Inv 163333 CK 1895

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

Name of Londoning Firm Hired by Building Owner (8) ASCM No. Name of Abstement Contractor (9) Square Feet Following District Country (9) Bargen Project Mark Joyle Consulting LiC Country (9) Bargen Project Mark Joyle Consulting LiC Country (9) Bargen Project Mark Joyle Consulting Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abstement Contractor (9) Street Address St										Alteria	DEC	-2	201	8	111
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DOUMD		Type Notifica	tion			Street	Address							OL 8	ž.
DOH						1 Sc	ony Drive)		<u>_</u>		ICENSI	NG H	umstantischen	Contracti
Date County Code (7)/STATE USE ONLY) Commercial County Code (7)/STATE USE ONLY) Commercial County Code (7)/STATE USE ONLY) Courrent Use (Prior tri being demolstand) Street Address 200 Old Tappan Road County Code (7)/STATE USE ONLY) Courrent Use (Prior tri being demolstand) Street Address County (Code (7)/STATE USE ONLY) Current Use (Prior tri being demolstand) Street Address Str	Cont.				ĺ	City, S	tate, Zip C	ode							
Name of Facility Where Abatement is Taking Place (3)		The state of the second	_			Parl	k Ridge,	NJ 07656							
Cancellation				auung	37	Name	of Contact			-	Telephone Nu	ımber			
Name of Facility Where Abatement is Taking Place (3)	,	11						ennie			718-530-3	103			
Name of Facility Where Abatement is Taking Place (3)						FAC	ILITY IN	FORMATION			L				
School (K-12) Street Address Stree	Name of Facility Where A	Abatement is Ta	aking	Place	(3)			· Ortination	Т	Type of Facility (4)				
Subchapter 8 (City for tune Nature Subchapter 8 (City for tune Nature Facility Closed Vacated During Entire Period of Abatement Abatement Check all that apply) State Did (City Code (Tity State Lity Code (Tity C					,				- 1						
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County (6) Bargen Renovation Steel Address Street Address Stre		ies Notified A LWD H A AC 5:23-8) Type Notification Initial Amended Amendment #1 Emergency (inclusive justification) Cancellation								oquaio i coi	# 011 10013	15	ug. Aş	,0	
Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	0.75.75	ancies Notification (1) 11					ty Code (7)	(STATE LISE ONL)	w l	Current Hee /Pri	or if being dem	olished)			
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC Street Address 87 Main Street, Suite A City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Mark Jovic Stan Date (10) 11 / 27 / 19 10 1 / 31 / 19 Stenduled Completion Date (11) 11 / 27 / 19 10 1 / 31 / 19 Cocupancy Status During Abatement (Check only one) Start Date (10) Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Am- PM/ PM- AM Store Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 Street Address 27 Outwater Lane Lincoln Park, NJ 07035 Telephone No. 1188 Stan Date (10) 11 / 27 / 19 01 / 31 / 19 Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 Street Address 27 Outwater Lane City, Stat						Journ	ty oode (r	NOTATE COL CIVE	"	odirent ose (i ii	or it being derin	olisi ieu)			
Mark Jovic Consulting LLC Street Address Street Address 27 Outwater Lane City, State, Zip Code City, State, Zip C		Hired by Ruild	ing O	wner (8)	ASCM	No	Name of Ahate	me	nt Contractor (9)		_			-
Street Address 27 Outwater Lane City, State, Zip Code City, State, Zip			ing O	wiici (٦	/ 1001vi i	10.	Name and the second of the second of			C				
27 Outwater Lane		ing LLO		-						AGENTENT E				_	_
City, State, Zip Code		te A								ano					
Company Status During Abatement (Check only one) Scheduled Completion Date (11) 11 27 19 Scheduled Completion Date (11) 11 10 11 10 11 10 11		ic A						3504 3730000000	-						_
Project Manager for Monitoring Firm Mark Jovic 973-650-0932 973-928-4888 1188		ate of Notification (1) 11													
Mark Jovic 973-650-0932 973-928-4888 1188					Tolo	nhone l	No			77020	Liconco No				_
Start Date (10)	를 하는 경영화 전에 발표하는 경우 (Particle States) (1997년 1997년	itoring i iiiii			1										
11		encies Notification (1) 11						The second section of the second	450000	onitor	1100				
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM ☐ City, State, Zip Code ☐ Garfield, NJ 07026 ☐ City, State, Zip Code ☐ Garfield, NJ 07026 ☐ City, State, Zip Code ☐ Garfield, NJ 07026 ☐ City, State, Zip Code ☐ Garfield, NJ 07026 ☐ City, State, Zip Code ☐ Garfield, NJ 07026 ☐ City, State, Zip Code ☐ Garfield, NJ 07026 ☐ City, State, Zip Code ☐ Garfield, NJ 07026 ☐ City, State, Zip Code ☐ Garfield, NJ 07026 ☐ City, State, Zip Code ☐ Garfield, NJ 07026 ☐ City, State, Zip Code ☐ Garfield, NJ 07026 ☐ City, State, Zip Code ☐ Garfield, NJ 07026 ☐ City, State, Zip Code ☐ City, State ☐ City,	The second of th	gencies Notified EPA													
Secondary Sec		DOLWD DOH DOCA (NJAC 5:23-8) Initial Amended Amendment #1 Emergency (includi justification) Cancellation Cancellation Cancellation Cancellation Cancel								WAGEINER! EI					
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/_PMAM		me of Facility Where Abatement is Taking Place Commercial eet Address 200 Old Tappan Road y (5) Dld Tappan unty (6) Bergen me of Monitoring Firm Hired by Building Owne Mark Jovic Consulting LLC eet Address B7 Main Street, Suite A y, State, Zip Code Lincoln Park, NJ 07035 Diect Manager for Monitoring Firm Mark Jovic art Date (10) Cupancy Status During Abatement (Check only Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Faci Time of Abatement: AM- PM/ Dope of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Ye str, West, Center Stairways Were Level- Data Center													
Time of Abatement:AMPM/PMAM Garfield, NJ 07026 Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ Renovation □ Demolition □ Glovebag Procedure □ Normally Used Solely Used Solely Used Solely (12) Yes No N/A East, West, Center Stairways □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □							cribe								
Scope of Work (Check all that apply) Same Full Containment with Negative Pressure Mini-Enclosure Mable Mount Mini-Enclosure Mable Mini-Enclosure Mable Mini-Enclosure Mini-Enclosure Mable Mini-Enclosure Mini-Enclosure Mable Mini-Enclosure Mini-Enclosure Mable Mini-Enclosure Mini-Enclosure Mable Mini-Enclosure Mini-Enclosure Mable Mini-Enclosure Mini-Enclosure Mable Mini-Enclosure Mable Mini-Enclosure Mini-Enclosure Mable Mini-Enclosure Mini-Enclosure Mable Mini-Enclosure Mable Mini-Enclosure Mable Mini-Enclosure Mable Mini-Enclosure Mable Mini	Time of Abatement:	AM	PM	/	PM-		AM								
Saf or ≥3 If Renovation				<i>//</i>				Garrield, N	J	17026					
Saf or ≥3 If Renovation	Scope of Work (Check at	that apply)						□ Full C	onta	ainment with Neo	ative Pressure				
Source Containing Material (ACM) See Sole Volume Containing Material (ACM) Asbestos Containing Material (ACM) Amount (Specify SF or LF) See Sole Volume Containing Material (ACM) Amount (Specify SF or LF) See Sole Volume Containing Material (ACM) Amount (Specify SF or LF) See Sole Volume Containing Material (ACM) Amount (Specify SF or LF) See Sole Volume Containing Material (ACM) Amount (Specify SF or LF) See Sole Volume Containing Material (ACM) Amount (Specify SF or LF) See Sole Volume Containing Material (ACM) Amount (Specify SF or LF) See Sole Volume Containing Material (ACM) Amount (Specify SF or LF) See Sole Volume Containing Material (ACM) Amount (Specify SF or LF) See Sole Volume Containing Material (ACM) Amount (Specify SF or LF) See Sole Volume Containing Material (ACM) Amount (Specify SF or LF) See Section Containing Material (ACM) Amount (Specify SF or LF) See Section Containing Material (ACM) Amount (Specify SF or LF) See Section Containing Material (ACM) Amount (Specify SF or LF) See Section Containing Material (ACM) Amount (Specify SF or LF) See Section Containing Material (ACM) Amount (Specify SF or LF) See Section Containing Material (ACM) Amount (Specify SF or LF) See Section Containing Material (ACM) Amount (Specify SF or LF) See Section Containing Material (ACM) Amount (Specify SF or LF) See Section Containing Material (ACM) Amount (Specify SF or LF) See Section Containing Material (ACM) Amount (Specify SF or LF) See Section Containing Material (ACM) Amount (Specify SF or LF) See Section Containing Material (ACM) See								☐ Mini-E	Encl	osure					
S Location of Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A	<u>≥</u> ≥160 sf or ≥260 lf			⊠ De	molitic	on					n Friable Proce	dure			
Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A			—т	Is	Locat	ion	Ι	⊠ Non-L	LAGI	inpled () and No	II-I Hable Floce		actom	ont T	·/DO
Yes No N/A	Location	of					ļ	Descriptio	n of	.			_		-
Yes No N/A)									l em	ep.	nca	ncl
Yes No N/A							(i.e					ove	ai-	sde	uso
Yes No N/A	1800 C C C C C C C C C C C C C C C C C C		-			D-0000000	-				0. 0. 2. 7	-		ılate	9
Lower Level- Data Center				Yes	No	N/A								(D	
Lower Level- Data Center Locker Room	East, West, Center S	tairways					Caulk o	n Stair String	jer		310 LF				
Lower Level- Data Center Locker Room	Lower Level- Data Co	enter		П	П	Ø	Mastic.	Carpet Tile			650 SF	X	П	П	П
Lower Level- Loading Dock Office	Lower Level- Data Cent	er Locker Roc	om					•		-1 8441-			+	=	1
Name of Registered Waste Hauler Century Waste, LLC City, State Elizabeth, NJ Completed By (Print or Type) NJDEP Waste Hauler ID No. 32797 Name of Registered Landfill Fairless Landfill City, State TBD Name of Registered Landfill Fairless Landfill City, State TBD Morrisville, PA Signature Date					_	-	Vinyi S	neet Flooring	an	d Mastic	450 SF		-	П	
Century Waste, LLC Hauler ID No. 32797 Waste As Needed Disposal Date Elizabeth, NJ Completed By (Print or Type) Title Hauler ID No. 32797 Disposal Date TBD Morrisville, PA Signature Date			е				VAT/Ma	stic			450 SF				
City, State City, State Elizabeth, NJ Completed By (Print or Type) Title Signature Disposal Date City, State Morrisville, PA Signature Date	Name of Registered Was	ste Hauler			3335				f	Name of Regis	tered Landfill				
City, State Elizabeth, NJ Completed By (Print or Type) Title Disposal Date TBD Morrisville, PA Date								100 miles (100 miles (1	Fairless La	andfill				
Completed By (Print or Type) Title Signature Date	City, State									City, State					
Completed By (Print or Type) Title Signature Date	Elizabeth, NJ							TBD		Morrisville	, PA				
								Signature)	1		Date	_		
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DEC -2 2019

