State or New . Torsey Notificaion of A westos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Natification (1) Name of Building Owner/Operator (2) AUG 19 2019 08/16/19 Mortistown School District Agencies Notified Notification Type Street Address 31 Hazel Street **⊠** EPA ☑ Initial Notification City, State, Zip Code ASBESTOS CONTROL & □ DCA ☐ Amended # Morristown, NJ 07960 LICENSING X DOL O Emergency notification (including Name of Contact Telephone Number ☑ DEP justification) Lisa Pollak 973-292-2300 **IDOH** ☐ Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Morristown High School School (K-12) ☐ Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Street Address Sq. Feet: NA # of Floors 4 50 Early Street Current Use (prior if being demolished): City (5) County (6) County Code (7) High School Morris Morristown (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) RJB Environmental, Inc. Panoramic Window & Door Systems Inc. Street Address Street Address 615 Prospect Avenue 712 Sergeantsville Road City, State, Zip Code City State, Zip Code Morrisville, PA 19067 Stockton, NJ 08559 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Rick Beach 267-991-9212 P (732)926-0900 x102 01237 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/26/19 IAQ GURU LLC 09/02/19 Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 87 Main Street Male Abatement Performed Outside of Normal Facility Hours -Describe City, State, Zip Code Other - Describe: Lincoln Park, NJ 07035 Source of Work (Check all that apply) \geq 3 sf or > 3 lf □ Renovation ☐ Full Containment ■ Demolition □Glovebag Procedure Location of Asbestos-Is Location Normally Description of Asbestos Containing Material Amount Abatement Type Containing Material (ACM) in Used Solely by (ACM) (i.e. thermal systems insulation, (Specify SF Facility (13) Maint./Custodial Staff? surfacing, VAT, or other misc.) or LF) Remove Repair Encap Enclose (12)YES NO NA Exterior Windows on 2nd and X ACM perimeter Caulk 1000 LF XX 3rd floor front center of schools original building. Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Registered Landfill 0036057 Chrin Landfill Panoramic Window & Dr Sys Inc Disposal Date City, State

Signature

Completed by (Print or Type)

Project Manager

Mark M Jovic

Easton, PA

Date

08/16/19

CK118		NOTII	FICATIO	tate of N N OF ASI t to NUA	BESTOS	ABATE	MENT 0)	г			- C			W [7
Date of Notification (1) 08/15/2019 TOV 1275	SG			of Building		(5)	(2)			3						
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Name of Facility Where Abatement is Taking	- DI	(0)	FAC	ILITY INF	ORMAT	ION										
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City (5) Somerset							Squa	are Feet		#	of Floo	ors		Bldg.	Age	
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Name of Monitoring Firm Hired by Building C	Owner (8)	ASCI	M No.		Name Rizo		atement	Con	tracto	or (9)					
Street Address						Street 246 (ess on Ave	<u> </u>							
City, State, Zip Code		-				City, St	tate, Z	Zip Code)				******		70.11	
Project Manager for Monitoring Firm		1	Telepho	ne No.		Teleph	- 11-11-2	NJ 070 lo.	20		Lice	ense N	lo.	20000		
						(862)	262-	-8006			013					
08/25/2019	09/05/	2019		Date (11)		Name o		HA Mon	itor	5000						
Occupancy Status During Abatement (Check	Only O	ne)			-	Street A	Addre	SS						1		
Facility Closed/Vacated During Entire P	eriod of	Abaten	nent					on Ave								
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Scope of Work (Check All That Apply)	144-771	1-71														_
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/		thermal surfac	aining Ma systems cing, VAT niscellane	insula , or			(Amoun Specify F or LF	y	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A												, e	
Rear room off Kitchen		Х				ng Plas				1	20 SF	=	х			
Basement Staircase		Х			Wal	II Plaste	ər			3	30 SF	=	х			
Hall Second Floor		Х				II Plaste	er			5	0 SF		х			
Name of Registered Waste Hauler		1 57	IDED		l Us											
Rizov LLC		H	JDEP Wauler ID 37825	No.	of Was	100000000000000000000000000000000000000		Name Fairle		155	ered La Lanc					
City, State Garfield NJ						al Date		City, S Moris		e PA	(
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V DIZOTISTATE OF	NEW JERSEY	DEPARTMEN	NT OF	LABOR NOTIFICATION OF ASE	BESTOS ABATEN	MENT			
Date of Notification (1) 07/10/2019	5758	P	A	Name of Building Owner/Operator 33 Washington St, LLC		- n	VE		
Agencies Notified	Type of Notifica		East Upon	Street Address 33 Washington St	AUG .	19 2	2019		
() USEPA () NJDEP (X) NJDOL	(X) Initial N () Amende Amend	ed ment#		City, State, Zip Code Newark, NJ 07102	ASBESTOS	S CON	ITROL	82	1
(X) NJDOH () NJDCA	() Emerger justifica () Cancell	ition)	ng	Name of Contact Jared Berger	E/O E	Tel. N	Number -903-4	MENNSHAMEN	umal
		F	FACILIT	Y INFORMATION					
Name of Facility Where Abatemen Commercial property	t is Taking Place (3	3).		Type of Facility (4) () School (K-12)	(40)				
Street Address 33 Washington St				() Subchapter 8 (other than k (X) Other (i.e. private & comm	(-12) ercial bldgs., hom	es, et	C.		
	County (6)	Caushi Cada	. (7)	SQ. Feet: <u>200000</u> # or	f Floors 18	E	Bldg. Ag	e <u>80</u>	23
	County (6) Essex	County Code (State Use O		Current Use (if being demolish	ed):				
Name of Monitoring Firm Hired by ISES, Inc.	Bldg. Owner (8)	ASCM No. N/A		Name of Contractor (9) Industrial Safety & Envir	onmental Solut	tions	, Inc.		
Street Address 3300 Hudson Avenue				Street Address 3300 Hudson Avenue					
City, State, Zip Code Union City, NJ				City State, ZipCode Union City, NJ 07087					
Project Manager for Monitoring Fin David Camacho	m Telephone No 201 325-0			Telephone Number (201)325-0055	enance or unione		ense N 1124	umber	
Scheduled Start Date (10) 07/20/2019	Scheduled C	ompletion Date	⊋ (11)	Name of OSHA Monitor ISES, Inc.	х				1/2
Occupancy Status During Abateme () Facility Closed/Vacated During	ent (Check only on	<u>e)</u>		Street Address 3300 Hudson Avenue				· · · · · · · · · · · · · · · · · · ·	
(X) Other - Describe: floor is	de of Normal Facili	ty Hours -		City, State, Zip Code Union City, NJ 07087	***				
Source of Work (Check all that app	nlw) /) Demolition	,	(x) Renovation					
() Minor Project (<25 SF or () Small Project (>25 <160 S	<10 LF ACM) (SF or >10 <260 I) Full Con _F ACM) (ntainme) Mir	nt with Negative Pressure (X) ni-Enclosure with Negative Press Procedure or Wrap and cut proce	ure	on-Fri	able Pr	rocedu	ıre
Location of Asbestos-	Is Location Nor			Description of ACM	Amount (Specify	P	Abateme	nt Type	e
Containing Material (ACM) To be Abated in Facility (13)	Solely by Maint Custodial St YES NO			(i.e. thermal systems insulation, cing, VAT, or other miscellaneous.)	SF or LF)	R e m o v a -	R e p a i r	E n c a p	E n c l o s ure
18th floor		Х	VAT a	and mastic residue	~ 18,500 SFT	Х			
17th floor		X	VAT	and mastic residue	~ 18,500 SFT	Х			
Name of Reg. Waste Hauler Newark Carting	NJDEP Waste F 04509	lauler ID#	Cubic ~ 30	Yards of Waste	Name of Reg. Lan Grand Central Sar 1963 Pen Argyl Ro	nitation	1		1
City, State 369 Raymond Blvd, Newark	NJ		Disp. 09/1	Date 0/2019	City, State Pen Argyl, PA	1807	2		
Completed by (Print or Type) David Camacho	Title Project Sup	ervisor	Signal	Millour Q	Date 07/10/2019				

State of New Jersey OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 'eniu MS. DEBRA M 115 Type Notification Agency Notified El Initial D FPA City, State, Zip Code ☐ Amended O DEP MAPLEWOOD, NJ, 07040 Amendment# ET DOL D Emergency (including E DOH justification) MS MediLLAN ☐ Cancellation D DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) DEBRA MEMILIAN School (K-12) Subchapter 8 (Other than K-12) Street Addres Other (i.e. private & commercial buildings. homes, etc.) # of Floors Bldg. Age Source Feet City (5) 1800 1940 MARLEWOOD Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) ONLY) RESIDENCE ESSEX Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 00388 201-329-7444 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 8/28/19 Omega Environmental Street Address Occupancy Status During Abatement (Check only one) 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code □ Abatement Performed Outside of Normal Facility Hours

☐ Other – Describe: 6:00 A H TO 5:00 M S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure D23sfor≥3lf A Renovation 2 Mini-Enclosure D'Glovebag Procedure □ Demolition D ≥ 160 sf or ≥ 260 lf ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Encapsulate Amount Asbestos Containing Material (ACM) -Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation. (Specify TO BE ABATED Custodial SF or LF) IN Facility surfacing, VAT, or 9:207 other miscellaneous) (13) (12)No NVA

70 LF THER HAL SUBTEMINSULATION BASEMENT Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of ID No. Best Removal Inc CUMBERLAND COUNTY LANDFILL 17109 City, State 8/28 17240 Hackensack , N.J. 07601 NEWBURGH Signature Completed by J. MAIORANO Estimator Do not use this form for asbestos licensure exempted activities

