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Date of Notification (1) 05/25/18					of Building	Owner/	Operato	r (2)		UUL	- 40 8	2, 11	7		
Agencies Notified T	ype Notification			Street A	Rt. 46					MAN	752	118	1		
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DOH DCA	justification) Cancellation			Poll K	f Contact Cessler		ION		L		phone Non -757-99				, <u>≥</u> ,-,
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City (5) Wayne								50,0		2	Floors L	C E	3ldg. / 50+	\ge	- 28
County (6) Passaic Name of Monitoring Firm Hi	and by Building	Ourner (8)		(STATE	Code (7) USE ONLY	,		Car	ent Use (Pri	qir		ed)			
N/A Street Address	rea by Stationa	Owner (8)		ASCN	// NO.		Star		solutions		9)				
City, State, Zip Code									Drive ip Code						
Project Manager for Monitor	ing Firm		1	Telepho	ne No.		Teleph	sex, None No			License No).			
Start Daté (10) 05/26/18 6-10	-18	Schedule 05/29/		npletion I	Date (11)			of OSH	HA Monitor		01309				
Occupancy Status During A Facility Closed/Vacated Abatement Performed Other – Describe:	During Entire F	Period of A	baten	nent			1056 City, S	tate, Zi	ton Road to Code ay, NJ 08	854					
Scope of Work (Check All Ti ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	hat Apply)	⊠ R	enova	tion ion			×	Full Min Glo	I Containme il-Enclosure vebag Prod n-Exempted	ent with N				9	
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Name of Registered Waste I	Hauler		H	JDEP W		Cubic of Was	ste		Name of F		ed Landfill				
			17	90713		4	E	i	J						

Disposal Date

G. Manager

on completion

Signature

City, State

Wayne, NJ

Completed by

Stan Stankovic

Date

05/25/18

City, State

Stan Stankovic

Morrisville, PA

2018-08-24 11:06

Shade Environmental 1 >> 609 6:3 0664

State of New Jersey NOTIFICATION OF ASBESTOS ABATEME: T (Pursuant to NJAC 5:50 and 5:15)

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Bill Wolsgart	er				80	9-298	4070	856.	755-009)		00842			e.		
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2 ≥160 sf or ≥26	o ir			Dom	olkla	n		1	Glovebs	o Prose	Me	-Friable Press	arlows				
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City, State Freehold, N.J					-			Dispos	iai Date 11/2018	10000	i ste i faville,	PA					
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ASB-41 JAN 13

^{*} Do not use this form for esbesias licensure exampled activities.

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

			fat on				AN CHRE WY E		TEG	E	n.n	E	Trace-	transang.
Date of Notification (1)				Name	of Building	Owi	ner/Operator (2)	150	15 11	W	L	1 300	M
08 /	23 / 18		2	Cli	fton Pu	blic	Schools				1,0			
Agencies Notified	Type Notification			Street	Address			į į	H AUG	2 8 2	910			Ш
☐ EPA	Initial		1	745	Cliftor	A I	/e	1		4 9 4	JIQ.			4
☑ DOLWD ☑ DOH	Amended Amendment #		1		tate, Zip C			5	A Commen			Term		
⊠ DCA	M Emergency (in	cluding			ton, N		7013		ASSESTOS	CONT	ROI.	. 3:		
(NJAC 5:23-8)	justification)		13.7		of Contact				Telephone					
	Cancellation				Marchic				973-4	70-22	76			
				FAC	HITYIN	FOR	MATION							
Name of Facility Where		Place	(3)					Type of Facility						
Clifton School 8								☑ School (K-1		K-12)				
Street Address								Other (i.e.,	private and co		buil	ding	s,	
41 Oak St								homes, etc			PACT D			
City (5)								Square Feet	# of Floor	12	(D)	gi, Ag	(B)	
Clifton County (6)				LCaun	h. Cada I7	VOTA	TE USE ONLY)	30,000 Current Use (F	Talan is balan d	am aliaha	4)			
Passaic				Court	th cone ti	Noin	IE USE UNLT	Content USE (F	and it being or	CHUNSHE	u)			
Name of Monitoring Firm	Hired by Building C	lwner (8) [ASCM I	No	Nar	ne of Ahatem	I ent Contractor (9	2)					-
Ahera Consultan			'	005		Constructio	570 L							
Street Address	110			000	/		et Address	701100000	51 383 (2 5					
PO Box 385						20	25 Rt. 46	West Suite	14					
City, State, Zip Code							, State, Zip Co				-			
Oceanville, NJ	08231					T	otowa, N.	J 07512						
Project Manager for Mon			Tele	phone i	٧o.		ephone No.		License N	Vo.				
Eric Clarkson					-1833	97	3-832-42	44	0115	5				
Start Date (10)				tion Dat		Nar	ne of OSHA N	fonitor		***************************************				
08 / 28 /	18 0	9_/	_04	<u>. </u>	18	S	ame as a	bove						
Occupancy Status Durin						Stre	eet Address							
Facility Closed/Vacat					and Market									
Abatement Performed Time of Abatement:	Outside of Normal	racility <i>Vil</i>	Hour PM-	s - Des	cribe AM	City	, State, Zip C	ode						
						<u> -</u>								
Scope of Work (Check a	II that apply)						X Full Con	tainment with N	enative Pressi	ure				
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(20) ≥160 st or ≥260 lf		☐ De	molitio	חו			☐ Gloveba	g Procedure empted (*) and N	lon₀Friable Pr	ncedure				
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Location			lormal		-		Description of			-	-	-		-
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IN Facil		Cust	todial 3	Staff?	1	S	urfacing, VAT	, or	SF or L	F)	wal	7	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A		oth	ner miscellane	eous)			1		ale	9
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Boiler Room					Fittir	ng li	nsulation		41 e	a	X		X	
Bailer Room			Ī	П	-		ng Insula	tion:	60sf		K			
Name of Registered War	ste Hauler	1-	IN	JDEP V		_	oic Yards of		istered Landfi		(A)		1.75:1	
Academy Const			H	auler II	No.	Wa	ste 5	Fairless		nu.				
City, State	TOUGHT HIV.			344	2.2	1	oosal Date	City, State	Lanum					
Totowa, NJ								Morrisvi	la DA					
Completed By (Print or T	voe) Title		-	National Street Lov	***************************************	1	BD Signature	IVIOITISVI	io, FA	T.FN-4-				
John Geleski	Je-y lane	PN	1					In The	1	Date	200	/4.0		
Tonin Geleski							1/2	1.0 110.		08/	25/	10		

