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

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	AUG	1000	5_	2019	A CONTRACTOR OF THE PERSON OF	
ASB		7 08 (		ITRC	XU L&	

Date of Notification (1)				Nom	o of Duildin	- 0		(0)	IIII A	UG -	5	2019		1111
	/1	9		1000	minole C		wner/Operator ( struction	(2)	feed land	-2	` `	10.	80	
	otification	1		Stree	et Address				ASBE	STOS (			1 &	Sermount
⊠ EPA ⊠ Initia				12	3 Bartlett	Ave	enue	L		LICEN	SIN	G	NAMES OF THE PERSONS ASSESSED.	and implicate
☐ DOLWD ☐ Ame	ended endment #	4		City,	State, Zip	Code	9				_			
	ergency (i		-	We	est Creek	, NJ	08092							
(NJAC 5:23-8) just	fication)	ricidalli	9	Name	e of Contac	ct			Telephone	Numbe	Г			
☐ Can	cellation			Jo	yce Corli	SS								
				FA	CILITY IN	VFO	RMATION							
Name of Facility Where Abatemen	nt is Takir	ng Place	e (3)			-		Type of Facility	(4)					
Residence								School (K-12						
Street Address					0	0	1000)	Subchapter	8 (Other than	n K-12)				
					0	700	100	Other (i.e., p	orivate and co	ommercia	al bu	ilding	JS,	
City (5)								Square Feet	# of Floo	rs	BI	dg. A	ae	
Surf City								1400	1			70	90	
County (6)				Cou	nty Code (7	7)(ST/	ATE USE ONLY)	Current Use (Pr	rior if being d	emolishe	ed)			
Ocean								Residence						
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)	)					
N/A						(	Guardian Co	ntracting, Inc.						
Street Address						Str	reet Address							
						1	1889 Route 9	, Unit 61						
City, State, Zip Code						Cit	y, State, Zip Co	ode						
						1	Toms River, I	New Jersey 08	755					
Project Manager for Monitoring Fir	m		Tel	ephone	No.	Те	lephone No.		License 1	No.				-
						7	732-349-9932		00624					
Start Date (10)	1				ate (11)	Na	me of OSHA M	lonitor						
				0_/	19	E	E.M.S.L. Anal	lytical						
Occupancy Status During Abatem						Str	eet Address							
☐ Facility Closed/Vacated During	Entire Pe	eriod of	Abate	ement		1	056 Stelton							
Abatement Performed Outside Time of Abatement:AM	of Norma	l Facilit	y Hou	rs - Des	scribe	Cit	y, State, Zip Co	ode						
					.73101	F	Piscataway, N	New Jersey 08	854					
Scope of Work (Check all that app	y)						□ E./II C++4			10000				
≥3 sf or ≥3 lf		Re	enovat	tion			☐ Mini-Encl	ainment with Neg osure	gative Pressu	ire				
≥160 sf or ≥260 lf		□ De	moliti	on			Glovebag	Procedure						
		le	Loca	tion	T		⊠ Non-Exer	mpted (*) and No	n-Friable Pro	cedure				
Location of		1	Norma	ally			Description of	f		-	Ab	ateme	ent T	уре
Asbestos-Containing Material (	ACM)		ed Sol	ely by	Asbe	stos	Containing Mat		Amour	nt	Rer	Repair	Enc	Enc
TO BE ABATED IN Facility		2000		Staff?	(i.e	., the	ermal systems i surfacing, VAT,	nsulation,	(Specif		Removal	air	aps	Enclosure
(13)			(12)				her miscellane		SF or L	F)	<u>a</u>		Encapsulate	re
		Yes	No	N/A									Ю	
exterior			$\boxtimes$		asbesto	os si	iding		1400 s	f		П	П	П
		=		-							Ц	Ш	Ц	Ш
Name of Registered Waste Hauler			102	JDEP \		100000	oic Yards of	Name of Regis	tered Landfil	ı				
Guardian Contracting, Inc.			1	lauler II 20223	Survivous survivous	Wa 3		T.R.R.F.						
City, State						_	posal Date	City, State						
Toms River, New Jersey					0	0	8/20/19	Tullytown,	Pennsylva	nia				
Completed By (Print or Type)	Title	9					Signature	1		Date	1		)	-
Nicholas Fernicola	Р	roject	Man	ager			\ \mathrea \.			7	1:	21/	16	
							6 X	1	and the same of th		1	111	1 /	

	with with		5	tate of	New o	ersey	Shartmanns 200		Check	# 1669	8
Inv 1335	83		ant	to NJAC	8:60-	TOS ABATEMENT 7 and 12:120-7		Leave L	@ I	= 7 7	1.77
7/31/2019	on (1)			of Bu		Owner/Operator	(2)	11),5	6	<u>su</u>	VE
Agencies Notified	Type Notific	ation		et Add							
[ ]EPA	[X] Initial	action	SCIE	et Addi	ress				AUG .	- 5 20	119
[ ]DEP	Notific	ation	City	, State	7in	Codo					1
[X]DOL	[ ]Amended					NJ,07090		ASE	ESTO	CONT	201.0
[X]DOH	Notific	ation		of Cor	1821				LIGE	NSING	HUL &
[ ]DCA	[ ]EMERGENC	Y		m Ba			Mel enh	one Number	ACCOUNTS AND ADDRESS OF THE	And the international	
5 /5.777	[ ]Cancella	tion									
						INFORMATION					
Name of Facility Wh Jim Baker	ere Abatement	is Takir	ng Pl	ace (3	)		Type of Faci				
Street Address		-					[ ] Subcha	pter 8 (Othe			
								(i.e., priva buildings, h			
							Square Feet	# of Floo		ldg. Ac	je
City		County				nty Code (7)					1.000
Westfield					(ST	ATE USE ONLY)	Current Use	(Prior if be	ing de	molish	ed)
Name of Monitoring		Union	12.0	m							
Owner (8)	rilm Hired DA	Barrarno	AS	CM No.		Name of Abate	ment Contract ANAGEMEN				
N/A Street Address				-1.000		Street Address		i, inc.			
							topher Si	F			
City, State, Zip Coo	de					City, State, 2	to the transfer of the second				
						177.765	r, NJ 070	042			
Project Manager for	Monitoring Fi	rm Tel	epho	ne Numb	er	Telephone Numb			icense	Numbe	
		N/	A			(973) 744			0037		<del>3</del> 9
Scheduled Start Date	[1] - [1] -	i. Compl	etion	Date	(11)	Name of OSHA N	Monitor				
	19 0			19		N/A					
Month Day You Occupancy Status Dur [X] Facility Close of Abatemen	sed/Vacated Du	(Check	ay only ire	Year one) Period		Street Address	3				· · · · · · · · · · · · · · · · · · ·
[ ]Abatement Pe	rformed Outsid	e of Nor	mal	Facilit	ty	City, State, Z	ip Code				
[ ]other - Desc	ribe: «OffHours ribe: «Other Oc	Descrip cupancy	<u>t»</u> Desc	ript»			and the parent and the second second				
Scope of Work (Check						L					
[X]>3 sf or [ ]>160 sf o	≥3 lf	[x		ovation olition		[X]Mini-E [X]Glove	Containment was Enclosure Dag Procedure Ciable Proced		Press	ure	
-20000000000000000000000000000000000000		T .	Is	1		i juon ri	Table Floced	nre.	Aba	tement	Type
Location Asbestos-Con		No	cati rmal Used	ly		Description Asbestos-Cont		Amount	R	E	E
Material TO PE AR		S	olel	y		Material (A	ACM)	(Specify	E	E A	C
TO BE ABA		te	nanc	e/		(i.e., thermal ulation, surfa		SF or LF)	0	A S	0 5
(13)			ff (	12)		r other miscel			A	RU	
Basement		les	NO	N/A	Pipe	Insulation	<b></b>	8 LF	x	<u> </u>	E
		1-1						0 11			-
									-		-
Name of Registered W. AZTECH MANAGE		Hau	ler 040	ID No.		ic Yards Waste .5	Name of Regi	stered Landf tate	ill		
City, State	-	1- /	040	-	Disp	posal Date	City, State				
Montclair, NJ	07042				10	3/19/19		NY, 1047	4		
Completed By (Print	or Type) Titl	e		4		Signature		1/	D-+		
Constantine Vi	The second secon	esiden	ıt			//	Antio	Marin.	Date 7/31/	2019	
150 Lincoln Ave				2,44,2		-1(_OMS	SICULTUDE	THUMA			

OV MOON	_		NOT	IFIC	ATIO	State of I	BE	STIOSTAB	ΑT	EMENT	MEI	GE	N	W	E	1
AUGU	-In	VIZ	338	多週	ursua	mt to NA	AC 8	8 60 and 5	1	6)	IN -		П	U	كا_	
Date of Notification (1)					Nam	e of Buildi	ng Ov	wher/Operato	oŕ (	2)	111111111111111111111111111111111111111	110		2016		
/	30 /	19			Tri	nity Epis	scop	al Church		*PATIF Garage	ЦЦ А	UG - !	) (	2019	l	-
Agencies Notified	Type Notific	cation			Stree	t Address					***************************************		-			1
⊠ EPA		5-20			20	7 West N	lains	Street			ASBE	STOS C			1 &	L
☑ DOH	Amende Amendm				City,	State, Zip	Code	9	Sta	L		LIGENS	2115	G-	energenza.	
□ DCA	☐ Emerger			-	Mo	orestow	n, N	J 08057								
(NJAC 5:23-8)	justificat	ion)	oiddiii	9	Name	e of Conta	ot				Telephone I	Number				
	☐ Cancella	ation			Ja	net Murr	ay				856-904	4304				
					FA	CILITY	NFO	RMATION							-	
Name of Facility Where A	Abatement is	Taking	Place	e (3)						Type of Facility	(4)					
Trinity Episcopal C	hurch									School (K-12						
Street Address										Subchapter 8			L. CH	_r:		
207 West Main Stre	et									Other (i.e., p homes, etc.)	rivate and con	nmerciai	DUII	aings	9	
City (5)										Square Feet	# of Floors	Charles -	Bldg	g. Ag	е	_
Moorestown										52,000	3		9	1		
County (6)					Cou	nty Code (	7)(ST	ATE USE ONL	Y)	Current Use (Pri	ior if being der	nolished	)			
Burlington									ĺ	Church						
Name of Monitoring Firm	Hired by Buil	ding C	wner	(8)	ASCM	No.	Na	ame of Abate	me	ent Contractor (9)				-		
Management & Env	iro. Consul	lting \$	Servi	ces			5	Shade Env	iro	nmental, LLC						
Street Address							Str	reet Address							7.11555	
PO Box 341							1	623 Cutler	Αv	enue						
City, State, Zip Code							Cit	ty, State, Zip	Со	ode						
Chesterfield, NJ 085	515						1	Maple Shad	de,	NJ 08052						
Project Manager for Monit	toring Firm		T-2-11 (1100)	Tele	ephone	No.	Te	lephone No.			License No	).				
William Weisgarber				6	09-298	3-4070	8	356-755-00	99		00842					
Start Date (10)		Sched	uled C	omple	etion Da	ate (11)	Na	me of OSHA	M	onitor						
08 /12 /	19	0	8_ /	16	3_ /	19_	E	EMSL Anal	yti	cal, Inc.						
Occupancy Status During	Abatement (	Check	only	one)			Str	eet Address						-		
Facility Closed/Vacate							2	200 Route	130	0 North						
Abatement Performed							Cit	y, State, Zip	Со	de			-			-
Time of Abatement:	AIVI	PIV	1/	_PIVI		_AM	(	Cinnamins	on	, NJ 08077						
Scope of Work (Check all	that apply)							_		N 50 30						
≥3 sf or >3 If			⊠ Re	novat	ion			☐ Full Co		ainment with Neg	ative Pressure	Э				
≥160 sf or ≥260 lf				molitic				☐ Gloveb	oag	Procedure						
								⊠ Non-E	xer	mpted (*) and Nor	n-Friable Proc	edure				
Location	of			Loca: Norma				D				P	bat	emer	nt Ty	/pe
Asbestos-Containing N		1)	Use	ed Sole	ely by	Asbe	stos	Description Containing N			Amount	2	3	Ze e	E I	Ē
TO BE ABA				intena todial	nce/ Staff?	(i.€	e., the	ermal system	is ir	nsulation,	(Specify	Kemova		Repair	cap	Enclosure
IN Facility (13)	у		000	(12)	Otan:			surfacing, VA her miscellar			SF or LF)	1 2	-		Encapsulate	ure
(1.9)			Yes	No	N/A		0.	ner miscenar	1100	,43)					ਰਿ	
Lower Level						Floor T	ile a	nd Mastic			1,032 SF	:	1 [		5	
			П		$\Box$		NI-6-80					T	1 1	7 1	7	$\Box$
													1 1	71,	=	뒴
		-+											1 1	=	=	퓜
Name of Registered Waste	e Hauler		Ц_		JDEP I	Naste	Cuk	bic Yards of	-	Name of Regist	orod Landfill		1   1			늬
Freehold Cartage	c i laulei				auler II		Wa	Maria de la composica de la co		Fairless La						
City, State					15939	)		0 posal Date							-	
Freehold, NJ							1	8/16/2019		City, State Morrisville,	PA					
Completed By (Print or Type	ne)	Title					L	Signature	_	-		Date	-			
Christina Lynch	- 7/		ce Pr	eside	nt of	Operatio	ns	O CONTRACTOR OF THE PARTY OF TH	-5	1		3035 (15.5)	2 ^	1. ~	e	
			' '		51 \	- poratio		I M	10		)	7/3	10.	114		

DCL			NOT		ATIO		BES	ersey TOS ABA :60 and 5:1		ENT	D	) <u>E</u>	C	E		$\mathbb{V}$	E	
Date of Notification (1)					Nam	e of Buildin	g Owi	ner/Operator (	(2)				AUG	- 5	2	019		
/	30 /	19			Th	e Village	Chai	rter School		ĺ		Į						
Agencies Notified	Type Notific	ation			Stree	t Address				-		ASI	BEST	os c	ON	TRO	L &	
⊠ EPA	☐ Initial				10	1 Sullivar	n Wa	у			Mark region	Proposition and the second		CENS				native fluorestich
☑ DOLWD	Amender Amendm		4		City,	State, Zip (	Code			100								
□ DCA	☐ Emergen			,	Tre	enton, NJ	0862	28										
(NJAC 5:23-8)	justificati		Gidding	9	Name	e of Contac	ct		0.00		Te	elepho	ne Nu	mber		-		
	☐ Cancella	tion			Pa	ul DeWitt						609-6	95-01	110 x	11	6		
					FA	CILITY IN	IFOR	RMATION				_00=0750					-	
Name of Facility Where A	batement is	Taking	Place	(3)					Туре	of Facility	(4)							
The Village Charter	School									chool (K-1								
Street Address										ubchapter ther (i.e., p					heri	dina	•	
101 Sullivan Way									h	omes, etc.	)	te and	COMMI	lerciai	Dui	ung	5,	
City (5)										are Feet		# of Flo	oors	T	Bld	g. Ag	je	
Trenton									6,0	000		2			1	00		
County (6)					Cou	nty Code (7	7)(STA	TE USE ONLY)	Curre	ent Use (Pi	rior if	f being	demo	lished	)		100000	
Mercer									Sc	hool								
Name of Monitoring Firm	Hired by Build	ding (	wner	(8)	ASCM	No.	Nan	ne of Abatem	ent Co	ntractor (9)	)							
Epic Environmental	Services,	LLC					S	hade Enviro	onme	ntal, LLC								
Street Address							Stre	eet Address										5000000
1930 Brown Road							6:	23 Cutler A	venue	•								
City, State, Zip Code					Salar III		City	, State, Zip C	ode								-	
Newfield, NJ 08344							M	laple Shade	e, NJ 0	08052								
Project Manager for Moni	toring Firm			Te	lephone	No.		ephone No.			1	License	e No.				2.2.2.2	
Jim Eberts				3 6 8	356-205		8	56-755-0099	Э			0084	12					
Start Date (10)		Sched	uled C	ompl	etion Da	ate (11)	Nan	ne of OSHA N	/lonitor									
08 /19 /					2 /	0.50 (0.5	E	MSL Analyt	tical, I	nc.								
Occupancy Status During	Abatement (	Check	only	ne)				et Address										-
					ement		1	00 Route 13	an Nor	rth								
☐ Abatement Performed						scribe		State, Zip Co	NAME OF STREET								_	
Time of Abatement:				_PN		_AM		innaminsor		02077								
Scope of Work (Check all	that apply)							IIIIaiiiiii50i	1, 140 (	00077								
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	and apply)		⊠ Re					☐ Full Cont☐ Mini-End☐ Gloveba	closure g Proc	edure				lure				
				Loca											Aba	teme	nt T	ype
Location		•		Norm	ally lelv bv			Description of					DOMESTIC:					
Asbestos-Containing N TO BE ABA		1)	Ma	inten	ance/			Containing Ma rmal systems				Amo (Spe		, contract of the contract of	8	Repair	Encapsulate	Enclosure
IN Facilit	у		Cus	todia (12	Staff?	, , , ,	SI	urfacing, VAT	, or			SF or		2	5	=	nsc	sure
(13)			Yes	No	Transactor.	1	oth	er miscellane	eous)								ate	(D
Building B First and S	Socond Flor	oro				Mindou	Cla					400	0.		7			
Dullung D I list and C	becond Floo	015			_	Windov	v Gia	izirig				100	<b>5</b> F		7			
														L	1	Ш	Ш	
Name of Registered Wast Freehold Cartage	e Hauler			116	NJDEP Hauler I	D No.	Was	ic Yards of ste		ne of Regis			dfill					
City, State		_			1593	9	2 Disn	osal Date		, State		-555			-			
Freehold, NJ							*::-::::::::::::::::::::::::::::::::::	3/22/2019	1	, state lorrisville	, PA	A						
Completed By (Print or Ty	pe)	Title						Signature	10	`			T	Date				
Christina Lynch		Vi	ce Pr	esid	ent of	Operation	ns	Mr. 17		X_				7/	27	10		

