jim Proctor	orniornig r mirr			2.00	6-452-	and the second	(973) 852-34	44	01349				
Start Date (10)	S	chedule	ed Co	mple	tion Dat	e (11)	Name of OSHA						
04 / 22_	244				1		ASSESSED AND ADDRESS OF THE PARTY OF THE PAR	mental Services	s, LLC				
							Street Address					_	
Occupancy Status Dur					ment			Road, Suite 10	2				
☐ Abatement Perform	ated During Entire	rmal F	acility	Hour	s - Desc	cribe	City, State, Zip C					-	
Time of Abatement	:AM	PM/		_PM-		AM	Fairfield, NJ						
							r anneru, No	07004					
Scope of Work (Check	(all that apply)							ntainment with Neg	gative Pressure				
≥3 sf or ≥3 lf			Rei				☐ Mini-En	57 (F. 17					
≥160 sf or ≥260 lf		2	☑ Dei	molitic	on		☐ Gloveda	ag Procedure empted (*) and No	n-Friable Proced	lure			
			ls	Locat	tion						ateme	nt y	ype
Locat	ion of		١	lorma	lly		Description		g 1 0 970 1000 1000 1000 1000	D	_D	_	T
Asbestos-Containi	ng Material (ACM	1)		d Sole intena	ely by	Asbe	stos Containing M ., thermal systems	aterial (ACM)	Amount (Specify	Removal	Repair	Ellicabaniare	Enclosure
TO BE A	ABATED acility				Staff?	(1.6	surfacing, VA		SF or LF)	oval	-	iner	Sure
(1	100000 TO	-		(12)		-	other miscellan	eous)	1			מום	100
	Sit.		Yes	No	N/A				4 000 05	E3			-
Old Laundry Mat						Floor N	200000000000000000000000000000000000000		1,600 SF			늘.	F
Roof over Stop &	Shop & Stores				\boxtimes	Various	s Roofing Mate	rials	39,200 SF			<u></u>	1-
Stop & Shop Inter	ior				\boxtimes	Floor N	lastic		35,560 SF			Ξ.	
Chinese Restaura	nt				\boxtimes	Floor T	STATE OF THE REAL PROPERTY.	10 (5	1,600 SF			<u>L</u> .	
Name of Registered V	Vaste Hauler			11/22	NJDEP Y		Cubic Yards of Waste		stered Landfill				
Service Transpo	rt Group, Inc				Hauler II SW21		800	Minerva L	andfill				
City, State						100	Disposal Date	City, State	77AY 325 800				
New Castle, DE							Various	Waynesbi	urgh, OH				
Completed By (Print of	or Type)	Title) (Signature	Ma IAH	_ /	Date			
Mary Petrovski	75-7		anag	er			7/1	au Kul	age	4/1	1/20	1	

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

Date of Notification (1)			I N	ame of	Building O	wner/Operator (2)	ann 2 o	2016		-				
Date of Notification (1)	11 / 19	_				artnership LLC		APR 2 9	2015		Accest.	1			
Agencies Notified	Type Notification		S	treet Ad	dress							a.			
EPA	☐ Initial					ite 205A		Ada .							
⊠ DOLWD	☐ Amended		C		e, Zip Coo			Martin,	190						
⊠ DHSS	Amendment #				n, NJ 08										
☐ DCA	Emergency (incl	luding	N		Contact			Telephone Numbe	r		18				
(NJAC 5:23-8)	justification)				e Bijou			(732) 248-820	ext.	115					
	1-			FACIL	ITY INF	ORMATION					_	_			
Name of Facility Where	Abatement is Taking	Place (3)					Type of Facility (4)							
Butler Plaza (Stop	& Shop /attached	Chines	e Re	estaura	ant,Old L	.aundry Mat)	School (K-12)	(Other than K 12)							
Street Address	•						Other (i.e., pr	(Other than K-12) wate and commerci	d commercial buildings,						
1501-1506 Route 2	.3						homes, etc.)					_			
City (5)							Square Feet	# of Floors	Bldg 59	Age					
Butler							39,574 Current Use (Pri			_					
County (6)				County	Code (7)(STATE USE ONLY)	ed)								
Morris									_	_					
Name of Monitoring Firm	n Hired by Building O	wner (8)	A	SCM No	o.	Name of Abatement Contractor (9)									
Health & Safety				00117	8	SAI Environmental Services, LLC									
Street Address						Street Address 277 Fairfield Road, Suite 102									
PO Box 365							_	\dashv							
City, State, Zip Code															
Berlin, NJ 08009						Fairfield, NJ 07004									
Project Manager for Mo	onitoring Firm		Геlер	hone N	0.	Telephone No.									
Jim Proctor			850	6-452-1	1311	(973) 852-3444 01349									
Start Date (10)		luled Con				Name of OSHA									
04 / 22	/19)5_ / _	06	_ / _	19	SAI Environ	mental Service	s, LLC			_				
Occupancy Status Duri	ing Abatement (Check	k only on	e)												
☑ Facility Closed/Vaca	ated During Entire Pe	riod of Ab	atem	nent		277 Fairfield City, State, Zip C)2			_					
☐ Abatement Perform	ed Outside of Normal	Facility I	Hours	s - Desc											
Time of Abatement:	:PI	M/	PM-	^A			-								
Scope of Work (Check	all that apply)	To the second				⊠ Full Con	ntainment with Ne	gative Pressure							
		□ Ren	ovatio	n		☐ Mini-En	closure	gauve i recours							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Dem				Gloveb	ag Procedure	on Eriable Procedu	re						
23						⊠ Non-Ex	empted (") and iv	on-Friable Procedu		temer	Tv	me			
			ocati ormal			Description	of				Ť	-0.5-0			
Locati Asbestos-Containir		Used	Sole	ly by	Asbe	stos Containing M	Material (ACM)	Amount	Removal	Repair		Enclosure			
TO BE A	BATED	Mair		nce/ Staff?	(i.e	., thermal systems surfacing, VA	s insulation,	(Specify SF or LF)	ova	#-		unsc			
IN Fa		Cusio	(12)	Jian :		other miscellar		0, 0, 1,	-		-	Ф			
(1:	3)	Yes	No	N/A		649M/950Mk-31102Fe6 76 7-/10			-		+				
Old Laundry Mat				\boxtimes	Floor N	lastic		1,600 SF			1				
Roof over Stop & S	Shop & Stores			\boxtimes	Various	s Roofing Mate	rials	39,200 SF			1				
Stop & Shop Interi	ior			\boxtimes	Floor N	lastic		35,560 SF			1				
Chinese Restaura	nt				Floor T	ile		1,600 SF				L			
Name of Registered V	PROPERTY AND ADDRESS OF THE PARTY OF THE PAR		1.0	NJDEP \											
Service Transpo			F	lauler II		Waste 800	Minerva	Landfill			_				
City, State	Disposal Date City, State														
New Castle, DE	Various Waynesburgh, OH														
Completed By (Print of	or Type) Ti	tle				Signature	2 AH		ate						
Mary Petrovski	r			1/10	My KIM	19th	4/	11/2	19	9					
mary recrease							1000								