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Age	encies Notified	Type Notification			Street A	Address						- O. O.	1940 P. T.	CO		
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E CONTRACTOR OF THE PARTY OF TH	unty (6) ddlesex					Code (7) USE ONLY)		Current Use (F	Prior if be	ing demo	lished)			
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City	, State, Zip Code							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ate, Zip Code eld NJ 0702	6						
Pro	ject Manager for Mon	itoring Firm			Telepho	ne No.		Telepho (862)2	one No. 262-8006		License 01369					
	rt Date (10)				npletion	Date (11)			f OSHA Monite	or			-			
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☑ DOH DCA	justification) Cancellation	3			f Contact e Bilgori					Tel	enhone	Nun	ber.	-	LYNE MARK	_{Armenna} l
	_ Caricellation				ILITY INF		ION								-025	
Name of Facility Where Ab Residential Property	atement is Taking	Place (3)					Type of Fa	acility (4	4)						
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County (6) Union					Code (7) USE ONLY)		Current Us	se (Pric	r if bei	ng dem	olish	ed)			
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Street Address							100000000000000000000000000000000000000	Address South 5th	St.							
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Project Manager for Monito	rina Firm			Telepho	ne No.			beth, NJ	07206)	Licens	e No	N.			
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Start Date (10) 08/22/2019		Schedul 08/29/2		npletion	Date (11)			of OSHA M nvironme		.abora	atories	, Inc) .			
Occupancy Status During A	batement (Check	Only Or	ne)					Address								
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Other – Describe:	Outside of Norma	ir i aciiity	riours	' ,		_		tate, Zip Co n, NJ 070								
Scope of Work (Check All T	hat Apply)	0100-276					_	-					-7-1			
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In Facility (13)		Cus	(12)	otaii?	10		cing, VA				or LF)		Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste Danvic Contracting LL0		2.5	Н	JDEP W auler ID		Of Was		100000	me of R irless	J 753	red Land fill	UTIII				
City, State	J,		37	7574		2 Dispos	al Dete								120	
Elizabeth, New Jersey						TBD	al Date		, State orrisvil		Α					
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Jeymy Donneys	255	Owne	er ———			.4	legny	Down	1/)		08/	13/2	019		

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Date of Notification (1) 8/14/19 Agencies Notified Type Notification	7			of Building		Operator	(2)			AUG			2019	Local	
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Name of Monitoring Firm Hired by Building (Owner (8))	ASCN	И No.		1		ement Cor onmenta		JA 50300	LC			in the	
Street Address						Street	Address								
City, State, Zip Code						City, S	tate, Zip								
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one No 764-22			License	No.				
Start Date (10) 8/29/19	Schedul 9/6/19	ed Cor	mpletion	Date (11)		Name	of OSH	A Monitor							
Occupancy Status During Abatement (Check						Street	Address	3							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: basement	al Facility	Hours	nent S			City, S	tate, Zip	Code							
Scope of Work (Check All That Apply)									-		-				
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Name of Registered Waste Hauler		I N	JDEP W	aste	Cubic	Yarde		Name of F	Renieta	red Land	fill				
Newark Carting		White	lauler ID 4509		of Was			Grand (.an	dfill		
City, State Newark NJ					Dispos TBD	sal Date		City, State Pen Arg							
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Date of Notification (1) 8/14/19 INV 1360	2		of Building Own	er/Operato	r (2)		1 AUG	19	2019		had)
Agencies Notified EPA DEP Amended Amendmen		PO B	Address ox 643 ate, Zip Code	2040			ASBESTO LIC	OS CO CENSII	NTRC VG	L &	March Branch
	(including	Name o Raph	esex, NJ 08 of Contact ael Rodrigue	es			Telephone 908-361-				
Name of Facility Where Abatement is Takin house Street Address City (5)	ng Place (3)	170	TETT IN OKW	ATION		of Facility (4) School (K-12) Subchapter 8 Other (i.e. privetc.)	(Other than he ate & comme			A. II C. S.	es,
Highland Park County (6)		County	Code (7)		2000		# of Floors 2		Bldg. /	Age	
Middlesex Name of Monitoring Firm Hired by Building	Owner (8)	(STATE	USE ONLY)	100000000000000000000000000000000000000	home of Abat	ement Contra	actor (9)		11		
Street Address				Street	Addres	onmental S s 33, 4 E Gat		LC			
City, State, Zip Code				City, S	State, Zip					-	
Project Manager for Monitoring Firm		Telepho	ne No.	Teleph	none No 764-22	i.	License 703	e No.			
Start Date (10) 8/24/19	8/31/19	Completion	Date (11)	Name	of OSH	A Monitor					
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: basement	Period of Ab	atement			Address		72				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		novation molition			Mini- Glov	Containment -Enclosure /ebag Proced -Exempted (*	ure			·e	
Location of Asbestos-Containing Material (ACM)	No.	ocation rmally Solely by	Asbestos C	Description	of		Amount		Abate	emen /pe	
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basement	Yes	No N/A	pij	pe insula	tion		207 LF	×		ite	Ф
Name of Registered Waste Hauler Newark Carting	W. Carlo	NJDEP W Hauler ID 04509	No. of V	oic Yards Vaste D			gistered Land		ndfill		
City, State Newark NJ			Dis TB			City, State Pen Argyl	PA				
Completed by A. Scott Higgins	Title Preside	ent		Signature	/	1/2		Date. 8/14/1	9		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 7/29/19 Northern Burlington County Regional School District 2019 Agencies Notified Type Notification Street Address ☐ EPA 160 Mansfield Road East DEP ASBESTOS CONTROL & Initial City, State & Zip Code M LICENSING DOL X Amended R#1-8/14/19 Columbus, NJ 08022 DOH Emergency Name of Contact Telephone Number DCA Cancellation Richard Kaz 609-298-3900 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Northern Burlington County Regional High School School (K-12) NON SUB-CHAPTER 8 Street Address Subchapter 8 (Other than K-12) 160 Mansfield Road East Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 150.000 40÷ Columbus Burlington Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Briggs Associates** Bristol Environmental, Inc. Street Address Street Address 3 Crosswicks Street 1123 Beaver Street City, State & Zip Code City, State & Zip Code Bordentown, NJ 08505 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mike Hoodak 609-298-5520 (215) 788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8/12/19 8/16/19 Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: Bristol, PA 19007 Facility Occupied During Abatement 7:00AM - 3:30 PM Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure X ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Encapsulate Maintenance or (i.e., thermal systems Remova Enclsoure in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Exterior Overhang X **Transite** 1,350 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 10 Cu Yd Minerva Landfill City, State Disposal Date City, State Yardley, PA 8/14/19 Waynesburg, OH Completed By (Print or Type) Title Signature Date Gino Pizzigoni Project 8/14/19 Manager GI 19184

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

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White Plains, NY 10				_					Staten Island	NY '	10309						
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Ralph Barnhardt		Pr	oject	Ma	nag	er			MARIO	M	Lan)	0	3-	15	- 1	7

ASB-41 MAY 11

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

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Ralph Barnhardt		Pr	roject	Man	ager			Constant of the Constant of th			o made nestici			

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

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ARCADIS U.S Inc.							J	VN Restorat	tion Inc							
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(NJAC 5:23-8)	justificati		ıy	N	ame	of Contac	at			Telephone N	lumber	Water Street	NAME OF TAXABLE PARTY.	ė.
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Bank of America		_							☐ School (K-1					
Street Address						***			☐ Subchapter	8 (Other than K	(-12)			
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City (5)				-					Square Feet	# of Floors	F	ldg. A	ge.	
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County (6)				T	Coun	nty Code (7)(STATE USE	E ONLY)	Current Use (P	rior if being dem	nolished)			
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☐ Facility Closed/Vacate☒ Abatement Performed	d During Entil	re Period o	f Aba	temer	nt		1000 0.732977		n Avenue					
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Sunday 9:00 am to Scope of Work (Check all	3: 00 pm.	AM					LIC NY	11101						
	шагарріу)						⊠F	ull Conta	ainment with Ne	gative Pressure	ř			
≥3 sf or ≥3 lf ≥160 sf or >260 lf		1000		ation			□ N	∕lini-Encl	osure	9				
		☐ D	emol	lition					Procedure mpted (*) and No	n-Friable Proce	adura			
			s Loc	cation				TOTAL EXOL	nptou () and the	THE NAME OF TOOL		patem	ant T	ivno
Location				nally			Desc	ription of	f			7	T	1
Asbestos-Containing N TO BE ABA				olely b					erial (ACM)	Amount	Remova	Repair	nc	Enclosure
IN Facilit	Name and Address of the Owner, when the Owner, which the	Cu		al Stat	ff?	(1.6	thermal s	ystems in ng, VAT,		(Specify SF or LF)	SVOI	ai.	sqe	uso
(13)			(1				other mis			0, 0, 2,)	=		Encapsulate	ē
4et mi v v		Yes	N		I/A		455		27				(D	
1st Floor Vault			1			Floor T	ile and Ma	astic		90 SF				
Name of Registered Wast	e Hauler	K		16-21 72		Vaste	Cubic Yar	ds of	Name of Regi	stered Landfill				
Newark Carting	-117			and the little of the little o	1-56	0 No. 6	Waste 15			ntral Sanitary	Landfi	I		
City, State Newark, NJ							Disposal D		City, State	DA				
CONTRACTOR CONTRACTOR CONTRACTOR							09/29/2		Pen Argyl	PA				
Completed By (Print or Ty Ralph Barnhardt	pe)	Title Projec	t Ma	anage	er		Signa	ature /	Man	7	Date	15	- /	(4)