Chlle13	7			FICATIO		ESTOS	y ABATEMENT d12:120)			) <u>E</u>	G.E		V [	707
Date of Notification (1) 07/30/2019	W 1335	31		Name of First B	of Building aptist Ch	Owner/ourch of	Operator (2) Asbury Park		Lct	eck# 46	HG -	5 2	019	1
Agencies Notified  ☐ EPA	Type Notification  Initial			508 Th	Address nird Aven					ASBE				&
⊠ DEP ⊠ DOL	Amended Amendmen Emergency		_		ate, Zip C / Park, N		ey 07712		Control of the Contro		LICEN	SING	The State of the S	W. articles
☑ DOH 図 DCA		stification)	20		of Contact ogers (C		dministrator)			ephone N 2-449-51				
Name of Facility Miles and	N	DI //		FAC	ILITY INF	ORMATI								
Name of Facility Where A College Achieve of As Street Address	bury Park Chart	er Schoo	3) 				Type of Fac	(K-12)						
508 Third Avenue							☑ Other (i	apter 8 (Othe .e. private &	comme	ercial buil	dings, h	omes	etc.)	
City (5) Asbury Park, New Jers	sey 07712						Square Fee 16,000	t	# of 3	Floors		3ldg. <i>F</i> 50+	\ge	
County (6) Ocean					Code (7) USE ONLY	)	Current Use	Prior if beir Churc		olished)				
Name of Monitoring Firm Environmental Tactics		Owner (8)		ASCI 0045	M No.		Name of Aba Lilich Corpo	atement Con oration	tractor	(9)				
Street Address 64 Broad Street							Street Addre 246 Union	-						
City, State, Zip Code Matawan, New Jersey	07747						City, State, Z Totowa, Ne		7512					
Project Manager for Mon Thomas Geiger	itoring Firm			Telepho 732-29	ne No 0-2217		Telephone N 973-225-84			License 01104	No.			
Start Date (10) 08/12/2019		Schedul 08/16/1	ed Co	mpletion	Date (11)		Name of OS Iris Environ		orator	ies, LLC				
Occupancy Status During	Abatement (Ched	ck Only Or	ne)				Street Addre							
<ul><li>☑ Facility Closed/Vacat</li><li>☐ Abatement Performe</li><li>☐ Other – Describe:</li></ul>	ted During Entire F ed Outside of Norn	Period of A nal Facility	batem Hour	nent s			2333 Route City, State, Z Union, NJ 0	ip Code						
Scope of Work (Check Al	1 Th -4 A1 A						Official, 140 C	77003						
<ul> <li>Scope of Work (Check All</li> <li>≥3 sf or ≥3 lf</li> <li>□≥160 sf or ≥260 lf</li> </ul>	т тпас Арргу)		Renova Demolii				☐ Mir	II Containme ni-Enclosure vebag Proce -Exempted a	dure /	Limited C	ontainn	nent 7	ent	
Location	of	1,550	Locat		Ashos		scription of aining Materia					Abate	ement pe	
Asbestos-Containing TO BE ABA In Facilit (13)	Material (ACM)	Ma Cus	intena todial (12)	nce/ Staff?	(i.e.	thermal surface	systems insula cing, VAT, or niscellaneous)	ation,	(Sp	nount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Boiler Room		Yes	No	N/A	Boiler I	nculatio					-		Ф	
Boiler Room		X		-	Boiler G				6.000	0 SF 0 SF	X			
Boiler Room		X					Breaching)			5 LF	X			
Boiler Room		X			TSI (Pip	e Joints	3"-6")		3	0 LF	X			
Name of Registered Wast	te Hauler	100	1998	JDEP W	/aste	Cubic	Yards	Name of R			833			
Lilich Corporation				fauler ID 18724	No.	of Was		Fairless L	andfill					
City, State Totowa, New Jersey						Dispos 08/16	al Date /2019	City, State Morrisvill						
Completed by Adriana Olejarova		Title Presi	dent			S	ignature	100	X.		Date 07/30/2	2019		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#3397 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 07 31 1 Saladeen Preston Type Notification Agencies Notified Street Address ☐ EPA Initial □ DOLWD Amended City, State, Zip Code X DHSS Amendment # ASBESTOS CONTROL & Emergency (including South Plainfield, NJ 07080 ПDCA LICENSING (NJAC 5:23-8) justification) Name of Contact Telephone Number ☑ Cancellation Saladeen Preston **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age South Plainfield, NJ 07080 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07 / 31 / 19 08 / 01 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 .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure Mini-Enclosure 2 > 160 sf or >260 lf Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Removal Repair Enclosure Asbestos Containing Material (ACM) Amount ncapsulate Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Basement Pipe insulation X 120 LF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date eutic Wenad N.Jevtic 07/31/19 Owner ASB-41

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City, State, Zip Cod	le					City, State,					
						Montclai	r, NJ 070	142			
Project Manager for	Monitoring Fi	1	Lephon	e Numb	er	Telephone Num	ber		License	Numbe	r
		N	A			(973)744	-8800		0037	1	
Scheduled Start Date	(10) Sched	d. Comp	letion	Date	(11)	Name of OSHA	Monitor				
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Agencies Notified	Type Notifica	ation			Stree	t Address				en e				
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⊠ DOLWD			2		City,	State, Zip (	Code			PARTICULAR DE CONTROL	LICEN	SIN	J.	
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(NJAC 5:23-8)	justification		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name	of Contac	ct			Telephone Num	ber			
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					FA	CILITY IN	VFO	RMATION						
Name of Facility Where A	batement is T	aking	Place	(3)					Type of Facility	(4)				
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Street Address										3 (Other than K-12 rivate and comme		ildina		
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Name of Monitoring Firm	Hired by Build	ding O	wner (	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)	(				
Emilcott Environme	ental Health	& Sa	fety S	Ser.			1	Neuber Envir	onmental Serv	rices, Inc.				
Street Address							Str	eet Address						
190 Park Ave.							1	1100 Grosser	r Road					
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Morristown, NJ 079	60						(	Gilbertsville,	PA 19525					
Project Manager for Monit	toring Firm			Tel	ephone	No.	Tel	lephone No.		License No.				
David Tomsey		5		9	73 538	-1110	6	10 933-4332		00836				
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8 / 12 /	19 `	99	/	_ 0	9_/	19	1	Neuber Envir	onmental Serv	rices				
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Time of Abatement:	AM	PM		_PM		AM_	(	Gilbertsville,	PA 19525					
Scope of Work (Check all	that apply)									SN 14747				
☐ ≥3 sf or >3 lf			□Re	novat	ion				tainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			⊠ De					Glovebag	g Procedure					
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\* Do not use this form for asbestos licensure exempted activities.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 7/10/19 County of Monmouth Agencies Notified Type Notification Street Address **EPA** Special Services Complex, 2nd Fir, 300 Halls Mill Road DEP XX Initial City, State & Zip Code X DOL Amended R#1-7/31/19 Freehold, NJ 07728 ASBESTOS CONTROL X DOH Emergency Name of Contact LICENelephone Number DCA Cancellation Casey Hornstra 732-431-7760 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former Division of Weights and Measures School (K-12) Street Address Subchapter 8 (Other than K-12) 1911 Wayside Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 3500 55+ Tinton Falls Monmouth Current Use (Prior if being demolished) Office Space Name of Monitoring Firm Hired by Building Owner (8) ASCM No Name of Abatement Contractor (9) 00030 Bristol Environmental, Inc. Street Address Street Address 850 Bear Tavern Road 1123 Beaver Street City, State & Zip Code City, State & Zip Code Trenton, NJ 08628 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Ryan Broadwater 609-323-2555 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8/2/19 Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure X ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure Removal TO BE ABATED Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes N/A No X Exterior window openings Window caulking 288 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 1 Cu Yd Minerva Landfill City, State City, State Yardley, PA 8/2/19 Waynesburg, OH Completed By (Print or Type) Title Signature Date Gino Pizzigoni Project 7/31/19 Manager

GI 19116

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

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NV5							0030		Bristol Env	vironn	nental	Inc	(8)					
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850 Bear Tavern Road	Bear Tavern Road State & Zip Code nton, NJ 08628								1123 Beav		et							
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	nton, NJ 08628 ect Manager for Monitoring Firm								Telephone N	lumber			Licer	ise N	umber			
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Project Manager for Monitoring Pirm	Sahedul	d Complete	hone No.	City, State, Zip Gode Midland Park, N. Telephene No. 201-252-5841	07432	No.	Minimp <u>i</u>		1
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Ch20	A NOTE					BESTOS AB				<u> </u>		E_	
Date of Notification	(1)	N	ame	of Bu	ilding	Owner / Operato	r (2)		AU	<del>6 - 5</del>	2019		W
Agencies Notified	7-31-2019 Type Notification	Ja	ames		ert Mcl	Donald		promote Paulikation					
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City (5)	County (6)	Cou	Dty C	Code	(7)	Square Feet	# 2	of Floors		Bldg. Ag	е		
Monmouth Junction,		Cou	пц С	Jude	(1)	1,900 Current Use ( Residential			shed)		55		
Name of Monitoring Health and Safety S	Firm Hired by Building Own ervices	ner (8)		ASC	CM No.					-			
Street Address P.O. Box 365						Street Addres	S						
City, State & Zip Coo	de	271160				City, State & 2	Zip Code		***			-	
Berlin, NJ 08009 Project Manager for	Monitoring Firm	Teleph	one	Numl	per	Trenton, NJ 0 Telephone Nu			License	Number			_
Mr. Jim Proctor Scheduled Start Dat	te (10) Scheduled Cor	856-45		THE RESERVE TO SERVE THE PERSON NAMED IN	\	609-914-4279 Name of OSH	)			0118	5		_
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Asbesto	os-Containing	Norma	ally L	Jsed		Asbestos-Conf	aining	(	Specify	ADa	ateme		ype
	erial (ACM) SE ABATED	Sol Mainte	ely b			Material (AC (i.e., thermal s)		S	F or LF)	Rei	R	Enca	Enc
in	Facility (13)	Custoo	dial S 12)	Staff?	i	nsulation, surfactor or other miscella				Remova	Repair	Encapsula	Enclosure
	()		No	N/A		or other misself	arioodoj			30		lat	ē
Kitchen					Vinyl	sheet flooring			134 SF				
		H	H	H									
		H	H	+						ᆜH	H	밁	님
Name of Registered	Waste Hauler			DEP \		Cubic Yards of Waste	Name o	of Registered	l Landfill				
Resource Managem	ent Group, LLC		1	35218		TBD	Grows I						
City, State Trenton, NJ 08619						Disposal Date TBD	City, St Morrisv					Y 2 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Completed By (Print Mr. Brian Haney	or Type)		Title	e siden	it	Signature	ent-adition	VI		Date 7/31/2	2019		

nock		NO			N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		DEG	EI	$\mathbb{V}$		
*Date of Notification (1)	19 /	19			ne of Buildi ousing A	ng Owner/Operator uthority	(2)	AUG	- 5	2019	)	
Agencies Notified  ☐ EPA  ☑ DOLWD  ☑ DOH  ☐ DCA	☐ Emerger	ed nent # <u>1-7/</u> ncy (includ		City	, State, Zip dison, NJ	nham Drive Code 08837		ASBESTO	S CON		)L &	Louise
(NJAC 5:23-8)	justificat  Cancella	127.00		Nam N/	ne of Conta A	ct		Telephone Nu N/A	mber			
Name of Facility Where A	hatament is	Takina Di	(2)	F	ACILITY II	NFORMATION						
Housing Unit E6 Street Address Willard Dunham Dr		Taking Pla	ace (3)	!			Type of Facility School (K-1 Subchapter Other (i.e.,	12) r 8 (Other than K-1 private and comm	12) ercial b	uildin	gs,	
City (5) Edison							Square Feet	# of Floors	В	ldg. A		
County (6)				Cou	Inty Code /	7)(STATE USE ONLY)	+-1000	2		+-30	0	
Middlesex				000	inty Code (	T)(STATE USE ONLY)	Home	Prior if being demo	lished)			
Name of Monitoring Firm	Hired by Build	ding Owne	er (8)	ASCN	/ No	Name of Abatem		2)				
Hillmann Consulting		3	1-1			- The State of the	VIRONMENTA					
Street Address						Street Address	***************************************	τε, πτο.				-
1600 Route 22 East						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Union, NJ 07083						BRISTOL, PA	19007					
Project Manager for Monit	toring Firm		1000	elephone	No.	Telephone No.		License No.				
Start Date (10)	0 5	Scheduled	Comp		28 820	215-788-6040 Name of OSHA N		00509				
Occupancy Status During		Check onl	_				VIRONWENTA	AL, INC				
□ Facility Closed/Vacate						Street Address	OTDEET					
Abatement Performed Time of Abatement: 7:	Outside of No	ormal Fac	ility Ho	urs - De	scribe	City, State, Zip Co	ode					
Scope of Work (Check all						BRISTOL, PA	19007					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		-	Renov: Demol			☐ Mini-Enc ☐ Glovebad	losure Procedure	egative Pressure	ure			
• *************************************			Is Loc						Ab	atem	ent T	ype
Asbestos-Containing N TO BE ABA IN Facility (13)	Material (ACM TED	, V	/lainte	olely by nance/ al Staff?		Description o estos Containing Ma e., thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
2 <sup>nd</sup> Floor & Staircase		Ye	_		-						'n	
2 1 1001 & Staircase					Double	layer VAT/Masti	С	362 SF				
					-							
					-							
Name of Registered Waste SERVICE TRANSPO		, INC.		NJDEP Hauler I	D No.	Cubic Yards of Waste		stered Landfill				
City, State				2099	U	Disposal Date	City, State		-			
YARDLEY, PA						TBD	WAYNESE	BURG, OH				
Completed By (Print or Ty Dillan DeCaro	pe)	Title Estim	ator			Signature	1901	2 / 10 D	ate 1/3	1/	9	
ASB-41 JAN 13 DD 190	63	* Do n	ot use	this form	n for asbesi	tos licensure exemp	ted activities.	Jan 1	1/2	1//	/	

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

				(	uisu	ant to No	IAC 8:60 and 5:1	10)	- UW	U		7	
Date of Notification (1)					Nar	me of Buildi	ing Owner/Operator	(2)		1200 0000		-11	
7 / _	19 /	1	9		Н	lousing A	uthority	The same of the sa	AUG -	5 20	)19		IJ
Agencies Notified	Type Notif	ication	1		Stre	et Address	3					-	
□ EPA					V	illard Du	nham Drive		ASSESTOS (	CONT	ROL	&	de pro-ci mano
Ø DOLWD 4176	Amend Amend		и		City	, State, Zip	Code	Section (Section (Sec	LICEN	SING	VID BALLOW	***	
□ DCA	☐ Emerge			-	E	dison, NJ	08837						
(NJAC 5:23-8)	justifica	ation)	riciaali	ig	Nan	ne of Conta	ict		Telephone Nun	her			
	☐ Cancell	lation			N	/A			N/A	1001			
					F	ACILITY I	NFORMATION						
Name of Facility Where A	batement is	Takir	ng Plac	e (3)		X 11.1 . 1 D. W.		Type of Facility (	(4)				
Housing Unit E6								School (K-12	)				
Street Address								Subchapter 8	(Other than K-12	2)			
Willard Dunham Dri	ve							homes, etc.)	ivate and comme	rcial b	uildin	gs,	
City (5)								Square Feet	# of Floors	TB	ildg. A	ae	
Edison								+-1000	2		+-30		
County (6)					Co	unty Code (	(7)(STATE USE ONLY)	Current Use (Prid	or if being demoli	shed)		12	
Middlesex								Home		7.0			
Name of Monitoring Firm		ilding	Owner	(8)	ASC	√l No.	Name of Abateme	ent Contractor (9)		*			
Hillmann Consulting	Group						BRISTOL EN	VIRONMENTAL	, INC.				
Street Address							Street Address						
1600 Route 22 East							1123 BEAVE						
City, State, Zip Code							City, State, Zip Co						
Union, NJ 07083							BRISTOL, PA	19007					
Project Manager for Monitor	oring Firm			19	ephone	No.	Telephone No.		License No.				
Start Date (10)		0.1			BD		215-788-6040		00509				
_8_ / _5_ / _	200-100					ate (11)	Name of OSHA M		100 Martines				
				100	4_ /	19	BRISTOL EN	VIRONMENTAL	, INC				
Occupancy Status During							Street Address						
<ul><li>☑ Facility Closed/Vacated</li><li>☑ Abatement Performed (</li></ul>	During Enti Dutside of N	ormal	riod of	Abate	ment	sariba	1123 BEAVER						
Time of Abatement: 7:0	00AM-3:30	PM/_	P	у 1100 М-	AM	Scribe	City, State, Zip Co						
Scope of Work (Check all t							BRISTOL, PA	19007					
	nat apply)						☐ Full Cont.	ainment with Nega	tive Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re					osure	ave i lessure				
23 _100 01 01 <u>1</u> 200 11				monu	on		☐ Glovebag	Procedure npted (*) and Non-	Friable Procedu				
			Is	Loca	tion			1	Thatie Thocean	1	atom	T	
Location of				Norma	illy ely by		Description of				atem		-
Asbestos-Containing M TO BE ABAT		1)			nce/	Asbe	stos Containing Mat ., thermal systems in	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enc
IN Facility			Cus		Staff?	(1.0	surfacing, VAT,	or	(Specify SF or LF)	ova	ai.	sde	Enclosure
(13)			Van	(12)	1 21/0	-	other miscellaned	ous)	/	-		ılate	ē
and El 2 Ot :			Yes	No	N/A								
2 <sup>nd</sup> Floor & Staircase						Double	layer VAT/Mastic	3	362 SF				
										П	П	П	
			П							1			-
					-					1	Ш	Ш	
Name of Registered Waste	Hauler		Ц		JDEP '	Masta	Cubia Vanda of	No.					
SERVICE TRANSPOR		, INC	:	1000	auler II		Cubic Yards of Waste	Name of Registe					
City, State		,			20990	)		MINERVA LA	ANDFILL				
YARDLEY, PA						1	Disposal Date	City, State					
Completed By (Print or Type	-\	T					TBD	WAYNESBU	KG, OH			134	
Dillan DeCaro	7)	Title					Signature	00.	(Oat Dat				
air Deoaro		ES	timat	OΓ			DULLAN	r Decar	0/1/4/	7-1	4-	19	