ASB-41 **MAY 11**

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

			۷. ۰					,	1 1				Ш			
Date of Notification (1)							Owner/Operator (2	4 1 4	ii APR 2	9 20)19		14			
	26 / 1	19		E	Butle	r Plaza P	artnership LLC						havendu			
Agencies Notified	Type Notificatio	n		Str	eet A	ddress		1	Louise .			_				
□EPA				1	2 Eth	el Rd. Su	ite 205A		ASELLE (COLL.	Licia	. Ġ				
☑ DOLWD	☐ Amended			Cit	y, Sta	te, Zip Co	de		The Control of the Co	AN - CAMPAGNICAL CO.	والمساد بالماسات					
☑ DHSS	Amendment			1	Ediso	on, NJ 08	818									
DCA	☐ Emergency justification)		J	Na	me o	f Contact			Telephone Numb	er						
(NJAC 5:23-8)	☐ Cancellation				Mr. J	oe Bijou			(732) 248-820)0 ext.	115					
				-	EACI	LITY INF	ORMATION									
Name of Facility Where A	hatement is Tak	ing Place	(3)	-	1 701	LITT HAT	Ortimation:	Type of Facility (4	1)			_	\neg			
Butler Plaza (Burge		ing i laoc	. (0)					☐ School (K-12)								
	i Kilig)			_				Subchapter 8	(Other than K-12)	السط اعد	dinaa					
Street Address	,							homes, etc.)	vate and commerc	ciai buli	ungs	,				
1501-1506 Route 23	•			_				Square Feet	# of Floors	Bldg	g. Age	_ ·	\neg			
City (5)								4,000	1	5	9					
Butler				10	Count	Code (7)	STATE USE ONLY)		or if being demolisi	hed)		_				
County (6)				1	Journe	y code (1)(OTATE GOE GIVE T	Vacant								
Morris Name of Monitoring Firm	Hisad by Duildin	~ Owner	/0)	TAS	CM N	lo T	Name of Ahateme	tement Contractor (9)								
	Hired by Buildin	g Owner	(0)	1	CIVITY			nental Services	. LLC							
N/A							Street Address	150 (100 m) 190 (1446) (1466) (1466) (1466) (1466) (1466) (1466) (1466) (1466)								
Street Address								Road, Suite 102								
					City, State, Zip C											
City, State, Zip Code				1	Fairfield, NJ											
	'A Firm		TTO	lonh	one N	lo.	Telephone No.	0.00.	License No.			-				
Project Manager for Mon	ittoring Firm		10	iehii	one i		(973) 852-344	14	01349							
01-1-0-1-(40)	Lea	heduled (Comp	letio	n Date	a (11)	Name of OSHA N					_	\neg			
Start Date (10)		05						mental Services	s, LLC							
					Street Address											
Occupancy Status During					nt		2									
 ☐ Facility Closed/Vacate ☐ Abatement Performed 	ea During Entire	mal Facil	itv Ho	urs -	Desc	ribe		Road, Suite 10				-				
Time of Abatement:	AM-	PM/	PI	urs - Describe City, State, Zip Code AMAM Fairfield, NJ 07004												
				-			i airiicia, ito	0,004				_ ,				
Scope of Work (Check a	ii that apply)							ntainment with Neg	gative Pressure							
≥3 sf or ≥3 lf			enov		Ĺ		☐ Mini-En	closure ag Procedure								
≥160 sf or ≥260 lf		X L	emol	ition			⊠ Non-Exe	empted (*) and No	n-Friable Procedu	re						
			ls Loc	atio	n					Aba	ateme	ent	ype			
Location			Nom				Description		A a at	R	R _C	П	Ē			
Asbestos-Containing			lainte				stos Containing M ., thermal systems		Amount (Specify	Removal	Repair	dp	Enclosure			
TO BE AB		Cu	stodia		aff?	(surfacing, VA7	T, or	SF or LF)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-	Elicaboniare	ure			
(13)		1/4		2)	N/A	-	other miscellan	eous)				ā				
		Ye	-	-					4.000 SF				П			
Roof]	\boxtimes	Roof Ma	aterials		4,000 3F			-	무			
]												
			Ī	1												
			1	-						П	П	Г	П			
				-		Naste Vaste	Cubic Yards of	Name of Regi	stered Landfill			_	1-			
Name of Registered Wa				1000		D No.	Waste	Minerva L								
Service Transport Group, Inc					SW21	17	80	A CONTRACTOR OF THE PROPERTY O								
City, State				Disposal Date City, State Various Waynesburgh, OH												
Yardley, PA							Various	vvaynesbi								
Completed By (Print or	Type)	Title	Signature Date Date						2/10							
Mary Petrovski		Mana	ger				//(my Kell	USIN	4/26	פווס					