CK-1042			NOTII I)	FICATIO	N OF ASB	ESTOS AL 8:60 and	BAT	MENT 20)		E	CEI		E	In	1
Date of Notification (1) 08/15/2019	Inv 131	OSC)		of Building	Owner/Op University		or (2)	Ch		# 1640	004			The second second
Agencies Notified	Type Notification ☐ Initial				Address nal Ave					P	UG 19	201	j		
⊠ DEP ⊠ DOL	Amended Amendment				ate, Zip Co air, NJ 07				F	SBE	ESTOS CO LICENSI	NTR	DL &		
☑ DOH ☑ DCA	☐ Emergency (ir justification) ☐ Cancellation	icluding			of Contact erdinand						ephone Nur 3-655-5546	nber	Ment Fores 2	NE ANDER	coad
				FAC	ILITY INF	ORMATIO									
Name of Facility Where A	Abatement is Takino	g Place (3	3)					ype of Facilit School (K							
Street Address 1 Normal Ave								Subchapt Other (i.e.				lgs., h	omes	, etc.)	lu.
City (5) Montclair							S	quare Feet 20,000		# 0	f Floors 2		8ldg. <i>F</i> 55	\ge	
County (6) Essex					Code (7) USE ONLY)	C	urrent Use (F Ed	Prior if be lucation		demolished)				
Name of Monitoring Firm Detail Associates, Inc	Hired by Building (Owner (8)		ASCI	M No.			of Abatement Corporation	Contract	or (9)				
Street Address 560 Sylvan Avenue								Address nion Bouleva	ard						
City, State, Zip Code Englewood Cliffs, NJ	07632					Cit To	y, St towa	ate, Zip Code a, New Jers	ey 0751	2					
Project Manager for Mon Anthony Valentine	itoring Firm			Telepho 201-56	one No 9-6708			one No. 25-8400			License N 01104	0.			
Start Date (10) 08/16/2019		Schedul 08/19/2		mpletion	Date (11)			of OSHA Mon vironmental		torie	s, LLC				
Occupancy Status During		355	1 64					ddress Route 22 We	est	-					
	cated During Entire ned Outside of Norm Occupied					City Un	y, Sta	ate, Zip Code NJ 07083							
Scope of Work (Check A	II That Apply)														
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10.0					1		- /	□ Non-Exe	empted () and	d Non-Friab	le Pro		e ement	
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TO BE ABA			todial	Staff?	(i.e.	thermal sy surfacir		ns insulation,			pecify or LF)	Ren	Re	ncal	Encl
(13)	,		(12)			other mis				OI.	OI LI)	Remova	Repair	Encapsulate	Enclosure
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Room 411			Х		VAT and	d Mastic					200 SI	X			
Name of Registered Was Lilich Corporation	ste Hauler	14		NJDEP W Hauler ID 18724		of Waste		55000	me of Re	70225790	red Landfill				
City, State Totowa, New Jersey						Disposal 08/19/20			y, State orrisville	, PA					
Completed by Adriana Olejarova		Title Pre	esider	nt		Sig	hatu	e	2A		Da 08		2019		

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

te of Notification (1)			Mon	itclair S	iding Owne Itate Unive	ersity		Chec	k#16	1 9 201	Q			1
encies Notified	Type Notification		Stree 1 No	et Addre ormal A	ess Ave				nou	1 0 201	J	80.000	-	
EPA DEP	☐ Initial ☐ Amended Amendment # 3		City	, State, ntclair,	Zip Code NJ 07043	3		AS	1.	OS CONTR CENSING none Number				
DOL	☐ Emergency (included justification) ☐ Cancellation	ding	Am	ne of Co y Ferdi	nand				973-6	55-5546				
DCA				FACILIT	Y INFORM	MATION	Type of Fac	ility (4)						
ame of Facility Wher ISU, Bohn Hall treet Address	e Abatement is Taking Pl	ace (3)					☐ School	(K-12)	er than	ı K-12) mercial bldgs.	hom	es, et	.c.)	
Normal Ave							Square Fee		# of F	loors 2		. Age		
city (5) Montclair			Co	unty Co	ode (7)		20,000 Current Us	e (Prior if b	eing de		00.71.50			_
County (6) Essex			(5)	TATE US	EONLY) _		ne of Abatem	Education	NITCH CONTRACT		-			_
lame of Monitoring F Detail Associates,	irm Hired by Building Ow Inc	mer (8)		ASCM I	NO.	Lilio	ch Corporati	on						_
Street Address 560 Sylvan Avenue	9	***************************************			ů.	246	et Address 3 Union Bou							
City, State, Zip Code Englewood Cliffs, I						City	r, State, Zip C lowa, New J	lode Iersey 075	12					
Project Manager for	Monitoring Firm			elephon 01-569			ephone No. 3-225-8400			License No. 01104				
Anthony Valentine Start Date (10)	. §	Scheduled		oletion D	ate (11)	Nai	me of OSHA Environme	Monitor ntal Labor	atorie	s, LLC		112		
08/14/2019	ruring Abatement (Check		568 <u>55</u>			Str	eet Address 33 Route 22			•				
☐ Facility Closed	d/Vacated During Entire F rformed Outside of Norm ribe: Occupied	Period of A	batem	nent		Cit	y, State, Zip (nion, NJ 070	Code						
Scope of Work (Che														
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			Locatio		=		<u> </u>	11-Exempte	4 () 4.			Abate		
Asbestos-Conta	cation of ining Material (ACM) <u>E ABATED</u> Facility (13)	Used	ormall d Solel ntenar odial S (12)	y by nce/	Asbest (i.e.	os Conta thermal s surfaci	cription of lining Materia systems insula ing, VAT, or iscellaneous)	ation,	(\$	Amount Specify F or LF)	Removal	Repair	Encapsulate	The second name of the second
9	1	Yes	No	N/A						200 SF	~			+
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Linei Corporation						Dispos 08/16/2	al Date 2019	City, Sta Morris		A		4		
City, State Totowa, New Jer	sey					100-000-000								