ASB-41 JAN 13 DD19063

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

### CK4 4878

CK4 487	8					The second secon	DEGE		W	E	M
Thu-133	12	мотин (Ри	Suant	OF ASE	estos asatev 8 60 and 12: 120	))	AUG -	5 2	019	The state of the s	
Date of Notification (1)	31-19		Name	of Buildin	Owner/Operator	S CON	ST RESERTING	AN.	TRO	L &	
Agencies Notified	Type Notification		Street	Address	300 11	TT ST.	1		- Sampi		_
DEPA DEP DEPOL	initial Amended Amendment #		City, S	tate, Zip C	LSLE	CITY	y.J. 08	-20	13		_
Ø DOH □ DCA	Emergency (ir justification)  Cancellation	nctuding	Name	of Contac			Telephone Numbe	ſ			
□ bca			FAC		ORMATION	1 2 30		_			
Name of Facility Where A	batement is Taking	g Place (3)				Type of Facility  School (K-1  Subchapter	2) 8 (Other than K-12)				
Street Address						homes, etc.			ngs. g. Ag	2	4
·City (5)	F 11 +SI	EC	ITY	C	18243	Square Feet	# of Floors	5		-	=
County (6)			Coun	ty Code (	7) (STATE		nor if being demolish A CLARUT	ed)			
Name of Monitoring Firm	E MAY	Owner	ASCM I	¥o.	Name of Abatem	nent Contractor (9	ENC				
(8)	[A				Stree! Address			_			
Street Address					369 City, State, Zip C	S. S.P.K		_	5	<u> </u>	=
City, State. Zip Code	•				Telephone No.	LE SH	License No.	_0	80	2	뒤
Project Manager for Moni	toring Firm	Te	lephone l	¥0.	856-77	9-0472	013	1.	_	_	=
Start Date (10)	Scheo	duled Compl	etion Dal	te (11)	Name of OSHA	Monitor N	4				_
8-12-1	Abatement (Che	ck only one)			Street Address		*				
Facility Closed/Vacate					City, State, Zip C	Code					=
Other - Describe:  Scope of Work (Check al					☐ Fut Co	ntainment with No	egative Pressure				
		☐ Renova	ation ion		= Claush	ag Procedure	on-Friable Procedur	e			
≥160 st or ≥260 ft		Is Local			MNOTE	temples ( ) and .		A	bater Typ		
. Location of Asbestos-Containing M TO BE ABAT IN Facility (13)	laterial (ACM) ED	Norma Used Soli Maintena Custod Staff (12)	ity ety by ance/ lial ?	Asbes (i.e.	Description of the Containing May thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation. ', or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)		Yes No			TRANSI	TF	2000 SF	X			
SIDIM	G	-	X		MCHM 21	<u>`</u>					$\vdash$
		-	+					$\vdash$			
			NUDEP		Cubic Yards		gistered Landfill				
Name of Registered Was			Hauter C	NG OY	of Waste		C.M.U.A.		*		=
City. State		<u> </u>	18	220	Disposal Date-	W00	OBINE 1	<u>U.J</u>	_	10	_
Completed By	SHANE	SUL	0		Signature	ilor	, Date	-3	1	14	
W:CHHOL	COMM -	301				d nativities					

CK# 48	78	٩	ЮП <b>Г</b> ПОУ	CATIO	W OF ASI	ew Jersey BESTOS ABATEM 2 8 60 and 12:120	MENT (	) E C E L AUG -	5 20		The state of the s	
Date of Notification (1)	31-19		-	Nam		ng Owner Operator	MAX HIM	I CASBESTOS		ROL	2	
Agencies Notified  EPA	Type Notificatio	ก			et Address	252 E	ermonit	AVE	טיווסו		ne out	
X DOF □ D⊕	Amended Amendment Emergency		79	City.	State, Zip	WOOD BI	NE N	., 5 08	27	0		
DCA DCA	justification	)		Name	e of Conta	12A		Telephone Num	ber			
				FA	CILITY IN	ORMATION						
Name of Facility Where A	Abatement is Taki	N CE	e (3)				Type of Facility  School (K-1)  Subchapter	12) r 8 (Other than K-1	2)	<i>t</i> :		
							homes, etc Square Feet	private & commercial # of Floors	00 00	dg. Ag	ne.	_
City (5)	SEA IS	LE	C	TY	0	1043	1500	7		50		_
County (6)	PE WA	y .		USE	nty Code ( ONLY)	7) (STATE	VA	Prior if being demol	shed)			
Name of Monitoring Firm (8)	Hired by Building	Owner		ASCM	No.		LEWCO	tnic_				
Street Address						Street Address		S PRUCE	AVE			
City, State, Zip Code						City, State, Zip C	CE SH	ADE NO	J C	280	52	>
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No. 856 -77		License No.	371			_
Start Date (10)	<b>G</b> Sche	duled 0	Comple	tion Da	ate (11)	Name of OSHA N	Monitor N	4				
Occupancy Status During	Abatement (Che	eck only	one)	ment		Street Address						
Facility Closed/Vacate Abatement Performed Other - Describe:	Outside of Norma	al Facili	ty Hou	rs		City, State, Zip Co	ode					
Scope of Work (Check al	that apply)	□ Re	enovat	on		Mini-End	losure	egative Pressure				
∑≥160 sf or ≥260 lf		XD	emolitic	n		Non-Exe	g Procedure empted (*) and N	on-Friable Procedu				_
			Location						Α	bater Typ		
Location o Asbestos-Containing M. TO BE ABATI IN Facility (13)	aterial (ACM)	Mai	d Solel ntenan ustodia Staff? (12)	œ/	Asbes (i.e.,	Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneo	nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
SIDIM	ſ	100		X	-	TRAWS17	TE	2250 SC	X			
310114		-		/~								
												Щ
Name of Registered Wast				JDEP V		Cubic Yards of Waste	C.	istered Landfill M. C. M	U.	A		
City, State  WAPLE	SHADE	WI.	7			Disposal Date	City, State	OBINE				_
Completed By	Title	, C	UP.			Signature	Don	Date)	-31	,-1	9	_

### CK 4878

NOTIFICATION OF ASSESTED ASATEMENT
(Pursuant to NJA C 8:60 and 12:120)

ME	G	E		$\mathbb{V}$	E	
	AUG	-	5	2019		

Tay 122	70	TON	TFICATION	to NJAC	8:60 and TZ:12	MENT 0)	∐ ∏ AUG -	- 5 2	1019	
Date of Notification (1)	71 10			of Buildin	Owner/Operator	(2)	ST RASSETTES	EON.	TRO	L &
Agencies Notified	31-19 Type Notification		Stree	Address	300 11	TH ST.	The state of the s	TECHNIC AND	A.A.	Name and Address of the Park
	initial Amended Amendment	<b>.</b>	City. S	State, Zip (		CITY	V.J. 08	-24	3	
⊠ DOH □ DCA	Emergency (injustification) Cancellation	ncluding	Name	of Contac			Telephone Number	ž		
-					ORMATION	Type of Facility	(4)			
Name of Facility Where	Abatement is Takin	ng Ptace (3	3)			School (K-1)	2) 8 (Other than K-12)			
Street Address						homes, etc.			gs, . Age	
·City (5)	tan C	114	(	78%	20/0	Square Feet	# of Floors	X	100	_
County (6)			Cour	only Code (	7) (STATE	V6	nor if being demolish A CLA IU T	160)		_
Name of Monitoring Firm	Hired by Building	Owner	ASCM	No.		nent Contractor (9	INC			_
Street Address	UA.		-1		Street Address	S. SPK	PUCE AUG			
City, State, Zip Code					City, State, Zip C	Code CESH	ADE N.J	0	805	2
Project Manager for Mor	ritoring Firm	T	Telephone	No.	Telephone No. 856-77	9-0472	License No.	7.1		
		duled Con	npletion Da	ite (11)	Name of OSHA		h			
Start Date (10)  8-76- Occupancy Status Durin	19 (Che	4-5	-   C		Street Address	- 14/	<u> </u>			
Occupancy Status Utilia Facility Closed/Vacat  Abatement Performer	- 4 Durana Entitle P				City, State, Zip (	Code				
Other - Describe: _					Drui Co	ntainment with Ne	egative Pressure			
Scope of Work (Check a	ull that apply)	Reno	yation oftion		Mini-Er	nclosure		е		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Dem	cation		Ø Non-E	cempted (1) and 14	on-Friable Procedur	At	ateme	
Location Asbestos-Containing I TO BE ABA IN Facility (13)	Vaterial (ACM)	Non Used S Mainte Cust	malty solety by enance/ todial aff? 2)	Asbes (i.e.	Description of the Containing May thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation. , or	Amount (Specify SF or LF)	Removal	Repair	Enclosure Encapsulate
		Yes	NO N/A	-	TRANSI	TE	2000 SC	X	1	_
SIDIM	6	-						$\vdash$	$\dashv$	$\pm$
			-	-						
Name of Registered Wa	ste Hauler		NUDEP Hauter I	Waste O No.	Cubic Yards of Waste		istered Landfill			
KLEMCI					Disposal Date-	City. State &	OBNIE 1	U.J		
City. State  MAHLE	SHADE	MI. J		052	Signature		Date .	-3	17	9_
Completed By	1/1 -44	SU	V.						W.S.	

						Check				
CK13369	NO	TIEICATIO	ate of New Jerse VOF ASBESTOS To NJAC 8:60 an	ABATEMENT		# I In E C	O	74	7. V 1	El
Date of Notification (1)	<del></del>	Name o	of Building Owner/	Operator (2)	neor			-		
Agencies Notified    EPA	nt #	Name o	ate, Zip Code  Wood f Contact  nes	bury	N:	PILL AUG	96	5 20 ONT SING	D19 ROL	28
Name of Facility Where Abatement is Taki		Ne llin	LITY INFORMAT	Type	Other (i.e. etc.)	12) r & (Other than K-12 private & commerci	al buil			es,
City (5) Wood bury	NJ	08	1		e Feet	# of Floors		Bldg. A	Age 5 + -	_
Glouresten	0 (0)	(STATE	Code (7) USE ONLY)	- Si	ngle	ior if being demolish	-	c ll	ins	
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	N/A	Name of Abat	ement Co	chooled			In	16
Ro. Box 3	37			Street Addres	Box	337	3			
City, State, Zip Code	N2	80	533	City, State, Zi	P Code	TUN ta	0	85	53	3
Project Manager for Month in go-irm	A	Telepho	758-3365	Telephone No.	400 0	License N	0.	39	4	
Start Date (10) 8-15-19	Scheduled 6	26-	Date (11)	Name of OSH		hnologies	I	nc	. •	
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire		tement	•	Street Addres		337				
Abatement Performed Outside of Non  Other – Describe:	mal Facility Ho	ours		City, State, Zi	o Code		78.	5.3	3	
Scope of Work (Check All That Apply)					(,					*****
≥3 sf or ≥3 if ≥160 sf or ≥260 if	- 4	ovation olition		☐ Min	i-Enclosur vebag Pro				e	
Location of	Non	cation nally	De	scription of					ement /pe	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mainte Custodi	olely by nance/ al Staff? 2)	Asbestos Cont (i.e. thermal surfa	taining Material systems insular cing, VAT, or niscellaneous)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior Walls	Yes N	lo N/A	Siding	Shingles		2000SF	X			
Extense wans		1	Siding	) hingles		acus,	^			
							_			
Name of Registered Waste Hauler		NJDEP W		400	Name of	Registered Landfill				
EPC Technologie	S	Hauler ID	00	sal Date	Was	e Manager	nen	to	e P	A
New Egypt	NJ Title	×	by 8	-26·19		isville F	A			
Steve Schenker		dent		Slezes)	Sch	h E	3-	1-	19	

W 71101		NOTIF	S	tate of New Je	rsey]		<i>i</i> -		EC	E		, P	int±
Date of Notification (1)	Q	(P	ursuan Name	of Building Own	and 12:12 er/Operato	0) r (2)	The state of the s		AU(	3 - (	5 20	)19	
8/1/19 Type Notification	)()	_		Kanard Priv	/ate Hon	ne		-	DOLLARS CLAPS OF THE CO.		0.15	2001	
				ate, Zip Code			-	<u></u>	ASBES'	ICENS	SING	HOL	Čt.
DOL	(including		_	Beach Twp of Contact	NJ 0800	8		Tel	ephone N	umber			
DCA Cancellatio	n		Scott										
Name of Facility Where Abatement is Takin	ng Place (3	3)	FAC	ILITY INFORM	ATION	Ту	pe of Facility	(4)					
Scott Kanard Private Home							School (K-	12)					
Street Address	-					X	Subchapte Other (i.e. etc.)	r 8 (Other	er than K- & commer	12) cial bui	ldings	, hom	es,
City (5) Long Beach Twp NJ 08008						10	uare Feet )00+	2	Floors		Bldg.	Age	
County (6) Ocean			(STATE	Code (7) USE ONLY)	-		rrent Use (Prouse & Ga		ng demoli	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCI	VI No.	100000000000000000000000000000000000000		batement Co Inc	ntractor	(9)				
Street Address					Street		ress 329			0			
City, State, Zip Code					City, S	State,	Zip Code erlin NJ 08	091					
Project Manager for Monitoring Firm		T	Telepho	ne No.	Teleph	none			License	No.			
Start Date (10) 8/12/19	Schedule 8/23/1		pletion	Date (11)		of O	SHA Monitor		00121				
Occupancy Status During Abatement (Cher	k:				Street		ress				112 oz W		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A	Abatem Hours	ient		City, S	tate,	Zip Code	<del>,</del>			-		
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 if ≥160 sf or ≥260 if		tenovat Jemoliti			×	N G	full Containm	e cedure					
	le	Location	on.			א ני	lon-Exempte	d (°) and	Non-Fria	ible Pro	Transcription	re ement	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility  Nor Used 5 Mainte Custod						ial (ACM) ulation,	(S	nount pecify or LF)	Remova	Repair	e Encapsulate	Enclosure
	Yes No N/A						,			/al	Ť	ılate	ure
Exterior Siding			х	Ex	terior Sic	ding		24	00 sf	х			
										+			
Name of Registered Waste Hauler		l M	JDEP W	lasta   O. t	in Vard			Danist	- 41 - 15				
United Roll Off Hauler ID No. 22459					ic Yards /aste		G.R.O.	2774	ed Landfil	Ц			
City, State Elm NJ				The second secon	osal Date		City, State		19067				
Completed by Anthony T Perna	Title Presi	dent			Signature	0	)		Di	ate 8/1/19			

INV 5361							1	hech					
1 KINTIL	NOTI		ate of New			ENT			11	1	,		
MU146	Į.	Pursuant	to NJAC	8:60 an	d 12:120)			新隐	65	16	П	$\mathbb{W}$	E
Date of Notification (1)	9 L	Name o	f Building	-	perator (		)en	okitio	<u>~</u>				
Agencies Notified Type Notification		Street A	ddress	11	00				AUG	Ī-	5 2	2019	
□ EPA Initial □ Amended		City, Sta	ate, Zip Co	de (	water	lle G	Ren	och	200	20.0	2011	The common of th	-
DOL Amendment #_ Emergency (in		Nama	Dev.	nel		NJ	.(	D808			SIM	HO	L&
DOH justification DCA Cancellation	940)	Ma	f Contact	FRO	eich	6.	•	856 -			29	5	
Name of Facility Where Abatement is Taking	Plaœ (3)	FACI	LITY INFO	JKMAII		Type of Fa	cility (4	)					
Single Family	Dv	relli	٦ζ			□ School	ol (K-12	2)					
Street Address		- 12	)					(Other than I ivate & commo		ouild	ings,	home	es,
City (5) P. 195 0.70111	117	08	098	N.		Square Fee	et +	# of Floors		Ble	dg. A	ge	_
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Salem	JC 849550448 TH I I I	(STATE	USE ONLY			Singl	c f	anily	D	W	cel	Was	í
Name of Monitoring Firm Hired by Building Ov	vner (8)	ASCN	No.		Name o	f Abatemer	t Cont		e i		,	In	,
Street Address	7				Street A	ddress 0. Bo		337	7				400
City, State, Zip Code	7.14	08	5.3	3		ate, Zip Coo	de	AL Al	7	75	26	12	2
Project Manager for Movit ril gr Firm		Telepho			Telepho		IXC	Licens	e No.	2	a	U	<b>5</b>
Start Date (10)	Scheduled Co		758-J	3365		58-3		5 (	JU	-	7	7	
08-12-19	8-16	- 1	q					mologie	,	I			
Occupancy Status During Abatement (Check	Only One)		-		Street A	ddress		_			-		
Facility Closed/Vacated During Entire Pe						0 8		337					1.17
Abatement Performed Outside of Normal  Other – Describe:		15				ate, Zip Coo w Eqv	n <del>-</del>	AIT	()	4 <	3	2	¥ .
Scope of Work (Check All That Apply)					1	24	PI	/00	U	<u></u>			-
≥3 sf or ≥3 lf	☐ Renov							nt with Negativ	ve Pre	ssure	9		
≥160 sf or ≥260 lf	Demoi	lition				Mini-Enc Glovebag		edure					
						Non-Exe	mpted	(*) and Non-F	riable			ement	
	Is Loca Norma			-		-	•			,	Ty		
Location of Asbesios-Containing Material (ACM)	Used Sol Mainten	lely by		tos Cont		aterial (ACN	1)	Amount				Ш	E
TO BE ABATED In Facility	Custodial	Staff?	(i.e.		systems cing, VAT	insulation,		(Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
(13)	(12)	)			miscellane			5 0 6		oval	oair	sula	sure
	Yes No	,N/A										te	
exterior walls		X	Sid	ins	Shi	ngles		3800	SF	K			
garage exterior wall		x	Sid	ine	Shir	iste;		700	SUF				
200				J	,	J							
Name of Registered Waste Hauler		NJDEP W Hauler ID		Cubic of Wa	Yards	Nan	ne of R	egistered Lan	dfill				
EPC Technologies		170			10	LW	aste	-Manag	en	ent	0	E 8	1A
City, State	UJ.			. 9	sal Date	1 -	, State	suille	PI	4			
Completed by	Title			by	Signature	· (   / n	n	Jule	Date				
Steve Schenker	Presid	lent			Ster	(O)S	Hes	ha	(	3	- -	-19	1