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET

<u> </u>				(Pursuant to NJAC 8-60-7 AND 12:120 7) CONTINUATION SHEET	.			-	AS	BESTOS CONTROL &
				200 Old Tappan Road, Old Tappan, NJ		Abateme	nt Type			LICENSING
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No.	s Locat rmally Solely itenandial Staf	Used by :e/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i	E n c a p s u l	E n c o s u r e	
ll awar lavel laves Character	Yes	No	N/A							
Lower Level- Large Storage Room near Loading Dock			v	VAT/Mactic	1 500 55	V				
1st Floor- Game Room	-	\vdash	X	VAT/Mastic vinyl sheet flooring and mastic	1,500 SF 4,700 SF	X		_		
	-	-	^	viriyi sheet hooting and mastic	4,700 3F	_^				
1st Floor- Center Server Room			Х	VAT/Mastic	160 SF	х				
1st Floor- Kitchen			Х	Hood Exhaust Duct Gaskets	60 LF	Х				
1st Floor- Kitchen			х	Mastic assoc. with Reinforced Fiberglass Wall Panels	2,000 SF	х				
2nd Floor- Center Alcove			х	VAT/Mastic	1,000 SF	x				
2nd Floor- Center IT Room			Х	VAT/Mastic	160 SF	Х				
2nd Floor- Northeast Area 2nd Floor- Northwest Offices			X	Mastic, Carpet and Mastic beneath leveling compound VAT/Mastic	2,700 SF 800 SF	X				*
Roof- Office Building	\vdash	\vdash	X	Perimeter Glashing	1,700 SF	X				
Office Building- Foyer Roof	-	-	X	Built-Up Roofing and tar	150 SF	X		-		
Office Building- Lower Level Restrooms			х	Mirror Mastic	20 SF	х				2
	_	F								
	-	-					-		-	
	-	-	_		1		-			

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allen Monchik	Date: 11/26/19
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Time llonga		io.	24.1			. 4					0	
K3199	,	NOTIF		to was a	Jersey STOS ABAITE :60 and 12:12	MENT	B	EC		V		int
Date of Notification (1) 11/25/19		-	Name of		wner/Operato uctive Ren		LLC	DEC	- 2	201	19	And and an in particular
Agencies Notified Type Notification	****		Street A	ddress 90	00 S. Front	age Rd.	Suite 105	ASBEST	OS CC	INTE	ROL	8
EPA Initial Amended Amended Amendment Emergency	***************************************		Woo	ite, Zip Cod odridge,	le IL 60517		lossoconos.	B-11	adventures of the	HG	n standard and a	ine.e
DOH justification DCA Cancellation			Er	Contact ic Plackis	DISTICN		168	732-899-				_
Name of Facility Where Abatement is Takir	g Place (3	3)	PAGE	LITY INFO	RMATION	Type of F	acılıty (4)					
Street Address						Subs	ool (K-12) chapter 8 (Other er (i.e. private (ings,	home	95,
Eatontown						Square F	eet #ol	Floors		ldg. A	ge	
County (6)			County (Code (7)		Current U	se (Prior II bei	2 ng demolish		03		_
Monmouth				USE ONLY)		1	Family Home					
Name of Monitoring Firm Hired by Building	Owner (8))	ASCN	I No.	Name		ent Contractor					
Street Address					Stree	t Address	dustries, Inc.					-
							PO Box 915	5				232
City, State, Zip Code						State, Zip C						
Project Manager for Monitoring Firm		1	Telepho	ne No.		Brick, NJ 0 hone No.	0123	License N	lo.			_
						732-899-7	499	01	196			
Start Date (10) 11/25/19	1,450	ied Co 3/19	mpletion i	Date (11)	Name	of OSHA N	Monitor					
Occupancy Status During Abatement (Che			W		Stree	t Address					-	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of	Abate			City,	State, Zip C	ode			-	-	
Scope of Work (Check All That Apply)		-		-			44			100000000000000000000000000000000000000	-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renav Demal				Mini-Er Gloveb	ntainment with nclosure ag Procedure kempted (*) an	400 FOR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			e	
	ls	s Loca	tion				1	0 11611111111		Abate	ement	
Location of		Norma ed Sol]	Description			mount	-	19	pe	T
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	aintena stodial (12)	snce/ Staff?		os Containing thermal system surfacing, V other miscella	ns insulation AT, or	. (\$	Specify For LF)	Removal	Repair	Encapsulate	Water Street,	
	Yes	No	N/A X	Dino II	nsulation		61	F	X			H
		 	1-	ripe ii	isulation							-
Name of Registered Waste Hauler		1.00	NJDEP W		Cubic Yards	N.	ame of Registe	ered Landfil	1			-
Brick Industries, Inc.		Hauler ID 21602	1	of Waste 2		Grows N	lorth Lan	ndfill	<u> </u>			
City, State					Disposal Date 12/3/19	e Ci	ty, State		DΛ			
Brick, NJ	Title				Signatur		Mo	rrisville, l	PA	-		
Completed by	inte	_			Signasul	£_		104	11/25/	19		