Date of Notification	CYULA			NOTI	CATIO	OF ASE	8 60 an	ABATE	MENT	ΓĪ	[<u></u>	E	0	C	Π	7\/7	E I	
Agencies Notified Part		01-13/0	10	U	Name o	f Building	Owner	Operator		-	B		G		<u>[]</u>	W		M
DeP DOL		Type Notification	71				eveiga						AUG	-1-9) 2	019	Transition and St.	IJ.
Dol.					City, Sta	ate, Zip C	ode		5-5-11-5			ASE	ZECT	00.0	ONE	TDO!	0	
Street Address		Amendment Emergency	(including	_	Madi	son NJ	07940				Tables of the last	Securities, et	L	CENS	SING		_ Ct	o harrier brok
Name of Facility (Where Abatement is Taking Place (3) Residential Street Address					Fred	Deveig	a				1	i elep	none	Numn	ρr			
Street Address School (K-12) School (K-12		Abatement is Takir	g Place (3)	FAC	ILITY INF	ORMATI	ON	Тур	e of Facility	(4)					V		
City (5) North Arlington NJ 07031 City (5) North Arlington NJ 07031 County (6) Bergen County Name of Monitoring Firm Hires by Building Owner (8) Mark Jovic Consulting, LLC Street Address 87 Main Street, Suite A City, State, Zip Code Lincoln Park, NJ 07055 Start Date (10) Scheduled Completion Date (11) Solidar (12) Street Address Madison Avenue Full Containment with Negative Pressure Mini-Enclosure Giovebage Procedure Abatement Performed Outside of Normal Facility Hours Occupancy Status During Abatement (Check Only One) Start Date (10) Street Address Madison Avenue Full Containment with Negative Pressure Mini-Enclosure Giovebage Procedure Abatement Performed Outside of Normal Facility Hours Occupancy Status During Abatement (Check Only One) Abatement Performed Outside of Normal Facility Hours October Owk (Check All That Apply) Location of Abatement Performed Outside of Normal Facility Hours October Owk (Check All That Apply) Location of Abatement Performed Outside of Normal Facility Hours October Owk (Check All That Apply) Location of Abatement Describe: Street Address Madison Avenue Giovebage Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1			=:::-						H			Other	than I	<-12)				
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Bergen County Ascent As	North Arlington N	J 07031									7		loors					
Mark Jovic Consulting, LLC Street Address 37 Main Street, Suite A City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Mark Jovic Start Date (10) 08/24/2019 Scheduled Completion Date (11) 08/24/2019 Scheduled Completion Date (11) 08/25/2019 Street Address 41 Maddison Avenue City, State, Zip Code Rochelle Park NJ 07662 Project Manager for Monitoring Firm Mark Jovic Start Date (10) 08/24/2019 Scheduled Completion Date (11) 08/25/2019 Scheduled Completion Date (11) 08/25/2019 Street Address Management LLC Occupancy Status During Abatement (Check Only One) Street Address Maddison Avenue City, State, Zip Code Rochelle Park NJ 07662 Street Address Maddison Avenue City, State, Zip Code Rochelle Park NJ 07662 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Absestos-Containing Material (ACM) In Facility (13) Safer Call Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Absestos-Containing Material (ACM) (i.e. thermal systems insulation, (Specify Type Type Type Type Absestos-Containing Material (ACM) (i.e. thermal systems insulation, (Specify Type Type Type Type Type Type Type Typ)				rior if	being	demo	olished	1)			
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Project Manager for Monitoring Firm Mark Joyce Project Manager for Monitoring Firm Mark Joyce Start Date (10) 08/28/2019 Scheduled Completion Date (11) 08/28/2019 Scheduled Completion Date (11) 08/28/2019 Scheduled Completion Date (11) 08/28/2019 Name of OSHA Monitor NorthEast Management LLC Street Address Madison Avenue City, State, Zip Code Rochelle Park NJ 07662 Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Asbestos-Containing Material (ACM) 10 BE ABATED In Facility (13) Location of Asbestos-Containing Material (ACM) 10 BE ABATED In Facility (13) Basement Normally Used Solely by Maintenance/ Custodial Staff? (13) Yes No N/A Basement Normally Used Solely by Maintenance/ Custodial Staff? (13) Normally Used Solely by Maintenance/ Custodial Staff? (14) Normally Used Solely by Maintenance		uite A									ue							
Project Manager for Monitoring Firm Mark Jovic 973-650-0932 201-577-1381 License No. 02008	City, State, Zip Code Lincoln Park,NJ (7035						City, S	tate, i	Zip Code e Park NJ	076	62						
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Same for ≥3 if ≥160 sf or ≥260 if								Roc	helle	e Park Nu	J 076	62						
Stocation of Asbestos-Containing Material (ACM) Stocation of Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Basement Mame of Registered Waste Hauler NorthEast Management LLC No. 0038376 No. 0038376 No. 0038376 No. 0038376 No. 0008 No.	23 sf or ≥3 lf	881 73	× F	Renova Demoli	ation tion				M	ini-Enclosui lovebag Pro	re ocedu	re						
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Date of Notification (1)				land	Name	of Building	Owr	ner/Operator (2	2)		AUG 19	20	19	171	1
08/	14 / _	19				Peto				J 1	3	77	60	- Commence	
Agencies Notified	Type Notificat	tion			Street	Address					ASBESTOS C	TINC	ROL	8	on particular and
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(NJAC 5:23-8)	justification Cancellation					of Contact Peto				Т	elephone Numbe	r			
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Name of Facility Where A	batement is Ta	akina P	lace (3)	.,,,		-		Type of Facilit	v (4)					-
Residence		9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,					School (K-						
Street Address									Subchapte	r 8 (C	Other than K-12)				
Street Address								1		A	ate and commerci	al bui	ldings	,	
City (5)									homes, etc Square Feet	- 0	# of Floors	Bld	g. Ag	e	-
Lavallette									1800 sf		1		5	ā	
County (6)					Count	ty Code (7)	(STA	TE USE ONLY)	Current Use (I	Prior	if being demolish	ed)			
Ocean					,				Residence	•					
Name of Monitoring Firm	Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Cuardian Contraction Inc.														0
Guardian Contracti	ng, Inc.						G	iuardian Cor	ntracting, Inc	: .					
Street Address Street Address															
1889 Rte. 9, Unit 61							1	889 Route 9,	, Unit 61						
City, State, Zip Code								, State, Zip Co							
Toms River, New Je								oms River, N	New Jersey ()875					
Project Manager for Mon	itoring Firm			195-9121	phone I	3.	-	ephone No.			License No.				
Nicholas Fernicola					2-349-		-	32-349-9932			00624				
Start Date (10) 08 / 26 /	5.700.0				tion Dat	- 210 A		ne of OSHA M . M.S.L. Anal							
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≥3 sf or ≥3 lf		_	Ren					☐ Mini-Encl	losure						
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			ls l	ocat	ion				, , , , , , , , , , , , , , , , , , , ,	Т		Aba	ateme	ent T	уре
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IN Facili			Custo		Staff?	(1.6.		surfacing, VAT,			SF or LF)	val	7	nsc	Sure
(13)	150			(12)	Τ		otl	her miscellane	ous)					ate	(b)
			Yes	No	N/A			f		+	1800 sf				
exterior		L	4			asbesto				+				$\frac{\sqcup}{\sqcap}$	
exterior		L				chimne	7			+	7 sf				
exterior		L				window	_	100 to			12 windows				
bathroom & sunroon		Į L	1			asbesto		SWAND WEST TO SEE THE SECOND S	T=		185 sf	\boxtimes	Ш	Ш	Ш
Name of Registered Was Guardian Contracti				1999	IJDEP \ lauler II	O No.	Wa	bic Yards of iste	Name of Re T.R.R.F.	-	ered Landfill				
City, State	3,				20223	3	Dis	posal Date	City, State						
Toms River, New J	ersey						1000	8/28/19		n, P	Pennsylvania				
Completed By (Print or T		Title						Signature	1		Dat	e /	1		
Nicholas Fernicola		Pro	ject	Man	ager				1		0	8/1	4/	19	

					2000 ##	on graphs	mag.					r-sannun	welvinos a S			Pr	int Fo
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Date of Notification (1) 8/14/19	M3		Too		of Building Jersey C						A	UG	19	20	19		7
	Notification			Street A	Address hurch S	treet 3	d Flo	or	-		100	070	0.00	CALLE C	γ <u></u> (1. 9	1	
DEP 7	nitial Amended		-	City, Sta	ate, Zip Co	ode		O1,		e de la companya del companya de la companya de la companya del companya de la co	ASBE	LIC	ENS	iNG	TOL C	Constants	
	Amendment #_ Emergency (inc	luding	-	0.000 -000	Brunswic	ck NJ 08	3901				T-1-		- NI				
	ustification) Cancellation				lersey C	ommun	ity Ca	apital				phone 3-841			334		
Name of Facility Where Abatem	ent is Taking P	lace (3)		FAC	ILITY INF	ORMATIC	ON	Type	o of Fac	silitor (A)							
Traine of Facility Where Abatem	entis raking P	iace (3)						Т	e of Fac	ility (4) I (K-12)							
Street Address					15	7/1)	9	×	Subch	apter 8 (i.e. priv	(Othe				dings,	home	es,
City (5) Belleville	-1- Hilling 1992		70			110	/		etc.) are Fee	t	# of	Floors	S	E	Bldg. A	ge	
County (6) Essex					Code (7)				ent Use	e (Prior	if bein	g den	nolist	ied)		-	
Name of Monitoring Firm Hired I	by Building Owr	ner (8)		ASCN		/ 			atemen			The second					-
Street Address							Street	Addre				VALS	<i>-</i>				-
City, State, Zip Code									DOVE		JRT						
ony, state, zip code									Zip Cod OD, N		01						
Project Manager for Monitoring	Firm			Telepho	ne No.		Teleph 732-					Licen 1200	se No	0.			
Start Date (10) 08/25/2019		hedule 3/28/2		pletion	Date (11)				HA Mo		SION	IALS	3				
Occupancy Status During Abate	ment (Check O	nly One	;)				Street										
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	ring Entire Perionical F	od of Al acility	oatem Hours	ent			City, S	state, 2	DOVE Zip Cod	e							-
Scope of Work (Check All That A	Apply)						L/ (((,00,1	10 007	01						-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Total Access	-	enova emoliti				×	M Gl	ull Conta ini-Enclovebag on-Exer	osure Proced	dure					5	
Location of			ocation			Date	cription		DIT EXO	i piou () unu	14011	1100	T	Abate Ty	ment	
Asbestos-Containing Materia TO BE ABATED In Facility (13)	il (ACM)		Solel itenar idial S (12)	ice/	Asbes (i.e.	tos Conta thermal s surfaci other mi	ining N systems ng, VA	Materia s insul T, or	lation,)	(Sp	nount becify or LF)		Removal	Repair	Encapsulate	Enclosure
INTERIOR		Yes	No	N/A										=		ate	Ĝ.
INTERIOR					P	ACM Pip	e Ins	ulatio	on		70	LF		х			
Name of Registered Waste Haul	er		N.	JDEP W	/aste	Cubic Y	'ards		Nam	e of Re	gister	ed La	ndfill				
NEWARK CARTING			32.50	auler ID 1509	No.	of Wast	е		IES								
City, State NEWARK, NJ	11					Disposa 08/28/				State THLEH	HEM	PA					
Completed by JOSEPH PERLSTEIN		Title OWNE	ER.			Sig	gnature		***************************************				Dat 08	e /14/1	19		

