State of New Jersey IONFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 08 27 19 Borough of Oceanport Agencies Notified Type Notification Street Address ☐ Initial 315 E. Main Street ☑ DOLWD City, State, Zip Code ☑ DOH Amendment #1 ASBESTOS CONTROL & Oceanport, NJ 07757 LICENSING ☐ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation William White 732-241-7874 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 901 Murphy Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Oceanport County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Monmouth Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) RJB Environment Inc ALL PRO MANAGEMENT LLC Street Address Street Address 615 Prospect Ave 27 Outwater Lane City, State, Zip Code City, State, Zip Code Morrisville, PA 19067 Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Richard Beach 267-991-9212 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __08__ / __28 / __19 10 / 31 / 19 ALL PRO MANAGEMENT II C Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-_ PM/ Garfield, NJ 07026 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure ≥3 sf or ≥3 lf ☐ Renovation ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Encapsulate Removal Repair Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Rooms 1, 4-10,12,14,16,17 П X VAT/Mastic 12,010 SF M Rooms 11 and 15 П X VAT/Mastic 285 SF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Horizon Disposal / Newark Carting Hauler ID No. Waste Fairless Landfill / Grand Central Sanitary Landfill 10416 / 0183 As Needed City, State Disposal Date City, State Ewing, NJ / Newark, NJ TRD Morrisville, PA / Pen Argyl, PA Completed By (Print or Type) Title Date Allen Monchik Project Manager Allen Monchik 8/27/19

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

7)	
	CONTINUATION SHEET

	-			977 Murphy Drive, Oceanport, NJ		Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Locai rmaily Solely stenan ial Staf	Used by ce/Cust	Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or LF) or other miscellaneous)		R e m o v a I	R e p a i	E n c a p s u l	E n c l o s u r e	
	Yes	No	N/A			•	-		e	
Rooms 2 and 17 beneath blue/white VAT									-	
Rooms 9 and 10B			Х	Mastic	500 SF	Х				
			Х	Carpet Mastic	550 SF	X				
Exterior- Windows			Х	Window Glazing & Caulking	29 Windows	Х				
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Completed by: (Print or type)	Title:	Project Manager	Simphus	1
Allen Monchik		r ojece manager	Signature: Allen Monchik	Date: 8/27/19
			misser monerage	0/2///0

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 08 27 1 Borough of Oceanport Agencies Notified Type Notification Street Address ASBESTOS CONTROL & X EPA ☐ Initial 315 E. Main Street LICENSING **⊠** DOLWD City, State, Zip Code ☑ DOH Amendment #1 Oceanport, NJ 07757 ☐ Emergency (including ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number □ Cancellation William White 732-241-7874 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) ☑ Other (i.e., private and commercial buildings, 977 Murphy Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Oceanport County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) RJB Environmental Inc ALL PRO MANAGEMENT LLC Street Address Street Address 615 Propsect Ave 27 Outwater Lane City, State, Zip Code City, State, Zip Code Morrisville, PA 19067 Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Richard Beach 267-991-9212 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __08__ / __28__ / __19 10 / 31 / 19 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/_ PM-Garfield, NJ 07026 Scope of Work (Check all that apply) ≥3 sf or >3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 If ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Normally Abatement Type Location of Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, Custodial Staff? (Specify IN Facility surfacing, VAT, or

Removal Encapsulate Enclosure SF or LF) (12)(13)other miscellaneous) Yes No N/A Front Lobby- Check In Area, Room 2 X White Cove Base Molding Mastic Nearby Rooms in the Wing 720 LF X П Rooms 5,6,9,10B,10A, & 11 X VAT/Mastic 600 SF X П Rooms 4,7,8,13,14,15 & 16 X VAT/Mastic 2,300 SF M П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Horizon Disposal / Newark Carting Hauler ID No. Waste Fairless Landfill / Grand Central Sanitary Landfill 10416 / 0183 As Needed City, State Disposal Date City, State Ewing, NJ / Newark, NJ TBD Morrisville, PA / Pen Argyl, PA Completed By (Print or Type) Signature Date Allen Monchik Allen Monchik Project Manager 8/27/19 ASB-41 JAN 13

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

JW# 14093	PATT	NO	TIFIC	CATIO Pursua	N OF AS	SBESTOS ABA AC 8:60 and 5:	16) 🙏 .	11 2 ·-	7.00	×.		
Date of Notification (1)	- 20 H			Nam	ne of Ruildin	ng Owner/Operator	Unit Zt	十一17	300	1		
8 /26	7 _ /1	19		1 7 7 7 1		Township	(2)	MEC	E	W	E	Tr
	pe Notificatio	n		Stre	et Address		Port.			1.7		111
	Initial			12	211 N Dela	aware St	Quanti					
	Amended Amendment	ш		City,	State, Zip	Code		HH AUG	30	2010	1	111
	Emergency (-	P	aulsboro.	NJ 08066	quinter	U U AUG				i fere
(NJAC 5:23-8)	justification)	includii	ig		e of Contai		- Add	Tolophonowali			*	1
	Cancellation),			Telephone Nt ASBES (856) 423	3888)	NTRO	DL &	
Name of Facility Where Abate	ment is Taki	na Dina	no (2)	FA	CILITY II	NFORMATION	·-					THE PERSON NAMED IN
Traine of Facility Where Abate	inentis taki	ng Plac	e (3)				Type of Facility	1000	- 0.000-1-0-1-0			
Street Address							School (K-1	12)	40)			
125 E Broad Street							Other (i.e.,	r 8 (Other than K- private and comn	12) nercial l	huildin	as	
							homes, etc	i.)	1010101		90,	
City (5)							Square Feet	# of Floors	E	3ldg. A	\ge	
Paulsboro, NJ 08066							1524	2		100		
County (6)				Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (F	rior if being demo	olished)	7		
Gloucester							Residence					
Name of Monitoring Firm Hire		Owner	(8)	ASCN	l No.	Name of Abatem	ent Contractor (9	9)				-
Health & Safety Service	es					Controlled E	nvironmental	Systems				
Street Address						Street Address						
PO Box 365						1121 N. Beth	lehem Pike - S	Suite 60				
City, State, Zip Code						City, State, Zip C				-		
Berlin, NJ 08009						Spring Hous						
Project Manager for Monitorin	g Firm		Te	lephone	No.	Telephone No.		License No.	-			
Jim Proctor			8	356 452	2 1311	215 542 7000)	00847				
Start Date (10)	Sche	duled C	Compl	etion Da	ate (11)	Name of OSHA N	Agnitor	00047			_	
9 / 11 / 19		9	2	7_ /		CES	MOTILLOT					
Occupancy Status During Aba						Street Address						-
☐ Facility Closed/Vacated Du	ring Entire Pe	eriod of	Abate	ement		1121 N. Beth	lehem Pike - S	Suite 60				
Abatement Performed Outs Time of Abatement: 7:00A	Ide of Norma	ıl Facilit	y Hou	ırs - Des		City, State, Zip Co	ode				-	
Scope of Work (Check all that				AM		Spring House	e, PA 19477					
□ ≥3 sf or ≥3 If	арріу)					☐ Full Con	tainment with Ne	gative Pressure				
≥3 \$1 \$1 ≥3 \$1 ≥160 \$f or ≥260 \$f		☐ Re				☐ Mini-End	losure g Procedure					
//						Non-Exe Non-Exe	mpted (*) and No	on-Friable Proced	lure			
			Loca							batem	ent T	vne
Location of		14 (400.00)	Norma	ally ely by		Description o				T		T .
Asbestos-Containing Mater TO BE ABATED	iai (ACIVI)			ance/	Asbes	stos Containing Ma , thermal systems	terial (ACM)	Amount	Remova	Repair	nce	ncl
IN Facility		Cus		Staff?	(1.6.	surfacing, VAT,		(Specify SF or LF)	OVS	H.	sde	Enclosure
(13)		-	(12)			other miscellane		0. 0. 2.	=		Encapsulate	Гe
Exterior		Yes	No	N/A	F. 4	0.1.				-	CD	
Kitchen					Exterior			2400 SF		-		
TATORICIT					Floor Ti	le		300 SF				
Name of Registered Waste Ha Republic	uler		1 1 2	NJDEP Nauler II		Cubic Yards of Waste	Name of Regis					
City, State					and a second		Conestoga	3	10			
Telford, PA						Disposal Date	City, State Morgantov	vn, PA 19543				
Completed By (Print or Type)	Title	9				Signature			lat-			
Patricia Visco	1 0000	ffice N	lana	ger		Signature 12.7	1/ ₀₁	,,,,,,	ate 🌠 🖂	13.	100	

State of New Jersey
NOTIFICATION OF ASBESTOS AB

IM# 14092 P	AID			uant to N	JAC 8:60 and 5:	16) ()	上北	175	:O?	3	
Date of Notification (1)					ding Owner/Operato	r (2)		1 6000		3	
8 / 29	/	- 1		Paulsboro	Township		NEC	E	IW	E	les.
[] ·	otification			reet Addres	73	16	机			7-	7
				1211 N De	laware St	Managara (Managara)		128			
	nded ndment#		Cit	ty, State, Zip	Code	100	LI AUG	30	2019		1100
☐ DCA ☐ Eme	gency (incl	uding	1	Paulsboro	, NJ 08066	1			- 10.17		Luman
(NJAC 5:23-8) justif	ication)	-	Na	me of Conta	act		Telephone N	tamber		m-and	1
Cano	ellation	11110-00-00-00-00-00-00-00-00-00-00-00-0					Telephone N ASDEST (856) 423	3888 3888	NTRC IG	L&	
Name of Facility Miles Alex			ı	FACILITY	INFORMATION				-		erorenden.
Name of Facility Where Abatement	is Taking F	Place (3)			Type of Facility (200				
Stroot Add						School (K-12)					
Street Address						Subchapter 8	(Other than K	-12)			
1545 Swedesboro Rd						Other (i.e., pri	vate and com	mercial	buildir	igs,	
City (5)						Square Feet	# of Floors		Bldg. /	Age	
Paulsboro, NJ 08066						1680	2		100	-	
County (6)			Co	ounty Code	(7)(STATE USE ONLY)	Current Use (Price	or if being dem	olished			
Gloucester							3				
Name of Monitoring Firm Hired by E	Building Owi	ner (8)	ASC	M No.	Name of Abatem	ent Contractor (9)					
Health & Safety Services, In	С					nvironmental Sy	/stems				
Street Address		1500			Street Address						
PO Box 365					1121 N. Beth	lehem Pike - Su	ite 60				
City, State, Zip Code					City, State, Zip C			-	-		
Berlin, NJ 08009					Spring Hous	e, PA 19477					
Project Manager for Monitoring Firm		T	elephon	e No.	Telephone No.		License No.				
Jim Proctor			856 45	52 1311	215 542 7000		00847				
Start Date (10)	Schedule				Name of OSHA M	Ionitor			-		
9/11/19				19	CES						
Occupancy Status During Abatemer	t (Check on	ly one			Street Address	t					
☐ Facility Closed/Vacated During E	ntire Period	of Aba	tement		1121 N. Bethl	lehem Pike - Sui	to 60				
Abatement Performed Outside of	Normal Fac	cility Ho	ours - De		City, State, Zip Co			-			
Time of Abatement: 7:00AM-3:0		_PM	A	VI	Spring House						
Scope of Work (Check all that apply)	y.									-	
☐ ≥3 sf or ≥3 lf	П	Renov	ation		☐ Full Cont	ainment with Negat	ive Pressure				
⊠ ≥160 sf or ≥260 lf	\boxtimes	Demol	ition			osure Procedure					
					☐ Non-Exer	mpted (*) and Non-l	Friable Proced	lure			
Location of		Is Loc						Al	patem	ent T	ype
Location of Asbestos-Containing Material (AC	m L		olely by	Acho	Description of stos Containing Mat	f	1980 - 17		_		T
TO BE ABATED			nance/	(ie	., thermal systems in	nsulation	Amount (Specify	Removal	Repair	nca	nck
IN Facility (13)		ustoaia (1)	I Staff?	1	surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)	Ye		1		other miscellaneo	ous)				late	(D)
Basement					suation Debris C				-		
				1 ipe ins	suation Debris C	lean up	30 SF			Ц	Ш
		무									
		ᆜᆜ									
Name of Posisters d.Mr. / U.											
Name of Registered Waste Hauler Republic			NJDEP Hauler I		Cubic Yards of Waste	Name of Register	ed Landfill				
City, State						Conestoga					
Telford, PA					Disposal Date	City, State					
						Morgantown,	PA 19543				
Completed By (Print or Type)	Title				Signature	11	D	ate			
Patricia Visco	Office	Mana	iger		Wartes.	es (Mes	Committee	52	29	-10	,

		25.5		-		
1	or	in	Ý.	-	~	Mary Control
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1K75L	18 PA	M	(Pu	irsuant ti	of asbes o njac 8:6	30 and	d 12:120))			CE		\mathbb{V}	E		
Date of Notification (1) 8/27/19			1		Building Ov onetti Pr					All the same	1110 2	Λ :	2020		The second secon	the second
Agencies Notified	Type Notification			Street Ad							AUG 3	Ų-	2019		-	#
EPA DEP DOL	Initial Amended Amendment				e, Zip Code each Tw		08091		- Company	ASB	ESTOS LICE			DL &	- Company	Extraction actions and a
DOH DCA	Emergency (justification) Cancellation	including		Name of Gina						Tele	phone N	umbe	r			
Name of Facility Where	Abatement is Taking	Place (3)	1	FACIL	ITY INFOR	MATI	ION	Type o	f Facility (4	!)						-
Gina leonetti Priva Street Address								T S	chool (K-12 ubchapter ther (i.e. p	8 (Othe	er than K-	-12) rcial b	uildir	ngs, h	omes	à,
City (5) Long Beach Twp N	IJ 08091							Square 1000		# of	Floors		Bld 35	g. Ag ⊹	е	
County (6) Ocean				County C (STATE U	ode (7) SE ONLY)			Curren	it Use (Pric	r if bei	ng demol	ished))			
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCM No. Name of Abatement Contractor (9) Pernaco Inc.												
Street Address								Address Box 32				ti.				
City, State, Zip Code	20								ate, Zip Code Berlin NJ 08091							
Project Manager for Mo	nitoring Firm			Telephor			856	Telephone No. License No. 856-753-9800 00727 Name of OSHA Monitor								
Start Date (10) 9/11/19		Schedule 9/20/19	9	npletion E	Date (11)		San	ne							1	
Occupancy Status Durin				.77			Street	Addres	S							
Facility Closed/Vac Abatement Perforr Other – Describe:	cated During Entire I ned Outside of Norn	Period of Anal Facility	Abaten Hours	nent S		_	City, S	State, Zij	p Code							
Scope of Work (Check	All That Apply)		32110-000					_								
23 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolii					Min Glo	Containmoni-Enclosure vebag Production (Control of Control of Cont	e cedure					:	
		ls	Locat	ion										Abate Ty	ment	
Locatic Asbestos-Containin TO BE Al In Fac (13	g Material (ACM) BATED cility	Use Ma	Norma ed Sole iintena todial : (12)	ely by Ince/ Staff?	(i.e. ti	s Cor herma surfa	escription ntaining al system acing, Va miscella	Material ns insula AT, or	(ACM) tion,	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			· 0:	latta a		20	000 SF					
Exterior Siding	g House			Х		⊨xx	erior Si	aing			JUU 3F		ж			
																_
				I Inchi	In the	0.1.	c Yards		Name of	Pogiat	ered Lan	dfill				
Name of Registered W United Roll Off	aste Hauler			NJDEP W Hauler ID 22459	and the second second	of W			G.R.O			um				
City, State Elm NJ						Disp 9/20	osal Dat 0/19	е	City, Sta Morris		A 1906					
Completed by Anthony T Perna		dent Signature Date 8/26/19				9										