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Date of Notification (1)	17	2	(Peur	suahkto	MIAC ES	David 13:12	EMEN:			P	\Ub	-	5 20 151
Agencies Notified Type Notific	ation		_  Ca	rl & Cy	uilding Own Mthia Bor	tar/Operato 1avvitz	r (2)		<u>_</u>	ASBI	EST	0S (	CONT
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DOL Amend	ment #				Zip Code				Personal Property of the Personal Property of	Ť	Ü	22	UI
DOH Emerge	incy (inci tion)	uding	Na	me of Co	ld, NJ 08	033					~		V
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Street Address Ony (5)							1 i Subchi	I (K-12) apter 8 (Other i.e. private &	man K	relate	رمر دید Suildl	nas. h	Omea
Haddonfield, NJ 08033 County (6)							etc.) Equara Faet		Floors		200-000	ig. Ag	
Camden			Cou	nty Code	(7) (N47)		Current Use	(Prior If being	demag	sheri			
Name of Monitoring Firm Hited by Build A.E.S.L.	ng Owne	r (6)		SCM No.				100		JIPUU			
Street Address						The MA	ACK Groun	onvactor (9), LLC	1)		-		
2200 Paterson Plank rd # 7 City, State, Zip Code	a total annually and the	· Free Speniers and	(Manager)			Street A	ddress	***************************************					
North Bergen, NJ 07047				1900	Contracted to the contraction of	City, Sta	its, Zip Code		9,				·
Project Manager for Monitoring Firm Carmella Altomonte				hone No.		Cherry	HIII, NJ 081	The same of the sa					5
Start Date (10)	Scho	duled C	8-10S	64-658 n Dale (	3	(973) 75	9 - 5000	lon	icense N 1781	40		NATE INC.	
8/1/19 Occupancy Stalus During Abstement (Ch			8/31/				OSHA Monit CK Group,	or		-			
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other - Describe:	Period mal Faci	of Abet lity Hot	ement Ira			1500 Kir	dress	V. STE 209					
Scope of Work (Check All That Apply)	**************************************						411. NJ 080	34					
≥3 sf or ≥3 N ≥160 sf or ≥260 ff		Renov	ration lition			- Carlon	Full Contains Mins-Enclosu Glovebea Po	nent with Nat					
Ashassa C Location of		ls Loos Norma	illy					d (*) and Non-	-Frisble I	Proce		temen	it
Asbestos-Cantaining Material (ACM) TO BE ABATED	j N	ted Sol	ance/	Ashe	estos Conta	eription of Ining Mate	rial (ACM)	Amour	nt	-		Y PR	_
(13)	in Facility Custodial (12)				e. mermar s surfaci	ing, VAT, a iscellaneou	uletion,	. (Speci	fy	Remova	Repair	Encapsulate	Enclosure
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many to the state of 1 and 2 december of 1 and	+	-					THE SHE	TBD		X	_		$\dashv$
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ame of Registered Waste Haufer  ewark Carting  ily, State  ewark, NJ  completed by  ke Cooper	Title Presid			9	Disposal 8/3		IESI Beth City, State Bethleher	1	dfill Date		***************************************		

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

Inv-13365		NOTI	EICATIO	N OF AS	BESTO	S ABATE	MENT D)	25,	83	52	.7		- j
Date of Notification (1)			Name	of Buildin	g Owner	/Operator	(2)	Trans.	E C	IS		\//	5
August 01, 2019					re Com	panies,	LLC	111)]r	L W		<u>l</u>	T.	
Agencies Notified Type Notification	n		100000000000000000000000000000000000000	Address				In		7			
EPA Initial				ole Ave	0.11.500.000.000			-	AIII	G -	5 2	019	11
DEP Amended Amendmer	st #			tate, Zip				I had been	7.0	9	0 6	010	
Emergency		]	-	own, N	-	0							1
DOH justification			0.0000000000000000000000000000000000000	of Contac					phone Nu				- &
Cancellatio	in			Manag		TION		201-	336-04	77	SIN	d min kin sama	umai au
Name of Facility Where Abatement is Taki	ng Place (	(3)	FAC	ILITY IN	FURMA	HON	Type of Facilit	v (4)			_		
Tulnoy Lumber Company													
Street Address							School (I Subchap	ter 8 (Other	than K-1	2)			
90 Raskulinecz Road #3								e. private &	commerc	ial bui	dings	, hom	es,
City (5)			101	20	115	>	etc.) Square Feet	# of I	Floors	,	3ldg.	Ane	
Carteret				10	00			100000	(17.71.7	1	Jiug.	190	
County (6)				Code (7)			Current Use (	Prior if being	g demolis	hed)	-		
Middlesex			(STATE	USE ONL	Y)				empty				
Name of Monitoring Firm Hired by Building	Owner (8	)	ASCI	M No.		Name	of Abatement C						-
A.E.S.L.						Super	, LLC						
Street Address						The second second	Address						
2200 Paterson Plank rd # 7							elmont Ave.						
City, State, Zip Code	y, State, Zip Code						tate, Zip Code						
North Bergen, NJ 07047						Haled	on, NJ 07508	3					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one No.		License N	lo.			
Mr. Carmelo Altomonte				34-6583		(201)	373-5392	0	1195				
Start Date (10)	Schedul			Date (11	)	Name	of OSHA Monit	or					
8/15/19	1010		12/31/	19		Super	THE RESERVE AND ADDRESS OF THE PARTY OF THE						
Occupancy Status During Abatement (Che							Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of	Abate	ment			-	elmont Ave.						
Other - Describe:	nai raciii	y mour	S				tate, Zip Code						
Scope of Work (Check All That Apply)						Haledo	on, NJ 07508	3				27,306	
						r	ZI						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				K	Full Contain Mini-Enclosi	ment with N	legative f	Pressu	re		
		Joinon					Glovebag P	rocedure					
		-		_			Non-Exempt	ed (*) and N	on-Friable	Proce	dure		-//
61	1.1	s Locat										ement	
Location of Asbestos-Containing Material (ACM)	10	Norma ed Sole				escription					1	ре	
TO BE ABATED	Ma	aintena	ince/				aterial (ACM) insulation.	20.0000	ount ecify	71		Ē	E
In Facility	Cus	todial (12)			surf	acing, VA	T, or		r LF)	₹em	Re	сар	nclo
(13)	-	()	_		other	miscellan	eous)			Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							=		ie e	(D
roof	X					Roofing	<del>1                                    </del>	19 3	00 s/f	X			
_"_	X					Flashing							-
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siding	$\rightarrow$		-		Ira	nsite sic	ling	15,00	00 s/f	X			
roof	$\perp X$	<u> </u>			-	Roofing			00 s/f	X			
Name of Registered Waste Hauler		18 55	IJ DEP Waller ID		Cubic of Wa	Yards	Name o	f Registere	d Landfill				
Super, LLC			WH1		UI VV	528.1	Masta	Manager	nen <del>i</del>				
City, State					Dispo	sal Date	City, St		HOIIL				
Haledon, NJ					OR SHOWER	2/31/19	4 8	wn, PA					
Completed by				-	Signature			Da	ite			-	
Tailor Dominguez						1900	1/1/	1		/19			
		-	-		15				01.1				

Proj. #: 19-154  Date of Notification (1)    0   17   1/  3   1   1   1   9    Agencies Notified   Type Notification   EPA   Initial   Amended   Amendment #	J&G Street	(Purs	fication of Assuant to NA where the control of the		NJ los Abatement 60 and 12:120)		AUG SBESTO	Path-turner	NTR		Contraction and the contraction of the contraction
DOH (including justification)	)	of Contact				Telepho	one Numbe	r			
Cancellatio	n Jare	d Laskin									
Name of facility whore shotoment	in Anti-		CILITY INFORM	MATIC	N .						
Name of facility where abatement  Residential  Street Address	is taking place (3)					Subc	(4) ool (K - 12) hapter 8 (C (Private/C /Homes, e	omm	ercial		
City (5)	County (6)			Co	unty Code (7)	Square Feet 1,400 SF	# of Floor	rs	60	Bldg. /	Age
Lodi, NJ 07644	Ромоон				ate use only)	Current Use (I		g den			
Name of Monitoring Firm Hired by	Bergen Bldg. Owner (8)		ASCM No.	Щ	Name of Abatement	Residential					
N/A					KLOMAX, LLC						
Street Address					Street Address						
City, State, Zip Code				_	309 W. End Ave City, State, Zip Code				-		
Design Manager C. A					Hopatcong, NJ	07843					
Project Manager for Monitoring Firm		Phone Numb	per		Telephone Number 833-455-6629		License 02	Numb 2007	er		
Start Date (10)	Sched. Comp	letion Date (1	1)	-	Name of OSHA Mon						
08/13/19	08/16/19				KLOMAX, LLO Street Address	2					
Occupancy Status During Abatemen  Facility closed/vacated during  Abatement performed outside  Describe:	entire period of all of normal facility I	patement.			309 W. End Ave City, State, Zip Code						_
Other-Describe: NORMAL H				-	Hopatcong, NJ (	)7843					
≥160 sf or ≥260 lf	Renovation Demolition					Full Containment v Mini-enclosure Glovebag procedu Non-Exempted (*)	re			edure	
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normal by maintenance/staff(12)  Yes No	custodial	1	n of a ACM)	sbestos-containing	Amount (Specify S LF)	F or	Remove	Repai	Encap	EncL
Basement			Pipe Insulat	ion		78 LF		Ň			
								爿	Н	片	쓔
								ㅐ	H	H	H
Registered Waste Hauler KLOMAX, LLC	NJDEP Haul 0038241		ubic Yards of W yds	aste	Name of Registered TULLYTOWN, I		COVER	<u>,</u>		_	
City, State Hopatcong, NJ 07843		Disposal Da			City, State		COVER				
Completed by (Print or Type) Paige Boylan	Title Owner		Signature	B	TULLYTOWN,	PA	Date 07/31/1	9			
700-41 L	Do not use this for	in for aspesto	s ilcensure exer	mpted	activities.	The state of the same of the s					

CK3172		NO	OTIFICA (Pursi	HON OF	of New Je ASBEST JAC 8:60	OS ABAT	EMENT 20)		) <u>, e</u>	C		V	E
Date of Notification (1) 7-30-2019  Agencies Notified Type Notifical	)27 tion		Nar Ka		ding Owne				A	UG -	- 5	2019	Wife an extending continues and a second
EPA Initial Amende				, State, Zi					ASBE	STOS	COI	NTRC IG	1. &
□ DOH     □ DOA     □ DOA     □ DOA     □ DOA	cy (includir on)	ng	Ver	rona, Nune of Cont	J 07044 act								
Cancella				vid Dutk				1.1	elephone	Numb	er		
Name of Facility Where Abatement is Ta Residential	king Place	(3)	- 1	ACILITY	NFORMA	TION	Type of Facility	(4)					
Street Address							School (K-Subchapte Other (i.e.	12) r 8 (Ot	her than	K-12)	wildia		AND 2015 PROVIDED
City (5) Verona, NJ 07044							etc.) Square Feet		of Floors	Ciciari			
County (6) Essex			Coun	ty Code (7	7)		1860 Current Use (Pri	2		linhad	85+	. Age	
Name of Monitoring Firm Hired by Buildin	g Owner (8	)	A market	E USE ON	(LY)					nisnea)	)		
Street Address	,			CIVI NO.		Gree	of Abatement Cor n Environment	tracto tal Se	r (9) ervices,	LLC			
City. State, Zip Code						235 √	Address /irginia Avenue	9					
Project Manager for Monitoring Firm			1 - 1 .			Jerse	ate, Zip Code y City, NJ 073	04					
Start Date (10)				one No.		Telepho 201-3	one No. 33-8855		License	No.			
7-31-2019	1 (-31-20	719	mpletion	Date (11	)	Name o	f OSHA Monitor	-1.0		15 <b>x</b> 10 0 0 <b>x</b> 1			
Occupancy Status During Abatement (Che  X Facility Closed/Vacated During Entire Abatement Performed Outside of Nord Other - Describe:	D		ment			Street A 235 V	irginia Avenue		rvices, [	LLC			
	- acility	nour	S			City, Sta	ite, Zip Code						
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100000000000000000000000000000000000000	ls I	ocat	ion				Non-Exempted (	*) and	Non-Fria	ble Pro	100000000000000000000000000000000000000		
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Used	ormal Sole itena	ly by	Asbes	Dese	cription of	erial (ACM)			_		ement pe	
In Facility (13)	Custo	dial 9 (12)	Staff?	(i.e.	thermal s surfaci	systems ir ng, VAT, scellaneo	nsulation, or	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Kitchen	Yes	No	N/A	Pine	nsulatio	- 10/-				<u>a</u>		late	J.G
				1 ipe i	risulatio	n- vvrap	and Cut	16	LF	X			
										+		-	
Name of Registered Waste Hauler		N	JDEP W	acto	A							1	
Green Environmental Services		Há	auler ID 1 34889	No.	Cubic Ya of Waste 1	ards e	Name of Reg						
city, State ersey City, NJ	City, NJ					Date 110	City, State						
ompleted by liana Serrano	Title Office N	 Mana	ager	1	7-31-20 \$igr	nature	Morrisville	, PA	Da	te 30-20			

5186		NOTIF (P	ICATIO	OF AS	BESTOS ABA	TEMENT (20)	- POW	CA D	5	1	8-6
Date of Notification (1)  Agency Notified		36	2	D. 1	ing Owner/Operato	r (2)		151	W-		Production
	Type Notification		Stre	et Address	3	displace of the state of the st		$\sim 5$	2010		
D EPA D DEP	Initial  I Amended	×	City	, State, Zr	Code		100		-010		Lucas
₩ DOL	Amendment#					T	11	The Colonian		and the same	
JB DOH	☐ Emergency (incluing justification)	ding	Nan	e of Cont	CK, W.	9 41	06000	TOS CON	TRO	1 &	
□ DCA	☐ Cancellation	¥	10 Page 10 Pag		FLER.	. L	Telebrion	e susmor.	-1		
					FORMATION	<del></del>	<del>_</del>	1	1		
Name of Facility Where A	Abatement is Taking P	face (3)			· O. CHARTION	Type of Facilit	v (A)	-	+		
D. BIELO	=12										
Street Address		<del>'</del>		<u>'- '-</u>	<del></del>	☐ School (K-1 ☐ Subchapter		V.131			
				250	,	Other (i.e. p	rivate & com		dings,		
City (5)		0:				homes, etc		1 5			
TEAWECK	/			1	***	Square Feet	1		g. Ag		20
County (6)	_		1.000	-h. Cadail	T) (OTATE HOE	1700	2.Fle	cors (	99	11.	25
BERGEN			ONL		7) (STATE USE	Current Use (			1		
Name of Monitoring Firm	Hired by Building Own	nor I	ASCM No.		Name of Abaten	L KES	IDEN	Ft	1		
(8)					140			No.			
Street Address					Street Address	moval Ir	C				
				•			-				
City, State, Zip Code					City, State, Zip (	th River	St	E.	1		
	£0				A STATE OF THE PARTY OF THE PAR		0760	H H			
Project Manager for Moni	loring Firm	Te	ephone No	).	Telephone No.	ack, N.J	License N	1	┼		
	.f		×.•		201-329-	-7444 .	003				
Start Date (10)	Scheduled (			1)	Name of OSHA		1 003		+	= :	
8-13-19	8-1		7		Omega I	Environm	ental				
Occupancy Status During	Abatement (Check or	nly one)			Street Address			1	+		
☐ Facility Closed/Vacated	During Entire Period	of Abate	ment		280 Ht	ıyler St					
☐ Abatement Performed ( ☐ Other – Describe:	Outside of Normal Fac	進ty Hou	rs		City, State, Zip C	ode			T.		
Scope of Work (Check all	Am 200	1			S. Hac	kensack	, N.J.	07606	5		
	mat apply)				D Fell (	Containment with	Nomina De				
■≥3 sf or ≥ 3 if □≥160 sf or ≥ 260 if				enovation	S Mire-	Enclosure					
			400	emolition	Ø Glove □ Non-	ebag Procedure Exempted (*) an	d Non-Eriable	Proceeding			
		Isl	ocation				a sectivity supplies	110000000		bate	ment
Location	of.	No	omally	-	<u> </u>				-	Тут	De .
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TO BE AB	The state of the s	Ç	stodial	(Le	thermal systems	insulation.	(Spe	cify	Ret	R	Encapsulate
(13)	•		(12)	1	surfacing, VAT		SF o	rLF)	Removal	Repair	neo
		-		-		.			=		ate
~ ~ ~	PANACE	Yes	No N/A	-							
	GARAGE		×	THE	MAL INSU	LATION	115	LF	X		
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Name of Position dist											
Name of Registered Wash Best Remov		ID N	EP Waste	Hauler	Cubic Yards of Waste	Name of Regis	tered Landifi				
Dest Kemov	al inc	1	17109	1	0//2 //	A 0-0:					•
City, State			_,		Dienocal Data	CUNSERLI City, State	AND COL	DNIY L	TND	Fil	-L
Hackensack	, N.J. 07	601			8-14-10			172	3		
Completed by	Title				Signature	NEWBURG	on, IH	Date	14.		
PILLDONAL					7),700		1877		į.		
ASB-41	l Est	imat	or		AC VOUNA.	6.0		18-	1 -	10	. 1