ASB-41 JAN 13

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

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Date of Notification (1)	Elbert -				Owner/Operator			DOLL	inn	MV	Negative States	
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PO Box 365					205 At. 4		1/(0	14		_	umma.	_
City, State, Zip Code Oceanville, NJ 08231				(3)	Cky, State, Zip Totowa, N							
Project Manager for Monitoring Pirm			phone N		Telephone No.			License Na		-	NAME OF TAXABLE PARTY.	
Eric Clarkson			1-652- Ilan Deti	1833	973-832-4 Name of OSHA		www.boo	01155		-		
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Ossupency Bielus Dising Abatement (Chee	k only s	ine)			Street Address		CENTRAL	Salata Salat		nceletatjskou	n/mineral (1)	nonlaine!
Facility Closed/Vecated During Entire Po Absternent Performed Dutaids of Normal Time of Absternent:AMPi	riod of Facility	Abelor y Haur PM-	nervi s - Dese	:166 AM	City, State, Zip	Goda	Name was					MATERIA
Scope of Work (Check all that apply) So of or 23 lf 2120 of or 220 lf	E SE	inovati imolitic	on In		☐ Minies	onteinment : indocure beg Procedu ixempled (*)	7.67/S-25/S	pativo Pressure m-Prieble Proces	inop			
	l li	Lecel Norma	iosi llu				CALLED TO		Abs	TO SHARE	and Th	The same of the same of
Lession of Asbestse-Cantelling Natorial (ACM) TO BE ABATED IN Facility (13)	Use Ma	ed Sole emtene todial (12)	oly by inco/ Statt?	Aaba (1,5	Descriptions of the control of the c	Meteriel (AC no inculation AT, or	i)	Amount (Specify SF or LF)	Removal	Regair	Estapsulation	Endosare
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Boller Room Boller Room	曲		water the same of	Areamen.	Tradala Vanda w		200000000000000000000000000000000000000	etered Landfill	Section Property leads			
Boiler Room Name of Registered Waste Hauter	14	P	Josep V Jouler IC	No.	Weste 5	Fair	355	Landill				
Boiler Room Name of Registered Weste Hauter Academy Construction Inc. City, State	14	F	liger (leuler (C 0344)	No. 22	Weste 5 Disposed Date	Chy, E	169	Landfill	eld (Alasta mangrapes com			
Boiler Room Name of Registered Weste Hauler Academy Construction Inc. City, State Totowa, NJ		1	loger IC 0344	No. 22	Weste 5 Disposed Oste TBD	City, E Mot	169	e, PA			non-kalpenya	
Boller Room Name of Registered Weste Hauter Academy Construction Inc. City, State			ijder i feuler if 0344:	No. 22	Weste 5 Disposed Date	City, E Mot	169	e, PA	Qate OB/23		province	Parket California

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Data of Matification (4)	54- /3 B	<u> </u>		Pursua	ant to NJA	AC 8:60 a	nd 12:120)		_2	Market State	Carlot Marketin		
Date of Notification (1) 08/24/2018	, No	•		Name NJ D	e of Buildir epartmei	ng Owner nt of Hun	Operator (2)	es EC	heck No. 1228			M	
Agencies Notified	Type Notification				t Address South Wa		aat		O) land		111	-	
	☐ Initial ☑ Amended Amendment	# 2		City,	State, Zip	Code			AUG 2 9 20	18		<u> </u>	_
⊠ DOH	☐ Emergency (justification) ☐ Cancellation	including		Name	of Contac	ct		- 1 - 1 - AS	Telephone Num 609-292-1856		<u>1</u>		
				FA	CILITY IN	FORMAT	ION		True True	-			
Name of Facility Where Greystone Hospital	Abatement is Tak	ng Place ((3)				Type of F	acility (4)					
Street Address 59 Koch Avenue							□ Scho ⊠Subcha □Other (apter 8 (Other th	an K-12) nmercial buildings,	home	es, et	c.)	
City (5) Morris Plains, New Je	rsey 07950						Square F 800	eet	# of Floors		dg. A	ge	
County (6) Morris					y Code (7) E USE ONL		Current U	lse (Prior if being Garage	demolished)				
Name of Monitoring Firm The Whitman Compar	Hired by Building nies	Owner (8)	ASC	CM No.		Name of A Lilich Cor	batement Controporation	actor (9)				
Street Address 7 Pleasant Hill Drive							Street Add						1.0. 13
City, State, Zip Code Cranbury, New Jersey	08572						City, State Woodland	, Zip Code d Park, New Je	ersey				
Project Manager for Mon Kevin Lovely	itoring Firm			Teleph 732-3	one No 90-5858		Telephone 973-225-		License No. 01104				
Start Date (10) 08/27/2018		Schedul 09/07/2	ed Co 2018	mpletion	Date (11)		SHA Monitor onmental Labo	ratories, LLC				
Occupancy Status During	Abatement (Che	ck Only Or	ne)				Street Add						
☐ Facility Closed/Vaca☐ Abatement Performed☐ Other – Describe:	ted During Entire d Outside of Norm	Period of A al Facility	Abaten Hours	nent			City, State, Union, NJ	Zip Code 07083					
Scope of Work (Check Al	That Apply)												
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	****		Renova Demolit					Mini-Enclosure Blove Bag Proce	with Negative Pres dure / Limited Con and Non-Friable P	tainm	ent &	kTeni	t
		le	Locat	ion				on-Exempled ()	Amount		bate	ment	
Location	of	1	Normal	ly		D	escription of		(Specify	-	Typ		
Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	TED	Ma	intena todial S (12)	nce/	Asb (i.	estos Cor e. therma. surfa	ntaining Mate al systems in acing, VAT, o miscellaneo	sulation, or	SF of LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						a		late	IГе
outhern Bay of the 4 Ba				Х	Pipe Insu	lation Inc	l. Elbows &	Joints	100 LF	×			
outhern Bay of the 4 Ba	ay Garage			X	Ceiling E	Board			800 SF	×			
Name of Posistand Wash	- 11- 1												
Name of Registered Waste Lilich Corporation	e mauler		Н	JDEP V auler ID 18724		Oubic You of Wast	te	Name of Reg	gistered Landfill				
City, State Woodland Park, New Je	ersey					Disposa 09/07/2	al Date	City, State					
Completed by Adriana Olejarova		Title Pre:	sident				gnature		Date	24/20	18		

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D			- (IL TO NJA			1 5	M IF	0 0	margarian	September 1		
Date of Notification (707/20/2018				Name NJ De	of Building epartmen	owner/ t of Hum	Operator (2) nan Services		heck No.	1146			West Charles	
Agencies Notified □ EPA	Type Notification				Address outh War	rren Stre	eet	111111	AUG 2		1	The same of the sa	The second secon	
☑ DEP ☑ DOL	Amended Amendment			City, S Trento	tate, Zip C	ode Jersey 0	8625	1			1			
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	The state of the s			FAC	CILITY INF	ORMAT	ION					11-41-2	_	
Name of Facility Whe Greystone Hospital	re Abatement is Taki	ng Place (3	3)	1 //	SICITY III	ORMAT	Type of Fa	500000			12			
Street Address 59 Koch Avenue							☐ Schoo ☑Subchar ☐Other (i.e	l (K-12) oter 8 (Other th e. private & cor	ian K-12) mmercial t	ouildings,	homes	s, etc	: .)	
City (5) Morris Plains, New	Jersey 07950						Square Fe 800	et	# of Flo	ors	Bld 50-	g. Aq	ge	
County (6) Morris					Code (7)	0	Current Us	e (Prior if being Garag	g demolish e	ned)				
Name of Monitoring F The Whitman Comp	irm Hired by Building panies	Owner (8)		ASC	M No.		Name of Ab Lilich Corp	patement Control	ractor (9)					
Street Address 7 Pleasant Hill Driv	e						Street Addr 606 McBri							
City, State, Zip Code Cranbury, New Jers	sey 08572						City, State, Woodland	Zip Code Park, New Je	ersey				T. Mile	
Project Manager for N Kevin Lovely	Monitoring Firm			Telepho 732-39	one No 90-5858		Telephone I 973-225-8		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ense No. 104				
Start Date (10) 07/23/2018	ON HOLD	Schedule 07/28/2		mpletion	Date (11)	n .		SHA Monitor nmental Labo	oratories,	LLC				
Occupancy Status Du		-					Street Addre 2333 Rout							
☐ Abatement Perfor☐ Other – Describe:	acated During Entire med Outside of Norm	Period of Anal Facility	Abaten Hours	nent —			City, State, Union, NJ	Zip Code						
Scope of Work (Check	k All That Apply)													
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Southern Bay of the	4 Bay Garage			X	Ceiling B	Board				800 SF	Х			
														