ASB-41 MAY 11

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

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #; Check # 9262 Name of Building Owner/Operator (2) 10 14 1/12 13 1/11 19 1 Henpal Realty Type Notification Agencies Notified Street Address X EPA APR 2 9 2019 222 Grand Avenue X Initial DEP City, State, Zip Code DOL Amendment Englewood, NJ 07040 X DOH Name of Contact Telephone Number INC Cancellation ☐ DCA Paul Schmidt **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Former Sears Hardware & Appliance Subchapter 8 (Other than | 12) Street Address X Other (Private/Commercial Bldgs./Homes, etc. 80 Godwin Ave # of Floors E g. Age Square Feet County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolish d) Midland Park Bergen Sears Store Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number Phone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 05/07/2019 05/21/2019 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) wrap & cut X Demolition Renovation Full Containment w/negative pressure Glovebag procedi > Mini-enclosure >3 sf or >3 lf ≥160 sf or ≥260 lf Non-friable proce rre Is location normally used solely E Location of E by maintenance/custodial n asbestos-containing Amount Description of asbestos-containing m n staff(12) p C material to be (Specify SF or material (ACM) 0 a abated in facility (13) Yes No N/A p 2nd Floor and stairwell from X sheetrock & ACM joint compound 4,500 saft X 2nd Fl. to 1st Fl. Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Name of Registered Landfill B & G Restoration, Inc. 19563 Grand Central Landfill Disposal Date City, State City, State 05/07-21/2019 Lincoln Park, NJ Pen Argyl, PA Signature Completed by (Print or Type) Date Gordana Luna Gordana Luna 04/23/2019 Secretary/Treasurer

Gordana Luna

Secretary/Treasurer

2019-94

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

B & G proj. #: Check # 9266 Date of Notification (1) Name of Building Owner/Operator (2) 0 14 1/12 16 1/11 19 1 Vincent Gautieri Agencies Notified Type Notification Street Address ☐ EPA 2 9 2019 Initial DEP City, State, Zip Code X DOL Amendment Montclair, NJ 07042 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Vincent Gautieri **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Vincent Gautieri Subchapter 8 (Other tha K-12) Street Address X Other (Private/Commerc II Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demo ;hed) Montclair, NJ 07042 Essex residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Numbe Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 05/08/2019 05/09/2019 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) wrap & cut Demolition ☐ Full Containment w/negative pressure | Renovation ✗ Glovebag pro :dure Mini-enclosure Non-friable pr cedure ≥160 sf or ≥260 lf is location normally used solely Location of Е by maintenance/custodial asbestos-containing Description of asbestos-containing Amount n m staff(12) C (Specify SF or material to be material (ACM) C 0 abated in facility (13) L Yes No N/A V p basement pipe insulation 110 lf X Cubic Yards of Waste | Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# P & G Restoration, Inc. 19563 Grand Central Landfill Disposal Date City, State City, State Lincoln Park, NJ 05/09/2019 Pen Argyl, PA Signature Completed by (Print or Type) Date Title Gordana Luna

