- 11- 10	007														1115.1
Inv# 13	ングクナ		NOTIE	St	ate of Ne	w Jerse	y ADATE	NAENI	17						
0 K 11070	i PAI	M		Pursuant					-	EC	B. E. I	$\overline{\mathbb{V}}$	E	1	
Date of Notification (1)	4 32 22 20 21			Name o	f Building	Owner/0	Operato	r (2)	-111));	<u> </u>		Ü		100 mm 10	
08/01/2019					e of Sa	int Eliz	abeth					0.020	Speciment of the	A STATE OF THE PARTY OF THE PAR	
Agencies Notified  EPA	Type Notification	ĺ		Street A 2 Con	ddress vent Ro	ł			The second secon	A	Jb 0	ZUIJ	and Spire of Care	assured .	- 100 CH - 1
X DEP	Amended	. 22			te, Zip C						STOS CO	TERO	1.8		0
	Amendmen Emergency				town, N	IJ 0796	50 			-	LICENSIN	l'i		-	- True
DOH DCA	justification) Cancellation				f Contact Iacovo					100	Tephone Nur 73-650-77				
					LITY INF	ORMAT	ION								
Name of Facility Where A	Abatement is Takir	ng Place (3	3)					Тур	oe of Facility	(4)					
Street Address									School (K-			21			
2 Convent Rd								×	Other (i.e. p	orivate	er than K-12 & commerci	al buil	dings,	home	es,
City (5) Morristown								100000000000000000000000000000000000000	uare Feet ,130	# c	of Floors	1 2	Bldg. A	ge	
County (6) Morris	// // // // // // // // // // // // //			County (	Code (7) USE ONLY	)			rrent Use (Pri	or if be	ing demolish	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)	1	ASCN	l No.			of At	batement Cor	ntracto	r (9)				
Street Address							Street		Safety LLC						
							22 T	roy	Lane						
City, State, Zip Code									Zip Code Park, NJ 07	7035					
Project Manager for Mon	itoring Firm			Telephor	ne No.		Telepi 973-		No. -0099		License N 01317	0.			
Start Date (10)				mpletion [	Date (11)				SHA Monitor						
08/03/2019		08/04/2							afety LLC						
Occupancy Status During				\$10000 PP 7502 G			Street 22 T		ress Lane						
Facility Closed/Vaca Abatement Perform Other – Describe: 2	ed Outside of Norr	nal Facility	Hour	S			City, S	State,	Zip Code	7005					
Scope of Work (Check A							Linc	oin F	Park, NJ 0	/035					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		-	lenova Demoli				×	N	ull Containme	9		ressu	re		
									Blovebag Prod Ion-Exempted			le Pro	cedur	е	
Location	a.f		Locat											ement pe	
Asbestos-Containing	Material (ACM)	Use		ely by		tos Cont		/lateri	ial (ACM)		mount			m	
TO BE ABA In Facili		0.000	odial	Staff?	(i.e.	thermal surfa	system: cing, VA				Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)			other n	niscellar	neous	5)		58	oval	oair	sulat	sure
D	0.1:1	No	N/A										Ф		
Basement Hallwa		X			Pipe	Insula	ation			8 LF	X				
Gender Neutral	Bathroom					***							ļ		
Name of Desistered Wes	4-11-1			LIDEDIM	1-	T 0 1:									
Name of Registered Was United Safety LLC	ste nauler		H	NJDEP W Hauler ID 036820	No.	of Was	Yards ste		Fairless		ered Landfill dfill				
City, State Lincoln Park, NJ							sal Date		City, State						
Completed by		Title					ignature	<del></del>	Wiorisv	110, 1	Da	te			
Vanco Petkov		Proje	ct M	anager		,	27	199	2.2		- N		2019		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CK 5187 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Z FORS KATHLEEN Agency Notified Type Notification Street Addre Initial O EPA City, State, Zip Code DEP ☐ Amended E DOL Amendment# NUTLEY. 07/10 NJ. □ Emergency (including Telephone NumberCONTROL &: Name of Contact justification) MOOH ☐ Cancellation MS. K. FOLSOTHE DIDCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MS. KATHLEEN FORSYTHS ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address DiffOther (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) NUTLE 1945 2 2000. County (6) Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY RESIDENCE ESSEX Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-329-7444 00388 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8 20/19 8/21/19 Omega Environmental Occupancy Status During Abatement (Check only one) Street Address 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours DOTHER - Describe: 8100 AM TO 5:00 PM S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure £123 sf or ≥ 3 lf Renovation Mini-Enclosure □ Demolition □ ≥ 160 sf or ≥ 260 lf A Glovebag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e., thermal systems insulation, Removal (Specify Repair Custodial SF or LF) IN Facility surfacing, VAT, or Staff? (13)other miscellaneous) (12)No THERMAL SYSTEM INSULTID 115 LE Name of Registered Waste Hauter NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill ID No. Waste Best Removal Inc CUMBERLAND COUNTY LANDFICL 17109 3/10 City, State Disposal Date 8/21/19 Hackensack , N.J. 07601 Completed by Signature J.Maiorano عبورو Estimator \* Do not use this form for asbestos licensure exempted activities.

Proj. #: 19-16]  Date of Notification (1)  O 8 //O 11 // 1 9  Agencies Notified Type Notification  DEP Amended Amendment #:  DOL Emergency (including justification)  DCA Cancellation	Name of ANP Street A 93 C City, Sta Garf Name o	(Pursua Inf Building Owner  E Corp.	ant to NJAC	estos 8:60 134	Abatement and 12:120)	ASBEST LI	OS CONTRO CENSING	and the same of th		Planthamedian a propunance
		FACIL	ITY INFORM	ATION						
Name of facility where abatement is  Residential  Street Address	taking place (3)					Subcha  Other (I	(K - 12) apter 8 (Other Private/Comm Homes, etc. # of Floors	ercial	-12) dg. Ag	е
City (5) Elizabeth, NJ 07208	County (6) Union				ty Code (7) e use only)	1,300 SF Current Use (Pr	ior if being de	80 nolishe	ed)	_
Name of Monitoring Firm Hired by B  N/A  Street Address  City, State, Zip Code	ldg. Owner (8)		ASCM No.		Name of Abatement  KLOMAX, LLC  Street Address  309 W. End Ave  City, State, Zip Code				-	
Project Manager for Monitoring Firm		Phone Number	er	_	Hopatcong, NJ Telephone Number 833-455-6629	07843	License Num 0200'			
Start Date (10)  08/15/19  Occupancy Status During Abatement  Facility closed/vacated during e Abatement performed outside of Describe:	08/20/19 (Check only on entire period of a of normal facility	abatement.	)		Name of OSHA Mor KLOMAX, LL Street Address 309 W. End Avo City, State, Zip Code	C e				
Scope of Work (check all that apply)  >3 sf or >3 If	Renovation Demolition			_	$\boxtimes$	07843  Full Containment w Mini-enclosure Glovebag procedur Non-Exempted (*)	re	e proc		
Location of asbestos-containing material (acm) to be abated in facility (13)	by maintenance staff(12)	nally used solely e/custodial	N 200 10 20		bestos-containing	Amount (Specify S LF)	e m	Repair	Encap	E n c L
Basement			Pipe Insula	ation		90 LF				
Registered Waste Hauler	INJDEP Ha	auler ID#   C	ubic Yards of	Waste	Name of Registere	d Landfill				
KLOMAX, LLC  City, State Hopatcong, NJ 07843	003824		2 yds	<u> </u>	TULLYTOWN City, State TULLYTOWN	, RESOURCE RE	T Data			

NOCK		NOT!	FICATIO	tate of N N OF AS t to NJA	BESTOS	ABATE	EMENT (	E	CE	N W	7 E	In	
Date of Notification (1)							البااا			n 1		7	
08/02/2019			Lawre	of Building	g Owner/ Ownshir	Operato Public	Schools		allo —			A STATE OF THE PARTY OF T	
Agencies Notified Type Notification				Address				F	AUG (	5 201	9		4
EPA Initial			2565	Princet	on Pike	9	- Artista					TO STATE OF THE PARTY OF THE PA	No.
DEP X Amended	0.4			ate, Zip C				ASSE	STOS C	ONTH	OL &	4	Triple British
Emergency (				enceville		8648	L	t-marcine consequent	LICENS	SING	der star dermetro	Principal of Street	
X DOH justification Cancellation	•	,		of Contact					elephone N				
				as Eldr	-	TON		6	09-671-	5420			
Name of Facility Where Abatement is Taking	Place (	(3)	170	TETT HAT	OKWAT	ION	Type of Facility	(4)		-			
Lawrence Middle School			- Vi 41 - I				School (K-	12)					
Street Address 2455 Princeton Pike							Subchapte	8 (Otl	her than K	-12)			
City (5)							Other (i.e. petc.)	rivate	& comme	rcial bu	illaing	s, nom	ies,
Lawrenceville							Square Feet 104,000	3	of Floors		Bldg.	Age	
County (6)			County	Code (7)			Current Use (Pri	100000	ing domai	iahad)	67		
Mercer			(STATE	USE ONLY	n		Middle School		eng demoi	isneu)			
Name of Monitoring Firm Hired by Building C TTI Environmental, Inc.	wner (8	)	ASCN				of Abatement Cor	ntracto	r (9)				
Street Address		S. I Y. C. S	0000	)3			ed Safety LLC						D.C. STORY TO A
1253 North Church St							Address roy Lane						
City, State, Zip Code						Maria Caraca	tate, Zip Code						
Moorestown, NJ 08057							oln Park, NJ 07	7035					
Project Manager for Monitoring Firm Michael R. Keehn			Telepho				one No.		License	No.			
The state of the s	Cabadul	-10		40-8800	72.		276-0099		01317				
07/15/2019	08/09/	2019		Date (11)			of OSHA Monitor ed Safety LLC						
Occupancy Status During Abatement (Check							Address						
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma	eriod of	Abater	ment				oy Lane						
Other - Describe:							tate, Zip Code oln Park, NJ 07	035					
Scope of Work (Check All That Apply)													
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	_	Renova Demoli				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				re	
	Is	Locat	ion					1 /				emen	t
Location of		Norma ed Sole			Des	scription	of				T	уре	_
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	intena	nce/	Asbes (i.e.	tos Conta	aining M systems	aterial (ACM) insulation,		mount Specify	71		E	т
In Facility (13)	Cusi	todial ( (12)	Staff?		surfac	ing, VAT	Γ, or		or LF)	Remova	Repair	caps	Enclosure
V. 97	Yes	No	N/A		othern	niscellan	eous)			val	air	Encapsulate	sure
Work #1A Corridor Rms. 108-115		X		Tra	ansite (	Ceiling	Panels	2,8	315 SF	X			
Work #1A Corridor Rms. 108-115		Χ			Pipe	Insulat	ion	5	0 LF	X	1		
Work #1A Corridor Rms.301-305		X		Tra	ansite (	Ceiling	Panels	3,8	50 SF	X			
Work #1A Corridor Rms. 200-212		Χ		Tra	ansite (	Ceilina	Panels		15 SF	X			
Name of Registered Waste Hauler		11 1999	JDEP W	aste	Cubic \	Yards	Name of F				1	1	
Service Transport Group			lauler ID I W2117		of Was TBD		Fairless	0.000					
City, State Yardley, PA					Dispos TBD	al Date	City, State Morrisvi		A				
Completed by	Title					gnature	( )			ate			
Vanco Petkov	Proje	ct Ma	anager		1	1.4.7	1991 35	4.		8/02/	2019		

#### State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) 8/02/19 BOARD OF EDUCATION 3-1376 UPPER SADDLE RIVER, NEW JERSEY Agencies Notified Notification Type ASBESTOS CONTROL & Street Address 395 West Saddle River Road LICENSING **⊠** EPA ☑ Initial Notification City, State, Zip Code □ DCA ☐ Amended # Upper Saddle River, NJ 07458 ☐ Emergency notification (including IN DOL Name of Contact Telephone Number ☐ DEP justification) Mrs. Jennifer Johnston 201-961-6500 **⊠DOH** ☐ Cancelled **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Robert D Reynolds Elementary School ☑ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings., homes, etc.) 391 West Saddle River Road Current Use (prior if being demolished):School City (5) County (6) County Code (7) Upper Saddle River Bergen (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) RJB Environmental, Inc. Panoramic Window & Door Systems Inc. Street Address Street Address 615 Prospect Ave 712 Sergeantsville Road City, State, Zip Code City State, Zip Code Morrisville, PA 19067 Stockton, NJ 08559 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 267-991-9212 P (732)926-0900 Scheduled Completion Date (11) Scheduled Start Date (10) Name of OSHA Monitor 08/12/19 08/20/19 IAQ GURU LLC Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 87 Main Street Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Lincoln Park, NJ 07035 Source of Work (Check all that apply) $\geq$ 3 sf or $\geq$ 3 lf ⊠ Renovation ☐ Mini-Enclosure ≥ 160 sf or ≥ 260 if ☐ Demolition □Glovebag Procedure ☑ Non-Friable Procedure Description of Asbestos Containing Material Location of Asbestos-Is Location Normally Amount Abatement Type Containing Material (ACM) in Used Solely by (ACM) (i.e. thermal systems insulation, (Specify SF or Facility (13) Maint./Custodial Staff? surfacing, VAT, or other misc.) LF) Remove Repair Encap (12)Enclose YES NO NA Exterior Window IXIX Transite Panels 1300 SF X XX Exterior Window Systems Window Caulk and Sill Caulk 4510 LF X X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Registered Landfill 0036057 Chrin Brothers Sanitary Landfill Panoramic Window & Dr Sys Inc Disposal Date City, State