Name of Registered W Lilich Corporation	/aste Hauler		H	IJDEP W lauler ID 18724		Cubic of Was	ste	Name of Re		andfill				
City, State Woodland Park, Nev	w Jersey						al Date	City, State Morrisville,						
Completed by Adriana Olejarova		Title Pre:	siden	t			ignature	KD2		Date 07/	20/20	18		

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Date of Notification (1) 08-23-18				f Building G						9 !		W	E		The state of the s
	Notification		Street A 50 Uni	ddress ion Ave.				ent and a	A A	UG-	28	2018	Philips down	U	TO ACT TRANSPORTED PROPERTY.
DEP DOL	Amended Amendment #			ate, Zip Co v, NJ 071					ASBE:	STOS LICE	CON	ITRO G	L &		Charles of Graphy
DOH	Emergency (includin ustification) Cancellation	ig	Name of Andy	f Contact Jelliffe						ephon 73) 6			1000+A-DOWN	No. 12 (1909) 2 4 4	t
Name of Facility Where Abatem	ent is Taking Place	(3)	FACI	ILITY INFO	RMATI	ON ·	Tyr	e of Facility	(4)						
Riverside Community Ch		(0)					,,, 	School (K-							
Street Address 50 Union Ave.							×	Subchapter Other (i.e. petc.)	8 (Oth				lings,	home	∋s,
City (5) Nutley							Squ	uare Feet	# 0	f Floor	s	В	ldg. A	ge	
County (6) Essex			County (Code (7) USE ONLY)			Cui	rrent Use (Pri	or if bei	ng der	molish	ed)			
Name of Monitoring Firm Hired Environmental Connection		8)	ASCN	/I No.				batement Con ontracting L		(9)					
Street Address 120 North Warren St.						Street 522									
City, State, Zip Code Trenton, NJ 08608						City, S	State,	Zip Code ity NJ 0708	37				950 1	11-0-1004	
Project Manager for Monitoring Dominic Dercole	Firm		Telepho (609) 4	ne No. 462-3218	3	Teleph 201		No. -9603		Lice 012	nse N 06	0.			
Start Date (10) 08-28-18	Sched 09-03		ompletion	Date (11)				SHA Monitor entracting L							
Occupancy Status During Abate						Street									\dashv
Facility Closed/Vacated Du Abatement Performed Out Other – Describe:	uring Entire Period o side of Normal Facil	f Abate lity Hou	ement irs				state,	Zip Code							
Scope of Work (Check All That	Apply)					Unio	in C	ity NJ 0708	3/						
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Location of Asbestos-Containing Materi TO BE ABATED In Facility (13)	al (ACIVI)	sed So flainten ustodia (12	elely by nance/ I Staff?		os Cont thermal surfac		Aater s insi T, or		(5	mount Specify F or LF	,	Removal	Repair	Encapsulate	Enclosure
Parament	Yes	-			5 1		- 1.			20.05				w	
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basement		X		-	3olier (Jonipo	onei	11.5		0 LF		x			
Name of Registered Waste Hau	ler	1	NJDEP W	/aste	Cubic	Yards		Name of	Registe	ered La	andfill	1	L		
Delfa Contracting LLC			Hauler ID 356240			10		Tullyto	wn Re				ery F	acili	ty
City, State Union City, NJ					5.5	sal Date 04-18		City, Stat		Ą					
Completed by Jaime Delgado	Title Pro		nager.		S	ignature	1	EL .			Da 08	te -23-1	18		



State of New Jersey - Notification of Asbestos Abatement

			(Purs	suant to N.J.A.C	C. 8:60-7 and 12:120-7)	1	EG		\mathbb{W}		F
Date of Notification (1)					Name of Building Owne	r/Operator (WIT.		-	Seeple of the second se		11
August 24, 2018					Private Residenc		7111				100	1000
Agencies Notified		Notification			Street Address	- 11		- AUG	28	2018	- 1	111
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X EPA		□Amend	ed Cert	ification	City, State, Zip Code			Mercane a		asessmer	- 1	
DCA x DOL		☐ Emerc	encv (including	Morristown, NJ	1	A	SBEST	S CO	VTROI	D,	
X DEP		justific			Name of Contact	I francis		ephone A	CVICIL	10	- 01	_
x DOH		☐ Cance			Laura Fernandez		Tele	sprionen	dimber-	And the second second	Pier-reduces	P. Sarraman Page
X DOI1		_ 001100	nea	EACHITYIA	IFORMATION							
Name of Facility Where Abate	ement is Ta	king Place (3)		PACILITYIN	Type of Facility (4)							
Residence		mig r idoc (o)			School (K-12)							
			0.000		Subchapter 8 (other that	IC 40\						
Street Address				V					25 27			
					- and find billedio	& commercia	building	js, homes	, etc.)			
City (5)	County (6)	Count	y Code (7)	Sq. Feet: Unknown	# 01 -100	<u>rs:</u> 2 !	Blag. Ag	<u>e:</u> 60	years	5	
Morristown	Morris	-		Use Only)	Current Use (prior if beir	na domolicha	d).					
				and the state of t	Odirent Ose (phor ii beli	ig demonstre	u).					
Name of Monitoring Firm Hire	d by Bldg. (Owner (8)	ASCM	No	Name of Contractor (9)							
Envirovision, Inc.	a 2) 2.0g. (51111CT (0)	7.000	INO.	realite of Contractor (9)							
					GREENWOOD ABA	TEMENT	CONS	ΙΙΙ ΤΔΝ	TS IN	C		
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20-21 Wagaraw Road	, Bldg 3	5E										
0:: 0: -					511 MAIN STREET							
City, State. Zip Code					City State, ZipCode							
Fairlawn, NJ					Butler, NJ 07405							
Project Manager for Monitoring	g Firm	Telephone N			Telephone Number		Lice	nse Numb	er			
Fred Larson		973-636-	9145		070 400 0455			anament.				
Scheduled Start Date (10)		Scheduled C	ompletic	n Date (11)	973-492-0477		008	40				
September 17, 2018		Septemb			Name of OSHA Monitor							
			100	2010	EMSL inc.							
Occupancy Status During At	patement (Check only or	ne)		Street Address							-
Facility Closed/Vacate	d During E	ntire Period o	f Abate	ment	Visit in the second sec							
Abatement Performed	Outside of	f Normal Faci	lity Hou	rs -	1056 Stelton Road							
Describe					City, State, Zip Code							
Other – Describe:					Discotower N.I. 00	054						
					Piscataway, NJ 08	8854						
C												
Source of Work (Check all that	t apply)										1.00	
2 2 - 5 2 15						x Full Con	tainmer	nt with Ne	gative I	Pressur	e	
≥ 3 sf or ≥ 3 lf					tion	Mini-E	nclosur	e				- 1
$\square \ge 160 \text{ sf or } \ge 20$	60			Demolition			ag Prod					
Location of Asbestos-Containing	na lelo	cation Normall	Ulcod	Description of Asi	bestos Containing Material	x Non-Exe					edur	е
Material (ACM) in Facility (13)		y by Maint./Cu		(ACM) (i.e. therm	nal systems insulation, surfac	Amou (Spec	int ify SF	Abaten	nent Typ	e		
	Staff	? (12)		VAT, or other mis		or LF		Remove	Repair	Encap	Enclo	se
251	YES		NA									
1 st Floor		X		VAT & Masti	С	150	sf	X			T	
Attic		X		Vermiculite	Insulation	600	sf	X				
Name of Reg. Waste Hauler		NJDEP Wast		ID#	Cubic Yards of Waste:		Name	e of Regis	tered La	andfill		
See Hauler Below # 1 & 2	.	See Below			20		Mea	dowfill L	andfill			
					555,000		G.R.	O.W.S				
Hauler #1) Greenwood A	batemen	t Consultan	ts, Inc	Butler, NJ 07	7405	Disposal Da	ate	17	City, Sta	te		\dashv
NJ DEP # 125						Septemi). Ī	Route 2,	Box 68		
Hauler #2) Newark Cartin	g, Inc N	lewark, NJ 0	4509, N	J DEP # 19551		2018	APPENDING THE STREET			ort, WVA	A	
	TOURS					V-11040A111 T-1076		3	304-842	-2/84		
Completed by (Print or Type)		<u>itle</u>			Signature		Date					\dashv
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	100000	MANAGER			Marin Grau	re		J	.,	5		
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Agencies Notified DEPA DEP	Type Notification El Initial Cl Amended			220	ot Address Clark Stre State, Zip			- Challeton of the	and I-st		201	* = p= +++, 1+, 1+	1	-1-2-Aust	Lumb
E DOL	Amendment #	ncluding		Wes	etfield, Nev	w Jarse D	7090			Telep	LICE!	umber	-		CF
□ DCA	☐ Cancellation				k Lagema					908-2	233-27	DO X 2	242		
Name of Facility What Westfield Area YM	ire Abatement is Taki CA	ng Piece	(3)		ACILITY IN	FORMATI	Type of F			- 25	ROVE	D /	M		
Street Address 220 Clark Street			_				□ Subo	olij 242 zhaj ker er (. j. p:	3 (Othe	r then K-	(2)	1	homes	i, stc.)
City (5) Westfield, New Jer	sey 07090						Square 5 15,000	est -	_	序 of FI	DOFE		Bidg. 4	Aga	-
County (6) Union					ty Cade (7) TE USE ONL		Current L	Bai Pric	r if bein	ng demoil sational	shad) Center			-	
Name of Monitoring F Detail Associates, I	irm Hired by Building nc.	Owner (8)	AS	CM No.		Name of A Lilich Co	bis anti-	nt Con	tractor (9)				_	
Street Address 300 Grand Avenue		•	5.5				Street Add	iret b rich Au	 E						
City, State, Zip Code Englewood, New Je							City, State Woodlan	, 2 i Co	da New ,	Jarsey					_
Project Manager for M Anthony Valentine	lonitoring Firm			Telep 201-8	hone No 569-6708		Telephone 973-225-	N . 84 io			censs l 1104	No.			
Start Date (10) 08/24/2018		08/27/2	2018	mpletto	on Date (11)		Name of C	MA IZ	oniter al Lab	oratories	s, LLC		_		_
Occupancy Status Du							Street Add 2333 Rou	res B	Vimal		<u> </u>				
☐ Abatement Perfo		Period of hal Facilit	Abater y Houd	neni s			City, State Union, N.	2 0 00	des						
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Name of Registered Wi	aste Hauler		1 5	JOEP Jouler II 18724	D No.	Cublo Y				egistered	Landfill				
City, State Woodland Park, Nev	v Jersey			10/29		Dispose 08/24/3	Dale	City	State						
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Aug. 22. 2018 11:21 AM ACADEMY CONSTRUCTION INC 97383242:3 PAGE. 2/ 4