04/26/2019

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

Date of Notification (1) 0 4 / 2 6 / 1 9 Agencies Notified Type Notification EPA Initial Initial DEP DOL Amendment Amendment Amendment DCA Cancellation Telephone Number Ingrid Nagy Telephone Number Telephone Number Ingrid Nagy Type of Facility (4) School (K - 12) Subchapter 8 (Other this K-12) Street Address Street Address Street Address Type of Facility (4) School (K - 12) Subchapter 8 (Other this K-12) Street Address S				Check #	[#] 9265	_		_
O 4 / 2 6 / 1 9	ication (1)	Jame of Building Owner/Operator (2)	y			Mescritor		
EPA			A constraint of the constraint	NEC	EIVI	4.19		
DEP Manual Dock	1 -	treet Address	1	3	ages - C. a. prompty of distribution for any of the confidence of	7		İ
City, State, Zip Code Maplewood, NJ 07040 X DOH	nitial		mine appropriate	APR	2 9 2019			PER PER PER PER PER PER PER PER PER PER
DCA Cancellation Ingrid Nagy		하다. 하나 아이에 가는 아이를 하는 것이 되었다. 그 사람들은 사람들이 되었다면 하는데 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	in manager of			-	F1015.00.00	Madical Divis
DCA Cancellation Ingrid Nagy	1 IN	ame of Contact		Telephone	e Number		- 1	
Name of facility where abatement is taking place (3) Ingrid Nagy Street Address Type of Facility (4) School (K - 12) Subchapter 8 (Other the K-12) Other (Private/Commen all Bldgs./Homes, etc.	Cancellation	Ingrid Nagy			ENSING	(4.75)		
School (K - 12) Street Address Street Address School (K - 12) Subchapter 8 (Other thin K-12) Other (Private/Commer all Bidgs./Homes, etc.		FACILITY INFORM	ATION			_		
Ingrid Nagy Street Address Subchapter 8 (Other thin K-12) Other (Private/Comment all Bidgs./Homes, etc.	ility where abatement is taking pla	ace (3)		Type of Facility (4	4)	_		
Street Address Other (Private/Commen all Bldgs./Homes, etc.		0000000		=	1000	· · K	12)	
	ess				*		12)	
Square Feet # of Floors Bldg. Age			1 -	Bldgs./h			la. A	ge
City (5) County (6) County Code (7)	Cour	nty (6)	County Code (7)			_		
Maplewood, NJ 07040 Essex (State use only) Current Use (Prior if being demo shed)	ood, NJ 07040 Ess	sex	3 A. 1921A 2017 19 87150			she	d)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9)	onitoring Firm Hired by Bldg. Owner	er (8) ASCM No.			VI			
B & G Restoration, Inc.			B & G Restoration	n. Inc.				
Street Address Street Address	ess		Street Address		*************************************	_		
105 Ryerson Road				ad		-		
City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035	ip Code			07035				
Project Manager for Monitoring Firm Phone Number Telephone Number License Number	ger for Monitoring Firm	Phone Number	Telephone Number	91	License Number	=		
(973)696-6869 00378					00378	_		
Scheduled Start Date (10) Sched. Completion Date (11) Sched. Completion Date (11) Name of OSHA Monitor B & G Restoration, Inc.	tart Date (10) Sched	l. Completion Date (11)						
05/06/2019 05/07/2019 Street Address	2019 05/0	07/2019		1, 1110.		_		-
Occupancy Status During Abatement (Check only one) 105 Ryerson Road	Status During Abatement (Check of	nly one)	105 Ryerson Roa	d				
▼ Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-	ment performed outside of normal		City, State, Zip Code					
Describe: Lincoln Park, NJ 07035			Lincoln Park, NJ	07035		_		
Scope of Work (check all that apply)	ork (check all that apply)		wrap & cut			-		1.1.
☐ Demolition ☐ Full Containment w/negative pressure ☑ Glovebag pro edure	lition Renovation	n	Full Containment w/negat	ive pressure	Glovebag pro	edu:	re	
	or > <u>3</u> If	≥260 If	✗ Mini-enclosure		Non-friable p	ced	lure	
	by mainte				R	1		E
material to be staff(12) Description or aspestos-containing material (ACM) (Specify SF or	tos-containing etaff(12)	Description			For I		С	1000
abated in facility (13) Yes No N/A LF) V a L p L	in facility (12)	SANTA SANTANAN SANTANAN SANTANAN SANTANAN SANTAN SA	(Colli)		v	1		L
boiler room	ı	x pipe insula	ation	3 If		1		10
gas meter room	room	x pipe insul	ation	9 If		丁		
crawl space x pipe insulation 4 lf x] .		x pipe insula	ation		X			
overhead in laundry room x pipe insulation 2 If	n laundry room	x pipe insula	ation	2 lf	X]		坦
			Varia III	1	0]		
Registered Waste Hauler B & G Restoration, Inc. NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill Grand Central Landfill					7.00			
City, State Disposal Date City, State Lincoln Park, NJ 05/07/2019 Pen Argyl, PA	ark, NJ	Disposal Date 05/07/2019						
Completed by (Print or Type) Gordana Luna Title Secretary/Treasurer Gordana Luna Date 04/26/201	y (Print or Type) Title Luna Secreta		Gordana Luna			!		