Signature

Easton, PA

Date

08/02/19

Mark M Jovic

Completed by (Print or Type)

Project Manager

#### State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

						[ Fra	EG	5	\W	15	10
Date of Notification (1) 8/02/19	P, #	29376			Name of Building Owner/Op BOARD OF EDUCATION UPPER SADDLE RIVER, N	11500			U	15	TOTAL PROPERTY OF A STATE OF A ST
Agencies Notified	18-	Notification	Type		Street Address 395 West Saddle River Ro	111 11	AU(	G 6	2019	- Annual Prince	
⊠ EPA		☑ Initial No	tification	1	City, State, Zip Code	au i	1			- t	9
□ DCA		☐ Amended		-	Upper Saddle River, N	1 07458					5
⊠ DOL				cation (including	Name of Contact	0 01430	ACCE OF THE PARTY	ne-Num	MTRO	Lâ	- 1
□ DEP		justification)			Mrs. Jennifer Johnston		201-95	1-6500	<del>NG</del>		
⊠DOH		☐ Cancelle	d		mor deminer demister			170000			
Name of Facility Williams About		F. I	(0)	FACILITY INF							
Name of Facility Where Abate Robert D Reynolds Ele					Type of Facility (4)  School (K-12)						
		,			☐ Subchapter 8 (other tha	n K-12)					
Street Address 391 West Saddle River	Road				Other (i.e. private & comme Current Use (prior if being d			nes, etc.)			
City (5) Co	unty (6)		County	Code (7)	1						
Upper Saddle River		gen		Use Only)							
Name of Monitoring Firm Hire RJB Environmental, Inc.	d by Bldg	g. Owner (8)	ASCM	No.	Name of Contractor (9)						
					Panoramic Window & Doo	r System	s Inc.				
Street Address			910		Street Address						
615 Prospect Ave					712 Sergeantsville Road						
City, State, Zip Code Morrisville, PA 19067					City State, Zip Code Stockton, NJ 08559						
Project Manager for Monitorin	g Firm	Telephone I	Number		Telephone Number		License	Number			
		267-991-92	12		P (732)926-0900		01237	, rambo			
Scheduled Start Date (10)		Scheduled (	Completi	ion Date (11)	Name of OSHA Monitor						
08/12/19		08/20/19	- 10.2.00.00		IAQ GURU LLC						
Occupancy Status During Aba  ⊠ Facility Closed/Vacated Du  Abatement Performed Outside	ring Enti	re Period of A	batemer	nt	Street Address 87 Main Street						
					City, State, Zip Code						
					Lincoln Park, NJ 07035						
Source of Work (Check all that	t apply)									- 17 (2)	-
≥ 3 sf or ≥ 3 lf				⊠ Renovation	□ Mini-En	ologuro					
⊠ ≥ 160 sf or	> 260	f		□ Demo			December	20			
E 2 100 31 01	2001	1		L Demo			Procedure	е			
Location of Asbestos-	lela	ocation Norma	llse	Description of As	sbestos Containing Material		Control and the	T		- E	
Containing Material (ACM) in		d Solely by	illy		mal systems insulation,	Amou	ify SF or	Abater	ment Ty	/pe	
Facility (13)		nt./Custodial S	itaff?	surfacing, VAT, o		LF)	ary Or Or	Remov	ve Re	pair E	ncap
50 S	(12)					,		Enclos			
Exterior Window	YES	S NO	NA	-	''t- DI-	4000	0.5	- T			
Exterior willdow		I LOI LOI		-!	ransite Panels	1300	SF	X			
Exterior Window Systems		XX		Window	Caulk and Sill Caulk	4510	LF	X			
										-	
Name of Reg. Waste Hauler		NJDEP Was	ste Haule	er ID #	Cubic Yards of Waste		Name o				
Panoramic Window & Dr Sy	s Inc	0036057					Chrin Br	others Sa	nitary L	andfill	
		*			D	isposal D	ate		y, State		
								Ea	ston, P	A	
Completed by (Print or Type)		Title			Signature ////	7	Date				
Mark M Jovic		Project Mai		7 110 11	7	08/02/1	9				
		•			11						

State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) AUG 2019 en+29375 08/02/19 Hamilton Township School District Agencies Notified Notification Type Street Address ASBESTOS CONTROL & 90 Park Avenue LICENSING **⊠** EPA ☑ Initial Notification City, State, Zip Code □ DCA ☐ Amended # Hamilton, NJ 08690 ⊠ DOL □ Emergency notification (including Name of Contact Telephone Number □ DEP justification) Susan Lombardo (609) 631 - 4100 ext 5073 **XIDOH** ☐ Cancelled Board President FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Greenwood Elementary School School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings., homes, etc.) 2069 Greenwood Avenue Current Use (prior if being demolished):School City (5) County (6) County Code (7) Mercer (State Use Only) Hamilton Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Panoramic Window & Door Systems Inc. Street Address Street Address 712 Sergeantsville Road City City State, Zip Code Stockton, NJ 08559 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number P (732)926-0900 01237 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 08/12/19 09/06/19 IAQ GURU LLC Occupancy Status During Abatement (Check only one) Street Address ₩ Facility Closed/Vacated During Entire Period of Abatement 87 Main Street Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Lincoln Park, NJ 07035 Source of Work (Check all that apply)  $\geq$  3 sf or  $\geq$  3 lf □ Renovation ☐ Mini-Enclosure 図 > 160 sf or > 260 if □ Demolition ☐Glovebag Procedure Location of Asbestos-Is Location Normally Description of Asbestos Containing Material Amount Abatement Type Containing Material (ACM) in Used Solely by (ACM) (i.e. thermal systems insulation, (Specify SF or Facility (13) Maint./Custodial Staff? surfacing, VAT, or other misc.) LF) Remove Repair Encap (12)Enclose YES NO NA Exterior Window Systems NIX Window Caulk a 1287 If X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Registered Landfill 0036057 Chrin Brothers Sanitary Landfill Panoramic Window & Dr Sys Inc Disposal Date City, State Easton, PA Completed by (Print or Type) Signaturé Date Mark M Jovic Project Manager 08/02/19

#### State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) 08/02/19	J# 74	315			Name of Building Owner/O Hamilton Township Scho	ol District	AUG	6 20	1.TeV.	land of the same	and the control of th
Agencies Notified		Notification	Type		Street Address 90 Park Avenue	ASI	BESTOS	CONT	ROL 8	i.	
☑ EPA □ DCA ☑ DOL			d# ncy notifica	ation (including	City, State, Zip Code Hamilton, NJ 08690 Name of Contact		Telephon	e Numb	er	O later and the contract of th	i i
□ DEP 図DOH		justification  □ Cancelle			Susan Lombardo		(609) 631	- 4100	ext 50	73	
EDON			.572:		Board President						
		T 1' . Di	(2)	FACILITY INF	Type of Facility (4)						
Name of Facility Where A Greenwood Elemer	ntary Sch	ool	(3)		School (K-12)     □ Subchapter 8 (other the	an K-12)					
Street Address 2069 Greenwood A	venue				Other (i.e. private & comm Current Use (prior if being			s, etc.)			
City (5) Hamilton	County (6	) lercer		Code (7) Jse Only)							
Name of Monitoring Firm	Hired by Bl	dg. Owner (8)	ASCM	No.	Name of Contractor (9)						
					Panoramic Window & Do	or Systems	Inc.				
Street Address					Street Address 712 Sergeantsville Road						
City					City State, Zip Code Stockton, NJ 08559						
Project Manager for Moni	toring Firm	Telephone	Number		Telephone Number P (732)926-0900		License I 01237	Number			
Scheduled Start Date (10 08/12/19	))	Scheduled 09/06/19	Completi	on Date (11)	Name of OSHA Monitor IAQ GURU LLC		**************************************				
Occupancy Status During  Facility Closed/Vacated Abatement Performed On	d During En	tire Period of A	batement		Street Address 87 Main Street						
Abatement renormed Of	213140 01 110	initial Cashing Co			City, State, Zip Code						
					Lincoln Park, NJ 07035						
Source of Work (Check a	all that apply	Δ)									
≥ 3 sf or ≥ 3 ⊠ ≥ 160 s		O If		⊠ Renovation     □ Dem	olition	Enclosure □Glovebag Ion-Friable P		•			
Location of Asbestos-	le	Location Norn	nally	Description of A	sbestos Containing Material			Abater	nent T	уре	
Containing Material (ACI Facility (13)	VI) in U N (1	sed Solely by laint./Custodial I2)	Staff?		rmal systems insulation,		fy SF or		ve Re	pair E	Encap
Exterior Window Syste		YES NO	NA	,	Window Caulk a	1287 I	f	X			
Name of Reg. Waste Hauler  NJDEP Waste Hauler ID #  0036057					Cubic Yards of Waste		Name of Chrin Br	f Registe others Sa	red La	andfill Landfil	1
Panoramic Window & I	Dr Sys Inc			~ * * *	Disposal D	ate		y, Stat ston, F			
Completed by (Print or T	Гуре)	<u>Title</u> Project N		Signaturé /////	1	Date 08/02/1	9				

Toute	341+														
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(,K1009E	, KAI	117	(Pu	ırsuant t	to NJAC 8	:60 and	12:120	0)		Jane C	HECK #60	窖	7 11	VI I	3 1
Date of Notification (1) 08-01-19					Building C			(2)			<u> </u>	<u> </u>	Ü.	1 1	3
	ype Notification			Street Ac 700 Hid	ldress dden Ric	ige Ro	oad			Service of the servic	AUG	- (	5 20	)19	to Display to STREET, Sa
EPA X DEP X DOL	Initial Amended Amendment	#			te, Zip Coo TX 7503					Olivero Co	ASBEST	ns c	ONT	BOI	8
☑ DOH ☐ DCA	Emergency ( justification) Cancellation	including	1 1	Name of	Contact s Messir	na					ephone Nun 17) 992-1:	iber	SING		
DCA C	Caricenation				ITY INFO	1700	ON			1,0	,	_			
Name of Facility Where Aba Verizon Plainfield Faci		g Place (3)						Тур	e of Facility (4						
Street Address 95 William Street	,							×	School (K-1: Subchapter Other (i.e. p	8 (Oth	er than K-12 & commercia	) al build	ings,	home	s,
City (5) Newark								Squ	etc.) are Feet	# 0	f Floors	В	dg. A	ge	
County (6) Essex				County C	Code (7) ISE ONLY)				rent Use (Prio mmercial	or if bei	ng demolish	ed)			
Name of Monitoring Firm His TTI Environmental, Inc		Owner (8)		ASCM	No.				atement Con Environme						
Street Address 1253 North Church St							Street	Addr							
City, State, Zip Code Moorestown, NJ 0805	7						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Zip Code t, NJ 07072	2					
Project Manager for Monitor Kris Smith				Telephor (609) 3	ne No. 113-8218	3	Telepi 201-		No. -6565		License N 00756	0.			
Start Date (10) 08-12-19		Schedule 09-30-1	d Com	<u> </u>			Name		SHA Monitor Inc.						
Occupancy Status During A							Street 10-5		ess ckson Ave	nue					
Facility Closed/Vacate  Abatement Performed  Other – Describe:	d During Entire I Outside of Norm	Period of A nal Facility	Hours	ient		_			Zip Code and City, N	Y 11	101				
Scope of Work (Check All T	hat Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit				2	- N	ull Containme Mini-Enclosure Blovebag Prod	2		ressu	re		
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l'antin d		170	Locati	7		Do	scription	n of						ement rpe	
Location of Asbestos-Containing Ma TO BE ABATI In Facility (13)	aterial (ACM) ED	Mai	d Sole ntenar odial S (12)	nce/		os Con thermal surfa		Materi ns insu AT, or		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	+									ite	Ф
11th Floor: Co	orridor		x Pipe Fittings							20LF	х				
Name of Registered Waste	Hauler		l N	IJDEP W	/aste	Cubic	Yards		Name of	Regist	ered Landfill				
Newark Carting, Inc.	i iauidi			lauler ID 4509		of Wa			20050 00W		North Lar				
City, State Newark, NJ 07105						Dispo TBD	sal Date	е	City, State Morrisv		PA 19067				
Completed by Joseph Patrick		Title Proje	ct Ma	anager	7		Signatur	e	Mi	and t	3500	ite 3-01-	19		

