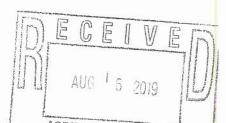
CK179	5 B A	AIL.	ОТ		CATIO		BE	Jersey STOS ABA 3:60 and 5:1			INVI	<u> </u>	13	79	(1) Language
Date of Notification (1) 08 /	14 /	10			2000			vner/Operator	(2)		JG I	g.	2019	Carles Land I ville	Service services
Agencies Notified		19				ınrise Se		Living			100	Ű,	(019	the Committee	-
⊠ EPA	Type Notific ☐ Initial	ation				et Address								j	
☑ DOLWD	Amende	d				02 West				ASBE	STOS	CON	TRO	Lå	
⊠ DOH	_ Amendm					State, Zip					LICEN	SAILS?			-
DCA (NJAC 5:23-8)	☐ Emergen justificati	ncy (inclu	ding	1		Lean, VA		102		1=					
(10/10 0.20-0)	☐ Cancella					ary Susk				Telephone					
								DMATION		703-854	-0884				4
Name of Facility Where Al	batement is 1	Taking P	lace	(3)	FA	CILITY	NFOI	RMATION	T	***					
Residential		raking i	acc	(0)					Type of Facility ☐ School (K-1	(18707)					
Street Address									Subchapter Other (i.e., phomes, etc.)	8 (Other than private and cor	K-12) nmercial	build	ings,		
City (5)									Square Feet	# of Floors	s	Bida	Age		\dashv
Franklin Lakes															
County (6) Bergen					Cou	nty Code (7	7)(STA	ATE USE ONLY)	Current Use (P	rior if being de	molished)			1
Name of Monitoring Firm H		ding Own	er (8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					\dashv
Mark Jovic Consulting	ng LLC								NAGEMENT L	č.					
Street Address							Str	eet Address		19-76		-			\dashv
87 Main Street, Suite	PΑ						2	7 Outwater I	ane						1
City, State, Zip Code	- C						City	y, State, Zip Co	ode			_			-
Lincoln Park, NJ 07							G	Barfield, NJ	07026						1
Project Manager for Monito	oring Firm				ephone		Tel	ephone No.		License No	0.				٦
Mark Jovic			1	P.O.	73-650		9	73-928-4888		1188					
Start Date (10)08 /23 /		Schedule 09			etion Da		100000000000000000000000000000000000000	me of OSHA M LL PRO MA	onitor NAGEMENT L	.LC					٦
Occupancy Status During /	Abatement (C	Check on	ly or	ne)			-	eet Address		7. 2		_		-	-
☐ Facility Closed/Vacated	During Entir	e Period	of A	bate	ement		2	7 Outwater L	ane						1
Abatement Performed C	Outside of No	rmal Fac	cility	Hou	rs - Des	cribe	City	, State, Zip Co	de		-	-		-	\dashv
Time of Abatement:		PM/_	_	_PM		AM	G	arfield, NJ	07026						1
Scope of Work (Check all t ≥3 sf or ≥3 if ≥160 sf or ≥260 if	hat apply)			novat noliti											
1 1				Loca orma				226 31				Abate	ment	Туре	
Location of Asbestos-Containing M			Jsed	Sol	ely by	Ashe	etne (Description of Containing Mat		A	2	7	о п	П	,
TO BE ABAT	ED				ance/ Staff?	(i.e	., the	rmal systems i	nsulation,	Amount (Specify		Repair	Cap	Enclosure	-
IN Facility (13)	£		_	(12)	_			urfacing, VAT, ner miscellaned		SF or LF) \(\frac{\pi}{2} \)		Encapsulate	sure	
Basement		Ye	-	No	N/A	Aircell	Pipe	Insulation		65 LF		3 0	-		1
Basement						Fitting I	Insul	lation		15 LF	E	+	+		+
Basement			-					II Panels		135 SF	_	-	-		+
Basement				П		Boiler E	xha	102/2010/02/2010	g Insulation	5 SF		-	-	11-	+
Name of Registered Waste	Hauler			7	JDEP V	& Dobri	-	ic Yards of	Name of Regis		12	ЯIГ	1 _		1
Newark Carting					lauler II 0283	-22070	Was		The state of the s	ntral Sanitar	y Landf	ill			
City, State							Disp	osal Date	City, State						-
Newark, NJ							T	BD	Pen Argyl,	PA					
Completed By (Print or Typ Allen Monchik	ne)	Title Proje	ect l	Man	ager			Signature	Monchik	6.	Date 8/14	/10			1

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

7) CONTINUATION SHEET



	T						1	10000		
	_			724 Franklin Avenue		Abateme	t-Type	L	CENSIA	ITROL 8
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	rmally Solely itenand	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a l	R e p a i	E n 1 c a p s u l	E n c l o s u r e	**************************************
	Yes	No	N/A							
1st Floor- Kitchen			Х	Fiberboard Panels	140 SF	Х				
1st Floor- Kitchen			Х	Linoleum	125 SF	Х				
	_	_							//	
		_								
	_	_	-							
	M) TO BE ABATED In culty (13) Maintenance/Cu odial Staff (12) Yes No N/A									
	_	-								
		\vdash								
		\vdash				-				
		\vdash								
	_	\vdash				-				
		\vdash								
	-									
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		_	_							
1	1									

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allen Monchik	Date: 8/14/19
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Date of Notification (1)	3795 SPA) NO	TIF	IC/	ATIO ursua	State of N N OF AS Int to NJ	BESTO AC 8:60	OS ABA and 5:1	IIM		C	E		$\overline{\mathbb{V}}$		M
08 /	14 /	_ 1	9				e of Buildin Inrise Sei			(2)	-	AUG	1 8	20)19		
Agencies Notified ☑ EPA ☑ DOLWD ☑ DOH	Type Notific Initial Amende	ed				79 City,	et Address 02 West I State, Zip (Code		The state of the s	ASB	ESTOS LIGIS	S CO	NT		See F	annel .
DCA	☐ Emerge	ncy (i		ıg			Lean, VA	No. of the last of						1000		THE STREET,	To be designed to the second
(NJAC 5:23-8)	justifical	STORES OF THE STORES				100000000000000000000000000000000000000	e of Contac					hone N		г			
							CILITY IN	-	ATION		70.	3-854-0	J884	_			
Name of Facility Where A Residential Street Address	batement is	Takin	g Place	e (3	3)			. Ortan	ATION	Type of Facility School (K-12 Subchapter Other (i.e., p	2) 3 (Other rivate a	r than K-	-12) merci	al bu	uilding]s,	
City (5)										homes, etc.) Square Feet		Floors		Грі	da ^		
Franklin Lakes										Oquate Feet	# 01	FIOOIS		BI	dg. A	ge	
County (6) Bergen						Cou	nty Code (7)(STATE (JSE ONLY)	Current Use (Pr	or if bei	ing dem	olishe	d)			
Name of Monitoring Firm		lding (Owner	(8)	1	ASCM	No.	The second second second		ent Contractor (9)							
Mark Jovic Consulti Street Address	ing LLC							ALL	PRO MA	NAGEMENT L	LC						
87 Main Street, Suite	۵.۸								Address								
City, State, Zip Code									utwater I								
Lincoln Park, NJ 07	035							ALCOHOLD STATE OF THE PARTY OF	ate, Zip Co								
Project Manager for Monit				Τī	eler	ohone	No	_	ield, NJ one No.	07026	11:				_		
Mark Jovic				1			-0932		928-4888			nse No. 88					
Start Date (10)		Sched	luled C	om	plet	ion Da	te (11)		of OSHA M			100					
08 /23 / _	19	_ (9_ /	_	30	_ / .	19	A CONTRACTOR		NAGEMENT LI	_C						
Occupancy Status During								Street A	Address	Walter and Street Property and		1.5					
☐ Facility Closed/Vacated	d During Enti	re Pe	riod of	Aba	aten	nent		27 0	utwater L	.ane							
Abatement Performed Time of Abatement:	AM-	ormai Pi	Facility //	y H	ours M-	s - Des	cribe AM	The state of the s	ate, Zip Co					_			
Scope of Work (Check all			i i i i i i i i i i i i i i i i i i i					Garfi	eld, NJ (07026							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	шас арріу)		□ Re 図 De						Mini-Enclosed Glovebag	ainment with Neg osure Procedure npted (*) and Nor			dure				
Location of	, f		100		cationall			2200						Aba	ateme	ent Ty	уре
Asbestos-Containing M	faterial (ACM	1)	Use	d S	olel	y by	Asbes		scription of	erial (ACM)	Δn	nount	Ī	Re	Re	щ	щ
TO BE ABAT IN Facility				todi	,	taff?	(i.e.	, thermal	systems in	nsulation,	(S	pecify or LF)		Remova	Repair	Encapsulate	Enclosure
(13)			Yes		2) lo	N/A		other n	niscellaneo	ous)		/		-		ulate	Ге
Attic					-	\boxtimes	Insulation	on Blan	ket over	Floor Joists	80	0 SF	-	X			
Exterior- Front & Rear	Overhang	s		Г			_		of Overh		1000	0 SF	_	X			
					-	П		5 -11 110	0. 0.0111	ungo	20	0 01	-	-		ᆜ	
													-			Ш	
Name of Registered Waste	e Hauler		ш	_	_	DEP V	Vaste I	Cubic Ya	arde of	Nome of David		- 450					
Newark Carting					На	uler IE 0283	CONTRACTOR DE	Waste	eeded	Name of Regist Grand Cent			Lanc	fill			
City, State								Disposa		City, State							
Newark, NJ		1						TBD		Pen Argyl,	PA						
Completed By (Print or Typ Allen Monchik	oe)	Title Pr	oject	Ma	na	ger			nature Illen	Monchik	,	- 1	Date 8/1	1/1	9		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

1/10/0				(P	ursua	ant to NJ	AC 8:60 and 5:	16)	MEG	E	\mathbb{V}	E	n
Date of Notification (1)					Nam	ne of Buildi	ng Owner/Operator	(2)	U)	<u> </u>			111
8/	14/	19	_		G	arden Sp	ires Urban Rene	wal, LP Job #1	1808-5369 Che		201	n	
Agencies Notified	Type Notifi	cation			Stree	et Address	P	- 1	H H AUG	0	- 201	3	1 -
⊠ EPA	☐ Initial				88	5 2 nd Ave	enue 31st Floor	1					-
⊠ DOLWD					City,	State, Zip	Code		ASBESTO	OS CC	NTR	OL 8	4
□ DHSS	Amendr				Ne	w York.	NY 10017	1		CENSI			Cost Williams
DCA (NJAC 5:23-8)	☐ Emerge justifical		uaing	1		e of Conta			Telephone Nu	mber			
(10/10/0.20/0)	☐ Cancella				700	ed Teiche	-		917-952-19				
					FA	CILITY	NFORMATION						
Name of Facility Where At	patement is	Taking F	Place	(3)	50.00			Type of Facility	(4)				
Garden Spires Apart	tments-Bu	uildina	175					School (K-1	_192				
Street Address								Subchapter	8 (Other than K-1				
175 1st Street								Other (i.e., p. homes, etc.)	orivate and comm	ercial b	uildin	js,	
City (5)					W.			Square Feet	# of Floors	I R	ldg. A	ne.	_
Newark, NJ								Oquale 1 eet	# 01110015	١	iug. 7	gc	
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use /Pr	rior if being demo	liched)			-
Essex					000	my obde (MOTATE GOE GIVETY	Current Ose (F)	nor it being demo	iisricu)			
Name of Monitoring Firm H	lired by Buil	ldina Ow	ner (8) [ASCM	No	Name of Abatem	ent Contractor (9)	\				-
Health & Safety Serv		iding Ow	1101 (,	AOOW	110.	AbateTech. I	3.15)				
Street Address							Street Address	116.					-
PO Box 365				9	1		5-5-4-11000000 S.C. S.A. S.A. A. T. T. T.	- DO D 25					
City, State, Zip Code			_				30 Maple Ave						
Berlin, NJ 08009					27.00	ereny nemn	City, State, Zip Co						
Project Manager for Monito	ring Eirm			-			Lumberton, I	NJ U6U46	Titana Na				
Jim Proctor	illig Film	-	erijet e		phone		Telephone No.	,	License No.				
Start Date (10)	1	Cabadula	10			-8850	609-265-2107	<u> </u>	00529				
3 / 28 /	2.002	Schedule 9					Name of OSHA N						1
		1			/ .	19	EMSL Analyt	icai					
Occupancy Status During A							Street Address						
☐ Facility Closed/Vacated ☐ Abatement Performed C							200 Route 13						
Time of Abatement:						AM	City, State, Zip Co						
						,,	Cinnaminson	i, NJ 08077					
Scope of Work (Check all the	nat apply)						□ Full Cont	tainment with Neg	rativo Proceuro				
≥3 sf or ≥3 lf		\boxtimes	Ren	ovati	on		☑ Mini-Enc	The state of the s	gative Flessule				
≥160 sf or ≥260 lf			Den	nolitio	n		⊠ Glovebag						
· / · · · · · · · · · · · · · · · · · ·			1- 1			Т	☐ Non-Exe	mpted (*) and No	n-Friable Proced				-
Location of				ocat ormal			Di-ti			Ab	1	ent Ty	
Asbestos-Containing Ma		1)	Used	Sole	ly by	Asbe	Description o stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATE				ntena	nce/ Staff?	(i.e	., thermal systems i		(Specify	Vou	air	aps	losi
IN Facility (13)		1	Justo	(12)	Jian :		surfacing, VAT, other miscellane		SF or LF)	<u>n</u>		ula	re
(10)		Y	es	No	N/A	1	other miscellanes	043)				le l	
(14) E Bathrooms 20 LF	each		1			Pipe Ins	sulation		280 LF				
location			-			•					=		
			-										
			1										
Name of Registered Waste	Hauler		878	1000	JDEP \	6.5 (1) (6.5	Cubic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.				H	auler II 18750		Waste 40	G.R.O.W.S	. Landfill				
City, State							Disposal Date	City, State				12-12-11	
Lumberton, NJ							9/30/19	Tullytown,	PA				
Completed By (Print or Type)	Title					Signature			ate			
Gwendolyn Trumbetti		Ope	ratio	ns (Coordi	nator	1/ 00			8-11	1-	di	

/	,			·		State of	New Jersey	F	PA		пл	F	printer
MOCK			NC				SBESTOS ABA JAC 8:60 and 5:		D)EG		\mathbb{V}		
Date of Notification (1)					Na	me of Ruild	ing Owner/Operator	(2)	17)				
8/	14 /	_	19		1,10	ICP&L/Fir	stEnergy Compa	any / Job #19	01-5435 Che	ck# ⁶	2019)	
	Type Not	ificatio	on		Str	eet Address	3	-	1				1
[T · · · · ·	☐ Initial				1	0 Legion	Place- Building	Α !	ASBEST			DL &	
☑ DOLWD [⊠ Amend		<i>u</i> =			, State, Zip			Lic	CENSI	VG.		in the house
	Amend Emerg		_	ina	100		n, NJ 07960						
(NJAC 5:23-8)	justific	ation)	(III Giddi	ing	Nar	ne of Conta	ict		Telephone N	Jumher			
	Cance				K	eith Slans	skv		973-955-				
							NFORMATION		070-333-	7002	-		
Name of Facility Where Aba	atement is	s Taki	ing Pla	ce (3)		ACILITI	NFORWATION	Type of Facility	. (4)				
NJ DOT			9	00 (0)			2	Type of Facilit					
Street Address					-			School (K-	۱۷) r 8 (Other than K	(-12)			
Route 71 & Asbury A	ve MM5	64 13	to Pf	71.5	2 Dool	I aka Dal	MARKEDE DO	Other (i.e.,	private and com	mercial I	buildir	igs,	
City (5)	ve mino	04.10	tort	. / / 0	x Deal	Lake Ku.	WIWI095.39	homes, etc	·				
Neptune, NJ								Square Feet	# of Floors	E	Bldg. A	Age	
County (6)					10-		7.407.77						
Monmouth					Col	unty Code (7)(STATE USE ONLY)	N 920	Prior if being dem	nolished)			
Name of Monitoring Firm Hir	and his Dis	il alta a	_	(0)	1100		1	Substation	100				
ATC Associates	ed by Bu	illaing	Owner	(8)	ASC	ЛNo.	Name of Abateme		9)				
Street Address							AbateTech, I	nc.					
3 Terri Lane							Street Address						
11(4)							30 Maple Ave						
City, State, Zip Code							City, State, Zip Co	ode					
Burlington, NJ 08016							Lumberton, N	NJ 08048					
Project Manager for Monitori	ng Firm					No.	Telephone No.		License No.				
John Lutz		25	Tara again.			1-7522	609-265-2107		00529				
Start Date (10)3						ate (11) 19	Name of OSHA M EMSL Analyti						
Occupancy Status During Ab	atement	(Chec	k only	one)		***	Street Address						
☐ Facility Closed/Vacated D	uring Ent	ire Pe	riod of	Abate	ment		200 Route 130	0 North					
Abatement Performed Ou	tside of N	lorma	l Facilit	y Hou	rs - De	scribe	City, State, Zip Co			4000			
Time of Abatement:	AM	PI	M/	PM		_AM	Cinnaminson						
Scope of Work (Check all tha	t apply)							, 110 00017			_	-	
≥3 sf or ≥3 if			-				☐ Full Conta	ainment with Ne	gative Pressure				
\(\sum_{\geq} \s				enovat			☐ Mini-Encl	7.77			23		
				month	511			Procedure	n-Friable Proced	dure			
			Is	Loca	tion	1		, , , ,		-	atem	ont T	vne
Location of				Norma			Description of	1		700	_		T
Asbestos-Containing Mate TO BE ABATED		/1)		d Sole		Asbes	stos Containing Mat	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility	2			todial	Staff?	(i.e.	, thermal systems in surfacing, VAT,		(Specify SF or LF)	SVOI	ai-	apsi	uso
(13)				(12)			other miscellaneo		Si Oi Li')	=		ulat	re
			Yes	No	N/A			70				o o	
Exterior Street Lights						Asbesto	s Conduit		90 LF				
•				П							П	П	П
					_						1] [
Name of Registered Waste Ha	uler		П	_	IDER	Most-	Cubia Vand	N				Ш	Ц
AbateTech, Inc.	auler			1000	JDEP \ auler I[98/2020/07	Cubic Yards of Waste	Name of Regis					
					18750	1	2	G.R.O.W.S	. Landfill				
City, State					A STATE OF THE STA		Disposal Date	City, State					
Lumberton, NJ							9/30/19	Tullytown,	PA				
Completed By (Print or Type)		Title					Signature	N	10	Date			
Gwen Trumbetti		0	perati	ons (Coordi	nator	1 / 001	1/1		Date S-11	i -1	4	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