16021844 PAI	m		ICATIO	tate of Nev N OF ASBI to NJAC	ESTOS	ABATE		The state of the s	D _r	E (о [c	7 7 7	W		
Date of Notification (1) 4/26/2019				of Building (ESS Sol				and the state of t		ΑF	PR .	2 9	2019)	
Agencies Notified Type Notification	11			Address Kings Ge	eorge	Post R	oad	1		Canada (Company)					
EPA Initial DEP X Amended Amendment				ate, Zip Co , NJ 088						A.	LICA](5]	NG_		
□ Emergency (including			of Contact Daniels					10	ephone 2-306					
			FAC	ILITY INFO	DRMAT	TON									
Name of Facility Where Abatement is Taking LANXESS Solutions US Inc. Street Address 1020 Kings George Post Road	Place (3)					Typ	School (K-1; Subchapter Other (i.e. p	2) 8 (Oth	er than & comm	K-12) I buile	dinas.	h n	es.
City (5)	· · · · · · · · · · · · · · · · · · ·							etc.) iare Feet		f Floors			ldg. A		
Fords															
County (6) Middlesex				Code (7) USE ONLY)	-			rent Use (Prio ler house p					lant &	R 31	nks
Name of Monitoring Firm Hired by Building C Emilcott Associates, Inc.	Owner (8)		ASC	VI No.				patement Con Demolition &			enta	l Se	rvice	s L	LC
Street Address 190 Park Avenue					1	Street 992			ss agle School Road, STE 910						
City, State, Zip Code Morristown, NJ 07960		- 1,00-						Zip Code PA 19087						-	
Project Manager for Monitoring Firm David Tomsey			Telepho	ne No		Teleph 484-		No. 7428		Licen:					
Start Date (10) 2/18/2019	Schedul		npletion	Date (11)				SHA Monitor Demolition &	& Env	rironm	enta	l Se	rvice	s L	LC
Occupancy Status During Abatement (Check						Street	reet Address 92 Old Eagle School Road, STE 910								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe; boiler house	eriod of all Facility	Abaten / Hours	nent			City, S	City, State, Zip Code Wayne, PA 19087								
Scope of Work (Check All That Apply)						Wayne, 1 A 19001							= -		
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	X E	Renova Demolit	ition ion			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur							5		
	100	Locati							() () ()				Abate Ty	n n	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole intenal todial S (12)	ly by nce/		os Cor therma surfa	escription taining N I systems acing, VA miscellar	lateri s insu T, or		(8	mount Specify or LF)		Remova	Repair		Enclosure
	Yes	No	N/A									-			(D
#6 Fuel Line		Χ		P	ipe Ir	sulation	n (T	SI)	19	97 LF		X			
Door Gasket on package boiler		Х			Of	her Mis	sc.		1	9 LF		X			
Ester 2 Area		Х		Р	ipe Ir	sulation	n (Ts	SI)	48	30 LF		X			
Ester 2 Area, PA Tank Area	X			S	urfacin	g		53	38 SF		X				
Name of Registered Waste Hauler Horwith Trucks, Inc.	H	NJDEP Waste Cubic Yards Hauler ID No. of Waste SW-1998 35					Name of Registered Landfill Cumberland County Landfill								
City, State Northampton, PA			Disposal Date 5/10/2019										-		
Completed by Mark Klotzbach	Presi	dent	Signature Date 4/26/2019)19							

rint Form

0K06731 P	AID "			to NJAC					E	GEI	\mathbb{V}		1	1 1
Date of Notification (1) 4/17/ 19		10	Name of NJDPI	Building of MC	Owner/O	perator	(2)			0 -				- Constitution
Agencies Notified Type Notific	ation	1	Street A						P	rn 2 9	2019		marine of	
☐ EPA ☑ Initial				st State										
DEP Amend	ed ment #		City, Sta Trento	te, Zip Co	de				ASL	LIGENSI		. i Ġi		
☐ DOH ☐ Emerging justification	ency (including			Contact					Tel	ephone Num	*******	eparish or a f	-	
DCA Don Cancel			Regina	a Bruno					0.00000	9 433 874				
Name of Facility Where Abatement is	Takina Place (2)		FACI	LITY INFO	DRMATI	ON	Т	e of Facility (4	\				_	
former residence BLUE ACRE		10					ТУР	-	-					
Street Address							H	School (K-12 Subchapter	B (Oth					
32 Belmont Ave.							X	Other (i.e. pr etc.)	ivate	ate & commercial building			nome	es,
City (5)							10000	are Feet	# 0	300	ldg.	je		
South River NJ County (6)			County	Codo /7\			28		2	in a damaliah	- 100	+0	4	
Middlesex			(STATE L	Code (7) JSE ONLY				rent Use (Prio andoned	rirbe	ng aemolisn	ea)			
Name of Monitoring Firm Hired by Bui	ding Owner (8)		ASCN	1 No.		Name	of Al	patement Cont	ractor	(9)			-	
							annuzzi Environmental Services, Inc.							
Street Address								ress nelon Rd.						
City, State, Zip Code						13.000		Zip Code						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								n, NJ 07405						
Project Manager for Monitoring Firm		-	Telephor	ne No.		Teleph 908-		No. -0880		License No 01228	ο.		-	
Start Date (10) 5/2/19	Schedule 5/29/19		pletion l	Date (11)				SHA Monitor	ontol	Comileon	Inc			
Occupancy Status During Abatement						Street		zi Environme	entai	Services,	inc.			
Facility Closed/Vacated During E			ent					elon Rd.						
Abatement Performed Outside of Other – Describe: Abandoned/si	Normal Facility	Hours				City, S	tate,	Zip Code					102	
	ated for blue Aci	es Dei	HOMMON			Kinn	elor	n, NJ 07405						
Scope of Work (Check All That Apply)			du.			Īx	a -		4 '11					
≥ 160 sf or ≥260 lf		enovat emoliti	7.7				Full Containment with Negative Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-F							
							יו ני	lon-Exempted	(*) an	d Non-Friab	e Pro	21010	men	t
Location of	N	Location ormall	У		Des	scription	of	-					е	
Asbestos-Containing Material (AC		d Solel ntenar			tos Cont	aining M	/later	ial (ACM)		mount	_		Ш	ш
In Facility	Custo	odial S (12)	itaff?	(i.e.		cing, VA	T, or			Specify For LF)	Remova	Repair	caps	Enclosure
(13)		0 2	L		other n	niscellar	neous	3)			oval	air.	Encapsulate	sure
Interior Wells	Yes	No	N/A		Dles	ster Wa	مالم		2	C00-f		_		
Interior Walls			Х							600sf	Х	-	-	
Crawl Space			X	Ih	ermal	Pipe Ir	nsula	ation		15 If	Х	-	-	
											-	_		
Name of Registered Waste Hauler		N	JDEP W	facto	Cubic	Vordo		Name of F	Pagiet	ered Landfill				
Yannuzzi Group, Inc.		H	auler ID 7467		of Was			GROWS	957/6			1		
City, State					Dispos	sal Date		City, State		Ve2			-	
Kinnelon, NJ					5/30/	()		Morrisvi	lle, F					
Completed by John Mucha	Title AHEF	RA Pr	roject [Designe		ignature	sh	~	h	Da	te		XX - 2	
ASB-41 (R-06-08)					7			e this form for	asbes	tos licensure	e exer	nptec	activi	ities.