IN #13	508		5	State of N	New Jers	21/							L	г	ппт
CK 4701 10	AID	NOTI	FICATIO	N OF AS	BESTOS C 8:60 ar	ABATE	EMENT (0)			C I	EI	$\mathbb{V}$	E	10°	200
Date of Notification (1) 07/30/2019			Name Den	of Buildir ville To	ng Owner/ wnship	Operato Schoo	r (2) Is						1	And makes a service	a tri disconstinui L
Agencies Notified Type Noti				Address . Mary's	s Place	2nd flo	or	Control of the contro	1	400	- 6	2019		1	1
	nded ndment # gency (including	_		tate, Zip ville, N	Code J 07834				ASB	ESTO	S CON		)L 8	1	
DOH justifi	cation) ellation			of Contact Damai	t ris Guro	wsky				phone 3-983	Numb	er -	N. C. C.		
Name of Facility Where Abatement is	s Taking Place (3	3)	FAC	ILITY IN	FORMAT	ION	Type of Fac	sility (4)							
Valleyview Middle School Street Address							X School	l (K-12)							
320 Diamond Spring Avenue	9						Subch	apter 8 (i.e. priv	(Other	r than I comm	K-12) ercial b	uildir	igs, l	nom	es,
City (5) Denville							Square Fee 50,000	t	# of l	Floors			g. Ag )+	je	
County (6) Morris				Code (7) USE ONL		_	Current Use School	(Prior i	f bein	g demo	olished				
Name of Monitoring Firm Hired by Bu New Wave Environmental	ilding Owner (8)		ASCI	M No.		Name Bak	of Abatement to Construc	t Contraction &	ctor (	9) storati	on, In	C.			
Street Address P.O Box 54							Address A Route 4	6 Suite	9 3D						
City, State, Zip Code Wayne, NJ 07474						City, S Toto	tate, Zip Code wa, NJ 07	e 512							
Project Manager for Monitoring Firm Nadine Bello		Telepho 973-9	ne No. 981-485	50		one No. -256-7010			License 0666						
Start Date (10) 08/03/2019	Schedule 08/04/	2019	npletion	Date (11	)		of OSHA Mon o Construc		Res	toration	on, In				
Occupancy Status During Abatement	100 100 100 100 100	- 1					Address	Coulta	0.0						
Facility Closed/Vacated During B Abatement Performed Outside o Other – Describe:	Entire Period of A f Normal Facility	baten Hours	ient			City, St	A Route 46 tate, Zip Code wa, NJ 075	)	30						
Scope of Work (Check All That Apply)						1010	wa, NJ 073	012							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Designation of the last of t	enova emolit				×	Full Conta Mini-Enclo Glovebag Non-Exem	sure Procedu	ıre				luro		
	17.72	_ocati						T	unu i	1011-11	I I	Ab	atem		
Location of Asbestos-Containing Material (AC	M) Used	ormali Sole	ly by	Asbes		cription	of aterial (ACM)		Λm	ount	-	Т	Туре		
TO BE ABATED In Facility	Custo		0.00000		thermal:		insulation,		(Spe	ecify	Z en	7	,	Encar	Encl
(13)	Yes	(12) No	N/A			iscellane			0, 0		Kemoval	Repair	-	Encapsulate	Enclosure
Boys Locker Room	X		Elbo	ws and	valve	insulation		6L	F	Х	+	+	-		
Girls Locker Room		X		Elbo	ws and	valve	insulation		3L	10	Х	+	1		
								+			-	+	+	-	
Name of Registered Waste Hauler Bako Constr. & Rest. Inc.		Ha	II JDEP Wa auler ID I 0889		Cubic Yof Was		Name Fair	of Regi less L	stered andf	d Land	fill ste M	ana	gen	nen	t
City, State Totowa, NJ					Dispose 08/05	I Date 5/2019	City, S Mor	state risville	, PA						
Completed by Damir Valjevac	Title Proje	ct Ma	anager	3	Sig	nature	//	7_			Date 07/3	0/20	19		

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Date of Notification (1)	340.95			of Buildin					Mark 124	CHECK #	602	5	ALLOSON IN	******
08-01-19			John	son & J	ohnsor	Operato	r (2)	Park Inches	10) <sub>r</sub>	<u> </u>	5	$\mathbb{V}$	E	
Agencies Notified Type Notificat  EPA Initial	on		1 1 2 1 2 1 1 2	Address	Johns	on Plaz	za	Surf-man-age	-	AUG		0046		
DEP Amended Amended				State, Zip ( Brunsw		00001			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AUU	_ ()	2019		Lange
X DOH Emergen justification	cy (including on)	3	Name	of Contac	t	00901		- 1	<u></u> 不	elephone N	umbè	VIRC	3 1	
DCA Cancellat				dita Kam		CON			(7	732) 524	2560	IG	********	ر سود موداده ا
Name of Facility Where Abatement is Ta	king Place (	3)	IA	OILIT IN	ORIVIA	ION	Туре	of Facility	y (4)					
Street Address							H	School (K	(-12) er 8 (Ot	her than K-	121			
1 Johnson & Johnson Plaza City (5)				-	-		×	Other (i.e etc.)	. private	& commerc	cial bu	ildings	s, hon	nes,
New Brunswick							Squa	are Feet	#	of Floors		Bldg.	Age	
County (6) Middlesex			County (STATE	Code (7)	0			ent Use (P		eing demolis	hed)			
Name of Monitoring Firm Hired by Buildin Environmental Health Investigate	g Owner (8)		ASC	M No.			of Aba	atement Co	ontracto					
Street Address	ors, inc.					Pinna		Environn	nental	Corp.				
655 West Shore Trail City, State, Zip Code						200 E	Broad	Street						
Sparta, NJ 07871								ip Code NJ 0707	72					
Project Manager for Monitoring Firm Laura Wieczezak			Telepho (973)	one No. 651-104	0	Teleph 201-9				License N	lo.			
Start Date (10) 08-03-19	Schedule			Date (11)		Name o	of OSI	-IA Monitor	-	00750				
Occupancy Status During Abatement (Ch	7,000,000,000					Even-	68.800A - N							
Facility Closed/Vacated During Entire Abatement Performed Outside of No	Period of A	baten	nent			10-59	Jack	son Ave	enue					
Other – Describe:	mai r aciiity	пош	5		_	City, St Long		p Code d City, N	NY 111	01				
Scope of Work (Check All That Apply)								,						
≥3 sf or ≥3 if  ≥160 sf or ≥260 if		enova emolit				×	Min	i-Enclosur vebag Pro	e cedure	Negative F				
	Isl	Locati	on				INOI	i-Exemple	d (*) and	d Non-Friab	le Pro	Abate		
Location of	N	ormal Sole	ly		Des	cription	of					Ту		
Asbestos-Containing Material (ACM)  TO BE ABATED	Mair	ntenar	nce/	Asbest	os Conta	aining Ma systems	aterial	(ACM)		mount	_		П	m
In Facility (13)	Custo	odial S (12)	Staff?	(1.0.	surfac	ing, VAT	, or	lion,		pecify or LF)	Remova	Repair	ıcapı	Enclosure
	Yes	No	N/A		outer m	iscellane	eous)				oval	air	Encapsulate	sure
2nd Floor			х	-	Floor T	ile & M	astic		2,1	00SF	х			
	-													_
Name of Registered Waste Hauler			JDEP Wa		Cubic Y		T	Name of I	Register	ed Landfill				-
Newark Carting, Inc. / Freehold Ca	rtage, Inc.		509	IVU.	of Wast	e		GROW	S Nort	h Landfill		-		
City, State Newark, NJ 07105 / Freehold, NJ (	7728				Disposa TBD	I Date		City, State		p, PA 186	315			$\exists$
Completed by Richard Doran	Title Projec	t Mai	nager		Sig	nature		1	)	Date		0	-	-
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Jul 31 2019 04:05PM NJ Asbestos Control 609.633.0664 page 1		-	2000	
31.07.2019 03:34 PM A Mag Contact (1)	GE		IV	尼
TNV # 13325	Drug Soo	P	AGE	. ;
ALL SO STO ATTO	JG ~		2019	<b>-</b> · /
OF UNDERSTOOD OF ASSESSION OF A	DA)		e a l	28
/ 8 / / / Simple of Funding Owner/Operator (2)	JOENS JOENS	NON	HOL	
Agencies Netified Type Notification Effect Address	7 (19	/	The Contract of the Contract o	-
EPA DEP Amended City, State, 26 Code William STREET	V	100		
Energency (including Notes of Contact	TON		)	
CRAIG PALAGER	a Numb	21	116	5
Nerrie of Facility Vinera Abatement is Teking Piece (3)  SAINT MARY SCHOOL  Type of Facility (6)	0//	-0	10-	7
Greek Address	let sold s Root			***************************************
538 Cyturacet STREET Subshapler & (Cher than Chy (6) Subshapler & (Cher than Chy (6) Str.) At 10.01 & The Char (La. private & common str.)	K-12) nerdel i	ıulldlı	iga, ho	mes,
County (6)		B/d	d. Ada	
MOUMOUT!! Calling Code (?)  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.	olished)	-	0	-
WEITT CONSIDERATE STACE IN THE STACE OF THE	-		a tree like a some	
SEO SYLVAN AVE SUITE 20 CT Breet Address				
City, State, Zip Code  ENGLEWOOD CLIFFS U, J. 07632  City, State, Zip Code				
		adepoint.		
Start Date (10) / 3		- Committee	Vestero	
Occupancy Status During Abatement (Charly Only Only Only Only Only Only Only On	Inn	-	-	
Facility Closed Address Abstract Section 200 Muylar Street Abstract Section 200 Muylar Street			-	
City, State, Zip Carls		Markey		
Boope of Work (Cheek All That Apply)  ### Hackenseck, NJ 07608				
Removation Demosition Full Containment with Nagative	Presay	T)		1
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Aspestos-Contelling Metadal (A.C. 4) Ligard Safety (A.C. 4)		Abel	ement Pe	
Meintenance/ In Facility (12)  Meintenance/ Guetadial Starry (15, thermal system insulation, (Specification, VAT, or Strong in the content of	2		B	m
Yes No NIA	Filomoval	Naspair	Encapadese	ETHEODELINE
FRUNT ROOM X			幣	8
600 SF	X	_		
	++	-	+	-
Name of Registered Waste Hauter NJDEP viscote Cubic Yards Neme of Registered Landilli Newark Carting Inc.				
Chy, State	/ Lend	9111		The same of the sa
				L
Newark, NJ 07105  Disposit Completed by Title Sign Argyl, PA 08072  R. McDonald				-

CHIQIF		NOTIF (F	ICATIO	tate of New Jerse OF ASBESTOS to NJAG 8:60 an	ABATE	MENT	1				Pr	int F
Date of Notification (1)  8/1/19  Agencies Notified  Type Notification  Type Notification  X Initial Amended Amendment Emergency ( justification)  Cancellation			Name of Paul I Street A 1 Fras City, Sta Lincol	of Building Owner/ Davis Restorat	Operato ion uite K	( '	Tel 97	ASBEST OPHONE NUT	FOS (	CON	019 (ROL	SS.
Name of Facility Where Abatement is Taking home Street Address	g Place	(3)	FAC	ILITY INFORMAT	ION	Other (i.e. etc.)	(4) -12) er 8 (Oth private a	er than K-1 & commerc	2) ial bui			es,
City (5) Upper Montclair County (6) Essex Name of Monitoring Firm Hired by Building C	Owner (8	3)		Code (7) USE ONLY)  M No.	100000000000000000000000000000000000000	Square Feet 2000 Current Use (Pr home of Abatement Co	2 rior if bei	(9)	hed)	Bldg. /	Age	
Street Address  City, State, Zip Code					Street PO I	Environment Address Box 483, 4 E 0 tate, Zip Code wood, NJ 07	Gate D					
Project Manager for Monitoring Firm  Start Date (10) 8/12/19	8/26/1	led Con	Telepho	ne No. Date (11)	973- Name	none No. 764-2276 of OSHA Monitor	r	License N 703	lo.		21111	
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: kitchen and basemer	eriod of al Facilit	Abaten	nent s			Address tate, Zip Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	processor.	Renova Demolit			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	194			e	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	s Locati Normali ed Sole aintenar stodial S (12)	ly ly by nce/	Asbestos Cont (i.e. thermal surface		of laterial (ACM) sinsulation, T, or	Ar (S	mount specify or LF)	Remova	Abate	ment pe Encapsulate	Enclosure	
kitchen	Yes	14	4 SF	X		ate	re .					

(13)		(12)			niscellaneous	5)	SF OI LF)	noval	pair	psulate	losure
	Yes	No	N/A					<u> </u>		ate	6
kitchen			х	ceilir	ng plaster		144 SF	x			
kitchen			х	wa	II plaster		349 SF	х			
basement			х	ceilir		60 SF	х				
basement			Х	wal	ll plaster		120 SF	х			
Name of Registered Waste Hauler Newark Carting	Name of Registered Waste Hauler			Cubic of Was			Registered Land Central Sanita		ndfill		
City, State Newark NJ				Dispos TBD	al Date	City, State Pen Arg					
Completed by A. Scott Higgins	Title President			S	ignature	K	100	Date 8/1/19			
						Ref.	- Li				70

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120)