NO(K				(Purs	uant to N	JA	C 8:60 and 5:	16)		'e [7 0		-	The state of the s	
Date of Notification (1)					Na	me of Build	ina	Owner/Operator	. (2)		1) 1	E C	15	1	W	厚
8/	14	/1	9			PSE&G /	iiig		(2) #1905-5480		KIT.	Check	#			
Agencies Notified	Type Not	tification	1		Str	eet Address	3					AUG	1	2 0	010	-
⊠ EPA	☐ Initial				4	1000 Hadle	ey l	Road	- Property and the Prop	ins (Ind #	7100) 2	019	4
☑ DOLWD ☑ DHSS			u.A			y, State, Zip					-	-	-			-
□ DCA	☐ Emerg	dment #		ina	100	South Plair			With supplemental states of the states of th		AS	BEST	os c	ONT	ROL	8
(NJAC 5:23-8)		cation)	noida	iiig	_	me of Conta		•	L_	- Carried	-	hone N	ノニハ	ING	- Contraction	962400
	☐ Cance	ellation			A	lex Layso	n					1-370-:				
								ORMATION			-10-	7-010-	3130			
Name of Facility Where Ab	atement i	is Takin	g Pla	ce (3)		AOILITTI	141	OKWATION	Type of Facili	b. //	`					
PSE&G- Runnemede				, ,					School (K-)					
Street Address		Mission in							☐ Subchapte	er 8 (Other	than K	-12)			
892 E. Evesham Roa	d								Other (i.e.,	priv	ate ar	nd com	mercia	l bui	dings	ġ
City (5)									homes, et	C.)	4 -6	Class.		DIA		
Glendora									Square Feet		# 01	Floors		Bla	g. Age	į.
County (6)					Co	unty Code (71/9	STATE USE ONLY)	Current Head	2-1	:61					
Gloucester						unty oode (/)(0	TATE OSE ONET)	Substation		it beli	ng dem	olishe	a)		
Name of Monitoring Firm H	ired by Bu	uildina C	Owne	(8)	ASCI	M No.	N	lame of Abateme	The American Strain Strain							
Health & Safety Servi				(0)	7,001	VI 140.		AbateTech, I		9)						
Street Address							-	Street Address	iic.							
PO Box 365									DO D 05							
City, State, Zip Code							_	30 Maple Ave								
Berlin, NJ 08009							1	ity, State, Zip Co Lumberton, N								
Project Manager for Monitor	ing Firm			Tel	ephone	a No	-	elephone No.	13 08048							
James Proctor				1		4-8850		609-265-2107				se No.				
Start Date (10)		Schedu	iled (1		ate (11)		ame of OSHA M			008	529				
5_ / _20 /						19		EMSL Analyti								
Occupancy Status During Al	- :						-		Cai		-				22	
☐ Facility Closed/Vacated [During Ent	ire Peri	od of	Abate	mont	ts 2		treet Address								
Abatement Performed Ou	utside of N	Normal F	Facilit	v Hou	rs - De	scribe		200 Route 130								
Time of Abatement:	AM	PM	/	PM		_AM	-	ty, State, Zip Co								
Scope of Work (Check all that	at annly)						,	Cinnaminson,	NJ 08077							
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		[novat									lure			
90-00-000				Locat										bate	ment	Type
Location of Asbestos-Containing Mat	erial (ACA	4)		Norma				Description of						1		1
TO BE ABATEI		"'	Ma	intena	nce/	Asbes (i.e.,	tos the	Containing Mate ermal systems in	erial (ACM)			ount ecify	Kemova	Veball	Encapsulate	Enclosure
IN Facility			Cust	odial (12)	Staff?		5	surfacing, VAT, o	or			r LF)	oval	=	nsd	Sur
(13)		Ι,	Yes	No	N/A	1	ot	ther miscellaneo	us)						late	0
See Attached						C A44-		_ 1					-	-	\perp	+
- Timorica			<u>_</u>			See Atta	cn	ea		Se	ee At	tache	d E	1 [
							_] [
		[
														1		
lame of Registered Waste H				100000	JDEP \			bic Yards of	Name of Regis							
Environmental Transpo	ort Grou	p, INC.		100	auler II 00069	S 2004 (2005)		ste 0	Grows-Fa	irles	ss La	ndfille	9		100	
Elandera N.I.							Disp	posal Date	City, State							
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 80 15 19 Bank of America Agencies Notified Type Notification Street Address **⊠** EPA 44 South Broadway **⊠** DOLWD ☐ Amended City, State, Zip Code □ DHSS Amendment # ASSESTOS CONTROL & White Plains, NY 10601 ☐ DCA ☐ Emergency (including LICENSING (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Dino Nappi 516-972-8809 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bank of America ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 303 Central Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Jersey City, NJ 5,000 1 45 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hudson Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ARCADIS U.S Inc. JVN Restoration Inc. Street Address Street Address 44 South Broadway 47 Foster Road City, State, Zip Code City, State, Zip Code White Plains, NY 10601 Staten Island NY 10309 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Dino Nappi 516-972-8809 718-605-6256 00774 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 14 / 19 09 / 29 / 19 **Testor Tech** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 10-59 Jackson Avenue Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM-2:00PM/11:30 PM-Saturday, Sunday 9:00 am to 3: 00 pm. LIC NY 11101 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ≥3 sf or >3 If □ Renovation ☐ Mini-Enclosure☐ Glovebag Proc ≥160 sf or ≥260 If ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Encapsulate Enclosure Removal Asbestos Containing Material (ACM) Repair Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st Floor Vault X Floor Tile and Mastic 90 SF M X П П X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. **Newark Carting** Waste Grand Central Sanitary Landfill NJ-566 15 City, State Disposal Date City, State Newark, NJ Pen Argyl, PA 09/29/2019 Completed By (Print or Type) Signature Date

State of New Jersey

ASB-41 MAY 11

Ralph Barnhardt

w#1375

09-15-19

Project Manager

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

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 15 19 Bank of America Agencies Notified Type Notification Street Address 16 2019 **⊠** EPA 44 South Broadway □ DOLWD ☐ Amended City, State, Zip Code □ DHSS Amendment # White Plains, NY 10601 ASSESTOS CONTRO! & ☐ DCA ☐ Emergency (including LICENSING (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Dino Nappi 516-972-8809 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bank of America School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 1 Deerfield Place homes, etc.) City (5) Square Feet # of Floors Bldg. Age Flanders, NJ 07836 5.000 1 45 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ARCADIS U.S Inc. JVN Restoration Inc Street Address Street Address 44 South Broadway 47 Foster Road City, State, Zip Code City, State, Zip Code White Plains, NY 10601 Staten Island NY 10309 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Dino Nappi 516-972-8809 718-605-6256 00774 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 14 / 19 09 / 29 / 19 **Testor Tech** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 10-59 Jackson Avenue Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _AM-2:00PM/11:30 PM-Saturday, LIC NY 11101 Sunday 9:00 am to 3: 00 pm. Scope of Work (Check all that apply) $\boxtimes \ge 3$ sf or >3 If □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Repair Enclosure Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes N/A No 1st Floor Vault \boxtimes Floor Tile and Mastic 90 SF X П X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Newark Carting Waste Grand Central Sanitary Landfill NJ-566 15 City, State Disposal Date City, State Newark, NJ 09/29/2019 Pen Argyl, PA Completed By (Print or Type) Signature Ralph Barnhardt Project Manager 08-15 ASB-41

State of New Jersey

MAY 11

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

State of New Jersey

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Date of Notification (1)	SPA		}						waren F	PEI	n W	E	[
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Street Address							200	treet Address							
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City, State, Zip Code White Plains, NY 106	204							ty, State, Zip Co							
Project Manager for Monit				-			-	Staten Island	NY 10309						
Dino Nappi	oring Firm				ephone		1 .	elephone No.		License N	0.				
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Ralph Barnhardt		Pro	oject	Man	ager			Antonio Salario			- 3.0				

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

Date of Notification (1)					Nan	ne of Buildir	ng O	wner/Operator	(2)					-	-
	29/	19	_			ank of Am			(-/						
Agencies Notified	Type Notifi	ication			Stre	et Address							-		
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City, State, Zip Code							Cit	ty, State, Zip Co	ode						
White Plains, NY 10							1	Staten Island	NY 10309						
Project Manager for Monit	oring Firm			Te	lephone	No.	Te	lephone No.		License No	٥.				- 3
Dino Nappi						2-8809	1	718-605-6256		00774					
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^{*} Do not use this form for asbestos licensure exempted activities.

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(NJAC 5:23-8)	justification		ora a m re	3	Name	of Contac	t			Telephone N	umber			
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City (5) Square Feet # of Floors Bldg. Age														
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City, State, Zip Code		61					City	, State, Zip Co	ode					\neg
Lincoln Park, NJ 07							G	arfield, NJ	07026					
Project Manager for Moni	toring Firm			Tele	phone	No.	Tel	ephone No.		License No.				
Mark Jovic				97	73-650	-0932	9	73-928-4888		1188				
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8 /	14	/	19					Owner/Operator		08 5531 Cha	al: #44	E20	010	Lan
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Valiant/JCP&L Pole		is rak	ing Pia	ce (3)					Type of Facili					
Street Address									School (K-	12) er 8 (Other than	K 12\			
212 Maine Street									Other (i.e.,	private and co	mmerci	al bui	ldings,	
City (5)									homes, etc	c.)				
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Project Manager for Monito	ring Eirm			17-1		K1	-	Lumberton, N	NJ 08048					
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	8/14		19	-		NJ DOT /		Owner/Operato Job	r (2) # 1905-5494		lad	AUG heck	#115	∠U 29	19	The same of the sa
		pe Notific	ication		St	reet Address	s				ACE	BESTO	NO CY	TIAC	201	0
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		Cancella				ana Kost				1	Telepho					
			MENTAL A	_							201-8	367-50	70			
	Name of Facility Where Abate	mont is	Talde - Di	(0)	- 1	ACILITY	NFC	DRMATION								
	Route 47 Pridge ever D	ement is	Taking Pi	ace (3)					Type of Facili	ty (4)					
	Route 47 Bridge over R Street Address	toute 25	95 Bridg	е					School (K-	12)						
								14	Subchapte Other (i.e.,	18 (Other th	an K-1	2)		Y	
	2 Cuter Avenue								homes, etc))	ate and	comm	erciai	Dullai	ngs,	
	City-(5)	No.							Square Feet	_	# of Flo	ors	T	Blda.	Age	
	Deptford, NJ)												3	.50	
	County (6)	/			Co	unty Code (7	7)(ST	ATE USE ONLY)	Current Use (F	Prior	if being	demol	ished)			
	Gloucester							5.0	Bridge		Joing	ucilioi	ionicu)			
-	Name of Monitoring Firm Hired	by Build	ding Owne	er (8)	ASC	M No.	Na	ame of Abatem	ent Contractor (9	2)			_			
	NA							AbateTech, I		,						
	Street Address						_	reet Address					_		-	
							- 1000		e. PO Box 25							
	City, State, Zip Code						_	y, State, Zip C								
	***						1 2	_umberton, I								
	Project Manager for Monitoring	Firm		Te	lephone	a No		lephone No.	NJ 00048							
					орион	5 140.		609-265-2107	eit		License	00.00				
1	Start Date (10)	Sc	cheduled	Compl	etion D	ate (11)		me of OSHA M			0052	9				
	<u>8</u> / <u>26</u> / 18					_19	1	MSL Analyti								
1	Occupancy Status During Abate								icai .	-				28		
1	☐ Facility Closed/Vacated Durin	na Entire	Doring	f Abat		1		eet Address								
	Abatement Performed Outsid	de of Nor	rmal Facil	ity Hou	rs - De	scribe		00 Route 13								
	Time of Abatement:A	AM	PM/	PM	- -	AM		, State, Zip Co								
ŀ	Scope of Work (Check all that ap						С	innaminson	, NJ 08077							
		ppiy)						П г .ш о				******				
	 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enovat				☐ Mini-Encl	ainment with Negosure	gativ	e Press	ure				
1	⊠ ≥100 st or ≥260 if			emoliti	on			Glovebag	Procedure							
T				s Loca	tion				npted (*) and No	n-Fr	iable Pr	ocedur	е			
	Location of			s Loca Norma									Ab	atem	ent T	уре
	Asbestos-Containing Material	(ACM)	Us	ed Sole	ely by	Asbest	tos C	Description of Containing Mate	erial (ACM)		Amour	_1	R	R	ш	Щ
	TO BE ABATED			aintena stodial		(i.e.,	ther	mal systems in	sulation.		(Speci		Remova	Repair	cap	clo
	IN Facility (13)		Ous	(12)	Olaii ?		St	urfacing, VAT,	or		SF or L		val	7	Encapsulate	Enclosure
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E	Beneath Bridge										<u> </u>					\square
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_				- 1	18750	4.7	40	8.7	FAIRLESS	Lan	dfill					
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	Lumberton, NJ						9/4	1/19	Morrisville,	PA						
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	Gwendolyn Trumbetti		Operati	ons C	oordi	nator		(nn M				1	4-	10	1
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⊠ DOH	Amenda					, State, Zip			į		LIUE			*******	
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(NJAC 5:23-8)	justificat Cancella					ne of Conta				Telephone I	Vumbe	٢			
	□ Caricella	uon				ilary Sus				703-854-	0884				
Name of Facility Where A	hatement is	Taking	Dlag	2 (2)	F	ACILITY	NFO	RMATION	T						
Residential	waternerit is	Taking	Place	e (3)					Type of Facility						
Street Address		-					2010-0		School (K-1		K-12)				
									Other (i.e.,	private and con	nmercia	al bu	ilding	js,	
City (5)				-					homes, etc. Square Feet	# of Floors		I DI	la A		
Franklin Lakes									Square Feet	# OI FIOOIS		BIG	lg. A	ge	
County (6)					Co	unty Code	(7)(ST/	ATE USE ONLY)	Current Use (P	rior if being der	nolishe	d)			
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Name of Monitoring Firm		ding O	wner	(8)	ASC	M No.	Na	me of Abateme	ent Contractor (9)					
Mark Jovic Consult	ing LLC						1	ALL PRO MA	NAGEMENT L	LC					
Street Address	V 1550						Str	eet Address							
87 Main Street, Suit	e A						2	7 Outwater	Lane						
City, State, Zip Code								y, State, Zip Co		T)					
Lincoln Park, NJ 07 Project Manager for Monit				1-				Sarfield, NJ	07026						
Mark Jovic	loning Firm				ephon			ephone No.		License No).				
Start Date (10)	T	Schod	ulad C	1		0-0932 ate (11)		73-928-4888		1188					
08/23/						19	100000	me of OSHA M	onitor NAGEMENT L	10					
Occupancy Status During	Abatement (Check	only	one)			-	eet Address				_			
□ Facility Closed/Vacate	d During Enti	re Peri	iod of	Abate	ement		10000	7 Outwater I	_ane						
Abatement Performed	Outside of No	ormal I	Facility	у Ног	irs - De	escribe		y, State, Zip Co				_	-	_	
Time of Abatement:		PIV	<i>u</i>	_PN		_AM	0	arfield, NJ	07026						
Scope of Work (Check all	that apply)														
≥3 sf or ≥3 lf	65		☐ Re	nova	ion			☐ Full Cont	ainment with Ne	gative Pressure	9				
≥160 sf or ≥260 lf			⊠ De	molit	on			☑ Glovebac	Procedure						
			Is	Loca	tion	1		⊠ Non-Exer	mpted (*) and No	n-Friable Proc					
Location of	of		1	Vorm	ally			Description o	f		-	Aba	_	ent Ty	
Asbestos-Containing N TO BE ABA		1)			ely by ance/	Asbe	estos	Containing Mai	terial (ACM)	Amount		Ren	Repair	Enc	Enclosure
IN Facility				todial	Staff?	(1.6		ermal systems i surfacing, VAT,		(Specify SF or LF)		Removal	air	aps	losu
(13)		-	Van	(12) No	1			her miscellane		0, 0, 1,		-		Encapsulate	re
Cellar, Furnace Room			Yes		N/A	-	Dino	Insulation	11	0515					
1st Floor- Hallway & K			_					er 12"x12" V	AT	65 LF	_				
1st Floor- Kitchen						12"x12			AI	270 SF	_	X			
1st Floor- Hallway						12"x12				210 SF	-				
Name of Registered Wast	e Hauler					Waste	_	oic Yards of	Name of Regis	60 SF		X	Ш	Ш	Ш
Newark Carting				1	Hauler	ID No.	Wa	ste	A CONTRACTOR OF THE PROPERTY O	stered Landfill ntral Sanitary	, 0 = -	tin.			
City, State					0283	1		s Needed		mai vailital)	Land	11111			
Newark, NJ							1 00	posal Date BD	City, State Pen Argyl,	DΛ					
Completed By (Print or Ty	pe)	Title					L.	Signature	I on Aigyl,		I D				
Allen Monchik			oject	Mar	ager				711- 1	/	Date				
SR-41			,,-0,		-501			Necen	Monchis	e	8/14	1/1	9		

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Date of Notification (1) 08 /	14 /	19			733	e of Buildir ne Wall M		wner/Operator	(2)			1	AUG	16	201	9	
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⊠ DOH	Amendm	ent#_				State, Zip		2		Lond	- ALTHAUTURE	VIII (100)	-		DOM:NAME		
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(NJAC 5:23-8)	justificati					of Contac	ct				Tele	phon	e Nun	nber			K
	☐ Cancella	tion			Ed	Koch					97	3-85	4-19	99 ext	322		
					FA	CILITY IN	VFO	RMATION									
Name of Facility Where A	Abatement is	Taking	Place	(3)					Type of Fa	cility (4	4)						
Residential									☐ School								
Street Address									Subcha	pter 8	(Othe	er tha	n K-1	2)	ildia		
									homes	etc.)	vale a	anu c	OHIHE	ei Ciai D	niidii i	3 5,	
City (5)						7970			Square Fe	et	# 0	f Floo	ors	В	dg. A	ge	
East Orange															50	20	
County (6)					Cou	nty Code (7)(STA	ATE USE ONLY)	Current Us	e (Prio	r if be	eing o	demoli	ished)			
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Name of Monitoring Firm		ding O	wner ((8)	ASCM	No.	Na	me of Abatem	ent Contract	or (9)						1100	-
Mark Jovic Consult	ing LLC							ALL PRO MA		2332	С						
Street Address							Str	eet Address									
87 Main Street, Suit	e A						2	7 Outwater	Lane								
City, State, Zip Code				A Para				y, State, Zip C	7 Yes (1970)						_	_	-
Lincoln Park, NJ 07	7035							Sarfield, NJ									
Project Manager for Monit	toring Firm			Tele	phone	No.	-	ephone No.			Lice	ense	No	-			
Mark Jovic					73-650		1	73-928-4888	:		1	188	INO.				
Start Date (10)	18	Schedu	led C			te (11)	1	me of OSHA N			1.	100		1-11-11			_
08 /15 /						19	1	LL PRO MA		JTII	C						
Occupancy Status During	Abatement ((- 1	MACLINE	41 LL			4				
□ Facility Closed/Vacate					ment		1	eet Address	Laws								
Abatement Performed	Outside of No	ormal F	acility	v Hou	s - Des	cribe	1	7 Outwater									
Time of Abatement:	AM	PM		_PM-		AM		, State, Zip Co									
Scope of Work (Check all	that apply)							Sarfield, NJ	0/026								
	triat apply)							☐ Full Con	ainment with	Nega	tive F	Press	ure				
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△ ≥ 100 SI 01 ≥200 II		L	_ De	molitio	on				g Procedure mpted (*) ar	d Mon	Erich	do Dr	ooodi	uro.			-
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Asbestos-Containing N TO BE ABA)		d Sole intena		Asbe	stos	Containing Ma	terial (ACM)			Amou		Removal	Repair	Encapsulate	Enclosure
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Boiler Room						Boiler	nd	Tank Insulat	ion		4	100 S	F	×			
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Newark, NJ							T	BD	Pen A	gyl, F	PA						
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Allen Monchik		Pro	oject	Man	ager			Allen	Mono	hil			8	/14/	19		
										,-			10	11			