State of New Jersey

CK#119	16 PA	D	NOTII	FICATIO	tate of N N OF ASI t to NJAC	BESTOS	ABATE	MEN 0)	т		E	E			2 1
Date of Notification (1) 04/27/2019					of Building		Operator	(2)				9 9		-	
	ype Notification			100000000000000000000000000000000000000	is Cama	acho		155-15		ШЦ	AF	PR Z	201	_	Loon
-			1	Street	Address						Ì				Protection of the Party of the
EPA DEP	Initial Amended			City St	ate, Zip C	ode					ACT :				8
X DOL	Amendmen				ark, NJ					1,	is netopletous	LICENS	JIVG_	va.	ta:
▼ DOH	Emergency justification)	(including	1		of Contact					To	lephone	Mumbar		_	
DOH DCA	Cancellation			Gladi						, 10	ephone	Nullipel			
				FAC	ILITY INF	ORMAT	ION	_					-	-	
Name of Facility Where Ab	atement is Takir	ng Place (3)					Тур	e of Facility (4)				-	
Private residence			55.41						School (K-1	2)					
Street Address									Subchapter	8 (Oth	er than k	(-12)	engeres and		
								×	Other (i.e. p etc.)	rivate	& comme	ercial bui	ldings,	mc	es,
City (5)								Squ	are Feet	# c	f Floors	I	Bldg. A	,	
Newark													1,000		
County (6)				County	Code (7)	0		Cur	rent Use (Prid	or if be	ing demo	lished)		_	
Essex					. CORNARIO	<i>'</i>	_								
Name of Monitoring Firm H	red by Building	Owner (8)	ASCI	И No.		1		atement Con		(9)			l li	
Street Address			1			X		St. 15-50 1915	Safety LL	.C					
Street Address							Street								
City, State, Zip Code									/ Ave						
Oity, State, Zip Code							100000000000000000000000000000000000000		Zip Code						
Project Manager for Monitor	ring Firm			Telesha	N				, NJ 0750	2					
rojest warager for world	ing riitii			Telepho	ne No.		Teleph				License				
Start Date (10)		Schedul	ed Co	mplotion	Date (11)		10000000		8711		01332	2		_	
05/04/2019	(C.)	05/07/			Date (11)		NACO DE LOGICA		SHA Monitor						
Occupancy Status During A	hatement (Cher		0.0000000000000000000000000000000000000				Sam		* *						
Property Co.		857	700	¥			Street	Addre	ess						
Facility Closed/Vacated Abatement Performed Other – Describe: 8:0	Outside of Norn	nal Facility	Hour	nent s			City, S	tate, 2	Zip Code					_	
Scope of Work (Check All T	hat Apply)										_				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	M G	ull Containme ini-Enclosure ovebag Proc on-Exempted	edure					
		Is	Locat	ion									Abate		t
Location of			Norma ed Sole			Des	scription	of					Тур	_	
Asbestos-Containing Ma TO BE ABATE			intena			tos Cont	aining M	ateria			mount		-	ņ	
In Facility		Cus	todial	Staff?	(1.6.	thermal surface	systems cing, VA		ation,		pecify or LF)	Remova	Re	,	Enclosure
(13)			(12)				niscellan)		0 ,	SVOL	Repair	1	osui
		Yes	No	N/A								=		+	.е
Basement	t			x		Pipe	insulat	tion		15	50 LF	x		-	
														_	
													++	-	
							74 724							-	
Name of Registered Waste I	Hauler		T N	LIDED W	lasto	Cubia	Vords		I Ne : =						
Removal Safety LLC	NJDEP Waste Hauler ID No. 0037007 Cubic Yards of Waste Fairless Name of Registered Landfill Fairless					till									
City, State						100	al Date		City, State					-	
Paterson, NJ						TBD			Morrisvi		Α				
Completed by		Title				S	ignature	2,	,/	, .		Date		_	
Lasko Veskov		Pres	ident				XIII	1/-	Mari	15		04/27/	2019		

