1	NV#	10	440	State	of N	IJ							
	. , .		Notifi	cation of As		os Abatement		THE C	9 E	7 1	// /	Ef	**************************************
D&S Proj. #: 19-258	ATT	11. 10.	(Pursi	ant to NJA	J 8:6	0 and 12:120)		DE	E	المتصماد ب	y L		
JK 5dd +	ARR.	P						IM				1000	Trans.
Date of Notification (1) 1 1 1 2 7 1 9	- 11	lame of E Leo Loc	11.57 (9.11)	er/Operator (2	()			DI	EC - Z	20	19	The state of	1
Agencies Notified Type Notifica	tion I	treet Add					_	10000		V 1 = 1/21	ri anno	z-m-av ²	
DEP Amended									STOS C LIGENS		MUI.	C1	1
DOL Amendment #		ity, State	, Zip Code										
L. Emergency	1 1	-	ield, nj 07	003									
justification)	N	ame of Co	ontact					Telephon	e Numbe	r			
DCA Cancellation	n	Leo Lo	conte										
			FAC	ILITY INFORM	IATIO	N							
Name of facility where abatement	is taking pla	ice (3)					T	Type of Facility (4) I (K - 12)				
Residential								1 =	apter 8 (0		han K	-12)	
Street Address							=	Other (Private/C	omme)	
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City (5)	Coun	ty (6)			Co	unty Code (7)	=	1 1	# 011 100)2	15	60	- 9.71	9-
					and the same	ate use only)		Current Use (Pr	ior if bein	g den	nolish	ed)	
bloomfield, nj 07003 Name of Monitoring Firm Hired by	Esse			ACCMAI	<u></u>	Name of Abatem	l cont	Residential					
N/A	Blug. Owne	1 (0)		ASCM No.				198					
Street Address	-				=	D & S REST	UKA	ATION, INC.		-			
						20 California	a Av	/e.					
City, State, Zip Code					_	City, State, Zip Co	ode						
						Paterson, N.		503					
Project Manager for Monitoring Firm	1	P	hone Numb	er		Telephone Numb			License	Num 1169			
Start Date (10)	ICahad	Complet	ion Date (11	()	_	Name of OSHA		tor		1107			
35	i	- 47	ion Date (1	1)	1	D & S Resto	ratio	on, Inc.					
12/10/19 Occupancy Status During Abatemer	NAME AND ADDRESS OF THE OWNER, WHEN	/2019				Street Address	2000						
Facility closed/vacated during			ement.			20 California City, State, Zip C		enue					
Abatement performed outside	and the second s					City, State, Zip C	oue						
Describe: Normal hour Normal hour	S					Paterson, N.	07:	503					
Scope of Work (check all that apply	/)						☐ F	full Containment w	/negative	press	ure		
≥3 sf or ≥3 lf	Renovation	1						Mini-enclosure Glovebag procedur	•				
≥160 sf or ≥260 lf	Demolition							Non-Exempted (*)			proc	edure	
Location of asbestos-containing	Is location by mainter		used solely stodial					Amount		e R	R	E n	E
material (acm) to be	staff(12)			material (asbestos-containing	g	(Specify SI	F or	m	p a	c a	n c
abated in facility (13)	Yes	No	N/A					LF)		v e	i	p	L
basement		X		Pipe Insula	tion			20 LF		X			
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									-	片	님	片	片
Registered Waste Hauler	NJDE	P Hauler	ID# C	ubic Yards of V	Vaste	Name of Registe	red	Landfill		Ш			
D & S RESTORATION, INC.	1350		1	yds		TULLYTOW		RESOURCE RE	COVER	Y			
City, State PATERSON, NJ 07503			Disposal D	ate		City, State TULLYTOW	/N	ΡΔ					
Completed by (Print or Type)	Title			Signature		1	14,		Date	_		-	1
BOGDAN JOLDZIC	PRESIDI			Drys	1	Johns	_		11/27/	19			
ASB-41 *	Do not use	this form	for asbesto	s licensuré/exe	empte	d agtivities.			ALC: THE STATE OF	070.511.00	~Pi= 7:1-		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) / 2019 11 John Blumenreich Agencies Notified Type Notification Street Address ASSESTOS OUTUTACLA LICENSI ☑ EPA ✓ Initial DOLWD ☐ Amended City, State, Zip Code V DOH Amendment # Westfield, NJ 07090 ☐ DCA ☐ Emergency (including) justification) Name of Contact Telephone Number (NJAC 5:23-8) ☐ Cancellation John Blumenreich FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Blumenreich Residence School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address ☑ Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Westfield 1.749 2 92 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Union 2020 Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A N/A Acme Professional Services Corp Street Address Street Address N/A 550 Rifle Camp Rd City, State, Zip Code City, State, Zip Code N/A Woodland Park, NJ 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. N/A N/A 973-938-5266 02003 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 02 (1) / 06 / 19 / 13 Arsenije Adamov Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 550 Rifle Camp Rd ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/__ Woodland Park, NJ 07424 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☑ Renovation ≥3 sf or >3 lf ☑ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Used Solely by Removal Repair Enclosure 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 Attic X ACM vermiculite insulation 550SF П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Acme Professional Services Corp Fairless Landfill 0038176 10 cubic yards City, State Disposal Date City, State Woodland Park, NJ 02/09/19 Morrisville PA Completed By (Print or Type) Title Signature Date Arsenije Adamov President Arsenize Adamov 11/27/19