State of NJ

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

2019-186

B & G proj. #:

					NON	Sub	0	Clicck	# 9434				
Date of Notification	1 (1)	111	Name of I	Building Owr	ner/Operator (2	!)		IT E	P E		$\overline{\mathbb{V}}$	EI	-
0 8 /1 3	1/1191		Lacey	Township	Public Sch	ools		ME	CE	11	V	5,	
Agencies Notified	Type Notification	on S	Street Add			-		11571				10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
☐ EPA	✗ Initial		200 W	estern Bo	oulevard			The state of the s	AUG 1	6 2	019	to and and a	9
				, Zip Code				r sande				- Salar	The state of the s
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⋉ DOH	☐ Cancella	- 11	lame of C	ontact				Telephon	e Numbe	KSING	3	della Congress	
DCA	Cancella	uon	Sean	McArthur				609-97	71-2000	x 10	50		
				FAC	ILITY INFORM	MATIO	N						
Name of facility wh	nere abatement is	taking pla	ace (3)	81				Type of Facility (
Lanoka Harbo	or Elementary	School	(NON S	Sub-chapt	er 8)				I (K - 12) apter 8 (C		han K	-12\	
Street Address							ğ.	10000	Private/C			,	
281 Manches	ster Avenue							Bldgs./	Homes, e	etc.		dg. Ag	10
City (5)		Cour	nty (6)			Co	unty Code (7)	50,0000 sf	2)+	,
Lanoka Harb	or	Oc	ean			(St	ate use only)	Current Use (P		g dem	olishe	ed)	
Name of Monitorin	a Firm Hired by E	Ida, Owne	er (8)		ASCM No.	-	Name of Abatement	school (non	SUD 8)				
AHERA Con	-	9	(0)		0057		B & G Restorat						
Street Address						=	Street Address	uon, mc.	-				
P.O. Box 38	5					1	105 Ryerson F	Road					
City, State, Zip Cod						_	City, State, Zip Code			20 P 20 -			
Oceanville, N							Lincoln Park,	NJ 07035					Si
Project Manager for	-			Phone Numb			Telephone Number (973)696-686	20	License		er		
John Smoye				609-652-			Name of OSHA Mon)378			_
Scheduled Start Da	te (10)	Sched	i. Comple	tion Date (1	1)		B & G Restora						
08/23/2019		08/2	24/2019)			Street Address						
Occupancy Status I		V10-20-012-01-01-01-01-01-01-01-01-01-01-01-01-01-					105 Ryerson R	load				4	
➤ Facility closed Abatement pe	d/vacated during e erformed outside						City, State, Zip Code						
Describe: Other-Describ	he:					-	Lincoln Park, N	J 07035					
Scope of Work (ch							l 					- 3	
Demolition		, Renovatio	n				Full Containment w/ne	gative pressure [7 Glove	bag pr	ocedu	ire	
>3 sf or >3 lf	Π,	160 sf or	>260 If				Mini-enclosure		Non-fr	٠.			
Location of		Is location	n normall	y used solel	y					R	R	E	_
asbestos-con	-0.000 0.000 mg	by mainte staff(12)	enance/cu	ıstodial			asbestos-containing	Amount	***	e m	e p	n c	E n
material to be abated in faci		Yes	Na	NI/A	material	(ACM)	(Specify S LF)	For	0	a	a	C L
		162	No	N/A						v e	r	р .	
Custodial Close	et [X	VAT & ma	astic		140 sf		X			
				4	-			_		井	片	片	<u></u>
				=	1					#	님	H	#
					1			_		#	౼	H	
Registered Waste H	lauler	INJDI	EP Haule	rID# C	Lubic Yards of	Waste	Name of Registered	Landfill		.	Ц	Ш,	ш_
B & G Restorat			19563		2		Grand Ce	ntral Landfill					
City, State Lincoln Park, N	۸J			Disposal Dis	Date 4/2019		City, State Pen Argy	I, PA					
Completed by (Print		Title		-1	Signature		·		Date			<u> </u>	
Gordana Luna		Secreta	ry/Trea	surer			Gordana Luna		08/1	3/201	9		

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Date of Notification (1) 8/14/19				of Building ter Fire D			r (2)			AUG	· C	201	9	lam.
Agencies Notified Type Notificatio	n		The second second second	Address Ruckman	Rd.				-	SBEST	OS C	ONTF	IOL	-3 2
EPA Initial Amended DEP Amended Amendmen	nt#		City, S	tate, Zip Co	ode						CENS	ING	was what we	400
DOH Emergency justification	y (including	g	Name	of Contact	7024		2-2-31		Tel	ephone N	Number			
	201		The state of the state of	Lupardi	ORMATI	ON			20	1-376-	7221			
Name of Facility Where Abatement is Taki Fire Department	ing Place ((3)	.,,,,		OTTO	ON	Тур	e of Facility	(4)					
Street Address								School (K Subchapte	er 8 (Oth	er than K	-12)			
100 Ruckman Rd. City (5)							×	Other (i.e. etc.)	private	& comme	rcial bu	ildings	, hom	es,
Closter							Squ 800	are Feet 00	# o	f Floors		Bldg. / 65+/-		
County (6) Bergen				Code (7) USE ONLY		_	Curr	rent Use (P sidential	rior if bei Home	ng demol	ished)			
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)	ASCI	M No.				atement Co s Abaten		(9)				
Street Address						Street 280		ess lidland Av	 /e.					
City, State, Zip Code								Zip Code Frook, NJ	07663					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one N	No.	07000	License				
Start Date (10)			mpletion	Date (11)				3184 SHA Monito	r	01305				
8/21/19 Occupancy Status During Abatement (Che	8/25/1					Ctroot	A ddaa							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 8 A.M. to 4 P.M	Period of	Abater	ment s	192		Street .		Zip Code				E		
Scope of Work (Check All That Apply)							_				_			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	× F	Renova Demoli	ation tion			×	Mi	ull Containm ini-Enclosur ovebag Pro on-Exempte	re ocedure					
Location of		Locat Norma			Dee			or Exemple	la () and	111011-1116	able Fit	Abate	emen pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial ((12)	nce/	Asbest (i.e.	os Conta thermal s	systems ing, VA7	ateria insul Γ, or	ation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								a		late	Iге
Admin Room		х			,	VAT			11	4 SF	x			
											-			
Name of Registered Waste Hauler		1.	IIDEE :	la str	0.11									
Il Stages Abatement		H	IJDEP W lauler ID 036592	No.	Cubic Y of Wast 2 YD					red Landf I Sanita		ndfill		
City, State Saddle Brook, NJ					Disposa TBD	al Date		City, Star		\				
Completed by Richard Cristofol	Title Presi	ident			Sig	gnature	1	1			ate 3/14/1	9		

IN # 13802

CK 2263 PA		NOTI (FICATIO	State of N N OF AS t to NJAC	BESTOS	ABATE	MENT	La paragraphy),[C	E		\mathbb{V}	E	
Date of Notification (1) 8/14/19				of Building			r (2)	1	711		-1			1	
Agencies Notified Type Notification				e Episco	opal Ch	nurch		And a	and the same	AU6)	6 2	2019	-	W
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X DOL Amendmen Emergency				wood, N		75			-		CEN			de de la constitución de la cons	
DOH justification		g		of Contact						elephon					
DCA Cancellation	1			er Antho	-				2	01-66	4-04	07			
Name of Facility Where Abatement is Takin	ng Place	(3)	FAC	ILITY INF	ORMAT	ION	Tyne	of Facility	(4)						
Grace Episcopal Church		5005					_	School (K							
Street Address							П	Subchapte	er 8 (Ot	her thar	K-12)			
9 Harrington Ave.							×	Other (i.e. etc.)	private	& comr	nercia	al buil	dings,	hom	es,
City (5) Westwood							Squa 10,0	re Feet 00	1	of Floors	5	100	3ldg. A 35+/-	ge	
County (6) Bergen				Code (7) USE ONL)		Curre	nt Use (Pr	rior if be	eing den	nolish	ed)			
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)	ASC	M No.				tement Co		r (9)					
Street Address						Street	Addres								
City, State, Zip Code						City, S	tate, Zi	p Code							
Project Manager for Monitoring Firm			Telepho	ne No.			none No	ook, NJ	07663		se No).			
Start Date (10)	0.1.1.					- Section Control	600-3			0130)5				
8/26/19	9/2/19	r:	mpletion	Date (11)		Name	of OSH	IA Monitor							
Occupancy Status During Abatement (Chec				(9)		Street	Addres	s					0		
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe: 8 A.M to 4 P.M	Period of nal Facility	Abater y Hour	nent s			City, S	tate, Zi	p Code							
Scope of Work (Check All That Apply)															
☐ ≥3 sf or ≥3 lf	×	Renova	ation			×	7 5.00	Containe		L 51					
≥160 sf or ≥260 lf		Demoli					Min Glo	Containm i-Enclosur vebag Pro	e cedure						
	le le	Locat	ion				1 NON	n-Exempte	d (*) ar	id Non-l	-riable		Cedure Abate		
Location of		Norma	ly		De	scription	of						Тур		
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>		ed Sole intena			tos Cont	aining M	aterial		0.000	mount		12.2		ш	_
In Facility	Cus	todial 3 (12)	Staff?	(i.e.	surfac	systems cing, VA	T, or	tion,		Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		79 7			other n	niscellan	eous)					oval	pair	sula	sure
Common Area	Yes	No	N/A			\/AT								te	
	-	X			-	VAT				363 SF	-	X			
Hallway	-	Х				VAT			2	8 SF		X			
Name of Registered Waste Hauler		I N	JDEP W	anto	Cubic	Var-I-		N							
All Stages Abatement		H	auler ID 036592	No.	of Was	ste		Name of Grand				Lan	dfill		
City, State Saddle Brook, NJ					Dispos TBD	al Date		City, Stat		A		17-3			
Completed by Richard Cristofol	Title Pres	ident			S	ignature	11			_	Date	4/19)		

TV	11/4	1 (=	380	2						Office and the street of the			Р	rint Fo
CK 83400	AII	NOTII	FICATIO	State of N ON OF AS It to NJA	BESTOS	ABATE	MEN (0)	IT Political	Dr	E C				Comment
Date of Notification (1) 8/14/19				of Building		Operato	r (2)		Particular de la constante de	AUG	16	201	9	
Agencies Notified Type Notification	1			Address	oola			-	100		0. 0.			
EPA Initial Amended			City, S	tate, Zip C	Code				7	SBESTO	S CO		OL	à
DOL Amendmer Emergency		<u> </u>	Sout	h Plainfi	eld, NJ	07080		L			-		The State of the S	C.225774, 2000
DOH justification Cancellatio)	9		of Contac In Carro	7				Te	lephone Nu	mber			
Name of Facility Where Abatement is Taki	a Dia	(0)	100000000000000000000000000000000000000	CILITY IN	A 100400	ON								
Residential Home	ng Place	(3)					Тур	e of Facility	50050					
Street Address							Ħ	School (K Subchapt	er 8 (Oth	er than K-1	2)	n er	70	
City (5)							×	etc.)		& commerc				es,
South Plainfield							20	uare Feet 00	2	f Floors	- 1	Bldg. / 65+/-		
County (6) Middlesex				Code (7)	y)		Cur	rent Use (Pesidential	rior if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building Project Manager	Owner (8	3)	ASC	M No.			of Ab	patement Co es Abaten	ontractor	(9)				\neg
Street Address						Street	Addr	ess						
City, State, Zip Code								lidland Av Zip Code	ve.					
Project Manager for Monitoring Firm			T			Sado	dle B	Brook, NJ	07663					
r roject warrager for wormtoring Fifth			Telepho	one No.		Teleph 201-		No. -3184		License N 01305	lo.			
Start Date (10) 8/19/19	Schedu 8/24/1		npletion	Date (11)		Name	of OS	SHA Monito	г					\neg
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Addre	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: 8 A.M to 4 P.M	Period of nal Facilit	Abaten y Hours	nent S	V-	_	City, S	tate, i	Zip Code						_
Scope of Work (Check All That Apply)	Market 1													-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	×	Renova Demolit	ition ion			×	M	ull Containn ini-Enclosu lovebag Pro on-Exempte	re ocedure					
	10	Locati								- Hon - Hab	10110	Abate	ement	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole aintenar	ly by	Asbes	tos Conta	cription aining M	ateria	al (ACM)	A	mount	-	T y	pe	
TO BE ABATED In Facility		todial S		(i.e.	thermal s	systems ing, VA	insu	lation,	(S	pecify or LF)	Rem	Re	ncap	Encl
(13)	Var		T		other m)		157.05E0.	Removal	Repair	Encapsulate	Enclosure
Family Room	Yes	No X	N/A		,	VAT			20	2 SF	X		е	_
									20	2 01	^			
										V-3124 3000				\neg
Name of Registered Waste Hauler	1	l Nº	IDED 14	loots	0.4.	/n=-1		1						
All Stages Abatement		H	JDEP W auler ID 036592	No.	of Wast			N 5 (60) AF	100	ed Landfill I Sanitary	/ Lar	ndfill		
City, State Saddle Brook, NJ					Disposa TBD	al Date		City, Sta Pen Ar						
Completed by	Title				1000	gnature	1/1	//	991, FF	Dat				
Richard Cristofol	Pres	ident				1	111	1 ///		> 8/	14/1	9		

Jest# 327/

Inv 1513	7 E	State of N			cation of Asbestos . 2. 8:60-7 and 12:120-7)		-	EIV	VE	[2]	
GAC Project # 060-18 Date of Notification (1)		1/4			Name of Building Owner		- CONTRACTOR OF THE PARTY OF TH	<u> </u>			
	t 12, 20	19			RUTGERS, THE S			SITY O	FNJ		
Agencies Notified ■ EPA		Notification	Notifica	ation fication #	Street Address ENVIRONMENTAL	HEALTI	AUG 1 & SA	16 2 FETY	N9 DEPT.	(REH	S)
□ DCA		A DOMESTIC HOUSE WAS		including	74 STREET 1603, E	AS	BESTO	S CONT	TROL &	TIME	3
☑ DOL ☑ DEP- No Longer REQUI	BED	justifi	cation)		PISCATAWAY, NJ		LIC	ENSING	3		Resour
DOH	KED	□Cance	lled		Name of Contact MICHAEL F. SMITH HEALTH & SAFET	- T		phone N 3-445-2			
Name of Facility VAII About		Id Di (0)		FACILITY IN							
Name of Facility Where Abate MEDICAL SCIENCE E					Type of Facility (4) School (K-12) Subchapter 8 (other tha	n K-12)					
Street Address RBHS NEWARK CAN	IPUS				Other (i.e. private & co					ears	
City (5) NEWARK	County (6	SSEX		Code (7) Use Only)	Current Use (prior if bein	g demolish	ed): AC	ADEMIC	:		
Name of Monitoring Firm Hired	d by Bldg.	Owner (8)	ASCM 0009		Name of Contractor (9)						
Street Address					GREENWOOD ABA	TEMENT	CONS	ULTAN	TS, INC).	
3 TERRI LANE					Street Address 511 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ	08016				City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring		Telephone			Telephone Number		Licen	nse Numb	oer		
BRIAN R. KEARNEY		609-386	-8800		973-492-0477		008	40			
Scheduled Start Date (10) 08/23/2019		Scheduled 08/26		on Date (11)	Name of OSHA Monitor ENVIROVISION, INC	C.					
Occupancy Status During Ald Facility Closed/Vacated D				nt -	Street Address 20-21 WARGARAW	ROAD, B	LDG#	35E			
Abatement Performed Ou Describe:	tside of N	ormal Facility	Hours -		City, State, Zip Code						
☑ Other- Describe: Schedu WEEKENDS AS NEEDE		– 5AM (24 I	HOURS	&	FAIRLAWN, NJ 074	10					
Scope of Work (Check all that	apply)										
						Full Conta	inment w	vith Nega	ative Pres	ssure	
□≥ 3 sf or >3 lf 区≥ 160 sf or ≥ 2	OCO IF			Renovation Demolition		Mini-Encl			0 Cut		
160 SI OI 22	10011			La Demondon	<u></u>	I Glove baç ☑Non-Exer				Proced	dure
Location of Asbestos-Containi		ocation Norma			bestos Containing Material	Amo	unt		ment Type		
Material (ACM) in Facility (13)	3353502	ely by Maint./Ci f? (12) S NO	NA	VAT, or other mis	THE STATE OF THE SECOND CONTRACTOR OF THE SECO	or Li	cify SF F)	Remove	e Repair	Encap	Enclose
H506B & H509/H509A		X		VAT		72	0 SF	X			
Name of Reg. Waste Hauler		NJDEP Was	ste Haule	r ID #	Ochie Venter (Wester	2F CV	Name	e of Regis	stered I as	odfill	
See Hauler Below #1 &	2	See Belov		110 11	Cubic Yards of Waste:	25 CY		.O.W.S.			ill
Hauler #1) Greenwood Abate NJDEP # 12561 Hauler #2) Newark Carting, I NJ DEP # 4509			Butler,	NJ 07405		Disposal [08/26/			City, Stat 100 New Rd. Morr 19067 215-736-	Ford N	
Completed by (Print or Type) RAYMOND C. PEDAL	INO	Title SENIOR P MANAGEF		СТ	Signature Raymond C. Pe	Edalino	Date Aug	gust 12	, 2019	47	