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CK 02601		NOTH (I	FICATIO	State of Nev MOF ASBE to NUAC	v Jersey ESTOS ABA 3:60 and 12:	FEME 120)	NT				Ú V		
Date of Notification (1) 7/25/2019 CHECK#0261	1321	n)		of Building	Owner/Opera	tor (2)			AUG	- 5	- 20	190	- I I
Agencies Notified Type Notificatio		40	Street /	Address			5	ASE	BESTO	S O	ONTE	ROL	&
□ DEP     □ DOL     □ Initial     □ Amended     Amendmen	ot #			tate, Zip Co				L	LICI	EN2	ING	Constituting (Constituting Constituting Constituting Constituting Constituting Constituting Constituting Const	65-Novana
DOH Emergence justification	y (including	]	Name o	of Contact	,NJ 07003	)		Telepho	one Num	ber			
DCA Cancellation				RIE A HEE									
Name of Facility Where Abatement is Tak	ing Place (	(3)				Ту	pe of Facility	(4)					
Street Address		<u> </u>				×		-12) er 8 (Other th private & cor	an K-12 nmercia	) Il buil	dings	, hom	ies,
City (5) BLOOMFIELD ,NJ 07003							quare Feet X100	# of Flo	ors		3ldg. /	Age	
County (6) ESSEX				Code (7) USE ONLY)			rrent Use (Pr	rior if being d	emolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8	)	ASCI	M No.			Abatement Co	ontractor (9)	CTING	INC	)	-12	
Street Address						et Add	ress RCH ST						
City, State, Zip Code					City,	State	, Zip Code						
Project Manager for Monitoring Firm		-	Telepho	ne No.		phone	OD NJ 07		ense No			-140	
Start Date (10)	Cabadul	ad Car	malatia.	D-t- (44)	201	873	9418	01:	301				
08/12/2019	08/13/	2019	npietion	Date (11)	7 (7) (8)		SHA Monitor	CONTRAC	CTING	INC	)		
Occupancy Status During Abatement (Che	15	880			4 5555	et Add	ress RCH ST						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 7:30 AM TO 3:30 P	mal Facility	Abaten y Hours	nent s		City,	State	, Zip Code OOD NJ 07	407					
Scope of Work (Check All That Apply)		VIII 4-0-				VIVVC	OD 143 07	407					$\dashv$
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Renova Demolit				×	Mini-Enclosur Glovebag Pro						
Location of	1	Locati Vormal	ly		Description		von Exemple	d ( ) and ivo	i-i ilabic		Abate	emen pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	(i.e. th	os Containing hermal system surfacing, V other miscella	Materns ins	ulation,	Amour (Specif SF or L	fy	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u>B</u>		ate	re
BASEMENT			X	Р	IPE INSUL	ATIO	ON	60 LF		X			
Name of Registered Waste Hauler		NI	JDEP W	laste	Cubic Yards		Naccost	Dogists 11	and fill				
ATLANTIC CARTING		10000	auler ID	No.	of Waste TBD			Registered L D CENTRA					
City, State PEN ARGYL PA,18072		10			Disposal Date	е	City, Stat	e RGYL PA	18072	2-73			
Completed by LUIS ARCILA	Title PRES	SIDE	ΝΤ		Signatur	e			Date 7/25		19		

2K3709	IIn	VIZ	ior	IFIC (P	MIN	tate of N OF AS	BES	ersey TOS ABA 60 and 5:1	TEMENT		G [		2010	E
Date of Notification (1)					Name	of Buildir	ng Owr	ner/Operator	(2)	THE A	00	J	CUI:	2
08/	01 /	19	_		Me	ridian Er	nviror	nmental Se	rvices		3		9	1
Agencies Notified	Type Notific	ation			Stree	t Address				ASBE	STOS LICE			SL &
⊠ EPA					24	Germani	ia Sta	tion Road			Ind to the	ENSOLLS	T. C.	-
⊠ DOLWD	☐ Amended	7			City,	State, Zip	Code			4				
☑ DOH ☐ DCA	Amendm  Emergen		udina		100000000000000000000000000000000000000	ms River		8755						
(NJAC 5:23-8)	justificati		uamg	3	Name	of Contac	ct			Telephone Num	ber		-	-
	☐ Cancellat	tion			Ch	ris Deluc	cca			732-281-190				
					FA	CILITY II	NFOR	MATION						
Name of Facility Where A	batement is 7	Faking I	Place	(3)					Type of Facility	5				
Residence									School (K-12		11			
Street Address									Other (i.e., p	3 (Other than K-12 rivate and comme	:) rcial bu	ildino	IS.	
									homes, etc.)					
City (5)					1-	SIM	05		Square Feet	# of Floors	BI	dg. A	ge	
Barnegat						BOL	1)		1700 sf	1		65		
County (6)					Cou	nty Code (	7)(STAT	E USE ONLY)	A STATE OF THE STA	or if being demoli	shed)			
Ocean									Residence					
Name of Monitoring Firm	Hired by Build	ding Ov	vner (	(8)	ASCM	No.	Nam	ne of Abatem	ent Contractor (9)					
N/A							G	uardian Co	ntracting, Inc.					
Street Address							Stre	et Address						
								889 Route 9						
City, State, Zip Code								State, Zip C						
							To	oms River,	New Jersey 08	755				
Project Manager for Monit	toring Firm			Tel	ephone	No.	Tele	phone No.		License No.				
							73	32-349-9932	2	00624				
Start Date (10)					etion Da			ne of OSHA N		- <del> </del>				
08 /13 / .	19	08	_ /	1	5_/	19	E.	M.S.L. Ana	lytical					
Occupancy Status During							Stree	et Address						
☐ Facility Closed/Vacate							10	56 Stelton						
Abatement Performed Time of Abatement:		ormal F PM/					City,	State, Zip Co	ode					
Time of Abatement.	AIVI	PIVI/		_PM		AM	Pi	scataway,	New Jersey 08	854				
Scope of Work (Check all	that apply)									No. 1966				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		-		novat moliti				☐ Mini-End	g Procedure	jative Pressure n-Friable Procedu	re			
				Loca							Ab	atem	ent T	уре
Location of Asbestos-Containing N		,		lorma d Sol	ally ely by	0-1-		Description of			R	ZD.	Ш	Ш
TO BE ABA		"	Ma	intena	ance/			ontaining Ma mal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	У		Cust		Staff?		SU	irfacing, VAT	, or	SF or LF)	val	=	nsc	sure
(13)		-	Yes	(12)		-	oth	er miscellane	ous)				ate	(D
exterior		-	Tes	No	N/A	asbest	00 010	lina		1700 sf				
		-   '			-	aspest	05 510	ing		1700 ST				ᆜ
		-   [										Ш	Ш	Ш
		I		Ш										
		[												
Name of Registered Waste					NJDEP !		- Date: 10	c Yards of	Name of Regis	tered Landfill				
Guardian Contractin	ıg, Inc.				lauler il 20223		Wast	te	T.R.R.F.					
City, State			1700					osal Date	City, State					
Toms River, New Je	rsey						08	/15/19		Pennsylvania				
Completed By (Print or Ty	pe)	Title						Signature	1		ate /	1		
Nicholas Fernicola		Pro	ject	Man	ager			M	Let	( )	- 1	11	9	

Inv 133	<i>Q</i> ()					S	tate of N	ew J	lersev		1	ME	G			7 E	Tr
Ch37091	D		NOT			TION	OF AS	BES	TOS ABA :60 and 5:1			N_			00		The second second
Date of Notification (1)					T	Name	of Buildin	g Ow	ner/Operator (	(2)		J LI A	UG-	- 5	20	9	
08/	01 /	19				Car	rie Neto						57	0	10		
Agencies Notified	Type Notifica	ation			+	Street	Address				-	ASBE	STO	500	NTF	OL	Š.
⊠ EPA											L		LIGI	ENS	NG		gc.voranhi
□ DOLWD	☐ Amended					City. S	State, Zip (	Code									
☑ DOH	Amendm	_					ex Fells										
DCA (NJAC 5:23-8)	☐ Emergen justification		cluding	3	1		of Contac					Telephone N	lumbe	r			-
(	☐ Cancellat					Car	rie Neto				1	rolopilollo i		**			
						FAG	CILITY IN	IFOF	RMATION								
Name of Facility Where A	batement is 7	Taking	Place	(3)		- CONTRACTO				Type of F	acility (4	)					
Residence										School		2					
Street Address										Other	(i.e., priv	Other than ke ate and com	(-12) imerci	al bu	ilding	ıs,	
City (5)								-		Square F	s, etc.)	# of Floors		DI	la A		
Essex Fells										3500	eet	2			ig. A	ge	
County (6)						Cour	ty Code /7	N/STA	TE USE ONLY)		loo /Drio	if being den	aaliah				
Essex						Cour	ity Code (/	NOTA	ITE USE UNET)	Resid		ii being den	IOIISH	eu)			
Name of Monitoring Firm	Hired by Build	dina O	wner	(8)	I A	SCM	No	Nat	me of Abateme						-16		
Guardian Contracti	3.5	anig o	*******	(0)	,	00		9.55	Guardian Co								
Street Address	3,				1				eet Address	naacang	, 1110.						
1889 Rte. 9, Unit 61								0.000	889 Route 9	Unit 61							
City, State, Zip Code									, State, Zip Co	New York Const.							
Toms River, New Je	ersev 08755	i							oms River,		ev 087	55					
Project Manager for Moni				Te	elep	hone	No.	-	ephone No.		,0,001	License No					
Nicholas Fernicola				10000			-9932	710000	32-349-9932	2		00624					
Start Date (10)	5	Sched	uled C			100000000000000000000000000000000000000	te (11)		me of OSHA N			00021					
8 /12 /	19	8	3 /		14		19	Е	.M.S.L. Ana								
Occupancy Status During								Stre	eet Address								
<ul><li>☐ Facility Closed/Vacate</li><li>☐ Abatement Performed</li></ul>							a atha		056 Stelton								
Time of Abatement:	AM-		raciii 1/				AM	1	, State, Zip Co								
-11-					-			P	iscataway, l	New Jers	ey 0885	54					
Scope of Work (Check all	tnat apply)								☐ Full Conf	tainment w	ith Nega	tive Pressure					
$\boxtimes$ $\geq$ 3 sf or $\geq$ 3 lf $\square$ $\geq$ 160 sf or $\geq$ 260 lf			☐ Re 図 De	nov					☐ Mini-End	losure							
												Friable Proc	edure				
				Loc										Aba	atem	ent T	уре
Location Asbestos-Containing N	T11	1		d S			Asho	etae i	Description of Containing Ma		<i>a</i> \	Amount		Re	Re	m	E
TO BE ABA		'		inte					rmal systems			(Specify		Removal	Repair	cap	Enclosure
IN Facilit (13)	у		Cust	(1:		ап?			urfacing, VAT			SF or LF)		<u>a</u>		Encapsulate	sure
(13)		İ	Yes	N	1	N/A		Ott	ner miscellane	ous)						ate	88.82
basement							asbesto	os pi	pe insulatio	n		180 If					
1 <sup>st floor</sup>				$\boxtimes$			asbesto	os pi	pe insulatio	n		45 If		$\boxtimes$	П	П	
			П	П										П	П	П	П
			$\overline{\Box}$	П	-			-							П		
Name of Registered Wast	e Hauler			닉			Vaste	Cub	oic Yards of	Name	f Pagista	red Landfill		П			Ц
Guardian Contractin					Ha	uler II 20223	No.	Was	ste	T.R.F		red Landilli					
City, State						J-2			oosal Date	City, Sta	ate	-					
Toms River, New Je	ersey							8	/14/19	Tully	town, P	ennsylvan	ia				
Completed By (Print or Ty	rpe)	Title						-	Signature	1		1	Date	1	1		
Nicholas Fernicola		Pr	oject	Ma	naç	ger					-	1		3/1	11	1	
00 11					_										- F		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT Initial Notification
(Pursuant to NJAC 8 60-7 and 12:120-7) Check #: 7496 6602 - NJ

Date of Notification	<b>2004</b>		7 150	U	I free	UU			N W. 1430		-		
0 8 / 0		19:	Na	me or B	uildi	ng Own	er/Operat	or (2)	IME	C	E	1	V/ E
Agencies Notified				ounty of									
(X)EPA	Type Rocii			-						ALLO	F	- 00	140
[X] DEP	[X][niti Notif	al ication		67 Pavoi						AUG		) 21	119
⊠]DOL	[ ]Amend	ed ication	Je	ersey Cit	y, NJ	07306			ASE	EST	OS C	ONT	POL 8
(⋉1DOH	[ ]Cance		11	me of C				Te	lephone Numb				101 0
[ ]DCA	[ [cance	TIGETON	R	alph Sax	(			20	1-369-2777 x	.2987	7		
	L		-11			INFORM	ATION						
Name of Facility W	nere Abatem	ent is T	aking					Type of Faci	lity (4)				
Meadowview Hospita	al Bidgs. 1, 2	2 & 3						Subc	ol (K-12) hapter 8 (Ot r (i.e., pri	vate	8 00	omme	2)
540 County Avenue								Square Feet	buildings,	s B	idg.	Age	_
City (5)		Count	y (6)				ode (7)	20000	2		50		
Secaucus, NJ 07094		Lludas	_		(S	TATE U	SE ONLY)	Current Use	(Prior if be	ing	demo.	lish:	ed)
Name of Monitoring Owner (8)		by Buil		ASCM N	0.	Name	of Abate	Hospital	or (9)				
Whitman Companies	s, Inc.						Strong B	uilders, Inc.					
7 Pleasant Hill Rd.	ode						Sargeant.						
Cranbury, NJ 08512	Monitoria	g Firm T	Telec	thone Nu	mber	Clifto	on, NJ 070	)13-1935	Hice	nse	Vienne	2	
Kevin Lovely Scheduled Start Date		1	732)	390-585	8	973-	614-0377 of OSHA		0080				
0   8   /   1   2   /   1   Month / Day /   Occupancy Status Du	1 9 1	0   9   /	0   6	1/11/9	21	Four		uilders, Inc.					
[]Facility Close of Abatement []Abatement Feri	ed/Vacated formed Outs ibe:	During En	ntire	Period		180 City	Sargeant,	Avenue Zip Code					
Scope of Work (Chec						Clifto	n, NJ 070	)13					
[ ]Demoliti [ ]>3 sf or [X]\(\overline{\Sigma}\)160 sf	ion	5.51 (153	   	Renovat	ion		[X]Mini [ ]Glov	Containment -Enclosure rebag Procedur Friable Proce	e	e Pr	essu	re	•
				Is	Г				T	Aba	teme	nt T	
Locati Asbestos-C Material TO BE / in Faci	Containing L (ACM) ABATED Llity		Nor So by ten Cus Sta	mally lsed lely Main- sance/ todial ff(12) No N/A	i	Asbe Ma (i.e., nsulat	escriptio stos-Cont terial (A thermal ion. surf ther misc	aining	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	ENCAPSUL.	ENCLOSURE
Building 1 - first and	second floo	r		$\times$	VAT	& asso	ciated ma	estic	3,800 SF	X			
Building 2 - first and	second floo	r		X	VAT	& asso	ciated ma	stic	2,900 SF	X			
Building 2 - 2 bathroo	oms - 1st &	2nd floor		X	Pipe	Insulat	ion - wrap	& cut	160 LF				
Building 3 - 2 bathroo	oms - 1st &	2nd floor		X	Pipe	Insulat	ion - wrap	& cut	160 LF				
Name of Registered			NJ	DEP Was		Cubic of Wa	Yards	Name of Regi	stered Landf	111			
Four Strong Builders	s, Inc.		12	2609		Dispo	sal Date	G.R.O.W.S., I	nc.				
Clifton N.I.								111					
Clifton, NJ Completed By (Print	or Type)	Title				1	ignature	Fulkytown, PA		n:	ate		
	# <b>*</b> T *		Jan!-:	atrata -			1	711					
Bilyana Kulakovska		Office Ad	ımıni	Strator						18/	/1/19		
JUN 95													