Inv# 10405

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check No.

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CK (0990)	1100	A WWW	(F	oursu	ant to	NJAC	8:60 and 12-1	20)	NEP	E I	71/1	[Fig	prince	ne.
Date of Notification (1)	A. A.	人人人人人		T	Name	of Buildin	g Owner/Operator	(2)	1) 5 5	<u>E</u>	W	15	111	Ì
November 21, 2019					PA N	Y & NJ	J	- Anna and and an and an and an				CANADA CONTRACTOR	State Commission	
Agency Notified	Туре No	tification			Street	Address		1	NOV	292	กรล	The same of	The state of	Trans.
□ EPA □	☑ Initial				1160	McLes	ster Street, Ex	pressport Pla	aza Sutie 7	- 9 6	019	i i	Laure	4
	☐ Amen	ded			City, S	tate, Zip	Code		1				1100	1
⊠ DOL		idment#			Eliza	beth, N	J 07201		ASSESTO	S CONT	AG	L Or		
☑ DOH		gency (including cation)	1		Name	of Contac	ot	Toron	Telephone Nur	nber	2	TODE-A	el elem	
The state of the s	☐ Cance				Kevii	n Hoga	n		973-589-14					0
					FACII	LITY INF	ORMATION							
Name of Facility Where Aba	atement	is Taking Place	(3)					Type of Facility	(4)					1
NJMT - Sanitary Line	e Brea	k at Buildin	g 3	05A				☐ School (K-12	2)					
Street Address						7		☐ Subchapter	8 (Other than K-12	2)				
305 Neptune Street								M Other (i.e. pr homes, etc.)	rivate & commercia	al buildin	gs,			
City (5)					N=1 = 1			Square Feet	# of Floors	Bldg.	Age			1
Elizabeth, NJ 07201								N/A	N/A	N/A				
County (6)					County	Code (7) (STATE USE	Current Use (P	rlor if being demol	ished)				1
Union					ONLY)	2000 CONTRACTOR (\$100 CONTRACTOR)		Sewer Line						
Name of Monitoring Firm H	ired by I	Building Owner		ASCM	No.		Name of Abaten	nent Contractor (9				-		1
A of NY & NJ	•	3		N/A			Daniel Arte Control of the Control o	storation Co.						
Street Address					24 - 221-		Street Address							+
241 Erie Street, Roo	m 236						223 Randol	oh Avenue						
City, State, Zip Code							City, State, Zip (٦
Jersey City, NJ 0731	10						Clifton, NJ (
Project Manager for Monito		n	Te	elephor	ne No.		Telephone No.		License No.					٦
Uday Mehta			2	01-59	5-488	31	973-478-468	1	00120					
Start Date (10)		Scheduled Con	nplet	ion Da	te (11)		Name of OSHA	Monitor	0. 2					
December 05, 2019	1	January 31	, 20	20			EMSL Analy	rtical, Inc.						
Occupancy Status During A	Abateme	nt (Check only	one)				Street Address							
☐ Facility Closed/Vacated I	Durina E	ntire Period of	Aba	tement			200 Route 1	30 N						
☐ Abatement Performed Ou	utside o	f Normal Facilit	у Но	urs			City, State, Zip C							
☑ Other - Describe: Exte			-Fr	iable	Pipin	g	Cinnaminso	n, NJ 08077-	2892					
Scope of Work (Check all th	hat apply	/)					□ Full	Containment with	Negative Pressu	re				
□ ≥ 3 sf or ≥ 3 lf					⊠ Reno		☐ Mini-	-Enclosure	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~				
≥ 160 sf or ≥ 260 lf					☐ Dem	olition		ebag Procedure -Exempted (*) and	d Non-Friable Pro	cedure				
			le.	Locati	on						At	oatem	ent	1
				Normal							\vdash	Туре	+	+
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TO BE ABA	TED	(**************************************		intena Custodi			., thermal systems	insulation,	(Specify		Re	R R	Enc	
IN Facility (13)	y			Staff?			surfacing, VAT other miscelland		SF or LF)		Removal	Encapsulate Repair	Enclosure	
(13)				(12)			other imsteriant	eous)			/al	ir	re	
			Yes	No	N/A									
Sewer Line			X			Asbe	stos Cement	Pipe		310	X			
Name of Registered Waste	Hauler		100000		Vaste H	auler	Cubic Yards of	Name of Regis	stered Landfill					
Jimmy Byrne Trucki	ina		100	No. 9551			Waste 609F	Minerya E	nterprises, Inc	c				
	9		1	JJJ 1					interprises, in					4
City, State	NI I						Disposal Date 12/06/2019 to	City, State	.ra ∩⊔					
Bronx, NY / Newark, Completed by		Title					01/31/2020 Signature	Waynesbu	ııy, on	Date				+
G. Roger Woodman		Project Mai	nad	er				11/1/1	r	11/21	/20	19		
J							11/1/1	0		THE RESIDENCE OF THE PARTY OF T	CATCON TO	The state of the s		- 1