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CK1260	PAID	NOTII (I	FICATIO	State of New Jers ON OF ASBESTOS nt to NJAC 8:60 a	SABATE	EMENT 20)	In E	CE		\mathbb{V}	E
Date of Notification (1) 08.23.19			Name CITY	of Building Owner	Operato N, DEP	or (2) T OF HOUSIN	G A	UG 3	0 2	Λ10	
	otification			Address EAST STATE S	STDEE	т		00 0	0 2	013	- 1
X DEP A	tial nended			State, Zip Code	DIKEE		L ASBE	STOS	CONT	TRO	ليــ
	nendment #1 nergency (including		TRE	NTON, NJ 0860	80			LICEN			
DOH jus	stification)			of Contact ROACH			Telephone 609-989-				
				CILITY INFORMAT	ION		009-909-	-3516			
Name of Facility Where Abatemer 17 MONMOUTH PLACE	nt is Taking Place ((3)				Type of Facility	115				
Street Address 17 MONMOUTH PLACE						Other (i.e. p	2) 8 (Other than I private & comm	K-12) ercial bu	ildings	s, hon	nes,
City (5) TRENTON						etc.) Square Feet 968	# of Floors		Bldg	Age	
County (6) MERCER				Code (7) USE ONLY)		Current Use (Pri-	or if being demo	olished)			- Y
Name of Monitoring Firm Hired by A SEINE LIGHTHOUSE SO	Building Owner (8) DLUTIONS, LL) C	ASC	M No.	Name BRIN	of Abatement Cor NK'S TANK SE	tractor (9) RVICES				
Street Address PO BOX 354					1 -	Address LIBERTY AVE	=				
City, State, Zip Code SOUTH ORANGE, NJ 0707						state, Zip Code SIDE, NJ 0720	5				
Project Manager for Monitoring Fire SARAH CALANDRA	m		Telepho 201-3	one No. 49-2666	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	none No. 462-7465	License 01316				
Start Date (10) 09.09.19	09.19.1	19	npletion	Date (11)		of OSHA Monitor EINE LIGHTHO	USE SOLU	TIONS	S. LLC	;	
Occupancy Status During Abateme					Street	Address				-	
Facility Closed/Vacated During Abatement Performed Outside	g Entire Period of A of Normal Facility	Abatem Hours	ent			tate, Zip Code					
Other – Describe:						TH ORANGE,	NJ 07079				
Scope of Work (Check All That App ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	☐ R	Renovat Demoliti			×	Glovebag Proce	edure				
	Is	Locatio	n		101	Non-Exempted	(*) and Non-Fri	able Pro		e emen	t
Location of Asbestos-Containing Material (A	N	lormally d Solely	y		cription					ре	
TO BE ABATED In Facility (13)	Mai	intenan odial St (12)	ce/	Asbestos Conta (i.e. thermal surfac other m	aining Ma systems sing, VAT niscellane	insulation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
D005	Yes	No	N/A				(3)	-		ate	roi
ROOF			Х	ROOFIN	G MAT	ERIAL	600 SF	Х			
Name of Registered Waste Hauler		I N.I	DEP W	aste Cubic Y	/ordo	No					
NEWARK CARTING		Ha	uler ID 509			M	egistered Landf MANAGEME		ANDF	FILL	
City, State EAST ORANGE, NJ				Disposa	al Date	City, State PEN AR	GYLE, PA				
Completed by ALISON LAMERS	Title OFFIC	CE MA	NAGI	ER Sik	nature/	mess		Date (3/10	 71	

Inu# 1408	51					State of	New	/ Jersey		42						
UK50917	PA	III) NC	TIFI (CATI(Pursu	ON OF A	SBE	STOS ABA 8:60 and 5:	ATEMEN 16)	T	TO E	C	E I	W	7 [8	
Date of Notification (1)					Nai	me of Build	ling C	Owner/Operato	r (2)					1 1		211
/	26 /	1	9			Beatrice H			, , , , , , , , , , , , , , , , , , ,	Allih as apras		8110	2.0	~	120	CONTRACTOR AND
Agencies Notified	Type Noti	fication	n		Stre	eet Address	S			- I led		AUG	J U	201	<u>g</u>	116
⊠ EPA ⊠ DOLWD										Ì	ALC: N					a comment
⊠ DOLWD	☐ Amend	1000	#		City	, State, Zip	Cod	le			ASF	ESTO	S CC	NTA	OI.	<u></u>
	☐ Emerg			ina	P	almyra, N	30 LV	3065			· · · · · ·		ENSI		ted top 1	~
(NJAC 5:23-8)	justifica	ation)		9	Nan	ne of Conta	act				Telepho	ne Nur	nber			ESTAN SUIDAN
	☐ Cancel	llation			В	eatrice H	. Do	re								
					F	ACILITY I	INFO	RMATION			L.					.dlu357.
Name of Facility Where At	patement is	s Takir	ng Pla	ce (3)					Type of I	acility (4)		-			
Dore Residence									☐ School	ol (K-12))					
Street Address									Subcl	hapter 8	(Other th	an K-1	2)	uildir		
Cit. (5)									home	es, etc.)	ivate and	COMMI	il Glai L	ullali	igs,	
City (5)									Square F	ėet	# of Flo	oors	E	Bldg. /	Age	
Palmyra									1,686		2			117		
County (6)					Co	unty Code ((7)(ST	ATE USE ONLY)	Current U	Jse (Pric	or if being	demoli	shed)		-	
Burlington									Resid							
Name of Monitoring Firm H					ASC	ЛNo.	Na	ame of Abatem	nent Contrac	ctor (9)						
Management & Envir	o. Consu	ulting	Serv	ices				Shade Envir	onmental	, LLC						
Street Address							St	reet Address					<u> 10.09,30</u>			
PO Box 341							1	623 Cutler A	venue							
City, State, Zip Code	_						Cit	ty, State, Zip C	ode						-	
Chesterfield, NJ 0851							1	Maple Shade	e, NJ 0805	2						
Project Manager for Monito	ring Firm			- 1	lephone		Te	lephone No.			License	No.	0.5			
Bill Weisgarber				220 -00 -15%		8-4070	8	356-755-009	9		0084	2				
Start Date (10)						ate (11)	Na	me of OSHA	Monitor		1			-		
			09	0.000	6 /	19	E	EMSL Analys	tical, Inc.							
Occupancy Status During A	batement	(Checl	k only	one)			Str	eet Address								
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Abate	ement		2	200 Route 13	0 North							
Abatement Performed O Time of Abatement:	utside of N	lormal	Facili				Cit	y, State, Zip C	ode .							
			VI/	PN		_AM	0	Cinnaminsor	n, NJ 0807	7						
Scope of Work (Check all th	at apply)							M = 110						-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		180000000000000000000000000000000000000		enova emoliti					tainment wi losure g Procedure mpted (*) a	9			e			
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Location of Asbestos-Containing Ma	terial (ACA	/ 1)		Norma ed Sol	eiy by	Acho	ataa	Description of		.	2		1	T		T
TO BE ABATE		,		aintena		(i.e	the	Containing Ma rmal systems	terial (ACIVI insulation.)	Amou (Spec		Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	(12)	Staff?	1	S	urfacing, VAT,	or		SF or I		laval	=-	nsd	Sur
(10)			Yes	No	N/A		oth	ner miscellane	ous)						late	е
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					+=-									Ш	Ш	Ш
					닏											
Name of Registered Waste H	11		Ц													
Freehold Cartage	auler				JDEP (lauler II		Cub	ic Yards of	Name of	0772		ill				
					15939		1		Fairles	ss Land	dfill					
City, State Freehold, NJ								osal Date 9/06/2019	City, State	ville, P	Δ				******	
Completed By (Print or Type)		Title						Signature	,4101115	vine, r		75			19-56	
Christina Fay		0.000	ce Pr	eside	nt of 0	Operation	ns	Chut	09 Jan	/		Date		120	î	

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CR 1999 PA	VIII)	7.033		to NJAC				IME	C		W [C	
Date of Notification (1) 8/27/19		- 1		f Building (Pagnoati				IIKI				PER CONTRACTOR	Contractors of the contractors o	
Agencies Notified Type Notification	***************************************		Street A						AUG	30 2	:019		卅	
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DOH justification)	74		Vame of Jeff	f Contact				L		ephone No		adumstres.	mand	
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Name of Facility Where Abatement is Takin Mike Pagnoatta Private Home	g Place (3)						Тур	e of Facility (School (K-1	70					
Street Address			-					Subchapter Other (i.e. p	8 (Oth			lings	home	
City (5)							Sai	etc.)		f Floors		ldg. A		=5,
Surf City NJ 08008							500000	00÷	2	FIGUIS	Land a	iug. ⊁ 5∻	ige	
County (6) Ocean				Code (7) USE ONLY)				rent Use (Pri	or if bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	1 No.		Name		patement Cor	ntractor	(9)	20100		- esa li pes	
N/A Street Address						Perr		Inc.						
Order Address						PO		(5) (5) (5) (1) (1)		,				
City, State, Zip Code						188		Zip Code rlin NJ 080	204					
Project Manager for Monitoring Firm		T	elephor	ne No.		Teleph			181	License	No.			
Chart Date (40)	0-1-11-1			2.1. (44)			-	-9800		00727				
Start Date (10) 9/5/19	Scheduled 9/13/19	Com	pietion l	Jate (11)		Name Sam		SHA Monitor					35	
Occupancy Status During Abatement (Chec	k Only One)					Street	Addr	ess						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of Aba nal Facility He	ateme ours	ent			City, S	tate,	Zip Code		7			X	
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Company	ovati nolitic					IN	ull Containmo lini-Enclosure llovebag Prod	•	Negative	Pressu	re		
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Location of	Nor	catio mally	/		Des	scription	of	1					pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Used S Mainte	enan	ce/		os Cont		lateri	al (ACM)		mount Specify	ZJ.		Enc	町
In Facility (13)	Custod	12)	an?		surfac	cing, VA	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes i	No	N/A								<u>s</u>		ate	re
Exterior Siding House & Shed			x		Exte	rior Sid	ling		19	00 SF	х			
		_									-			
Name of Registered Waste Hauler		NJ	IDEP W	aste	Cubic	Yards		Name of	Registe	red Landfi	11			
United Roll Off			uler ID 459	No.	of Was	ste		G.R.O.						
City, State						sal Date		City, State		1000				
Elm NJ Completed by	Title				9/13/	19 ignátúre	_	IVIOTTISV	ille P/	19067	ate			
Anthony T Perna	Preside	ent			/	7.7	2				3/27/1	9		

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CV TOUR PAT	间	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) C C C C C C C C C											17				
Date of Notification (1)				of Building				U)	, 6		1 0			111			
8/27/19				iarco P		11.5	(2)							1			
Agencies Notified Type Notification			Street A	Address					AUC	30	2019		1 1	11			
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DEP Amended DOL Amendmen	#			ate, Zip Co Beach T		เกลบกล	,	I AS		os co		2 1	, L	and the same			
Emergency	(including	-		f Contact			,		-	ICENSI		-					
			Jeff					Telephone Number									
Name of Facility Where Abatement is Takir	n Piace (3)	FAC	ILITY INF	ORMAT	ION	Time	-6 F11/4 . /									
Phil Ciarco Private Home	ig i lace (3)					Type of Facility (4) School (K-12)										
Street Address		**********					ITI S	Subchapter	8 (Oth	er than I	K-12)						
								Other (i.e. petc.)	rivate 8	& comm	ercial b	uildir	ngs,	home	es,		
City (5)							STATE OF THE PARTY	e Feet	# of Floors				lg. A	ge			
Long Beach Twp NJ 08008 County (6)			Country	Code (7)			1000		2		Pata d	35	÷				
Ocean				USE ONLY)		Hous	nt Use (Prid se	or it bei	ng aemo	olisnea)						
Name of Monitoring Firm Hired by Building	Owner (8))	ASCA	A No.		Name of Abatement Contractor (9)											
N/A Street Address							Pernaco Inc.										
3.000.7.40.000						Street Address PO Box 329											
City, State, Zip Code	the state of the s							Zip Code									
Project Manager San Manifesian Film			T.1. 1				STATE STATE	n NJ 080	191								
Project Manager for Monitoring Firm			Telepho	ne No.		1 333333	one No 753-9			Licens 0072							
Start Date (10)	Schedul	ed Cor	npletion	Date (11)				A Monitor		0012		-			_		
9/6/19	9/13/1					Sam	ie										
Occupancy Status During Abatement (Chec						Street	Addres	s									
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of a nal Facility	Abatement by Hours City, State, Zip Code															
Scope of Work (Check All That Apply)																	
23 sf or ≥3 lf		Renova	ation				Full Containment with Negative Pressure										
X ≥160 sf or ≥260 lf		Demolit	tion				Glov	i-Enclosure	edure								
	T					X	Non	-Exempted	(*) and	d Non-Fi	riable P	-					
		Locati Normal			_							А	Date Typ	ment oe			
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbes		scription taining N		(ACM)	А	mount				m			
TO BE ABATED In Facility	P 5500000	todial S		(i.e.		systems cing, VA		tion,	(S	pecify or LF)	201		Re	Encapsulate	Enclosure		
(13)		(12)				niscellan			0.	OI LI)	Zellove		Repair	sule	osur		
	Yes										-			ite	ω		
Exterior Siding House		х		Exte	rior Sid	ling		19	00 SF	х							
N																	
Name of Registered Waste Hauler United Roll Off	1	IJDEP W lauler ID		Cubic of Was	Yards ste		Name of F		red Lan	dfill							
	2	22459 4 G.R.O.W.S.					200-000										
City, State Elm NJ				Dispos 9/13/	sal Date 19		City, State		1906	7							
Completed by	1				Date												
Anthony T Perna	sident 8/27/19																

Date of Notification (1) 0 8 / 2 6 / 1 9 Agencies Notified Type Notification EPA	Mich Street	of Building Ownael Szeman	vner/Operator (2	Desto	J s Abatement Dand 12:120)	ASS	G E AUG 3	Anne	the comment	8	And the second s
DOL Amendment #: DOL Emergency (including justification) DCA Cancellation	Sco Name o	ate, Zip Code tch Plains, N of Contact hael Szemar	J 07076			Telepho	ne Number				
Name of facility where abatement is to Residential Street Address	taking place (3		CILITY INFORM	MATION	N	Subch	(4) ol (K - 12) napter 8 (O (Private/Co /Homes, e	omme		(-12)	
City (5) Scotch Plains, NJ 07076	County (6)			San Printer	unty Code (7)	Square Feet 1,000 Current Use (F Residential	# of Floor 02 Prior if being		80	dg. Aç	je ——
Name of Monitoring Firm Hired by Bloom N/A Street Address City, State, Zip Code	ag. Owner (8)		ASCM No.		D & S RESTOR Street Address 20 California A City, State, Zip Code	ATION, INC.	200000000000000000000000000000000000000				_
Project Manager for Monitoring Firm Start Date (10) 08/27/19 Occupancy Status During Abatement	08/30/201	-			Paterson, NJ 0° Telephone Number 973-345-8020 Name of OSHA Mor D & S Restorat Street Address	nitor ion, Inc.	License 0	Numb 1169	per		2
Facility closed/vacated during er Abatement performed outside of Describe: Other-Describe: NORMAL HO Scope of Work (check all that apply)	ntire period of a f normal facility URS	abatement.		_	20 California A City, State, Zip Code Paterson, NJ 0	7503 Full Containment v	w/negative	press	ure		
≥160 sf or ≥260 lf D	enovation emolition s location norm	nally used sole	alvi			Mini-enclosure Glovebag procedu Non-Exempted (*)		friable	proc	edure E	
ashestos-containing	by maintenance staff(12)		0.00		asbestos-containing	Amount (Specify S LF)	SF or	e m o v e	e p a i r	n c a p	E n c L
Basement			Pipe Insula	ition		40 LF					
	NJDEP Ha 13506 itle PRESIDENT	uler ID#	I Signature		Name of Registered TULLYTOWN, City, State TULLYTOWN	RESOURCE R	ECOVER Date 08/26/			1	

MOCK	2	state of N	ew Je (Purs	rsey - Notifi uant to <u>N.J.A.C</u>	cation of Asbestos 2. 8:60-7 and 12:120-7)	Abat	emen	G		<u> </u>		-				
GAC Project # 060-18 Date of Notification (1)	LECUNDA - VIII				Nome of Building Over) . 					1				
	st 26, 20	19			Name of Building Owne RUTGERS, THE S	TATE	IOF (2)	H6e	300	2019.		/				
Agencies Notified	37 20, 20	Notification	n Type		Street Address	7 1 2ml 1 has	Oldia	2110	1110	1 140	1	+				
The second secon		□Initial	Notifica	ition	ENVIRONMENTAL	HEA!	LTH 8	SA	FETY.	DEPT	REI	1\$)				
□ EPA		⊠ Amen	ded Not	ification #1 -	74 STREET 1603,	BLDG	4116	LIV	NGS	TON C	AMP	J\$				
DCA DOL				material,	City, State, Zip Code	Louisense			HALL SHOULD BE			month				
DEP- No Longer REQU	IRED			letion date	PISCATAWAY, NJ	0885	4									
₩ DOH	IIICD W			including	Name of Contact MICHAEL F. SMIT	LI ENI	.	o bile se a co		lumber						
			cation)		HEALTH & SAFET		v.	040	-445-2	.550						
		Cance	lled	FACILITY IN		1										
Name of Facility Where Abate	ement is Ta	king Place (3)) 	FACILITY IN	Type of Facility (4)											
MEDICAL SCIENCE					School (K-12)											
					Subchapter 8 (other than K-12)											
Street Address RBHS NEWARK CAN	ADILE				Other (i.e. private & commercial buildings, homes, etc.)											
	11103				Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years											
<u>City (5)</u>	County (6			Code (7)	Current Use (prior if being demolished): ACADEMIC											
NEWARK	ES	SEX	State	Use Only)	Current Ose (prior ii beli	ig demo	Jiloneu).	. AC	ADEMI	L .						
					Name of Contractor (9)											
Name of Monitoring Firm Hire ATC	d by Bldg.	Owner (8)	0009		Name of Contractor (9)											
AIG			0008	10	GREENWOOD ABA	TEME	NT CC	ONSU	ILTAN	ITS. IN	C.					
Street Address	SHA-		-		Street Address					,,,,,,	-					
3 TERRI LANE																
City Chata 7:a Cada					511 MAIN STREET											
City, State, Zip Code BURLINGTON, NJ	08016				City State, ZipCode BUTLER, NJ 07405											
Project Manager for Monitorin		Telephone	Number		Telephone Number			Licens	se Num	her		-				
BRIAN R. KEARNEY		609-386						LIOUTE	JO ITAIN	001						
Cabadalad Stad Data (40)		01.11.	0 1 11		973-492-0477 00840											
Scheduled Start Date (10) 08/23/2019		09/0	3/19	on Date (11)	Name of OSHA Monitor ENVIROVISION, IN	C.										
Occupancy Status During A				•	Street Address	DOAD	2 101 10	040								
□ Facility Closed/Vacated D □ Abatement Performed Out				II.	20-21 WARGARAW	KUAL	J, BLL	ig# 3	SE							
Describe:	italde of Ive	illiai i aciiity	110015 -		City, State, Zip Code											
Other- Describe: Sched					FAIRLAWN, NJ 074	10										
WEEKENDS AS NEEDE	D) PHAS	E 8/23-8/2	6, PHA	SE II 8/30-9/3)												
		1			and the same of th											
Scope of Work (Check all that	apply)		66,656	TOTTOWN IN THE	<u> </u>											
goops or trong on oak an area	<u>appiti</u>				1	Full Co	ontainm	ent w	ith Nea	ative Pro	essure					
□≥ 3 sf or >3 If			1	Renovation		Mini-E										
⊠ ≥ 160 sf or ≥ 3	260 If			Demolition		Glove	bag Pr	ocedu	re / Wr	ap & Cu	t					
Landing of Antonio Control						X Non-E		_				dure				
Location of Asbestos-Containi Material (ACM) in Facility (13)		cation Norma ly by Maint./C			pestos Containing Material nal systems insulation, surfac		Amount (Specify		Abate	ment Ty	<u>be</u>					
,, ,, ,, , (,	Staff	? (12)		VAT, or other mis			or LF)	0,	Remov	e Repai	Encap	Enclose				
	YES	NO NO	NA													
H506B & H509/H509A		X		VAT	A SECURE OF THE PROPERTY OF TH	National St.	720 9	SF	X							
Tunnel By MER A690		3]		TSI	15 LF 🗵											
THE RESERVE AND ADDRESS OF THE PARTY OF THE		-	Pharma	SERVICE OF SERVICES	REMOVED THE PROPERTY OF THE PR											
Name of Reg. Waste Hauler See Hauler Below #1 &	2	NJDEP Was		r ID#	Cubic Yards of Waste:	25 C				stered L . North		fill				
Hauler #1) Greenwood Abate	ement Cons	ultants, Inc	Butler,	NJ 07405		Dispos	sal Date	N		City, St	ate					
NJDEP # 12561	Inc. N.	d. NI 0 4500									w Ford					
Hauler #2) Newark Carting, NJ DEP # 4509	inc., Newai	K, NJ 04509				09/	03/20	19		19067	rrisville	, ra				
		215-736-1700														
Completed by (Print or Type)		<u> </u>			Signature Date											
RAYMOND C. PEDAL		SENIOR P		CT	Raymond C. Pedalino August 26, 2019											
		WANAGER	₹					The same								