President

Eric Plackis

INVILLEY.			5		State of N	lew	dersey	,				-	-
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Date of Notification (1)			ě			_	wner/Operator ((2)	1	. 1	000	a .	
/	19	_		Ri	chard Gil	mai	n		U L DEC	; -2	201	9	lan'
Agencies Notified Type Notif	ication			Stre	et Address						lesista e de la companya de la comp		
☐ EPA ☐ Initial ☐ Amend	a al								ASBEST	OS CC	NTR	OL&	
	ea ment#			City,	State, Zip	Cod	е	la	ĥ.	OLIVO	1 + 1.3 ~	and the second	etud-aundr
☐ DCA ☐ Emerge		luding	g	_	enderson,		/ 89015					-w .j-	
(NJAC 5:23-8) justifica				777.000	e of Contac				Telephone Nu	ımber			
Cancel	ation			1 1000	chard Gil								
Name of Facility Where Abatement is	Taking	Dlage	(2)	F/	CILITY II	NFC	RMATION		, n	11010			
Residence	Taking	Place	÷ (3)					Type of Facility School (K-12					
Street Address								Subchapter 8		12)			
								Other (i.e., po homes, etc.)		nercial b	ouilding	gs,	
City (5)	-22.00				100	1	¬ . /	Square Feet	# of Floors	E	Bldg. A	ae	
Cherry Hill					()3(10	JC/	2,806	2		61	3-	
County (6)				Cou	inty Code (7	7)(ST	TATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Camden							**	Residence					
Name of Monitoring Firm Hired by Bu				ASCN	1 No.	Na	ame of Abateme	ent Contractor (9)					
Management & Enviro. Consu	ulting S	ervi	ces				Shade Enviro	onmental, LLC					
Street Address						1	reet Address						
PO Box 341						-	623 Cutler Av					-	
City, State, Zip Code						1	ty, State, Zip Co						
Chesterfield, NJ 08515 Project Manager for Monitoring Firm			To	onhone	No	-	Maple Shade,	, NJ 08052	T1:N-				
Bill Weisgarber			1	ephone	8-4070		elephone No. 856-755-0099		License No.				
Start Date (10)	Schedu	led C					ame of OSHA M	<u> </u>	00042				
12 /05 /19					19	5.00	EMSL Analyti						
Occupancy Status During Abatement	(Check	only o	one)			Str	reet Address						
☐ Facility Closed/Vacated During En						2	200 Route 130	0 North					
Abatement Performed Outside of N Time of Abatement: AM-					scribe	Cit	ty, State, Zip Co	ode					
A STATE OF S						(Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply)							☐ Full Conta	ainment with Neg	ative Pressure				
\boxtimes \ge 3 sf or \ge 3 lf \boxtimes \ge 160 sf or \ge 260 lf		⊠ Re ☐ De	nova molit				☐ Mini-Encl ☐ Glovebag	osure Procedure					
±/		lo	Loca	tion	T		Non-Exer	mpted (*) and Nor	n-Friable Proced	- 1			
Location of		N	Norm:	ally			Description of	F		10.00	pateme		7.5
Asbestos-Containing Material (ACI	M)			ely by ance/			Containing Mat	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility			odial	Staff?	(i.e		ermal systems in surfacing, VAT,		(Specify SF or LF)	SVOL	air	apsı	uso
(13)	-		(12)	The section of	-		ther miscellaned		01 01 11)	=		ulate	ē
Kitchen		Yes	No	N/A	Floor Ti	ilo			168 SF				\exists
111011011	- 1	=			1 1001 11	iie.			100 3F				믬
	- 1	=											퓌
	- 1	=											믬
Name of Registered Waste Hauler				NJDEP	Waste	Cul	bic Yards of	Name of Regist	ered Landfill				븨
Freehold Cartage				Hauler I	D No.	10000000	iste	Fairless La					
City, State				1000		-	posal Date	City, State					
Freehold, NJ						1	2/09/2019	Morrisville,	PA				
Completed By (Print or Type)	Title						Signature	,)	1	Date			
Christina Fay	Vic	e Pre	eside	ent of	Operation	าร	mita	Hay/		11/2	Leac	Ole Control	

Jnv-11	dH2	9			9 S	tate of N	ew Jersey			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
CK CODE	4	y	NOT				BESTOS ABA C 8:60 and 5:1		DE) E			-In
Date of Notification (1)	9				Name	of Buildin	g Owner/Operator	(2)	Tri				
11 /	26 /	19			Jol	hn Lange			II DE	C - 2	201	9	IL
Agencies Notified	Type Notific	ation	7.5		Stree	t Address			4				1
⊠ EPA								- Distriction	ASBES	STOS C	ONTR	01.8	
⊠ DOLWD	Amende				City,	State, Zip 0	Code			LICENS		040	
☑ DOH ☐ DCA	Amendm Emerger				Мо	orestown	n, NJ 08057				No application	parents rurain.	Lating to the Control
(NJAC 5:23-8)	justificati		ciuumi	9	Name	of Contac	t		Telephone N	Number			
3.000	☐ Cancella				Jol	nn Lange	l		. —				
					FA	CILITY IN	IFORMATION						
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility	(4)				
Langel Residence								School (K-1)		((0)			
Street Address								☐ Subchapter ☐ Other (i.e., p			ouilding	gs,	
						0		homes, etc.					
City (5)								Square Feet	# of Floors	I	Bldg. A	.ge	
Moorestown								4,857	3		148		5
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being den	nolished)			
Burlington								Residence					
Name of Monitoring Firm				20/02/04 10/2	ASCM	No.	Name of Abatem						
Management & Env	iro. Consul	ting :	Servi	ces				onmental, LLC					
Street Address PO Box 341							Street Address						
			V. 1				623 Cutler A						
City, State, Zip Code Chesterfield, NJ 088	515						City, State, Zip C						
Project Manager for Moni				Tolo	nhana	No	Maple Shade	, NJ U0U3Z	11: N-				
Bill Weisgarber	toring Film				phone	-4070	Telephone No. 856-755-0099	·	License No 00842).			
Start Date (10)		Schod	ulad C			te (11)	Name of OSHA N		00042				
12 / 05 /	to the second of the					19	EMSL Analyt						
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate					ment		200 Route 13	0 North					
☐ Abatement Performed						cribe	City, State, Zip Co						-
Time of Abatement:	AM	PN		PM-		AM	Cinnaminsor						
Scope of Work (Check all	that apply)							,					
M > 2 - 4 - 4 > 2 If			[Z] D.					tainment with Neg	gative Pressure	9			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				novati				losure g Procedure					
				21.03700303				mpted (*) and No	n-Friable Proc	edure			
				Locat						A	batem	ent T	уре
Location Asbestos-Containing N		,		Norma d Sole		Acho	Description of stos Containing Ma		Amount	7	Re	m	m
TO BE ABA	TED	'	Ma	intena	nce/		, thermal systems		(Specify	Remova	Repair	Encapsulate	Enclosure
IN Facilit (13)	y		Cust	todial ((12)	stan?	9/	surfacing, VAT		SF or LF)	<u> </u>		sula	sure
(13)			Yes	No	N/A	1	other miscellane	ous)	1. *			ate	
Basement above Mair	n Beam					Pipe Ins	sulation		2 LF	×			
Basement on Main Be	am			\boxtimes		Heat Sh	ield		24 SF				
Basement above Water	er Heater					Heat Sh	ield		24 SF	×	ıП	П	П
				П									$\overline{\Box}$
Name of Registered Wast	e Hauler				JDEP \	Naste	Cubic Yards of	Name of Regis	stered Landfill		, _		
Freehold Cartage				11.00	auler II	O No.	Waste	Fairless La					
City, State					15939	,	1 Disposal Date	City, State			- "-		
Freehold, NJ							12/06/2019	Morrisville	, PA				
Completed By (Print or Ty	pe)	Title			-		Signature)		Date			
Christina Fay		SECTION SAV	ce Pr	eside	nt of (Operation	1	a Laul		- STEELING SERVICE	20/	19	