INV13772	Stat	te of Ne	ew Jersey		Semantina of Control o			
NOTIFI			BESTOS AE	BATEME	NTO E C			M
			2. 8:60 and					
Date of Notification (1) 08/14/2019			Owner / Operato artinez & Mari		_ AUG	1 9 2019	ALL THE COLUMN	
Agencies Notified Type Notification	Street Ad	The second secon	artinez & iviari	ia iviartine.			NAME OF THE OWNER, OWNE	**********
□ EPA □ DEP □ Initial	Oltra Otal	. 0 7: 0			ASBEST	OS CONTRO)L&	
☐ DEP ☐ Initial ☐ Amended	City, State	ie & Zip C NJ 07801			Constitution of the Consti	province of a control of the province		in extensive
□ DOH □ Emergency □ DCA □ Cancellation	Name of	Contact	artinez & Mari	ia Martine		Telephone N	lumb	er
			ORMATION					
Name of Facility Where Abatement is Taking Plac Saskia Salas-Martinez & Maria Martinez	ce (3)		Type of Facil					
Street Address			School (n-12) oter 8 (Other	r than K-12)			
			Other (i.	e. private &	commercial buildin	gs, homes, e	etc.)	
City (E)	10 0. 1	1 (7)	Square Feet	# of	Floors	Bldg. Age		
City (5) County (6) Dover Morris	County Cod	ie (7)	Current Use	(Prior if bein	g demolished)	139)	
linority in the second	8		Residentia		ig demonstred)			
Name of Monitoring Firm Hired by Building Owner Health & Safety Services	r (8) A	SCM No.	Resource N	/lanageme	tractor (9) ent Group, LLC.			
Street Address P.O. Box 365			Street Addres		ie, Suite 202			
City, State & Zip Code			City, State &		ie, Suite 202			
Berlin, NJ 08009			Trenton, N.	J 08619				
Jim Proctor 8	elephone Nu 356-839-243	2	Telephone N 609-914-42	79	License N	Number 01185		
Scheduled Start Date (10) Scheduled Comp 8/26/2019 Scheduled Comp	netion Date (1 1 27/2019	11)	Name of OSI J&S Enviro		aboratories, Inc	:.		
Occupancy Status During Abatement (Check only Facility Closed/Vacated During Entire Per		ment	Street Addres	ss	, , , , , , , , , , , , , , , , , , , ,			
Abatement Performed: During regular ope			City, State &					
5pm Describe:			Union N.I.	7002				
Facility Occupied During Abatement			Union, NJ (11003				
Scope of Work (Check all that apply)								
≥3 sf or ≥3 lf	□ Renova	ation			Containment with N -Enclosure	Negative Pres	ssure	Ġ.
☐ ≥160 sf ≥260 lf	☐ Demolit				e Bag Procedures			
Looking of	1-1		D		Exempted and No			
Location of Asbestos-Containing	Is Location Normally Use	ed	Description Asbestos-Con		Amount (Specify	Abatem	ent I	ype
Material (ACM)	Solely by Maintenance of		Material (A		SF or LF)	7	Enc	ū
	Custodial Staf	50	i.e., thermal s nsulation, surfac			Remova	caps	Enclosure
(13)	(12)		or other miscell	aneous)		val a	Encapsulate	ure
Basement	res No N/		Pipe Insula	tion	16 LF			
Dasement		1	ripe ilisuic	ition	10 LF		H	H
		-						
	++++	╣	XX (XX 11)				H	H
Name of Registered Waste Hauler	100,000		Cubic Yards of Waste	Name of R	Registered Landfill			
Resource Management Group, LLC	00352		TBD	Grows La				
City, State Trenton, NJ 08619			Disposal Date	City, State Morrisvil				
Completed By (Print or Type) Mr. Brian Haney	Title Presid		Signature	MA	111	Date 08/14/2	019	ĺ
			+1111		r 9			
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CK2186		NOTIF	ICATIO	tate of Ne N OF ASE t to NJAC	ESTOS	ABATE	ME 0)	NT [3)-5	<u> </u>	<u>U</u>	<u> </u>		-
Date of Notification (1) 08/13/2019	3771			of Building est Main				Ledgewoo	od Prop		9 2(nc.)19		#
	Notification			Address est Main	Street	t			ASI	BESTOS	CONT		&	
EPA DEP DOL	Amended Amendment #_ Emergency (including			ate, Zip Co ham Boi		NJ 079	945	5		growner dation in a series	ace arriver	S COMPARTONIO	ores um der	The same of
DOH DCA	justification) Cancellation			of Contact m Strazo	das					ephone N 2-812-0				
			FAC	ILITY INF	ORMAT	ION								
Name of Facility Where Abate Commercial / Residentia		3)		812278 B			Ту	pe of Facilit				Va		
Street Address 15 West Main Street							×	Subchap	ter 8 (Oth	er than K- & commer		ldings	hom	es,
City (5) Mendham Borough							So	quare Feet	# o N//	f Floors A	0.8	Bldg. A	\ge	
County (6) Morris				Code (7) USE ONLY)			urrent Use (F ommercia				a		
Name of Monitoring Firm Hired N/A	by Building Owner (8)	ASC	M No.			of A	Abatement Coatement,	ontractor					
Street Address						Street	Add							
City, State, Zip Code						City, S	state	, Zip Code , NJ 0751:						
Project Manager for Monitoring	Firm		Telepho	ne No.		Teleph 9733	none	e No.		License 01311	No.			
Start Date (10) 08/24/2019	Schedul 09/10/		mpletion	Date (11)		Name	of C	SHA Monito		01011				
Occupancy Status During Abat	ement (Check Only Or	ne)				Street	Add	Iress						
Facility Closed/Vacated D Abatement Performed Ou Other – Describe: Occupi	tside of Normal Facility	Abaten / Hours	nent			City, St	tate	, Zip Code						
Scope of Work (Check All That	Apply)				_	10101	wa,	NJ 07512						
≥3 sf or ≥3 if ≥160 sf or ≥260 lf		Renova Demolii				×		Full Contain Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure	8000000 00			a	
Location of	3.5	Locati	1000		Day	scription						Abate		
Asbestos-Containing Mater TO BE ABATED In Facility (13)	Ma (ACIVI)	d Sole intena todial s (12)	nce/	Asbest (i.e.	tos Cont thermal surfac	aining M systems cing, VA niscellan	later s ins T, o	r	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
0 151	Yes	No :	N/A					105-					ate	ro'
2nd Floor		X		Pla	ster W	/alls &	Ce	ilings	24	50 SF	X			
Name of Registered Waste Hau	ıler	l N	JDEP W	/aste	Cubic	Yarde		Namo	f Pegiata	red Landfi				
D&S Abatement, Inc.		Н	auler ID 0996	2000	of Was			100000000000000000000000000000000000000	ss Land					
City, State Гotowa, NJ					Dispos TBD	al Date	19	City, Sta Morris	ate ville, PA	Ą				
Completed by Ned Joksimovc	Title Proje	ct Ma	ınager		S	ignature	/A	/			ate 8/13/2	2019		

Print Form

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Date of Notification (1) 08/13/2019 INV 377	0			of Building Greczek		perato	r (2)		UL		AUC	1	9 2	019	and the state of t	
Agencies Notified Type Notification Initial Amended DOL Amendmer			City, St	Address rate, Zip C Brunsw		08902	2		-	ASI	BEST L	ros ICEN	CON	TRO G	1.8	
□ Emergency justification □ DCA □ Cancellation)]	Name o	of Contact Greczek						Tele	phone	e Nun	nber			
Name of Facility Where Abatement is Taki	ng Place (3)	FAC	ILITY INF	ORMAT	ON	Тур	e of Facili	ty (4)							
Street Address							×	School (Subchap Other (i.e etc.)	ter 8					dings	, hom	ies,
City (5) North Brunswick							Squ N/A	are Feet		# of I	Floors	S		Bldg. /	Age	
County (6) Middlesex			(STATE	Code (7) USE ONLY	n		Ho	rent Use (use				nolish	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.				atement (atement,			9)		70.00	6		
Street Address							loser	ngren Av	enu/	е						
City, State, Zip Code								Zip Code NJ 0751	2							
Project Manager for Monitoring Firm			Telepho			Teleph 9733	34586	685		- 1	Licen 0131	se No),			
Start Date (10) 08/23/2019	08/24/		mpletion	Date (11)				SHA Monit tement,	-							
Cocupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: Occupied	Period of	Abater	ment s			City, S	osen	ess igren Av Zip Code NJ 0751		Э		11				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	pressuring	Renova Demoli				TO(O	Fu Mi GI	ull Contain ini-Enclos lovebag P on-Exemp	ment ure roced	ure					e	
Location of	1	Locat	lly		Des	cription	of								pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial ((12)	nce/	Asbes (i.e.	thermal surfac	aining N systems sing, VA siscellan	s insul T, or			(Sp	ount ecify or LF)		Removal	Repair	Encapsulate	Enclosure
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lame of Registered Waste Hauler		Н	IJDEP W		Cubic of Was			Name o				ndfill				
City, State			0996		TBD Dispos			Fairle City, St	ate							
otowa, NJ Completed by Jed Joksimovc	Title Proje	ct Ma	nager		TBD	gnature		Morris	ville	, PA		Date		019		