	d d	State of I	√ew Je	ersey - Notif	ication of Asbestos	Aba	teme	nt	尼 0	7\/7 [
GAC Project # 060-18			(Pur	suant to N.J.A.	C. 8:60-7 and 12:120-7), 坚	6		\mathbb{V}				
Date of Notification (1)	Single States	seesas 1			Name of Building Owne	r/Oper	(2)							
	t 12, 20				RUTGERS, THE S	STATE	UNI	VERS	SITTHO) Fin No.				
Agencies Notified		Notificatio		ententa.	Street Address		1			-010	lamas	4		
□ EPA	-	⊠ Initial			ENVIRONMENTAL	- HEA	UTH	& SA	FETY	DEPT.	(REI	(S)		
□ DCA				ification #	74 STREET 1603,	BLDG	405E				AMP	J\$		
⊠ DOL			ication)	(including	City, State, Zip Code PISCATAWAY, NJ	0885	A	LIC	ENSIN	IG	hudnininutes			
DEP- No Longer REQUI	RED	Cance			Name of Contact	0000	-	Tele	phone N	Number				
⊠ DOH),iou		MICHAEL F. SMIT	H, EN	V.	Land to the second	-445-2	12 - CONTRACTOR - 12				
					HEALTH & SAFET									
Name of Facility Where Abate	mont in To	Nine Diese (0		FACILITY IN	FORMATION									
MEDICAL SCIENCE E	ment is ta	RI DC# 72	[57		Type of Facility (4)									
MEDIONE GOIENGE E	1600, 6	JLUGN (Z	31		School (K-12)	1/ 10	0							
Street Address					Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									
RBHS NEWARK CAM	PUS				Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years									
City (5)	County (6	3)	Count	/ Code (7)	# of Floors, 6 Blog, Age: 604 years									
NEWARK	ES	SSEX		Use Only)	Current Use (prior if being	ng demo	olished): AC	ADEMI	С				
Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)									
ATC			0009	8			2012E S							
Street Address					GREENWOOD ABA	TEME	NT C	ONSL	ILTAN	ITS, IN	C			
3 TERRI LANE					Street Address									
					511 MAIN STREET									
City, State, Zip Code				The second second	City State, ZipCode									
	08016				BUTLER, NJ 07405									
Project Manager for Monitoring BRIAN R. KEARNEY	Firm	Telephone			Telephone Number License Number									
DRIAN K. NEARNET		609-386	-8800		973-492-0477			0084	in					
Scheduled Start Date (10)		Scheduled	Completion	on Date (11)	Name of OSHA Monitor									
08/23/2019		08/2			ENVIROVISION, INC.									
Occupancy Status During Ab					Street Address									
Facility Closed/Vacated Du				nt	20-21 WARGARAW ROAD, BLDG# 35E									
Abatement Performed Out Describe:	side of No	ormal Facility	Hours -		City, State, Zip Code									
Other- Describe: Schedu	le: 5PM	- 5AM (24 I	HOURS	&	FAIRLAWN, NJ 074	10								
WEEKENDS AS NEEDER	D)			-										
	5-5-0													
C														
Scope of Work (Check all that a	(vidde				E		23 23			7.00				
> 3 sf or > 3 lf				X Renovation		⊒Full C ☑ Mini-E			th Nega	ative Pre	ssure			
	60 If			Demolition					ro / Mr	ap & Cut				
_										n-Friable		dure		
Location of Asbestos-Containin		cation Norma			pestos Containing Material	1	Amoun			ment Typ		30.0		
Material (ACM) in Facility (13)		ly by Maint./C ? (12)	ustodial	(ACM) (i.e. therm VAT, or other mis-	al systems insulation, surfact		(Specif	y SF	Remov	e Repair	Encan	Enclose		
	YES		NA	VAT, OF Other Hills	ceii.)		or LF)	İ	IXCIIIOX	o repan	Lilody	Lilolose		
H506B & H509/H509A	_	IXI		VAT	Property of the second	\rightarrow	720	er l	[X]	1	·			
		NO.		1 47-1		\rightarrow	120	or_	- ESI		-	-		
											-			
Name of Reg. Waste Hauler		NJDEP Was	ste Haule	r ID#	Cubic Yards of Waste: 25 CY Name of Registered Landfill									
See Hauler Below #1 & 2		Cubic Yards of Waste:	60 6	1			North		81					
Hauler #1) Greenwood Abaten	nent Cons	NJ 07405		Dispo	sal Date	2		City, Sta	to .					
NJDEP # 12561						2.000	our Dut	~	1	100 New		Aill		
Hauler #2) Newark Carting, In NJ DEP # 4509		ğ	08/	26/20	19	14	Rd. Mor	risville,	Pa					
140 PEF # 4503							19067 215-736	1700						
Completed by (Print or Type)	Signature Date													
RAYMOND C. PEDALI	NO S	SENIOR P	ROJEC	T	Raymond C. Pedalino August 12, 2019									
		MANAGER	Ž.		zr cagniona V. El e	aaaari		٠.						

M	CK		1		FICATION	tate of Nev N OF ASBE to NJAC 8	STOS	ABATE		т	B	1	3 E	*********			at Forr
Date of 1 08/26/	Notification (1)					f Building (airfield, L		Operator	(2)			AU	JG 3	0	20	19	H
	s Notified	Type Notification			Street A	Address Ratzer R	oad					ASBES	STOS			ROL	&
DEI	P	Initial Amended Amendment	# 1			ate, Zip Co e, NJ 074					CEANITICOUS .	and the second second	Beet No. 2 Servi				-
DO DC	202	Emergency justification) Cancellation	, .		Name o	f Contact eki Yildiz						phone N 7-309-8		•			
					FAC	ILITY INFO	RMA	TION								niles etc	
Name of Wareh		Abatement is Takin	g Place (3	3)					Тур	e of Facility							
Street Ad	ddress airfield Road								×	School (K- Subchapter Other (i.e. petc.)	r 8 (Othe			ıildin	gs,	home	s,
City (5) Fairfiel	ld								100	uare Feet 000 +	# of	Floors		Bldg 50	g. Ag +	ge	
County (Essex	5.6			24112411		Code (7) USE ONLY)	/s: <u></u>	Current Use (Prior if being demolished) Warehouse									
Name of	Monitoring Firm	Hired by Building	Owner (8)		ASCN	ЛNo.				batement Contracting &			al Co	ısul	ting	g, Ind	o.
Street Ad	ddress							Street Address 1141 Route 23						91200			
City, Sta	te, Zip Code	4				City, State, Zip Code Wayne, NJ 07470											
Project N	Manager for Mon	itoring Firm			Telepho		Telephone No. License No. 973-628-9200 00408						16				
Start Dat 08/27/			Schedule 9/20/19		ompletion		100000000000000000000000000000000000000		SHA Monitor		nmenta	al Cor	nsul	ting	, Ind).	
Occupan	ncy Status During	g Abatement (Chec	k Only Or	ne)				Street Address									
Aba		ated During Entire I ed Outside of Norn		acility Hours						Zip Code							-
Scope of	f Work (Check A	II That Apply)						Wayne, NJ 07470									
	sf or ≥3 If 0 sf or ≥260 If		-		vation lition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu					dure				
		7501 e 2	25000	Loca	ation											ment	
Asbe	Location estos-Containing TO BE AB/ In Facili (13)	d So inten	lely by nance/ I Staff?		escription ntaining Nal systems acing, VA miscellar	Mater s insi T, or	•	(S	nount pecify or LF)	Kelliova	1	Repair	Encapsulate	Enclosure			
	F. de al	No		T4	0:-1:		1	01	0.004	05/5 0	-	1		te	0		
	Exterio	ana -	X	ransite				v Glazing		SF/5 S	-	-	-				
	Interior							Floor Mastic ACM Debris				5 SF 0 SF	X	+	-		
Interior					X		500 ASI	e Insula				D LF	X	+			
Name of Registered Waste Hauler					NJDEP W	Vaste		c Yards	ition		2.071						
J.R. Contracting & Environmental Consul., Inc					Hauler ID No. of Waste 40				Name of Registered Landfill Grand Central Landfill								
City, State Wayne, New Jersey					Disposal Date			Pen Argyl, Pennsylvania									
Completed by Title					ject Manager Signature Date 08/26/19												

In	114	102
Ch?	575	160

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

_	AUG	3.0	2019	
) ODEON	3-6-6)	

Date of Notification (1)	-			Name	of Building		ner/Operator (2)	HU LL AU	ال تا	1 20	4	- Lann
08 / 27 /	19				ipro	y Own	ner/Operator (2)		_ 1	21		
									ASBES	TOS O	ÖNTF	OL	2
Agencies Notified Type Notific	ation				Address • Pacaba		Road NE Su	:4- 4500		LICENS	ING	-analysis	an more
☑ DOLWD ☐ Amende	d				State, Zip C	2000	ROAU NE SU	ite 1500					
□ DOH Amenda					inta, GA		26						
DCA Emerger		cluding			of Contact	000000000000000000000000000000000000000	20		Tolophana Nu				
(NJAC 5:23-8) justificat ☐ Cancella					on Jewel				7elephone Nu 917-916-3				
Garicena									917-916-3	920			
			(0)	FAC	CILITY IN	FOF	RMATION						
Name of Facility Where Abatement is	Taking	Place	(3)					Type of Facility					
Residence								☐ School (K-12 ☐ Subchapter 8		12)			
Street Address								Other (i.e., proposed homes, etc.)	rivate and comm		uilding	s,	
City (5)					600		7	Square Feet	# of Floors	T P	ldg. A	ne.	
Carteret				(2/10	()	8	2000 sf	1		70	, ,	
County (6)				Cour	ty Code (7	(7)(STATE USE ONLY) Current Use (Prior if being demolished)							
Middlesex					., (.	//		Residence	or in bonning donne	Jiloniou			
Name of Monitoring Firm Hired by Bui	ldina O	wner (8)	ASCM	No								
Guardian Contracting, Inc.			,	7100111	. 10.			ent Contractor (9) ntracting, Inc.					
Street Address		-					eet Address	na doung, mo.				100	
1889 Rte. 9, Unit 61						1,0255540	889 Route 9	Unit 61					
City, State, Zip Code	-						, State, Zip Co						
Toms River, New Jersey 0875	5					1		New Jersey 08	755				
Project Manager for Monitoring Firm			Tele	ephone	No.		ephone No.		License No.				
Nicholas Fernicola				32-349		comp	32-349-9932	2	00624				
	Sched	uled C	1	etion Da		Name of OSHA Monitor							
09 /06 /19				9 /		E.M.S.L. Analytical							
Occupancy Status During Abatement	(Check	only o	ne)			Stre	eet Address						
☐ Facility Closed/Vacated During En						1	056 Stelton						
Abatement Performed Outside of N						City	, State, Zip Co	ode					
Time of Abatement:AM	PN	/I/	_PM		AM	P	iscataway, I	New Jersey 08	854				
Scope of Work (Check all that apply)						☐ Full Containment with Negative Pressure							
\boxtimes \geq 3 sf or \geq 3 if \supseteq \geq 160 sf or \geq 260 if		⊠ Re □ De				 ☐ Hull Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure 							
		le	Loca	tion			□ Non-Exe	impled () and No	II-FIIADIE FIOCE		hotom	ont T	
Location of			Norma				Description of	of			batem		
Asbestos-Containing Material (AC	M)	0 1-00-00		ely by ance/			Containing Ma	iterial (ACM)	Amount	Remova	Repair	nc	Enclosure
TO BE ABATED IN Facility				Staff?	(i.e		ermal systems surfacing, VAT		(Specify SF or LF)	lova	and and	apsı	nso
(13)			(12)				her miscellane		Of Of Er)	=		Encapsulate	G.
		Yes	No	N/A								(b)	
basement					asbesto	os pi	ipe insulatio	on	115 If				
	П									П	П		
		П		+									
Name of Decision 110/	Щ.	NJDEP Waste Cubic Yards of Name of Registered L					1.				Ш		
Name of Registered Waste Hauler	NJDEP I Hauler II		Cut	oic Yards of ste	Name of Regis	stered Landfill							
Guardian Contracting, Inc.	20223		3		T.R.R.F.								
City, State						1	posal Date	City, State	323 1 423 A				
Toms River, New Jersey					0	9/09/19	Tullytown,	Pennsylvani	a				
Completed By (Print or Type)	Title		4				Signature			Date	1	and brown	
Nicholas Fernicola	P	roject	Mar	nager			1	. '		8,	7	119	
100 11		_	_			_						_	_

Inv	14100
Ch3	1260

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

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-		AUG	3	0	2019		liner

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Date of Notification (1)							ner/Operator (2)	UL AUG	30 8	2019	-				
08/	27 / _	19		Es	ther Cerr	ato		1	7	72	-60	-				
Agencies Notified	Type Notifica	ation		Stre	et Address				ASBEST			- 8.				
⊠ EPA								Į.	LK	DENSIN	3		gundonino			
⊠ DOLWD	☐ Amended			City,	State, Zip	Code										
⊠ DOH	Amendme		-				NJ 07720									
☐ DCA (NJAC 5:23-8)	☐ Emergend justification		ng		e of Contac				Telephone Nu	ımher						
(110/10/0.20-0)	☐ Cancellat			(8) 55 55	ther Cerr	507			relephone ive	111001						
				FA	CILITY IN	NFOF	RMATION		- 7							
Name of Facility Where A	Abatement is T	aking Pla	ce (3)			7 93		Type of Facilit	y (4)							
Residence								School (K-								
Street Address									r 8 (Other than K-		iildina	0				
								homes, etc	private and comir c.)	rivate and commercial bu						
City (5)								Square Feet	# of Floors							
Bradley Beach								1500	2		65					
County (6)				Co	inty Code (7)(STA	ATE USE ONLY)	Current Use (F	Prior if being dem	olished)						
Monmouth								Residence	9							
Name of Monitoring Firm	Hired by Build	ling Owne	r (8)	ASC	ΛNo.	Nai	me of Abateme	9)								
Guardian Contracti	ing, Inc.					0	Guardian Co	. .								
Street Address						Stre	eet Address									
1889 Rte. 9, Unit 61						1	889 Route 9	, Unit 61								
City, State, Zip Code						City	y, State, Zip Co	ode								
Toms River, New J	ersey 08755					Т	oms River,	New Jersey 0	8755							
Project Manager for Mon	itoring Firm		Te	lephon	e No.	Telephone No. License No.										
Nicholas Fernicola			1 7	732-34	9-9932	7	732-349-9932 00624									
Start Date (10)	S	cheduled	Comp	letion D	ate (11)	Nai	ame of OSHA Monitor									
09 /06 /	19	09	/ _ 0	9_ /	_19_	E	E.M.S.L. Ana	lytical								
Occupancy Status During	Abatement (C	Check only	one)			Stre	eet Address									
☐ Facility Closed/Vacate						1	056 Stelton									
☐ Abatement Performed						City	y, State, Zip Co	ode				_				
Time of Abatement: _	AM	PM/	PN	Λ	_AM	P	Piscataway, I	New Jersey 0	8854							
Scope of Work (Check al	I that apply)															
□ >3 sf or >3 lf		⊠ r		ti					egative Pressure							
≥ ≥160 sf or ≥260 lf		_	Renova Demolit				☐ Mini-End	g Procedure								
		10/X							Non-Friable Proce	dure						
			Is Loc							At	ateme	ent T	уре			
Location Asbestos-Containing		, U	Norm sed So	ally lely by	Anha		Description of			R	R	m	m m			
TO BE ABA		' N	lainter	ance/	(i.e		Containing Ma ermal systems		Amount (Specify	Removal	Repair	ıcar	clos			
IN Facili	ty	Ct	ıstodia 12)	I Staff?		5	surfacing, VAT	, or	SF or LF)	val	~	Encapsulate	Enclosure			
(13)		Ye	1	1		ot	her miscellane	ous)				ate				
1 st & 2 nd floor					500	61			200 - 5							
1 & 2 11001							oor tile		600 sf			Ш	닏			
Name of Registered Waste Hauler					Waste	20,000	bic Yards of	Name of Reg	gistered Landfill							
Guardian Contracting, Inc.					ID No. 23	Wa 3		T.R.R.F.								
City, State						_	posal Date	City, State								
Toms River, New Jersey						0	9/09/19	Tullytow	n, Pennsylvani	ia						
Completed By (Print or T	ype)	Title					Signature									
Nicholas Fernicola		Proje	ect Manager 8/3-								57	7/19				