Ch3052	NC	(Cu	CATICN Irsuant	ete of New LADF ASE TO NJAC	STOS A 8:60 and	12:12	0)		E	C	E II	\mathbb{V}	7 [Photos	12.6
Date of Notification (1) 08/12/19	25	- 1		f Building or rn Town			100	4		AUG	16	201	19		7
Agencies Notified Type Notification	00		Street A		101 NP 00	11001						nove and			
☐ EPA ☐ Initial				lillburn A					ASB	ESTO	S CO!	VTF	IOL I	3	
DEP Amended Amendment	#1	3.		rte, Zip Co				Lovenno	under West American	L1 L/1	LIVOII	entre pro-	recommendation		0,000,00
It Emergency	(including	_		Contact	7041				Tala	phone i	M. roals e	_			
DOH justification) Cancellation		1		/IcDevitt					1	3-376-					
			FACI	LITY INFO	ORMATIO	N			1						
Name of Facility Where Abatement is Takin Millburn Middle School	g Place (3)							of Facility (4)							
Street Address					STATISTICS CANADA			School (K-12) Subchapter 8		r than K	(-12)				
25 Old Short Hills Rd.							I	Other (i.e. pri				uild	ings,	home	s,
City (6) Millburn	****				*			etc.) re Feet	# of .	Floors			dg. A	ge	
County (6) Essex	17 - 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Code (7) USE ONLY)			Curre	ent Use (Prior	if bein	g demo	olished)			
Name of Manitoring Firm Hired by Building	Owner (8)		ASCN					tement Contr				S			
Westchester Environmental LLC.			0012	27-				Constructi	on in	G					
Street Address 1248 Wrights Ln.							Addre	ss e 46 Suite	4.4						
City, State, Zip Code								ip Code	L.eds						
West Chester, PA 19380						200		J 07512							
Project Manager for Monitoring Firm Paul McCaa		1.0	Felephoi 610-43	ne No. 31-7545	. 1		none N 832 4			License 01379					
Sfarf Date (10) 08/12/19	Scheduled 09/12/19		plation I	Date (†1)	Ì			A Monitor above							
Occupancy Status During Abatement (Chec							Addre								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:			ent				notions.	ip Code				-			
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	The second of th	novat moliti				The state of the s	Mir Gle	Fontainmen ni-Enclosure ovebag Proce n-Exempted	dure					9	
		ocatio											Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maint Custod	enan	y by ce/		Desc tos Conta thermal s surfaci other mi	ystem ng, VA	Materia s insula T, or		(St	nount pecify or LF)	The same of the sa	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A									-		ate	Ø.
Room 310			x	Two	layers	of flo	or tile	, two	80	00sf	×			х	
				laye	rs of ply	wood	d, & m	astic							
Library Hallway		X			Floor Ti	le & l	Mastic	0	74	11sf	x			x	
Library Offices (2)	k	X			Floor	Tile (Only		4	6sf	ж			Х	
Name of Registered Waste Haufer Academy Construction Inc.	7 7	Ha	JDEP W auler ID 34422		Cubic Y of Wast		249	Name of R	177		dfilli '	1 8		•	
City, State Totowa NJ					Disposa TBD	al Date		City, State Morrisvil	le, P/	4					
Completed by John Geleski	Title PM				Sig	gnature	I.	The	11		Date 8/12	2/19)		

INV13730 CK4881

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

AUG 1 6 2019

Date of Notification (1)	12 10			Name	of Buildin	o Owner/Operato	or (2)	T				
8-	13-19				FA		USTRUC	- Automotive Control	1	OL /	ţ	믜
Agencies Notified	Type Notification	on		Street	Address P. O		36	LICENS	ING	THE RESERVE		
□ BPA	Initial ☐ Amended		1			1.	30		1 200			=
DEP DEP	Amendmen	t #		City, S	State, Zip	RESTO	M MW	. 7 0805	7			
	☐ Emergency	(including	5				wid id	Telephone Number			1	\exists
DOH IT DCA	justification Cancellation		1	Name	of Contac			1 cropriorio Narias				
1 L	Caronette											ᅱ
				FAC	CILITY INF	ORMATION	T - (F)	14. (4)		-		\dashv
Name of Facility Where	Abatement is Tak	king Place	(3)				Type of Facil	2000. 4.00.000				
	ESIDEN	CE			<u> </u>		School (K	-12) er 8 (Other than K-12))			
Street Address				23	~		Other (i.e.	., private & commercia	l buildi	ings,		
					-	7.15.257	homes, e		T Bld	g. Ag	ъе	\dashv
City (5)	10-00-1	n.+1.			1)	XIIII	1500	# 01 7 10010		0		
	CCAW!	117		T 0	t Code (7) (STATE		(Prior if being demolis	_			=
County (6)					ONLY)	I) (STATE		ACANIT				
CAPE	MAY		=	ACCIA	N-	Name of Abate	ment Contractor					=
Name of Monitoring Firm	Hired by Building	g Owner		ASCM	NO.			NC.				
(8)	IA					Street Address	Y	70 (1				=
Street Address							S. Spr	INCE AVE				
						City, State, Zip		VCE 110			- 0	-
City, State, Zip Code	•					IM IAP	E SHAV	DE N.J C	१८०३	52		_
			Tolo	phone	No	Telephone No.		License No.				
Project Manager for Mo	nitoring Firm		1 616	prioric	140.		9-0472	- 0041	14			_
	- T C-1	neduled C	omple	tion Da	to (11)	Name of OSHA						
Start Date (10) 9-7-19	Scr		3 -	19	ic (11)	Thomas or our	NIA	٨.				_
1 1 1		1 .		1 3		Street Address					1-212	
Occupancy Status Durin	ng Abatement (Ci	Doried of	Ahate	ment								_
☐ Abatement Performe	ted During Entire	nal Facilit	v Hou	rs		City, State, Zip	Code					
Other - Describe:	d Onside of 14011	nor r come	,					9.				_
	U shire a complet											
Scope of Work (Check	all that apply)							Negative Pressure				
≥3 sf or ≥3 lf		☐ Re	novati			F Glove	nclosure bag Procedure	**				
3≥160 sf or ≥260 lf		≥ De	mound	M I		Non-E	xempted (*) and	Non-Friable Procedur				_
			ocatio						A	bate:		
	0000		ormally			Description	of		_	171		
Location Asbestos-Containing	of Material (ACM)		l Solei ntenan		Asbes	tos Containing M	laterial (ACM)	Amount	_		Ē	ш
TO BE ABA			ustodia	al	(i.e.	thermal system surfacing, VA	s insulation,	(Specify SF or LF)	Rem	Repair	cap	nclo
IN Facility	У	1	Staff? (12)			other miscellar	eous)	,	Removal	pair	Encapsulate	Enclosure
(13)		-		Γ					-		te	
		Yes	No	N/A				105- 5:	11	-	-	-
SIDIM			31	X		TRAWS	ITE	1250 SE	X	_	_	_
- 0101101		-		<u> </u>				_			_	_
		-										
				-								
			T A	UDEP V	Nocte	Cubic Yards	Name of R	legistered Landfill				
Name of Registered Wa				tauler IC		of Waste	C	M.C.M.	()	4		
KLEMCO	O INC		_ [179	04		City State		٧.			_
City, State			7			Disposal Date		ODBINE				
MAPLE	SHADE	M	٠.)_			I Circotina						
Completed By	T	itte				Signature	0,00	Date -	-13	-19	2 0	
MICHAEL KI	LCMM	Su	P.				My IC				-	

Check 2529

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Inv 137129 (P	ursu	ant	to N	J.A.	C. 8:60 and	12:120	ECEI	VE		7	
Date of Notification (1)	Ti-	Name	of Bu	uilding	Owner / Operato	or (2)	And the state of t		#	₩	
8/8/2019	1				Management	· · III		0010	A Company		
Agencies Notified Type Notification			t Addr				AUG 16	2019	Inner	1	_
⊠ EPA				u Stre			all programmes and the second		-		
DEP Initial				& Zip (Code		ASBESTOS CO	NTROL 8	3		
DOL Amended	-		eton			D- SALES	LICENSIN	1G			
□ DOH □ Emergency □ DCA □ Cancellation	4.0			ontact avec	fo i o	Neary deservation		Telephor			er
Sancellation	-				ORMATION			201 259	528	88	
Name of Facility Where Abatement is Taking P	lace (3	3)	OILII	1 1141	Type of Facil	lity (4)				-	
Vacant Office Space	(0	,			School (
Street Address	ė					oter 8 (Other t	han K-12)				
30-32 Nassau Street Suite 303	1	50	15	111			mmercial buildin	gs, home	es, e	etc.)	
	1	10		10	Square Feet			Bldg. Age			
City (5) County (6)	Co	unty (Code	(7)	12000)	4		+50		
Princeton Mercer					Current Use	(Prior if being	demolished)		THE RES		
						I/Office /Ret	ail				
Name of Monitoring Firm Hired by Building Own	ner (8)	2	ASC	CM No							
0: (1)						ronmental L	.LC				
Street Address					Street Addres						
City, State & Zip Code			-		P O Box 82 City, State &	The state of the s					
only, oracle a zip oode					Trenton, N.						
Project Manager for Monitoring Firm	Telep	hone	Numb	per	Telephone No. 609-847-295	umber	License N	umber 01222	2		
Scheduled Start Date (10) Scheduled Cor 8/17/2019 8/20/2019	npletio	n Dat	e (11))	Name of OSH	A Monitor					
Occupancy Status During Abatement (Check or	alu ana		-		EMSL Analy						
Facility Closed/Vacated During Entire P			ateme	nt	Street Addres						
Abatement Performed Outside of Norma					City, State &						
Describe:				- op		on, NJ 0807	7				
Facility Occupied During Abatement						,		88			
Scope of Work (Check all that apply)											
							ntainment with N	egative F	Pres	sure)
≥3 sf or ≥3 lf	\bowtie		ovatio				nclosure				
≥160 sf ≥260 lf	Ш	Den	nolition	1		☐ Glove	Bag Procedures				
							cempted and Non				
Location of Asbestos-Containing	Is L Norm	ocati			Description		Amount	Abat	eme	ent T	ype
Material (ACM)		lely b			Asbestos-Cont Material (AC		(Specify SF or LF)			П	
TO BE ABATED	Maint	enan	ce or		(i.e., thermal sy	ystems	0. 0. 2.	Re	20	Encapsulate	Enclsoure
in Facility	Custo		Staff?	i	nsulation, surfac			Removal	Repair	psu	lsou
(13)	Yes	(12) No	N/A		or other miscella	aneous)		<u>a</u>	=	late	лге
Suite 303	Tes		IN/A		VAT		2000 6		$\overline{}$		
			ш		47/1		2000sf		-	ш	l
Name of Registered Waste Hauler		1000000	DEP V		Cubic Yards of Waste	Name of Reg	istered Landfill				
ALPHA ENVIRONMENTAL LLC		100000	03333		10	Grows Lan	dfill				
City, State					Disposal Date	City, State					
Trenton, NJ					Various	Morrisville	PA				
Completed By (Print or Type)		Title	9		Signature			Date			
Rod Richardson		Pro	ject nage	r	Rod Rich	ardson		8/8/2	019	9	

ac 4880

Jny 13	108	N				8:60 and 12:12		AUG	1 6 20)19			
Date of Notification (1)	13-19			Name		on Wel	SH DU	CDER			<u>.</u>	and the same	
Agencies Notified	Type Notification	1		Stree	t Address	11 804	ONA AU		ENUMG	es production of	Carlo ANTO	o response	1
□ EPA	Initial Amended			C*: C	State, Zip		UNIA AU			-			_
DEP	Amendment :	#	_	City, s	ове, Др Н	ADDON FI	FUD M.	I	1803	3			_
⊠ DOH	Emergency (includin	ng	Name	of Conta			Telepho	one Numb	er			
□ DCA	☐ Cancellation					DM		<u> </u>			_		_
				FAC	CILITY IN	FORMATION							_
Name of Facility Where	batement is Takin	ng Place	e (3)	280			Type of Facility						
	RESIDEN	CE					School (K-1	8 (Other t	han K-12)			
Street Address		5500					Other (i.e., p		ommercia	l buildi	ings,		
				je	SVI	200	Square Feet	# of F	loors		g. Ag		
City (5)	AVALON				10'	105	1000			_	0 1		_
County (6)	8.00					7) (STATE	Current Use (P	rior if bein		hed)			
CAPE				-	ONLY)	Name of Abatan	nent Contractor (9						=
Name of Monitoring Firm	Hired by Building	Owner		ASCM	No.		CO INC						
(8)	IA					Street Address							
Street Address						369 5	S SPRUC	E A	UE				_
City, State, Zip Code						City, State, Zip C	E SHADE	= N	.70	080	5	2	
	i i - Firm		T Tele	phone	No.	Telephone No.		Licen		- ·			
Project Manager for Mon	itoring riiiii						9-0472	- 1	013	11		_	=
Start Date (10)		duled C	Complet	ion Da	te (11)	Name of OSHA	Monitor N/A						_
8-26-1	9		6-	17		Street Address							
Occupancy Status During	g Abatement (Che	eck only	one) Abater	nent								_	_
☐ Abatement Performed	Outside of Norma	al Facilit	ty Hour	s		City, State, Zip C	ode						
Other - Describe:												_	_
Scope of Work (Check a	I that apply)			-57.00		☐ Full Cor	ntainment with Ne	egative Pre	essure				
	50		enovatio			☐ Mini-En							
≥3 sf or ≥3 lf _≥160 sf or ≥260 lf		Ø De	emotition	ח		Non-Ex	empted (*) and N	on-Friable	Procedur	e			_
		Isl	Locatio	n						A	bater Typ		
			ormally Solely			Description of	f			H		T	
Location of Asbestos-Containing M	f aterial (ACM)	Mair	ntenan	œ/	Asbes	tos Containing Ma thermal systems i	terial (ACM)	Amo (Spe		2	R	Encapsulate	Enc
TO BE ABAT	ED		ustodia Staff?	'	(1.6.	surfacing, VAT	, 01	SF or		Remova	Repair	psu	Enclosure
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Project Manager for Monitoring Firm	Te	ephone No	0.	Telephone No.	9-047	2	License	No. 3	1			_
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Other - Describe: Scope of Work (Check all that apply)				☐ Full Co	ntainment w	ith Neg	ative Pres	sure				
□>3 sf or >3 H	☐ Renova			=	nclosure pag Procedur xempted (*) a	re	~Friable F	rocedur	е			
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Project Manager for Mon	itoring Firm	Te	lephone	No.	Telephone No.	9-0472	License No 3	71	-		_
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Project Manager for	Monitoring F	irm	Teleph 856-83			ber		phone Nu				License		.=					
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Name of Registered	Waste Haule	er		19 (200)			Cubic		Name	of Regis	tered	Landfill			-				
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City, State Trenton, NJ 0861				1			Dispos	sal Date	City,	State isville, F	PA								
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Mr. Brian Han	540 (F1)				esid	ent		24a	1	Mari	11		8/1:	3/20	19				

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 8/13 BASF 16 Type Notification Street Address Agency Notified 25 MIDDLESEX TPK ZI Initial City, State, Zip Code BESTOS CONTROL & □ Amended O DEP D88 3 NJ. Amendment# DOL 15EU'N □ Emergency (including Telephone Number Name of Contact justification) PO DOH MR. RICHARD 732-205-7178 SMACLE ☐ Cancellation D DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) BASF School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address La Other (i.e. private & commercial buildings. homes, etc.) Bldg. Age Scarre Feet # of Floors 6475ARS 100,000 -County Code (7) (STATE USE Current Use (Prior if being demolished) County (6) ONLY) RID OFFICES/LASS Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Best Removal Inc Street Address Street Address 655 WEST SHORE TRAIL 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. SPARTA. NJ. 07871 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 201-329-7444 00388 973-729-5649 IR. VON DOEHEREN Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 8/25/19 Omega Environmental 8/24/19 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 S. Hackensack , N.J. 07606 MOther-Describe: 730 AM TO 5:00 PM Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Renovation Mini-Enclosure 2235 or ≥31 ☐ Demolition ☐ Glovebag Procedure 2 ≥ 160 sf or ≥ 260 lf D-Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Used Solely by Location of Asbestos Containing Material (ACM) Amount -Containing Material (ACM) Maintenance/ Remova (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial SF or LF) ... IN Facility surfacing, VAT, or Staff? other miscellaneous) (13) (12) No NA Yes TABLE BENCH TOP 110 SF LAR 208 Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of ID No. Best Removal Inc LANDFILL 31/2= YICUMBERLAND COUNT 17109 Disposal Date City, State 126/19 17240 8 NEWBURGH Hackensack , N.J. 07601 Completed by J. MAIORANO Estimator * Do not use this form for asbestos licensure exempted activities

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Scope of Work (Check All That Apply) 24 of or 23 if 2160 of or 2260 if		inėva iliemi				H Min	-Englosure	ont with Negati bedure i (*) and Non-E					The second second
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(NJAC 5:23-8)	justification Cancellation			0.0000000000000000000000000000000000000		**		Telephone Num							
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Name of Facility Where Al	-tt :- T-	Li Di	(0)	FA	CILITY IN	FORMATION		. (4)							
Name of Facility Where Ab		king Place	(3)				Type of Facility (7.00							
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Street Address	50 mm 2000						Other (i.e., pr	rivate and comme	rcial b	uilding	gs,				
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Street Address						Street Address	-					-			
8436 Enterprise Ave						1123 BEAVE	R STREET								
City, State, Zip Code						City, State, Zip Co	ode								
Philadelphia, PA 191	53					BRISTOL, PA									
Project Manager for Monito			Tele	phone	No	Telephone No.		License No.							
Mark Jenkins	3			15 365		215-788-6040		00509							
Start Date (10)	Sc	heduled C				Name of OSHA M		00303				-			
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Time of Abatement:					cribe	City, State, Zip Co									
0,000			// L			BRISTOL, PA	19007								
Scope of Work (Check all t	hat apply)	⊠ Re	novat	ion			ainment with Neg	ative Pressure							
⊠ ≥160 sf or ≥260 lf		100000000000000000000000000000000000000	molitic			☐ Glovebag		n-Friable Procedu	re						
		1000	Loca			***************************************			Ab	atem	ent Ty	/pe			
Location of			Norma	illy ely by	A = l= = =	Description o			R	R	Щ	Щ			
Asbestos-Containing M TO BE ABAT		Ma	intena	ince/		stos Containing Ma , thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure			
IN Facility		Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	Val	~	sul	sure			
(13)		Yes	No	N/A	1	other miscellane	ous)				ate	1000			
Basement Diesel Oil S	torage Roor			N/A	Pipe Fit	tings		8 LF		П	П	П			
BSMT Diesel Engine R					VAT & N			420 SF							
Basement Diesel Engir	ne Room			\boxtimes	Pipe Fit	tings		35 LF							
Basement Boiler Room	1				VAT & N	Mastic		200 SF		П	П				
Name of Registered Waste			10000	IJDEP V	20.5.5.1	Cubic Yards of Waste	Name of Regist								
SERVICE TRANSPOR	KI GROUP,	INC.		20990		· vasic	MINERVA L	LANDFILL							
City, State						Disposal Date	City, State								
YARDLEY, PA						TBD	WAYNESB	URG, OH							
Completed By (Print or Typ	e) -	Γitle				Signature		Da	ite						
Dillan DeCaro		Estima	tor	Miles		Dillar	n DeCara		8-1	2	-10	Checopy.			
ASB-41 DD 18 11 0		* Do not	use th	nis form	for asbesto	os licensure exemp	ted activities.	W 16							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT TO BREAK FROM