OKOBIOG PA	ID	NOT	FICATIO	IN OF AS	lew Jerse BESTOS C 8:60 an	ARATE	MEN 0)	т	D	EG	E		[
Date of Notification (1) 4/26/19			Name 134 F	of Buildin Bay St.	g Owner/	Operator	r (2)	22.000		APH	2 5	1 201	(-	
Agencies Notified Type Notification	1			Address				-					_	a majora
EPA Initial			95 C	hristoph	ner Colu	mbus I	Dr.			ASILL.		 		-d &
Amended				tate, Zip (1,1,5	11:	CENS	MNG	- <u>201</u>	251
TI Emergene	t#2		Jerse	y City,	NJ 0730	02								
justification)	y	Name	of Contac	:t				T	elephone N	umber		-	
L DCA Cancellatio	n			n Strob						01-217-6				
Name of Facility Where Abatement is Takin	no Place	/2\	FAC	ILITY IN	FORMAT	ION			-					
Former Manishewitz Factory	ig Flace	(3)					Typ	e of Facility	(4)				-	
Street Address								School (K-	12)					
143 Bay St.							×	Subchapter Other (i.e. p	r 8 (Ot	her than K-	12)	: d!===	200	3-2007
City (5)							-	etc.)			ciai du	iaings,	חנ	nes,
Jersey City, NJ								are Feet	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	of Floors	1	Bldg. A		
County (6)			County	Code (7)				352	6			50÷		
Hudson			(STATE	USE ONL	n		Ah	rent Use (Pri andoned	or it be	ing demolis	shed)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		Name		atement Cor	tracto	r (Q)			ļ _	
Vertex Environmental Sireet Address						Yanr	nuzz	i Environn	nenta	i (s) I Service	e Inc			
3322 US Route 22						Street				. 9011100	5, 1110		_	
City. State, Zip Code						135	Kinn	elon Rd.						
Branchburg, NJ 08874								Zip Code					-	-
Project Manager for Monitoring Firm								NJ 0740	5					
Don Heim		l	Telepho	ne No. 14-2226	_	Teleph				License I	Vo.		-	
Start Date (10)	Schedu	led Co		Date (11)		908-2				01228				
4/11/2019	6/14/2	2019	ubletion	Uate (11)	1			HA Monitor					-	
Occupancy Status During Abatement (Chec	k Only O	ne)				rann	uzz	Environe	ment	al Service	s, In	c.		
Facility Closed/Vacated During Entire	Dorinal as	A L _4				Street /		ess elon Rd. S		100			2.00	
Abatement Performed Outside of Nom Other – Describe:	nal Facilit	y Hour	S Helit		ŀ	_	Zip Code	_						
								NJ 07405						
Scope of Work (Check All That Apply)						,		140 01 400						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				XIXIXIX	GI	ill Containme ni-Enclosure ovebag Proc on-Exempted	edure					
		Locat	10000					resistate	. / _	- 110/11/100	1	Abate	_	-
Location of Asbestos-Containing Material (ACM)		Norma ed Sole			Des	cription (of	ĺ				Тур	500	
TO BE ABATED	Ma	intena	nce/	Asbes	tos Conta	aining Ma	ateria	(ACM)		mount				
In Facility (13)	Cus	todial ((12)	Staff?	(I.C.	thermal s	ing, VAT	, ог			pecify or LF)	Rer	20		Enc
(15)		(/	1		other m	iscellane	ous)		•	0. 2.)	Remova	Repair		Enclosure
	Yes	No	N/A								<u> </u>			100
Floors 1-6 plus roof											1	-		
SEE ATTACHED SURVEY LIST								-			-	-	_	
					-						-			
Name of Registered Waste Hauler	1	N	JDEP W	acte	Carr	(
Yannuzzi Group, Inc.		auler ID i		of Wast	ic Yards Name of Registered Landfill							7		
City, State		1	7467		400 C			GROWS	S/Fair	less Land	V lift	/aste	1 31	mt
Kinnelon, NJ		or a charge or to			Disposa									
Completed by	Tiel-				4/22/1		119	Morrisvil	le, P	A				
John Mucha	Title	QA D.	oioet D	esigner	Sig	gnature		1. [Da	te	7	+	
	ru ICI	WIT	olect n	esigner			1	ne ?			11	121	1	4