Invila	408	5	NOT	ΓΙFΙC	ATIO	NOF AS	lew Jersey BESTOS	ABAT	EMENT	100		C	E	7		3 F	a l
Allos 1				(P	ursua	int to NJ	4C 8:60 an	d 5:10	6)			<u>(0)</u>	느ᆜ	1	/ 15	-	
Date of Notification (1)					Nam	e of Buildir	ng Owner/Ope	erator (2)	M							
11/	26 /	19			Ur	nited Stat	es Air Forc	е				DEC	- 2	20	19		1
Agencies Notified	Type Notific	cation			Stree	et Address				kort ku	1						
⊠ EPA					Mo	Guire Ai	r Force Bas	se	-		1000		OS C	TALL	D/1	2.	
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⊠ DOH □ DCA	Amendm			_			n, NJ 0864	1	lm.	particular services	9605354343	aganat an Jeda	MANAGEMENT OF	thurs in 235h	O DOUBLE SHAPE	min-et-disse	- Contract
(NJAC 5:23-8)	☐ Emerger justificat	ion)	ciuain	g	-	e of Contac	. 55				Telep	hone	Numb	er			
08 - 020-00000 50-000-00000000000000000000	☐ Cancella				Xa	vier Won	g - Sequoia	Cons	struction				-6662				
					FA	CILITY IN	NFORMATIO	ON									
Name of Facility Where A	batement is	Taking	Plac	e (3)		711111111111111111111111111111111111111			Type of Facil	lity (4	-)						
McGuire Air Force E	Base - Buil	ding E	B320	9					School (K	(-12)							
Street Address									Subchapt	er 8 (Other	than	K-12)	ial bu	. حالمان		
McGuire Air Force E	Base								Other (i.e homes, e		rate at	ia coi	nmerc	iai bi	ıllalıng	JS,	
City (5)						001	. 11		Square Feet		# of	Floors	3	BI	dg. A	ge	
Wrightstown					(180	7-11		20,000		2				85		
County (6)					Cou	nty Code (7	7)(STATE USE (ONLY)	Current Use	(Prior	r if bei	ng de	molish	ed)			
Burlington									Governm	ent	Build	ling					
Name of Monitoring Firm I		- 5		S 83	ASCM	l No.	Name of Al	pateme	ent Contractor	(9)							
Mgmt. & Environme	ntal Consu	lting :	Serv	ices			Shade E	Enviro	nmental, Ll	_C							
Street Address							Street Addr	ess									
PO Box 341		7-2-					623 Cut	ler Av	enue								
City, State, Zip Code	222						City, State,	Zip Co	de								
Chesterfield, NJ 085							Maple S	hade,	NJ 08052								
Project Manager for Monito	oring Firm				ephone		Telephone	No.			Licer	nse N	0.				
Bill Weisgarber						3-4070	856-755				00	842					
Start Date (10) 12 /09 /				(5)		ate (11)	Name of OS										
				- 25	<u> </u>	19	EMSL A	nalyti	cal, Inc.								
Occupancy Status During							Street Addre										
☐ Facility Closed/Vacated ☐ Abatement Performed (: 1	200 Rou										
Time of Abatement:	AM-	PM	-aciiit /	y nou PM:	rs - Des -	AM	City, State,										
	7,0						Cinnami	inson,	NJ 08077								
Scope of Work (Check all t ≥3 sf or ≥3 If ≥160 sf or ≥260 If	пат арріу)	102	200	novat			⊠ Mir ⊠ Glo	ni-Enclo	ainment with Nosure Procedure npted (*) and I								
	21			Locat										Aba	ateme	nt T	уре
Location of Asbestos-Containing M		n		d Sole		Ache	Descrip stos Containir				۸		ĺ	Re	Re	E	Ē
TO BE ABAT	ED	"	Ma	intena	ince/		, thermal sys					nount pecify		Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	(12)	Staff?		surfacing,					or LF		val		sula	sure
(15)			Yes	No	N/A	1	other misce	ellaneo	us)							ate	
Bathroom						Tank In:	sulation			+	90) LF					
Mezzanine						Pipe Ins	sulation (Wi	rap &	Cut)	+	27	0 LF				П	П
Bathroom					Pipe Ins		- F	,	+	7270330						H	
							uiauUiI			-	10	0 LF			Ш	Ш	
Name of Registered Waste	Haule -					<u> </u>											
Freehold Cartage	nauler			1 3.55	JDEP \ auler II 15939	O No.	Cubic Yards Waste 5	of	Name of Reg			ndfill					
City, State							Disposal Dat		City, State								
Freehold, NJ							12/20/201	19	Morrisvil	le, P	Α						
Completed By (Print or Typ	e)	Title					Signatu	ire	. /				Date				
Christina Fay		Vic	e Pr	eside	nt of (Operation	is ()	too	fan/				11	20	20	1	

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Inv-14	219		or the state of	State	OTNOW JOH ASBESTO	ey L	SENTE .		EGI		\mathbb{W}	E	7
CKBVI	7	NOT	(Purs	uant to	NJAC 8:60 a	ind 12:120))	- 112					-
Date of Notification (1)	11/22/19		Na	me of Bi	ilding Owner Linda R		(2)		DEC	-22	2019	-	4
Agencies Notified	Type Notification		Str	eet Addi	ess				ASBESTO	o con	TOO	2	_
EPA DEP	Initial Amended		Cit	y, State,	Zip Code t, NJ 0773	30		Legan		ENSIN			
-	Amendment # Emergency (in justification)		Na	me of C	The second second second				Telephone Nur	nber			
DOH DCA	Cancellation				Plackis	TION				- 10 II II 1000	-		_
Name of Facility Where At	patement is Taking	Place (3)		FACILI	TY INFORMA	ATION	Type of	Facility (4)	A STATE OF THE STA				
vame or racinty where ri							T 5	hool (K-12) bchapter 8 (Other than K-1	2)			
Street Address							Ot etc	her (i.e. priva	ate & commerci	al buildir			
City (5)	azlet						Square 160		# of Floors 1	Bid	lg. Age 6	2	
County/6)			Co	ounty Co	ide (7)		Current	Use (Prior il	being demolis	hed)			
Monmout	th		(S	TATE US	E ONLY)			ome	. 101				\dashv
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM I	¥0.	Name		ment Contra					
						Stree	# Address	Industries,	IIIC.				
Street Address								PO Box	915				
City, State, Zip Code						City,	State, Zip	Code					
ony, cancer are					- many characters		Brick, N.		License	Vo.			-
Project Manager for Moni	toring Firm		T	elephon	e No.	lelep	732-899			1196			
		Scheduled	Comr	Metion D	ate (11)	Nam		A Monitor					
Start Date (10) 11/23/1		11/30	/19	ACTION D	J								
Occupancy Status During						Stree	et Addres:	S					
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norn	Period of At nal Facility I	oateme -lours	ent		City,	State, Zig	o Code					
Scope of Work (Check A ≥3 sf or ≥3 ff ≥160 sf or ≥260 ff	II That Apply)	Street St	enovat				H Min	i-Enclosure	nt with Negative dure (*) and Non-Fri		cedure	3	
		le l	Locatio	20							Abate Ty	ment	
Asbestos-Containing TO BE AB	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility Use					Descripti Containing ermal syste surfacing. ' ther miscel	g Material ems insula VAT, or	(ACM) ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A					0.5005		-		-
				X	Floor ti	ile			350SF	X	-		-
										-	-		-
										-	+		+
Name of Registered Wa	aste Hauler			JDEP V		Cubic Yard of Waste	ls		Registered Land			iller eed oo	
			F	lauler ID 21602		3			ws North L	andfill			
Brick Industrie	es, mc.		l_			Disposal D 11/30		City, State	Morrisville	· DΛ			
Brick	, NJ								IVIOITISVIIIE	Date			-
Completed by		Title	Г.	ooido:	.+	Signa	5		-		22/19)	
Eric P	Plackis		Pr	esiden	it					-			