1)	,			(Pt	ırsuaı	nt to NJA	C 8:60 and 5:1	6)) <u>, 5 </u>		<u> </u>		
Date of Notification (1)					Name	of Buildin	g Owner/Operator	(2)	M		- 10	- 11	
	13 /	19	_		Vei	rizon Cor	nmunications		L AUG	162	019	100	week f
Agencies Notified	Type Notific	ation			Street	Address							
⊠ EPA					15	East Mor	ntgomery Street	-	ASBEST(OS CON	TROI	_&	
⊠ DOLWD			2/12	/10	City, S	State, Zip (Code		LIN	SENERY Park Services	- musting	epergrand	ecis ratami
☑ DOH ☐ DCA	Amendm Emergen				Pitt	sburgh,	PA 15212	10070					
(NJAC 5:23-8)	justificati		adding		Name	of Contac	t		Telephone N	lumber			
	☐ Cancella	tion			Ant	thony Po	rta		412-633-4				
			5 522		FA	CILITY IN	IFORMATION						
Name of Facility Where A	batement is	Γaking	Place	(3)				Type of Facility					
Verizon Bridgeton (C.O.							School (K-1					
Street Address									8 (Other than K private and com		wilding	10	
76-90 North Pearl S	treet							homes, etc.		moroiare	ununig	, ,	
City (5)								Square Feet	# of Floors	E	Bldg. A	ge	
Bridgeton								25,287	2		+-50		
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being dem	nolished)		4	e Allace
Cumberland								Verizon					
Name of Monitoring Firm		ding O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9	9)				
USA Environmental							BRISTOL EN	VIRONMENTA	AL, INC.				
Street Address							Street Address						
8436 Enterprise Ave							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Philadelphia, PA 19							BRISTOL, PA	19007					
Project Manager for Moni	toring Firm			1	phone		Telephone No.		License No	•9			
Mark Jenkins					15 365		215-788-6040)	00509				
Start Date (10)						te (11)	Name of OSHA N			101111111111111111111111111111111111111			
3/_4_/			-		<u> </u>	19	BRISTOL EN	VIRONMENTA	AL, INC				
Occupancy Status During			7.3	7.5			Street Address						
☐ Facility Closed/Vacate							1123 BEAVE	R STREET					
Abatement Performed Time of Abatement:						cribe	City, State, Zip Co	ode					
			3.00	IVI- <u>1</u>	NIVI		BRISTOL, PA	19007					
Scope of Work (Check all	that apply)						N 5						
≥3 sf or ≥3 lf			⊠ Rei	novati	on		☐ Mini-Enc	tainment with Ne losure	gative Pressure				
≥160 sf or ≥260 lf			☐ Der	molitic	n		☐ Glovebag	g Procedure					
			1-	1 1			☐ Non-Exe	mpted (*) and No	on-Friable Proce	-			e de la composición dela composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición
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, , ,		Ī	Yes	No	N/A		ouror mioodilano	000)				e e	
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Basement Boiler Roo	m					Header	Insulation		12 LF			П	П
			П								T	П	
											H		
Name of Registered Wast	e Hauler				JDEP V		Cubic Yards of	Name of Regi	stered Landfill				
SERVICE TRANSPO		, INC		0.5000	auler I	No.	Waste		LANDFILL				
City, State					20990		Disposal Date	City, State					
YARDLEY, PA							TBD	WAYNESE	BURG. OH				
Completed By (Print or Ty	pe)	Title					Signature			Date		- 11-11	
Dillan DeCaro	60	0000	timat	or				4 DeCan	1m	8-1	17.	10	5
CD 44				**************************************			DUCEN	1 / Jecola	0/1/	0 (ick	()	

		пол	IFIC			ew Jersey BESTOS ABAT	FMENT	Pal	D (1)	(Acres (Marie	7
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Date of Notification (1)				Name	e of Buildin	g Owner/Operator (2)				111	#
/	13 / 1	9		1		nmunications		AUG 16	201	9		
	Type Notification			Stree	t Address		had b				(magne)	-
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(NJAC 5:23-8)	justification)				of Contac			Telephone Numb	er			
	Cancellation				thony Po			412-633-4021				
Name of Facility Where Ab	stoment is Takin	n Diag	(2)	FA	CILITY IN	IFORMATION						
Verizon Bridgeton C.		ig Flace	(3)				Type of Facility School (K-1)	77.70				
Street Address				-			☐ Subchapter	8 (Other than K-12)				
76-90 North Pearl Str	eet						Other (i.e., p	rivate and commerc	ial bu	ilding	gs,	
City (5)							homes, etc.	# of Floors	RI	dg. A	ne.	
Bridgeton							25,287	2	1000	+-50		
County (6)				Cour	ntv Code (7)(STATE USE ONLY)		ior if being demolish		50		
Cumberland						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Verizon	ioi ii boilig demoila	icaj			
Name of Monitoring Firm H	ired by Building	Owner	(8)	ASCM	No.	Name of Abateme				-		
USA Environmental	•						VIRONMENTA					
Street Address						Street Address				-		
8436 Enterprise Ave						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode		M-1-1	77.00		
Philadelphia, PA 191						BRISTOL, PA	19007					
Project Manager for Monito	ring Firm		7655	phone		Telephone No.		License No.				
Mark Jenkins Start Date (10)				15 365		215-788-6040		00509				
3 / _4_ / _		duled C	HO.		te (11)	Name of OSHA M BRISTOL EN	onitor ∕IRONMENTA	L, INC				
Occupancy Status During A	batement (Chec	k only	one)	14 III.		Street Address						
☐ Facility Closed/Vacated						1123 BEAVER	RSTREET					
Abatement Performed C Time of Abatement:					cribe	City, State, Zip Co	de					
		101/5.00	PIVI- <u>Z.</u>	UUAIVI		BRISTOL, PA	19007					
Scope of Work (Check all the	nat apply)					57.5.4.0		2 /2/				571.450
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		Yes	No	N/A	1	other missenance	,43)				te	
Basement Diesel Oil St	orage Room			\boxtimes	Pipe Fit	tings		8 LF				
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Basement Diesel Engir	ne Room			\boxtimes	Pipe Fit	tings		35 LF				
Basement Boiler Room					VAT & I	Mastic		200 SF				
Name of Registered Waste		-	100	JDEP V		Cubic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPOR	T GROUP, IN	C.	H	auler II 20990		Waste	MINERVA	LANDFILL				
City, State						Disposal Date	City State					

Completed By (Print or Type)

Title

Estimator

YARDLEY, PA

Dillan DeCaro

TBD

Signature

WAYNESBURG, OH

Date 3/18/19

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

Date of Notification (1)				-	I NI	- (D :: !!	_		,	1						
2 /	13 /	19)					wner/Operator unications	(2)		1110 4	L C 0/	140	South Class		-
Agencies Notified							*****	unications			AUG 1	6 20	119	201100		
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□ DCA	☐ Emerger		cludin	g	_	tsburgh,		15212								
(NJAC 5:23-8)	justificat					of Contac					Telephone					
	☐ Cancella	ition			An	thony Po	rta				412-63	3-4021				
					FA	CILITY IN	IFO	RMATION								
Name of Facility Where A		Taking	Place	(3)					Type of	Facility (4	1)					-
Verizon Bridgeton (C.O.									ol (K-12)						
Street Address	Maria de Caración								☐ Subo	napter 8 (Other than	n K-12) ommerc	al hı	ildin	16	
76-90 North Pearl S	treet									es, etc.)	rate and oc	3111111010	ui bu		3 5,	
City (5)									Square	Feet	# of Floo	rs	Ble	dg. A	ge	
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County (6)					Cou	nty Code (7)(ST	ATE USE ONLY)	Current	Use (Prio	r if being d	emolish	ed)			
Cumberland									Veriz	on						
Name of Monitoring Firm		ding C	Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contra	actor (9)						
	JSA Environmental BRISTOL ENVIRO									IENTAL,	INC.					
Street Address							Str	reet Address				3				
8436 Enterprise Ave	9							1123 BEAVE	R STREI	ET						
City, State, Zip Code			odine sune				Cit	ty, State, Zip Co	ode							
Philadelphia, PA 19	153						E	BRISTOL, PA	19007							
Project Manager for Monit	toring Firm			Tel	ephone	No.	Te	lephone No.	License No.							
Mark Jenkins				2	15 365	5810	2	215-788-6040)		00509					
Start Date (10)					etion Da		Na	me of OSHA M	lonitor							
_3 / _4 /	19	_(21	H	040)	E	BRISTOL EN	VIRONM	ENTAL,	INC					
Occupancy Status During	Abatement (Check	only	one)				eet Address					-			
☐ Facility Closed/Vacate	d During Enti	re Per	iod of	Abate	ment			1123 BEAVER	RSTRFF	-T						
Abatement Performed	Outside of No	ormal	Facility	y Hou	rs - Des	cribe		y, State, Zip Co		- •						
Time of Abatement:	AM	PN	// <u>5:00</u>	PM-2	:00AM			BRISTOL, PA								
Scope of Work (Check all	that apply)												-	-		
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Asbestos-Containing N TO BE ABA	/laterial (ACM	1)		intena				Containing Ma			Amoun		Removal	Repair	nca	Enclosure
IN Facility			Cust		Staff?	(1.6.		ermal systems i surfacing, VAT,			(Specif SF or LI		оча	₩.	psu	nso
(13)		-		(12)	T -	-		her miscellane			0, 0, 2,	'	-		Encapsulate	Ге
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Name of Registered Waste	e Hauler				JDEP V	Masto I	Cul	oic Yards of	Mana	f Daniete				Ц	Ш	Ш
SERVICE TRANSPO		INC	5	11 10000	lauler I	W. Chicken	Wa		A consequence		red Landfil	I				
City, State		,	•		20990		<u> </u>	10			ANDFILL					
YARDLEY, PA								posal Date	City, St							
							- 1	BD	WAY	NESBU	RG, OH					
Completed By (Print or Type	pe)	Title						Signature				Date				
Dillan DeCaro		Es	stimat	or												

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) 2 13 / Verizon Communications Alig 1 6 2019 Agencies Notified Type Notification Street Address 15 East Montgomery Street ☐ Amended ASBESTOS CONTROL & ☑ DOH5036 City, State, Zip Code Amendment #_ LICENSING Pittsburgh, PA 15212 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Anthony Porta 412-633-4021 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Bridgeton C.O. ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) 76-90 North Pearl Street Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bridgeton Bldg. Age 25,287 2 County (6) +-50 County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Cumberland Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8436 Enterprise Ave 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215 365 5810 215-788-6040 Start Date (10) 00509 Scheduled Completion Date (11) Name of OSHA Monitor _3 / _4 / _19 3_ / _20_ / _19 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-___PM/5:00PM-2:00AM City, State, Zip Code BRISTOL, PA 19007 Scope of Work (Check all that apply) ≥3 sf or >3 If □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Repair Removal Encapsulate TO BE ABATED Maintenance/ Amount (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or (13)(12)SF or LF) other miscellaneous) Yes No N/A PE Basement Diesel Oil Storage Room \boxtimes Pipe Fittings 8 LF \boxtimes BSMT Diesel Engine Room & Hall П X VAT & Mastic 420 SF X П Basement Diesel Engine Room П X Pipe Fittings 35 LF X Basement Boiler Room П X VAT & Mastic 200 SF Name of Registered Waste Hauler X NJDEP Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State

TBD

Signature

WAYNESBURG, OH

Date

YARDLEY, PA

Dillan DeCaro

Completed By (Print or Type)

DD18110

Title

Estimator

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

ASB-41 JAN 13 DD/8110

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Date of Notification (1) 2 / 13	/19		N	lame of Buil Verizon C	ding Owner/Opera	tor (2)	AUG AUG	1 6	2019		The state of the s
Agencies Notified Type N ☐ EPA ☐ Initi ☐ DOLWD ☐ Amo					lontgomery Stre	eet	ASBESTO	S GO	NTRO)L &	
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	ification)	luullig		ame of Conf			17.				
☐ Can	cellation			Anthony F	Porta		Telephone Nu				
					INFORMATION		412-633-4	021			
Name of Facility Where Abatemer	nt is Taking I	Place (3)		Ortination	Type of Faci	lity (4)				
Verizon Bridgeton C.O.						School (K					
Street Address						Subchapt	er 8 (Other than K.	12)			
76-90 North Pearl Street						Other (i.e homes, e	., private and comm	nercial	buildi	ngs,	ř-
City (5)						Square Feet			Did	^	
Bridgeton						25,287	2		Bldg.		
County (6)			C	ounty Code	(7)(STATE USE ONLY		(Prior if being demo	linh	+-5	U	_
Cumberland						Verizon	(i not it being demo	iisned	1)		
Name of Monitoring Firm Hired by	Building Ow	ner (8)	ASC	M No.	Name of Abate	ment Contractor	/Q)				
USA Environmental						NVIRONMENT					
Street Address					Street Address		AL, INC.				
8436 Enterprise Ave						ER STREET					
City, State, Zip Code					City, State, Zip						
Philadelphia, PA 19153											
Project Manager for Monitoring Firm	1	T	elephon	e No.	BRISTOL, P	A 13007	1				
Mark Jenkins				5 5810	215-788-604	License No.					
Start Date (10)	Schedule	d Com			Name of OSHA	00509		Shirting:			
_3 / _4 / _19				19		NVIRONMENT.	AL INC				
Occupancy Status During Abatemer	it (Check on	ly one			Street Address	TVIITOITIALE I	AL, INC				
	ntire Period	of Abo	tone 1		1123 BEAVE	DOTDEET					
A Abatement Performed Outside of	Normal Fac	ility Ho	nure De	escribe	City, State, Zip C						
Time of Abatement:AM	PM/ <u>5:</u>	00PM	2:00AN	Λ	BRISTOL, PA						
cope of Work (Check all that apply)		7.5			DIGIOL, P	4 19007					
] ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		Renov Demoli			☐ Mini-End	closure a Procedure	egative Pressure on-Friable Procedu				
Location of		Is Loc						-	ateme	ont T	Tun
Asbestos-Containing Material (AC	:M) U	sed So	lely by	Ashor	Description o	of .					-
TO BE ABATED IN Facility	N	/lainter	ance/ I Staff?	(i.e.	stos Containing Ma , thermal systems	terial (ACM)	Amount	Removal	Repair	Encapsulate	1
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, ,	Yes		-	1	other miscellane	ous)		-		ılate	1
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sement Boiler Room			\boxtimes		nsulation		12 LF				L
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me of Registered Waste Hauler			NJDEP V	Nonte	0.1: 27						
ERVICE TRANSPORT GROU	P. INC.		dauler I		Cubic Yards of Waste	Name of Regis					
/, State			20990			MINERVA	LANDFILL				
ARDLEY, PA				1	Disposal Date	City, State					
npleted By (Print or Type)	1				TBD	WAYNESB	URG, OH				
	Title				Signature						_
illan DeCaro	Estima					9000	Date	3			

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

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Date of Notification (1) 8/13/19	77		NJ Ab	716302	Owner/	Operator	(2)		In	ALIG	1	6.2	019	and an in control page.
Agencies Notified Type Notification			Street A	ddress ox 643					LL	MUU		0-2	010	4
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X DOL Amendment				esex, NJ		-6			ASI	BEST LI		ISIN		La
▼ Emergency (including		Name o	f Contact				- Bia	Telephone	Numb	per	or water frequency	Out to provide	attended to the second
DCA Cancellation				ael Rodri	-				908-361	-088	9			
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INFO	RMAT	ION	Type	of Facility (4)						
house	g i lace (3)						School (K-12)						
Street Address								Subchapter 8 (Other (i.e. private.)			build	lings,	home	es,
City (5) Basking Ridge			0	TGI)/^)		e Feet	# of Floors		BI 7	dg. A	ge	
County (6)		- 1	County	Code (7)			200000000000000000000000000000000000000	nt Use (Prior in	_	olishe				
Somerset			(STATE	USE ONLY)	-		hom		9					
Name of Monitoring Firm Hired by Building (Owner (8))	ASCN	ЛNo.				ement Contra onmental S		LLC				
Street Address							Addres	s 33, 4 E Gate	e Drive					
City, State, Zip Code						7237	tate, Zi	p Code , NJ 07418	3	0.1400 - 4.000				
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none No 764-2).		se No.				
Start Date (10) 8/23/19	Schedul 8/31/1		pletion	Date (11)		Name	of OSH	IA Monitor						
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street	Addres	S						-
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: basement						City, S	tate, Zi	p Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	participants.	Renova Demoliti					Full Min Glo	AP & CUT Containment i-Enclosure vebag Proced n-Exempted (*	with Negat ure				е	
	Is	Location	on								5		ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall ed Solel aintenar todial S (12)	y by nce/		os Con therma surfa	escription taining M I systems icing, VA miscellar	Material s insula T, or		Amount (Specify SF or LF)		Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A								-		ate	(Đ
basement			х		duc	t insula	tion		40 SF		x			
										_				
									-					
Name of Registered Waste Hauler		2000	JDEP W	000000000000000000000000000000000000000		Yards		Name of Re	gistered La	ndfill			_	
Newark Carting			auler ID 4509	No.	of Wa			Grand Ce	ntral Sar	itary	Lan	dfill		
City, State Newark NJ					Dispo TBD	sal Date		City, State Pen Argyl	I PA					
Completed by A. Scott Higgins	Title Pres	ident	50			Signature	. 1	11	_	Date 8/1	3/19)		

				5) [of care and	grant de la constant	16						- 100	Pri	nt Fo
CK 19159	ĺ	NOTIFI (P	CATION	ate of Ne NOFASB to NJAC	ESTOS	ABATE	MENT		HO	E	0 6	3.0	/兴	卓	1
Date of Notification (1) 8/13/19	21			of Building n Romei		Operator	(2)		M	~	10 4		0046		1
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X Emergency (f Contact	0 070			-	Tel	enhone	Numb	er	AN CHAIL ANN COMMENTS		A STATE OF THE STA
DOH justification) DCA justification) Cancellation				n Romei			r C		2						
Name of Facility Where Abatement is Taking	Place (3	3)	FAC	ILITY INFO	DRMAT	ION	Туре	of Facility	(4)			_			
house			-11					School (K-	12)						
Street Address								Subchapte Other (i.e.				builo	lings, h	ome	s,
City (5)								etc.) re Feet	# 0	f Floors		Тв	dg. Ag	e	
Morristown							160		2			8		,,,,	
County (6) Morris				Code (7) <i>USE ONLY</i>)			Curre	ent Use (Pr	ior if bei	ng demo	lished	1)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCN	Л No.			of Aba	tement Co			1160-00				
Street Address						ABS	_440025500	ronmenta	al Serv	rices, L	LC			-10-	_
0.10017.001000							CONTROL OF STREET	83, 4 E (Gate D	rive					
City, State, Zip Code						6974		ip Code	440			-			
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph		I, NJ 074	418	Licens	e No				_
						100000000000000000000000000000000000000	764-2			703	0 110.				
Start Date (10) 8/22/19	Schedule 8/31/1		npletion	Date (11)		Name	of OSI	A Monitor	î						
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Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: basement	eriod of A	Abatem / Hours	nent			City, S	tate, Z	ip Code							
Scope of Work (Check All That Apply)												1000		_	\dashv
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoliti				×	Mir Glo	I Containm ni-Enclosur ovebag Pro	e cedure						
	le	Locati	on				J NO	n-Exempte	d (*) an	a Non-Fi	lable		edure Abaten	nent	
Location of	1	Normall d Sole	y		De	scription	of						Тур	9	_
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar todial S	nce/		thermal	taining N systems	s insula			mount Specify		R	77	Enc	En
In Facility (13)	Cus	(12)	naii:			cing, VA niscellan		1 TAY - SA J + 1 S	SF	or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									<u>a</u>	7	late	re
basement			х		pipe	insula	tion		1	10 LF	>				
Name of Registered Waste Hauler		LAI	JDEP W		0 11	V1-		T	.		1511				
Newark Carting		Н	auler ID 4509		of Wa	Yards ste		Name of Grand				_an	dfill		
City, State Newark NJ					Dispo:	sal Date		City, Star		(
Completed by	Title					Signature	1	1	31.17		Date				\dashv
A. Scott Higgins	Pres	ident						D	<u></u>		8/13	3/19			