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116 In 9-21	2	NOTIF	CATIO	tate of New N QF ASBE	STOS /	ABATEN	MENT					
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Date of Notification (1)	11/1257/	9	ins.	Building C			(2)					
Agencies Notified Type	Notification		Street A	Address		0X		ASBE	STOS C	ONT	HOL	&
	nitial		Oll CCL 7	ida coo.					ICEN			Mark Control
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	Amendment # Emergency (includin	g	Namo o	7//Tof Contact	ou		NJ	020				
	ustification) Cancellation			NCY	(.0	X		Telephone	Number			-
N		-		ILITY INFO				- Contract				
Name of Facility Where Abatem RESIDENTIAL	ent is Taking Place	(3)					Type of Facility					
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							Other (i.e. etc.)	private & comm	ercial bui	ldings	, home	es,
City (5)		1					Square Feet	# of Floors		Bldg. A	Age	
(+A17, 17000 County (6)			County	Code (7)			Current Hea /Pr	rior if being dem	oliobod)	M	1	
Sound (o)				USE ONLY)		_ ,	1	STAL	olished)			
Name of Monitoring Firm Hired to		3)	ASC	И No.	T	Name o	of Abatement Co	ontractor (9)				
ATTAS ENV. IN	SPECT					FRY	MAR C	CONSTRUC	5/10	<i>y</i>		
Street Address						1	Address	(2)				
City, State, Zip Code)			***************************************			30 X //	0				
PH-1/17, PA 191	16					PI	41/14 /	A 191				
Project Manager for Monitoring F	Firm		Telepho				one No. 724-469	Licens	_	/		
Start Date (10)	Schedu	iled Con	pletion	74-469 Date (11)	3		of OSHA Monitor	/	270)		
8-26-19	8-	26-	***				, o o i ii i i i i i i i i i i i i i i i					
Occupancy Status During Abate	ment (Check Only C	ne)				Street A	Address	1,121/2-2			-11-33-3	
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	ring Entire Period of ide of Normal Facilit	Abatem ty Hours	ent	×		City, St	ate, Zip Code			411		
Scope of Work (Check All That A	(pply)	/										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti					Full Containm Mini-Enclosur Glovebag Pro		ve Pressi	ıre		
							Non-Exempte	ed (*) and Non-F	riable Pro		e ement	
Location of	1	s Location Normall			Dee					200 100 000 000 000	pe pe	8
Asbestos-Containing Materia		ed Solel aintenar		Asbesto	s Conta	cription of ining Ma	aterial (ACM)	Amount			ш	П
TO BE ABATED In Facility		stodial S (12)		37	surfaci	ing, VAT		(Specify SF or LF)	Removal	Repair	ncap	Enclosure
(13)			T	(other mi	iscellane	eous)		oval	air	Encapsulate	sure
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A11 -77 5			-	00								
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Name of Registered Waste Haule	er	l N	 JDEP W	laste	Cubic Y	'ards	Name of	Registered Lan	dfill			_
-0		H	auler ID		of Wast				2	J.		
City, State	STRUCTK	10-10	030	157	Disposa	/ al Date	City Sta	TERM 1	DEKI	5		
PHILA PA)				8-27		BIRI	DSBORN	1	11		
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Date of Notification (1)	NV131	50)	Name o	of Building Ov	vner/Operat	or (2	2)		AUG 1	9 2	019	i i	
Agencies Notified T	ype Notification			Street A	Address	7/100	/					Manufact error	-	
☐ EPA [2	Initial									ESTOS (CONT SING	HOL	. &	
DEP DOL	Amended Amendment #			0	ate, Zip Code			-	_	THE WASHINGTON TO SERVED THE SERV	en Germania	Peter Peters	STORE, GRUTHING	token versa
	Emergency (ir		_	Namo	=// <i>UTA</i>	WR		NJ						
DOH DCA	justification) Cancellation				-la C	AC	1			Telephone Nu	mher			
					ILITY INFOR								_	_
Name of Facility Where Aba		Place (3)				Т	ype of Facilit	ty (4)					
KESIDE TIAL Street Address								School (F	K-12)	(OIIII IZ 44	2)			
ou oct / todi coo		7.755						Other (i.e	ter 8 (Other than K-1: ate & commerci	2) al buil	dings	, hom	es,
City (5)							S	etc.) quare Feet		# of Floors	F	Bldg. /	Ane	
BE//VTAWR	ルフ	-						1600		7		~/		
County (6)					Code (7)			urrent Use (F		f being demolish			1	
Name of Manitaria - Fig. 11	and bur D. W. W				USE ONLY) _		1	RESID Abatement C	60	TIAL				
Name of Monitoring Firm Hi	red by Building Ov	wner (8))	ASC	И No.			_						
Street Address	10-3160							17AR	C0	0-STRUC	171	00		
POBOX 116	45							20x //	150	27				
City, State, Zip Code						City,	State	e, Zip Code	20					
PHUA IA	19116					P	14	VA PI	4	19116				
Project Manager for Monitor	ring Firm			Telepho		Telep	phone	é No.	10	License N	(Promo-	,		
Start Date (10)	To	Schodul	ad Con	oplotion	24-465 = Date (11)		1.	184-46	5%	4 0/2	16	-		
8-15-18		2-	//-	19	Date (11)	Name	e or c	OSHA Monito	or					
Occupancy Status During A	batement (Check	Only Or	ne)	//		Stree	et Ado	dress					7/10/75/2	
Facility Closed/Vacated	d During Entire Pe	riod of	Abaten	nent										
Abatement Performed Other – Describe:	Outside of Normal	Facility	/ Hours	i		City,	State	e, Zip Code				3-7.01	10000000	
Scope of Work (Check All Ti	hat Analy)							_/_						
≥3 sf or ≥3 lf	пат Арріу)	Ū F				Г		_						
≥3 \$1 01 ≥3 11 ≥160 \$f or ≥260 If			Renova Demolit					Full Contains Mini-Enclosu		with Negative P	ressu	re		
		-				-		Glovebag Pr	ocedu	ure and Non-Friabl	a Dea	a a al		
		le	Locati	on			_	Non-Exempl	leu ()	and Non-Friable	e Pro		e ement	
Location of		1	Vormali	ly		Descriptio	n of						ре	
Asbestos-Containing Ma TO BE ABATE			d Solel intenar		Asbestos	Containing	Mate	erial (ACM)		Amount			ш	
In Facility	<u></u>		odial S (12)		S	rmal system surfacing, V	AT, o	or		(Specify SF or LF)	Remova	Repair	псар	nclo
(13)	-		(12)		oth	her miscella	aneou	us)		50	oval	pair	Encapsulate	Enclosure
		Yes	No	N/A									te	ND.
					SHEET	- Ray	K	TAPE		400 SF	V			
BASEMENT														
										- William				
Name of Registered Waste H	Hauler			JDEP W		ubic Yards		Name o	f Reg	istered Landfill				
FRYOTAR CO	STRUCT	1134	/ H	auler ID	NO. 750 of	Waste /		WE	57	PN 1	3	da	1	
City, State	1	100) 1		sposal Date	9	City, Sta		in or	10	<u> </u>	>	
PHILA	PA				8	. / /	2	1311		SBORD		1-	1	
Completed by	2.0	Title	16) ₁₌ C		Signatur	e)	1	>	Dat	е			
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Date of Notification (1) 08 /	14 /	19		100000000000000000000000000000000000000			vner/Operator (2)		li A	UG	19	20	19	A s. demokra	IJ
	14 / -					Publ	lic Schools		for to	-					Jones	Ideig _a
Agencies Notified	Type Notifica ✓ Initial	ation		90000	t Address	Tax	***			ASBI	CTO	12.00	TIME	201	2	
☑ DOLWD	☐ Amended	t			Ranoldo State, Zip	0.000				ASDE	LIC	ENS	NG	:06		
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☐ DCA (NJAC 5:23-8)	☐ Emergen justificati		ıg		of Contac					Teleph	one N	lumbe	r			
(NSAC 3.23-6)	Cancellat			100000000	eg McCa						429-					
						953	RMATION						-			_
Name of Facility Where A	batement is 7	Taking Plac	e (3)	- 10	CILITI	VI OI	MINITION	Type of Fac	ility (4	1)						
Horace Mann Eleme		4.70	(-/					School (5000000							
Street Address								Subchap					1.16	11-11		
150 Walt Whitman E	Boulevard							Other (i.e. homes,		vate and	com	merci	al bu	ilaing	S,	
City (5)								Square Fee		# of F	loors		Blo	ig. A	ge	
Cherry Hill								85,000		2			8	30		
County (6)				Cou	nty Code (7)(STA	ATE USE ONLY)	Current Use	(Prio	r if bein	g dem	nolishe	ed)			
Camden								School								
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contracto	r (9)							
TTI Environmental,	Inc.			000	03	5	Shade Enviro	onmental, L	LC							
Street Address						Str	eet Address									
1253 N. Church Stre	eet					6	323 Cutler Av	/enue								
City, State, Zip Code						Cit	y, State, Zip Co	ode								
Moorestown, NJ 080	057					I	/laple Shade	, NJ 08052								
Project Manager for Monit	toring Firm		Те	lephone	No.	Tel	lephone No.			Licens	se No					
Jim Guilardi				856-840		8	356-755-0099			008	342					
Start Date (10)		Scheduled (Na	me of OSHA N	lonitor		*						
	19	09	/_(06/	19	E	MSL Analyt	ical, Inc.								
Occupancy Status During	경인 하는 경기를 보고 있는데 하다니					Str	eet Address			X3.12=2.00	5-2m14r-		.3		1.55-1-1	
☐ Facility Closed/Vacate						2	200 Route 13	0 North								
Abatement Performed Time of Abatement:		ormal Facilit PM/	ty Ho PN		scribe AM	City	y, State, Zip Co	ode								
Time of Abatement.				VI		(Cinnaminsor	i, NJ 08077	9				Internal Control		-50110	
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						-///										
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City, State				1083		Dis	posal Date	City, State	3							
Freehold, NJ						0	9/06/2019	Morrisv	ille,	PA						
Completed By (Print or Ty	pe)	Title				1	Signature	7				Date				
Christina Lynch		Vice P	resid	lent of	Operatio	ns	()heel	all				8	14	10	q	