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Otows, NJ TBD Morr sville, PA Signature John Gelegiki PM TBD Morr sville, PA Dete 08/22/18	Academy Construction Inc.		H	louisi (C 0344:	Vasia 2 No. 22	Weste 5	Fair	ISS		tonary, sum	ends;mc	CT-ST-LANK	ownter	philippades
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Date of Notification (1)					Name	of Building	g Owr	ner/Operator (2)	4					
08/	22 /	18	_		PE	ol Inc.			1		ANG 2	0 901	7	1	#
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(NJAC 5:23-8)	justification		wanisa		Name	of Contact	t	-09 1 10 10 1	2, ,		Telephone Nur	nber	-		
	☐ Cancellati	ion			Wi	lliam Ca	ava:	zzini			845-792				
						CILITY IN					040-752	-5000		100-00	-
Name of Facility Where A	Abatement is T	aking P	lace	(3)		971mt () 114	-	1111/11	Type of Fa	acility (4)				1
PDI Corporate (. ,					☐ School						
Street Address									☐ Subcha	apter 8	(Other than K-1	2)			
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City (5)	.090 : 10.		-				-		Square Fe		# of Floors	YRI	dg. A	TO.	
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Name of Monitoring Firm	Hired by Build	ling Own	ner (8	3)	ASCM	No.	Nan	ne of Abateme	ent Contract	tor (9)					
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Haledon, NJ 07	538						1 330	otowa, NJ							
Project Manager for Mon				Tele	phone	No.		phone No.	07012		License No.		-		
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Start Date (10)		chedule	ed Co				Nam	ne of OSHA M	lonitor] 000			20 - 1	
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Totowa, NJ								BD			N D A				
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Date of Notification (1) 08-10-18				f Building Develop			(2)	1 1) E	E C	IS.	11 1	J E	-	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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DOH justification Cancellation	1)	Ī		f Contact Cha Kin					987706	lephon 01) 2	e Nun	nber			
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Name of Facility Where Abatement is Tak Private Home	ing Place (3	3)		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10			Тур	e of Facility (School (K-1	2)						
Street Address							E	Subchapter Other (i.e. p etc.)					dings,	home	es,
City (5) Palisades Park							Squ	are Feet	# 0	of Floor	S	В	ldg. A	ge	
County (6) Bergen			County (Code (7) USE ONLY)		Curr	rent Use (Pri	or if be	ing der	nolish	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	/I No.		3		atement Cor ntracting L		r (9)	7				
Street Address						Street 522		7,5.5.							
City, State, Zip Code								Zip Code ty NJ 0708	37						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201				Lice 012	nse No).			
Start Date (10) 08-13-18	Schedule 08-18-		npletion I	Date (11)		N 19 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		SHA Monitor ntracting L	LC						
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street									
Facility Closed/Vacated During Entire Abatement Performed Outside of No.						522 City S		St. Zip Code							
Other – Describe: Scope of Work (Check All That Apply)								ty NJ 0708	37						
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Name of Registered Waste Hauler Delfa Contracting LLC		190000	IJDEP W lauler ID 35240	No.	of Wa	Yards ste 30		Name of Tullytov				cove	ery F	acilit	ty
City, State Union City, NJ					0.535	sal Date -17-18		City, Stat		Α					
Completed by Jaime Delgado	Title Proj.	Mana	ager.		S	Signature)	/2			Dat 08	e -10-1	18		