N/n Chock	N	OTIFIC (Pu	CATION	of ASBES ON NAC 8:	STOS A	BATER 12:120	/ent )			С	hecl	(# <u>/</u>	27	3
Date of Notification (1) 7/30/19		P	Name of 1	Building O	wner/Op	erator 7066	(2) T C	IRBAN	RE	NEWAL	, 4	.20	-1	
Agencies Notified Type Notification  EPA Enitial		8	Street Ad	dress .			-	DRIVE,	prestores				W	
X DEP X Amended Amendment		_ ~	City, State	e, Zip Cod Si DP 6	eny	No	7 6	7055	4		,	encommon of the contract of th		
DOH Emergency ( justification) Cancellation	nciuaing ·	Ī	Name of	Contact J RAS	mus	SOL	,		Tele	phone Mubils 73 -55	2-	249	919	12 10 10 10 10 10 10 10 10 10 10 10 10 10
			FACIL	ITY INFO	RMATIC	N			-		return to the second	nan en	ALTER MALE	
Name of Facility Where Abatement is Taking COMMERCIAL BUILDIA		)					COURT .	of Facility (4) School (K-12	L.	ASDEST		SIME		. č.
Street Address 34 BANK STREE	_			(3)			X	Subchapter 8 Other (i.e. pri etc.)	(Othe	er than K-12) commercial	build	ings,	home	s,
City (5) NETCONG		estana katawa		77-1-1-1-1-1			Squa	re Feet  O, OCO	# of	Floors	1	dg. Ag	ge	
County (6) MORRIS			County C	ode (7) SE ONLY)			Curre	ent Use (Prior			d)/	DEN	10	
Name of Monitoring Firm Hired by Building 0	Owner (8)		ASCM	No.	T		of Aba	tement Cont	ractor		10			
Street Address						Street	Addre	747	IIIG.					
City, State, Zip Code						City, S	tate, Z	and Ave. Ip Code						
			-				-	ark, NJ 07	432					
Project Manager for Monitoring Firm			Telephon	ie No.			none N 262-5			License No.	•			
Start Date (10) 7/30 / 19	Schedule 9		pletfon D	Date (11)		7.55		HA Monitor nvironmen	tal S	ervicer Inc.				
Occupancy Status During Abatement (Chec	k Only On	e)					Addre		-					
Facility Closed/Vacated During Entire   Abatement Performed Outside of Nom Other – Describe:						City, S	itate, Z	er Street Lip Code						
						Haci	censa	ck, NJ 076	306					
Scope of Work (Check All That Apply)	Property.					lea	tag .							
≥3 sf or ≥3 if ≥160 sf or ≥260 if		lenova Jemoliti					Mi	II Containme ni-Enclosure ovebag Proce on-Exempted	edure				_	
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Location of	1	Normal	ly		Dag	scription	ı of					Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/		os Conti thermal	aining A system dng, VA	Materia s Insul NT, or		(8	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								-		, fe	0
OUTSINE	-		×		Roo	FIN	<u> </u>		4	800 SF	X			
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Name of Registered Waste Hauler Newark Carting Inc.		H	JUDEP W lauler ID 4509		Cubic of Was		,	A COMPANY OF THE PROPERTY OF T		ered Landfill al Sanitary	Lan	dfill		
City, State . Newark, NJ 07105					Dispos	sal Date		City, State		A 08072	=2:400	raents		
Completed by R. McDonald	Title Pres	ident				ignatur		PMS	9	ld Dat	e	oli	9	



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

Check # 1 273

Date of Notification (1) 7/22/19		N	lame of I	Building Owner/O	operator 7766	(2) IT UR	BAN RE	SUEWAL	-L	LC	,	. F
Agencies Notified Type Notification		S	Street Ad	dress JE GAT	EHA	LL DR	IVE, Su	1762	01		L	
X EPA Initial Amended Amendment		_	City, State	e, Zip Code S; NPANY,	N	T 07	054	AUG	- 6	3 20	19 -	
DOH Emergency (I justification)  DCA Cancellation	ncluding	N	lame of	Contact  PASMU			Tel	ephone Numb	)er			<u>.</u>
N	Di (0)		FACIL	ITY INFORMAT	ION	T	Mari I more	Life	er ji ve	ilde	are there	nt run te
Name of Facility Where Abatement is Taking	Place (3)					Sch	acility (4) ool (K-12)	V - K 400				
Street Address 34 BANK STREET	-					X Other	chapter 8 (Oth er (i.e. private )	& commercial	buildi	ings, l	nome	3,
City (5) DETCONG					E(	Square F		f Floors	1 000	dg. Ag 60	je	
County (6) MORRIS			County C	ode (7) SE ONLY)			Jse (Prior if be CE140UE			DEN	7G	
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.			ent Contractor acting Inc.	(9)				
Street Address	4.5.00					t Address Vreeland	d Ave.					
City, State, Zip Code						State, Zip C and Park	ode NJ 07432					
Project Manager for Monitoring Firm		17	Telephor	ne No.	Telep	hone No.		License No	•			
Start Date (10) POSTP	Schedule	d/Com	pletfon D	Date (11)	Name	of OSHA						
Occupancy Status During Abatement (Chec					Stree	t Address						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of A al Facility	batem Hours	ent			Huyler S State, Zip C						
Other – Describe:					Had	kensack,	NJ 07606					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovai emoliti			-		ontainment wit	h Negative Pr	essur	е		
A 2750 57 51 2250 11		00			[	Glovel	bag Procedure					
	le le	Locati	00			NON-E	xempted (*) a	no ivon-Friabil			ment	
Location of	N	lormal	ly	D	escriptio	n of				Ту	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mai Cust	d Sole intenar odial S (12)	nce/ Staff?	surf	ntaining al systen acing, V miscella	ns insulatio AT, or	n,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								w	
OUTSINE			×	R	OFIL	16-	9	+ 800 SF	X			
Name of Registered Waste Hauler		10000	JDEP W	/aste Cubi	c Yards	1	Name of Regis	tered Landfill		<u></u>		
Newark Carting Inc.			lauler ID 4509		aste 60	150	Grand Cent	ral Sanitary	Lar	dfill		
City, State Newark, NJ 07105					psal Dat		City, State Pen Argyl, I	PA 08072				
Completed by R. McDonald	Title Presi	ident			Signatu	ire //C.	Melon	ld Da	te /	0/1	9	

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Date of Notification (1) 8/2/19	7			of Building Itain Lak				ation	K						
Agencies Notified Type Notification				Address	.63 00	aru or E	Lauc	alion		AU	G -	6	201	9	11 100
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DEP Amended				ate, Zip C				-		- CDPC	700	00	A CTTO	21.0	
X DOL Amendmen Emergency		-	2,500	tain Lak	es NJ	07046	6			ASBES L	JOE JOE			JL č	
DOH justification)				of Contact Dunn				Soun		ephone				remestrate.	AUTO-PARK
Cancellation				ILITY INF	ORMAT	ION			97	3-294	-032	0			
Name of Facility Where Abatement is Takir	g Place (	3)	.,,,		ORMAT	1011	Тур	e of Facility	(4)					25.24.00	
Mountain Lakes High School							×	School (K-							
Street Address 96 Powerville Road								Subchapter Other (i.e. p					dinae	home	20
City (5)								etc.)		10000 - 10000 NZ	30000000		2001107000		
Mountain Lakes							1000000	are Feet 000	1 1 0	f Floors			ildg. <i>A</i> '5	ge	
County (6)		T		Code (7)				rent Use (Pri		ing dem	olishe			-	
Morris			(STATE	USE ONLY	)	-		nool		Ü					
Name of Monitoring Firm Hired by Building	Owner (8)	)	ASC	И No.				atement Cor		Toleran and the second					
Street Address			1			ABS	1.0000000	rironmenta	I Sen	rices. L	LC		4		
							2000	ess 483, 4 E G	ate D	rive					
City, State, Zip Code								Zip Code				-			
						Glen	WOO	d, NJ 074	18						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-		No. 2276		Licens 703	e No.				
Start Date (10)	Schedul	ed Cor	npletion	Date (11)		1000	\$15555E	HA Monitor		100	H-FOXTI	-			
8/12/19	8/26/1														
Occupancy Status During Abatement (Chec						Street	Addre	ess							
Facility Closed/Vacated During Entire   X Abatement Performed Outside of Norm Other – Describe:	Period of A	Abaten / Hours	nent			City, S	tate, 2	Zip Code			,				
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit	tion ion			×	Mi	ull Containme ini-Enclosure ovebag Proc on-Exempted	edure						
	Is	Locati	on						7					ment	
Location of		Normal d Sole			De	scription	of				-		Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/			taining M systems				mount Specify		ת		Ē	Е
In Facility (13)	Cust	todial 8 (12)	Staff?	,	surfa	cing, VA	T, or			or LF)		Remova	Repair	caps	Enclosure
(1.5)	Yes	No	N/A		otheri	niscenari	eous					val	air	Encapsulate	ure
Classroom 164			х		glue de	ots fron	n wa	11	8	3 SF	1	<			$\dashv$
Classroom 166									8	SF	-	<			
Classroom 168										SF		ς .			
					-										
Name of Registered Waste Hauler	1	100	JDEP W			Yards		Name of I	Registe	red Land	dfill				-
ABS Environmental Services		1 5335	auler ID 04248	No.	of Was	ste		Chrin B	. 3			Lar	dfill		
City, State Glenwood, NJ					Dispos	sal Date		City, State							
Completed by	Title					ignature		Lasion,	177		Date				_
A. Scott Higgins	Presi	dent				100 m		U	_		8/2/				

JN 13329

B&G proj. #: 2019-173

# State of NJ Notification of Aspestos Abatement (Pursuant to NJAC 8 60-7 and 12 120-7) \*\*\* EMERGENCY

Check # 9473

				L EWER	GEN	A . com	Chec	(# 94/3				
Date of Notification (1)	)	Name	of Building Ow	ner/Operator (2	)			r e	P 1	ПГ	fi te	T) James C
0  8   / 10 11 /	11191	1 1	Lawn Publi				IID)-	EG				
	ype Notification		Address				110	-				
☐ DEP	Initial	11	)1 Fair Lawı	n Avenue			A STATE OF THE STA	AUG	- 6	20	19	The state of the s
X DOL	Amendm		ate, Zip Code Lawn, NJ (	77410					See 175 horizon	The second	- North and the	
M DOH			f Contact	77410				ASBESTO			OL 8	દ
□ DCA □	Cancellat	ion					Telepho	ne Numbe	ENO	100	ne one one	-
		BLO	oke Bartley				201-7	94-5500	)			
				CILITY INFORM	IATIO	Ň						
Name of facility where							Type of Facility					
Memorial Middle	School (No	ON Sub 8)					=	ol (K - 12)		h = = 1.	( 10)	
Street Address					-		100000	hapter 8 (0 Private/0)				
12-00 1st Street							Bldgs	./Homes, e	etc.			
City (5)		County (6)			Col	unty Code (7)	Square Feet	# of Floo	rs	В	ldg. A	ge
Fair Lawn						ate use only)	Current Use (F	Prior if beir	na den	nolish	ed)	
		Bergen					school NON				/	
Name of Monitoring Fi Garden State E				ASCM No.		Name of Abatement C						
Street Address						B & G Restoration	on, Inc.					12
555 Broad Stree	et Suite K					Street Address 105 Ryerson Ro	ad					
City, State, Zip Code					_	City, State, Zip Code	au .		-	-		-
Glen Rock, NJ (	07452			2)		Lincoln Park, N	J 07035					
Project Manager for Mo	nitoring Firm		Phone Numb	ber		Telephone Number		License	Numb	per		
Richard Lester			201-652-1	1119		(973)696-6869		00	378			
Scheduled Start Date (1	10)	Sched. Com	oletion Date (1	1)		Name of OSHA Monito						
08/02/2019		08/06/20	19			B & G Restoration	on, Inc.					
Occupancy Status Durin	ng Abatement	Check only on	e)		-	105 Ryerson Ro	ad					
Facility closed/var	cated during e	ntire period of a	batement.			City, State, Zip Code			-			
Abatement perfor Describe:		(F)	hours-			Line D. I. N.						
Other-Describe:		m			_	Lincoln Park, NJ	07035					
Scope of Work (check					_							
	_	Renovation			0	Full Containment w/nega	ative pressure	Glove				
		160 sf or ≥260 lf			X i	Mini-enclosure		Non-f	riable p	огосе	dure	
Location of asbestos-contain	1 1	s location norm by maintenance					^		R	R	E n	E
material to be		staff(12)		Description material (		sbestos-containing	Amount (Specify S	SF or	m o	р	С	n
abated in facility (	(13)	Yes No	N/A	1	3.5		LF)		v	a i	a p	L
1st flo classroom			×	1 pipe within	agig r	e chase (wrap & cui	t) 24 LF		e	h	·	H
						(11.00	27 27 21				H	
					-							
Registered Waste Haule	r	NJDEP Hau	ler ID# 10	Subic Yards of V	Masta	INome of Desister 11	1511					
B & G Restoration		19563		1	vasie	Name of Registered L Grand Cent	andīlii tral Landfill					
City, State Lincoln Park, NJ			Disposal D	Date 8/06/19		City, State Pen Argyle,		OCH LANG.			•	
Completed by (Print or T		itle	=1===	Signature		Gordana Luna	75	Date			v	
Outualla Luna		Secretary/Tre	asurer			Jordana Luna		08/0	1/201	9		