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Street Address							Street Address									
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Moorestown, NJ 080	57						Maple Shade	, NJ 08052								
Project Manager for Monito	ring Firm			Tel	ephone	No.	Telephone No.			Lice	ense N	No.				
Jim Guilardi				.8	56-840	0-8800	856-755-0099)		0	0842					
Start Date (10)	8	Schedu	led C	ompl	etion Da	ate (11)	Name of OSHA M	Monitor		1						
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Christina Lynch	e)	11344555	e Pr	esid	ent of	Operatio		0				233	14.	10		
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Date of Notification (1)							g Owner/Operator (2	2)		pursuant of the residence of the surge of the state of th	-Accomplis	711						
08 /	14 /	19			Che	erry Hill F	Public Schools			1210 4 0 00		2000						
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(NJAC 5:23-8)	justifica			,	Name	lame of Contact Telephone Number												
	☐ Cancel	lation		_	Gre	Greg McCarty 856-429-5600												
					FA	CILITY IN	FORMATION											
Name of Facility Where A	batement is	s Taking	g Place	(3)				Type of	Facility (4)								
Russell Knight Eler	mentary S	chool					School (K-12)											
Street Address							Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings,											
140 Old Carriage Ro	oad								nes, etc.)									
City (5)								Square	Feet	# of Floors	Ble	dg. A	ge					
Cherry Hill								85,00	00	2		30						
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current	Use (Prio	r if being demolish	ned)							
Camden							School											
Name of Monitoring Firm	Hired by Bu	uilding (Owner (8)	ASCM	No.	Name of Abateme	ent Contr	actor (9)									
TTI Environmental,	Inc.				0000)3	Shade Enviro	nment	al, LLC									
Street Address							Street Address											
1253 N. Church Stre	eet						623 Cutler Av	/enue										
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Moorestown, NJ 08				2000			Maple Shade	, NJ 080	052									
Project Manager for Moni	toring Firm			Tele	ephone	No.	Telephone No.			License No.								
Jim Guilardi					56-840		856-755-0099			00842								
Start Date (10)		Sched	duled C	omple	etion Da	te (11)	Name of OSHA M	lonitor	±3									
08 /23 /	19	_()9/	0	3_/_	19	EMSL Analytical, Inc.											
Occupancy Status During	Abatement	(Check	k only o	ne)		Street Address												
□ Facility Closed/Vacate							200 Route 130 North											
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Time of Abatement:	AIVI	PI	VI/	_PM		AM	Cinnaminson	, NJ 08	077									
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Christina Lynch

Vice President of Operations

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DCA	☐ Emerge			ia		Eg	g Harboi	r Cit	ty, NJ 08215	The statement of the st	LICENS	10			1			
(NJAC 5:23-8)	justificat	tion)		-	N	lame	e of Conta	ct			Telephone	Numb	er	-				
	☐ Cancella	ation				Jennifer Taylor												
						FA	CILITY II	NFC	RMATION									
Name of Facility Where A	batement is	Takin	g Plac	e (3)						Type of Facility (4)								
Taylor Residence						☐ School (K-12) ☐ Subchapter 8 (Other than K-12)												
Street Address										Other (i.e., homes, etc	private and co	mmerc	ial b	uildin	gs,			
City (5)			-					Square Feet	# of Floor	S	Тв	ldg. A	ae					
Egg Harbor City									1,200	2			70	3-				
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Name of Monitoring Firm	(8)	AS	СМ	No.	Na	ame of Abateme	ent Contractor (9											
Management & Env	ces		Shade Environmental, LLC															
Street Address						Street Address												
PO Box 341									623 Cutler Av	venue								
City, State, Zip Code	- 20							Ci	ty, State, Zip Co	ode								
Chesterfield, NJ 085								1	Maple Shade	, NJ 08052								
Project Manager for Monit	oring Firm		Olar Toron	Te	lepho	one	No.	Te	elephone No.		License N	lo.						
Bill Weisgarber							-4070	1	856-755-0099	1	00842							
Start Date (10) 08 /27 /							te (11) 19	1000	ame of OSHA M EMSL Analyti	(1740 H.T. 781)		-970 - 109010						
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□ Facility Closed/Vacated								2	200 Route 13	0 North								
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Time of Abatement:	AIVI	P	///	_PN	/		AM	(Cinnaminson									
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Freehold Cartage		Haule			Wa		1.00	ounty Utilitie	es Auf	Authority								
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Freehold, NJ									8/29/2019	a Maria sana sa	r Township	. NJ						
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Christina Lynch-Fay Vice President of C								3,552	LIMU	7		8.	1	1-1	1			

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Name of Facility Where A	batement is	Taking	Place	e (3)				Type of Facili	tv (4)								
Beck Middle Schoo	I							School (K-	5 000								
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950 Cropwell Road								homes, et	, private and com	mercial b	uildin	gs,					
City (5)								Square Feet	# of Floors	В	Bldg. Age						
Cherry Hill								85,000	2		80	-					
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Name of Monitoring Firm	Hired by Bui	lding Ov	vner	(8)	ASCN	l No.	Name of Abatem	ent Contractor (r (9) ·								
TTI Environmental,	Inc.				000	03	Shade Envir	onmental, LL									
Street Address							Street Address										
1253 N. Church Stre	et						623 Cutler A	venue									
City, State, Zip Code		31					City, State, Zip C	ode		·	7						
Moorestown, NJ 080							Maple Shade	e, NJ 08052									
Project Manager for Monit	oring Firm	20011000		Tel	ephone	No.	Telephone No.		License No.	R							
Jim Guilardi				1.00		0.889-0	856-755-0099	9	00842								
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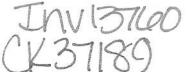
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Name of Facility Where Al	batement is 7	Taking	Place	(3)					Type of I	acility	(4)							
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Cherry Hill									85,000		2		100000	80				
County (6)				Cour	nty Code (7)(STA	TE USE ONLY)	Current l	Jse (Pr	rior if being de	molish	ned)						
Camden								,	School		8							
Name of Monitoring Firm I	Hired by Build	ding O	wner	(8)	ASCM	No.	Nai	me of Abatem	ent Contra	ctor (9))							
TTI Environmental, I			03		Shade Enviro													
Street Address				-	eet Address				-									
1253 N. Church Stre	et						6	23 Cutler A	venue									
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Moorestown, NJ 080)57							laple Shade		52	*							
Project Manager for Monito	No.		ephone No.			License N	0.	70										
Jim Guilardi				8	56-840	-8800	8	56-755-0099)		00842							
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Occupancy Status During	Abatement (Check	only o	one)			Stre	eet Address										
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Time of Abatement:	AM	PN	1/	_PM-		AM	City, State, Zip Code Cinnaminson, NJ 08077											
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≥3 sf or ≥3 lf ≥160 sf or >260 lf			_	novati			 ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure 											
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15939 5																		
City, State Freehold, NJ		0.000	oosal Date 9/06/2019	City, Sta Morr	ate isville	, PA												
Completed By (Print or Typ	ne)	Title						Signature	-	<u></u>		Dat	e)				
Christina Lynch	occurso	Vice President of Operation						Charl	2	_)	Date 8 14 19						

INV-13	162				c	toto of N	laur	lama		[5 13	- n r	II F	T) pre	eting.				
CK5949)		IITO		ATION		BE	STOS ABAT 8:60 and 5:1) E	C E		<u> </u>	200					
Date of Notification (1)					Name	of Buildin	ig Ov	wner/Operator ((2)		1 89	UG 1	9 21)19	1000]				
	14 /	19			Ch	erry Hill	Pub	lic Schools			7 "	00 1	J <u>C</u> 1	113	Rose of Rose					
Agencies Notified ⊠ EPA	Type Notific ☐ Initial	ation			DOMESTIC AND A STATE OF THE STA	t Address	т				ASBE				&	and a second				
☑ DOLWD	☐ Amended	d				Ranoldo						LICEN	ISING		-					
□ DOH	Amendm	ent #				State, Zip														
☐ DCA	☐ Emergen		ling			erry Hill,		08034			711									
(NJAC 5:23-8)	justificati Cancella				0.000	of Contact g McCa	ound.				Telepho 856-4	ne Num 29-560								
					FA	CILITY II	NFO	RMATION							-					
Name of Facility Where A	batement is 7	Taking Pla	ace	(3)					4)											
Kingston Elementar	y School								⊠ School		(-12)									
Street Address											r 8 (Other than K-12)									
320 Kingston Road									homes		ivate and	rate and commercial buildings,								
City (5)									Square Fe	<u> </u>	# of Flo	oors	IB	ldg. A	ne e					
Cherry Hill		8							85,000		2	7010		80	90					
County (6)					Cour	nty Code (7)(ST	ATE USE ONLY)	Current Us	se (Pri	or if being	demoli	shed)							
Camden									Current Use (Prior if being demolished) School											
Name of Monitoring Firm	Hired by Build	ding Own	er (8	3)	ASCM	No.	Na	ame of Abateme	ent Contract											
TTI Environmental,	Inc.				0000	03		Shade Enviro	LLC	5535E										
Street Address							Str	reet Address	- contracti											
1253 N. Church Stre	et						(623 Cutler Av	venue											
City, State, Zip Code							Cit	ty, State, Zip Co	ode											
Moorestown, NJ 080	57						1	Maple Shade	, NJ 08052	2										
Project Manager for Monit	oring Firm		T	Tele	phone	No.		lephone No.			License	e No.								
Jim Guilardi				8	56-840	-8800	8	856-755-0099	1		0084	12								
Start Date (10)	5	Scheduled	1 Co	mple	tion Da	te (11)	Na	me of OSHA N	lonitor											
08/23/	0.02500	09	1	06		19	E	EMSL Analyt	ical, Inc.		52									
Occupancy Status During	Abatement (Check on	ly or	ne)	-		Str	reet Address												
□ Facility Closed/Vacated	d During Entir	re Period	of A	bate	ment		2	200 Route 13	0 North											
☐ Abatement Performed	Outside of No	ormal Fac	ility	Hou	s - Des	cribe	Cit	ty, State, Zip Co	ode	de										
Time of Abatement:	AM	PM/		_PM-		AM		Cinnaminson		077										
Scope of Work (Check all	that apply)																			
≥3 sf or ≥3 if ≥160 sf or ≥260 if		_		ovati				☐ Mini-Enc ☐ Glovebag	losure g Procedure		Negative Pressure Non-Friable Procedure									
				ocat									Ab	ateme	ent T	уре				
Location of				orma Sole	lly ely by	1 .		Description o					7.7	72	Ē	m				
Asbestos-Containing N TO BE ABAT		' 1	Mair	itena	nce/			Containing Ma ermal systems		'	Amo (Spe		Removal	Repair	Encapsulate	Enclosure				
IN Facility		С			Staff?		5	surfacing, VAT,	or		SF or		oval	=	nsc	Sure				
(13)		Ye		(12) No	N/A	-	ot	ther miscellane	ous)						ate	(D				
Entrance No. 4			-			Door C	aulk	(- Licenson		25 1	LF			П	П				
									-			П		$\overline{\Box}$	П					
			_																	
				<u> </u>	-								屵		ᆜ	ᆜ				
Name of Registered Waste	Hauler		15		JDEP V	Masta	Cul	bic Yards of	Name of	of Registered Landfill										
Freehold Cartage	riaulei				auler II 15939	No.	130 100 03	aste	Fairles	350		21111								
City, State				-	. 5500		Dis	posal Date	City, State	е										
Freehold, NJ							0	9/06/2019	Morris	ville,	PA									
Completed By (Print or Type	oe)	Title		-				Signature	<u></u>			Da	ate			-				
Christina Lynch	side	nt of (Operations Owylon 844							19	9									