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Date of Notification (1)	11/20/19			Name	of Building	Owner	/Operate	r (2)	nageme	nt II C	DEC	- 2	-20	19
Agencies Notified	Type Notification			1	Address							-	erioupsa	in Circle
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DEP X DOL	Amended Amendmen	[#		City, Si	tate, Zip C	ode Hot	ooken,	NJ C	07030		=			
□ DOH	Emergency justification		3		of Contact		-			Telephone	Number		-	
☐ DCA	Cancellation			E	Eric Plack	is					99-7499			
Alama of Engility 18/horn A	bataman in Tali	- 51	(0)	FAC	CILITY INF	ORMA	TION	,						
Name of Facility Where A	batement is Takir	ng Place ((3)					Тур	e of Facility	/ (4)				
Street Address 872 Be	rgen Avenue								Other (i.e	-12) er 8 (Other than i private & comm	K-12) ercial bu	ildings	, hom	ies,
City (5) Jersey Cit	у							Squ	etc.) are Feet	# of Floors	<u> </u>	Bidg.	Age	
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Hudson					USE ONLY	n				ent Building	usiat RU)			
Name of Monitoring Firm I	lired by Building	Owner (8)	ASC	M No.		Name			ontractor (9)				
								Bri	ick Industr	ries, Inc.				
Street Address							Street	Addre		William Annual Control of the Contro			-	
City, State, Zip Code			_				-		-	Box 915				
my, State, Lip Code									Zip Code					
roject Manager for Monit	oring Firm		T	Telepho	one No		Teleph	-	NJ 08723	Licens	n Na			
ooste akun essonem #550. Tet 1957 ili 57			on the same of	. u. upi N			1	100	99-7499	Goens				
tart Date (10)		Schedui	ed Cor	mpletion	Date (11)				HA Monito	r	01196	-		-
11/21/19		12/	5/19	\$10.7 cm207 m										
occupancy Status During							Street.	Addre	ess					
Facility Closed/Vacat Abatement Performer Other – Describe.	ed During Entire I d Outside of Norn	Period of nal Facility	Abater y Hour	ment s	3		City, S	tate, 2	Zip Code				-	
Scope of Work (Check All	That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				E	Mi Gi	ni-Enclosu ovebag Pro	ocedure				
		1.	s Locat	hon.				140	ar-c xempte	ed (*) and Non-Fr	nable Pro		emeni	
Location of	of	1	Normal	lly		Do	scription	of					ре	
Asbestos-Containing N <u>TO BE ABAT</u> In Facility (13)	ED	Ma	ed Sole aintena todial ((12)	nce/ Staff?		tos Con therma surfa	taining M systems scing, VA miscellan	lateria insuli T. or	ation,	Amount (Specify SF or LF)	Remova	Ropair	Encapsulate	Enclosure
		Yes	No	N/A	The same of the sa			29.7		4000=	1		ate	ā
		-		X	Floor					480SF	X	_		
				Ì	Pipe	Insu	lation			120LF	X	-		
		-										-		
ame of Registered Waste	Hauler		0.000	JUDEP W lauler ID			Yards		Name of	Registered Land	#FIII			
Brick Industries,	Inc.		2.1	21602		of Wa	7		Gr	ows North La	andfill			
ity, State Brick, N							sal Date 2/5/19		City, Sta					
ompleted by		Title				S	Signature	_	1		Date			
Eric Plac	kis		Pre	esident	t			\geq		<u> </u>	11/20	0/19		

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Date of Notification (1) Nou 27 Agencies Notified Type Notification	. Ž0	19		of Building Dwner		Lole	Campl	nel			
□ EPA 🗷 Initial	li r	T.		ASBETTOO	· CONT	101	C.				-
DDEP Amended Amendment Emergency			City, S	tate, Zip Code	- - -	· 90 \	17 08	(02	19		
DOH justification Cancellation		ig	Der	of Contact Tise Fat:	tori	(Realton	Telepisona N	lumhar			
Name of Facility Where Abatement is Takin	g Place		9	LITY INFORMAT	ION	Type of Facility	(4)				
Street Address Street Address	_ \	We	llin	9		School (K Subchapt Other (i.e.	(-12) er 8 (Other than K- private & commer	·12) 'cial bu	ildings	s, hon	nes
City (5) TRenton	NI	7	C	08629	,	Square Feet	# of Floors		Bldg.	Age	
County (6) Melcer	· · · · · · · · · · · · · · · · · · ·		County (STATE	Code (7) USE ONLY)		Current Use (P	nor if being demoli	shed)	/0	101	
Name of Monitoring Firm Hired by Building C	Owner (8	3)	ASC	M No.		of Abatement Co	entractor (9)	die			Fi d
Ro. Box J.		3		•	Street	Address O. Box	777	J		ART O	4
City, State, Zip Code	M:	J	08	533	City S	tate, Zip Code	TIA +A	0			-
Project Manager for Monthrill of Firm) In	,	Telepho	ne No. 7,58-3365	Teleph	one No. 33	License	No.	10		, 481
Dec 9 2019	Schedu ()	led Cor	npletion	Date (11) 2019	Name o	of OSHA Monito			ul <u>e l</u>	-1	
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P	Only O	ne) Abaten	nent		Street /	Address	337	<u> </u>	ns_		
Other - Describe:	al Facilit	y Hours			City, St	ate, Zip Code		08.	5 2	2	10
Scope of Work (Check All That Apply)	Place.	Dana	<i>t</i> :			()		10(0.00)			
© ≥160 sf or ≥260 lf		Renova Demolit))		Mini-Endosur Glovebag Pro	nent with Negative re cedure cd (*) and Non-Frial			_	
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	ed Solei aintenar stodial S (12)	iy by nce/	Asbestos Conta (i.e. thermal	scription of aining Ma systems aing, VAT	aterial (ACM) insulation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	cholosure
(13)	Yes	No	.N/A	other m	niscellane	eous)		loval	pair	sulate	errisc
Basement Charlspace	x		·	Pipe In	sula	tion	80 LF	X			-
. , ,											
Name of Registered Waste Hauler											
EPC Technologies City, State			IDEP Waller ID	No. of Was		Wasi	Registered Landfill		٤ ٥ {	: P	i,
	JJ	Α			i Date 10/19	City, Stat	Cult	PA			-
Completed by	Title	0	+-		gnature	35.0	Da	-	7 /7	10	~

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Ch 34 (ac Date of Notification (1)	1		NOTI	Pursuan	tate of N N OF AS it to NJA	BESTOS 8:60 ar	ABATE	9)	IT		G. C.			E	
Nov 21-2019	Check # 3494	1	esc	Name	of Building	g Owner/	Operato	r (2)			DEC	- 2	2013		maner
	Type Notification	+		CONTRACTOR.	Address	lue Flov	wer							-	
□ EPA □	Initial				Plainfiel	d Aveni	ue			A	SBEST			SL&	
DEP	Amended				tate, Zip C		V-1		lone	eta trest/everyedro t	LI	CENSI	170		
DOL	Amendment Emergency				eley Hei		J 0792	22							
DOH DCA	justification) Cancellation		0	Name of Brigit	of Contac	t				1000	elephone				;*
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Name of Facility Where Ab	atement is Takin	g Place (3	3)	170	/ILIT I III	OKWAT	ION	Тур	oe of Facility	y (4)	7.10		-		
Church of Little Flower	er-Basement				_ `				School (K	(-12)					
Street Address 290 Plainfield Avenue	9							N X	Subchapt Other (i.e	er 8 (Oth	her than	K-12)	uildin	a boo	
City (5)									etc.)						nes,
Berkeley Heights								A-37.	uare Feet 000	2	of Floors		Bldg 50+	. Age	
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UNION				(STATE	USE ONL	Y)			nurch		9 40	ollorioa			
Name of Monitoring Firm Hi N/A	ired by Building (Owner (8)		ASC	M No.				patement C						
Street Address									ices Corp	oration	n				
							Street 426		ess Street						
City, State, Zip Code	49			1 2 1 1		. 1577			Zip Code		97				
4							0.9		erg, NJ 0	7093					
Project Manager for Monitor	ring Firm			Telepho	ne No.		Teleph				Licens	se No.			
Start Date (10)		0 1 1 1						M. P. Carlo	-1700		0107	4			
Nov 25-2019		Feb 25			Date (11))	0.0000000000000000000000000000000000000		SHA Monito	r					
Occupancy Status During A	batement (Check						Street		above						
Facility Closed/Vacated	d Durina Entire P	eriod of A	haten	nent			Ou eet /	Addi	535						
Abatement Performed Other – Describe: 7:0	Outside of Norma	al Facility	Hours	5			City, St	tate,	Zip Code						
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Scope of Work (Check All Ti	nat Apply)	67					1000	,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×	1 11	ull Containn ini-Enclosu		n Negativ	ve Pres	sure		
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		le	Locati	00			<u></u>	I N	on-Exempte	ed (*) an	d Non-F	riable P	11000	ure Itemen	+
Location of		N	ormal	ly		Des	scription	of						Гуре	
Asbestos-Containing Ma TO BE ABATE			d Sole ntenar		Asbes	stos Conta	aining M	ateria	al (ACM)	A	mount			П	17
In Facility	<u>:D</u>		odial S		(i.e.	thermal surface	systems cing, VAT	insu F. or	lation,		Specify or LF)	7 6	Re	Encapsulate	Enclosure
(13)			(12)				niscellane)		01 21 /	Keillova	Repair	sula	osur
		Yes	No	N/A								-		ate	O
Basement-Cei	iling			х		GI	ue dots	3		3,0	00 SF	х			
Basement-Boiler	Room	x			Pi	ipe insu	lation r	resid	due	6	0 LF	х			
Basement-Bath	room		х			Joint (Compo	und			00 SF	x			
Exterior Roo				х	Roof				n Layer		00 SF	x		+	\vdash
Name of Registered Waste F	Hauler		1000000	JDEP W	aste	Cubic \	Yards		Name of	2023					
Freehold Carting			0/20	auler ID 1 5939	No.	of Was	te		Cumbe						
City, State							al Date		City, Sta						
Freehold, NJ						TBD			Newbu						
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Gina Betances		Office	Man	ager	*			0	1/1000	1		11/22	/201	9	