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) AUG 30 2019 8 Verizon Communications Type Notification Agencies Notified Street Address ASBESTOS CONTROL & **⊠** EPA 15 East Montgomery St LICENSING ☑ DOLWD City, State, Zip Code **⊠** DOH Amendment #1-8/26/19 Pittsburgh PA 15212 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Anthony Porta 412-633-4021 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Nutley C.O. ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 395 Franklin Ave homes, etc.) City (5) Square Feet # of Floors Bldg. Age Nutley 33,690 3 +-50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Essex Verizon Communication Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 1253 North Church Street 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kris Smith 609-313-8218 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ON HOLD - 8/27 8 / 19 / 19 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-_ PM/5:00PM-1:30AM BRISTOL, PA 19007 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If ✓ Mini-Enclosure✓ Glovebag Procedure □ Renovation ≥160 sf or ≥260 lf ☐ Demolition ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Repair Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement Central Hallway \boxtimes Pipe Insulation & Elbows 200 LF X Basement Storage Room VAT / Mastic X 210 SF X Basement Storage Room M Pipe Insulation & Elbows 40 LF П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 City, State Disposal Date City, State YARDLEY, PA WAYNESBURG, OH TBD Completed By (Print or Type) Title Signature Dillan DeCaro Estimator

State of New Jersey

ASB-41 JAN 13 DD 19048

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

Date of Notification (1)		111		Name	of Buildin	g Owner/Operator (2)				-	111	
8 / 5	. /	19		Vei	rizon Cor	nmunications		LI LI AUG	30	20	19	100	
	Votification	on		Street	t Address	9					-	1	
Ø EPA 838 S ⊠ Init	ial			15	East Mor	ntgomery St		ASBESTO	10 00	MANAGES		-	
1	ended			City, S	State, Zip (Code		LIC	ENS	ING	TUL	če	
≥ DOH 5845 Am	endment					PA 15212		A STATE OF THE PARTY OF THE PAR	-tom-sc	highboung	NOUNELLO I	F 10% APP COMPANY	
	ergency tification)	(including	3		of Contac			Telephone Numb	er	-177			
	ncellation			Ant	thony Po	rta		412-633-4021					
			:	FA	CILITY IN	IFORMATION		1					
Name of Facility Where Abateme	nt is Tak	ing Place	(3)				Type of Facility (4)						
Verizon Nutley C.O.						20	School (K-12						
Street Address							Subchapter 8	3 (Other than K-12) rivate and commerce		مد منالمان			
395 Franklin Ave	29		- 22				homes, etc.)	ilvate and commen	Jiai Du	niamg	S,		
City (5)							Square Feet	# of Floors	BI	dg. A	ge		
Nutley							33,690 3 +-50						
County (6)		(=)		Cour	nty Code (7	(7)(STATE USE ONLY) Current Use (Prior if being demolished)							
Essex				1.			Verizon Con	nmunication					
Name of Monitoring Firm Hired b	y Building	g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
TTI Environmental						BRISTOL EN	VIRONMENTAI	L, INC.					
Street Address					-	Street Address						-	
1253 North Church Street						1123 BEAVE	R STREET						
City, State, Zip Code						City, State, Zip Co	ode		P. 1877			-	
Moorestown, NJ 08057						BRISTOL, PA	19007					1	
Project Manager for Monitoring F	irm		Tele	phone	No.	Telephone No.		License No.				\neg	
Kris Smith			60	9-313	-8218	215-788-6040		00509					
Start Date (10)	Sch	eduled C	omple	tion Da	te (11)	Name of OSHA M	lonitor						
8 / 19 / 19	. _	8_ /	_ 28	_ /	19	BRISTOL EN	_, INC				1		
Occupancy Status During Abater	nent (Che	eck only o	one)			Street Address							
☐ Facility Closed/Vacated Durin	g Entire F	Period of	Abate	ment		1123 BEAVER	R STREET						
Abatement Performed Outside Time of Abatement:All					cribe	City, State, Zip Co	ode						
		PIVII <u>5.00</u>	PIVI-1	30AIVI		BRISTOL, PA	19007						
Scope of Work (Check all that ap	oly)					⊠ Full Cont	ainment with Neg	ative Pressure					
≥3 sf or ≥3 If		· ⊠ Re	novati	on		☑ Mini-Enc	losure	alive Flessule				1	
≥160 sf or ≥260 lf		☐ De	molitic	n	•	⊠ Glovebag	Procedure						
		1 1-	1 4		1	☐ Non-Exe	mpted (*) and No	n-Friable Procedure	-				
Location of			Locat Norma			Description			Ab	ateme	ent T	ype	
Location of Asbestos-Containing Material	(ACM)		d Sole		Asbe	Description o stos Containing Ma		Amount	Re	Re	En	E	
TO BE ABATED			intena todial			., thermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure	
IN Facility (13)		Cusi	(12)	olaii!		surfacing, VAT, other miscellane		SF or LF)	/al		Encapsulate	ure	
(13)		Yes	No	N/A		other miscenarie	ousy				ite		
Basement Central Hallway					Pipe Ins	sulation & Elbow	/S	200 LF		П			
Basement Storage Room					VAT / M			210 SF					
Basement Storage Room													
,													
Name of Registered Waste Haule	r			JDEP \	Naste	Cubic Yards of	Name of Regis	grietored Landfill					
SERVICE TRANSPORT GF	NC.	335	auler II	O No.	Waste	MINERVA I							
City, State			20990	,	Disposal Date	City, State					-		
YARDLEY, PA	1.0				TBD	WAYNESB	URG, OH						
Completed By (Print or Type)	Ti	itle				Signature	0 1	/ Dat	е			-	
Dillan DeCaro		Estimat	tor			Dillar	n DeCar	0/92	8-	5-	19		

JAN 13 DD19048

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

			Sta	te of N	ē₩ Je	ersey				Check	#	1670	9	
In 1400	18					ros ABATEMENT and 12:120-7))		F	a F	П	70	r=	J prone
Date of Notification	(1)	(Pursu				Owner/Operator			ME	3 6	1	W	E	In
8/27/2019			Pet	er M	ori	n			18		ξą			-
Agencies Notified	Type Notific	ation	Street	Addres	ss				LL AL	JG 3	0	2019	9	
[]EPA	[X]Initial													lange
[]DEP	Notific	ation	-	State,				Ì	ACDEC	entrance VTOO C	notare to	FOREIGN A		1
[X]DOL	[]Amended Notific	ntion	Sou	th 0	rang	ge,NJ,0707	79	.	ASBES	LICEN			JL &	t.
[X]DOH	NOCILIC	acron	Name o	of Conta	act			Telepho	ne Number		-	-	November 1	uena transportura
[]DCA	[]EMERGENO	Y	.Pet	er M	ori	n	,							
	[]Cancella	tion												
Name of Facility Whe	ro Abatement	is Taki	nor Pla		ITY I	NFORMATION	Twoe o	of Facil	Lity (4)	7				
Peter Morin	re avacement	15 Idal	ng rra	GE (3)			[]	School	2000 00 00 00 00 00 00 00 00 00 00 00 00	er tha	n F	(-12)	
Street Address	* 1							Other	(i.e., priva ouildings, h	ate &	COI	mer		
							Square	Feet	# of Floo	ors	Bld	g. Z	lge	
City		County				nty Code (7)								
South Orange			Esse	×	(ST	RTE USE ONLI)	Curren	nt Use	(Prior if be	eing d	emo	lis	hed)	
Name of Monitoring F Owner (8) N/A	irm hired by	Buildin	g ASC	M No.		Name of Abate								
Street Address						Street Address		12000					*******	
						86 Chris	toph	er St						
City, State, Zip Cod	e					City, State, Montclai			42					
Project Manager for	Monitoring Fi	rm Te	lephon	e Numbe	r	Telephone Num	ber			Licens	e l	Numb	er	
		N	/A			(973)744	-880	0		003	71			
Scheduled Start Date		d. Comp.			11)	Name of OSHA	Monitor	:						
)7	19 Year		N/A								
Occupancy Status Dur	ing Abatement	(Check	only	one)		Street Address	s							
[X] Facility Clos		uring En	ntire E	Period										
[]Abatement Per	rformed Outsi	de of No	rmal E	acility	7	City, State,	Zip Cod	le						
Hours - Desci				cipt»										
Scope of Work (Check						<u> </u>								
FAMILE - 1000						[]Full [X]Mini-			ith Negative	e Pres	su	re		
[X]≥3 sf or []≥160 sf o			107700000	vation lition		[X]Glove								
	_					[]Non-F	riable	Procedi	ire	l a	hat	·omo:	nt T	ype
Location	of		Is Location			Description	on of				T	-eme	E	E
Asbestos-Con		7	Tormall Used	-		Asbestos-Con		J	Amount	. 1:	RE	RE	C	C
Material	\$ 600 000 Page 1	E	Solely Sy Mair			Material (i.e., thermal		ms	(Specify		M	P	A	O
TO BE ABZ	Secretary of the last of the l	t	enance ustodi	2/	ins	sulation, surf			LF)		VA	AI	S	S
(13)	2002 E	St	aff (1		(or other misce	llaneou	ıs)			L	R	L	R
Basement		Yes			Pipe	Insulati	on		40 LF	X				
Name of Registered W AZTECH MANAGE		IC H	JDEP Wauler	ID No.		oic Yards Waste .5	100	of Reg	istered Land State	d£ill				
City, State		1-				sposal Date		, State	30-33-5					
Montclair, NJ	07042				0	9/09/19	Br	onx,	NY, 104	74				
Completed By (Print		tle				Signature	1 .	A .	1/1:	Dat		201		
Constantine V	ivian P	reside	ent			(Ons	104	ne /	Max	8/2	-1/	2019		

			Sta	ate of	New J	ersey			Check	# 1671	2	
Inv 140	910					IOS ABATEMENT 7 and 12:120-7)		In F	(A) [E	ה ת ב		nativasion
Date of Notification	(1)	The state of the s	E F		- 12	Owner/Operator		TIME	GE	: W	/ F	3 1
8/27/2019			F 10000	dy Pa				IK	and the same of th			
Agencies Notified	Type Notificat	cion	Stree	t Addr	ess			A	11G 3	0 201	n	- Carrier
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[]DEP	Notifica	tion	City,	State	, Zip	Code			UITA DOUBLE OF			1
[X]DOL	[]Amended		Li	ving:	ston	,NJ,07039		ASBE	STOS	CONTR	OL 8	in the same of the
[X] DOH	Notifica		Мато	of Con	tact		Telepho	ne Number	LICEN	ISING	Tardisando	National Street
170-100-00-000 49 - 100-00-00	[]EMERGENCY			dy Pa			rerepho	ne Number				
[]DCA	[]Cancellat	ion	0 44	<u> </u>	aucr.		1					
				FACI	LITY I	NFORMATION						
Name of Facility Whe	re Abatement i	s Takir	ng Pla		Commission of the		Type of Facil	Lity (4)				
Judy Panek							[]School		+b	- F-12)		
Street Address								oter 8 (Othe (i.e., priva				
								ouildings, h				
							Square Feet	# of Floo	ors B	ldg. A	ge	
City	c	ounty			Cou	nty Code (7)						
366 M					(ST	ATE USE ONLY)	Current Use ((Prior if be	ing de	emolish	ed)	-
Livingston	19	ssex										
Name of Monitoring F:	irm hired by B	uilding	ASC	CM No.		Name of Abater	ment Contracto	or (9)				
Owner (8)	77					AZTECH M	ANAGEMENT	, Inc.				
N/A Street Address						Street Address					-	
Screet Mudess							topher St					
City, State, Zip Code	9					City, State, 2	Zip Code					- 2
						Montclai	r, NJ 070	42				
Project Manager for 1	Monitoring Fir	m Tel	ephon	e Numb	er	Telephone Numb	oer	F	icens	e Numbe	r	
		N/	A			(973) 744	-8800		003	71		
Scheduled Start Date	(10) Sched	. Compl	etion	Date	(11)	Name of OSHA N	Monitor					
09 06 19	0:	9 0	8	19		N/A						
Month Day Ye Occupancy Status Duri [X] Facility Clos		(Check				Street Address	3					
of Abatement []Abatement Per Hours - Descr				Facili	ty	City, State, 2	Zip Code					
[]other - Descr	ibe: «Other Occ	cupancy	Desc	ript»								
Scope of Work (Check	all that appl	y)										
[X]>3 sf or []>160 sf o	NAME OF TAXABLE PARTY.	1.50	0.750	ovation olition		[X]Mini- [X]Glove	Containment wi Enclosure bag Procedure	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	Pres	sure		
			Is			[]Non-F	riable Procedu	ire	AF	patemen	t Tu	me
Location	of		ocation ormal			Descriptio	n of				E	E
Asbestos-Con			Used			Asbestos-Cont		Amount	E	R P		N C
Material (TO BE ABA			Solely y Mai			Material ((i.e., thermal	30000000000000000000000000000000000000	(Specify	M	P		L
In Facil:			enance		in	sulation, surfa		LF)	V	7 A	S	S
(13)		St	aff (12)		or other miscel	Llaneous)		I.		L	R
Decement		Yes	No	N/A	Dino	Tranlati	^ ~	190 LF	X	1	+	E
Basement		-		Δ.	FIDE	Insulation	OII	TAO TE			+	_
-									+	++	+	-
Name of Registered Wa	aste Hauler	N.T	DEP W	laste	Cul	oic Yards	Name of Regi	stered Land	fill		72	_
AZTECH MANAGE	AND THE PROPERTY OF THE PARTY O	на на		ID No.	of	Waste 1.5	Tri - S	tate				
City, State					Dis	sposal Date	City, State					
Montclair, NJ	07042				200	9/09/19	Bronx,	NY, 104	74			
1/5						- 6.						
Completed By (Print of Constantine Vi	. B. C. C. T.	_{.e} eside	nt			Signature	ation /	Man	Date 8/2	e 7/2019		
21 Virginia Ave						- CASI	mind h		1			

Chlas

State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 5:60-7 and 12:120-7)

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(i4i2-i		665			U	U	<u> </u>	
C/10.	III			1200				- Services

- 100				Li Li	LE LE	1	1111	II Alle	3.0	201	0	11 11
Date of Notification (1) 8/24/2019	JAV	1300	n			of Building Owner Costa	/Operator (2)	1 700	,	201	J	house
Agencies Notified	24 24	Notification	Туре	and the second		Address	CO-STEPRODUCES	ASBEST	08.0	OTTAO	OI 9	
⊠ EPA □ DCA ☑ DOL □ DEP ☑DOH		☑ Initial No ☐ Amendee ☐ Emerger justification ☐ Cancelle	d # icy notific)	cation (including	Bellvi	tate, Zip Code Ile, NJ07109 of Contact Costa	Tan-hatter-ordized	Telephor	CEN	MG	OL &	
		1		FACILITY INF	FORMATI	ON						
Name of Facility Where A Private House	batement is T	aking Place (3)		Type of □ Scho	Facility (4) ool (K-12) chapter 8 (other	than K 42\					
Street Address					XOthe	r (i.e. private & co	mmercial build			.)		
City (5) Belleville, NJ	County (6) Essex			y Code (7) Use Only)		et: #1,700 of Floor : Use (prior if bein			rs old			
Name of Monitoring Firm N/A	Hired by Bldg	. Owner (8)	ASCM	No.		of Contractor (9)						
Street Address					Street A	tracting Inc. Address						
City, State, Zip Code						uerite Lane ate, Zip Code						
Project Manager for Monit	toring Firm	Telephone	Number			o NJ 07082 one Number		License N	Jumbe	r		
Project Manager for Month	toring i iiii	<u>releptione</u>	vuilibei		973-90			01265	T	<u>.</u>		
Scheduled Start Date (10) 9/3/ 2019)	Scheduled 9/ 21/2019	Completi	on Date (11)		of OSHA Monitorion tracting, Inc	<u>ng</u>					
Occupancy Status During	During Entire	e Period of Ab	atement		5 Marg	Address guerite Lane						
⊠Abatement Performed 0 Describe	Jutside of No	rmai Facility F	iours -			ate, Zip Code						
⊠Other - Describe: Mor	day-Sunday	7AM-4;30 PM	Л		Towaci	0 100 07002						
Source of Work (Check al	I that apply)											
≥ 3 sf o				⊠ Renovat			Mini-Enclosu					
X≥ 160 sf	or ≥ 260 If			☐ Demolition	on		Glove-bag Pro Non-Friable I					
Location of Asbestos-		ocation Norma	ally			ontaining Materia	i Amou	nt	Abate	ment 7	уре	
Containing Material (ACM Facility (13)		d Solely by n/Custodial St S NO	aff (12) NA	(ACM) (i.e. therm surfacing, VAT, o			LF)	ify SF or	Remove	Repair E	Encap En	close
Basement	120	1 10	X	Floor Tile			500 S	F	X			
Name of Reg. Waste Hau	ler	NJDEP Wa	eta Haula	ar ID #	Cubic	ards of Waste		Name of	Regist	ered La	andfill	
BL Contracting Inc	<u>iei</u>	0036784	ste Haute	51 1D#	6	ards or vvasto		T.R.RF	togiot	0100 2	<u> </u>	
SE CONSTRUCTION INC		1					Disposal Da	ate		ity, Statully tow		
Completed by (Print or Ty	ne)	Title			Signatu	ire	9/24/2019	Date 8/2	24/201	9		
Nedo Vasilic	E-21	Project Ma	nager			New Vasi	L'C					