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1 1217		NOTIF	CATION	ate of New I OF ASBE to NJAC 8	Jersey STOS ABAT :60 and 12:1	EMEI 20)	NT	IK			$\forall$	5
Date of Notification (1)					owner/Operate		F HOUSING	H A	<del>}G =</del>	6 2	2019	- Andrews
Agencies Notified Type Notificati	on		Street A		TE STREE	ΕT		ASBES	STOS			- &
X DEP Amended X DOL Amendm	ent #1	_ [		ate, Zip Coo TON, NJ				9 P. C.	CHANGE CONTRACT	Million of the State of the Sta	TO STATE OF THE ST	PPER BLUM
DOH justification Cancellati				f Contact ROACH				Telephone No				
	******		FACI	LITY INFO	RMATION	_		TO A CANCELLO AND A CANCELLO THE CANCELLO				
Name of Facility Where Abatement is Ta 101-103 NEW YORK AVE	king Place (	3)	10 <del>50 11 11 11 11</del>			Ту	pe of Facility (4					
Street Address 101-103 NEW YORK AVE						×	Subchapter	8 (Other than K- ivate & commerc		dings	, home	∋s,
City (5) TRENTON						100000	quare Feet 500	# of Floors		31dg. A	Age	
County (6) MERCER				Code (7) USE ONLY)			rrent Use (Prio RIVATE RES	r if being demolis SIDENCE	shed)			
Name of Monitoring Firm Hired by Buildin A SEINE LIGHTHOUSE SOLUT			ASCN	l No.			Abatement Cont S TANK SEF					
Street Address PO BOX 354						et Add	dress BERTY AVE					
City, State, Zip Code SOUTH ORANGE, NJ 07079							, Zip Code DE, NJ 0720	5				
Project Manager for Monitoring Firm SARAH CALANDRA			Telepho 201-34	ne No. 19-2666	100	hone -462	e No. 2-7465	License 01316	No.			
Start Date (10) 08.16.19	Schedul 08.26.		npletion	Date (11)	100000000000000000000000000000000000000		SHA Monitor E LIGHTHO	USE SOLUT	IONS	LLC	;	
Occupancy Status During Abatement (Cl	neck Only Or	ne)			100000000000000000000000000000000000000	t Add						
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:					City,	State	( 354 , Zip Code   ORANGE,	NJ 07079				
Scope of Work (Check All That Apply)		-										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				Ě	Mini-Enclosure Glovebag Proce	nt with Negative edure (*) and Non-Fria			e.	
		Locati						. , ,		Abate	ement rpe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole iintenar todial S (12)	ly by nce/ Staff?	(i.e. tl	Description Descri	Mate ns ins AT, o	sulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
UPPER ROOF	Yes	No	N/A X	RO	OFING MA	ATF	RIAI	2400 SF	X		(D)	
LOWER ROOF			X						-			
ROOF			X		OFING MA			1200 SF 200 LF	X			
ame of Registered Waste Hauler EWARK CARTING		Н	JDEP W auler ID 1509		Cubic Yards of Waste		7.0000 CON 0000 0000 0000 0000	egistered Landfi MANAGEME		AND	FILL	
City, State EAST ORANGE, NJ					Disposal Dat	е	City, State PEN AR	GYLE, PA				
Completed by	Title	CEN	IANAG	ED	Signatu	re/	MOK	D	ate			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12-120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. AUG - 6 2019 /2019 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 **EPA** Initial Notification City, State, Zip Code ASBESTOS CONTROL & DEP Amended Notification #1 RAHWAY, NEW JERSEY 07065 LICENSING DOL Cancellation DOH Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** PATRICIA JOHNSON 732-594-2257 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 60 89.717 5 82 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY (STATE USE ONLY) UNION RESEARCH LABORATORY AND OFFICE FACILI Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 Sched. Completion Date (11) Expected State Date (10) Name of OSHA Monitor 7/ /19 12 / AMERISCI LABORATORIES INC /19 #11480 Month Day Year Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini Enclo >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR ENCAPSUL ENCLOS REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) H Yes No N/A BASEMENT-SOUTHWEST CORNER X PIPE INSULATION & PIPE FITTINGS 1,180 LF

ADDITION TO SCOPE: 2ND FLOOR NORTH WEST CORNER PIPE INSULATION X 210 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. 40 LYCOMING COUNTY RESOURCE MANAGEMENT SE 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State City, State MØNT ØMERY , PA 17752 Disposal Date FREEHOLD, NEW JERSEY 07/25-12/01/2019 Completed by (Print or Type) Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

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·			INO	(Pursi	uant to NJA	AC 8:6	ESTOS AB 30-7 and 12	ATEN	MENT		m) [	E ((		, []	$\mathbb{W}$
Date of Notification (1)					Na	ame o	f Building	Own	er/Operator	(2)	K	The second secon	de erun armen in	*******	**********
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Name of Facility Where Abatemer	nt is Ta	kina	Plac	e (3)	FACILITY	INFO	RMATION								
		9		J (J)				Typ	pe of Facilit						
MERCK SHARP & DOHME CORPO	DRATIC	NC						-	School (K						
								X	Subchapt	er 8 (Oth	er than	K-12)			
Street Address							- 174-27-47-17		Other (ie. quare Feet	T # of	Floors	ici. Dia	igs., h	omes	etc.)
126 EAST LINCOLN AVENUE - BU								1	89,717	" 01	5		DI	dg. Ag 82	е
	unty (	6)			Cou	unty C	ode (7)	Cur	rrent Use (P	rior if hair		oliobo	۵۱/	02	
RAHWAY UN	NOI				(STA	TE US	E ONLY)	RE	SEARCH LA	ABORAT	ORY AN	VID OF	u) EICE	EACI	
Name of Monitoring Firm Hired by	Build	ing O	wne	r (8)		I	ASCM No.	Nar	me of Abate	ment Co	ontracto	or (9)	TICL	TAGI	LI
ENVIRONMETAL HEALTH INVEST Street Address	IGATI	ONS,	INC.				104	PAF	R ENVIRON	IMENTAL	CORP	ORAT	TION		
655 WEST SHORE TRAIL								Stre	et Address						
City, State, Zip Code			_					313	SPOOK RO	OCK ROA	AD				
SPARTA	A. NEW	/ JEB	SEV	0787	1			City	, State, Zip	Code					
Project Manager for Monitoring Firm	.,	, ос. 1			e Number				FFERN, NE						
WILLIAM S. KERBEL, CIH				-729-5				1.0	ephone Num	iber	Lic	ense	Numb	er	
Expected State Date (10)		Sch			etion Date	(11)		_	-369-7500		111	01			
7 / 25 /19				2 /		1	/19		ne of OSHA ERISCI LAB		2150 111				
Month Day Year		Mo	onth		Day		Year	LUIVIL	LNISCI LAD	UHATU	HES IN	C	ħ	11480	)
Occupancy Status During Abatemen	t (Che	ck onl	y one	9)	A22 A2	2/2-32		Stre	et Address						
	uring l	=ntire	Perio	od of A	Abatement			117	EAST 30TH	STREE	T				
Abatement Performed Ou X Other - Describe: MO	NDAV	-EDI	nai r	acility	Hours - D 3:30 PM	escrib	e:			7-2-2	25)				
E. Journal Describe: NIO	NUAI	-FINIL	JAT	/ AIVI-3	3:30 PM			City,	State, Zip (	Code					
Scope of Work (Check all that apply)							Teull Contr	l	NEW	YORK,	NEW Y	ORK.	10016	3	
Demolition	X	Rend	ovatio	n		-	Mini Enclo	21111111111111111111111111111111111111	nt with Nega	ative Pres	ssure				
>3SF OR LF		• 1				X	Glovebag	Proce	edure						
X >160 SF OR 260 LF							Non-Friab	le Pro	cedure						
Location of		ls	Loca	tion		Descri	iption of As	besto	s-		-12	ΙΔ	haten	nent T	vno.
Asbestos-containing				used	C	Contair	ning Materia	al (AC	M)	Amo	ount	B	ID	I'm	
Material (ACM)		S	olely	by		(ie. 7	Thermal sys	stems		(Spe	ecify	REMO	REPAIR	N S	ENCL
TO BE ABATED in Facility (13)	Į.	Main	t/Cus	todial		nsulati	on, surfacir	ng, VA	AT,	SF o		10	I ≧	¥	
iii i aciiity (13)			taff (1			or oth	er miscella	neous	5)			OVAL	120	ENCAPSUL	.OSUR
PACEMENT COLUMN		Yes	IVO	N/A		_						1		F	Ī
BASEMENT-SOUTHWEST CORNER	3			X	PIPE INSI	ULATI	ON & PIPE	FITT	INGS	1,180 L	F	X			
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James of Desire															
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.		NJDE			Cubic Yard			Name	e of Register	red Land	fill	1		_	
325 HIGHWAY 33		Haule				40		LYCC	DMING COL	JNTY RE	SOURC	CE MA	NAG	EMEN	TSF
Dity, State		1	5939		D:			447 A	ALEXANDER	RDRIVE	ROUTE	E 15			. 52
FREEHOLD, NEW JERSEY					Disposal D			City,	State			9911			
Completed by (Print or Type)	Title				07/25-12/0	Signa		INON	TGOMERY	, PA 177	T	1	_		
BENJAMIN SANCHEZ		CTOP	OF	OPER	RATIONS	7					Date	/10	110	,	
	The second second	William Brown	-			. /	///	,			1 //	1 1 1/2	101	0.00	- 1

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Date of Notification (1)		rë.		1,000,000,000,000	e of Building O			111 111	AUG	- 6	201	9
8 / 2 /19				Stree	t Address							
Agencies Notified Type Notification	on			30 PF	ROSPECT AVE	NUE			mumouns	MARKET CONTRACT		enerous de
EPA Initial Not	l Notific		#5		State, Zip Code KENSACK, NEV	/ JEF	SEY 0760	1		DENS	ING	OL a
X DOH On Hold EMERGE		OTIF	ICATIO		e of Contact N O'NEIL			Telephone Numb 732-751-3384	er			
				CILITY IN	IFORMATION	-		720				
Name of Facility Where Abatement is Ta JERSEY SHORE UNIVERSITY MEDICAL			(3)			Туре				s hai	mes e	etc.)
Street Address 1945 STATE HWY, 33						1000000	uare Feet 000,000	# of Floors	Diag.	Bldg	. Age 37	10.7
City (5) County ( NEPTUNE OCEAN	6)				ty Code (7) USE ONLY)		ent Use (Pr	ior if being demoli	shed)	)		
Name of Monitoring Firm Hired by Build ENVIRONMENTAL TACTICS INC.	ling Ov	vner	(8)		ASCM No. 99	Nam	e of Abate	ment Contractor MENTAL CORPO		ON		
Street Address			***				et Address	201/ 2012				
64 BROAD STREET City, State, Zip Code						The Late Colonial Col	State, Zip	OCK ROAD Code				$\overline{}$
	WAN, I	٧J				SUF	FERN, NE	W YORK 10901				
Project Manager for Monitoring Firm		1000000		Number			phone Num			lumbe	r	
THOMAS GEIGER	10-1-		290-22		(4.4.)		369-7500 le of OSHA	1101				
Expected State Date (10) 6 / 6 /19	Sche	12		ion Date ( 30	/19	100000000000000000000000000000000000000		RONMENTAL				
Month Day Year  Occupancy Status During Abatement (Che Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: MONDA	eck only Entire of Norr	Perio	d of Ab acility F	lours - De	Year scribe:	1376	et Address 3 ROUTE 9 State, Zip WA	Code PPINGER FALLS.	, NY	12590		
Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF	Reno	ovatio	n		X Full Conta Mini-Enclo Glovebag Non-Friab	), Proce	edure	ative Pressure				
Location of		Locat			Description of As						ent Ty	/pe
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Main S	nally olely l t/Cus taff (1	todial	in	ontaining Materia (ie. Thermal sys sulation, surfacion or other miscella	stems	AT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
CTU ELOOP 1 P	1.00	110		VAT & MA	STIC			2,820 SF	х			
6TH FLOOR 1 B 6TH FLOOR 2A	+			VAT & MA		/IPLE	TF	3,050 SF	X			
6TH FLOOR 2B	+			VAT & MA		n LL	. —	1,620 SF	X	T		
6TH FLOOR 3A	+			VAT & MA	Contract Con			888 SF	X	T		
	1			VAT & MA	NORTH POWER			458 SF	X	1		
	H FLOOR 3B X							340 SF	X	+		$\vdash$
61H FLOOR 3	H FLOOR 3 X							340 SF	<u> </u>	$\vdash$	$\vdash$	
						10.7	,,,					
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	100000000000000000000000000000000000000	EP W er ID 913	No.		ds of Waste 40	GRA	AND CENTI	tered Landfill RAL SANITARY L	ANDI	FILL		
City, State NEWARK, NEW JERSEY 07105				Disposal D 05/13-12/3	30/19	PLA	State NF/BLD T	OWNSHIP, PA	<u>C/</u>	1	4	
Completed by (Print or Type) Titl BENJAMIN SANCHEZ DIF		R OF	OPER	ATIONS	Signature /	D	X)	Date	0/	' [ ]	17	