State of NJ Notification of Asbestos Abatement Proj. #: 19-243 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1 1 /1 2 //1 19 Mark Popadak Agencies Notified Type Notification Street Address Initial LICENSING EPA Amended DEP City, State, Zip Code Amendment #: DOL _ Emergency Union, NJ 07083 M DOH (including Name of Contact Telephone Number justification) ☐ DCA Mark Popadak Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet County (6) County Code (7) 1,200 SF City (5) 70 (State use only) Current Use (Prior if being demolished) Union, NJ 07083 Union Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) KLOMAX, LLC Street Address Street Address 309 W. End Ave City, State, Zip Code City, State, Zip Code Hopatcong, NJ 07843 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 02007 833-455-6629 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) KLOMAX, LLC 11/13/2019 11/19/2019 Street Address Occupancy Status During Abatement (Check only one) 309 W. End Ave Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Hopatcong, NJ 07843 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial е e asbestos-containing Amount Description of asbestos-containing n m staff(12) p C material (acm) to be (Specify SF or material (ACM) C 0 a a abated in facility (13) LF) Yes No N/A ٧ p Basement 95 LF X Pipe Insulation Garage Pipe Insulation 25 LF X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill KLOMAX, LLC 0038241 2 yds TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State TBD Hopatcong, NJ 07843 TULLYTOWN, PA Completed by (Print or Type) Signature -Paige Boylan Owner 11/12/19