Estimator

Ch1435			(Pursu	State of New Jers TION OF ASBESTOS ant to NJAC 8 60 ar	ABAT	1 6	DE	CEIV	14	W. Name		
Date of Notification (1))			ng Owner/Operator (2)					5.00	lan	wal	
8/26/19 Agencies Notified Type Notification			Address	Flaherty			- Annual Control of the Control of t		Do to the Bank	-	E-Contraction Contraction Cont	+
□ EPA ☑ Initial		bucce	Addiess				ASBE	STOS CONTRO	OL &			
□ DEP □ Amended		City, St	tate, Zip C	ode	-		lease and the second	1 M THE MAN DE LANGE	9/14/2500m	etu weble	and the same	1
☑ DOL Amendment #		Little	Silver	, NJ 07739			100					
☐ Emergency (including		Name	of Contac	t			Telephone Numbe	r				
☑ DOH justification)		Aida	Stipo	Flaherty								
□ DCA □ Cancelation												
			F	ACILITY INFORMAT		- f = - 10 - f = 1						
Name of Facility Where Abatement is Taking Place (3)						of Facility (4)	-1					
Residence					10	School (K-1						
Street Address							8 (Other than K-		0000 B			
					X	Other (i.e.)	orivate & Comme	rcial buildings, hon	nes, e	tc.)		
City (5)					Squar	re Feet	# of Floors	Bldg. Age				
Little Silver, NJ 07739					2,05	59 SF	2	71				
County (6)				Code (7)	Curre	nt Use (Prior if be	eing demolished)					
Monmouth			(STATE	USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8)	\$170.			ASCM No.	Name	of Abatement C	ontractor (9)					
					Unic	corn Contrac	ting Corp.					
Street Address					Street	Address						
					32 V	Villow Way						
City, State, Zip Code					City, S	State, Zip Code						
					Woo	odland Park,	NJ 07424					
Project Manager fo Monitoring Firm			Telepho	one No.	Telepi	hone No.		License No.				
					973-	333-9176		01331			_	
Start Date (10)		Schedul	ed Comp	letion Date (11)	Name	of OSHA Monito	r					
9/05/19		9/06/	19		Envi	rovision Con	sultants, Inc.					
Occupancy Status During Abatement (Check Only One)					Street	Address						
☐ Facility Closed/Vacated During Entire Peri	od of Ab	atemer	nt		20-2	1 Wagaraw	Rd., Bldg. 35-E					_
☐ Abatement Performed Outside of Normal	Facility	Hours			City, S	tate, Zip Code						
Other - Describe: <u>07:00 AM Start</u>					Fair	Lawn, NJ 07	410				_	
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf		×	Renov				ment with Negat	ive Pressure				
☐ ≥160 sf or ≥260 lf			Demol	ition	X	Mini-Enclos						
					×	Glovebag Pr						
						Non-Exempt	ted (*) and Non-F	riable Procedure	1 /	Abate	emen	t
	1	Is Locatio Normally			Dare	ription of				Ту		
Location of Asbestos-Containing Material (ACM)	Us	sed Solely		Asbesto		ining Material (A	CM)	Amount				
TO BE ABATED	0.0000	aintenan				ystems insulatio		(Specity			m	
In Facility	Cu	stodial St	aff?			ing, VAT, or		SF or LF)	Re		cap	Enc
(13)		(12)			other m	iscellaneous)			Removal	Repair	Encapsulate	Enclosure
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Basement	-	Х			El	bows		25 ea	^	-	-	-
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					- 11			Name of Bassatus day	and fill			
Name of Registered Waste Hauler				ler ID No.		ards of Waste		Name of Regustered L Fairless Hills Lan				
Unicorn Contracting Corp.		00358	44		2+	10-1-			unii			
City, State					Disposa	ai Date		City, State Morrisville, PA				
Woodland Park, New Jersey					TBD	Signature	/	IVIOTTISVIIIE, FA	Date			_
Completed by	Title	ont				1			8/26	/19)	
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Zhivko Nikolov

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Date of Notification (1) 8/26/19. TWI LURU				uilding Owne brino Priv					1	AUG 30	2019	3	human	
Agencies Notified Type Notification		Stre	et Addr	ress				-	ASB	ESTOS CO	NTRO	& JC	Seed to the seed of	
EPA Initial Amended Amendment#				Zip Code Heights N	J 0875	1		- Commonweal					MAZERIPRO P	e-mail
Emergency (in justification)		Nar	me of Co	ontact				T	Telep	hone Numbe	er			
DCA Cancellation				TY INFORMA	ATION									
Name of Facility Where Abatement is Taking	Place (3)			The state of the s		Тур		acility (4)						
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Street Address						図	Othe etc.)	r (i.e. priv	ate &	commercial l		gs, h		
City (5) Seaside Heights NJ 08751						10	uare Fe		2	Floors	35	70 원(())		
County (6)		Co	unty Co	de (7) E ONLY)			ouse		if bein	g demolished	1)			
Ocean		1.			Nor	1		ent Contr	actor	(9)		-		\dashv
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCM P	No.	Pe	rnac	o Inc.	ent contr						_
Street Address						et Ado	dress x 329			2 7				
City, State, Zip Code							e, Zip C	ode NJ 0809	1					
		T ==	elephone	o No		est b	211	40 0003		License No.				
Project Manager for Monitoring Firm					85	6-75	3-980			00727				_
Start Date (10) 9/6/19	Scheduled 9/13/19	Comp	letion D	ate (11)		ne of (ame	OSHA I	Monitor						
Occupancy Status During Abatement (Check	k Only One)			Stre	eet Ad	dress							
DI FIII Classid Vacated During Entire F	eriod of Ab	ateme	nt		City	, Stat	e, Zip C	Code						
Abatement Performed Outside of Norm Other – Describe:	nal Facility i	lours			Oity	y, otac								
Scope of Work (Check All That Apply)	At the same same								_444	- Nogotivo Di	occi II	-		
≥3 sf or ≥3 lf	☐ Re	enovati emolitio	on			ENGINE DE SE	Mini-E	Enclosure		n Negative Pr	CSSUI	0		
≥160 sf or ≥260 lf		Jinomas				X	Glove Non-E	bag Proc Exempted	edure (*) ar	d Non-Friabl	e Pro	cedur	9	
	le	Locatio	n									Abate	ment pe	
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TO BE ABATED In Facility	Custo	odial Si (12)	tatt?		surfacing	, VAT,	, or		5	F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		9 71.1 7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		38224323						te	
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											-	-	-	-
								Name of	Pogis	tered Landfil	1			<u>i </u>
Name of Registered Waste Hauler			JDEP Wauler ID		Cubic Yar of Waste	ras		G.R.O.						
United Roll Off		2	2459		6 Disposal	Date		City, Sta	te					
City, State					9/13/19			Morris	ville l	PA 19067				
Elm NJ Completed by	Title				Sign	ature	17				ate /26/1	9		
Anthony T Perna	Pres	ident				(-		, 201			

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Date of Notification (1)					Na	me	of Buildin	g Owr	ner/Operator (2)			AUG	30	2010	3		1
08/	23 /	19			1	The	Village	Char	rter School			إنحا	AUU	0 0	LUI	3	Inneural	
Agencies Notified	Type Notifica	ation			Str	eet	Address				-			udiomento de se	creenduDF#	onner) January	-
⊠ EPA	☐ Initial				1	01	Sullivar	Way	y			Α.	SBEST	OS CA DENS		JL &		
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⊠ DOH	Amendme			0.	1	re	nton, NJ	0862	28				32					
DCA (NJAC 5:23-8)	☐ Emergen justification		luaing	3			of Contac					T	elephon	e Nun	ber			
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					F	A	CILITY IN	IFOR	RMATION									
Name of Facility Where A	Abatement is T	aking	Place	(3)						Туре о	of Facilit	y (4)				-		
The Village Charter	School									530	nool (K-							
Street Address						***				Sub	chapte	r 8 (C	Other tha	n K-1	2)	.11.411	22	
101 Sullivan Way											ier (i.e., nes, etc		ate and c	omme	ercial bi	ıılaın	gs,	
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Mercer							, (.	110		Sch					,			
Name of Monitoring Firm	Hired by Build	dina O	wner	(8)	ASC	M	No	Nan	me of Abateme			9)						
Epic Environmenta				(0)					hade Enviro									
Street Address					1				eet Address									
1930 Brown Road									23 Cutler A	/enue		(4)						
City, State, Zip Code								1	, State, Zip C									
Newfield, NJ 08344								1	laple Shade		052							
Project Manager for Moni	2000 0000	-		Тто	epho	no	No		ephone No.	, 140 00	002	Т	License	No				
Jim Eberts	toring i iiii	D.F					-1077	1990	56-755-0099	ř			00842	100				
Start Date (10)	To	Schod	ulad C			-	te (11)		ne of OSHA N				00042			-		
08/19/	19	09	9_ /	0			19	Е	MSL Analyt		с.							
Occupancy Status During	8			53				Stre	eet Address									
☐ Facility Closed/Vacate	0.500						3000 4	20	00 Route 13	0 Norti	h							
Abatement Performed Time of Abatement: _									, State, Zip Co									
Time of Abatement.		' ' '	"				/ NIVI	С	innaminsor	1, NJ 08	3077							
Scope of Work (Check all	that apply)								П г.:II С				D					
≥3 sf or ≥3 lf		1	⊠ Re	nova	tion				☐ Full Con		t with in	egati	ve Press	ure				
☐ ≥160 sf or ≥260 lf		į	☐ De	molit	ion				Gloveba			Va. 01 - 022 - 022		-A-201 - 00 00 00 00 00 00 00 00 00 00 00 00 0				
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Location	-6			Loca					Deservision	£					Ab	-	ent T	ype
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TO BE ABA	TED				ance/ Staff			., the	rmal systems	insulatio			(Spec		Removal) air	aps	Enclosure
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Freehold Cartage					159			2				Laii	41111					
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Omiouna ray		VIC	2C L1	colu	GIIL (,,,	operation	113	MAN	ata	4/				8/2	131	17	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) of Notification (1) MR TARIO EATHAN 119 8 26 Street Address Type Notification Agency Notified LICENSING Official O EPA City, State, Zip Code ☐ Amended D DEP Amendment # PARK. NJ. 07664 RIDGEFIELD Emergency (including Name of Contact DOH DCA justification) ☐ Cancellation MR. EATHAN FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) MR. EATHAN School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Differ (i.e. private & commercial buildings. homes, etc.) Bldg. Age Square Feet # of Floors City (5) 70 YEARS 2,0GEFIELD 2000 -Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) ONLY) RESIDEN US BECCEN 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 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 00388 201-329-7444 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Omega Environmental Street Address Occupancy Status During Abatement (Check only one) 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Mother-Describe: 8:00 M To 5:00 H S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure -El Mini-Enclosure EZ3sfor23# - Renovation □ Demolition

12 160 sf or ≥ 260 lf

D-Glovebag Procedure

☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	Location Normalistad Solel internar Custodia Staff? (12)	y ly by ace/ ai	Asber (i.e	Description of the Containing Man, thermal systems surfacing, VAT other miscellane	insulation, or	Amount (Specify SF or LF)	Removal	Ту		Enclosure
	Yes	No	N/A								
BASEMENT / CRAWL SPACE			0	THER	MAL STSTEW IN	150 DELION	HOLF	×			
				***	_		* ÷				
							>				
Name of Registered Waste Hauder Best Removal Inc		No.	Vaste H	lauler	Cubic Yards of Waste 2 12 07	Name of Regi	Stered Landfill AND COUNTY L	tw:	ンド	Ll	
City, State Hackensack , N.J. 0	7601				Disposal Date	City, State	6H. PA. 172				
Completed by Title			-		Signature	1	Date		1.	9	

Do not use this form for asbestos licensure/exempled activities

Estimator

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Date of Notification (1) 08/23/2019	1418	0		Name of Springt	Building (tion		AUG	3 0	201	9	L
	ype Notification			Street Ad		enue			lane.		ASBES1	ros co	NTR	OL &	1
X EPA X DEP X DOL	Initial Amended Amendment	#	-	City, Stat Springf					long		Maranes and a second	ICENSI	MG	THE PART LINES	- Annot Activities
▼ DOH DCA	Emergency justification) Cancellation	(including		Name of Denise	Contact					2000	ephone N 3-202-0				
				FACIL	ITY INFO	ORMATIC	ON								
Name of Facility Where Aba Privet Building Street Address	atement is Takin	g Place (3)							of Facility (4 School (K-12 Subchapter	2)	er than K	_12\			
445 Morris Avenue								X (Other (i.e. pretc.)	rivate 8	& comme	rcial buil			es,
City (5) Springfiled								Squar N/A	re Feet	# o	f Floors A		Bldg. A N/A	Age	
County (6) Union				County C (STATE U			_		nt Use (Prio ate Buildir		ng demo	lished)			
Name of Monitoring Firm H N/A	ired by Building	Owner (8)		ASCM	No.				tement Con ement, Inc		(9)				
Street Address								Addres	ss gren Aven	ue					
City, State, Zip Code							City, S	tate, Zi	p Code J 07512						
Project Manager for Monito	ring Firm			Telephon	e No.			none No 45868			License 01311				
Start Date (10) 09/05/2019		Scheduled 09/13/20		mpletion D	Date (11)				HA Monitor ement, Inc	c.					
Occupancy Status During A	Abatement (Chec	k Only One	;)					Addres	27)				77.5		
Facility Closed/Vacate Abatement Performed Other – Describe: Occ	Outside of Norn						City, S	tate, Zi	gren Aven p Code J 07512	iue					
Scope of Work (Check All 7	That Apply)						1010	wa, iv	0 07012						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli	ation ition			×	Mir Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	edure				re	
	•	100000	_ocat			0								emen /pe	t
Location o Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM) ED	Used Mair	Sole	ely by ance/ Staff?		tos Conta thermal surfac		Material s insula T, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
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Basement Buil Name of Registered Waste	~		X	NJDEP W	aata	Cubic	Insula	ation	Name of F		10 LF	X			
D&S Abatement, Inc.	naulei		H	Hauler ID		of Was			Fairless			21111			
City, State Totowa, NJ						Dispos TBD	sal Date		City, State Morrisvi		Α				
Completed by Ned Joksimovic		Title Project	ct M	anager	20	S	ignature	9	FN			Date 08/23/	2019)	

Print Form

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Agencies Notified Type Notification			Street Ad	dress						ASBESTO	S CO ENSI)L &	by-copelial
X EPA X Initial Amended Amendment	:#			e, Zip Code k, NJ 07					WELEVON TO		LNON	40	-	
Emergency justification) DCA Cancellation	(including		Name of	- St					Tele	ephone Nur	mher			
DCA Cancellation				ITY INFOR		ON	1112					10-20-		_
Name of Facility Where Abatement is Takir House Street Address	ng Place (3)	N.					X S		2) 8 (Oth	er than K-12 & commerci		lings,	home	s,
City (5) Teaneck, NJ 07666								re Feet	# of N/A	Floors	800	ldg. A	ge	
County (6) Bergen			County C	ode (7) SE ONLY)			Curre		or if bei	ng demolish	ned)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.		STATE OF STREET		tement Cor ement, In		(9)				
Street Address						Street 11 R		ss gren Aver	nue					
City, State, Zip Code						100000000000000000000000000000000000000		ip Code J 07512						
Project Manager for Monitoring Firm			Telephon	e No.		Teleph 9733	one N 4586			License N 01311	lo.			
Start Date (10) 09/03/2019	Schedule 09/04/2		mpletion D	Date (11)				HA Monitor ement, In	IC.					
Occupancy Status During Abatement (Che			ment	<i>p</i>		Street 11 R		ss gren Avei	nue					
Abatement Performed Outside of Nor Other – Describe: Occupied					_	C. A. S.		ip Code IJ 07512						
Scope of Work (Check All That Apply)												=		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli				×	Mir Glo	ni-Enclosure ovebag Pro	e cedure	n Negative F			e	
	1177	Locat	50 F									Abate		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Sole	ely by ance/ Staff?	(i.e. t	os Cont hermal surfa	scription taining M I system icing, VA miscellar	Materia s insula T, or	ation,	(3	Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		7.000					NE 1 E			te	CD
Basement		X	-		Pipe	Insula	ation			35 LF	X			
Name of Registered Waste Hauler			NJDEP W Hauler ID		Cubic of Wa	: Yards		1900 Rand		ered Landfil	II.			
D&S Abatement, Inc.			20996	10 10 10 10 10 10 10 10 10 10 10 10 10 1	TBD	anl D-t		Fairles		uilli				
City, State Totowa, NJ					TBD			City, Sta						
Completed by Ned Joksimovic	Title Proie	ct M	lanager		3	Signatur	е	Thi		10000	ate 8/23/	2019		