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				Nam	ne of I	Building C	wner/Operator	(2)	Ú			V	
Date of Notification (1)				HAC	KENS	SACK MEF	RIDIAN HEALTH			Alle	` -	6 2	019
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DEP Initial Noti DEP Amended DOL Cancellati	Notific					e, Zip Code SACK, NE\	W JERSEY 0760	1	ASB			CON'	
X DOH X On Hold EMERGE		NOTIF		ON BRIA	N O'I			Telephone 732-751-33		r			
Name of Facility Where Abatement is Ta	vina P	lace		ACILITY II	VFOR	MATION	Type of Facilit	v (A)					
value of Facility Where Abatement is Ta	ding i	lace	(5)				School (K						
JERSEY SHORE UNIVERSITY MEDICAL	CENT	ER						er 8 (Other the private & co			., hor	nes, e	etc.)
Street Address 1945 STATE HWY. 33							Square Feet 1,000,000	# of Flo	ors			ı. Age 37	Notes to
City (5) County (6 NEPTUNE OCEAN						de (7) E ONLY)	Current Use (P COMMERCIAL		demolish	ned)			
Name of Monitoring Firm Hired by Buildi ENVIRONMENTAL TACTICS INC.	ng Ov	wner (	(8)	•		SCM No. 99	Name of Abate				ON		
Street Address					-		Street Address	2011 55:5					
64 BROAD STREET Dity, State, Zip Code							313 SPOOK RO		0				
MATAV	I ,NAV	VJ					SUFFERN, NE		901				
Project Manager for Monitoring Firm			hone	Number			Telephone Nun		Licens	e Nu	ımbe	r	
THOMAS GEIGER			290-22				845-369-7500		1101				
Expected State Date (10)  6 / 6 /19  Month Day Year		d. Co 12 onth		tion Date 30 Day		/19 Year	Name of OSHA QUALITY ENV	3,000 P. D.	AL				
Occupancy Status During Abatement (Chee Facility Closed/Vacated During I Abatement Performed Outside of X Other - Describe: Monday - I	ck only Entire of Norr	y one) Period nal Fa	d of Alacility I	oatement Hours - De	scribe		Street Address 1376 ROUTE 9 City, State, Zip						
Participation of the property	Huay	7 alli-c	3.30 p	111	IV.	1- " o ·	WA	PPINGER F.		NY 12	2590		
Scope of Work (Check all that apply)  Demolition  >3SF OR LF	]Reno	vation	ו		X	Mini-Enclo Glovebag	Procedure	ative Pressu	ire				
X  >160 SF OR 260 LF	Γ.						le Procedure	Т			5 (280) (1)	-	00000
Location of Asbestos-containing		Locati nally u				iption of As ning Materi		Amour	nt F			ent Ty	
Material (ACM)	1000	olely b		Ŭ		Thermal sy		(Speci	fy	REMO	REPA	S	ENCL
TO BE ABATED in Facility (13)	S	t/Cust taff (1:	2)		sulati	on, surfaci er miscella	ng, VAT,	SF or L	.F)	OVAI	AIR	ENCAPSUL	LOSUR
STH FLOOR 1 B	Yes		N/A X	VAT & MA	STIC			2,820 SF	\ \ \	(			1
STH FLOOR 2A				VAT & MA	STIC	COM	MPLETED	3,050 SF		<			
6TH FLOOR 2B			х	VAT & MA	STIC			1,620 SF	>	<			
STH FLOOR 3A			Х	VAT & MA	STIC			888 SF	>	<			
STH FLOOR 3B			Х	VAT & MA	STIC			458 SF	>	<			
6TH FLOOR 3			Х	VAT & MA	STIC			340 SF	>	(			_
									-	-			-
Name of Registered Waste Hauler		EP Wa er ID N	20.000000000000000000000000000000000000	Cubic Yar	ds of '	Waste	Name of Regis			NDF	LL		L
NEWARK CARTING													
NEWARK CARTING 369 RAYMOND BLVD. City, State		913		Disposal D			City/State/				960	_	
NEWARK CARTING 369 RAYMOND BLVD.		913		Disposal D 05/13-12/3	30/19	ature /	City State PLAINFIELD T		PA /	1	1	10	

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Date of Notification (1)					e of Building KENSACK ME			4.11	^	0 05	240
6 / 5 /19				Stro	et Address			AU	G -	6 21	119
Agencies Notified Type Notificati	on				ROSPECT AV	ENUE					
EPA Initial No DEP X Amende DOL Cancella X DOH On Hold	tificatio		n #3	City, HAC	State, Zip Coo KENSACK, NI	de	7 07601	The same of the sa	TOS (		
x DCA EMERGI	ENCY	NOTI		ON BRIA	e of Contact N O'NEIL		Telephone N 732-751-338				
Name of Facility Where Abatement is Ta	lina I	21000	FA	CILITY IN	FORMATION		- 111: 745				
JERSEY SHORE UNIVERSITY MEDICAL			(3)			Sch	Facility (4) nool (K-12) nochapter 8 (Other tha er (ie. private & com	n K-12)	ge b	omas	etc.)
Street Address						Square	Feet # of Floor	s I		g. Age	
1945 STATE HWY. 33						1,000,	000 6			87	
City (5) County ( NEPTUNE OCEAN					ty Code (7) USE ONLY)	Current U	Jse (Prior if being de RCIAL	molishe	d)		
Name of Monitoring Firm Hired by Build ENVIRONMENTAL TACTICS INC.	ling O	wner	(8)		ASCM No.		Abatement Contrac		20 TH 10 W		
Street Address					99	Street Ad	/IRONMENTAL COF	RPORAT	ION		
64 BROAD STREET							OK ROCK ROAD				
City, State, Zip Code	WAN.	N1 1					e, Zip Code		37. 3		
Project Manager for Monitoring Firm	VVAIN,		phone N	Jumber			N, NEW YORK 1090 e Number II	icense	Numb	or	
THOMAS GEIGER			290-221			845-369-		101	Nullio	CI	
Expected State Date (10)	Sche			on Date (	[11]		OSHA Monitor	101			$\overline{}$
6 / 6 /19 Month Day Year	Mo	12 onth	1	30 Day	/19 Year	QUALITY	ENVIRONMENTAL				
Occupancy Status During Abatement (Che Facility Closed/Vacated During Abatement Performed Outside Other - Describe: Monday	Entire of Norr	Perio	d of Aba acility H	atement ours - De		Street Ad 1376 ROI City, Stat	UTE 9 e, Zip Code				
Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF	Reno	vatio	n		Mini-End Gloveba				12590	)	
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Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	s Main	taff (1	by todial	in	ontaining Mate (ie. Thermal s sulation, surfac or other miscell	ystems cing, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR 1 B			x v	AT & MA	STIC		2,820 SF	x			
6TH FLOOR 2A V			x v	AT & MA	STIC /		3,050 SF	X			
6TH FLOOR 2B				AT & MA			1,620 SF	X			
6TH FLOOR 3A			x v	AT & MA	STIC		888 SF	X			
6TH FLOOR 3B			x v	AT & MA	STIC		458 SF	X			
6TH FLOOR 3			x v	AT & MA	STIC		340 SF	Х			
	+							-	+	-	
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	_	P W er ID 913	No.		ls of Waste 40	GRAND (	Registered Landfill CENTRAL SANITAR	Y LAND	FILL		
City, State NEWARK, NEW JERSEY 07105				isposal D 5/13-12/3	0/19	City, State	TOWNSHIP, PA		_/	1	
Completed by (Print or Type) Title BENJAMIN SANCHEZ DIR		ROF	OPERA	ATIONS	Signature	1/8	X I	ate 6/	15/	19	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) HACKENSACK MERIDIAN HEALTH 10 Street Address /19 AUG - 6 2019 Agencies Notified Type Notification 30 PROSPECT AVENUE **FPA** Initial Notification City, State, Zip Code DEP Amended Notification HACKENSACK, NEW JERSEY 07601 ASBESTOS CONTROL & DOL Cancellation DOH On Hold Name of Contact Telephone Number ENDING DCA **EMERGENCY NOTIFICATION** BRIAN O'NEIL 732-751-3384 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) JERSEY SHORE UNIVERSITY MEDICAL CENTER Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 1945 STATE HWY. 33 1,000,000 City (5) County (6) County Code (7) Current Use (Prior if being demolished) **NEPTUNE OCEAN** (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMENTAL TACTICS INC. aa PAR ENVIRONMENTAL CORPORATION Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NJ SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 732-290-2217 845-369-7500 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 5 / QUALITY ENVIRONMENTAL 12 / 30 /19 Day Year Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 6:30 PM-2:30 AM City, State, Zip Code WAPPINGER FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Description of Asbestos-Location of Is Location Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCAPSUL REPAIR ENCLOSUR REMOVAL solely by Material (ACM) (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 6TH FLOOR 1 B VAT & MASTIC 2,820 SF X 6TH FLOOR 2A VAT & MASTIC 3,050 SF X 6TH FLOOR 2B VAT & MASTIC 1,620 SF X X 6TH FLOOR 3A VAT & MASTIC 888 SF X 6TH FLOOR 3B X VAT & MASTIC 458 SF X 6TH FLOOR 3 VAT & MASTIC 340 SF Х NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL **NEWARK CARTING** Hauler ID No. 369 RAYMOND BLVD. 913 City, State Disposal Date NEWARK, NEW JERSEY 07105 LAINFIELD TOWNSHIP, PA 05/13-12/30/19 Completed by (Print or Type) Signature Date 4 DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

	NO		State of TION OF A ant to NJAC	SBES	TOS ABAT		TOTAL TOTAL	26	418	39	\ /7 (=
Date of Notification (1)		(Fulsus	Nan	ne of E	Building O	wner/Operato		. 6	16	11	<u># 6</u>
5 / 2 /19			Stre	et Ado	fress		HD)				
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	otification ed Notifica ation	tion			, Zip Code SACK, NEV	V JERSEY 076	01 AS	SBEST	ros	CONT	ROL
X DOH On Hold		TICIO 4			Contact		Telephone Nun	nber -	DEN	SING	unera runume
I L DCA L EMERG	ENCY NO			AN O'N			732-751-3384				
Name of Facility Where Abatement is 1	aking Pla	ce (3)	FACILÍTY II	NFOR	MATION	Type of Facil	ity (4)	-			
JERSEY SHORE UNIVERSITY MEDICA	( <del>) -</del> ()					School (	K-12) oter 8 (Other than				W 077
Street Address						X Other (ie Square Feet	p. private & commo	ol. bldg		mes, g. Age	
1945 STATE HWY. 33						1,000,000	6			g. Aye 87	
City (5) County NEPTUNE OCEAN					de (7) ONLY)	Current Use (I COMMERCIA	Prior if being demo	olished	1)		
Name of Monitoring Firm Hired by Buil ENVIRONMENTAL TACTICS INC.	ding Own	er (8)		AS	SCM No 99		tement Contracto		ION		
Street Address					33	Street Address		UNAI	ION	-	-
64 BROAD STREET						313 SPOOK F	Neme of the end of				
City, State, Zip Code	AWAN, NJ					City, State, Zip	Code EW YORK 10901				
Project Manager for Monitoring Firm			e Number			Telephone Nu		ense N	Numbe	er	
THOMAS GEIGER		32-290-2				845-369-7500	110	01			
Expected State Date (10) 5 / 13 /19	Sched.	Comple 12 /	etion Date 30		/19	Name of OSH	[[전 전 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Month Day Year	Mont	h	Day	,	Year	QUALITY EN	/IRONMENTAL				
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: MONDA	g Entire Pe of Norma	riod of A	Abatement Hours - De M-2:30 AM		:	Street Address 1376 ROUTE City, State, Zip	9 Code	O. NIV	10500	8	
Scope of Work (Check all that apply)  Demolition  3SF OR LF  X >160 SF OR 260 LF	Renova	ation			Mini-Enclo Glovebag	inment with Ne	APPINGER FALLS gative Pressure	5, NY	12590		
Location of		cation	1	Descri	otion of As	bestos-		A	batem	ent T	уре
Asbestos-containing Material (ACM)		lly used	C		ing Materia		Amount	REMO	RE	EZ	ENCLO
TO BE ABATED		ustodial	in		hermal sys on, surfacir		(Specify SF or LF)	MO	REPAIR	ENCAPSUL	5
in Facility (13)	Staf	f (12)			er miscella		0. 0. 2. 7	VAL.	D D	USa	SUR
	Yes N						-	+	-	_	B
6TH FLOOR 1 B	+	X	VAT & MA				2,820 SF	X	-	-	$\vdash$
6TH FLOOR 2A	++	X	VAT & MA				3,050 SF	X	-	-	
6TH FLOOR 2B	++	X	VAT & MA				1,620 SF	X	-		$\vdash$
6TH FLOOR 3A	++	X	VAT & MA	a september			888 SF	X	+-	-	$\vdash$
6TH FLOOR 3B	-	X	VAT & MA				458 SF	X	-	-	$\vdash$
6TH FLOOR 3	++	X	VAT & MA	ASTIC			340 SF	X	-		$\vdash$
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Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Hauler 9		Cubic Yar	40	Vaste		stered Landfill RAL SANITARY	LANDI	FILL		
City, State NEWARK, NEW JERSEY 07105			Disposal E 05/13-12/3			City, State	OWNSHIP, PA			1	1
Completed by (Print or Type) Tit	le RECTOR (	OF OPE		Signa	ature	1/1	Dat	te	5/	3/	15