page 1

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Date of Notification (1)				Building Ow				Same	Ñ.				Annual Control	44.4
11/27/2019				KH	EM	ME	27	r . []		DEC -	1 201	9-	110-5	1
Agencies Notified Type Notification		S	treet Ad	dress				5-A	14					
EPA Initial Amended Amendment #_				e, Zip Code ROUCK H		ITS N	J.	And The Control of th	A.Gr	ESTOS:	OUNT BING	OL.	. <u>)</u> [
Emergency (indiginal justification)	luding	N	lame of the ANGEL	Contact				or Zaktoon	Tele	phone Nu	mber			
DCA Cancellation				ITY INFOR	MATIC	ON								
Name of Facility Where Abatement is Taking F	Place (3)						Туре	of Facility	(4)					
PRIVATE								School (K-	12)	ar than V 1	2)			
Street Address							X	Subchapte Other (i.e.	orivate &	commerc	al buildi	ings, h	nomes	s,
								etc.)		Floors		dg. Ag		\dashv
City (5)							CO. 10 . 10 . 10 . 10 . 10 . 10 . 10 . 10	re Feet 25. SF.	7 01		Di	98	jc	
HASBROUCK HEIGHTS NJ.			County C	odo (7)				ent Use (Pr	1		shed)			\neg
County (6)			STATE U	SE ONLY)				N/A						
Name of Monitoring Firm Hired by Building Ow	/ner (8)		ASCM	No.		Name	of Aba	atement Co EAST EN	VIRO	VMENTA	L LLC			
Street Address							Addre 9 BEF	ss RGENLIN	IE AVE	≣.				
City, State, Zip Code	user en							Zip Code EW YOR	K NJ.	07093				
		- 1 -	Telephor	o No			hone N			License	No.			
Project Manager for Monitoring Firm			58			201-	776	0642		01300				
Clair Balle (1-7)	Schedule 12/03/2		pletion [)ate (11)				HA Monito /IRONME		LAB				
Occupancy Status During Abatement (Check	Only On	e)					t Addre							
Facility Closed/Vacated During Entire Pe	riod of A	batem	ent					22W.						
Abatement Performed Outside of Norma Other – Describe:	I Facility	Hours			_			Zip Code IJ. 07083	3					
Scope of Work (Check All That Apply)						_				42.4				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					× M	ull Containr ini-Enclosu lovebag Pr on-Exempt	re ocedure				Δ.	
					+	L	_ N	on-Exempt	ed () ar	IU NOII-FIL	able i to	Abate		t
	1	Locati	(C)(C)(C)		_		-					Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	lormal d Sole intenai todial S (12)	ly by nce/	Asbesto (i.e. t	os Con therma surfa	scriptio taining I systen icing, V miscella	Materians insufAT, or		1 (Amount (Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								_	-	-	-
BASEMENT		X		F	PIPE I	NSUL	ATIC	N	1	00 LF.	X	-		-
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									(5 :		1611			
Name of Registered Waste Hauler		1073	JDEP V		Cubic of Wa	Yards		100		tered Land		110		
TRI STATE ASOCC			19951	110.	TBD		te	City, S		ENTERP	KISE	INC		
City, State BRONX N.Y.					TBD)				URG OF	IO Date			
Completed by CARLOS ESQUIVEL	Title SAF	ETY	MANA	GER		Signatu	Te	Egun	thing	use	11/27	/2019	9	