colon		MC					8:60 and 12:		check	5/85	-0	V	E
Date of Notification (1)	TMI	ろろ	78	N			Owner/Operato		IM				
Agency Notified	Type Notific	ation	J. C	S		ddress	(1674)			AUG -	5	201	9
O EPA	dil Initial			C	žy, Sta	ite, Zip C	Code .		6.00			raceture, y <sub>the</sub>	ne specialist
@ DOL	Amendm D Emergen	rent#	7		TE	ANE	TCK, N	J. 07	666	LICE!	CON	ITRI G	OL &
III DOH III DCA	justificati   Cancellat		•	1	R. (	GOTT	ESMAX	7	1 IAMAGE				
					-		ORMATION					1	
Name of Facility Where		Taking Plac	e (3)			•		Type of Facility					
K GOTTE:	SIMPIN			-		<u> </u>	· · · · · · · · · · · · · · · · · · ·	☐ School (K-1)	8 (Other than	K-12)			
							<u>, , , , , , , , , , , , , , , , , , , </u>	Other (i.e. p	) .				
City (5)					i		****	Square Feet	# of Floors	800	Age	RS	
TEANECK County (6)					County ONLY)	Code (7)	(STATE USE	Current Use (F	rior if being d	emolished)	/		
BERGEN Name of Monitoring Firm	Histori by Rui	Idina Owner		SCM			Name of Abate	ment Contractor	Dence	<u> </u>			
(8)	i i i i i i i i i i i i i i i i i i i	Card Office	1	ioom i				moval In	1050				
Street Address							Street Address		a .				
City, State, Zip Code							City, State, Zip	th River	St		_		
D.:	To since Firms		17-	ephon	- N-		Hackens Telephone No.	ack, N.J	. 0760				
Project Manager for Mor	inning ram		le	ерноп	e No.		201-329		003	1			
Start Date (10) 8-12-19		8-13			e (11)		Name of OSHA	Monitor Environm	ontal				
Occupancy Status Durin		_		<u>/</u>			Street Address						
☐ Facility Closed/Vacate							280 H City, State, Zip	uyler St					
☐ Abatement Performed ■ Other – Describe:	BAM 5	PM	ly nou	15	-			ckensack	,N.J.	07606			
Scope of Work (Check a	ill that apply)						30 CONTRACTOR	Containment wit	h Negative Pr	essure			
23 sf or ≥ 3 ff 2 ≥ 160 sf or ≥ 260 ff					2 Dem	ovation olition	∰ Glo	i-Enclosure vebag Procedure ı-Exempted (*) ar	nd Non-Friable	Procedure			
			1.	Locatio	235274		15				A	Typ	ment e
. Locati Asbestos-Containir	on of na Material (A	CMD	Use	ormaily i Solet ntenan	y by	Asbe	Description stos Containing M		Am	ount			m
TO BE A	BATED		Ç	ustodia Staff?		(Le	., thermal system surfacing, VA			ecify	Remova	Repair	Enclosure
(1:	3)			(12)			other miscellar	neous)			Val	=	ure
BASEMEN	<del></del>		Yes	No	N/A			C .I ATTS:	8	D, LF.	V		+
13KSEMEN	1				/ .	7 110	PROMAC IL	SOUTION	6		1	$\forall$	-
										4			
Name of Registered Wa	iste Hauler	. ]	NJ	DEP W	/aste H	auter	Cubic Yards of	Name of Reg	istered Landfi	2			
Best Remo		c	ID	No. 17:	109		Waste 1/2 XD	CUMBERI			4NT	Fi	LL
City, State	1 27	7 00					Disposal Date	City, State	_	/			
Hackensac		J. 07	601				8-13-19 Signature	NEWBUR	GH, MA	. 172°			-
P. VELDIPAN		Esti			_		R Vald	ran		87	-1	9	

								-				P	cint F
no ch			FICATIO	State of New Jer N OF ASBESTO It to NJAC 8:60	OS ABATE		т	D	E	C		V	E
Date of Notification (1) July 31, 2019				of Building Owne ex County Te			ool		A	UG	- 5	201	9
Agencies Notified Type Notification  EPA Initial	n			Address North Church	Road			etochouseton.	ASBE	STO	s co	NTR	S JC
DEP X Amended Amendmen			100000000000000000000000000000000000000	tate, Zip Code a, NJ 07871				L'ORGANISMO.		LIGI	ENSI	V(-)	Managar Chile
Emergency justification DCA Cancellatio	)	3		of Contact ew Italiano				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	none Nu 383-67				
			FAC	ILITY INFORMA	ATION								
Name of Facility Where Abatement is Takin Sussex County Technical School	ng Place ( Science	3) Lab				_	e of Facility (4	5.0					
Street Address 105 North Church Road							School (K-12 Subchapter 8 Other (i.e. pr	Other t			ldings	, hom	es,
City (5) Sparta						Squ	etc.) iare Feet	# of FI	oors		Bldg. A	Age	
County (6) Sussex				Code (7) USE ONLY)		Cur	rent Use (Prior	if being	demolis	shed)			
Name of Monitoring Firm Hired by Building Karl & Associates Inc	Owner (8	)	ASCI	M No.	Name		patement Control	ractor (9)		-3-5			
Street Address P. O. Box 645					Street 292		ess Street, #26	61					
City, State, Zip Code Shillington, PA 19607					90.00000 100		Zip Code ille, PA 194	38			· · · · · · · · · · · · · · · · · · ·		
Project Manager for Monitoring Firm Michael Krisher			Telepho 610-8	one No. 56-7700	Teleph 610-			1	cense N 1373	No.			
Start Date (10) 08/01/2019	Schedul 08/15/2		mpletion	Date (11)			SHA Monitor er Laborator	ies Glo	bal Inc	D.			
Occupancy Status During Abatement (Chec	ck Only Or	ne)			Street	Addr	ess				-		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr  Other – Describe: Building Occupied	Period of a	Abater / Hour	ment s		City, S	state,	st Cary Stre			<u> </u>			
Scope of Work (Check All That Apply)					RICH	ПОП	d, VA 23220						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demoli			×	M G	ull Containmen ini-Enclosure lovebag Proce on-Exempted (	dure					
Location of	1	Locat	lly		escription		on Examples (	) and re	on rings		Abate	ement	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	d Sole intena todial ( (12)	nce/	Asbestos Co (i.e. therm surf	ntaining M	fateria s insu T, or	lation,	Amou (Spec SF or	cify	Remova	Repair	Encapsulate	Enclosure
P	Yes	No	N/A			0000000				<u>a</u>		ate	Ге
Room 118		X			Carpet			3255		X			
Room 118	-	X			tile w/m	0.000	C	1,900		Х			
Room 118  Room 118		X			ansite To			3605		Х			
Name of Registered Waste Hauler		X	JDEP W		Board ar	nd D		50S		X			
entury Waste Services LLC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	auler ID				Name of Re Fairless L	11. 15. 15. 15. 15. 15. 15. 15. 15. 15.	Landfill				
City, State Clizabeth, NJ				Dispo	osal Date		City, State Morrisville	e, PA					$\neg$
Completed by Carol Bradford	Title Presi	dent			Signature	l'	Enals	and a	Da Ju	te ily 31	, 201	9	

43						a pag years	3.	[ ] [ . [ ]	E	1 1	\//	Œ	
MARI	N			ION C	F ASE	w Jersey ESTOS ABAT 8:60 and 12:1			<u>E</u>	<u>U</u>	<u>V</u>	L	The same of the same of
Date of Notification (1)	To: 11	220				g Owner/Operator		HH AUC	) -5	-21	319	-	-
7/23/	119 UNI:	200	)/	N	SL	TYPY F	1 CAME!	J-				-	-
Agency Notified	Type Notification			Street /	Address			ASBEST	TOS C IGENS			)L ?	3
□ EPA	☐ Initial ☐ Amended		-	City St	ate, Zip	Code		A CONTRACTOR OF THE PARTY OF TH	-	-	_	-	noun
D DEP D DOL	Amendment#		1	(	ضات	FESIDE	PARK .	NJ 07	02	٥			
Ø DOH □ DCA	☐ Emergency (including justification)☐ Cancellation	ng		Name	of Contac	L'CAME	ci	NJ 07	ber				
	<u> </u>					ORMATION							
Name of Facility Where	Abatement is Taking Pla	ice (3)			•		Type of Facility	(4)					
AS LIN	IDA LICA!	RE	رئ				☐ School (K-1)	2)					
Street Address						4	Subchapter	8 (Other than K-12) rivate & commercia	l buildin	as.			
						1	homes, etc.	)					
City (5)	. O. a.					*.2	Square Feet	# of Floors	Bldg.	Age S2	46	7	
	DE PARIC				· · -		1800.	2	1	)-		_	
County (6)	GEN			ONLY)		) (STATE USE		rior if being demolis					
Name of Monitoring Firm		er	ASCM	No.		Name of Abaten							
(8)						Best Re	moval In	С		5.0			
Street Address				5.		Street Address							
							th River	St					_
City, State, Zip Code						City, State, Zip C	ack, N.J	07601					
Project Manager for Mor	nitorina Firm	T	elepho	ne No.		Telephone No.	ick, N.J	License No.			-		_
1 roject manage, iv. me.						201-329	-7444 -	00388					
Start Date (10)	Scheduled C	omplet	_	te (11)		Name of OSHA		0.1.51.200					
8/5/19	8	6/	19			1	Environm	ental					
Occupancy Status Durin	ng Abatement (Check on -	ly one)		*		Street Address	1 C+	ř					
☐ Facility Closed/Vacate				Ė		City, State, Zip C	iyler St				_		-
D Abatement Performer D Other - Describe:	B:00 AH TO S		OM.	1 -		1		,N.J. 07	606				
Scope of Work (Check a								,					
<b>E</b> ≥ 3 sf or ≥ 3 lf				Ren	ovation	O Mini-	Containment was Enclosure	Negative Pressure					
□ ≥ 160 sf or ≥ 260 lf				□ Den	notition		ebag Procedure Exempted (*) as	d Nón-Friable Proc	edure				
		le	Locat	ion						Al		mer	rt
Locati	ion of		Norma	By		Description	of			H	Ту	De	_
Asbestos-Containin	ng Material (ACM)	Ma	ed Sole aintena	nce/		stos Containing M	aterial (ACM)	Amount (Specify		20	_	Enc	5
TO BE A		1	Custod Staff		(fre	uniformal systems surfacing, VA		SF or LF)		Removal	Repair	apsı	Enclosure
- (1:	3)		(12)			other miscellan	eous)			val	=	ilate	oun
		Yes	No	N/A									
BASEME	NT			10	THERE	IN SYSTEM	NOITHURN	704		×			ă.
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						Ta	1 11	A 21 a - 40H					_
Name of Registered Wa Best Remo		B 11.55	JDEP I No.	Naste I	nauter	Cubic Yards of Waste		stered Landfill					
Dest Keme	ACT TIL		17	109		21/20		AND COUNT	Y LAN	JOT	76	L	
City, State	. 1 2					Disposal Date	City, State	0. 11 PA	17-	2 /	_		
Hackensac	Tittle	601				8 6 19 Signature	I HEN OU	ROH, PA.	Date Date	1	<u>ر</u>		
J. Maiorano		ima	tor				مصديدا	a	7/	23	3/	19	,
ASB-41				m for as	sbestos li	icensure exempted	1				1.	3	_

CHLAT			NOTI (	FICATIO	tate of Ne N OF ASE t to NJAC	ESTO	SABA	TEMENT :120)			E C		0	$\mathbb{V}$	E	
Date of Notification (1) 07/31/2019	1335	DX		Name Monto	of Building lair State	Owner	r/Oper	ator (2)	(	heck	# 161 <u>7</u> U	G -	5	2010	)	
	pe Notification				Address nal Ave							·	J	201	,	
⊠ DOL	Amended Amendment				tate, Zip C lair, NJ 0					Musticipal ma	ASSES:	TOS JCEN			DL 8	discourses
	Emergency (i stification) Cancellation	J			of Contact erdinand						lephone N 3-655-554		r			
Name of Facility Where Abat	tement is Takir	n Place (	3)	FAC	ILITY INF	ORMA	TION	Tuno of	Facility (4)							
MSU, Bohn Hall	oment is rakii	ig i lace (	5)					19550	ool (K-12)							
Street Address 1 Normal Ave								☐ Sub	chapter 8 (0 er (i.e. priva			bldgs.	, ho	mes,	etc.)	
City (5) Montclair								Square F 20,000		# 0	f Floors 2		Blo +5	dg. A	ge	
County (6) Essex					Code (7) USE ONLY	)		Current	Use (Prior it Educati	being o	demolishe	ed)				
Name of Monitoring Firm Hire Detail Associates, Inc	ed by Building	Owner (8	)	ASC	M No.		Name	e of Abate Corpora	ement Contration	actor (9	)		, 4° C-C-			
Street Address 300 Grand Ave								t Address Union Bo								
City, State, Zip Code Englewood, NJ 07631								State, Zip wa, New	Code Jersey 07	512						
Project Manager for Monitoria Anthony Valentine	ng Firm			Telepho 201-56	one No 9-6708			hone No. 225-8400			License 01104	No.			-1112-2-2	
Start Date (10) 08/05/2019		Schedu 08/08/2		mpletion	Date (11)			of OSHA	Monitor ental Labo	ratorie	s, LLC					
Occupancy Status During Ab	atement (Chec	k Only O	ne)					t Address Route 2								
□ Facility Closed/Vacate     □ Abatement Performed 0     □ Other – Describe:	<b>Dutside of Norr</b>					-	City, S	State, Zip	Code							
Scope of Work (Check All Th	at Apply)												- 12.12	9-10-10-1		
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			Renova Demoli					☐ Mir	II Containm ni-Enclosure love bag Pr n-Exempte	e ocedure	e / Limited	d Cont	ainr	nent	&Ter	nt
		Is	Loca	tion					II Exemple	a ( ) and	a 14011-1 116	abici		bate	ment	
Location of Asbestos-Containing Mate	erial (ACM)	Use	Norma	ely by	Asbes			tion of g Materia	L(ACM)	Δι	mount	-	T	Тур		
TO BE ABATED In Facility	2	7,233,33	todial	Staff?		therma	al syste	ems insula		(S	pecify or LF)	Kemova		Repair	ncap	Enclosure
(13)		Yes	(12) No	N/A		other	misce	llaneous)			5	ovai		oair	Encapsulate	sure
Room 411		res	X	IN/A	VAT and	d Mas	tic	*			200	SF )	-	-		
				1				er le					+			$\neg$
Name of Registered Waste H	a.ulas			LIDEDIA		1011	V 1									
Lilich Corporation	aulei		1 9	NJDEP W Hauler ID 18724	1772.1	of Wa	c Yard: aste .5	S	Name of Fairless L	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	red Landf	111				
City, State Totowa, New Jersey							sal Da 3/2019		City, State Morrisvi							
Completed by Adriana Olejarova		Title Pre	esider	nt			Signat	lure	(4)			Date 07/31	/20	19		

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

					£)		5 <u>5</u>	line in the second	3			1	11
Date of Notification (1) 06/21/2019 PRO	JECT ON HO	LD		Name of Montcla	Building O ir State U	wner/Ope niversity	erator (2)	Gr Gr	eck# Ad36 - 5	20	19	and the same of	J
Agencies Notified	Type Notification			Street Ad									-
□ EPA ☑ DEP	☑ Initial ☐ Amended			City, Sta	te, Zip Code ir. NJ 070	e 43		- I	ASBESTOS CO LICENS	ONT!	ROL	<u> </u>	ayoum
☑ DOL ☑	Amendment #  Emergency (in justification)	cluding	-	Name of Amy Fe	Contact				Telephone Number 973-655-5546	er		_	
⊠ DCA	☐ Cancellation								973-655-5546				
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	LITY INFOR	UVIATION	Type of Fac	cility (4)					
MSU, Bohn Hall	•						☐ School	(K-12)					
Street Address 1 Normal Ave							☐ Subcha	apter 8 (Oth	ner than K-12) & commercial bldgs	., hon	nes, e	etc.)	
City (5) Montclair		1					Square Fee 20,000	et	# of Floors 2	Bld +58	lg. Ag	е	
County (6) Essex				County C	ode (7) ISE ONLY)			e (Prior if b Education	eing demolished) nal				
Name of Monitoring Firm Detail Associates, Inc	n Hired by Building O	wner (8)		ASCM	No.		ne of Abatement ch Corporation		tor (9)				
Street Address 300 Grand Ave				1			et Address Union Boul	evard					
City, State, Zip Code Englewood, NJ 0763	1					City	, State, Zip C owa, New J	ode ersey 075	12	************			
Project Manager for Mo Anthony Valentine	nitoring Firm			Telephor 201-569			ephone No. 3-225-8400		License No. 01104				
Start Date (10) 06/21/2019 On I	Hold	Schedule 06/24/20	d Co	mpletion I On Ho	Date (11)		ne of OSHA M Environmer		atories, LLC				
Occupancy Status Durin	ng Abatement (Check	c Only On	e)				eet Address 33 Route 22	West					
☐ Facility Closed/V ☐ Abatement Perfor ☐ Other – Describe	acated During Entire med Outside of Norm:	Period of nal Facility	Abat Hou	ement rs			y, State, Zip C ion, NJ 0708					200 E T - 11 A	
Scope of Work (Check	All That Apply)												
☐ ≥3 sf or ≥3 if 図 ≥160 sf or ≥260 if		( ) ( ) ( ) ( ) ( ) ( )	lenov )emoi			9	☐ Mini	i-Enclosure	ocedure / Limited Co	ntain	ment	&Ten	ıŧ
		ls	Loca	ation			□ Non	I-Exempted	i (*) and Non-Friable		Abate Ty	ement	
Location Asbestos-Containing	ig Material (ACM)	Use		ally lely by ance/		os Contai	ription of ning Material		Amount	77			п
TO BE A	cility			Staff?	(I.e.	surfacir	ystems insula ng, VAT, or scellaneous)	don,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		77						6	
Room 411			X		VAT and	Mastic			200 SF	X			
													-
				-									
Name of Registered W	/aste Hauler			NJDEP \		Cubic Y	[17](M.M.)	Name of	Registered Landfill				
Lilich Corporation				18724	J 110.	.5	2000 E	Fairless					_
City, State Totowa, New Jerse	у					06/24/2	1 1	City, Sta Morriso	/ille, PA	te			
Completed by Adriana Olejarova		Title	resid	ient		S	griature	0			2019		1 - 2
L		V 1000				1	1/		2			Se 1.	