Date of Notification (1) August 5, 2019  Agencies Notified  EPA DEP DOL Amended Amendmen Emergency justification Cancellation  Name of Facility Where Abatement is Take Atlantic City Electric Company  Street Address 470 South Broadway	on  nt # y (includir	)	Name Atla Stree 5100	State of I ON OF AS ant to NJA e of Buildir ntic City t Address	SBESTOS C 8:60 an	S ABATE nd 12:12	(0)	IT	IB IIB	E (	0 [		$\mathbb{V}$	E
August 5, 2019  Agencies Notified  EPA DEP DOL Amended Amendmen Emergence justification Cancellation  Name of Facility Where Abatement is Tak Atlantic City Electric Company  Street Address 470 South Broadway	nt # y (includir n) on	ng	Stree 510	ntic City	ng Owner Electric	Operato								5
EPA DEP DEP DOL Amended Amendmen Emergency justification Cancellatio  Name of Facility Where Abatement is Taki Atlantic City Electric Company  Street Address 470 South Broadway	nt # y (includir n) on	ng	Stree 510			Comp	r (2) any		Tracks and	AU	G -	6 2	2019	THE STREET, AND
DEP Amended Amendmen  Model Doll Emergency justification Cancellation  Name of Facility Where Abatement is Take Atlantic City Electric Company  Street Address 470 South Broadway	y (includir n) on	ng		0 Hardin	a Hiahy					Constitution of the consti				E Publication
Name of Facility Where Abatement is Take Atlantic City Electric Company  Street Address 470 South Broadway	y (includir n) on	ng	City,	State, Zip	Code				1	ASSES	TOS	CONT	TROL	-8
Name of Facility Where Abatement is Take Atlantic City Electric Company Street Address 470 South Broadway	n	_		s Landir		08330			and the second section of the second		- CLI	ORGE	7	COMPACT VIEW NA
Atlantic City Electric Company Street Address 470 South Broadway			100	of Contaction of Contaction	27/					phone N 1-960-0		r		
Atlantic City Electric Company Street Address 470 South Broadway	ing Place	(3)	FA	CILITY IN	FORMAT	ION								
470 South Broadway	ing riace	(3)					Тур	e of Facility						
01: 15:							×	School (K- Subchapte Other (i.e.	r 8 (Othe	r than K- commer	12) cial bu	ilding	s, hor	nes,
City (5) Pennsville							Squ 120	etc.) are Feet )	# of	Floors		Bldg. >50	Age	
County (6) Salem			Count	y Code (7) E USE ONL	Y)		Curr	rent Use (Pri	or if bein	g demoli	- 1			
Name of Monitoring Firm Hired by Building	Owner (8	3)		M No.	.,	Name		mporary w						
Vertex	7	fk.				ecose	ervio	es, LLC	ill actor (	ਰ)				
Street Address 700 Turner Industrial Way						Street 3		ess itional Roa	ad			155		
City, State, Zip Code Aston, PA 19014								Zip Code \ 19341						
Project Manager for Monitoring Firm Dave Turotsy				one No. 558-8902	)	Telepho 484-8				License I	No.			
Start Date (10) 8/19/19	Schedu 8/23/1	led Co		Date (11)	The second second		of OS	HA Monitor		01101				
Occupancy Status During Abatement (Chec	DOMESTIC DESIGNATION OF THE PERSON OF THE PE					Street A		ess					727	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of nal Facilit	Abate y Hou	ment rs			City, Sta	ate, Z	e 130 Nort	th	_				
Scope of Work (Check All That Apply)						Cinna	min	son, NJ						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renov Demol				×	Mir	II Containme ni-Enclosure ovebag Proc n-Exempted	edure				-	
		Loca				- American	140	II-Exclipted	( ) and i	VUII-FIIAL	T PIC	Abate	emen	t
Location of Asbestos-Containing Material (ACM)	Use	Norma	ely by	Asher	Des tos Conta	cription o	of otori-	I (A CAA)	, ga		-	Ty	/pe	
TO BE ABATED In Facility (13)		intena todial (12)		(i.e.	thermal s	systems ing, VAT, iscellane	insula , or	ation,	Ame (Spe SF o	ecify	Removal	Repair	Encapsulate	Enclosure
Shack Control Deserve	Yes	No	N/A										ite	ro'
Shack Control Room  Interior of Shack control Room			X			ite Sidi			560		X			
			X		Ebor	ny Boar	d		160	SF	Х			
ame of Registered Waste Hauler			IJDEP W	/aste	Cubic Y	'arde		Name of R	agistoss	N Lander				
aste Management of South Jersey	/	1 33	lauler ID		of Wast 20			Salem C						
ity, State ridgeton, NJ					Disposa TBD	I Date		City, State Alloway,	NJ					
ompleted by ack Bally	Title Sr. Pr	roject	Manag	ger		nature n Ch	1	2010.		Da: 8/5	te 5/19			
SB-41 (R-06-08)				74K		MILK	1	July 1	(all as		-110		-	

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)   Name of Suliding Owner (2)   Trenton Board of Education   Sizer Address   Street Address   Stree	IN#13430	PAIDPI	urs	uai	nt	to <u>N</u>	I.J.A	<u>.C.</u> 8:60 and	112:1	20)		Chh	#	31	61	3	
Agencies Notified   Type Notification   Street Address   Table Prospect Street   Type Notification   Type Notified   Type Notification   Type Notified   Type Notified   Type Notification   Type of Facility (Notification   Type of	Date of Notification (1)			Na	ame	of E	uilding	Owner / Operat	or (2)		promo			л	Π.77		Anger
GEPA											III			U	$\mathbb{W}$	E	10
DEP   DOH   Amended   Emergency   Emerg		ation									1				RF TEXAS		7
DOL																	
DOH				10.00	7000		2.5					AU	3	1	2019		lad
DCA	10   12   12   12   12   13   13   14   15   15   15   15   15   15   15																Lucian
Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (K-12) NNN FRIABLE   Subchapter 8 (Other than K-12)   Subchapter 8 (Other than		•									1		Tele	pho	ne N	lumi	ber
Name of Facility Where Abatement is Taking Place (3)  Grace Dunn  Type of Facility (4)  School (K-12) NON FRIABLE  Street Address  401 Dayton Street  City (5)  Trenton  Mercer  City (5)  Trenton  Name of Monitoring Firm Hired by Building Owner (8)  Environmental Connection  Street Address  120 North Warren Street  City State & Zip Code  Trenton, NJ 8810  Project Manager for Monitoring Firm  Telephone Number  City State & Zip Code  Bristol, PA 19007  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Hours - 7am to 3pm  Describe: 7:00 AM to 3:30 PM  Facility Closed/Vacated During Entire Period of Abatement  Scope of Work (Check all that apply)  Abatement Performed Outside of Normal Hours - 7am to 3pm  Describe: 7:00 AM to 3:30 PM  Facility Closed/Vacated During Abatement  Cocupond During Abatement  Scope of Work (Check all that apply)  Abatement Performed Outside of Normal Hours - 7am to 3pm  Describe: 7:00 AM to 3:30 PM  Facility Closed/Vacated Malering  Abatement Performed Outside of Normal Hours - 7am to 3pm  Describe: 7:00 AM to 3:30 PM  Facility Closed/Vacated Bristol Firm Demolition  Abatement Performed Outside of Normal Hours - 7am to 3pm  Describe: 7:00 AM to 3:30 PM  Facility Closed/Vacated Malering  Material (ACM)  TO BE ABATED  Maintenance or  (12)  Yes No N/A  Multiple Classrooms  Name of Registered Landfill  Fairless Landfill  Abatement Type  Service Transport Inc.  Pairless Landfill  Fairless Hills, PA  Bate  Birdon  Bi	LI DCA LI Cano	ellation		Mi	r. D	way	ne Mo	osley		Ī	9	ASBEST	609	-65	6-49	00.	
Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (K-12) NON FRIABLE					FA	CILI	TY INF	ORMATION				L	וויבועו	DilAi	7	en all married and	er many teat
School (K-12) NON FRIABLE	Name of Facility Where Abateme	ent is Taking PI	ace	(3)					ility (4)					_			
401 Dayton Street										NON FR	RIABLE	1					
Apyton Street	Street Address							Subcha	pter 8 (	Other th	an K-1	2)					
Square Feet	401 Dayton Street							Other (i	.e. priva	ate & co	mmerc	ial build	ings, l	nom	es, e	etc.)	
City (5)																	W
Trenton	City (5)	County (6)	C	oun	ty C	ode	(7)	6000	0		3						
School	Trenton	Mercer						Current Use	(Prior i	f being o	demolis	shed)					
Environmental Connection   Bristol Environmental, Inc.									i.	J		,					
Environmental Connection   Bristol Environmental, Inc.	Name of Monitoring Firm Hired b	y Building Own	er (8	3)		AS	CM No	. Name of Aba	atemen	t Contra	ctor (9	)					
Street Address   Street Address   122 Beaver Street			<i>3</i> 71	10				Bristol Env	vironm	ental.	Inc.	,					
City, State & Zip Code   Trenton, NJ 08010   Bristol, PA 19007   City, State & Zip Code   Bristol, PA 19007   City, State & Zip Code   Bristol, PA 19007   City State & Zip Code   Bristol, PA 19007   City State & Zip Code   Bristol, PA 19007   City State & Zip Code   City State A 2000   City State & Zip Code   City State								Street Addre	ess					0.000			
Trenton, NJ 08010  Project Manager for Monitoring Firm Steve Mania Scheduled Start Date (10) 8/12/19 Scheduled Start Date (11) 8/16/19 Street Address 1/23 Beaver Street 1/23 Beaver Street 1/23 Beaver Street 1/23 Beaver Street 1/23 Seaver Street 1/24 Seaver Street 1/25 Seaver Street 1/25 Seaver Street 1/26 Since A James (10) 1/27 Since A James (10) 1/28 Since A James (10) 1/29 Since A James (10)								1123 Beav	er Stre	eet							
Project Manager for Monitoring Firm   Telephone Number   G09-392-4200   Telephone Number   G09-392-4200   Telephone Number   G09-392-4200   G215) 788-6040   G0509																	
Steve Mania   Scheduled Start Date (10)   Scheduled Completion Date (11)   8/16/19   Street Address   Stre			<b>-</b> .														
Scheduled Start Date (10) 8/12/19 Scheduled Completion Date (11) 8/16/19 Scheduled Start Date (10) 8/16/19 Scheduled Completion Date (11) 8/16/19 Scheduled Starts During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7:00 AM to 3:30 PM Facility Occupied During Abatement Scope of Work (Check all that apply)  23 sf or ≥3 if ≥ 160 sf ≥260 if Scope of Work (Check all that apply)  12 3 sf or ≥3 if Scope of Work (Check all that apply)  13 sheatered (ACM) Solely by Material (ACM) TO BE ABATED in Facility (13)  14 Secondarian of Asbestos-Containing Material (ACM) Solely by Maintenance or in Facility (13)  15 Location of Asbestos-Containing Material (ACM) Solely by Maintenance or in Facility (13)  16 Secondarian of Asbestos-Containing Material (ACM) Solely by Maintenance or in Facility (13)  17 Secondarian of Asbestos-Containing Material (ACM) Solely by Maintenance or in Facility (13)  16 Secondarian of Asbestos-Containing Material (ACM) Solely by Maintenance or (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Multiple Classrooms  18 Name of Registered Landfill Fairless Landfill Fairless Landfill Fairless Landfill Fairless Hills, PA  Completed By (Print or Type) Gino Pizzigoni  10 Signature Project Manager  10 Signature M				3.5			ber						Numb	per			
Strict   Strict   Street   S							`					00509					
Occupancy Status During Abatement (Check only one)		scrieduled Com				e (11	)										
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7:00 AM to 3:30 PM   Facility Occupied During Abatement   Facility		nent (Check on								ientai n	ic.					-	_
Abatement Performed Outside of Normal Hours – 7am to 3pm Describer. 7:00 AM to 3:30 PM Facility Occupied During Abatement    Scope of Work (Check all that apply)	Facility Closed/Vacated [	During Entire Pe	eriod	of A	Aba	teme	ent		370.733	of							
Describe: 7:00 AM to 3:30 PM Facility Occupied During Abatement    Scope of Work (Check all that apply)   Facility Occupied During Abatement												-	-				
Facility Occupied During Abatement   Scope of Work (Check all that apply)   Full Containment with Negative Pressure   Mini-Enclosure   Glove Bag Procedures   Non-Exempted and Non-Friable Procedure																	
Scope of Work (Check all that apply)								Diistoi, i A	13001								
≥3 sf or ≥3 if	Scope of Work (Check all that ap	ply)							7.2.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.					-		-	-
≥3 sf or ≥3 if										Full Cor	ntainm	ent with	Negat	tive	Pres	sure	9
Location of Abstestos-Containing Material (ACM) Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A   Nail Crete   916 SF			$\boxtimes$	R	end	ovati	on										
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Multiple Classrooms  Multiple Classrooms  Mane of Registered Waste Hauler  Service Transport Inc.  City, State Yardley, PA  Completed By (Print or Type)  Gino Pizzigoni  City State Project Manager  City State Project Manager  Is Location Normally Used Solely by Material (ACM) Asbestos-Containing (Specify SF or LF) Abestos-Containing (Specify SF or LF) Abetos-Containing Material (ACM) Service Transport Inc.  City, State Project Manager  Description of Asbestos-Containing (Specify SF or LF) Abetos-Containing Material (ACM) Asbestos-Containing Material (ACM) Service Transport Inc.  City, State Project Manager  Description of Asbestos-Containing Material (ACM) Sepacify SF or LF)  Remove (Specify SF or LF) Remove	≥160 sf ≥260 lf			D	em	olitic	n			Glove B	ag Pro	cedures	3				
Asbestos-Containing Material (ACM) (ACM) Maintenance or Custodial Staff? (12) Yes No N/A  Multiple Classrooms Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A  Multiple Classrooms Nail Crete 916 SF No N/A  Name of Registered Waste Hauler NJDEP Waste Hauler ID No. City, State Yardley, PA  Completed By (Print or Type) Gino Pizzigoni  Normally Used Solely by Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Name of Registered Landfill  Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Namic Crete 916 SF No N/A  Name of Registered Landfill  Name of Registered Landfill  Fairless Landfill  City, State  Yardley, PA  Completed By (Print or Type)  Gino Pizzigoni  Normally Used Solely by Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Naterial (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Naterial (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Naterial (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Naterial (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Naterial (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Naterial (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Naterial (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Naterial (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Naterial (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)							,			Non-Exe	empted	d and No					
Material (ACM) TO BE ABATED in Facility (13)  Multiple Classrooms  Material (ACM) (13)  Multiple Classrooms  Material (ACM) (13)  Multiple Classrooms  Multiple Classrooms  Material (ACM) (1.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Mail Crete  916 SF  Material (ACM) (1.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Material (ACM) (1.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Material (ACM) (1.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Nail Crete  916 SF  Material (ACM) (1.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Nail Crete  916 SF  Material (ACM) (1.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Nail Crete  916 SF  Material (ACM) (1.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Nail Crete  916 SF  Material (ACM) (1.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Nail Crete  916 SF  Material (ACM) (1.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Nail Crete  916 SF  Material (ACM) (1.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Nail Crete  916 SF  Material (ACM) (1.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Nail Crete  916 SF  Material (ACM) (1.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Nail Crete  916 SF  Material (ACM) (1.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Nail Crete  916 SF  Material (ACM) (1.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Nail Crete  916 SF  Material (ACM) (1.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Nail Crete  916 SF  Material (ACM) (1.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Nail Crete  916 SF  Material (ACM) (1.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Nail Crete  916 SF  Material (ACM) (1.e., thermal systems insula											(5)			Aba	teme	ent T	ype
Maintenance or Custodial Staff? (12)   Yes   No   N/A   Nail Crete   916 SF		,															
Multiple Classrooms											01	or LF)		R	71	nc	E E
Multiple Classrooms		11					l i							ome	(epa	aps	clsc
Multiple Classrooms	(13)	L						or other miscell	aneous	s)				val	₩.	ula	ure
Name of Registered Waste Hauler  Service Transport Inc.  City, State Yardley, PA  Completed By (Print or Type)  Gino Pizzigoni  City, State Project Manager  NJDEP Waste   Cubic Yards of Waste   Cubic Yards			Yes			N/A		10								O	
Service Transport Inc.    Hauler ID No. 20990   5 Cu yd   Fairless Landfill	Multiple Classrooms						7	Nail Cre	te		9	16 SF	[		X		
Service Transport Inc.    Hauler ID No. 20990   5 Cu yd   Fairless Landfill				L									[				
Service Transport Inc.    Hauler ID No. 20990   5 Cu yd   Fairless Landfill										4							
Service Transport Inc.    Hauler ID No. 20990   5 Cu yd   Fairless Landfill																	
Service Transport Inc.    Hauler ID No. 20990   5 Cu yd   Fairless Landfill				L													
Service Transport Inc.    Hauler ID No. 20990   5 Cu yd   Fairless Landfill																	
Service Transport Inc.  20990  5 Cu yd  Fairless Landfill  Disposal Date 8/16/19  City, State Fairless Hills, PA  Title Project Manager  Fairless Landfill  Disposal Date Fairless Hills, PA  Date 8/2/19	Name of Registered Waste Haule	ır					XXXXXX		Name	of Regi	stered	Landfill					
City, State Yardley, PA  Completed By (Print or Type)  Gino Pizzigoni  Disposal Date 8/16/19  Fairless Hills, PA  Date Project Manager  Disposal Date 8/16/19  Fairless Hills, PA  Date 8/2/19	Service Transport Inc			100			O No.										
Yardley, PA  Completed By (Print or Type)  Gino Pizzigoni  Title Project Manager  Signature  Project Manager  Date 8/2/19				4	209	90					ndfill						
Completed By (Print or Type)  Gino Pizzigoni  Title Project Manager  Signature  Project Manager  Date 8/2/19																	
Gino Pizzigoni  Project Manager  Project Manager  Project Manager				1-	Ti41				Fairle	ess Hill	s, PA	)					
Manager / MO MY DIGOR / 4 102113				- 1									Da				
GI 10185	Citio Fizzigotti			- 1				MIMARI	Mm	JAMA	· /	OK-	8/	2/1	9		
	GI 10185				vial	layt	1	10100 170	11	10,0	1	P.		- 22.00			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT CK# 1234 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 08/02/2019 Erin Leslie Agencies Notified Type Notification Street Address **EPA** Initial DEP Amended City, State, Zip Code × DOL Amendment # Chatham, NJ 07928 Emergency (including × DOH Name of Contact justification) Telephone Number ON TROL & DCA Cancellation Erin FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private residence School (K-12) Street Address Subchapter 8 (Other than K-12) × Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Chatham County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Removal Safety LLC Street Address Street Address 8 Crosby Ave City, State, Zip Code City, State, Zip Code Paterson, NJ 07502 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-400-8711 01332 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/11/2019 08/15/2019 Same as (9) Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code × Other - Describe: 8:00am - 4:30pm Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Normally Location of Type Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) TO BE ABATED Maintenance/ Amount (i.e. thermal systems insulation, Encapsulate Custodial Staff? In Facility (Specify Enclosure Removal surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X Floor tiles 350 SF X X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Removal Safety LLC of Waste Fairless 0037007 2 City, State Disposal Date City, State Paterson, NJ TBD Morrisville, PA Completed by Title Şignature Date Lasko Veskov President 08/02/2019