Print Form

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h83441041	58 NO		CATION	of New OF ASB to NJAC 8	STOS	ABATE) <u>, E</u>	C I	=======================================		$\underline{\mathbb{W}}_{-}$	5
Date of Notification (1) .08/23/2019	4018		Name of Eric Bil	Building (Owner/C	perator	(2)			L A	NUG	3 0	2	019	Manage and the Control
Agencies Notified Type No	otification	3	Street Ac	ddress						ASBI	ESTO	S CI	ON	rrol	- &
X EPA X Init	ial nended		City, Stat	te, Zip Coo	de				- Increases	YERRANDO-WARREN	LICI				ghamman
	nendment # nergency (including	- L	West C	Orange,		052				-					
X DOH jus	tification) ncellation	1 9	Name of Eric Bil						Tel	ephone N	lumber				
Name of Facility (Afficient Africa)	1: T-1: DI (0)		FACIL	ITY INFO	RMATI	ON	-	CE 33 (4							
Name of Facility Where Abatemer House	nt is Taking Place (3)						Туре	of Facility (4							
Street Address		751.50					×	School (K-12 Subchapter Other (i.e. pr	8 (Oth			ildin	gs, l	nome	s,
City (5)								etc.) are Feet	100000	f Floors			g. Ag	ge	
West Orange			0) - d - (7)			N/A		N/A		:- l d\	N/A	١		
County (6) Essex			County C (STATE U	ise only)			Hou	ent Use (Prio ISE	r if be	ing aemoi	isnea)				
Name of Monitoring Firm Hired by N/A	Building Owner (8)		ASCM	No.				atement Cont tement, Inc		(9)					
Street Address						Street 11 R		ss gren Aven	ue						
City, State, Zip Code				****		City, S	State, Z	Zip Code NJ 07512	-20/10/20						
Project Manager for Monitoring Fir	m		Telephor	ne No.		Teleph 9733	none N	lo.		License 01311	No.				
Start Date (10) 09/04/2019	Scheduled 09/05/20		pletion [Date (11)		Name	of OS	HA Monitor tement, Inc		0.011					
Occupancy Status During Abatem	NEGOTO	1121121				Street	112120-1200-000		J.						
Facility Closed/Vacated Durin Abatement Performed Outsic Other – Describe: Occupied						City, S	State, 2	gren Aven	ue	ii .					
Scope of Work (Check All That Ap	inly)				_	Toto	wa, N	NJ 07512							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	× Rei	novat moliti	tion ion				Mi Gl	all Containme ni-Enclosure ovebag Proc on-Exempted	edure				dure		
		ocatio												ment	
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM) Used Maint Custoo	enar	ly by nce/		os Cont thermal surfa	scription taining N system cing, VA niscellar	/lateria s insul T, or		(Amount Specify F or LF)	Kemova		Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A		Other I	mocnar	icous				/ai	-	7	ilate	ıre
Basement		Χ				VAT			8	00 SF	Х				
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Name of Registered Waste Haule D&S Abatement, Inc.	, <u> </u>	H	JDEP W auler ID		of Wa	Yards ste		Name of F	0.50		lfill				
City, State		20	0996			sal Date	:	City, State	9						
Totowa, NJ Completed by	Title				TBD	Signature	е	Morrisvi	ile, P		Date				
Ned Joksimovic	Project	t Ma	nager			3		TU			08/23	3/20	19		

Chiman		NOTI	FICATIO	state of New N OF ASBE t to NJAC 8	STOS A	BATE	MENT) <u>E</u>	G		- P	rint F
Date of Notification (1) 8/21/19	7	,,	Name	of Building C Speight	ALL R.	الم النديقا				L A	\UG	3 0	2019	
Agencies Notified Type Notification X EPA			City, St	Address	de				-	ASB	ESTO	S CO ENSIP	NTRO IG)L &
DOH justification Cancellatio	(including	-	Name o	of Contact orahim					Tel	ephone N	lumbo			
Name of Facility Where Abatement is Taki Residential	ng Place (3)	FAC	ILITY INFO	RMATIO	N	Туре	of Facility ((m.5)					
Street Address								Subchapter Other (i.e. p etc.)	8 (Other	& commer			N.	es,
City (5) Newark County (6)		(Ounty County	(//)_ Code (7)	2		200	are Feet 0 ent Use (Pri	2	Floors	iehod\	Bldg. 56	Age	
Essex Name of Monitoring Firm Hired by Building	Owner (8		(STATE	USE ONLY)		- Name	Res	sidential atement Cor			isited)			
Turningpoint Contracting Corp. Street Address 1125 Cranbury Road					5	Turni Street	ingpo Addre	oint Contr	acting		ation			
City, State, Zip Code Union NJ 07083		THE COLUMN				City, St	tate, Z	ip Code 07083						
Project Manager for Monitoring Firm Emeka Okeke				72-2177		Геlерћ 973-3				License 01238				
Start Date (10) 09/4/19	09/11/	12	mpletion	Date (11)		N/A		HA Monitor						
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Floor shall be verca	Period of a	Abaten Hours	3		1	Street A N/A City, St N/A		ip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	_	Renova Demolit				XX	Mir	I Containme ni-Enclosure ovebag Proc n-Exempted	edure				re	
Location of	1	Locati	ly		Descri	intion (457					Abat	emen ype	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/	(i.e. th	s Contain nermal sys surfacing other miso	ning Ma stems g, VAT	aterial insula , or		(SI	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A X		Pipe In	sulati	ion			10			te	X
Name of Registered Waste Hauler TriState Transfer Associates		H	JDEP W auler ID W1896	No.	Cubic Yar of Waste 2	rds		Name of F	(27)			ates.	Inc	
City, State Bronx NY 10474				1	Disposal I	Date	A.	City, State Wanesb		H 4468	8			
Completed by Emeka Okeke	Title Presi	dent			Sign	ature	Lin	1,5	~,		ate	010		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) MS. DIANA KLAPACH Type Notification Street Address Agency Notified AUG 30 2019 Editiol IS O EPA ☐ Amended DEP DEP ENG CEWOOD, NJ. 2763T Amendment # ASSESTOS CONTROL & D Emergency (including Telephone Number MISING D DOH justification) MS. KCARACH □ Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) MS. DIANA KLAPACH School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address 2 Other (i.e. private & commercial buildings, homes, etc.) Bldg. Age # of Floors Square Feet City (5) 1960 1800. Z ENGLEW00D Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) ONLY) TUSIDONE BERGEN 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 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 201-329-7444 00388 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Omega Environmental 9/5/19 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 2 Other - Describe: 8: 2014 TO 5:00/M S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure P Renovation Al Mini-Enclosure ET≥3sfor≥3# ☐ Demolition Ja Glovebag Procedure D ≥ 160 sf or ≥ 260 lf ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount Encapsulate Asbestos Containing Material (ACM) Containing Material (ACM) Maintenance/ Remova (i.e., thermal systems insulation. (Specify TO BE ABATED Custodial SF or LF) surfacing, VAT, or IN Facility Staff? other miscellaneous) (13) (12) No NHA Yes 70LF THERMAL SYSTEM INSULATION BASEMENT Name of Registered Landfill Name of Registered Waste Hauter NJDEP Waste Hauler Cubic Yards of Waste ID No Best Removal Inc 17109 LANDFILL CUMBERLAND COUNTY Disposal Date City, State 17240 9/5 Hackensack , N.J. 07601 NEWBURGH Completed by J. MAIORANO Estimator * Do not use this form for asbestos licensure exempted activities.

State of New Jersey

State of New Jersey

MCV						C. 8:60 and 1	-	- Party	EIV	Jnec E	C A	FZ5	3 5				
Date of Notification	(1)	——————————————————————————————————————	Na	Name of Building Owner / Operator (2)													
08/24/2019				S Building Systems LLC AUG 3 0 2019													
Agencies Notified Type Notification				treet Address 13 Timber Ridge Court													
☐ DEP ☐ DOL	☐ Initial ☐ Amen		ty, State				ASBESTO LIC	S CONTRI	OL&		OR OTHER DESIGNATION OF THE PERSONS						
□ DOH		gency		me of C						Telephone Number							
☐ DCA	□ Cance	ellation	Mi	ike Triz	ano					201 2	20	718	35				
				FACILI	TY INF	ORMATION							311505				
Name of Facility Wh Residence	nere Abateme	ent is Taking Pl	ace (3)			Type of Facilit	(-12)										
Street Address						-		ther than K									
							Other (i.e. private & commercial buildings, homes, etc.)										
Oit. (F)		Carrati (6)	ICarra	t. Cada	(7)	Square Feet	1	# of Floors		Blag. A	dg. Age 50+						
City (5)		County (6)		ity Code	(1)	Current Use (I	Drior if	liched)			דעכ						
Wall Twp		Monmouth				·				nea)							
Name of Monitoring	Firm Hired by	y Building Own	er (8)	AS	SCM No.	Name of Abatement Contractor (9) Alpha Environmental, LLC											
Street Address						Street Address PO Box 8297											
City, State & Zip Co	ode					City, State & Z Trenton, NJ	Zip Coo										
Project Manager for Monitoring Firm Telephone Number						Telephone Nu 609-847-295	mber		License		er 22:	2	-				
Scheduled Start Date (10) Scheduled Completion Date (11) 8/27/2019						Name of OSH EMSL Analy	A Mon	itor		01							
08/24/20 ^o Occupancy Status I		NAME AND ADDRESS OF THE OWNER, TH	ılv one)			Street Address						-0-11-					
Facility Clos	sed/Vacated [During Entire P	eriod of	Abatem			200 Route 130 North City, State & Zip Code										
Abatement Describe:	Performed Ou	utside of Norma	al Hours	s – /am	to 3pm		Cinnaminson, NJ 08077										
	upied During	Ahatement				Cinnaminso	II, NJ	00077									
Scope of Work (Che																	
≥3 sf or ≥3 l≥160 sf ≥26	lf	F-37		Renovat Demoliti				Full Contain Mini-Enclose Glove Bag F	ure		ve	Pres	sure	!			
Z00 020							i-	Non-Exemp			ble	Pro	cedu	ire			
1.0	ocation of		Is Lo	cation	Т	Description	Francis .	TON EXOMP	Amount		Abatement Type						
Asbest	tos-Containin	g	Norma	ally Used	i	Asbestos-Cont	Asbestos-Containing							İ			
	terial (ACM)			ely by nance o	_	Material (AC (i.e., thermal sy			SF or LF)		R	न्रा	Encapsulate	E			
	BE ABATED n Facility			lial Staff		insulation, surfac		AT			Remova	Repair	apsı	Enclsoure			
	(13)			12)		or other miscella					val	₹.	ulate	ure			
	- 12000	No N/A															
Exterior						Siding		1000)sf			П	П				
					Waste D No.	Cubic Yards of Waste					ındfill						
ALPHA ENVIRONMENTAL 00033330					10	10 Grows Landfill											
City, State	-			1		Disposal Date	e City, State										
Trenton, NJ						various	various Morrisville, PA										
Completed By (Prin				Title		Signature Date											
Rod Richardson Project						Red Richardson 08/24/2019)			

Oh 0013	987	1		CATION	Ate of New OF ASBES TO NJAC 8:	STOS ABA			m	E C E		V	E,			
Date of Notification (1) 08/27/2019		Name of Allen R	f Building Or Rafalko	wner/Ope	rator (2)		Check # 001387									
Agencies Notified	Street A	ddress					AUU U	U	CUIS	C. Proper	mone)					
□ EPA 図 DEP 図 DOL		ate, Zip Code own, New		7960		ASBESTOS CONTROL & LICENSING										
☑ DOH □ DCA	Emergency (ir justification) Cancellation	ncluaing		Name of Allen R	f Contact tafalko				Telephone Number							
L DOA	- Caricenation		1	FACI	ILITY INFOR	RMATION						1.0				
Name of Facility Where A Private Residence	Abatement is Taking	Place (3)					Facility (4)								
Street Address							☐ Sul	bchapter 8 (C ner (i.e. privat			s., hc	mes,	etc.)			
City (5) Morristown, New Jers	ey 07960						Square 3,000						Bldg. Age +55			
County (6) Morris					Code (7) USE ONLY)		Current	Use (Prior if Private					10			
Name of Monitoring Firm	Hired by Building C	Owner (8)		ASCN	M No.	Nam Lilio	ne of Abatement Contractor (9) Ch Corporation									
Street Address						100000000000000000000000000000000000000	et Addres McBride	Address McBride Ave								
City, State, Zip Code							City, State, Zip Code Woodland Park, New Jersey									
Project Manager for Monitoring Firm					one No		phone No -225-840		License No. 01104							
Start Date (10) 08/28/2019	ed Cor 019	mpletion	Date (11)			IA Monitor nental Labo	ratorie	s, LLC								
Occupancy Status Durin				et Addres 3 Route	s 22 West											
	ecated During Entire ned Outside of Norm															
Scope of Work (Check A	III That Apply)		-		-											
⊠≥3 sf or ≥3 lf □≥160 sf or ≥260 lf	30 S S S S S S S S S S S S S S S S S S S	Renova Demolit				 □ Full Containment with Negative Pressure □ Mini-Enclosure ☑ Glovebag Procedure / Limited Containment&T □ Non-Exempted (*) and Non-Friable Procedure 						t				
- 24			Locat				Description of Containing Material (ACM) mal systems insulation, urfacing, VAT, or er miscellaneous)				Abatement Type					
Asbestos-Containing TO BE AB In Faci	Material (ACM) ATED lity	Use Ma	ed Sole intena	ely by ance/ Staff?	(i.e. tl	s Contain nermal sys surfacing				mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A									Ф			
1st Floor			X		Duct Ins	ulation				7 LF	Χ					
1st Floor	1st Floor X				Air Register					7 (ea)	Χ					
Name of Registered Waste Hauler Lilich Corporation					Vaste) No.	Cubic Ya of Waste 1	ste									
City, State Woodland Park, New	Jersey			g.		Disposal 08/29/20		City, Star	te ville, PA	\						
Completed by Adriana Olejarova	nt	k	Sign	ature	240	2	Dat 08		2019							

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

MICK	(P	ursı	uant	t to <u>I</u>	N.J.A	<u>.C.</u> 8:60 and	d 12:1	20)	[2]		P	R	7 0	// [r	5 P	-		
Date of Notification (1)		0	(0)	-		<u>L</u>	G		1	 		71						
8/27/2019	9	Name of Building Owner / Operator (2) PNC Realty Services					K	No.					District of the last	detail.				
Agencies Notified Type Notifi			Stre	et Add	reee	rvices		- Po			41175		0.0	40		111		
⊠ EPA						Avenue					AUG	30	2()	19		1		
DEP Initi																-		
	ended-Start Tim	ie				NJ 07006		-	Ł	AGRI	ESTO	10.00	MITT	7/71		ilholada		
	ergency				ontact			1		MOLA	LIC	HITAL	PhBc	ne N	umb	or I		
☐ DCA ☐ Car	ncellation		Mr.	Benja	amin I	Brenneis		_		PERSONAL	Canada			4-21				
			E/	VCII I	TV INI	FORMATION												
Name of Facility Where Abaten	nent is Taking Pl	ace (3)	ACILI	I T HVI		:11:4 . (4)											
PNC Bank	remie raming i m	400 (1	0)			Type of Fac												
Street Address							pter 8 (Othor	than k	(12)								
						Other (i e nrive	oto & c	omme	(-1Z)	huildi	n.a.	hom	00 0	40 \			
1260 McBride Avenue						Square Fee	t prive	# of F	loore	Clai	bullul	-			(C.)			
City (5)	County (6)	Co	ountv	Code	(7)	2,100		# 011	10015			Bldg	. Age					
Woodland Park	Passaic		,		(.)	Current Use		f hoing	dome	liobo	۵۱/			66				
						Commerci		being	uemi	JIISHE	u)							
Name of Monitoring Firm Hired	by Building Own	er (8)		AS	CM No		100000	Contr	ontrooter (0)									
Health & Safety Services/	PT Consulta	nts					Manag	emen	ontractor (9) nent Group, LLC.									
Street Address						Street Addre	ess	OI II OI I	nem Group, LLC.									
P.O. Box 365/ (PT Consu	Iltants) 560 Be	nign	o Bl	vd. 2	nd fl			venue	nue, Suite 202									
City, State & Zip Code						City, State &	Zip Co	de)									
Berlin, NJ 08009/ (PT Con							Trenton, NJ 08619											
Project Manager for Monitoring Jim Proctor/	AND CONTRACTOR OF THE PROPERTY			Num	ber	Telephone N				Lic	ense	Num	ber					
Brian D. Havanki (PT Cons		856-8 856-2		-0.0		609-914-42	79					0	118	5				
Scheduled Start Date (10)	Scheduled Com				,	1												
8/27/2019)	Name of OS												
Occupancy Status During Abatement (Check only one)						J&S Environment Street Addre		tai La	bora	torie	s, in	c.						
Facility Closed/Vacated	During Entire Pe	riod o	of Aba	ateme	nt			204										
Abatement Performed C	outside of Norma	l Hou	rs	of Abatement rs 2333 Route 22 West City, State & Zip Code									_					
Describe: 6pm to 12		V(1) EV(1) 254 DEC	500.5			Union, NJ		16										
Facility Occupied During	Abatement					omon, no	01000											
Scope of Work (Check all that a	oply)															-		
								Full Co	ontain	ment	with	Nega	tive	Pres	sure			
≥3 sf or ≥3 lf		\boxtimes		novatio				Mini-E										
≥160 sf ≥260 lf			Der	nolitio	n			Glove I	Bag P	roce	dures	300						
I a a a til a a a f								Non-Ex	xempt	ed ar	nd No	n-Friable Procedure						
Location of Asbestos-Containing	ng.		ocat				Description of Asbestos-Containing			Amount				Abatement Type				
Material (ACM)	ig	Norm	olely l				Material (ACM)			(Specify								
TO BE ABATED				ce or			(i.e., thermal systems			SF or LF)				77	Enc	ᄪ		
in Facility	1	Custo	dial S	Staff?	i		sulation, surfacing, VAT						Remova	Repair	aps	Enclosure		
(13)	_		(12)			or other miscell	aneous))					Va	¥-	Encapsulate	sure		
0.55		Yes	No	N/A									35		Ф			
Office area				\boxtimes		Floor til	e			150	SF							
			Ш															
			Ц															
		\sqcup	\perp	Ц														
			Ц	Ц							5-765-0							
Name of Registered Waste Haul		Ш					1											
or registered waste Haul	31			DEP V uler ID		Cubic Yards	Name	of Reg	gistere	d Lai	ndfill			4				
Resource Management Gro	up. LLC			35218		of Waste TBD	Gran	010-	46:11									
City, State	-P, -L-V.		00.	00210	,		Grow		um									
Trenton, NJ 08619						Disposal Date TBD	City, S Morris		PΛ									
Completed By (Print or Type)			Title	0		211	MOTTIS	oville,										
Mr. Brian Haney			100	e eside	nt	Signature		Ma				1	ate	200	^			
		'			R (V)					201	019							