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Check#3494		,	101					and 5:10		D) E G 1	3	W	15				
Date of Notification (1)					Name	of Building	g Owner	Operator (2)		2 /	naaa.	- Colonia	11			
	26 /	19			Nora	Thornber				DEC DEC	- 2 2	'U19	W. Calendari	land			
Agencies Notified	Type Notific	ation				Address											
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☑ DOLWD ☑ DHSS	Amended Amendm				City, S	State, Zip C	Code			LICE	EMSIM	CHICLMONIA CHICLMONIA	MEDICAL PROPERTY.				
□ DCA	Emergen		ludino		Berke	ley Heigh	its, NJ (07922									
(NJAC 5:23-8)	justificati	on)				of Contac				Telephone Num	ber						
	Cancella	tion			Nora '	Thornber	0			I.							
					FA	CILITY IN	FORM.	ATION									
Name of Facility Where A	Abatement is	Taking	Place	(3)		R 1			Type of Facilit	y (4)							
Private house									School (K-	12) r 8 (Other than K-1 2	21						
Street Address										private and comme		ilding	S,				
City (E)									homes, etc								
1	7022								Square Feet	# of Floors	Ble	dg. A	ge				
County (6)	11922				Coun	ty Code (7)	(STATE I	ISE ONI VI	Current Hea /	Prior if being demoli	abad)						
Union					Coun	ty code (1)	(OIAIL (JOE UNLT)	Current Use (F	Frior ir being demon	Sileu)						
	Hired by Buil	ding O	wner (8)	ASCM	No.	Name	of Abateme	ent Contractor (9)							
							1	ch LLC	**************************************								
Street Address							Street	Address									
							576 V	alley Rd#	283								
City, State, Zip Code							City, S	tate, Zip C	ode								
Project Manager for Men	itorina Eirm			T-1-		X (e, NJ 0747	70	177							
Project Manager for Mon	itoring Firm			Tele	phone	NO.		one No.		License No.							
Start Date (10)	1 :	Schedu	led C	omnle	tion Da	te (11)		6-3511 of OSHA N	fonitor	01127							
Occupancy Status During								Address	nsultants,Inc								
□ Facility Closed/Vacate	ed During Enti	re Peri	od of	Abate					Road, Bldg .#	£35F							
Abatement Performed	Outside of N			Hour	s - Des	cribe		tate, Zip Co		33E							
		PIVI				АМ	Fair La	awn, NJ 0	7410								
Scope of Work (Check all	that apply)								and decontam	ure							
≥3 sf or >3 If		[novati				Mini-Enc	losure	egative Pressure							
≥ 160 sf or ≥260 lf		[De	molitic	in		X	Gloveba	bag Procedure Tent with Negative Pressure xempted (*) and Non-Friable Procedure								
			Is	Locat	ion		K7	HOII-EXC	mpted () and i	T Trable 1 Tocedo		atem	ent T	vne			
		Normal				escription o				1							
		1)		d Sole intena				ntaining Ma al systems i	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure			
IN Facilit	The state of the s		Cust	todial S	Staff?	(1.6		acing, VAT		(Specify SIF or LF)	OVO	air	nsd	nsc			
(13)		-		(12) No	N/A	-	other	miscellane	ous)		=		ate	е			
Attic	ne of Monitoring Firm Hired by Building Owner the of Monitoring Firm Hired by Building Owner the of Monitoring Firm In Date (10) In Date (10					Vermicu	lite inc	ulation		250 SF		П	П	П			
Basement			<u> </u>	П				diation									
Dascincit		+				VAT flo	or thes			835 SF		片	ᆜ				
		-								-	ᆜᆜ	Ш	Ц	Ш			
Name of Pogistered With	to Wards-		Ц		ED Mante	Hauler 10 M			II								
					Hauler ID No.			e Name of Reg									
Gr Tech LLC City, State				0	03378	35	TB	V-100	T.R.R.F. Inc	C							
								al Date	City, State								
							TB		Tullytown, l		-1-						
8.7.	(,,,)						5	ignature	Tentre We	773	ate						
N.Jevtic ASB-41		Own	er						/26/19	,							

MOCK				ICATION	ate of Ne NOF ASB to NJAC	ESTOS	ABATE		т		EG	E			In		
Date of Notification (1) 11/22/2019					f Building Fossil,				enerating S	tation	DEC	- 2	201	9			
Agencies Notified	Type Notification			Street A						LI Li	DEC		201	V			
X EPA	× Initial			The second	Wood A		South				AODEOT	00.00	are Decedure Abatement Type Repair X X				
DEP × DOL	Amended Amendment #				ate, Zip Co n, NJ 07					No no sun income		CENS		OL 0			
	Emergency (i		-	CANAL TO THE PARTY OF THE PARTY	f Contact	030				Tal	anhana Ni						
DOH DCA	justification) Cancellation			Guy R							ephone No 1-572-8						
					LITY INFO	ORMATI	ION										
Name of Facility Where Ab		Place (3	3)					Тур	e of Facility (4	4)							
Linden Generating S Street Address	tation								School (K-1			(0)					
4001 Wood Avenue	South							×	Subchapter Other (i.e. p				dings.	home	es,		
City (5)			-				housed	etc.)				375.0%					
Linden								500	uare Feet 0,000	8	Floors	100		ige			
County (6)				County	Code (7)				rent Use (Pric	-	na demolis						
Union				(STATE	USE ONLY)		1770 YEAR	ectric Gene		-						
Name of Monitoring Firm H	lired by Building O	wner (8)		ASCN	I No.				patement Con Ace	tractor	(9)						
Street Address							Street										
City, State, Zip Code			-				PO E		Zip Code								
Oity, State, 2ip Code							7-272		Park								
Project Manager for Monito	oring Firm			Telepho	ne No.		Teleph				License	No.					
Ot - + D - + - (40)							2800000000	No. Wester	-9217		00225						
Start Date (10) 1/1/2020		12/31/		npletion i	Date (11)		Name MEC		SHA Monitor								
Occupancy Status During	Abatement (Check	Only Or	ne) .				Street	t Address									
Facility Closed/Vacate	ed During Entire Pe	eriod of	Abatem	nent			5 Lin										
Abatement Performed Other – Describe: Pla	d Outside of Norma ant manned 24 hou	I Facility rs, limite	Hours d acces	s s to aba	tement are	eas			Zip Code n, NJ 08690)							
Scope of Work (Check All	That Apply)				1, 143 00090	,											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit	ration X					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proced								
	***		Lasati				F	1 1/	ion-Exempted	(*) and	Non-Fria	ble Pro					
Location o	ıf	1000	Locati Normal			Dos	scription	of									
Asbestos-Containing M	laterial (ACM)		d Sole intenar			tos Cont	aining M	/lateri	ial (ACM)		mount			gs, homes, g. Age Control & Control	_		
TO BE ABAT In Facility		597.949100	todial S		(i.e.	thermal surface	systems cing, VA				pecify or LF)	Removal	Rep	псар	inclo		
(13)			(12)				niscellar				,	loval	pair	sula	sure		
		Yes	No	N/A										te	(U		
Powerhouse & Ancilla	ary Structures		X		Boiler	/ Pipe	Ins., T	rans	ite, Tile	2,4	30 CF	Х	X	Х	Χ		
Name of Registered Waste				JDEP W auler ID		Cubic of Was			Name of F	1937							
Waste Management o	f New Jersey			7273		90		Tullytown Resource Recovery									
City, State Elizabeth, NJ 07114-2436					Disposal Date					e City, State Tullytown, PA 19007							
Completed by		Title				TBD	ignature)—	lullytow	/II, P		ate					
Guy Rivera			Mana	ager		1	- A	4					2019				