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20) Date of Notification (1): Name of Building Owner/Operator (2): 8/20/18 SAVE-A-LOT Agencies Type Notification Street Address: 2018 Notified 1303 NORTH BROAD STREET. () Initial Notification City, State, Zip Code: (X) EPA () Amendment (X) DEP HILLSIDE, NJ 07205 Notification (X) DOL Name of Contact: Telephone Number: 908-925-5855 (X) Emergency MR. CARLO FRASSETTI () Cancellation (X) DOH () DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3): COMMERCIAL Type of Facility (4): () Subchapter 8 (Other than K-12) Street Address: 1303 NORTH BROAD STREET (X) Other (i.e., private & commercial buildings. homes, etc.) City & State (5): HILLSIDE, NJ Square Feet: NA # of Floors: 1 Bldg. Age: NA County (6): County Code (7) Current Use (Prior if being demolished): UNION (STATE USE ONLY) VACANT Name of Monitoring Firm Hired by Building ASCM No.: Name of Abatement Contractor (9): NA ENVIRONMENTAL CONSULTING GROUP, LLC JLs Group, Inc. Street Address: 71 ARCH STREET Street Address: 25-11 95th Street City, State, Zip Code: City, State, Zip Code: PATERSON, NJ 07522 East Elmhurst, NY 11369 Project Manager for Monitoring Firm: Telephone No.: Telephone No.: License No.: **FERNANDO** 973-418-4036 (877) 230-1080 01368 Start Date (10): Scheduled Completion Date (11): Name of OSHA Monitor: 8/23/18 9/30/18 S/M Enterprise of New Jersey, Inc. Occupancy Status During Abatement (Check only one) Street Address: P.O. Box 8265 (X) Facility Closed/vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours City, State, Zip Code: () Other - Describe: Haledon, NJ 07538 Scope of Work (Check all that apply): (X) Full Containment with Negative Pressure
() Mini Enclosure
() Glovebag Procedure
(X) Non-Friable Procedure () $\ge 3 \text{ sf or } \ge 3 \text{ lf}$ (X) $\ge 160 \text{ sf or } \ge 260 \text{ lf}$ (X) Renovation () Demolition Is Location Abatement Description of Location of Normally Type Asbestos Containing Material (ACM) Asbestos-Containing Material Used Solely by (i.e., thermal systems insulation, (ACM) Maintenance/ Encapsula Enclosure Remova surfacing, VAT, or Amount Repair. TO BE ABATED Custodial/ other miscellaneous) Staff? (Specify IN Facility (12)SF or LF) (13)Yes No N/A X FLOOR TILES / MASTIC 17,000 SF X **GROUND FLOOR** Name of Registered Waste Hauler: NJDEP Waste Cubic Yards Name of Registered landfill: ROVIC TRANSPORT Hauler ID No .: of Waste: 40 GRAND CENTRAL 20785 City, State: Disposal Date: City, State: WAYNE, NJ 9/30/18 PENARGUIL, PA Completed By: Title: Signature: Date: EVA CUPIT MANAGER 8/20/18

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:66 and 12:120)

Ck#1800

Date of Notification (1) 8/25/18				Juilding Ov			o Inc					\ \(\pi\)		No service of
Agencies Notified Type Notification		1	Street Add					1 [C	E		$\underline{\mathbb{V}}_{}$		1
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Name of Facility Where Abatement is Taking						Ty	pe of Facility (4)	L	CEN	BIN	G	and the second	
Abandoned Residential Property S	chedule	tor	Demo				School (K-12 Subchapter 8		or than K-	-12)				
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Park Ridge						0.000	000	2			50)+		
County (6)			County Co			1.00	urrent Use (Prio Residential H		ng demol	lished				
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Street Address						Street Ad								
n/a							lisade Ave				ļ			
City, State, Zip Code							e, Zip Code d, NJ 07026							
Project Manager for Monitoring Firm			Telephon	e No.		Telephon		-	License	e No.	-			-
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Start Date (10)	Schedule		pletion D	ate (11)			OSHA Monitor	na in						
9/3/18 Occupancy Status During Abatement (Chec	9/30/18		-			Street Ad	ny Contracti	ng m			-			
			ent				alisade Ave							
Abatement Performed Outside of Non	nal Facility	Hours			Ī		e, Zip Code							
Other - Describe: Abandoned Schedul	ed for Demo					Garfie	ld, NJ 07026							
Scope of Work (Check All That Apply)	F=F		41			M	Full Containme	ant with	Negativ	o Pre	ecur			
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(15)	Yes	No	N/A		5000						al		ate	6
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Harmony Contracting INc		1.4	Hauler ID 033085	NO.	of Was		GROV		ındfill					
City, State Garfield, NJ					TBD	al Date	City, Star Morris		PA					
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Date of Notification (1)		N	lame of E	Building O	wner/O	perator ((2)		5	9 		1,3			A COLUMN TO THE PERSON NAMED IN COLU
Agencies Notified Type Notification		s	treet Add	dress			-		A	UG 2	8 2	018			/
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Name of Facility Where Abatement is Taking	Place (3)							of Facility (4							
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Street Address								Other (i.e. p	rivate 8	comme	ercial b	uiidir	ngs, i	nome	5,
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Name of Monitoring Firm Hired by Building C	wner (8)		ASCM n/a	No.				Contracti							
Street Address			l			Street							10-10		
n/a						360	Palis	ade Ave							
City, State, Zip Code								ip Code							STATE OF THE STATE
n/a								NJ 07026						 ,	
Project Manager for Monitoring Firm			Telephon	ie No.		Teleph	160.6			Licens 0125					
n/a	Schedule		n/a	1ste /111		1		HA Monitor		0120					
Start Date (10)	Scriedule	iu Com	ipiedon c	Jato (11)				Contracti	ng Ind	C					
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Facility Closed/Vacated During Entire F	eriod of A	batem	ent			7.7.7		ade Ave							
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	Yes	No	N/A							00.00				-	-
1st Floor			X			loor Ti				92 SF		K		-	-
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City, State Garfield, NJ					Dispo	osal Dat	8	City, Sta Morris		PA					150.00
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E. Cirovic		retary	1												

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Mark Hatten 8/24/2018 Agencies Notified Type Notification Street Address []EPA [X] Initial Notification []DEP City, State, Zip Code []Amended Montclair, NJ, 07042 [X]DOL Notification [X] DOH Name of Contact Telephone Number US CONTROL & []EMERGENCY Mark Hatten []DCA []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Mark Hatten []School (K-12) []Subchapter 8 (Other than K-12) Street Addre [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5 County Code (7) County (6) Essex Montclair (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building Name of Abatement Contractor (9) ASCM No. Owner (8) AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 9-4-18 9-2-18 N/A Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure $[X] \ge 3$ sf or ≥ 3 lf [X] Renovation [X]Mini-Enclosure []>160 sf or >260 lf []Demolition [X] Glovebag Procedure []Non-Friable Procedure Abatement Type Location Location of Description of E Normally NCHO NCAP Asbestos-Containing Asbestos-Containing Amount Used RE EMOV Material (ACM) Solely Material (ACM) (Specify By Main-TO BE ABATED (i.e., thermal systems SF or tenance/ AI In Facility S insulation, surfacing, VAT, T.F) Custodial Staff (12) A (13)or other miscellaneous) Yes No N/A Basement X Pipe insulation 19 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. 17040 of Waste 1.5 AZTECH MANAGEMENT, INC. Tri-State Disposal Date City, State City, State Bronx, NY 10474 Montclair, NJ 07042 9-5-18 Completed By (Print or Type) Signature Date Constantine Vivian 8/2472018 President