Inv# 13315

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CK 2252 PA		) NOT	FIFICATI (Pursua)	ON OF A	SBESTO AC 8:60 a	S ABATI	EMENT 20)	- Comme			~	N FOR COURSE	-			
Date of Notification (1) 8/2/19	Name	Name of Building Owner/Operator (2)					EC	E		7 [						
		abeth S			11/25											
	Stree	t Address			AUG	- 6	201	Q.								
EPA Initial Amended			City	State, Zip	Codo		tool land	7100	U	LUI	J	l lane				
X DOL Amendme	ent#			dell, NJ												
DOH Emergence justification		of Conta		ASBESTOS CONTROL &												
DCA Cancellati		abeth So		Treehine Mambellan												
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY IN	FORMA	TION			_							
Residential Home	mig i idoo	. (0)					Type of Facil									
Street Address				Subch					ol (K-12) papter 8 (Other than K-12)							
19				X Other (					(i.e. private & commercial buildings, homes,							
City (5) Oradell							etc.) Square Feet	#	of Floors	Bldg. Age						
County (6)							2100 2			65+/-						
Bergen			(STATE	Code (7)	Y)		Current Use (	eing demol	nolished)							
Name of Monitoring Firm Hired by Building	Owner (	8)		N 107000-10500			- Residential Home									
Project Manager	,	0,	ASCM No. Name				ne of Abatement Contractor (9) Stages Abatement									
Street Address							Address	ement								
City Other 71 City				Ave.												
City, State, Zip Code					, State, Zip Code											
Project Manager for Monitoring Firm	Teleph	one No.			Saddle Brook, NJ 07663											
	reichin	one No.			one No. 300-3184	License No. 01305										
Start Date (10) 8/5/19	mpletion	npletion Date (11) Name of OSHA N					- 1000									
Occupancy Status During Abatement (Che	8/7/19	-				01										
Facility Closed/Vacated During Entire			mant			Street /	Address									
Abatement Performed Outside of Non Other – Describe:	nent 'S			City, St	ate, Zip Code											
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 If	×	Renova	ation			П										
x ≥160 sf or ≥260 lf Demoli						H	Full Containment with Negative Pressure Mini-Enclosure									
					×	Glovebag Pr										
	Is	s Locat	ion				Non-Exempt	eu (*) an	a Non-Friai	ole Pro	Part Control					
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)  Norma Used Sole Maintena Custodial 3  (12)			lly		Des	cription o	of			Abatement Type						
				Asbes	tos Conta	aining Ma	iterial (ACM)	Amount				ш				
			Staff?	(1.6.	surfac	ermal systems insulation, surfacing, VAT, or			(Specify SF or LF)		Re	ncal	Encl			
(13)	-	1		other miscellar			ous)		01 21 )	Remova	Repair	Encapsulate	Enclosure			
P	Yes	No	N/A							-		ate	e.			
Basement	-	Х			Pip	e Wrap	)	7	1 LF	x						
Name of Registered Waste Hauler		IN	JDEP W	asto	Cubic Y	/orde	- 1.11									
All Stages Abatement Ha			auler ID 036592	No.	of Wast		Name of Registered Landfill Grand Central Sanitary Landfill									
City, State				Disposal Date												
Saddle Brook, NJ Completed by		TBD			Pen Argyl, PA											
Richard Cristofol Title President				Signatu			1//									
personne com est a tradition of the second s				lin	1111 /	8/2/19										

CKILLIS PA	AUD	NOT	FICATI	State of I	BESTO	SABATEME	NT (Y	N#	12	10	9			
Date of Notification (1) 08/02/2019				Pursuant to NJAC 8:60 and 12:120)  Name of Building Owner/Operator (2) Cedar Grove Board of Education  Check Vo. 1618						1.0/	F	Property.		
Agencies Notified Type Notification	Street	t Address Compton						618//	<u></u>					
☑ DEP ☐ Amended Amendment	Amendment #				Code New Je	rsey 07009			AUG 6 2010					
☐ DCA justification) ☐ Cancellation	Name Mario	of Contac Gaita	t			Telephon 973-239	e Number	ITRO G	1.8.					
Name of Facility Where Abatement is Taki	FA	CILITY IN	FORMAT		- 27. 70				- Anna Contraction	Opril a				
Administrative LRP Building				Type of Facility (4)										
Street Address 520 Pompton Ave							School (K-12)     Subchapter 8 (Other than K-12)     Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cedar Grove, New Jersey 07009						Square Fe 20,000	# of Floors 2			Bldg. Age 50+				
County (6) Essex			County Code (7) (STATE USE ONLY)			Current U	Current Use (Prior if being demolished) BOE Administration Building							
Name of Monitoring Firm Hired by Building AHERA Consultants, Inc.	ASCM No. 00057			Name of Abatement Contractor (9) Lilich Corporation										
Street Address P.O. Box 385			Street Address 246 Union Boulevard											
City, State, Zip Code Oceanville, New Jersey 08231							City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm John Smoyer	Telephone No 609-577-8801				lephone No. License No. 01104									
Start Date (10) 08/14/2019	(10) Scheduled Completion Date (11) 08/17/2019						Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One)  Signature Transport   Signature   Sign							Street Address 2333 Route 22 West							
☐ Abatement Performed Outside of Norm ☐ Other – Describe:	ent	City, State, Zip Code Union, NJ 07083												
Scope of Work (Check All That Apply)   ≥3 sf or ≥3 lf														
□ ≥160 sf or ≥260 lf		☐ Renovation ☐ Demolition					<ul> <li>☐ Full Containment with Negative Pressure</li> <li>☐ Mini-Enclosure</li> <li>☐ Glove Bag Procedure / Limited Containment &amp; Tent</li> <li>☒ Non-Exempted (*) and Non-Friable Procedure</li> </ul>							
· . •	ion			⊠ No	on-Exempted (*) a	Amou		Abate						
Location of Sheet Containing Material (ACM) Used Sole					1	Description of	(Spec		Ту					
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mair Custo	itenai	nce/ Asbestos Cor Staff? thermal sys			etaining Mater ems insulatio VAT, or er miscellaned			No.	Repair	Encapsulate	Enclosure		
Della- D	Yes	No	N/A						=		ate	re		
Boiler Room	X			Breech	ing, Boil	er (Wrap & Cure)		50 S	F X					
Boiler Room	X			Pipe In	sulation	(Wrap & Cu	ıre)	25 LI	FX					
3														
Name of Pagintared Windows														
High Corporation Ha			JDEP Waste Cubic Yauler ID No. of Wast 1/4			Traine of registered Editorial			dfill					
City, State Totowa, New Jersey					Disposa 08/17/2									
npleted by riana Olejarova Title President						gnatúre	SUA		Date 08/02/2	019				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 08 02 Saint Veronica School 1 19 Agencies Notified Type Notification Street Address **⊠** EPA \_\_Initial 4219 North Route 9 **⊠** DOLWD City, State, Zip Code ☑ DOH ASBESTOS CONTROL & Amendment #02 Howell, New Jersey 07731 Emergency (including LICENSING ☑ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Deacon Gino Esposito 732 370-3891 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Saint Veronica School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 4219 North Route 9 homes, etc.) City (5) Square Feet # of Floors Bldg. Age Howell 60,000 ~ 50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth **Elementary School** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni Associates, Inc. 00102 Neuber Environmental Services, Inc. Street Address Street Address 515 Grove Street, Suite 1B 1100 Grosser Road City, State, Zip Code City, State, Zip Code

Haddon Heights, NJ 08035	Gilbertsville, PA 19525												
Project Manager for Monitoring Firm	Telephone No.			No.	Telephone No.	License No.	License No.						
Jeremy Humble	856 547-0505			-0505	610 933-4332				00836				
Start Date (10)						Name of OSHA Monitor							
06 /26 /19(	Neuber Environmental Services												
Occupancy Status During Abatement (C	Street Address												
☐ Facility Closed/Vacated During Entire	1												
☐ Abatement Performed Outside of No	1100 Grosser Road												
Time of Abatement: 7AM-5PM/	PM-	AM		01.00	City, State, Zip Code								
		Gilbertsville, PA 19525											
Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	<ul> <li>         ⊠ Full Containment with Negative Pressure         □ Mini-Enclosure         □ Glovebag Procedure         □ Non-Exempted (*) and Non-Friable Procedure     </li> </ul>												
		Locat					1	Abatement Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Use Ma	Norma ed Sole iintena todial	ely by ince/	Asbe (i.e	Description o estos Containing Ma e., thermal systems i surfacing, VAT,	terial (ACM) nsulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
(13)	Yes	Yes No N/A			other miscellane	OI OI LI )	<u> </u>		ulate	ıre			
See Attached Spreadsheet				See At	tached Spreadsh	eet	See Attached		П	$\frac{1}{\Box}$			
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									П	П	П		
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Name of Registered Waste Hauler  Neuber Environmental Services, Inc.  Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.					Cubic Yards of Name of Registered Landfill Waste Monmouth County Recalmation Center								
City, State	, 1110.		00359	69	40		County Recair	natio	1 Ce	nter	V 		
Gilbertsville, PA				Ç.	Disposal Date  July-Aug 19	City, State Tinton Fal	ls, NJ						
	Title				Signature	-	Da	ite	_	-			
Pat Larney	Project	Mana	ager		March 1		1000	0 7		-3			