CK 1686	N	(Pu	Irsuant	te of New OF ASBE TO NJAO 8	STOS /	BATE 12:12	0)	Employee and the control of the cont		i C	E		019	Pi-	nt Fo	
Date of Notification (1) 11/15/2019 In VIU39U	0			Building C ne Cons			(2)			ato	,	۷ (UIJ	A VARABILITA DE LA COMPANSIONE DEL COMPANSIONE DE LA COMPANSIONE D	med	
Agencies Notified Type Notification EPA Initial			Street Ad 231 Ca	ddress arol Stree	et			- Address	AS	BEST LI	OS C			- &		
DEP Amended Amendment#				te, Zip Coo ood, NJ						•						
Emergency (in justification) DCA Cancellation	cluding	11.0		Contact Schonb	ourn				100000000000000000000000000000000000000	phone 2-330-						
Name of Facility Where Abatement is Taking Vacated House Street Address 340 Hollywood Avenue	Place (3)		FACII	LITY INFO	RMATI	ON	I S	of Facility School (K- Subchapte Other (i.e.	12) er 8 (Othe			build	ings,	home	es,	
City (5) Long Branch			19	770	(1)			etc.) re Feet)	# of Floors Bldg. Age 1 60+					ge		
County (6) Monmouth			County Code (7) Current Use ((STATE USE ONLY) House					nt Use (Pr		ng dem	olishe	d)	2002			
Name of Monitoring Firm Hired by Building Ov N/A	wner (8)		ASCM No. Name of Abatement Nari Constructio							(9)						
Street Address			Street Address 63 Leather Stock							ting Path						
City, State, Zip Code						City, S	State, Zi	ip Code ark, NJ 0								
Project Manager for Monitoring Firm	T	Telephor	ne No.			none No 264-9			Licens 0130		SF.					
	Scheduled 12/01/2		completion Date (11) Name of OSHA Mor Nari Construction													
Occupancy Status During Abatement (Check	- 8		Street Address 63 Leather Stoo						ng Path			n				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:			ement													
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	enovat emoliti				>	Mir Glo	Il Containn ni-Enclosu ovebag Pro n-Exempte	re ocedure					9		
l and the set	3.000	_ocatio			De				, and won-in					ment pe		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	Solel ntenar odial S (12)	ice/		os Cont thermal surfa		/laterial s insula T, or	I (ACM) ation,	(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure	
Dool	Yes	No	N/A	Poo	f man	hrono	/Elook	ning	12	50 SF		X		X		
Roof Basement			X	ROO	of mem	TSI	riasi	iirig		5 LF	-	X		X		
Living Room			×			VAT			-	50 SF		X		X		
Living (100iii			^			V/11				.5 01	-			,	\vdash	
Name of Registered Waste Hauler Nari Construction, LLC		H	JDEP Wauler ID	No.	of Was 20 C	(G.R.O	valme interesses	red Lar	ndfill					
City, State Lincoln Park, NJ					Dispos TBD	sal Date)	City, Sta Morris	ate ville, Pa	A 190	67					
Completed by Igor Jezdimirovic	Title	nagei	-		S	Signature Date 11/15/2019					9					

Inv 1633:	3
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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8 8 4					ALCONIO INCIDE		

Date of Notification (1)					Name o	f Building	Owne	er/Operator (2)	Ind Im	J DE	C -	2 2	.013		H		
11 /	26 /	19				OTR; LLC		aroporator (2	,		1							
										n-muoross	ASBES	77.75		TIGE	ο S.			
Agencies Notified	Type Notification	on				Address			NAME OF TAXABLE PARTY O			LICEN			L 01			
⊠ EPA ⊠ DOLWD	☐ Initial ☐ Amended			L	1000	ny Drive				The state of the s	Managapungspoolses/	TO SERVICE STREET	mair investor	uchenben	BIOCHNUM	a-research with		
⊠ DOLWD	Amendmen	t #1				ate, Zip Co					S*8							
□ DCA	☐ Emergency	_	ding	L	Park	Ridge, N	IJ 07	656										
(NJAC 5:23-8)	justification		J		Name o	of Contact				Te	lephone N	lumbe	•					
	☐ Cancellation	n			And	rew Deve	nnie			7	718-530-	3103						
					FAC	ILITY INF	ORI	NATION										
Name of Facility Where Al	batement is Tal	king Pl	ace (3)					Type of Facility									
Commercial									School (K-1							- 1		
Street Address									Subchapter				d buil	dinas				
200 Old Tappan Roa	ad								Other (i.e.,) homes, etc		e and con	imercia	ii buli	ulliys	(
City (5)									Square Feet		of Floors		Bldg	g. Age		\neg		
Old Tappan																		
County (6)					Count	v Code (7)	STAT	E USE ONLY)	Current Use (F	Prior if	being der	nolishe	<u>l</u>			-1		
Bergen					Count) Oodo (1)(01/11/	2002 0/12/7	oundin oco (i		boiling doi		-/					
Name of Monitoring Firm	205 /0	\ T	ASCM N	lo T	Nam	o of Abatome	ent Contractor (9	2)						-				
	[HOUNDS HOUSE HOUSE HOUSE	ig Owi	161 (0	' '	ASCIVI I	10.			NAGEMENT							1		
Mark Jovic Consulti	ing LLC								MAGENTENT	LLC					-	-		
Street Address						1		et Address										
87 Main Street, Suit	e A		100					Outwater I		272-000						-		
City, State, Zip Code								State, Zip Co										
Lincoln Park, NJ 07								arfield, NJ	07026							_		
Project Manager for Monit	toring Firm		1		ohone N		22.20.20.20.4	phone No.		L	License No	0.						
Mark Jovic				1000	3-650-			3-928-4888	×		1188					_		
Start Date (10)				27		1970 18		e of OSHA M										
11 / 27 /	19	01	_ /	31	_ / _	19	AL	L PRO MA	NAGEMENT	LLC								
Occupancy Status During	Abatement (Ch	heck o	nly or	ne)			Stree	et Address										
□ Facility Closed/Vacate	d During Entire	Period	d of A	bater	nent		27	Outwater	Lane									
							City,	State, Zip Co	ode									
Time of Abatement: _	AM	_PM/_	_	_PM-	/	AM	Ga	arfield, NJ	07026									
D. 0.5015	0.707.070	_	7.0-					☐ Full Con	tainment with N	egativ	e Pressur	re				İ		
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf				novati					g Procedure									
24 - 100 01 01 - 1200 11		2	y D0.	nonac	•••				empted (*) and N	Non-F	riable Pro	cedure						
				Locat									Aba	ateme	nt Ty	/pe		
Location				orma d Sole				Description of					R	R	m	m		
Asbestos-Containing TO BE ABA				ntena				Containing Ma mal systems			Amoun (Specify	200	Remova	Repair	ıcar	Clo		
IN Facili			Cust		Staff?	(SI	urfacing, VAT	, or		SF or LF		val	7	Encapsulate	Enclosure		
(13)		-	v T	(12)	I NI/A		oth	er miscellane	eous)						ate			
			Yes	No	N/A			rate who as		+	100000000000000000000000000000000000000	west and			_			
East, West, Center St	tairways	1				Caulk o	n Sta	air Stringer			310 LF	F	\boxtimes					
Lower Level- Data Co	enter] [\boxtimes	Mastic,	Carp	et Tile			650 SI	F	\boxtimes					
Lower Level- Data Cent	er Locker Roo	m [\boxtimes	Vinyl S	heet	Flooring a	nd Mastic		450 SI	F	\boxtimes					
Lower Level- Loading	g Dock Office	e [\boxtimes	VAT/Ma	stic				450 SI		\boxtimes					
Name of Registered Was	9 11/20	JDEP '		1000000	ic Yards of	Name of Re	-		II									
Century Waste, LL	1	lauler II 32797		Was	ste s Needed	Fairless	Land	dfill										
City, State					ULIU			osal Date	City, State									
Elizabeth, NJ							Т	BD	Morrisvi	lle, P	PA							
5						Title Signature Date												
Allen Monchik	,,-,	100000000000000000000000000000000000000	oiect	Man	ager				Monch	16		11	/26	/10				
					5			XYELLER	monch	40		111	120	10				