## State of New Jeisey Notification of ASEESTOS Abatement (Pursuent to MJAC Stat and 12:120)

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te of Horncalion (1) H14/2019	M	eme of El oniclair	Sitte Dujae Rigius Causi	reily		Complete Section 100	1532 AUG	- 5	20	19	1
encies Notified Type Notification		neel Add Normal			<u> </u>	OL - 10 [	JAY	10-11-11	etau ayu	,	1
EPA E Initial DEP D Amended COL Amendment's	- RA	ty. State iontoleir	Zio Code NJ 07043			., L	7	ENSI	NG	101	d .
Emergency (including justification)	4.0	ame of C				973	5169 Number 255-5548				- Comment
DCA Dencefization		FACILY	TYINFORMA	HOIT	TALAL	rn stor	Muich				4
ame of Facility Where Abatement is Taking Place ( ISU, Bohn Hall treet Address	3)				Type of Fadile	12)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u></u>		. 1	dynamic deligraphy and the
Motus; yas					Square Feet		rmercial bidgs.	Sidg.	Age		-
chy (5) Aortalair					20,000		2	<b>*</b> 56			4
County (8)	0	COUNTY CO	ode (T)		E	Prior if being s ducational					
Name of Monitoring Firm Hired by Building Owner (I Detail Associates, Inc	8>	ASDM	No.	Mam	e of Abstement n Corporation	t Contracter (9 1	)				
Street Address 300 Grand Ave				248	el Address Union Boule		// 10				
City, State, Zip Code Englawcod, NJ 07831				CRy. Tota	State, Zip Coo wa, New Jer	te 86y 07512					
Project Manager for Montaring Firm Anthony Valentine	1	Talephor 201-558	9 No 3-5708		phone No. -225-8400		License No. 01104				_
Start Bata (97% Sched	duled Con	neltsiqn	Date (11)	Nan	ne of OSMA Mo Environment	onitor al Laboratori	es, LLC				
Occupancy Status During Absternant (Check Only	14.16 <del>-16.15</del> 10-1955			500	ret Address 33 Route 22 V						
Facility Closed/Vacaded During Entire Period     Abstement Performed Outside of Normal Fac     Other – Describe:	d of Abets	enent rs		N STORY	r, State, Zip Co lon, NJ 07083						
Scope of Work (Check All That Apply)  □ ≥3 st or ≥3 tf □ ≥160 st or ≥250 tf □			ş.*		□ Mini-	Enclosure	ith Negative Pro ure / Limited Co and Non-Friable	integr	ment	&Ten	t
		-,	T	<u> </u>	□ Non-	Exerispide ( )		1	idate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO SE ABATED In Facility (13)	le Loce Normi Used So Meinten Custodia (12	elly Jely by Sneet I Staff?	(8.a. th	conta comei s surfaci	ripion of Ining Material ( Yetems Insulati ng, VAT, of scallansous)	ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulata	Enclosura
Ā	es No						200 SF	v		-	
Room 411	<u>_</u> ×		VAT and	MEST			200 38	14	_	-	-
	$\dashv$	_	-					-			T
	-+-	+-	-			<del>-  </del>					T
Name of Registered Waste Hauler		NJDEP		Cubio	DITTORCE:	Name of Res	dstered Landfill				
Lilloh Corporation		Hayiar 19724	ID No.	of Wes	TOTAL (1)	Fairless Lan	\$11!			aestunass	
City, State Totows, New Jersey	-			Dispos 05/24/	2019 (	Monieville					
	Title			7.5	igratate /		19	ețe.	2018	2	

Ch 2133		NOTIF (F	Ursuan	tate of Ne N OF ASE TO NJAC	ESTOS 8:60 an	ABATE d 12:12	0)		B	E C	E	IJ	W	E	
Date of Notification (1) 07-31-19 JNV 1335	5			of Building / Builder		Operator	r (2)			AUG	} -	5	2019		
Agencies Notified  Type Notification  EPA Initial Amended			5 Mad	Address dden Ct. ate, Zip C						ASBEST L	OS (			L &	
DOL Amendment Emergency justification)	(including	,	Name o	n, NJ 08 of Contact				5		ephone					No. of the Control
DCA Cancellation				Indo Lui:		ION			(9)	08) 296	5-375	8			
Name of Facility Where Abatement is Takin Private Home Street Address	g Place (	3)						of Facility School (K- Subchapte	12)	ar than k	( 12)				
City (5)								Other (i.e. etc.) re Feet	private	& comme	ercial b		- 50 1		es,
Elizabeth													ldg. A	ge	
County (6) Union				Code (7) USE ONLY	n		Curre	nt Use (Pr	ior if bei	ng demo	lished	)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	)	ASCI	VI No.				tement Co tracting I		(9)					
Street Address	J. 2004 (100 pp. 24 - 12						Addres East	ss Grand S	St.						
City, State, Zip Code						100		ip Code NJ 0720	01						
Project Manager for Monitoring Firm			Telepho	ne No.		Service of the servic	none No 216-9			License 01206					
Start Date (10) 08-12-19	Schedul 08-13-		npletion	Date (11)				HA Monitor							
Occupancy Status During Abatement (Chec	-					Street	Addres								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of a lateral period	Abaten y Hours	nent			City, S	tate, Zi	p Code NJ 0720							
Scope of Work (Check All That Apply)						F						in the last			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processes and	Renova Demolit				***************************************	Min Glo	l Containm ii-Enclosur vebag Pro n-Exempte	e cedure					9	
Landie of	4 85	Locati Normal									T	/	Abate	ment oe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole iintenar todial S (12)	ly by nce/		tos Cont thermai surfac		faterial s insula T, or		(S	mount pecify or LF)		Demove	Repair	Encapsulate	Enclosure
	Yes	No	N/A											te	Ф
Basement	-	X			Pipe	Insula	tion		12	20 LF	x	-			
												1			
Name of Registered Waste Hauler			IDEDIA												
Delfa Contracting LLC		H	JDEP W auler ID 35240		Oubic of Was			Name of Tullyton	3			ve	ry F	acilit	у
City, State Union City, NJ	A Principal					al Date		City, Stat				-		*******	
Completed by Jaime Delgado	Title Proj.	Mana	iger.			ignature	1	2	,		Date 07-3	1-1	9		

CKD132	٨	OTIFI (P	CATION	of ASBE OF ASBE	STOS	ABATE	MENT		D	EC	0 [		W	E			
Date of Notification (1) 07-31-19	53			Building S Builders		Operator	(2)			AU	G -	- 5	201	9			
Agencies Notified Type Notification  EPA Initial			Street Ad	ddress den Ct.						ASBES	TOS	00	NTR	OL 8			
DEP Amended Amendment #		_		te, Zip Coo 1, NJ 088				7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LICENSING								
DOH justification Cancellation	iciuaing		Name of Fernar	Contact ndo Luis					Telephone Number (908) 296-3758								
Name of Facility Where Abatement is Taking	Diago (2	`	FACILITY INFORMATION  Type of Facility (							(4)							
Private Home Street Address	riace (3							School (K-1	5. 300								
City (5)	<u> </u>			ing a something	Other (i.e. p								ings,		s,		
Elizabeth			0	70	0	0						ug. A	ge 				
County (6) Union				JSE ONLY)				nt Use (Prid			lished	d) 					
Name of Monitoring Firm Hired by Building O N/A		ASCM	l No.				ement Cor racting L		(9)								
Street Address					110000000000000000000000000000000000000	Addres East	s Grand S	St.									
City. State, Zip Code						State, Zi ibeth,	p Code NJ 0720	1				3					
Project Manager for Monitoring Firm		Telephor	ne No.		1 0	none No 216-96			License 01206								
	Schedule 08-13-		npletion [	Date (11)		100000000000000000000000000000000000000		IA Monitor racting L	LC								
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po			aant				Addres East	s Grand S	t.								
Abatement Performed Outside of Norma Other – Describe:									1	<del></del>		77					
Scope of Work (Check All That Apply)			Liizabetti, No 072														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	September 1	Renova Demolit	ition Mini-Enclosu Glovebag Pr						50.000								
	1	Locat					5						Abate Ty				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena todial \$ (12)	ely by nce/		os Con therma surfa	scription taining N I system icing, VA miscella	Material s insula AT, or		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A											æ			
Exterior		X			Tran	isite Si	ding		4,0	000 SF	2	ζ					
						alessed.					+						
Name of Registered Waste Hauler Delfa Contracting LLC	+	JDEP W lauler ID 35240		of Wa	Yards ste 20		Name of Tullytov				cove	ery F	acilit	.y			
City, State Union City, NJ	11-100-100					sal Date 14-19	)	City, Stat Tullytov		4							
Completed by Jaime Delgado Title Proj. Manager.						Signatur	e fa	R	Date 07-31-19								

State of New Jersey Notification of Asbestos Abatement E C E V E													1			
0.10.12	^				(D) /	y I D										
('h440	()			(Purs	uant to N.J.A.	8:60-7 and 12:1	(20-7)			AUG -	E 0/	140				
Date of Notification (1)	`n1/	1	211		Service Service	Name of Building	Owner/Oper	ator (2)	<u> </u>	AUU	5 21	113	- Janes	1		
July 31,2019	IW		704	t I							martine et al la constantia de la consta	esecutor escenden		pulses		
Agencies Notified			otification			Street Address		.	ASE	BESTOS			3.			
X EPA		X			ication	Sisters of Sa		ic		LICE	NSING		-	reduc		
x DCA		523577	Amende			City, State, Zip Co 3 Ryerson Ave		vall N	1.0700	16						
x DOL		1	justific		ncluding	Name of Contact	nue, Caiu	ven, 14		phone Nu	mber			_		
X DEP x DOH			Cance			Mr. Vincent DeCr	oce			403.3331	TIDO!					
XBOIT					FACILITY IN	<u> </u> FORMATION			_					_		
Name of Facility Where Abate						Type of Facility (4)										
Sisters of Saint Domi	inic- B	uildii	ng # 3			School (K-12)										
Street Address						Subchapter 8 (other than K-12)										
3 Ryerson Avenue						Other (i.e. private & commercial buildings, homes, etc.)  Sq. Feet: Unknown # of Floors: 3 Bldg. Age: 80 years										
City (5)	County	(6)		County	Code (7)	Sq. reet. Onk	nown #	01 -100	<u>rs:</u> 3	Blag. Ag	<u>e:</u> 80	years	S			
Caldwell NJ	Essex				Use Only)	Current Use (prior if being demolished):										
Name of Monitoring Firm Hired EnviroVision Consult			er (8)	ASCM		Name of Contractor (9)										
Envirovision Consun	tants II	0007	9	GREENWOOD	ARATEM	ENT C	ONSI	II TANT	S INC							
Street Address		Street Address	ADAILM	_141 0	01400	FIMIAI	0, 1140									
20-21 Wagaraw Road		511 MAIN STREET														
City, State, Zip Code		City State, ZipCode								_						
Fairlawn, NJ 07410		Butler, NJ 074														
Project Manager for Monitoring	g Firm	Te	lephone N	lumber		Telephone Number			Licen	se Numbe	r					
Fred Larson		9	73-636-	9145		072 402 0477			000	10						
Scheduled Start Date (10)		Sc	heduled C	ompletio	n Date (11)	973-492-0477	8-492-0477 00840 ne of OSHA Monitor									
August 12,2019			eptemb													
0						EMSL inc.										
Occupancy Status During At Facility Closed/Vacate		315			mont	Street Address										
Abatement Performed						1056 Stelton Road										
Describe						City, State, Zip Code										
Other - Describe: O	ccupie	d				Piscataway, NJ 08854										
Source of Work (Check all that	t apply)					1 locataray, 110 00004										
Source of Work (Check all that	( apply)					x Full Containment with Negative Pressure										
≥ 3 sf or ≥ 3 lf					Renovation											
$\square \ge 160 \text{ sf or } \ge 2$	60				Demolition		Glo	vebag F	rocedu	ire						
Location of Asbestos-Containing	na   la l		n Normall		Description of A		Nor			and Non-	-		dure	_		
Material (ACM) in Facility (13)			Maint./Cu			bestos Containing Ma nal systems insulation		Amour (Specif		Abateme	ent Type	N. C.				
		aff? (12		NIA	VAT, or other mis			or LF)		Remove	Repair I	Encap E	Enclose	2		
Boiler Room	X	ES I T	NO	NA	Duct Insulat	ion		0E0 a	ε	छ्य				-		
Doller Room	[E.	١ ١			Pipe Insulati			850 s 267'	1	X						
					i ipo modiac	011		20.		1224						
Name of Reg. Waste Hauler	_	-	DEP Wast		ID#	Cubic Yards of Wa	iste:			of Registe		ndfill				
See Hauler Below # 1 & 2		40			ess Landi d Central											
Hauler #1) Greenwood Abatement Consultants, Inc. Butler, NJ 07405							Disposal Da	ate	City, S		Lanum	ı				
NJ DEP # 12561						September FL-1000 New Ford Rd, M							ille,PA	1		
Hauler #2) Newark Carting, Inc. Newark, NJ 04509, NJ DEP # 19551						6, 2019			Permit#18 1963 Pen /		Rd, Pen					
									Argyle	, PA 1807	2					
Completed by (Print or Type) Title						Signature			Permit	t # 100265	(i)			$\dashv$		
Marin Graure Sr. Project Manager						Marin Graure July 31,2019										

Inv 13346
MU25881224051

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

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Date of Notification (1)	1	S	-	N	ame	of Buildin		vner/Operator	2)	la la	Li	NUN	J	J	201	3
7/_31/	2010						1 (MANUAL TO THE CONTROL OF MANUAL TRANSPORT OF THE CONTROL OF THE									
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Agencies Notified Type Notif  ☑ EPA ☐ Initial	cation			St	reet	Address				-	Ortonous volumes	_	ICE	VSIN	lG	
☑ DOLWD ☐ Amend	he															
☑ DOH Amend				10000	-	State, Zip (										
☐ DCA ☐ Emerge		cluding	9	G	iler	rock, r	vev	v Jersey,	32637							
(NJAC 5:23-8) justifica				1		of Contac	t			Tele	phone N	drimha	ar.			
Caricei	allon			A	nd	y Lohr										
					FACILITY INFORMATION											
Name of Facility Where Abatement is	Taking	Place	(3)						Type of Facility	0.00000						
Residence									School (K-1		461	(40)				
Street Address				ļ		7/10	☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,									
				į	)	14'	homes, etc.)									
City (5)									Square Feet	100000	f Floors			dg. A	ge	
Glenrock									2,265	1.5	22		94			
The state of the s							(ST)	ATE USE ONLY)	Current Use (F	rior if be	eing der	nolish	ed)			
Bergen County					22											
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.									ent Contractor (9	37.0						
N/A				N/	A		Acme Professional Services Corp									
Street Address								eet Address								
	N/A								amp Rd							
City, State, Zip Code								City, State, Zip Code Woodland Park, NJ 07424								
N/A									ark, NJ 07							
Project Manager for Monitoring Firm Telephone No.							1	ephone No.	24		ense No	).				
N/A N/A								2-276-102		02	2003					
Start Date (10) Scheduled Completion Date (11							2.5	me of OSHA N								
	100	3154			1 -	1019	_	senije Ada	mov							
Occupancy Status During Abatement	290		- 0					eet Address								
<ul> <li>✓ Facility Closed/Vacated During En</li> <li>☐ Abatement Performed Outside of I</li> </ul>						oribo		0 Rifle Car								
Time of Abatement:AM	PN	1/	_PI	M	- Describe City, State, Zip Code Woodland Park, NJ 07424											
Connectivity of the second			-				VV	oodland P	ark, NJ 07	424						
Scope of Work (Check all that apply)								☐ Full Conf	ainment with Ne	egative I	Pressure					
≥3 sf or ≥3 lf		☑ Re						✓ Mini-Enc	losure	.gauro i	1000011	-				
≥160 sf or ≥260 lf		☐ De	moli	ition	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur											
		Is	Loc	cation				IVOII-EXC	inpica ( ) and iv	T TIGE	JIC 1 100	caure	Δh	atomo	ent T	vne
Location of		١	Vorn	nally				Description o	f				1000			
Asbestos-Containing Material (AC	M)			olely b nance				Containing Ma	terial (ACM)	2.5	Amount		₹em	Repair	nca	ind
TO BE ABATED IN Facility				al Stat		(i.e		ermal systems i			Specify F or LF)		Removal	air	Encapsulate	Enclosure
(13)			(1:					her miscellane			,		25		ilate	e l
		Yes	N	0 1	I/A										3501	
Basement			X			ACM Pipe	e & f	itting insulation		100	LF		X			
		П	П		7								П	П	П	
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														П	П	Ш
								1—45								
Name of Registered Waste Hauler NJDE						S7619	200 200 100	oic Yards of	Name of Regi	istered l	Landfill					
Acme Professional Services Corp   Hauler ID N						INO.	Wa 2 ya	ste ards	Fairless L	andf	ill					
City, State	City, State							posal Date	City, State							
Woodland Park, NJ							08	/20/2019	Morrisville	es PA	4					
Completed By (Print or Type) Title							Signature									
Arsenije Adamov	Pre	side	nt					Arsen	ije Ada	mou	L	07/	31/	201	9	
Janijo / taarriov	1. 10								/			011	0 17	-01	9	