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

D . (N .:e .: .:						1117								
Date of Notification (1) 8/13/2019		Name of Building Owner / Operator (2) PNC Realty Services					AU	3 3 0	2019					
Agencies Notified Type Notification		t Address	0.11000		i	5				5				
⊠ EPA	d Avenue ASBESTOS CONTROL &													
☐ DEP ☐ Initial ☐ Amended	Code LICENSING													
					, NJ 07006									
☑ DOH ☐ Emergency ☐ DCA ☐ Cancellation			of Contac Senjamin	Telephone radiliber										
				IFORMATION										
Name of Facility Where Abatement is Taking P	lace (3))	CILITY	Type of Fac	ility (A)									
PNC Bank	.000 (0)	,		School										
Street Address						ther than K-	12)							
	Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)													
1260 McBride Avenue				Square Feet		# of Floors	~	Bldg. Ag		,				
City (5) County (6)	Cou	unty (Code (7)	2,100	- 1	2		0 0	66					
Woodland Park Passaic				Current Use	(Prior if	being demoli	shed)							
				Commerci	al									
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCM N		atement	Contractor (9	9)							
Health & Safety Services/ PT Consult Street Address	ants		1	Resource		ment Grou	ip, LLC.							
P.O. Box 365/ (PT Consultants) 560 B	onian	o Div	ed and si	Street Addre										
City, State & Zip Code	criigise	יום כ	/u. 2 11	City State &	2115 Hamilton Avenue, Suite 202									
Berlin, NJ 08009/ (PT Consultants) Bel	lmawr	NJ	08031		City, State & Zip Code Trenton, NJ 08619									
Project Manager for Monitoring Firm			Number	Telephone N		Number								
Jim Proctor/	856-83			609-914-42			01185							
Brian D. Havanki (PT Consultants)	856-25													
	8/29/2	019	e (11)	Name of OS J&S Enviro			ries Inc		1111					
Occupancy Status During Abatement (Check or	nly one))		Street Addre										
Facility Closed/Vacated During Entire P			tement	2333 Route	22 We	st								
Abatement Performed Outside of Norm	al Hour	S		City, State & Zip Code										
Describe: 5pm to 12am Facility Occupied During Abatement				Union, NJ	07083									
Scope of Work (Check all that apply)		-												
osopo di vvoiri (oriccit all triat apply)					⊠ F	ull Containm	ent with N	Logotivo	Droo	01150				
≥3 sf or ≥3 If	\bowtie	Ren	ovation			ini-Enclosur	e E	vegative	ries	sure	- 9			
≥160 sf ≥260 lf		Dem	nolition			love Bag Pr								
	Vancous					on-Exempte		n-Friable	Proc	edur	re			
Location of		ocatio	25 25 25		Description of			Abatement Type						
Asbestos-Containing Material (ACM)	Norma	ally t lely b	Q0,Q00X10XX0		Asbestos-Containing Material (ACM)									
TO BE ABATED	Mainte			(i.e., thermal s		0	F or LF)	Z.	77	Enc	ᄪ			
in Facility	Custo		staff?	insulation, surface	sulation, surfacing, VAT			Remova	Repair	aps	Enclosure			
(13)		(12)	N1/0	or other miscell	or other miscellaneous)			Val	=	Encapsulate	ure			
Office area	Yes	No	N/A							Ø				
Office area	井	뮈		Floor ti	le		150 SF							
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Name of Registered Waste Hauler		NJE	DEP Waste	Cubic Yards	Name o	of Registered	Landfill				Щ			
		Hau	ıler ID No.	of Waste		3.515150								
Resource Management Group, LLC.	35218	TBD	Grows	Landfill										
City, State				Disposal Date	City, St									
Trenton, NJ 08619		1		TBD	Morris	ville, PA								
Completed By (Print or Type) Mr. Brian Haney		Title	sident	Signature	P - 12-80	1/2	Date							
wii. Diidii Halley	Fre	sident	1 274	1	VIII FE	8/13/2019								

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10	N# 14111	(Pu			8:60 and 12:120	, j. 5d	LI AUG 3 0	2019	}	l Luci					
	Date of Notification (1)		-	Name of Ruilding Owner/Operator (2) STAR CONSTRUCTION TWO											
	Agencies Notified Type Notification ☐ ₽A		Stree	Street Address P. O. Box 36 LICENSING											
¥	DEP Amended Amendment #		City,	City, State, Zip Code MOOKESTOWN N. 7 08057											
	☐ Emergency (ii justification)	ncluding	Name	Name of Contact MIKE Telephone Number											
	DCA Cancellation		FA	FACILITY INFORMATION											
	Name of Facility Where Abatement is Takin	g Place (3)				Type of Facility									
	RESIDENC Street Address	<u></u>				School (K-12	8 (Other than K-12) private & commercial	buildin	ıgs,						
						homes, etc.			Bidg. Age						
	City (5)	TTY				1500		5	50+						
	COUNTY (6) CAPE MAY		USE	nty Code (ONLY)	7) (STATE	Current Use (Prior if being demolished)									
	Name of Monitoring Firm Hired by Building	Owner	ASCM	No.		atement Contractor (9)									
	(8) N A				Street Address	dress (A									
					369	City State, Zip Code									
	City, State, Zip Code				MAPLE SHAVE N.J OSOSZ										
	Project Manager for Monitoring Firm	Tel	ephone	No.	856-779-0472 00444										
	Start Date (10) Sche	duled Compl	etion Da		Name of OSHA N	of OSHA Monitor N A.									
9)	Occupancy Status During Abatement (Che	ck only one)			Street Address	SS									
	Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other - Describe:	eriod of Abate Il Facility Hou	ement urs		City, State, Zip Code										
	Scope of Work (Check all that apply)				Full Con	Il Containment with Negative Pressure									
	≥3 sf or ≥3 lf >≥160 sf or ≥260 lf	Renova Demoliti			☐ Mini-End ☐ Gloveba	re									
		Is Locati						Abatement Type							
	Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	ely by nce/ ial	Asbes (i.e.,	Description of tos Containing Mat thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate						
	(13)	Yes No	N/A							6					
	SIDING		X		TRAWSI	TE	1250 SK	X	\dashv	+					
			_					\vdash	\dashv	1					
			+-												
	Name of Registered Waste Hauler VIEMCO TWC,		NUDEP Hauler II		Cubic Yards of Waste	The second secon	istered Landfill M. C. M.	U.	A						
	City, State				Disposal Date	City, State	OBINE								
	Completed By Title	NI.)			Signature	1,60	Date	711	-1	9					
	MICHAER ICLOMM -	SUP.			_ Mu	W/C		4							

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

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

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Agencies Notified	Type Notifical	tion	St	reet Addres	18 GLAS	SSBORD	1 2 1 4 1 10 1	A FR 1 1 1 18 11	ادا د مرحمستی	أحديث ويده	-	
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DCA	Cancellatio		Na	me of Conta	WF_		Telep	hone Numb	per			
			· /		IFORMATION							_
Name of Facility Where	Abatement is Ta	king Place (3	3)			Type of Facil	ity (4)					
Street Address	ESIDEN	Ct				School (K-		than K-12	)			
Street Address						Other (i.e., homes, et	, private &	commerci	al buil	dings	<b>;</b> ,	
City (5)	ranie	11.0:0:	0 > 0			Square Feet		Floors		ldg. A		
County (6)	TONE	HARL	XX	ounty Code	(7) (STATE	Current Use (	Prior if hei	na demolis		20		_
CHPE	MAY			SE ONLY)			ACAN					
Name of Monitoring Firm (8)	Hired by Buildin	g Owner	ASC	M No.	Name of Abatem		(9) EMC					
Street Address	NIF				Street Address	70100 3	L/UC				-	_
					369		RUCE	Aux	_			_
City, State, Zip Code	S4				City, State, Zip C	CE SH	ADE	M.T		36	05	2
Project Manager for Monit	toring Firm	T	elephon	e No.	Telephone No. 856 77	7-0472	Licer	ise No.	3	7		
Start Date (10)		eduled Com	oletion C	ate (11)	Name of OSHA N		//					
9-5-1 Occupancy Status During		eck only one	,		Street Address	N/	<u> </u>		-	-		_
Facility Closed/Vacated	During Entire F	Period of Aba	tement									_
Abatement Performed	Outside of Norm	al Facility Ho	ours		City, State, Zip Co	ode						
Other - Describe:	that apply)								_			=-
Scope of Work (Check all	mar appry)	☐ Renov	otion		☐ Full Cont	tainment with No	egative Pr	essure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Demoi	500.50		Gloveba	g Procedure mpted (*) and N	loo Eriabla	Dramdur	9			
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Location of Asbestos-Containing Ma	terial (ACM)	Maintena	ance/		os Containing Mate thermal systems in		Amo (Spe		77		Enc	Ę
TO BE ABATE	₽	Staff	?	(1.8.,	surfacing, VAT, o	or	SF or		Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waşte	Hauler		NIDEP !		Cubic Yards	Name of Reg	istered Lar	ndfill				
	NC		Hauler IC	0 No.	of Waste	<u></u>	M. (	M	. U	·V		_
City, State	HADE	W.J			Disposal Date	City, State;	in Bis	UE-	N	. T		
Completed By	Title				Signature	). 07,		Date:	70	-	a	
MICHAEL KL	rum _	SUPTY	2		_ Mens	Whi			ب			_

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MICHAEL

### AUG 3-0-2019 State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) STOS CONTROL & Name of Building Owner/Operator (2) Date of Notification (1) Type Notification Street Address Agencies Notified | Initial City. State. Zip Code Amended œ 08231 Amendment # DOL DOL Emergency (including Name of Contact elephone Number DOH DCA justification) Cancellation 1) AUF 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) Street Address Other (i.e., provate & commercial buildings. homes, etc.) Square Feet # of Floors Blog. Age City (5) 500 County Code (7) (STATE Current Use (Prior if being demosshed) County (6) USE ONLY) (ACAW) Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner KLFMC (8) Street Address Street Address City, State, Zip Code City, State, Zip Code Telephone No. Telephone No. Project Manager for Monitoring Firm 856-779-04 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 Coole Abatement Performed Outside of Normal Facility Hours Other - Describe: Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Endosure Renovation ___>3 sf or ≥3 H ___≥160 sf or ≥260 H Glovebag Procedure Demoition Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Used Solely by Asbestos Containing Material (ACM) Amount Location of Maintenance/ (i.e., thermal systems insulation, (Specify Asbestos-Containing Material (ACM) Custodial SF or LF) surfacing, VAT, or TO BE ABATED Staff? other miscellaneous) IN Facility (12)(13)NIA No Yes 7250 SF RANSITE Name of Registered Landfill Cubic Yards NUDEP Waste Name of Registered Waste Hauter 17904 of Waste City, State Disposal Date City. State

Signature

PRES

CK# 4887

# Inv# 13904

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



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Date of Notification (1)	19-19		Name	of Build	Ing Owner/Operato	COWS	ASBESTO TRUCT 100	ENS	NG	iul.	ë.
Agensies Notified	Type Notificati	on	Street	Address	60 WE	ST AVE					
DEP DOL	Initial Amended Amendmen	t #	City, S	tale. Zip	Code	TY N	J 08	77	انبحا		
⊠ DOH	☐ Emergency justification	(including	Name	of Conta	cl	1 /4	Telephone Num	_		1.1	=
□ CCA	Cancella tion	1			TEUE FORMATION				_		_
:		- FV2/2\	FAC	AUIT HS	70100111011	Type of Facility	v (4)		-	-	_
Name of Facility Where	SIDEW C	E Place (3)			, i	School (K-1			dinas		
Steet Address			_			homes, etc			ldg. A		-
City (5)	CAN C	ITY				1500	2	.  _	50		
County (6) CLADE			USE 0	ly Code ( DNLY)	7) (STATE		nor if being demos	shed)			_
Name of Monitoring Firm		Owner	ASCM N	ю.		ent Contractor (9	3)				
(8) Name of Monitoring Firm	A.A				Street Address	LEMCO	IMC	_			_
Street Address	1				360		RUCE HIE	- 			
City, State, Zip Code					City, State, Zip C	PLE SH	ADE N.J	08	05	2	
Project Manager for Moni	toring Firm	Tel	ephone N	lo.	Telephone No.	2.4122	License No	37		MHON :-	
		eduled Comple	ation Date	(11)	Name of OSHA N		1 - 91				=
Start Date (10) 9-5-19		9-15-	- 19_		Speel Address	NA					=
O-manay States During	Abatement (Ch	eck only one)			Steel Modress		,				
Facility Closed/Vacate  Abatement Performed	a numina Entire P	enco or record			City, State, Zip Co	xde					
Other - Describe:								=			=
Scope of Work (Check all	that apply)		******	•	MM-Enc	tainment with Ne losure	gative Pressure				
☐ >3 sf or ≥3 H		Renovation Democration	on on		Gloveba Non-Exe	g Procedure mpted (*) and No	on-Friable Procedu	re			
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	,	Normali Used Solel	y by		Description of os Containing Mate	erial (ACM)	Amount			ū	ш
Location of Asbestos-Containing Ma	sterial (ACM)	Maintenar	nce/	(i.e.	thermal systems in	isulation.	(Specify SF or LF)	Ren	Repair	Cap	nclo
TO BE ABATE IN Facility	D	Staff? (12)			surfacing, VAT, other miscellaneou	or .s)	3, 4 5 /	Removal	palr	Encapsulate	Enclosure
(13)		-	N/A	Ţ.						9	
		Yes No	X	TI	PANSITE		2500 SF	X		4	
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Name of Registered Wast	e Hauter		DEP Wa		Cubic Yards of Waste	C la	ECMDA				
KLEMCO	INC		7900		Disposal Date	City. State				K T	
City, State	T [1]	in and the second					OBINIE A	(1)	•		=
	DE N. J				Signature	M.	:0-	19-	19		_
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## State of New Jersey