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Date of Notification (1) 11/27/19	10394			f Building Moore	Owner/C	perator	(2)		too too					loan loan			
Agencies Notified Type	Notification		Street A							ASDEST	OS C	ONTI	1OL	8.			
	nitial Amended	-	City, Sta	te, Zip Co	de				Sagaran and market and a	MANUFACTURE AND A STATE OF THE	Para productive distribution of	time supris	er meanneau, co	opur rode			
X DOL Z	Amendment # <u>1</u> Emergency (including			Rock, N.		2											
□ DOH	ustification) Cancellation			f Contact Moore					Tel	ephone Nu	umber						
				LITY INFO	DRMATI	ON											
Name of Facility Where Abatem Residential Home	ent is Taking Place (3)					Тур	e of Facility	1.04.1 (3.0								
Street Address							H	School (K- Subchapte	er 8 (Oth				12				
City (E)					C		×	etc.)	(i.e. private & commercial buildings, h								
City (5) Glen Rock							Squ 240	are Feet 00	# of Floors Bldg. Age 2 65+/-								
County (6)			County (Code (7) USE ONLY				rent Use (Pr		ng demolis	shed)						
Bergen Name of Monitoring Firm Hired b	by Building Owner (8)		ASCN			Residential Home Name of Abatement Contractor (9)											
Project Manager		9.	All Stages Ab														
Street Address			Street Address 280 N. Midland Av							√ve.							
City, State, Zip Code						100.000.000	alverge; a soci	Zip Code									
Project Manager for Monitoring I	Tierra.		Talaaha	aa Na				Brook, NJ	07663								
Project Manager for Monitoring P			Telepho	ne No.		Teleph 201-		No. -3184		License 01305	No.						
Start Date (10) 12/6/19	Schedul 12/10/		ompletion Date (11) Name of OSHA Mo					SHA Monitor	r								
Occupancy Status During Abate			Street Addres					ess	g.				8				
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe: 8 A.M to 4	side of Normal Facility	Abatem / Hours	ement City, State, Zip C					Zip Code									
Scope of Work (Check All That A	Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× F	Renova Demolit	tion ion			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	1935	Locati Normal				Non-Exempt					Abatement Type						
Location of Asbestos-Containing Materia	USE USE	ed Sole	ly by		tos Cont		//ateri	al (ACM)	100000	mount			Е				
TO BE ABATED In Facility	todial S		(i.e.		cing, VA	T, or			specify or LF)	Remova	Repair	Encapsulate	Enclosure				
(13)	No	N/A		other n	niscellar	neous)			oval	air	sulate	sure				
Basement	X	N/A			VAT			57	78 SF	×							
								- 0,	0 01	1							
Name of Designation of Wester 11		1.0	UDED !:														
Name of Registered Waste Haul All Stages Abatement	er	Н	IJDEP W lauler ID 036592	No.	of Was 4 YD			4.0000000000000000000000000000000000000		red Landfi al Sanita	ill ary Landfill						
City, State Saddle Brook, NJ		Dispos	al Date			City, State Pen Argyl, PA											
Completed by Richard Cristofol		S	ignature	1		Date 11/27/19											

								IT	ME	GE		W	Pri	ntiF	
'K10433	1	NOTIFI (Pt	CATION	ate of Nev I OF ASBI to NJAC	ESTOS A	ABATE	MENT 0)	en e	K	DEC	-0	2019)		
Date of Notification (1)	02			f Building (perato	r (2)	1	-					-	
11/27/2019	17			ennifer B	Bariso			-	ASE	ESTO	s co	NTR	DL &	Geomet	
Agencies Notified Type Notification			Street A	ddress					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LICE	ENSI	NG	payment and	anymnosa	
EPA X Initial			City Sta	to Zin Co	do										
DEP Amended DOL Amendment	#			ite, Zip Co ton Plair											
Emergency (-		f Contact	15, 140				Telepho	one Nun	nher			75	
DOH justification) DCA Cancellation				ennifer B	Bariso				relepine	one rean	i i boi				
			1000-100-00-100-100-100-100-100-100-100	LITY INFO	5.30000000000	ON						- 3		_	
Name of Facility Where Abatement is Taking	g Place (3	3)				-	Туре	of Facility (4)						
Residence								School (K-1	2)						
Street Address								Subchapter	8 (Other th	an K-12	2)	diana	homo		
								Other (i.e. p etc.)	rivate & co	mercia	al Dull	ungs,	HOME	ιδ,	
City (5)			21 1 11 11 11 1					Square Feet # of Floors				ldg. A	ge		
Pompton Plains			01444					00	2			70			
County (6)			County (·	Current Use (Prior if being demolished)									
Morris			SIAIE	USE ONLY)				idence							
lame of Monitoring Firm Hired by Building (Owner (8)		ASCN	No.		Name of Abatement Contractor (9) DIA General Construction, Inc.									
N/A									onstruction, Inc.						
treet Address			-9				Addres		JAP 0 "	- 040					
					100000	- 1 CONTRACTOR OF THE PARTY OF	on Ave., F	MB Suit	e 218						
ity, State, Zip Code							ip Code								
					100		07012								
roject Manager for Monitoring Firm			Telepho	ne No.		- 05	hone No			ense N 0693	0.				
	0 1 1 1			5 . ((4)			-389-0		00	1093					
start Date (10) 12/07/2019	12/08/		ipletion i	Date (11)				HA Monitor ral Const	ruction. I	nc.					
Occupancy Status During Abatement (Chec	5552500	000000000				100000000000000000000000000000000000000	Addres						Edward -		
=								on Ave., F	PMB Suit	e 218					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm						City, S	State, Z	ip Code							
Other – Describe:					_	Clift	on, N.	07012							
Scope of Work (Check All That Apply)												10.31			
× ≥3 sf or ≥3 lf	×	Renova	tion] Ful	I Containme	ent with Ne	gative P	ressu	re			
≥160 sf or ≥260 lf		Demolit				F	Mir	ni-Enclosure	Э	70					
						ř		ovebag Prod n-Exempted	ceaure d (*) and No	on-Friab	le Pro	cedur	е		
	la la	Locati	on	0								Abate	ement		
Location of		Normal	ly		Dec	scription	n of				_	Ту	pe		
Asbestos-Containing Material (ACM)		ed Sole			tos Cont	aining l	Material		Amou	2007			ф	п	
TO BE ABATED		todial S		(i.e.	thermal			ation,	(Spec		Remova	Re	Encapsulate	Enciosure	
In Facility (13)	1	(12)			other n	cing, VA			31 01	Li)	SVOL	Repair	Sul	uso	
A 20=1	Yes	No	N/A				and the second				8		ate	e	
	1 65	140	-			•			400		+				
Basement			X	Pi	ipe/Elb	ow In	sulatio	n	120 l		×	-		-	
											-				
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Registered	Landfill		-			
Service Transport Group		9840	auler ID	No.	of Was	ste		Minerva	a Landfill						
20930 4								City, Stat					-		
City, State New Castle, DE					10,700 2000	sal Date 3/2019			e sbugg, O	H 446	88				
						ignatur		viayile	750,5		ate			_	
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NOTIFICATION OF ASSESTOS ABATEMENT (RURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 18 11 19 NOVARTIS PHARMACEUTICALS CORPORATION Street Address 1 U Agencies Notified Type of Notification 1 HEALTH PLAZA **EPA** Initial City, State, Zip Code V Amended EAST HANOVER, NJ 07936 NFC - 2 2019 1 Amendment #__1_ DOH Name of Contact Telephone Number V DOL Emergency w/ justification HASSAN NEKOUL Cancellation 862-778-8799 FACILITY INFORMATION LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **NOVARTIS** School (K-12) Street Address Subchapter 8 (Other than K-12) 1 HEALTH PLAZA 1 Other (I.e., private & cmmercial bldgs., homes, etc.) County (6) City (5) County Code (7) Square Feet # Of Floors **Building Age** EAST HANOVER MORRIS N/A Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO Name of Abatement Contractor (9) HILLMANN ENVIRONMENTAL NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 1600 Route 22 East City, State, Zip Code 32 Williams Parkway Union, NJ 07038-1597 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number MIKE NEHLSEN 908-688-7800 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number / __13 12_ 19 12 16 19 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway 1 Other - Describe: __ Friday 6:00PM-Monday 7:AM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition 1 Renovation Full Containment with Negative Pressure ≥3sf or ≥3lf 1 Mini - Enclosure >160 sf or >260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing R Material (ACM) Normally Material (ACM) Amount E R N N TO BE ABATED Used (I.e., thermal systems E C (Specify M C in Facility Solely insulation, surfacing, VAT, 0 SF or LF) P L (13)by Mainor other miscellaneous) V P 0 A tenance/ S S A 1 Custodial L R U U Staff (12) R YES NO N/A EXTERIOR BELOW GRADE PIPE 25LF 1 Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill **NEWARK CARTING** Hauler ID No. Yards GROWS NORTHSTAR CONTRACTING GROUP, INC. 4509 of Waste City, State Disposal City. State NEWARK, NJ Date MORRISVILLE, PA EAST HANOVER, NJ Completed by (Print or Type) Title Signature Date STEVEN STILES PROJECT MANAGER 11/27/19 ASB-41

STATE OF NEW JERSEY