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Name of Facility Where Residential	Abatement is Taking	Place (3)						of Facility (4 School (K-12	#10 100			***************************************		
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		ring Firm Hired by Bu		יפוואל	(8)	ASCH	A No.	Name of Abstern			-	-	-			
		onmental Inspecti	òns		condi			Shade Enviro				260				
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O Box	116	45						623 Cutter A	CAP (SA							
y. State,	Zip (Code		-	Africa Inc	-		City, State, Zip C					-			
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Date of Notification (1)	NAME OF THE OWNER OWNER OF THE OWNER OWNE		Nai	ne of Buildin	g Owner/Operator	(2)	STRUCTIO	410	110		4
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Agencies Notified	Type Notification		Str	eet Address	300 7	7TH ST				1	_
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<u>D</u> DEP	Amended Amendment #		City	State, Zip	ISLE	CITY	V.J. 08	2.4	3		_
⊠ DOF	Emergency (in	cluding	-				Telephone Number	-0			
DOH DCA	justification) Cancellation		Na	me of Contac	EANIC						_
□ DCA	Carrenauch		1-								\neg
	34.		F	ACILITY IN	ORMATION	Type of Facility	(4)				\neg
Name of Facility Where	Abatement is Taking	g Place (3)				School (K-1)					
K	ESIDENC	E				Subchapter	8 (Other than K-12)				
Street Address		- // 1	4-			Other (i.e., phomes, etc.	rivate & commercial	buildir	ngs,		
						Square Feet	# of Floors		. Age		\neg
City (5)		. ,				1500		5	2+		_
0	FAW LIT	Y		ounty Code (7) /CTATE	Current Use (P	nor if being demolish	ed)			
County (6)			U	SE ONLY)	() (STATE		ACHRIT_				_]
CLAP	= Willy				Name of Abates	ment Contractor (9	9)				
Name of Monitoring Fir	m Hired by Building (Owner	ASC	M No.		COMICO	INC				_
(8)	NIA		_		Street Address	OCV-TO					
Street Address					369	S SPK	PUCE AUE				_
					City, State, Zip	Code					
City, State, Zip Code	•				WAI	PLE SH	ADE N.J	0	80	52	_
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Project Manager for M	onitoring Firm	1 10	elepho	ne no.	856-77	9-0472	013	1.	_		
			1.6	Data (11)	Name of OSHA						
Start Date (10)		duted Comp	>euon	1 C	110110	NI	4				_
9-20-		7-30		10	Street Address						
Operandory Status Du	ing Abatement (Che	ck only one	?}		00000						_
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Other - Describe:							47.4 May 133				
Scope of Work (Check	(all that apply)					ontainment with Ne	egative Pressure				
		Renov	ration		F Claye	nclosure bag Procedure					
≥160 sf or ≥260 lf		Demoi	noti		Non-E	xempted (*) and N	lon-Friable Procedure	e			-
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MAPLE	SHAVE	N.J		0000	Signature	- 1M.	-Date	-7	V-	-(5
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MICHAEL	Clomm -		<u>.</u>			SH TV					

CKER 4605

Date of Notification (1)

Agencies Notified

☐ BPA ☐ DEP

Ø BOL

Ø DOH ☐ DCA

Street Address

City (5)

County (6)

Street Address

Start Date (10)

Other - Describe:

___≥3 sf or ≥3 lf

≥160 sf or ≥260 H

City, State, Zip Code

Project Manager for Monitoring Firm

Scope of Work (Check all that apply)

Location of

Asbestos-Containing Material (ACM)

TO BE ABATED

IN Facility

(13)

SIDIM

Name of Registered Waste Hauler

City, State

Completed By

MICHAEL

PAII

M Initial

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner

Occupancy Status During Abatement (Check only one) □ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

Type Notification

Amended Amendment #

Cancellation

RESIDENCE

Emergency (including justification)

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

Street Address

City, State, Zip Code

Name of Contact

Name of Building Owner/Operator (2)

Signature

TOM FACILITY INFORMATION

County Code (7) (STATE

USE ONLY)

ASCM No.

Telephone No.

Scheduled Completion Date (11)

Renovation

Is Location Normally

Used Solely by

Maintenance/

Custodial

Staff?

(12)

No

Yes

Title

SUP.

N/A

X

NJDEP Waste

Hauter 10 No.