Initial Notification NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) 6608 - NJ Check #: 7532 Name of Building Owner/Operator (2) Date of Notification 0 | 8 | / 2 | 6 | / 1 | 9 | County of Hudson Agencies Notified Type Notification Street Address AUG 3 0 2019 [X] EPA 567 Pavonia Ave., 3rd Floor [X]Initial City, State, Zip Code [X] DEP Notification ASBESTOS CONTROL & [ ]Amended X1DOL Jersey City, NJ 07306 Telephone Number Notification Name of Contact 1X1DOH [ ]Cancellation [ ]DCA 201-369-2777 x.2987 Ralph Sax FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) 1School (K-12) Subchapter 8 (Other than K-12) Hudson County Admin. Bldg. - Room G5 Xiother (i.e., private & commer-cial buildings, homes, etc.) Street Address # of Floors Bldg. Age Square Feet 595 Newark Avenue 50 50,000 9 County Code (7) (STATE USE ONLY) County (6) City (5) Current Use (Prior if being demolished) Jersey City, NJ 07306 Hudson Administration Building Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Four Strong Builders, Inc. Whitman Companies, Inc. Street Address Street Address 180 Sargeant Avenue 7 Pleasant Hill Rd. City, State, Zip Code City, State, Zip Code Cranbury, NJ 08512
Project Manager for Monitoring Firm Clifton, NJ 07013-1935 License Number Telephone Number Telephone Number 00807 (732) 390-5858 973-614-0377 Kevin Lovely Sched Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 0 9 / 1 6 / 1 9 Month / Day / Year | 0 | 9 | / 1 | 2 | / 1 | 9 | | 0 | 9 | / 1 | 6 | / 1 | 9 | | Occupancy Status During Abatement (Check only one) Four Strong Builders, Inc. Street Address [ ]Facility Closed/Vacated During Entire Period 180 Sargeant Avenue of Abatement [ ]Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: Occupied building Clifton, NJ 07013 Scope of Work (Check all that apply) |Full Containment with Negative Pressure |Mini-Enclosure [X] Renovation ] Demolition [ ]Glovebag Procedure [X]Non-Friable Procedure [ ]>3 sf or >3 lf [X]>160 sf or >260 lf Abatemen Type Location Description of
Asbestos-Containing
Material (ACM)
(i.e., thermal systems
insulation, surfacing, VAT,
or other miscellaneous) NCAP N Normally Location of C T. Used Amount EM Asbestos-Containing E (Specify Solely Material (ACM) 0 P 0 SF or TO BE ABATED by Main-LF) AIR S S tenance/ Facility Custodial AL (13) L R Staff(12) E Yes No N/A 360 SF VAT & associated mastic Room G5 Cubic Yards Name of Registered Landfill Waste Name of Registered Waste Hauler of Waste Hauler ID No. G.R.O.W.S., Inc. 12609 Four Strong Builders, Inc. City. State Disposal Date City. State Fullytown, PA Clifton, NJ Date Signature Completed By (Print or Type) Title Office Administrator 8/26/19 Bilyana Kulakovska ASB-41 JUN 95

6609 - NJ TW# 14100

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Check #: 7533

Initial Notification

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Hudson County Adm	iin. Blag Ro	om 405								[ ]Subcha      Subcha 	(i.e p	riva . ho	te &	etc	mer- .)	
595 Newark Avenue										Square Feet		ors	F	50 A	ge	
City (5)		County	(6)					ode (7) SE ONLY)	1	50,000   Current Use (F	rior if	bein			shed	1)
Jersey City, NJ 0730	)6	Hudso	n			, ,			H	Administration				12500		5.00
Name of Monitoring Owner (8)	Firm Hired	by Build	ling	ASC	M No		Name	of Abate	em	ment Contractor	(9)					
Whitman Companies	s. Inc.						Four	Strong B	u	ilders, Inc.						
Street Address	,						Stre	et Addres	SS	,			N ESE			
7 Pleasant Hill Rd.							180	Sargeant	A	venue						
City. State. Zip C							5	. State.								
Cranbury, NJ 08512	r Monitoring	Firm	Telep	none	Num	ber		on, NJ 070 phone Num			L	icens	e N	umber	-	
Kevin Lovely		hed.Com	732)	390	-5858	3		614-0377		far-iron	00	0807				
Scheduled Start Da    0   9   /   1   6   /   Month / Day / Occupancy Status D							Four		Bu	ilders, Inc.						
[ ]Facility Clos	ed/Vacated D	uring E	ntire	Per	riod			Sargeant								
of Abatement []Abatement Per Hours - Descr X]Other - Descr	ibe:		ormal	L Fac	cilit	y _	City	on, NJ 070	7	lip Code						
Scope of Work (Che	ck all that	apply)			•		Cint		-							
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. (1	.3)		St	stod	12)		or c	other misc	C	ellaneous)		-	L	R	L	R
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Name of Registered	Waste Haule	er			Wast			Yards	_	Name of Regis	tered La	ndfi.	П			
EDV 12/11 (28 YEAR)	w. w.				r ID	No.	of Wa	aste		C D O W C In						
Four Strong Builder	rs, Inc.		[1	2609			Dispo	osal Date	-	G.R.O.W.S., In						
	3															
Clifton, NJ	t or Person	Title						Signatur	. e	Tullytown, PA			Da	ite		
Completed By (Pri			cogono se					DS	-	P					_	
Bilyana Kulakovska	1	Office A	dmir	istra	tor			1	1	A.			8/	26/1	9	
ASB-41 JUN 95															GAS	67

NOCK.		NOTIF	FICATIO	tate of N N OF ASI t to NJAC	BESTOS	ABATE	EMENT	1 (61)	C	EI	$\overline{\mathbb{W}}$	E	1	<u> </u>
Date of Notification (1) 8/27/2019				of Building			r (2)				Ŋ		Parcula	Appendix of square,
Agencies Notified Type Notification			Street A	Address WAYNE					AUG	3 0	2019			$\parallel$
□ DEP     □ Initial     □ X Amended     □ Amendment	# <u>1</u>		City, St	ate, Zip C	ode		-0 -0.00	AS	BESTO	S COM	VTAC	L &		PERSONAL PROPERTY AND
Emergency ( justification)  DCA  Cancellation	including		Name o	of Contact		R		L	Telepho 973-6	ne Nu	G nber	majad ap/		_
			FAC	ILITY INF	ORMAT	ION								
Name of Facility Where Abatement is Taking FORMER K-MART	Place (	3)					Туре	of Facility (4)						
Street Address 321 STADIUM PLAZA							X C	school (K-12 subchapter 8 other (i.e. pri tc.)	(Other th			dings,	, hom	es,
City (5) JERSEY CITY							Square		# of Floo	ors	E	Bldg. A	Age	
County (6) HUDSON				Code (7) USE ONL	)		Curren	nt Use (Prior	if being d	emolish	ned)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCN	M No.		11		ement Contr		CTIN	G. IN	 IC.		
Street Address						Street	Address							
City, State, Zip Code		58-72		1			itate, Zip	Code NJ 07512						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one No.		Lice	ense N	0.			
	Schedule 9/30/20		mpletion I	Date (11)		Name	of OSHA	A Monitor (9) ABOV		101				
Occupancy Status During Abatement (Check	Only Or	ne)		-			Address							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma  Other – Describe: VACANT	eriod of A	Abaten Hours	nent s		(Idea)	City, S	tate, Zip	Code	1	<u> </u>				
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Renova Demolit				×	Mini- Glov	Containment Enclosure ebag Proced Exempted (*	dure				۵	
	Is	Locati	ion									Abate	ement	t
Location of Asbestos-Containing Material (ACM)		lormal d Sole			Des	scription	of		22		-	ı y	ре	
TO BE ABATED In Facility (13)	Ma	intenar odial S (12)	nce/	Asbes (i.e.		aining M systems cing, VA niscellan	insulati T, or	on,	Amour (Specif SF or L	fy	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									7	te	
1ST FL & NE CORNER ROOM		X			TILE	& MAS	STIC		65,300	SF	Х			
										7/12/24				
Name of Registered Waste Hauler		80.00	JDEP W		Cubic `	0		Name of Re	gistered L	andfill				
TWO BROTHERS CONTRACTING		11 72	auler ID I 8743	INU.	of Was 250	ite		WASTE	MANAG	EME	NT G	.R.O	.W.	S.
City, State TOTOWA, NJ					Dispos 9/30/2	al Date		City, State MORRIS	VILLE, I	 PA	-101-11	**: N		
Completed by VIVECA RAMOS	Title PRO	JECT	COOR	RDINAT		ignature V	بالمراب ا	- La	19-2-	Dat 8/2	e 17/20	)19		

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

		NOT	IFICATI (Pursua	ON OF ASB	ESTOS AI 8:60 and	BATE 12:12	MENT D)		E C	E			2 Poet
Date of Notification (1) 8/1/2019			Name	e of Building (	Owner/Op 'ENTUR	erator	(2)		And Street, Street, or Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street,	-	NIOS TO SERVICE	***************************************	- Comment
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Ď DOH ☐	Emergency (includ justification) Cancellation	ing		of Contact VEN C. BE	RGER			V 10000	lephone N 3-696-4	umber	material and	· · · · · ·	-
Name of Facility Where Abate FORMER K-MART	ement is Taking Place	e (3)	FA	CILITY INFO	RMATION	N.	Type of Facilit						
Street Address 321 STADIUM PLAZA							School (F Subchape Other (i.e	ter 8 (Oth	er than K-	12) cial bu	ildings	, hom	nes,
City (5) JERSEY CITY						1	etc.) Square Feet		f Floors		Bldg. A		
County (6) HUDSON				y Code (7) E USE ONLY)		_	Current Use (F	Prior if bei	ng demolis	shed)			
Name of Monitoring Firm Hire N/A	d by Building Owner	(8)	ASC	CM No.	N	lame o	of Abatement C BROTHERS	ontractor	(9) RACTIN	IG II	NC:		
Street Address					S	treet A	Address REELAND A			.0,			
City, State, Zip Code					Ci	ity, Sta	ate, Zip Code WA, NJ 075						
Project Manager for Monitoring	g Firm		Telepho	one No.	Te	elepho	one No. 956-8700		License N	10.			
Start Date (10) 8/12/2019	9/2/2	019	mpletion	Date (11)	177775		f OSHA Monito E AS (9) AB						
Occupancy Status During Aba		50 - C. C. C. C. C. C. C. C. C. C. C. C. C.					ddress	W			-		
Facility Closed/Vacated D Abatement Performed Ou Other – Describe: VACAI	Itside of Normal Facil	f Abaten ity Hours	nent		Cit	ty, Sta	te, Zip Code						
Scope of Work (Check All Tha	t Apply)												
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	×	Renova Demolit				×	Full Containn Mini-Enclosus Glovebag Pro Non-Exempte	re ocedure					
		ls Locati Normal						l y and	TTOTT THAD		Abate Typ	ment	
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)	M M	sed Sole laintenar stodial S (12)	ly by nce/	(i.e. the	Descrip Containir ermal syst surfacing, ther misce	ng Mat tems in VAT,	terial (ACM) nsulation, or	(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
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TWO BROTHERS CONT		Ha	auler ID 3743	No.	f Waste 250	15			ed Landfill AGEMEI	NT G	.R.0	W.S	3.
City, State ΓΟΤΟWA, NJ				1000	isposal Da 2/2019	-	City, Stat	e [SVILLI	Ξ, PA				
Completed by /IVECA RAMOS	Title PRC	JECT	COOF	RDINATOR	Sighat	ture		20:	Dat	e /201	9		$\neg$

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-	Date of Notification (1)					11 .	og Owner/Operator			<u> </u>	19	<u></u>	-	area for
	8/27/19						AUDREY	KAHN						1
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	2 DOH	justification)				of Conta		· ·	Telephone Nu	mber	C			
	D DCA	D Cancellation					KAHN.					_	_	
-					FACI	LITY INF	ORMATION							
	Name of Facility Where A					٠		Type of Facility	(4)					
-	Ms.A	NDREY KA	NH	3				School (K-1	2)					
-	Street Address	7							8 (Other than K-1					
-					,			homes, etc.	rivate & commerc	191 DORON	ws.			
	City (5) .	•	1				•••	Square Feet	# of Floors	Bldg	. Age			
	· TEN!	FFLY			,			2200	2	1	95	0		
1	County (6)			T	County	Code (7	) (STATE USE		rior if being demo	olished)				
	R	FFLY CREEN			ONLY			TRE	SIDENL	5				
Ì	Name of Monitoring Firm	Hired by Building Own	er	ASCM	No.		Name of Abatem							_
1	(8)						Best Rei	moval In	C					
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1	Project Manager for Moni	toring Firm	Te	elephor	ne No.		Telephone No.		License No.					
-							201-329-	-7444 -	00388					
l	Start Date (10)	Scheduled G	omplet	ion Da	te (11)		Name of OSHA	Monitor	1					
1	9/6/19	9/	7/	19			Omega I	Environm	ental					
-	Occupancy Status During	Abatement (Check on	y one)	1			Street Address							
	☐ Facility Closed/Vacate	d During Entire Period o	of Abat	ement				ıyler St						
1	□ Abatement Performed	Outside of Normal Faci	My Ho	UTS	_		City, State, Zip C				*		rail or o	200-
	D'Other-Describe: 8		100	PM	11		S. Hac	ckensack	,N.J. 0	760.6				
Personal	Scope of Work (Check all	I that apply)				84	DEN	`ontoinment will	Negative Pressu	IFO.				
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.	□ ≥ 160 sf or ≥ 260 lf				☐ Den	notation	Ja Glow	ebag Procedure	d Non-Friable Pro	~oduta				
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	(13)			(12)			other miscellane	ous)			<u>a</u>	-	fate	6
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1	Name of Registered Was	te Hauler	NJ	DEPV	Vaste H	lauler	Cubic Yards of	Name of Regi	stered Landfill					
-	Best Remov			No.			Waste /			8			٠,	
1				17	109		24207	CUMBERL	AND COUN	IY LA	ND.	FIL	LL	ă.
	City, State						Disposal Date	City, State		-1				
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-	Completed by	Title					Signature	, -	,	Date	1	1		
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* Do not use this form for asbestos licensure exempted activities.

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 08 26 19 Thomas Montgomery Agencies Notified Type Notification Street Address AUU JU. **⊠** EPA **⊠** DOLWD ☐ Amended City, State, Zip Code ☑ DOH Amendment # ASBESTOS CONTROL & Moorestown, NJ 08057 ☐ DCA ☐ Emergency (including LICENSING (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Thomas Montgomery **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Montgomery Residence School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Moorestown 1,564 56 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Burlington Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Eagle Industrial Hygiene Associates, Inc. Shade Environmental, LLC Street Address Street Address 359 Dresher Road 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Horsham, PA 19044 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Larry Nagelberg 215-768-4681 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 05 / 19 09 / 09 / 19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-___PM/___ PM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or >3 If □ Renovation Mini-Enclosure ≥160 sf or ≥260 If ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Asbestos Containing Material (ACM) Remova Encapsulate Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Living Room, Foyer, Closet, Office  $\boxtimes$ Floor Tile 410 SF Bathroom  $\boxtimes$ Floor Tile and Leveler 20 SF  $\boxtimes$ Foyer, Closet, Bathroom, Office X Sheetrock and Joint Compound 240 SF П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Freehold Cartage Hauler ID No. Waste Fairless Landfill 15939 6 City, State Disposal Date City, State Freehold, NJ 09/09/2019 Morrisville, PA Completed By (Print or Type) Signature Date Christina Fay Vice President of Operations 8/2019 ASB-41 **JAN 13** 

State of New Jersey

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

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Date of Notification (1)				1		ng Owner/Operator	3 77 2		AUG 3	40 20216	-	,	The same of
8/	28 / 1	9		Ne	w Jersey	/ Turnpike Author	rity / Job #	1908	5526 Check	# []	u,	14	
Agencies Notified	Type Notification	1		Stree	t Address				ASBESTOS			8	
⊠ EPA ⊠ DOLWD				11	Turnpike	Plaza	Ĺ		LICEN	ISING	*******	anadahan	
☑ DOLWD ☑ DHSS	Amendment :	#			State, Zip								
□ DCA	☐ Emergency (i		- Iq	Wo	oodbridg	e, NJ 07095							
(NJAC 5:23-8)	justification)		~	Name	e of Contac	ct			Telephone Num	nber			
	☐ Cancellation			Jos	seph Livi	ingston			732-750-530	00 x82	276		
				FA	CILITY II	NFORMATION							
Name of Facility Where A	batement is Takir	ng Plac	e (3)				Type of Faci	lity (4	1)		- 771-177		
PNC Bank Arts Cen	ter						School (H	(-12)					
Street Address									(Other than K-12		9.00	27.	
Garden State Parkw	ay Milepost 11	6.0					homes, e	., pri	vate and comme	ercial bi	ullain	gs,	
City (5)							Square Feet		# of Floors	В	dg. A	ge	
Holmdel													
County (6)				Cour	nty Code (	7)(STATE USE ONLY)	Current Use	(Prio	r if being demoli	shed)			_
Monmouth							Concess		3	50000 M2			
Name of Monitoring Firm I	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor	(9)					
N/A						AbateTech, I		. ,					
Street Address						Street Address							
						30 Maple Ave	. PO Box 2	5					
City, State, Zip Code						City, State, Zip Co							
						Lumberton, N	J 08048						
Project Manager for Monit	oring Firm		Tele	phone	No.	Telephone No.		200	License No.				
						609-265-2107			00529				
Start Date (10)		duled C	omple	tion Da	te (11)	Name of OSHA M	lonitor						_
9 / 9 /		9_/	_ 20	_ / _	19	EMSL Analyti	ical						
Occupancy Status During	Abatement (Chec	k only	one)			Street Address							1-10
☐ Facility Closed/Vacated	During Entire Pe	eriod of	Abate	ment		200 Route 13	0 North						
Abatement Performed	Outside of Norma					City, State, Zip Co	de					-	
Time of Abatement:	AMP	M/	PM-		AM	Cinnaminson	, NJ 08077						
Scope of Work (Check all t	that apply)					1							
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Completed By (Print or Type) Lauren Welch

AbateTech, Inc.

Lumberton, NJ

Asst. Operations Coordinator

18750

Signature

City, State

G.R.O.W.S. Landfill

Tullytown, PA

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Waste

20 Disposal Date

9/28/19

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Project Manager for Monit	oring Firm			Tel	ephone	No.	Tele	phone No.			Lic	ense	No.				
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Project Manager for Monitor	ring Firm			Te	lephon	e No.	Tel	lephone No.			L	icense	No.				
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Street Address				1024016			St	reet Address						5-15 E.G.	
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