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 19 19 Mondelez International Street Address Agencies Notified Type of Notification 2211 Route 208 North **EPA** Initial City, State, Zip Code DEP 1 Amended Fairlawn, New Jersey, 07410 DOH Amendment # 2 Name of Contact Telephone Number DOL Emergency w/ justification PETER VILLANO 201-794-4000 Cancellation ASBESTOS CONTROL & **FACILITY INFORMATION** LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Mondelez International School (K-12) Street Address Subchapter 8 (Other than K-12) 2211 Route 208 7 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County Code (7) County (6) Square Feet # Of Floors **Building Age** Fairlawn Bergen 1,000,000 Current Use (Prior if being demolished) 40 + Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 907 Doolittle Drive City, State, Zip Code 32 Williams Parkway Bridgewater, NJ 08807 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number Eric Houseknecth 908-218-1108 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 06 20 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: \_\_ MON-FRI 32 Williams Parkway Other - Describe: \_\_ 7:00AM - 3;30PM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition 1 Renovation 1 Full Containment with Negative Pressure ≥3sf or ≥3lf Mini - Enclosure ≥160 sf or ≥260 If 1 Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Location of Description of ls Abatement Type Asbestos Containing Location Asbestos - Containing Normally E N N Material (ACM) Amount R C TO BE ABATED Used (I.e., thermal systems (Specify M E C in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P 0 by Main-V P (13)or other miscellaneous) A tenance/ S S A 1 U Custodial L R Staff (12) R YES NO N/A BAKERY WAREHOUSE PIPE & FITTING 130 LF BAKERY MEZZANINE PIPE INSULATION 60 LF .1 **BAKERY WAREHOUSE** PIPE & FITTING 70 I F 1 Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NEWARK CARTING Hauler ID No. Yards **GROWS** NORTHSTAR CONTRACTING GROUP, INC. 4509 of Waste City, State Disposal City. State NEWARK, NJ Date Morrisville, PA 19067 EAST HANOVER, NJ

Signature

Project Manager

Date

08/02/19

Steve Stiles ASB-41

Completed by (Print or Type)

06

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7

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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 I	E N C A P S U L	E N C L O S U R
	YES NO N/A				1		
BAKERY 1ST FLOOR HALL		PIPE & FITTING	12 LF	V			
BAKERY WAREHOUSE		PIPE & FITTING	25 LF	<b>V</b>			
BAKERY 3-D-DECLINE		TRANSITE	400 SF	<b>V</b>			
BAKERY 3-D-DECLINE		DUCT INSULATION	125 SF	7			
BAKERY OREO KITCHEN		PIPE & FITTING	2 LF	1			
L							

NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 04 29 19 HACKENSACK UNIVERSITY MEDICAL CEN Street Address Type of Notification Agencies Notified 30 PROSPECT AVENUE **EPA** 1 Initial City, State, Zip Code AUG 2019 DEP 1 Amended HACKENSACK, NJ 07601 V DOH Amendment # 5 Name of Contact Teléphone Number 1 DOL Emergency w/ justification DONAL FERRELL ASBESTOS CONTROL & Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) HUMC MAIN BUILDING School (K-12) Street Address Subchapter 8 (Other than K-12) 30 PROSPECT AVENUE 1 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** HACKENSACK BERGEN 20,000 Current Use (Prior if being demolished) 40 + HOSPITAL Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO LANGAN ENGINEERING NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 300 KIMBALL DR, 4TH FLOOR City, State, Zip Code 32 Williams Parkway PARSIPPANY, NJ 07054 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number **BRIAN FEURY** 973-560-4857 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 11 19 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway 1 Other - Describe: 7:00 AM-3:30 PM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) \ | | | Demolition Renovation Full Containment with Negative Pressure >3sf or >3lf Mini - Enclosure ≥160 sf or ≥260 If Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing R Normally Material (ACM) Amount E R N N TO BE ABATED Used (I.e., thermal systems (Specify M E C C in Facility Solely insulation, surfacing, VAT, P SF or LF) 0 A L (13)by Mainor other miscellaneous) V A P 0 tenance/ S S A 1 Custodial U L R U Staff (12) R YES NO N/A MAIN WINDOW/LINTEL CAULK 590 LF 1 MAIN GLAZING 600 LF 1 MAIN CAULK 165 LF 1 MAIN ROOF FLASHING 800 SF 1 Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NORTHSTAR CONTRACTING GROUP, INC. Hauler ID No. FAIRLESS LANDFILL Yards Of 30534 Waste City, State Disposal City. State EAST HANOVER, NJ Date MORRISVILLE, PA Completed by (Print or Type) Title Signature Date Steven Stiles Project Manager 08/01/19 ASB-41

STATE OF NEW JERSEY

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CK 4122	PAT	D .			N OF ASE t to NJAC				Tr.	NE	C	E	n n	// [		5		
Date of Notification (1)				Name o	of Building	Owner/0	Operator	(2)	2000	ルー	<u> </u>	15	U /	<u> </u>	7	111		
08/01/2019					rk Publi			(-)	Santa						Annual residence of the second	Principality Principality		
Agencies Notified	Type Notification			Street	Address	200		500000	1		AUG	- :	20	19		圳		
	✓ Initial				/luhamn		Ave.		O. Company	-								
EPA DEP DOL	Amended				ate, Zip C	ode			ASBESTOS CONTROL &									
	Amendment Emergency		$ \mid$		rk, NJ			LICENSING										
DOH DCA	justification) Cancellation				of Contact			Telephone Number 973-938-7544										
П вси	Caricellation					Diagadeyo 973-938-7544 NFORMATION										-		
Name of Facility Where		g Place (	3)	1710		Orthorn		Туре	of Facility	(4)								
Camden Elementar	ry School			School (K-12)														
Street Address					Subchapter 8 (Other than K-12) Other (i.e. private & commercial bu								dinae	home	20			
281 Camden Stree	t .								etc.)	·				1770.00	Section Section Section			
City (5) Newark								Squa 48,4	re Feet	3	f Floors		1.0	ldg. A	ge			
County (6)				County	Code (7)	-			ent Use (Pr		na dem	olish			_			
Essex					USE ONL	n		Sch	CT ALV SOCIAL SANDACTIC AGE TO S	101 11 001	ng dom	Onorr	50/					
Name of Monitoring Firm	Hired by Building	M No.		Name	of Aba	tement Co	ntractor	(9)	0 - 0									
TTI Environmental,	Inc.						SMA	C Co	Corp.									
Street Address	Church Street								Street Address 431 North Midland Ave.									
1253 North Church						Ave.												
City, State, Zip Code Moorestown, NJ 08					ip Code ook, NJ	07663												
Project Manager for Mon	Telepho	ne No.		Teleph			07000	Licens	se No	).	12070 2							
James Guilardi		40-8800	)	The state of the s	791-6			0111										
Start Date (10)	Date (11)				HA Monitor													
08/02/2019		08/12/							alytical,Ir	ic.								
Occupancy Status During	g Abatement (Ched	k Only O	ne)				Street		ss ton Ave.									
Facility Closed/Vaca Abatement Perform																		
Other – Describe: F					City, State, Zip Code Piscataway, NJ 08854													
Scope of Work (Check A	Il That Apply)				1 Isolataway, 140 00004													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		X	Renova	ition				Full Containment with Negative Pressure										
≥160 sf or ≥260 lf			Demolit	ion			-	Mini-Enclosure										
							×		n-Exempte		d Non-F	riable	e Prod	cedur	е			
		(A)	Locat											Abate	ment pe			
Location			Normal ed Sole		0.1		scription		// 01.0					1 9	pe			
Asbestos-Containing TO BE ABA		Ma	intena todial S	nce/		stos Cont . thermal					mount Specify		R	т	Enc	En		
In Facili (13)	ty	Cus	(12)	oldii f			cing, VA niscellan			SF	or LF)		Remova	Repair	Encapsulate	Enclosure		
(10)		Yes	No	N/A	1	outor i	inoconari	icous)					/al	=	ılate	лrе		
Thoote	~-	162		IN/A	Floor	tile me	otio on	ا مینیا	l boss	2.0	25.05		17					
Theate		-	X			tile,ma					25 SF	_	Х					
Librar	У	-	X	-	ACM C	arpet n	nastic a	and w	all base	2,9	00 SF		Х					
Name of Registered Waste Hauler  NJDEP Wa Hauler ID N						Cubic of Was			Name of	100		ndfill						
SMAC Corp. 18590						10 ya			Grows	Landfi	III							
City, State						- 3	sal Date		City, Stat									
Saddle Brook, NJ 07663						08/12/2019 Morrisville, PA												
Completed by Borce Gjorsoski	The state of the s					S	ignature		Date 08/01/2019									
Doroc Ojorsoski		Fies	iuciil	President					Joseph 08/01/2019							_		

Tn/# 132	20											<b>L</b>						
IN/# 1335			ICATION	ate of Ne I OF ASE to NJAC	ESTOS	ABATE			ME	C	E		W I	El				
Date of Notification (1) 08/01/2019				f Building rk Publi		95	(2)			<del>Ord Lawren</del>	amanninni			The state of the s				
Agencies Notified Type Notificatio	n		Street A	ddress Iuhamm	ad Ali	۸۷۵				AUG		<del>5 2</del> (	)19	Brivillania de				
EPA Initial				ate, Zip C		Ave.			ADDECTED COLUMNS A									
EPA Initial Amended Amendmen			Newa	Activities of the second	ouc				ASBESTOS CONTROL & LICENSING									
Emergence			Name o	f Contact					Telephone Number									
DOH justification Cancellation				min Ola		(A			973-938-7544									
Name of Facility Where Abatement is Tak	ing Place (	3)	FAC	LITY INF	ORMAT	TION	Type	of Facility	(4)	-			-					
Oliver Street School	ing ridoo (	,					_	• • • • • • • • • • • • • • • • • • • •	**************************************									
Street Address			5- 6-2-	School (K-12) Subchapter 8 (Other than K-12)								2222						
104 Oliver Street						Other (i.e. ¡ etc.)	orivate & comr	nercia	build	lings,	home	es,						
City (5) Newark							Squa 72,4	re Feet -30	# of Floors	S	1000	ldg. A 04	ge					
County (6) Essex	Code (7)	)				or if being den	nolishe	ed)										
Name of Monitoring Firm Hired by Building	Essex (STATE USE ONLY) — School ame of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Co																	
	TTI Environmental, Inc. SMAC Corp.																	
Street Address 1253 North Church Street				Addres North	ss Midland	Ave.												
City, State, Zip Code Moorestown, NJ 0857			11		ip Code ook, NJ (	7663												
Project Manager for Monitoring Firm	ne No.		Teleph	none N	0.	Licen	se No		11.00		77111							
James Guilardi Start Date (10)	40-8800 Date (11)			791-6 of OSI	3777 HA Monitor	011	10											
08/12/2019	08/26/	2019			N	EMS	SL Ana	alytical,In	ic.									
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire			ment			4 1633/4763	Addres Shel	ss Iton Ave.										
Abatement Performed Outside of No Other – Describe: Facility occupied	mal Facility	y Hour						ip Code ay, NJ 08	854									
Scope of Work (Check All That Apply)						1 130	atawe	19, 140 00	00+									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov Demol			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure													
	le	Loca	tion				110	II Exemple	a ( ) and Hon	Habit		Abate	ement					
Location of		Norma	ally		De	escription	of					Ту	ре					
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena				ntaining N			Amount (Specify		ZJ		Enc	ш				
In Facility	Cus	todial (12)	Staff?	(	surfa	acing, VA miscellar	T, or		SF or LF		Remova	Repair	Encapsulate	Enclosure				
(13)	Yes	No	N/A		otriei	mscenar	leous)				val	=	ulate	ure				
Rooms UN-37, UN-35, CST-102		X		Pipe a	and Pi	pe Fittir	ng Ins	ulation	Appr.110	LF	X							
				(includ	ing vis	ible an	d with	in floor)										
Rooms UN-37, UN-35, CST-102		Х			N	ail Cret	е		Appr.400	SF	Х							
Name of Registered Waste Hauler	/aste No.	Cubic of Wa	c Yards aste			Registered La	ndfill											
SMAC Corp.	S01074W	5 ya	rds		5940, 2077, 2005	Landfill												
City, State Saddle Brook, NJ 07663						osal Date 2/2019		City, Stat	tate sville, PA									
Completed by Title						Signature			Date									
Borce Gjorsoski	Pres	iden	t			Box	esue	Goe	enuf	08	/01/2	2019						

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

CO # 3117

	CALL	<u> </u>	γ				~,	UK# 2611								
Date of Notification (1)		****		Name	of Building	Owner/Operator	(2)	IN EREIMEN								
7 /	31 /	19		PRI	NCETON	UNIVERSITY	ALL PARTY OF THE P	ME	CE	:	$\mathbb{M}$		1			
Agencies Notified	Type Notifica	tion		Street	Address			YI -		NO PORTO PARTIE						
□ EPA	⊠ Initial				ELM DR	IVE	A. and Title	MI				jung.	Tables of the last			
☑ DOLWD	☐ Amended							1111	AUG_	5 2	2019	_				
☑ DOH	Amendme	ent #			State, Zip C		1	od Grand				abaveo				
☐ DCA	☐ Emergend		3			, NJ 08544			Manager and the second	-	nert server	أحيب				
(NJAC 5:23-8)	justificatio				of Contact			Telepho	<b>BENOM</b>	berON	THC	La				
	☐ Cancellati	on		RO	BERT OR	TEGO	L	609-2	58-184	41211A			and the second second			
				FAC	CILITY IN	FORMATION				##SES=#8001	The total and					
Name of Facility Where A	batement is T	aking Place	(3)	Million and the		Type of Facility (4)										
WALKER HALL						☐ School (K-12)										
Street Address						☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,										
201 WILCOX HALL							homes, etc.		comme	ciai bu	lliaing	js,				
City (5)							Square Feet	# of Flo	oors	Blo	dg. A	ae				
PRINCETON, NJ								100000000000000000000000000000000000000	5. F. L. S.		3	J				
County (6)				Coun	tv Code (7)	(STATE USE ONLY)	Current Use (P	rior if being	demolis	shed)						
MERCER					,	((311112 002 01121)	Carrotti Coo (i	nor ii boing	Comone	, iiou						
Name of Monitoring Firm	Hired by Build	ing Owner	(8) T	ASCM	No	Name of Abatem	ent Contractor (0	\								
TTI ENVIRONMENT		ing Owner	(0)	AJUN	INO.	Name of Abatement Contractor (9)										
	AL INC					BRISTOL ENVIRONMENTAL, INC.										
Street Address	OII OTDEET				Street Address											
1253 NORTH CHUR	CHSTREET			1123 BEAVER STREET												
City, State, Zip Code				City, State, Zip C												
MOORESTOWN, NJ	08057					BRISTOL, PA	19007									
Project Manager for Moni	toring Firm		Tele	phone	No.	Telephone No.		Licens	e No.							
MICHAEL KEEHN			-8800	215-788-6040	)	005	09									
Start Date (10)	S	cheduled C	omple	tion Da	te (11)	Name of OSHA N	Monitor						Charles of the second			
8 / 10 /	19	8/	_ 12	/	19	BRISTOL EN	VIRONMENTA	L, INC								
Occupancy Status During	Abatement (C	Check only	one)			Street Address										
☐ Facility Closed/Vacate		7:	100	ment		1123 BEAVR	STREET									
Abatement Performed					cribe	City, State, Zip C										
Time of Abatement: 7																
Scope of Work (Check all	I that apply					BRISTOL, PA 19007										
Scope of Work (Check all	і іпат арріу)					☐ Full Containment with Negative Pressure										
≥3 sf or ≥3 lf			enovati			Mini-End	closure	34								
☐ ≥160 sf or ≥260 lf		☐ De	emolitio	on		⊠ Gloveba	g Procedure		D	1247						
						☐ Non-Exe	empted (*) and N	on-Friable	Procedu		7.					
Logotion	of		S Locat Norma			Description of Abatem										
Location Asbestos-Containing		1	ed Sole		Ashe	stos Containing Ma		Amo	ount	Re	Repair	m	Ē			
TO BE ABA	TED	Ma	aintena			, thermal systems			ecify	Removal	pair	cap	Enclosure			
IN Facilit	ty	Cus	todial (12)	Staff?	N N N N N N N N N N N N N N N N N N N	surfacing, VAT		SF o	r LF)	<u>a</u>		Encapsulate	ure			
(13)		Yes	No	N/A	-	other miscellane	eous)					ate				
			-		l					+_	-	-	_			
ROOM 312		-				SULATION			LF							
ROOM 300	*****	Ц			PIPE IN	SULATION		11	LF							
Name of Registered Was	Waste	Cubic Yards of	Name of Reg	istered Lan	dfill		J		1							
BRISTOL ENVIRON	IMENTAL IN	С	D No. 3	Waste	FAIRLES	S LANDFI	ILL									
City, State		Disposal Date	City, State						*******							
BRISTOL, PA		MORRISVILLE, PA														
Completed By (Print or T	ype)	Title				Signature		7:		ate	- 3					
BRIAN SCAFIRO	50 W	ESTIM	ATOR	ł		Brian Scolin / 1 Date 7/31/19										