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(N. Villaghian (1)				Name	of Building Ov ENSACK MER	wne IIDIA	er/Operator (2 AN HEALTH		AUG	16	20	19	IL
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8 / 12 /19 Agencies Notified Type Notification	on		_		OSPECT AVE	NUE	Ē			-	ONIT	201 0	-
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X DCA EMERGI	ENCY NO	JIIFIC		100000000000000000000000000000000000000	FORMATION								
Name of Facility Where Abatement is Ta	aking Pla	ace (3		ALITI IIVI	OHMATION	Ту	pe of Facility						
			€0.				School (K-		er than V	10\			
JERSEY SHORE UNIVERSITY MEDICAL	CENTE	R				X	Subchapte Other (ie. p	r 8 (Otne rivate &	commcl.	bldgs.	, hom	es, etc	2.)
O A delica ca		-					Square Feet	# of	Floors		Bldg.	Age	
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NEDTLINE IOCEAN	l' O	/0		(STATE	ASCM No.	N:	ame of Abater	ment Co	ntractor	(9)			
Name of Monitoring Firm Hired by Buil ENVIRONMENTAL TACTICS INC.	aing Ow	ner (c)		99	P	AR ENVIRON	MENTAL	CORPO	RATIC	N_		_
Street Address							treet Address 13 SPOOK RC	OCK BO	۸D				
64 BROAD STREET							ity, State, Zip		ND .				
City, State, Zip Code	WAN, N	J				S	UFFERN, NEV	N YORK	10901				\dashv
Project Manager for Monitoring Firm	1	Telep	none N	lumber			elephone Num	ber		nse Ni	umber		
THOMAS GEIGER			90-221				45-369-7500 lame of OSHA	Monitor	1101				-
Expected State Date (10)	Sche	d. Co		on Date (/19	C	UALITY ENVI	RONME	NTAL				
6 / 6 /19 Month Day Year	Mor			Day	Year								_
Ossumanay Status During Abatement (Ch	eck only	one)					treet Address 376 ROUTE 9						
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X Other - Describe: MONDA	Y - FRIC	AY 7	AM-12	AM		C	City, State, Zip	Code	R FALLS	NIV 1	2500		
						tain	WA ment with Neg			, 141 1	2550		1
Scope of Work (Check all that apply)	Reno	vation	1		Mini-Enc			CHIVO I II					
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X >160 SF OR 260 LF					110111111		Procedure	Г		T Al	patem	ent Ty	ре
Location of		Locati nally ι			Description of A			A	mount	REM	REP	ENC	m
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TO BE ABATED	6.500.500.00		todial	ir	sulation, surfac	cing	J, VAT,	SF	or LF)	IOVAL	AIR	APSUL	LOSUR
in Facility (13)	Yes	taff (1	2) N/A		or other miscel	llane	eous)					7	'n
6TH FLOOR 1 B	165	INO	1	VAT & MA	ASTIC			2,820	SF	Х			
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6TH FLOOR 2B			Х	VAT & M	ASTIC			1,620	SF	X	-	-	\vdash
6TH FLOOR 3A			X	VAT & M	ASTIC			888 S	F	X	-	-	\vdash
6TH FLOOR 3B			X	VAT & M	ASTIC			458 S	F	X	+	\vdash	\vdash
6TH FLOOR 3			х	VAT & M.	ASTIC			340 S	F	X	-	-	\vdash
OTTI ECONO								-		+	+	+	\vdash
				Ouble Ve	rds of Waste		Name of Regi	stered L	andfill			_	
Name of Registered Waste Hauler		EP W		Cubic Ya	rgs of waste 40		GRAND CEN	TRAL SA	ANITARY	LAND	FILL		
NEWARK CARTING 369 RAYMOND BLVD.	liau	913	Section 1		93(3)		011-01-1-1						
City, State				Disposal 05/13-12			City, State PLAINFIELD	TOWNS	HIP, PA		/	1	,
NEWARK, NEW JERSEY 07105 Completed by (Print or Type)	Γitle				Signature		1/1/1		Da	te (11	1/1
BENJAMIN SANCHEZ	DIRECTO	OR OF	OPE	RATIONS	17.	10	(18)				01	11	11

		NOTII	FICATI	ON OF AS	BEST	TOS ABAT	EMENT	ME	C E	3	\mathbb{W}	E
Date of Notification (1)		(F)	uisuari	Name	of B	uilding O	wner/Operator (IDIAN HEALTH		<u> </u>			And desired of the latest and the la
8 / 2 /19				Stree	t Add	ress			AUG	16	2019	
Agencies Notified Type Notifi	cation			30 PF	ROSP	ECT AVE	NUE		,,,,,			
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X DOH On H	old RGENCY	NOTIF	FICATI	100000000000000000000000000000000000000		ontact NEIL		Telephone N 732-751-338				
N BOA	TOLITO:			ACILITY IN	FOR	MATION						
Name of Facility Where Abatement i	s Taking	Place	(3)				Type of Facility School (K					
JERSEY SHORE UNIVERSITY MEDI	CAL CEN	TER					Subchapte	er 8 (Other that private & com		gs., ho	mes, e	etc.)
Street Address 1945 STATE HWY. 33							Square Feet 1,000,000	# of Floor 6	s		g. Age 87	
City (5) Cour	nty (6)					de (7) ONLY)	Current Use (PI		molished	d)		
NEPTUNE OCE Name of Monitoring Firm Hired by E ENVIRONMENTAL TACTICS INC.		wner	(8)	(STATE		SCM No. 99	Name of Abate	ment Contra	ctor (9)	TION		
Street Address						00	Street Address					
64 BROAD STREET							313 SPOOK RO					
	ATAWAN						SUFFERN, NE	W YORK 1090				
Project Manager for Monitoring Firm			•	Number			Telephone Nun		License	Numb	er	
THOMAS GEIGER	Isch		290-22	tion Date ((11)		845-369-7500 Name of OSHA		1101			
Expected State Date (10) 6 / 6 /19		12	2 /	30		/19	QUALITY ENV		_			
Month Day Year Occupancy Status During Abatement		lonth	1)	Day		Year	Street Address					
Facility Closed/Vacated Du Abatement Performed Out	iring Entir	e Perio rmal F	od of A acility	Hours - De	scrib	e:	1376 ROUTE 9					
	IDAT TT					1	WA	PPINGER FA		12590)	
Scope of Work (Check all that apply) Demolition	X Re	novatio	on .		X	Mini-Encl	ainment with Neg o ,	jative Pressuri	E			
>3SF OR LF		10 1 0111					Procedure					
X >160 SF OR 260 LF		s Loca	tion	Г	Dascr	iption of As	ole Procedure			Abater	nent T	vpe
Location of Asbestos-containing		rmally			ontaii	ning Mater	ial (ACM)	Amount		RE		
Material (ACM)		solely	72.	in		Thermal sy ion, surfact		(Specify SF or LF	10	REPAIR	CAF	CFC
TO BE ABATED in Facility (13)	100000	Staff (stodial 12)	4333		ner miscella		01 01 21	/ AL	70	ENCAPSUL	ENCLOSUR
-	Ye	s No	N/A) /A T 0 A A	OTIC			2,820 SF	X	+	+	J. J.
6TH FLOOR 1 B		-	X	VAT & MA			MPLETE	3,050 SF	X			
6TH FLOOR 2A		+	X	VAT & MA			WPLETE	1,620 SF	×	+		
6TH FLOOR 2B		+	X	VAT & MA				888 SF	X	+	1	
6TH FLOOR 3A	-	+	X	VAT & MA				458 SF	X		+	
6TH FLOOR 3B	-	+	X	VAT & MA	Control Control			340 SF	X	\top	+	
6TH FLOOR 3		+	X	VAT & MA	45110	,		340 01				
10 11 12	N.	DEB	Vaste	Cubic Yar	rde of	Wasto	Name of Regis	stered Landfill				-
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	1000	uler II 91	No.	Ouble Fall	40		GRAND CENT			DFILL		
City, State		31		Disposal	Date		City, State	ZOWNOUD 5	2.4		833	
NEWARK, NEW JERSEY 07105 Completed by (Print or Type)	Title			05/13-12/		nature	// X	OWNSHIP, F	Date	×/1	1.0	
BENJAMIN SANCHEZ	DIRECT	OR O	F OPE	RATIONS			1/XXI		1 8		19	

		NC	TIFICAT	State of N	new Jersey SBESTOS ABAT	EME	NT	Inches 12		= n	7\/7	P
		140	(Pursuar	t to NJAC	8:60-7 and 12:1:	20-7)		In E	(C)		W	E
Date of Notification (1)					e of Building O KENSACK MER			2)				
6 / 14 /19				Stree	t Address				AUG	16	2019	
Agencies Notified Type Notif	fication			30 P	ROSPECT AVE	NUE		led Lot				N.
DEP Ame	al Notific ended N	otificat	tion		State, Zip Code KENSACK, NEV		RSEY 07601	1 ASI	BESTOS			1.8
	cellation Hold #			Nam	e of Contact			Telephone Nu		ENSIN	l'G	
			TIFICAT		N O'NEIL			732-751-3384				
	24-200		F	ACILITY IN	FORMATION							
Name of Facility Where Abatement	is Takir	ng Pla	ce (3)			Туре	of Facility School (K-					
JERSEY SHORE UNIVERSITY MED	ICAL C	ENTER	7			X	Other (ie.	er 8 (Other than private & comr	ncl. bldg			
Street Address							uare Feet .000,000	# of Floors	5		. Age 37	
1945 STATE HWY. 33 City (5) Cou	inty (6)			Cour	ty Code (7)		A CONTRACTOR OF THE PARTY OF TH	ior if being der	nolished			70
NEPTÚNE OCE	EAN				USE ONLY)	CON	MERCIAL					
Name of Monitoring Firm Hired by	Buildin	g Owr	ner (8)		ASCM No. 99	Nan	ne of Abate	ment Contrac MENTAL COR	tor (9)	ON		
ENVIRONMENTAL TACTICS INC. Street Address					35	_	et Address	MEITINE CO.	0	-		
64 BROAD STREET						- 1	SPOOK RO					
City, State, Zip Code	1ATAWA	IN IN	ı				State, Zip	Code W YORK 1090	1			
Project Manager for Monitoring Firm	IAIAVV		elephone	Number			phone Num		icense N	lumbe	r	
THOMAS GEIGER			32-290-2				-369-7500		101			
Expected State Date (10)	15	Sched		tion Date			ne of OSHA	Monitor RONMENTAL				
6 / 6 /19 Month Day Year		Mon	12 / th	30 Day	/19 Year	100	ALIII EINVI	INDINIVIENTAL				
Occupancy Status During Abatement Facility Closed/Vacated D Abatement Performed Ou X Other - Describe: Mor	uring Er tside of	ntire P Norma	eriod of A	Hours - De	escribe:	137	et Address 6 ROUTE 9 7, State, Zip WA		LS, NY	12590		
Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF		Renov	ation		X Full Cont Mini-Encl Glovebag Non-Frial	o , Proc	ent with Neg edure	ative Pressure			12	
Location of			ocation		Description of A					batem	nent T	
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	,	sol Maint/	ally used lely by Custodial aff (12)		Containing Mater (ie. Thermal synsulation, surfactor other miscell	/stem ing, V	s AT,	Amount (Specify SF or LF)	15	REPAIR	ENCAPSUL	ENCLOSUR
		Yes 1						0.000.05	- V	+	+	+
6TH FLOOR 1 B			X	VAT & M		MDL	TED	2,820 SF	X	+	1	+
6TH FLOOR 2A		+	X	VAT & M		MPLE	IED	3,050 SF		-	-	+
6TH FLOOR 2B		-	X	VAT & M				1,620 SF	X	+	+	+
6TH FLOOR 3A		-	X	VAT & M.		-		888 SF	X	+	1	+
6TH FLOOR 3B		-	X	VAT & M				458 SF	X	+	-	+
6TH FLOOR 3		+	X	VAT & M	ASTIC			340 SF	X	+		士
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.			P Waste r ID No. 913	Cubic Ya	rds of Waste 40	GF	AND CENT	stered Landfill RAL SANITAF		FILL		L
City, State NEWARK, NEW JERSEY 07105 Completed by (Print or Type)	Title			05/13-12		A STATE OF THE STA	AMFIELD 1	OWNSHIP, P	A / Date /	4	19	
BENJAMIN SANCHEZ		CTOF	R OF OPE	RATIONS		11,	0/		/	//	1 7	

/			NOT	IFICA	State of	ASBE	STOS ABA	TEM	ENT	I Page) E	C	; E	Ī	$\overline{\mathbb{W}}$
			(1	Pursua	ant to NJA				r/Operator	(2)	IJ <u>_</u>			П	U
Date of Notification (1)									N HEALTH	(2)	1).				
6 / 5	/19				Stre	eet Ad	dress	-			11	AU	G 1	6 2	2019
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x DCA	EMERGE	NCY	NOT	FICA		AN O				732-751-3		er			
					FACILITY	INFOF	RMATION						_		
Name of Facility Where Aba	atement is Ta	king	Place	(3)				Тур	e of Facility	y (4)					
JERSEY SHORE UNIVERSI	TY MEDICAL	CEN	TER					\vdash	School (K Subchapte	-12) er 8 (Other	than K-	12)			
Street Address								X	Other (ie.	private & co	ommcl.	bldg	js., ho	mes,	etc.)
1945 STATE HWY, 33									quare Feet	# of Flo	oors			g. Ag	е
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NEPTUNE	OCEAN	9					E ONLY)		MMERCIAL	ior ii being	aemon	snea)		
Name of Monitoring Firm H	ired by Build	ing O	wner	(8)		A	SCM No.		ne of Abate	ment Cont	ractor	(9)			
ENVIRONMENTAL TACTICS Street Address	S INC.						99		RENVIRON	MENTAL C	ORPO	RÁT	ION		
64 BROAD STREET									et Address SPOOK RO	OCK BOAD					
City, State, Zip Code	Same Sales Same					-			, State, Zip						700
Droject Manager for Meritaria	MATAV	VAN,						SUF	FERN, NEV	W YORK 10					
Project Manager for Monitorin THOMAS GEIGER	ig Firm		1 13 14 25 X 14	(1987) 시민은 1867년	Number				ephone Num	ber	Licer	se N	lumbe	er	
Expected State Date (10)		Sch		290-2	217 etion Date	(11)			-369-7500 ne of OSHA	Monitor	1101				
6 / 6	/19	0011	12		30		/19		ALITY ENVI		Al				
Month Day	Year	Mo	onth		Day		Year				- ,-				
Occupancy Status During Aba Facility Closed/Vac	atement (Chec	ck onl	y one) nd of A	hatamant			100000000000000000000000000000000000000	et Address						
Abatement Perform	ned Outside o	f Non	mal F	acility	Hours - De	escribe	e:	13/1	6 ROUTE 9						
X Other - Describe:	Monday -F	riday	7am	3:30	om			City	, State, Zip (
Scope of Work (Check all that	t apply)					IV.] C		WAF	PPINGER F	ALLS,	NY .	12590		
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Location of Asbestos-containi	na	4	Loca nally				ption of As ning Materi			Amou			patem		-
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TO BE ABATED)			todial	ir		on, surfaci			SF or L	F)	Ò	AIR	AF	15
in Facility (13)			taff (1			or oth	er miscella	neous	s)			VAL	ا تا	PSUL	ENCLOSUR
STH FLOOR 1 B		Yes	INO	N/A X	VAT & MA	STIC				2,820 SF	-	v			I D
6TH FLOOR 2A V				X	VAT & MA					3,050 SF	_	X X	-		
6TH FLOOR 2B					VAT & MA					1,620 SF		X X			
6TH FLOOR 3A				Х	VAT & MA					888 SF		^ X		-	-
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6TH FLOOR 3				Х	VAT & MA	STIC				340 SF		X			
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Name of Registered Waste Ha NEWARK CARTING	aulei	The state of the s	EP W er ID	15	Cubic Yar	ds of V 40	vaste		e of Registe ND CENTR			NDE	11.1		
369 RAYMOND BLVD.		· idai	913			70		I GNA	IND CENTR	AL SAINITA	INT LA	NUF	ILL		
City, State	0.5				Disposal D			City,	State	200-200-0180-0180-0180-0180-0180-0180-01	-0.00				
NEWARK, NEW JERSEY 071 Completed by (Print or Type)	Title				05/13-12/3	_	aturo	PLA	INFIERD TO	WNSHIP, F			1	1	
BENJAMIN SANCHEZ		СТО	ROF	OPEF	RATIONS	Signa	ature	10	XX		Date	0/	5/	19	