Demotition

OF AS	ew Jersey BESTOS ABATEA C 8:60 and 12:12) ECE] [The same
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		CO INC					$=$ \mid
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	City, State, Zip C	E SHADE	E N.JC	280	5	2	_
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11)	Name of OSHA						
_	Street Address	141					
		÷					_
	City, State, Zip C	ode 4					
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Date of Notification (1)	-74-18	E 16		Nam	e of Buildir	ng Owner/Operator	ECH CO	MTRACTIM	16-		17.	_
Agencies Notified	Type Notificatio	n		Stree	et Address			ASSESTOS CO	NTE	OI.	3	-0.00
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DEP	Amended			City.	State, Zip	Code	0 2020 00000 000			- 0.		ENTOS-
Ø DOL	Amendment Emergency		-		G-K	CELMIFIE	D ML	5580 7	30			
Во́	justification		9	Nam	e of Conta			Telephone Numb	er			
□ DCA	Cancellation				BR	UCE						
	<u> </u>			FA		ORMATION		1				
Name of Facility Where	Abatement is Taki	ng Place	e (3)				Type of Facility	(4)				
PI	ESIDENC	Ë					School (K-1					
Street Address								8 (Other than K-12 private & commercia		linge		
Duccernadiose		_					homes, etc		i Duit	arigs,		
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County (6)	MAY				ONLY)		MA	CANT				_
Name of Monitoring Firm	The state of the s	Owner	-	ASCM	No.	Name of Abatem	ent Contractor (9	9)				
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Street Address	VIA					Street Address						
Street Address						369	S SPIEL	ICE ALE				
City, State, Zip Code						City, State, Zip C	ode					
City, State, 21) Code						MAPL	E SHAD	E M. J	280	250		
Project Manager for Mor	nitorina Firm		Tel	ephone	No.	Telephone No.		License No.	, _	4		
Project Marager for Mor	atomig			Te)		856-77	9-0472	_013	1			_
Start Date (10)	Sche	duled C	omple	etion Da	ate (11)	Name of OSHA N	Monitor ,					
9-9-19			10		7		MIA					
Occupancy Status Durin		ck only	onie)			Street Address						
Facility Closed/Vacate	ed During Entire P	eriod of	Abate	ment				1.				
Abatement Performed	Outside of Norma	al Facilit	y Hou	rs		City, State, Zip C	ode	-1.				
Other - Describe:			50					1012				
Scope of Work (Check a	Il that apoly)					65_123						
Scope of Work Check a							tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf		☐ Re	novat			☐ Mini-End	ig Procedure					
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		Used	malh			Description of	81		<u></u>	175		
Location of Asbestos-Containing M			itenan		Asbest	os Containing Mat	erial (ACM)	Amount			m	m
TO BE ABAT		1000	stodia		(i.e.,	thermal systems in	nsulation,	(Specify SF or LF)	Removal	Re	Encapsulate	Enclosure
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Name of Registered Was	te Hauler			UDEP V		Cubic Yards of Waste	Name or Reg	197 525 8550 5030	1A			
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Date of Notification, (1)	74-18		Nam	ve of Buildin	ng Owner/Operator	2) CON	STRUCTI	00 . DAI	4 3	201	8
Agencies Notified	Type Notification	'n	Stre	et Address		774 ST	ASPE		001	ITR	OL.
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⊠ DOL	Amendment		City,	SEA	ISLE	CITY	N.J. 0	851	43	1	_
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Street Address	7.				Street Address	S. SPK	PICE AU	_			
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Project Manager for Mo	witoring Firm		Telephone	No.	Telephone No.		License No.	רי	i		
Project Marager to Mc					-	9-0472	1 -01.	2,1,	1_	_	=
Start Date (10)		eduled Con	npletion D	ate (11)	Name of OSHA	Monitor A /	6				
9-28-1	/) I -	1-8	-16		Street Address	14/	4				=
Occupancy Status Duri	ng Abatement (Ch	eck only or	ne) natement		Steet Address	17					
Facility Closed/Vaca	ited During Entire F and Outside of Norm	al Facility h	Hours		City, State, Zip C	Code	X.				
Other - Describe:											_
Scope of Work (Check	all that apply)				☐ Full Co	ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf		Reno	vation		☐ Mini-En	closure ag Procedure					
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City. State				2000	Disposal Date-	City, State	ANTULLE	NT	- !		
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Agencies Notified	Type Notificat	ion	Str	eet Addres		11.01					-			
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Name of Monitoring Firm	The state of the s		ASCA	vi No.	Name of	Abatem	ent Contractor (
(8) N	IA				KL	EM	CO IN	_						
Street Address	1		1		Street A									
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City, State, Zip Code					08	0805 2								
Project Manager for Mor	nitorina Firm	T Te	elephone	No.	Telephor	APL G	SHAD	E M.)						
riged marager for mor	atomy i min		1010 1 1000 11000		856	-77	9-0472	1	37	1				
Start Date (10)	Sch	eduled Comp	letion D	ate (11)	Name of									
9-4-18		9-1	7 -1	-18 N/A							= 5			
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☐ Facility Closed/Vacate														
Abatement Performed					City, Stat	e, Zip Co	xde :							
Other - Describe:							#1 20							
Scope of Work (Check a	Il that apply)													
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Asbestos-Containing M		Maintena					rial (ACM)	Amount		_	g	1		
TO BE ABATI	ED	Custod Staff		(i.e.,	thermal sys			(Specify SF or LF)	Í	Kepair	Ca P	Enclosure		
IN Facility (13)		(12)			other misc				CAN	Jan	Encapsulate	SUF		
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Name of Registered Wast	e Hauler	100	UDEP V	The second secon	Cubic Yar	ds	Name of Regi	stered Landfill						
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KLEMCO	INC		1776	7	Disposal D	ate	City, State	4						
City, State MAPLE S	11110	N.J					L 06335.6 107	DOBINE	E					
	HADE				Signa	ture A	^	Dat		. 1				
Completed By	cum _	SUP.			Tu	السا	1076-		8-1	4-	-18			
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Date of Notification (1)	74-18			Nan	HACIDAY CLONING AUG 28 20									
Agencies Notified	Type Notificatio	n		Stre	et Address			HUESESTOS CO	MTD	OL S		_		
D BA	initial Amended			City	7 0 State, Zip		EN F	EICE VOI	VG =	<u> </u>	_			
₩ DOF	Amendment Emergency (na	City,	00	taul C	ITY 1	U.J. 08	08226					
Ø DOH □ DCA	justification) Cancellation		3	Nam	ne of Conta			Telephone Numb	er					
				F/		FORMATION						=		
Name of Facility Where	Abatement is Taki	ng Plac	æ (3)				Type of Facilit	y (4)	-	11.00.25	15,270			
	SIDENCE				·		School (K-1	12) r 8 (Other than K-12)					
Street Address			37	•	22.0			private & commercia		tings,	Č.			
City (5)	•						Square Feet	# of Floors	100	dg. A	-			
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County (6)	= WWY				E ONLY)		LACI	ANT	neu)			_		
Name of Monitoring Firm (8)		Owner		ASCA	l No.	Name of Abatem								
Street Address	<u> </u>					Street Address 369 5								
						E AUE								
City, State, Zip Code	N					City, State, Zip C								
Project Manager for Mon	itoring Firm		Tele	ephone	No.	Telephone No. 856-77	9-0472	License No. 3	74			_		
Start Date (10)	Sche	duled (Comple	etion D	ate (11)	Name of OSHA N	Monitor N/A.							
Occupancy Status During	Abstament (Che	ck only	(ane)	-19	0	Street Address	N/H.					=		
Facility Closed/Vacate	d During Entire Pe	eriod of	Abate	ment							_	=		
Abatement Performed	Outside of Norma	d Facili	ty Hou	rs		City, State, Zip Co	ode	•						
Other - Describe: Scope of Work (Check a)	I that anoly)													
Scope of Work (Check at ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тиатаррту)	□ R	enovat emolitic	ion on		☐ Mini-End	dosure a Procedure	egative Pressure	_					
<u> </u>		,	Location		1	Non-Exe	empted (*) and N	on-Friable Procedur		bater				
		N	iormalij Solel	1		Description of				Тур	e	_		
Location o Asbestos-Containing M	aterial (ACM)	Mai	ntenan	œ/	Asbes	tos Containing Mate thermal systems in	erial (ACM)	Amount (Specify	R	_	Enc	5		
TO BE ABAT! IN Facility	ED		Staff?	21	(1.6.,	surfacing, VAT, other miscellaneo	or	SF or LF)	Remova	Repair	Encapsulate	Eliciosula		
(13)			(12)	T	1	other miscellaneo	(a)		val	5	late	n d		
		Yes	No	N/A	T	RAWSITA	<u></u>	7500SF	V		\neg			
SIDIN	<u>G</u>			X	-	KUMA JIII		1						
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Name of Registered Wast	e Hauler			UDEP L		Cubic Yards of Waste		istered Landfill	. 4	٨				
	WC.			791	DU_	Disposal Date	City, State	. C. M. U	, 1	1_	_			
City, State MAPLE 51	HAVE N	J					Woo	DBINE		•	_	_		
Completed By	Title)			Signature	101Cm	Date -	-21	4-	-18	_		
MICHAEL KU	TNM _	SUF	<u>·</u>				V							

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Date of Notification (1)	Name of Building Owner/Operator (2) HAKBAUCH DEVELOPTICS Entreet Address LICENSING											
Agencies Notified Type Notification	Stree	t Address	8 GLAS	SBORD	RD	LICE	MSH	VG.				
DEP Anended Amendment #	City, S	State, Zip		200	ATS NIT	0	80	9-	,			
☐ Emergency (including justification)	Name	of Conta	ct	ACTO	Telephone Numb		00		-			
DCA Cancellation		SAME FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3)	FA	CHILL IN	ORMATION	Type of Facility	· y (4)				\dashv			
RESIDENCE				School (K-1	8 (Other than K-12)	520					
Street Address				homes, etc								
City (5) AVIALON				Square Feet	# of Floors	110000	dg. A	-				
County (6) CAPF IMIAY		onty Code (7) (STATE	Current Use (P	rior if being demolis	hed)						
Name of Monitoring Firm Hired by Building Owner	ASCM	No.	Name of Abatem	ent Contractor (
(8) N A	-		Street Address		, <u> </u>				=			
			369 City, State, Zip C		EUCE AUX							
City, State, Zip Code			MAP	ADE MIT								
Project Manager for Monitoring Firm Tele	ephone l	No.	Telephone No. 856 719	9-0472 License No. 01371								
Start Date (10) Scheduled Complete	etion Dat	on Date (11) Name of OSHA Monitor										
Occupancy Status During Abatement (Check only one)	-10	Street Address										
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou	ement ers	s City, State, Zip Code							=			
Other - Describe:							_		_			
Scope of Work (Check all that apply)	ion		☐ Full Con		egative Pressure							
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is Location	225.70			95	Abate Tyr							
Location of Used Solel Asbestos-Containing Material (ACM) Maintenar	ice/	Asbes	Description of tos Containing Mate	erial (ACM)	. Amount			En	ш			
TO BE ABATED CUSTOOLS IN Facility Staff?	el	(i.e.,	thermal systems in surfacing, VAT, other miscellaneo	or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure			
(13) (12) Yes No	N/A		other miscellaneo	us)		/al	=	late	лге			
	V	T	RIANSITE		2750SF	X						
SIDING												
	UDEP W		Cubic Yards	Name of Reg	istered Landfill							
KLEMED INC	auler ID	No.	of Waste	<u>C,</u>		. U	. V	<u>+</u> _	_			
City, State MAPLE SHADE W.J			Disposal Date	City, State	OBINE	N	. T					
Completed By MICHACL (Cumm SUPER)		Signature	0,071-	Date	21	1-	18	ا ا			