Tio. 1257/-	î
MINIOIR	1
CK37188	>
Date of Notification (1)	
	_

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

401100						IL LO INOA	Ç 0.	ou and 5. It	AUG 10 2040							
Date of Notification (1)					Name	of Building	Own	ner/Operator (2)	AUG 1 9 2019						
08/	15 /	19			Jac	obs Dem	oliti	on		137	18	8				
Agencies Notified	Type Notific	ation			Street	Address				ASBESTO	SOC	NITH	OL 8	ķ		
⊠ EPA					PO	Box 9			l	LIC	ENGI	NG	restation to	OL-MANTHYLINE		
⊠ DOLWD	Amende				City, S	State, Zip C	ode									
☑ DOH ☐ DCA	Amendm Emerger	100 to	—		Mar	nasquan,	NJ (08736								
(NJAC 5:23-8)	justificat		uniy		Name	of Contact	t			Telephone Number	er					
	☐ Cancella	ation			Line	da				732-528-3800						
			H		FAC	CILITY IN	FOR	MATION								
Name of Facility Where	Abatement is	Taking Pl	ace	(3)					Type of Facility ((4)						
Residence-garage									School (K-12							
Street Address						m5	10	mn		(Other than K-12) rivate and commerc	ial bu	ildina	s			
1109 S. Ocean Ave	nue					06) /	15	homes, etc.)				7.6			
City (5)									Square Feet	# of Floors	Blo	dg. Ag	ge			
Seaside Park									700 sf	1	. 32	35				
County (6)					Cour	ity Code (7	or if being demolish	ied)								
Ocean						Residence										
Name of Monitoring Firm	Hired by Buil	lding Own	ner (8	3)	ASCM	No.		ne of Abateme								
01 1411						Guardian Contracting, Inc.										
Street Address						Street Address 1889 Route 9, Unit 61										
City, State, Zip Code																
City, State, Zip Code								, State, Zip Co	ode New Jersey 08'	755						
Project Manager for Mon	itorina Firm			Tele	ephone	No	-	ephone No.	New Jersey 00	License No.						
. rojest manager for mon	into inig i inin			1010	prioric			32-349-9932)	00624						
Start Date (10)	T	Schedule	d Co	mple	etion Da	te (11)	100	ne of OSHA N		5552.	-		-			
08/27/	F-100 ST				3 /		N-1000 CONTROL	.M.S.L. Ana								
Occupancy Status During	g Abatement ((Check or	nly oi	ne)			Stre	et Address	<u> </u>					-		
□ Facility Closed/Vacate			-		ment		10	056 Stelton								
Abatement Performed							City	, State, Zip Co	ode		-					
Time of Abatement: _	AM	PM/_		_PM		AM	P	iscataway, l	New Jersey 08	854						
Scope of Work (Check a	II that apply)															
≥3 sf or ≥3 lf			Rer	ovat	ion				tainment with Neg closure	ative Pressure						
≥160 sf or ≥260 lf				noliti				☐ Gloveba	g Procedure							
						T		Non-Exe	mpted (*) and No	n-Friable Procedure	1	77		_		
Location	of			Loca orma				Description of			Ab	atem				
Asbestos-Containing		VI)	Used	Sol	ely by	Asbe	stos (Containing Ma		Amount	Ren	Repair	Encapsulate	Enclosure		
TO BE ABA					ance/ Staff?	(i.e		rmal systems		(Specify	Removal	ar.	aps	losu		
IN Facil (13)	ity			(12)				urfacing, VAT ner miscellane		SF or LF)	<u>a</u>		ulat	9		
		Y	es	No	N/A								Œ			
exterior-garage				\boxtimes		asbesto	os ro	of		700 sf						
]									П	П	П				
	7		I									-				
	_		1							Ш						
	1			Ц		-						Ш	Ш	Ш		
Name of Registered Was	1.53	VJDEP V		1000000	ic Yards of	Name of Regis	tered Landfill									
Guardian Contracting, Inc.						Hauler ID No. Waste T.R.R.F.										
City, State								oosal Date	City, State	Manager (1940)						
Toms River, New Jersey							08	8/28/19	Tullytown,	Pennsylvania						
Completed By (Print or Type) Title								Signature	1	Dat	- 1	1	W 2000			
Nicholas Fernicola Project Ma							_		311	51	1 6					



State of New Jersey

JA3718	9	NOT			State of New Jersey ATION OF ASBESTOS ABATEMENT Insuant to NJAC 8:60 and 5:16)											
Date of Notification (1)		4.0					Owner/Operator (2	2)		AUG 19	201	3		1		
	15 / _	19			Rob	ert Wold	shen				21	5	1_			
Agencies Notified ☑ EPA	Type Notificat	ion			Street	Address				ASBESTOS CO LICENS		& JC		-		
☑ DOLWD	☐ Amended				0:1 0	7: 0			AUTO PHOTO EDISON	hardedening	entractualism	and the same of	di-ma-esa			
☑ DOH	Amendmer	nt #	_		8.5	tate, Zip C										
□ DCA	☐ Emergency		g	-	10000000	Iboro, No				Telephone Numb	201					
(NJAC 5:23-8)	justification Cancellation					ert Wolc			1	relephone Numi	Jei					
					FAC	ILITY IN	FORMATION				-					
Name of Facility Where A	batement is Ta	aking Place	e (3)					Type of Fa	cility (4	•)						
Residence								☐ School								
Street Address						M <	2725			(Other than K-12)		ldina	S.			
						0	0 (00)		er (i.e., private and commercial buildings, mes, etc.)							
City (5)								Square Fe		# of Floors Bldg. Age						
Lavallette								1400 sf		1		55				
County (6)					Coun	ty Code (7)(STATE USE ONLY)			r if being demolis	hed)					
Ocean	History by Duildi	0	(0)		COM	Na	Name of Abote		dence							
Name of Monitoring Firm	mirea by Bullai	ng Owner	(0)	1	ASCM	NO.	124-01-01-01-01-01-01-01-01-01-01-01-01-01-	nent Contractor (9)								
Street Address							Street Address	ilitacting,	IIIC.					_		
Officer Address							1889 Route 9	Unit 61								
City, State, Zip Code						City, State, Zip Co	2									
							Toms River,		ev 087	55						
Project Manager for Moni	toring Firm		Т	elep	hone I	No.	Telephone No.		•	License No.						
							732-349-9932	2		00624						
Start Date (10)	Sc	cheduled (Com	plet	ion Dat	te (11)	Name of OSHA N	Monitor								
08 /27 /	19	08	_	28	_ / _	19	E.M.S.L. Ana	lytical								
Occupancy Status During	Abatement (C	heck only	one)			Street Address									
☐ Facility Closed/Vacate	[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]						1056 Stelton									
Abatement Performed Time of Abatement:			-			Oity, State, 21p code										
							Piscataway, I	New Jerse	ey 088	54						
Scope of Work (Check al	that apply)						☐ Full Con	tainment wit	h Nega	ative Pressure						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		□ R ⊠ D	enov emo				☐ Mini-End ☐ Gloveba	closure g Procedure	9	-Friable Procedu	re					
	3		s Lo								Ab	atem	ent Ty	уре		
Location Asbestos-Containing		Us	Non ed S		ly ly by	Asha	Description of stos Containing Ma		,	Amount	Re	Re	E	En		
TO BE ABA		M	ainte	enar	nce/		., thermal systems		'	(Specify	Removal	Repair	cap	Enclosure		
IN Facili (13)	ty	Cu		ıaı S 12)	Staff?		surfacing, VAT other miscellane			SF or LF)	/al		Encapsulate	ure		
(15)		Yes	-	No	N/A		other miscenarie	ous)					te			
exterior			Þ	3		asbeste	os siding			1400 sf						
]													
				7		2.5 AU 10.134										
			1		П							П	П	П		
Name of Registered Was	te Hauler			_	JDEP \		Cubic Yards of	Name of	Regist	ered Landfill						
Guardian Contracti				H	auler II	O No.	Waste	T.R.R	_							
City, State					20223)	3 Disposal Date	City, Sta	te					-		
Toms River, New Je	ersey						08/28/19			Pennsylvania						
Completed By (Print or T	ype)	Title					Signature	1)	D	ate /		1			

Nicholas Fernicola

Project Manager