		CATION		Jersey STOS ABA 0-7 and 12:1		NT	ID),E	G I	Ē D	\mathbb{V}	E
Date of Notification (1)				Building C				HC	1.0	2040	
5 / 10 /19			Street Ad	ddress			 	UG	10	2013	D 10 A - 10 A
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X DOH X On Ho		ATION	Name of BRIAN C				Telephone Nun 732-751-3384	ber			
			ITY INFO	RMATION					Version English		
Name of Facility Where Abatement is	Taking Place (3)	ĺ.			Тур	of Facility					
JERSEY SHORE UNIVERSITY MEDIC	AL CENTER				X		-12) er 8 (Other than I private & commo		ie ho	mae i	etc)
Street Address					1.0	uare Feet	# of Floors	T Diag		a. Age	
1945 STATE HWY. 33					1	,000,000	6			87	
City (5) Count NEPTUNE OCEA	N			E ONLY)	CON	MERCIAL			I)		
Name of Monitoring Firm Hired by Bu ENVIRONMENTAL TACTICS INC.	iilding Owner (8)		/	ASCM No. 99	PAF	ENVIRON	ment Contracto MENTAL CORP		ION		
Street Address 64 BROAD STREET					77700000000	et Address	OCK ROAD				
City, State, Zip Code						State, Zip					
MA	TAWAN, NJ						W YORK 10901				
Project Manager for Monitoring Firm	1	one Num	nber		1	phone Nun		ense N	Numbe	er	
THOMAS GEIGER	732-290		D-+- (11)	0%		369-7500	110)1			
Expected State Date (10) 5 / 13 /19	Sched. Com	pietion	30	/19	100000000000000000000000000000000000000	e of OSHA	RONMENTAL				
Month Day Year	Month	D	ay ay	Year	100		HOMMENTAL				
Occupancy Status During Abatement (C Facility Closed/Vacated Duri Abatement Performed Outsic X Other - Describe: MOND	ng Entire Period o	ity Hour	s - Descri	oe:	1376	et Address 3 ROUTE 9 State, Zip					
Scope of Work (Check all that apply) Demolition 3SF OR LF X >160 SF OR 260 LF			X	Full Conta Mini-Enclo Glovebag Non-Friab	ainme o , Proce	WA nt with Neg edure	PPINGER FALLS ative Pressure	S, NY	12590		
Location of	Is Location	Control of the		ription of As				_	baten		
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normally use solely by Maint/Custod Staff (12)	fial	(ie. insula	ining Materi Thermal sy tion, surfaci ther miscella	stems	AT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR 1 B	Yes No N/		& MASTI	С			2,820 SF	×		-	2
6TH FLOOR 2A	X		& MASTI				3,050 SF	X			
6TH FLOOR 2B	X		& MASTI	280			1,620 SF	×			
6TH FLOOR 3A	X	VAT	& MASTI	С			888 SF	X			
6TH FLOOR 3B	X		& MASTI				458 SF	X			
6TH FLOOR 3	X		& MASTI				340 SF	X	1		\vdash
61H PLOON 3		IVAI	& IVIASTI	C			340 31	1			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Wast Hauler ID No 913	1000	ic Yards o 40		GRA	ND CENT	ered Landfill RAL SANITARY	LAND	FILL		
City, State NEWARK, NEW JERSEY 07105 Completed by (Print or Type)			osal Date 3-12/30/19		City	INFIBUO TO	OWNSHIP, PA	te Z	1	/	
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Data of Natification (1)		(1	ursua	Name of Building C	wner/Operator			11		
Date of Notification (1)				HACKENSACK MER	RIDIAN HEALTH	111_11	AUG	16	201	g
5 / 2 /19 Agencies Notified Type Notificat	ion		_	Street Address 30 PROSPECT AVE	NILIE	Sel Sent	7100			
				The second secon	-700000011					
DEP Amende	d Notifi		1	City, State, Zip Code HACKENSACK, NEV)1 A	SBEST Li	OS C CENS		OL. 8
DOL Cancella X DOH On Hold				Name of Contact		Telephone N	Vumber			
x DCA EMERG		NOTIF	FICAT			732-751-338				
		CALLEY		ACILITY INFORMATION						
Name of Facility Where Abatement is T	aking l	Place	(3)		Type of Facilit					
JERSEY SHORE UNIVERSITY MEDICA	L CENT	ER			Subchapi	ter 8 (Other th				
Street Address					X Other (ie.	private & con # of Floo			g. Age	
1945 STATE HWY. 33					1,000,000	6			87	
City (5) County NEPTUNE OCEAN	(6)			County Code (7) (STATE USE ONLY)	Current Use (P		emolishe	d)		
Name of Monitoring Firm Hired by Buil	ding O	wner	(8)	ASCM No.	Name of Abate	ement Contra				
ENVIRONMENTAL TACTICS INC. Street Address				99	PAR ENVIRON		RPORA	TION	- viensa	
64 BROAD STREET					Street Address 313 SPOOK R					
City, State, Zip Code		10/01/2			City, State, Zip	Code				
Project Manager for Monitoring Firm	WAN,		nhono	Number	SUFFERN, NE Telephone Nur		01 License	Nicosh		
THOMAS GEIGER			290-2		845-369-7500	noei	1101	Numb	er	
Expected State Date (10)	Sch			etion Date (11)	Name of OSHA	A Monitor	7101			
5 / 13 /19 Month Day Year		12 onth		30 /19	QUALITY ENV	IRONMENTA	L			
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Abatement Performed Outside	eck onl Entire of Nor	y one) Perio mal Fa	d of A acility	batement	Street Address 1376 ROUTE S City, State, Zip	Code				
Scope of Work (Check all that apply) Demolition 3SF OR LF X >160 SF OR 260 LF	Rend	ovatio	n	Mini-Enclo	ainment with Neg	APPINGER FA		12590)	
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TO BE ABATED	Mair	nt/Cus	todial			SF or LF		AF	AP.	0
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6TH FLOOR 3			Х	VAT & MASTIC		340 SF	Х			
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Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		EP W er ID 913	No.	Cubic Yards of Waste 40	Name of Regis GRAND CENT		RY LANE	FILL		
City, State		3.0		Disposal Date	City, State	11/	,ev		95	
NEWARK, NEW JERSEY 07105	lo.			05/13-12/30/19	PLAINPIELD				1	1
Completed by (Print or Type) Tit		R OF	OPE	Signature		$\langle \cdot \rangle$	Date	9/	3/	15

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Date of Notification (1)						Name	of Buildir K SHARP	ng C	Owner/0	Operator CORP.	(2)	M.				
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□EPA □Ir	nitial Not	ificati	on							Г.О. ВО	X 2000, F	WATER COUNTY		PROGRAMM	National Colonial Colonia Colonial Colonial Colo	er i se i na managamenta
X DOL X A	mended ancellati	Notif	ficati	on #2		RAHW	tate, Zip C AY, NEW	JEF	RSEY 0	7065		Α	SBE	STOS		TROL G
	n Hold MERGE	NOV	NOT		TION	Name	of Contact		19W		Telepho	one Nu	mber			
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Name of Facility Where Abateme	nt in Tal	lei m m	DI	- (0)	FACILI	ITY INF	ORMATIC	N								
Tame of Facility Where Abateme	iit is Tai	King	Plac	e (3)						of Facilit						
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Street Address									X	Other (ie.	private &	comm	cl. blo	lgs., h	omes	, etc.)
126 EAST LINCOLN AVENUE - BU	JILDING	60							Squa	are Feet	# of	Floors			dg. Ag	
	ounty (6		_		1 (County	Code (7)		1),717		5			82	
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Name of Monitoring Firm Hired b ENVIRONMETAL HEALTH INVEST	y Buildi	ng O	wne	r (8)	-		ASCM No		Name	of Abate	ment Co	ntracto	or (9)		FACI	
Street Address	IIUATIO	//VO, I	INC.				104				MENTAL	CORP	ORA	LION		
655 WEST SHORE TRAIL										Address	2014 504	_				
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SPART	A, NEW	JER:	SEY	0787	1						V YORK	10001				
Project Manager for Monitoring Firm	1		Tele	ephon	e Numb	er			Teleph	one Num	ber		ense	Numb	or	
WILLIAM S. KERBEL, CIH				-729-					845-36			111		Nullib	CI.	
Expected State Date (10)		Sche			etion D	ate (11)			of OSHA	Monitor	111	01			_
7 / 25 /19 Month Day Year	1	Mo	12 onth	2 /	D=	1	/19		AMERI	SCI LAB	ORATOR	RIES IN	C	#	1148	
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X Facility Closed/Vacated I	Durina E	ntire	Perio	nd of	Abateme	ent					STREET	г				
Abatement Performed O	utside of	Norr	nal F	acility	Hours	- Descr	ibe:			01 0011	OTTILL					
X Other - Describe: MC	NDAY -	FRID	AY	7AM-3	3:30 PM			- 1	City, St	ate, Zip (Code					_
Scope of Work (Check all that apply)						75.00			NEW	/ YORK,	NEW Y	ORK)	10016	6	
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X >160 SF OR 260 LF							Non-Fri	able	Proced	dure						
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in Facility (13)	- 1		aff (1	todial	1		tion, surfa			- 1	SF or	LF)	MOVAL	AIR	 	15 I
, stemt, (10)	<u> </u>	Yes		N/A	1	or of	her misce	llan	eous)	- 1			P		ENCAPSUL	ENCLOSUR
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ENDEMINITION TO WEST COANE	H	-		Х	PIPE II	NSULA'	TION & PI	PE	FITTING	SS	1,180 LF	:	X			
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City, State FREEHOLD, NEW JERSEY					Disposa			JC	ity/Sta	fe				-		
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ame of Monitoring Firm Hire	ed by Buildin	ia Ow	ner ((8)	(SIAI	I ASCN		Name	ARCH L	AROHA	110	HY A	ND OF	FICE	FAC	ILI
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roject Manager for Monitoring	ARTA, NEW				N				ERN, NE		RK 1	0901	v			
ILLIAM S. KERBEL, CIH	CHIH				Number				none Nur	nber		Li	cense	Numl	per	
xpected State Date (10)				29-56	ion Date	(44)			59-7500			11	01			
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7 / 25	/19							Carried States	of OSHA			FO 14	10			
Month Day Y	/19 'ear	Mon	12 / th		1 Day	/19	Year	AMEF	ISCI LA			ES II	VC		#114	30
Month Day Y ccupancy Status During Abate X Facility Closed/Vacat Abatement Performe X Other - Describe: Cope of Work (Check all that a	/19 /ear ement (Check ted During Er d Outside of MONDAY -I	Mon conly on tire P Norma FRIDA	th one) eriod al Fac AY 7A	of Abacility H	Day atement dours - De	/19 escribe:	Year I Contai	AMEF Street 117 E City, S	Address AST 30T	H STRE	ORI	IEW				30
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Date of Notification (1)						MER	CK SHARP &	g Ow & DC	Mer/Operator	(2)				
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RAHWAY	NION	,						C	Current Use (Pri	or if being der	nolishe	d)		
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City, State, Zip Code														
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Expected State Date (10)		Ic-b								11				
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X Other - Describe: Mo	YADNC	-FRID	AY 7	7AM-	3:30 PM	D 000	nibo.	Ci	tv. State. Zip C	ode				
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MERCK SHARP & DOHME CORP. Total														
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant NAJA 6807 and 12:1207) Date of Notification (1) 7 / 16 / 2019 Agenoles Notified FPA Initial Notification DEP A Initial Notification Agenoles Notified PPA Initial Notification Amended Notification Agenoles Notified PPA Initial Notification Amended Notification Amended Notification Amended Notification Amended Notification Amended Notification Amended Notification Name of Contact EMERGENCY NOTIFICATION PATRICIA JOHNSON Telephone Number FACILITY INFORMATION Name of Facility (4) School (K-12) Street Address 128 EAST LINCOLIN AVENUE - BUILDING 60 GRy (5) GRy (6) Quenty (6) Quenty Code (7) ABATED STREET Address Square Froit Both of Notification Number FOR Address Square Froit Square Report Number FOR Address 128 EAST LINCOLIN AVENUE - BUILDING 60 GRy (6) County (7) County Code (7) Amended Notification Amended Notification Name of Monitoring Firm Hird by Building Owner (8) STREET Address STR														
Name of Registered Waste Hauler		NIDE	D M/s	noto	Cubia	/n == -	£ 147							
FREEHOLD CARTAGE, INC.					CUDIC Y			Nar	me of Registere	ed Landfill	05			
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ny 136936	IF AT	NOTIF (F	FICATION	tate of Ne N OF ASE to NJAC	BESTOS	ABATE	NEN D	C	heck# 2	2593	9	Р	Prir
Date of Notification (1) 8/12/2019	51)		Name o	f Building	Owner/0		(2) nedy	(D)-			W	E	7
Agencies Notified Type Notification			Street A	ddress						0 428 7			Mily and
EPA Initial		-						ЦЦ	AUG	16;	2019		- Constant
DEP Amended Amendmen	t #		City, Sta	ate, Zip C		Princeto	n, NJ 08540)	And The United States and Control of the Control of				
➤ DOH Emergency justification			Name o	f Contact				Α.	SBESTOS lephone Nu	CON mber	TRO	L &	
DCA Cancellation							e Restor.	The state of the s		DIGITAL	-		200
Name of Facility Where Abatement is Takin	ng Place (3)	FAC	ILITY INF	ORMATI	ION	Type of Facilit	v (4)					
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Street Address							Subchap	ter 8 (Oth	er than K-1 & commerc		dings	, hom	ne
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Name of Monitoring Firm Hired by Building MECS	Owner (8))	ASCN			Name of Abatement Contractor (9) Stevens Environmental Services,							
Street Address PO Box 341						Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515						City, St	ate, Zip Code own, NJ 08	501					_
Project Manager for Monitoring Firm			Telepho			Telepho	one No.	001	License N	lo.			_
Bill Weisgarber Start Date (10)	Schedul	ed Cor		08-4070 Date (11)			59-9688 of OSHA Monito	or	00493				
8/13/2019		8/	14/2019			MECS Street Address							
Occupancy Status During Abatement (Chec	15					100000000000000000000000000000000000000	ox 341				K	CONTA CONTACT	
 Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 						City, Sta	ate, Zip Code erfield, NJ (08515				Section To	_
Scope of Work (Check All That Apply)						300							
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Location of		Normal ed Sole				scription o				-	Ту	ре	Т
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	intena todial S	nce/		thermal	systems	iterial (ACM) insulation,	(8	mount Specify	Re	מ	Enc	
In Facility (13)		(12)				cing, VAT niscellane		SF	or LF)	Removal	Repair	Encapsulate	
Garage	Yes	No X	N/A	Th	ermal F	Pipe Ins	sulation		60 If	Х		Ф	1
Storage Area 1 st Floor		X				Pipe Ins			40 If	X		7	+
Storage Area 1st Floor		X				Duct Ins		-	15 sf	X			+
					(Wra	ap & Cu	it)						+
Name of Registered Waste Hauler Stevens Environmental Services			JDEP W lauler ID 18292	No.	Cubic 'of Was	Yards	Name o	of Registe ss Lanc	red Landfill Ifill				1
City, State Allentown, NJ			.0202		-	al Date	City, St	ate sville, P.	7				_

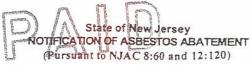
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

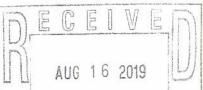
Date of Notification (1)		Name of Building Owner/Operator (2)															
8/12/20	20/03/17			Name o	T Building	Owner/		(2) nedy			AUG	1	6 2	2019	Parks to fulfill artists	IJ	
Agencies Notified	Type Notification			Street A	ddress												
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DEP X DOL	Amended Amendment	#		City, Sta	ate, Zip Co		Princeto	on. N.	J 0854 0			ICEN	SIN	3	MUNICAU	non-returne	
	Emergency ((including	_	Name o	f Contact			,		Te	lenhone	Mum			_		
DOH DCA DCA	Cancellation	ří			Lou Allo	oway -	Schult	e Re	stor.								
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City (5)									etc.) re Feet	# 0	of Floors	3	Bldg. Age				
	, NJ 08540							4000 2 90 +/-									
County (6) Mercer					Code (7) USE ONLY)		Current Use (Prior if being demolished)									
Name of Monitoring Firm MECS	Hired by Building (Owner (8)	•	ASCN	l No.			me of Abatement Contractor (9) evens Environmental Services, Inc.									
Street Address PO Box 341							0.000	treet Address PO Box 322									
City, State, Zip Code Chesterfield,	NJ 08515							State, Zip Code entown, NJ 08501									
	Manager for Monitoring Firm Bill Weisgarber						Teleph 609 2				Licens 0049	se No			=-		
Start Date (10) 8/13/2019		Schedule		pletion I 4/2019	Date (11)		Name MEC		HA Monitor							120000	
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Addres	ss								
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Other – Describe: _						_	Ches	terfie	ld, NJ 0	8515		5-21-3-20					
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Name of Registered Wasi	te Hauler		100	JDEP W		Cubic	Yards	,	Name of	Registe	ered Lar	ndfill					
	nvironmental Services					of Wa	2		Fairles		dfill						
City, State Allentown, NJ	J					8/15	sal Date /2019	11	City, Sta Morris		Á						
Completed by Mahlon E. Stevens		Title	ct Ma	nager		8	Signature	41	1	/		Date		2010	9		
Marilon L. Glevens		Project Manager					8/12/							2018			

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MCK			FICATIO		Jersey STOS ABATE :60 and 12:12			K	JUG 1	6 20	10	1		
Date of Notification (1) 7/31/2019			Name o	of Building O	wner/Operato Prince		/MCA				1.0	Document		
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X DOL Amendmen Emergency		_			Princet	on, N	J 08540							
■ DOH justification □ DCA □ Cancellation)		Name o	of Contact Paul Zel	er				ne Numbe 9) 497-9		236			
Name of Facility Where Abatement is Takin	na Place /	2)	FAC	ILITY INFO	RMATION	1-								
YMCA	ng Place (3)				Туре	of Facility (ent.						
Street Address 59 Paul Robeson Place						×		8 (Other tha private & com		uildings	s, hom	es,		
City (5) Princeton, NJ 08540						Square Feet								
County (6) Mercer				Code (7) USE ONLY)		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building MECS	Owner (8)	ASC	M No.		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.								
Street Address PO Box 341						Street Address PO Box 322								
City, State, Zip Code Chesterfield, NJ 08515					1000	112	ip Code , NJ 0850	1						
Project Manager for Monitoring Firm Bill Weisgarber			Telepho 609 29	ne No. 98-4070		hone N 259-9		Lice 004	nse No. 93					
Start Date (10) 8/9/2019	Schedul		npletion 14/2019	Date (11)	Name MEC		HA Monitor							
Occupancy Status During Abatement (Cher	ck Only O	ne)`			F1112	Addre	100							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 6pm 2 am	Period of an all Facility	Abater y Hour	nent s		City, S		41 ip Code eld, NJ 08	515						
Scope of Work (Check All That Apply)					1									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demoli			3	Mi	ni-Enclosure ovebag Proc							
	Is	Locat	ion		No.	110	Exempled	() and Non-	1 Hable I	Abat	emen	t		
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Ashesto	Description s Containing N		I (ACM)	Amount	. -	T	уре	T		
TO BE ABATED In Facility (13)	277,0000	intena todial ((12)		(i.e. th	ermal system: surfacing, VA other miscellar	s insula T, or		(Specify SF or LF	, a	Repair	Encapsulate	Enclosure		
Basement Pool Mech. Room	Yes	No	N/A	The	mal Dia - I	- L. L.	ion	00.10			ate	e e		
Dasement Fool Ween, Room	X			Thei	rmal Pipe Ir	isulat	ion	60 If	X					
Name of Registered Waste Hauler Stevens Environmental Services	1		NJDEP Waste Hauler ID No. 18292 Cubic Yards of Waste Fairless Landfill											
City, State Allentown, NJ				33	Disposal Date 8/15/2019	1 ~	City State Morrisvi							
Completed by Mahlon E. Stevens	Title Proie	ct Ma	nager		Signature	1	4//		Date 8/13	2/201	a			

										Г	Pi	rint F		
			ICATIO	tate of New Jerse N OF ASBESTOS t to NJAC 8:60 an	ABATE			Check#	259	35				
Date of Notification (1) 7/31/2019			Name	of Building Owner/		r (2) ton YMCA		AUG	1 6	20	19			
Agencies Notified Type Notification	n		Street	Address		Robeson Pia	ce led led			O 1 1771		1		
EPA X Initial Amended Amendme Emergence Emergence	y (including	_		ate, Zip Code Prii		, NJ 08540			CENS		- OL	Öt.		
X DOH justification DCA □ Cancellation				of Contact Paul Zeler			Telephone Number (609) 497-9622 x 236							
Name of Facility Where Abatement is Tak	ing Place	(3)	FAC	ILITY INFORMAT	ION	Type of Facili	tv (4)							
YMCA Street Address 59 Paul Robeson Place		9 (1)				School (K-12) iter 8 (Oth	ner than K-1 & commerci		dings	hom	es,		
City (5) Princeton, NJ 08540						Square Feet 15000	# 0	of Floors	E	3ldg. <i>A</i>				
County (6) Mercer				Code (7) USE ONLY)		Current Use (Prior if be	ing demolisi	hed)					
Name of Monitoring Firm Hired by Building MECS	Owner (8)	ASCI	M No.		of Abatement (ens Environ			Iric.					
Street Address PO Box 341					1707000000	Address Box 322								
City, State, Zip Code Chesterfield, NJ 08515					5.02004	tate, Zip Code	501							
Project Manager tor Monitoring Firm Bill Weisgarber	1900-1100		Telepho 609 29	one No. 98-4070		ione No. 259-9688		License N 00493	lo.					
Start Date (10) 8/9/2019	Schedu		npletion	Date (11)	Name of OSHA Monitor MECS									
Occupancy Status During Abatement (Che	eck Only O	ne)			Street Address									
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 6 pm - 2 am	Period of mal Facilit	Abaten y Flours	nent		City, S	Box 341 state, Zip Code sterfield, NJ	08515							
Scope of Work (Check All That Apply)	- <u> </u>													
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	-	Renova Demolit	100000000000000000000000000000000000000		×	Mini-Enclos	ure rocedure				Э			
Location of		s Locati Normal	ly	De	scription					Abate Ty	ment			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Sole aintenar stodial S (12)	nce/ Staff?	Asbestos Cont (i.e. thermal surfa	taining M	laterial (ACM) s insulation, T, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
Basement Pool Mech Room	Yes	No	N/A	Thermal	Pipe Ir	sulation	-	60 If	Х		Ф			
			_						-		_			