State of New Jersey

	5 6	15 1	l l
The state of the s	amn	2 0	0.0
111 111	APH	4 4	20

NOCK			NO					STOS ABA 8:60 and 5:1		APF	2 9	20		remente particular de		
Date of Notification (1)					Nam	e of Buildir	ng O	wner/Operator	(2)	tool look		60	_	+		
4 /	25 /	19	-		PS	SE&G /		Job #	1904-5464	-Gheck#				_]		
Agencies Notified ☑ EPA	Type Notifi	cation		11 18 -		et Address		nad		AbL	CENS	ING	1040	Č:		
☑ DOLWD						State, Zip	_						-			
☑ DHSS	Amenda				1 22	outh Plain			(4							
☐ DCA (NJAC 5:23-8)	☐ Emerge justificat		cludin	ıg		e of Contac		-,		Telephone Nu	mber		-			
(1.07.10 0.20 0)	☐ Cancella	850			Jo	hn Belo				908-413-89						
					FΔ	CILITY	VFO	RMATION					_			
Name of Facility Where A	batement is	Taking	Plac	e (3)		CILITI II	41 0	KWATION	Type of Facility	(4)			_			
PSE&G			,	- (-)					School (K-12							
Street Address									☐ Subchapter 8	8 (Other than K-1						
Cape May Street &	Frank E Ro	daer	s Blv	d.					Other (i.e., p homes, etc.)	rivate and comm	ercial b	uildin				
City (5)		-					_		Square Feet	# of Floors	В	ldg. A	-			
Harrison, NJ 07029												3				
County (6)					Cou	nty Code (7	7)(ST	ATE USE ONLY)	Current Use (Pri	Ise (Prior if being demolished)						
Hudson									Substation							
Name of Monitoring Firm	Hired by Buil	ding C	wner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)				_			
Health & Safety Ser	vices						1	AbateTech, I								
Street Address		-					St	reet Address	11772				-			
PO Box 365							;	30 Maple Ave	e. PO Box 25							
City, State, Zip Code							Cit	ty, State, Zip Co	ode							
Berlin, NJ 08009							1	Lumberton, N	J 08048							
Project Manager for Monitoring Firm Te						No.	Te	lephone No.		License No.						
James Proctor	/	A CONTRACTOR OF THE PARTY OF TH				-8850	6	609 ₇ 265-2107		00529						
Start Date (10)						ate (11)	100000	me of OSHA M								
4 / _18_ /	19'	5	5 /	31	_ / .	19	1	EMSL Analyti	cal							
Occupancy Status During							Str	eet Address								
☐ Facility Closed/Vacated							2	200 Route 130	0 North							
Abatement Performed Time of Abatement:						scribe AM	1	y, State, Zip Co					1			
			"			, Alvi	(Cinnaminson	, NJ 08077							
Scope of Work (Check all	that apply)							□ Eull Cont	ainment with Neg	ativo Brossuro						
≥3 sf or ≥3 lf			☐ Re	novati	on			☐ Mini-Encl		alive Flessule				1		
≥160 sf or ≥260 lf			☑ De	molitio	in				Procedure mpted (*) and Nor	. Crichle Dresed						
			le	Locat	ion	1		M MOII-EXE	ripled () and Nor	1-Friable Procedi	1	-1	- T			
Location o	f			Norma				Description of				ateme	-			
Asbestos-Containing M		1)		d Sole				Containing Mat	erial (ACM)	Amount	Removal	Repair	1	Enclosure		
TO BE ABAT IN Facility			F8338 76	todial		(i.e.		ermal systems in surfacing, VAT,		(Specify SF or LF)	ova	¥	i	uso		
(13)		1	-	(12)	1			her miscellaned		0. 0. 2. /	-		1	6		
			Yes	No	N/A											
Exterior						Coal Ta	r W	rap		40 LF						
												П	7	П		
			$\overline{\Box}$					92. U.S. 21. H.S. 22.			-		=			
					_						10	Ш		Ш		
						4]			
Name of Registered Waste				1000	JDEP \ auler ID		Cub	oic Yards of	Name of Regist							
Environmental Trans	port Grou	p, INC	i.		00069		8		Grows- Fair	rless Landfille	ă.		_			
City, State								posal Date	City, State							
Flanders, NJ							5.	/31/19	Morrisville,	PA 19067						
Completed By (Print or Typ		Title						Signature	·N	D	ate					
Gwendolyn Trumbet	i	Op	erati	ons (oordi	nator		$ C \cap A $	IVI		4-	77.	_			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 25 PSE&G / Job # 1902-5439 Check# 19 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 4000 Hadley Road ☑ DOLWD □ Amended City, State, Zip Code **⊠** DHSS LICENSING Amendment #1 South Plainfield, NJ □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Grady Toughill 732-674-1525 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G Essex Switching Station ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial building 155 Raymond Blvd. homes, etc.) City (5) Square Feet # of Floors Bldg. A Newark, NJ 07105 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Essex Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety PO Box 365 AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. James Proctor 856-452-1311 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2 / 19 / 19 5 / 31 / 19 **EMSL** Analytical 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: 7AM-3:30PM/ PM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 If □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abateme Type Normally Location of Description of Repair Removal 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)(13)other miscellaneous) Yes No N/A SEE ATTACHED П X SEE ATTACHED See Attached X]] П П] Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Environmental Transport Group, Inc. Conestoga Landfill 000692061 40 City, State Disposal Date City, State Flanders, NJ 5/31/19 Morgantown, PA Completed By (Print or Type) Signature Gwendolyn Trumbetti Operations Coordinator

State of New Jersey