Date of Notification (1)	Name of B	uilding Owner/Operato	(-RAV)	NC E EXC	AU	AT	IN	16			
Agencies Notified Type Notification	Street Add	ress I O I				The Area					
☐ \$PA ☑ Initial ☐ Amended	City, State		OLLING L	ary IKIV			-	=			
	G(). 02.0	VILLAS	S W.J 08251								
□ DOH justification) □ DCA □ Cancellation	Name of C	7 .		Telephone Numb	er						
- Calcuston	-	FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3		THEOROGATION	Type of Facility	(4)				-			
RESIDEW (E			School (K-1	2)							
Street Address	4 .		Other (i.e., p	8 (Other than K-12 private & commercia		dings,	e.				
			homes, etc.) # of Floors	B	dg. A	ge				
City (5)			1500	2		50	+				
County (6)	County Co	xde (7) (STATE		rior if being demolis	hed)						
CAPE MAR	ASCM No.		nent Contractor (9	6				=			
Name of Monitoring Firm Hired by Building Owner (8)	7001110.	_ K		INC				_			
Street Address	1=====	Street Address	9 S. SPK	RUCE HIE	F						
City, State, Zip Code		City, State, Zip C	Code								
- 10000 • 10 000 0000 0000 0000 0000 000		_ MA	IPLE SH	05	270						
Project Manager for Monitoring Firm	elephone No.	Telephone No. 856-77	9-0472	License No	371			_			
Start Date (10) Scheduled Com	pletion Date (11) Name of OSHA	Monitor A I I M								
9-8-18 9-18	7-18	Street Address			_		=				
Occupancy Status During Abatement (Check only one Facility Closed/Vacated During Entire Period of Aba	etement										
Abatement Performed Outside of Normal Facility He	ours	City, State, Zip Code									
Other - Describe:								=			
Scope of Work (Check all that apply)			ntainment with Ne	gative Pressure	8						
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IN Facility Staff	f?	surfacing, VAT,	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure			
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CD interest Wheele Unider	NUDEP Waste	Cubic Yards	Name of Regi	stered Landfill		لـــا					
Name of Registered Waste Hauler	Hauter ID No.	of Waste	C,	MCM	1	M					
KLEMCO INC	11104	Disposal Date City, State •						N. T			
		Bapton Dail	List tone	: A 10 -1 11-	In	1 :	V.				
City, State MAPLE SHAWE W. J. Completed By Title		Signature	W00	IN BINE	N	1.	<u></u>	=			

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

AUG 2 8 2018

Name of Building Owner/Operator (2) Date of Notification (1) CONSTRUCTIONITHOLS INELAMOS Street Address Agencies Notified M Initial City, State, Zip Code Amended DOL. Amendment # SEA Emergency (including Name of Contact DOH DCA justification) FIRAMIC Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) RESIDENCE Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, Street Address homes, etc.) Square Feet # of Floors Bldg. Age City (5) 1500 Current Use (Prior if being demolished) County Code (7) (STATE County (6) MACHAIT USE ONLY) Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner INC 1 MJ Street Address Street Address 369 City, State, Zip Code City, State, Zip Code MAPLE HADE Telephone No. Telephone No. Project Manager for Monitoring Firm 856-22 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation] ≥3 sf or ≥3 lf Glovebag Procedure Demotition ∑≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Used Solely by Asbestos Containing Material (ACM) Location of Amount Maintenance/ Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Custodial SF or LF TO BE ABATED surfacing, VAT, or Staff? IN Facility other miscellaneous) (12)(13)N/A Yes No TRAW SITE SF Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste M. C. MU.K City State WOODBINE Disposal Date-City, State Signature Title Completed By MICHAC MM

(n)_E	C			\mathbb{V}		
	AUG	2	0,7	2018	Grand Committee of the	

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Date of Notification (1)	100000000000000000000000000000000000000		g Ov	/ner/Operator (2)		e e la composition de la composition della compo					i i				
8 / 27	Ch	evron			ASECTIOS CONTROL &											
Agencies Notified Type No	tification			Stree	t Address			Party State of the			LICE			U11 C	4	
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■ DOLWD Ame				City,	State, Zip (Code		***								
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	ication)	icidali ig	d		e of Contac	-			T	elephone	Numbe	er	-			
☐ Cand	ellation			Ed	Edward	s				15-254						
				FA	CILITY IN	IFO	RMATION									
Name of Facility Where Abatemen	is Takin	g Place	(3)					Type of Facilit	7932 AV							
Chevron Site 211699								School (K-		N4141	V 40\					
Street Address								Subchapte Other (i.e.,	priva	ite and con	nmerci	al bu	uilding	IS.		
1877 Absecon Bouleva	ra							homes, etc	:.)				10.5			
City (5) Atlantic City, NJ 08401								Square Feet N/A	- 1	# of Floors	3		dg. A	ge		
County (6)				Cou	nty Code (7)(STA	ATE USE ONLY)	Current Use (I	Prior i	if being der	molish	ed)				
Atlantic County								Industrial	Fac	cility-for	mer	blo	lg s	ab		
Name of Monitoring Firm Hired by	Building (Owner ((8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)							
Arcadis				141		AŁ	oscope En	vironment	al, I	nc.						
Street Address						1 5 37%	eet Address									
10 Friends Lane						-		ustrial Parl	R	b						
City, State, Zip Code							y, State, Zip Co									
Newtown, PA 18940								n, MD 2116	32							
Project Manager for Monitoring Firm	ephone		1	ephone No.		- 1	License No	0.								
David Hilinski		5-1711		0-796-720			01194									
Start Date (10)	F 2 C 4 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5				ate (11)	Na	me of OSHA M	onitor								
9 / 10 / 2018				_ /	2018											
Occupancy Status During Abateme						Str	eet Address									
■ Facility Closed/Vacated During Abatement Performed Outside of					ariba											
Time of Abatement:AM-	PI	//	_PM	- <u></u>	AM	City	, State, Zip Co	de								
Scope of Work (Check all that apply	()											_	-	-	-	
☐ ≥3 sf or ≥3 lf		ПRe	nova	tion			☐ Full Cont ☐ Mini-Encl	ainment with No	egativ	ve Pressur	е					
■ ≥160 sf or ≥260 lf		☐ De					☐ Glovebag	Procedure								
							Non-Exe	mpted (*) and N	lon-F	riable Proc	edure					
Location of		1000	Loca Iorma				Description					Ab	ateme	ent Ty	/pe	
Asbestos-Containing Material (A	(CM)	Use	d Sol	ely by	Asbe	stos	Description o Containing Ma			Amount		Rei	Repair	Enc	En	
TO BE ABATED				ance/ Staff?		., the	rmal systems i	nsulation,		(Specify		Removal	bair	aps	Enclosure	
IN Facility (13)			(12)				surfacing, VAT, her miscellaned			SF or LF)	<u>a</u>		Encapsulate	Te	
10 C C C		Yes	No	N/A	1			v.c. 5 &						е		
south corner of former building	ng slab			×	12	."x1	2" VAT and	Mastic		550SF		х				
center of former building	slab			×	9	"x9	" VAT and I	Mastic		100SF		х				
Center and west of former ble	dg slab			×	9"x9)" B	lack VAT ar	nd Mastic		100SF		х				
West side of former buildin	g slab			x	Brow	n V	apor Barrie	r Material		250SF		х				
Name of Registered Waste Hauler			1.00	NJDEP !	Waste	Cub	oic Yards of	Name of Reg	istere	ed Landfill						
Clean Harbors				Hauler II 6666	D No.	Wa	ste	Clean Ha	arbo	ors Lon	е Ма	our	ntair	ı, Li	LC	
City, State						Disp	oosal Date	City, State							\neg	
Po Box 9149						40355,Scounty Road 236 Waynoka,				a, O	< 73	860				
Completed By (Print or Type)	Title						Signature	1/	1		Date					
Jason Haller	VF	Mic	A	tl			1/1	1 /90			8/2	7/2	201	8		
A CD 44							110	11/1								