NJDEP Waste Hauler ID No. 18292 Cubic Yards of Waste Name of Registered Waste Hauler Name of Registered Landfill Stevens Environmental Services Fairless Landfill City, State Morrisville, PA City, State Disposal Date Allentown, NJ 8/13/2019 Signature Completed by Date Mahlon E. Stevens Project Manager 7/31/2019 CIC# 4882 INV 13735





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Date of Notification (1)	3-19			Na	_	ing Owner/			īK.	10000000000000000000000000000000000000	VALTE	o-sameran	2.	一
	pe Notificatio	п		Str	eet Addres		WE	-2 H	PUI	ASSERTOS CO	7/4/11 50/5	-	o'i	and the second
□ EPA X	Initial			_			POM	ONA	AU	E				
18 90L	Amended Amendment	#		City	, State, Zip			>1.0	41 -	- 404	>>			
	Emergency (justification)		ng	=		HADDO	NH	EUD	M.					
	Cancellation			INar	ne of Conta	OM.				Telephone Num	ber			
				F		FORMATIC	DN					_		=
Name of Facility Where Abate				100				Type of	Facility	(4)		-	_	
	SIDEN	CE						Scho			21			
Street Address								☑ Othe	r (i.e., pi es, etc.)	3 (Other than K-1 rivate & commerc	2) ial bu	ilding	s,	
City (5)	JALON			C	987	O)		Square I	2	# of Floors		SIdg.		
County (6) CIAPE	MAY				unty Code (E ONLY)	(7) (STATE				or if being demoli	shed)			
Name of Monitoring Firm Hired	d by Building	Owner		ASCA	A No.	b 12 12		ent Contra	actor (9)			-000		
(8) N/A								co I	NIC					_
Street Address						Street Ad		SPI	2110	E AUE				
City, State, Zip Code						City, Stat	e, Zip Co	ode						
				MK	APLE	SH	ADE		38C	SC	2			
Project Manager for Monitoring	g Firm		Tele	phone	: No.	Telephon		7-04	72	License No.	71	í _		
Start Date (10)	Sched	duled C			ate (11)	Name of 0	OSHA M		1.0					
Occupancy Status During Aba	tomant (Char	4 - P	10.	-1		Street Ad	drace	N	14			_		_
✓ Facility Closed/Vacated Dur				nent		Sileet Ad								
Abatement Performed Outs						City, State	e, Zip Co	de						=
Other - Describe:														
Scope of Work (Check all that	apply)			2 572		П	ull Cont	ainment w	ith Nea	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novatio molition				Mini-Encl Glovebag	osure Procedur	re					
		ls L	ocation	1		IXIN	NOT-EXE	npteo (*) a	nd Non	-Friable Procedu	7	hate	ment	_
			smally Solely	by		Descrip	tion of					Ту		
Location of Asbestos-Containing Material	(ACM)	Main	tenano			os Containir	ng Mate			Amount			ш	_
TO BE ABATED IN Facility			stodial taff?		(i.e.,	thermal sys surfacing				(Specify SF or LF)	Removal	Repair	псар	nclo
(13)		((12)			other misca	ellaneou	s)		5950 500007900 8 01	loval	bair	Encapsulate	Enclosure
		Yes	No	N/A									е	
SIDING				X		TRAN	1317	E		1250 SF	X			
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														_
Name of Registered Waste Haul			Hau	DEP W uter ID	No.	Cubic Yard of Waste	is	_		ered Landfill	. 1			1
KLEMCO IN	IC			190	4		ato		М.	C. M. U.	H	_		=
City, State MAPLE SHA	DE N	1.3				Disposal D		City ₂ Stat	-	DBINE				
Completed By MicHAEL KLEWI	Title .	Su	ρ.			Signati	ure -	070	,	Date -	13	-1	9_	

CK 4882 IN/13732

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

UIN/ L	101				-	0 10	(2)	+			1		
Date of Notification (1)	3-19			Name	TA	Owner/Operator	STRUCT	LOWESTON	NTF	OL 8	3		
Agencies Notified	Type Notification		-		Address	1201 3	laupitario		The Control of the Co	and the second	municipal and a second		
DEPA	Maritial				P.O.	BOX 3	0			-		=	
	Amended Amendment #		Γ	City, S	tate, Zip C	code /	14 141	7 0805	7				
☑ DOL	☐ Emergency (in		īL			RESTOU	JN N.	Telephone Number		11.3	_	\dashv	
⊠ DOH	justification)		Γ	Name	of Contac			relephone number					
DCA	Cancellation				MIK						_	\dashv	
		-		FAC	ILITY INF	ORMATION	T Facility	(4)				\dashv	
Name of Facility Where	Abatement is Takin	g Place	(3)				Type of Facility						
KI	ESIDENC	E			•		☐ School (K-12	8 (Other than K-12)					
Street Address		A5 10	7905 2 9	-			Other (i.e., po homes, etc.)	rivate & commercial					
City (5)					KC11	717/0	Square Feet	# of Floors	1	g. Ag			
City (5)	FAN! (11	7	- 1	10	100	1500		-	0+	_	-	
County (6)	Ling			Coun	ty Code (7) (STATE	ior if being demolish	ed)					
CAPE	MAY			USE	ÓNLY)			CANIT	<u> </u>				
Name of Monitoring Firm		Owner		ASCM	No.	Total Control of the	nent Contractor (9						
(8)	IA		_			Street Address	100 IA	U.C.	_		_	=	
Street Address						1/1							
						City, State, Zip C	S. SPRU	CE HUE			=		
City, State, Zip Code	•					EALTO	805						
						Telephone No.	5 HADO	License No.				=	
Project Manager for Mo	nitoring Firm		Tele	phone	No.	14			_				
						856-779 Name of OSHA	Monitor	1					
Start Date (10)	Sche	duled C	omple 15	tion Da	te (11)	Name of OSTA	N A.				_	_	
Occupancy Status Durin	ng Abatement (Che	ck only	one)			Street Address							
Facility ClosedVacat	ted During Entire Pe	eriod of	Abate	ment							_	ᅱ	
Abatement Performe	d Outside of Norma	l Facilit	y Hou	rs		City, State, Zip C	Code	47.4				- 1	
Other - Describe:											_	커	
Scope of Work (Check	all that apply)					Full Co.	ntainment with Ne	egative Pressure					
		□Re	novati	on		☐ Mini-En	closure						
≥3 sf or ≥3 lf [3≥160 sf or ≥260 lf			molitio			Gloveb	ag Procedure	on-Friable Procedur	е				
43		1-1	ocatio	×2		KINON	() =			bater			
		N	ormally	/						Тур	e		
. Location	of	Used	Soleh	y by	Achor	Description of tos Containing Ma	iterial (ACM)	Amount			m	ш	
Asbestos-Containing	Material (ACM)		ntenan ustodia		(i.e.	thermal systems	insulation,	(Specify SF or LF)	Rei	Re	Encapsulate	Enclosure	
TO BE ABA IN Facilit		1	Staff?		,	surfacing, VAT other miscellane	, or	SFO(LF)	Remova	Repair	bsul	osul	
(13)			(12)			Julie Hasocida lo	/		a		ate	9	
		Yes	No	N/A		-			100	-		-	
SIMMI	,			X		TRAWSI	TE	2250SE	X			_	
ZIDIMI		-	-	1									
		-	-	-									
				-									
			L .	UDEP '	Made	T Cubic Yards	Name of Rec	gistered Landfill		_			
Name of Registered Wa				tauler II	No.	of Waste	C	MCM.	()	4			
KLEMC	O INC.		_ []	179	04	3	City, State	V-1. (V-1.	<u>v.</u>				
City, State		.1.1	+			Disposal Date	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	DOBINE					
MAPLE	SHADE	M	.)			Signature	1 ~	Date	13	10	1		
Completed By	Tit	e C				Du	lubic-	- 5	13	-1	1_	_	
MICHAEL C	LCMM _	Si	10.			-1-000	WY IV						

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CK+4882 This 127123

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

TIME 12	1125	(P			28:60 and 12:120		Reni Great	Weekler			+	7
Date of Notification	12-13-19		Nam	ne of Buildi	ng Owner/Operator ADAWS	⁽²⁾ C	DAITE	PARTIANCE	OL 8	ed-more		
Agencies Notified	Type Notification		Stre	et Address	7,6 11	Avt	- 10 1	ALE _	over medamoge		ep and their	
Agencies House	[X Initial			7		MO	04					
DEP	Amended Amendment #		City	State, Zip	OCF AN	1 (ITY	N. T 082	226	12.5		_
₩ DOL	Emergency (ir justification)	cluding	Nan	ne of Conta				Telephone Number				
DOH DCA	Cancellation		, , , ,	iC	EAN							=
			F	ACILITY IN	IFORMATION .			31				_
Name of Eacting Whe	ere Abatement is Takin	g Place (3)			H 5450	of Facility (
Name of racing the	ESIPENCE			· ·		I Fig.	chool (K-12) ubchapter 8	(Other than K-12)	مناطنه	ac		
Street Address			- 00000				ther (i.e., pri omes, etc.)	vate & commercial t	DURHOUN	gs,		
) 000			wr.\	ONNI		re Feet	# of Floors		. Age		
City (5)	DC W. M. I	1ty	ei .		DJJ44	10	00_		_	0 +	_	=
	OCCALL!	111	TCc	unty Code	(7) (STATE	Curre	ent Use (Pri	or if being demolished	ed)			
County (6)	DE MAY		US	SE ONLY)			SACA					=
Name of Monitoring	im Hired by Building	Owner	ASC	M No.	Name of Abatem		INC,					
(8)	V/A				Street Address	0	11001					
Street Address					3695	S	PRUCE	AUE				_
					City, State, Zip C	Code			15	,		
City, State, Zip Code					MAPCE	SI	TABE	M. 2 081	2) (_	_	=
	Maring Firm		Telephor	ne No	Telephone No.	0 1	21/22	License No.	7 1			
Project Manager for	*				856-77	9-1	<u> </u>	2.13				=
Start_Date (10)	Sche	duled Con	npletion	Date (11)	Name of OSHA	Monito	N/A.					
10-4-	19	9-1	4-	19	Street Address		IN IM.					
Occupancy Status I	Ouring Abatement (Che	ck only or	ne)		Street Address							=
10/	During Entire P	enou or ~	2010111011	3	City, State, Zip (Code						
Abatement Perfo	med Outside of North	g racenty.									_	=-
Other - Describe					□ Eutl Co	ntainm	ent with Ne	gative Pressure				
Scope of Work (Che	eck all that apply/	□ Rend	ovation		☐ Mini-Er	nclosur	e					
≥3 sf or ≥3 lf ☑≥160 sf or ≥260	ıf		polition		Glovet Non-E	pag Pro xempte	cedure d (*) and No	on-Friable Procedure	e			
≥160 \$1 01 2200		1 1010	cation	\neg					A	Typ		1
		Non	mally		Description	of			-	$\overline{}$		
Loca	tion of	Used S	Solely by enance/	Amb	neros Containing Ma	aterial i	(ACM)	Amount (Specify	R	71	Encapsulate	Enc
Asbestos-Contain	ning Material (ACM) ABATED	Cus	todial	(i	e, thermal systems surfacing, VA	insula T. or	tion,	SF or LF)	Remova	Repair	apsu	Enclosure
INF	acility		aff? 12)		other miscellane	eous)			val	=	ilate	ЛЕ
(13)	1		/A								_
		Yes	110	-	TRAWSI	T /=		12503E .	X			
510	ING			-	J KUN JI							1
	No.											
-					Cubic Yards	TN	lame of Reg	pistered Landfill				
Name of Registere	d Waste Hauler		Haul	EP Waste er ID No.	of Waste		C.IM	C. M.U	. 4	4		
KLUMCO			117	904	Disposal Date	- 1 2	ity? State -	- 3				
City, State		, T		4	0.000.00.00.00		WO	DBINE			_	
MAPLE		N.J			Signature	OF	7/	Date	-1-	3-	-19	
Completed By	(/	SUP.		-	Mi	U	1/4		_			
MICHAEL	KLEAM -	001.										

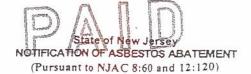
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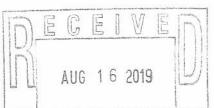


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Date of Notification (1)	-19				ding Owner/Operato		UCTION	GEN	SINC	3	- summers	
Agencies Notified Typ	e Notification		Str	reet Addre	959 N.	BEECH	tam RC)				
	Amended Amendment #_ Emergency (inc	the reference	City	y. State. Zi	WILLIA WILLIA	4 M S TOU			180	79	4	
Ø DOH	ustification) Cancellation	2001.9	Nar	me of Cont			Telephone Nu	mber				
			F	ACILITY I	FORMATION					_		
Name of Facility Where Abater	nent is Taking	Place (3)				Type of Facility						
	FWCE					School (K-1	8 (Other than K-	12)				
Street Address		1.56.50.5				Other (i.e.) homes, etc	orryate & commen	cial bu	ukting	ps.		
City (5)	RS P	011	T	0	3244	Square Feet 1500	# of Floors		Bldg S7	Age		
County (6) ATL AU			Cox	unity Code E ONLY)	(7) (STATE	Current Use (P	rior if being demo	shed)			
Name of Monitoring Firm Hired		ner	ASON	I No.	The same of the sa	ent Contractor (9						
(8) N/A						LEMCO	LWC					
Street Address					Street Address	S. SPK	RUCE ALE					
City, State, Zip Code					City, State, Zip Co	ode	HADE W. J 08052					
Project Manager for Monitoring	im	Tel	ephone	No.	Telephone No.		License No.					
Project Manager to mornoring i					856-779		# O1.	37		_	_	
Start Date (10) 8-73-19	Schedule	d Compl	etion Da	ate (11)	Name of OSHA M	fonitor N/A	4					
Occupancy Status During Abate	ment (Check o	inly one)			Street Address							
Facility ClosedVacated Durin	g Entire Period	of Abate	ment		City, State, Zip Co	xde					=	
Absternent Performed Outside Other - Describe:	of Normal Fa									_	_	
Scope of Work (Check all that ap	opły)				☐ Full Cont	ainment with Neg	ative Pressure					
>3 sf or ≥3 lf √≥160 sf or ≥260 lf		Renovati Demolitic			☐ Mri-End	Procedure	-Friable Procedu	re				
LAZ 100 01 01 Detv		s Locatio	20		XIII	T T T T T T T T T T T T T T T T T T T	171202110000	-	Abate			
	1	Normally ed Soleh	'		Description of			_	Tyr	e —	_	
Location of Asbestos-Containing Material (A	1 .	aintenan	œ/	Asbest	os Containing Mater thermal systems ins	nal (ACM)	Amount (Specify	D	_	Enc	En	
TO BE ABATED		Custodia Staff?	4	(1.0.	surfacing, VAT, o	10	SF or LF)	Removal	Repair	Encapsulate	Enclosure	
IN Facility (13)		(12)			other miscellaneou	5)		Val	+	date	93	
	Ye	, No	N/A				7400 20	17.	-	_	_	
SIDING			X	Tk	PANSITE		3000 3P	X		-		
								-	-	-	\neg	
									-	-	\neg	
			IDEP W	aste	Cubic Yards	Name of Regist	ered Landfill	لـــــا				
lame of Registered Waste Hauler	•	He	7901	No.	of Waste	AC	WA.				_	
KLEMCO INC			170	-	Disposal Date	City State	1. 100 (1)		PA.	1 7	-	
MAPLE SHAWE	W.J					PLEASI	ANIT LILL			(.)	=	
ompleted By	Tribe	_			Signature	M	:8-1	3-	19		_	
Harlass Virusus	PRE	5_			- Hell							

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			1						_					
Date of Notification (1)	9		Name of Building Owner/Operator (2) HAKBAUGH DEVELOPETE SING Street Address											
□.BPA			St		18 GLAS	SSBORD	RD							
	ended endment # ergency (includ	dina	Cit	y, State, Zip	JOOD BURY	r H+70	SHTS NI	T /	380	09				
DOH just	ification) cellation	an ig	Na	me of Conta	ect	,,,,,	Telephone Nu		200	1				
			إكا		ME									
Name of Facility Where Abatemer	it is Taking Pla	ace (3)		AGUITIN	PORMATION	Type of Faci	lity (4)							
RESID						School (K	(-12)	2)						
Street Address							ter 8 (Other than K- ., private & commer etc.)		iilding	js,				
City (5)	LON			08	202	Square Feet		1	_	g. Age				
County (6) CAPE N	lAY			ounty Code SE ONLY)	(7) (STATE		(Prior if being demo	lished)		_			
Name of Monitoring Firm Hired by (8)		er	ASC	M No.	Name of Abatem	ent Contractor								
Street Address					Street Address		RUCE AU							
City, State, Zip Code					City, State, Zip Co	ode	ADE MI	_	20		<u> </u>			
Project Manager for Monitoring Firm	n	Tele	phone	e No.	Telephone No.	7	-05							
		1_			856 719		Q	13		1				
Start Date (10) 9-3-19	Scheduled 9	Complet 3	tion D	ate (11)	Name of OSHA M	fonitor N/	A							
Occupancy Status During Abateme			nent		Street Address									
Abatement Performed Outside of					City, State, Zip Co	xde					=			
Scope of Work (Check all that apply	•)				Π <u>ε</u>									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovation emolition			☐ Mini-Encl	osure Procedure	egative Pressure	ıre						
	100	Location	1		1/1	7			Abate					
Location of	Used	ormally Solely	200		Description of	4 2002		-	Тут	<i>F</i>				
Asbestos-Containing Material (ACN TO BE ABATED		ntenano ustodial	e/		os Containing Mate thermal systems ins		Amount (Specify	, D	77	Enc	E			
IN Facility	10	Staff? (12)			surfacing, VAT, other miscellaneou		SF or LF)	Removal	Repair	Encapsulate	Enclosure			
(13)	Yes	No T	N/A			-,		/al		late	Iгө			
SIDING		-	X	TV	CANSITE	-	1250 SC	X						
											_			
					O. bl. Vd-	None of Dec					\dashv			
Name of Registered Waşte Hauler			EP V	No.	Cubic Yards of Waste	Name of Regi	istered Landfill	. U	1/					
KLEMCO INC	DY	S VDS Disposal Date	City, State .		. U			=						
City, State MAPLE SHADE				OBINE _	N	.T		=						
Completed By MICHACI (Inwa	Title SUP	Signature	On	Date	13-	-19		_						