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

In# 164910 AT) NO	TIFICATIO	tate of New N OF ASB It to NJAC	ESTOS	ABATE		CHE	ECK	# 1	788			
Date of Notification (1) 11/26/2019		Name BIG	of Building SKY ENT	Owner/C	perator ISES	(2)	To the action and		E C	E3		E	A Commence
Agencies Notified Type Notification			Address STWICK	DRIVE	E, SUI	TE 101	Lib casto anno 400 c		DEC	- 4	20	9	The second secon
EPA Initial Amended Amendment		City, S GIBE	tate, Zip Co SSBORO	ode NJ 080	026		And the second second						1
DOH Emergency (justification) Cancellation	including		of Contact N REGIN	Α			1	Teleph 856-	none Nu 435-84	mber	14G	(Crist	
	D I (0)	FAC	CILITY INFO	ORMATI	ON								
Name of Facility Where Abatement is Taking FORMER CHARLIE BROWNS ST		SE				Type of F	F 120						
Street Address 114 EAST MAIN STREET						Subo	ool (K-12) chapter 8 er (i.e. priv	(Other t			dings,	home	∌S,
City (5) MAPLE SHADE	-					Square Fe 8320		# of FI 2	oors		ldg. A 79	ge	
County (6) BURLINGTON			Code (7))		Current U FORME	se (Prior ER CH <i>A</i>	if being ARLIE	demolis BROW	hed) /NS			
Name of Monitoring Firm Hired by Building O ACER ASSOC.	Owner (8)	ASC	M No.		Name ASS	of Abateme	ent Contr NVIRO	actor (9) NMEN) ITAL SI	ERVI	CES	INC.	
Street Address 1012 INDUSTRIAL DRIVE						Address CLEMS	RUN						
City, State, Zip Code WEST BERLIN NJ 08091			State, Zip Co _LICA HII		8062								
WEST BERLIN NJ 08091 MULLICA HILL NJ 08062 Project Manager for Monitoring Firm MATT DEPALMA Telephone No. 856-809-1202 Telephone No. 610-304-4676 License No. 01145													
Start Date (10) 12/09/2019	Scheduled 12/16/20		n Date (11)		Name EMS	of OSHA N	Monitor						
Occupancy Status During Abatement (Chec						Address RT. 130	NORTH						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:						State, Zip Co		08077				M13-2	
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of the sa	novation nolition			× × ×	Mini-Er Gloveb	ntainmen iclosure ag Proce empted (dure	-			e	
	isio	ocation					Cripted	() and i	1011 1 1101	10.0	Abate	ment	
Location of	No	rmally Solely by			scription						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Maint Custoo	enance/ lial Staff? 12)		thermal surface	system cing, VA			Amo (Spe SF o	ecify	Removal	Repair	Encapsulate	Enclosure
(13)		No N/A		other n	niscella	neous)				oval	air	ulate	sure
2ND FLOOR APARTMENT		X		FLC	OR T	ILE		1200	SF	Х			
RESTURANT CRAWLSPACE		X	PIPE	INSUL	OITA	V/FITTING	GS	25	LF	Х			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SER	RVICES	NJDEP Hauler I 00348	D No.	Cubic of Was 12	Yards ste	1	ame of Re	and a marine					
City, State MULLICA HILL NJ					sal Date 6/2019	Ci	ty, State VAYNES	SBUR	G, OH				
Completed by RON SWANSON	Title GENE	RAL MAI	NAGER	S	Signatur	Luxel	hus	WOOV		ate 1/26/	2019	l.	

State of New Jersey

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CK. 182	ol Pa		(P	ursuant	to NJAC	8:60 and	12:120)).	NON	12)	E G (N. VI		And the second s
Date of Notification (1) 10/09/2019	•				f Building rk Public			(2)	1 () () () () () () () () () (QCI	17	201	9	in the state of th
Agencies Notified EPA	Type Notification			Street A 190 M		ad Ali A	venue	e Ro	om 209	DENS	COLUMN CONTRACTOR CONT		I	TOL	<u></u>
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X DOH X DCA	Emergency justification Cancellation)			f Contact min Ola	gadeyo)				ephone Nur 3-733-72				·
				FACI	LITY INF	ORMATI	ON					V-18150			
Name of Facility Where A Newark Vocational		ng Place (3	3)					Тур	e of Facility School (K-	1.0					
Street Address 301 West Kinney S	treet							×	Subchapte	r 8 (Oth	er than K-12 & commerci		dings,	home	es,
City (5) Newark NJ 07103									uare Feet 000	# of	Floors		ldg. A 20	ge	
County (6) Essex					Code (7) USE ONLY	,		Cur	rent Use (Pr arning inst	ior if bei	ng demolish	ied)			
Name of Monitoring Firm Whitman	Hired by Building	Owner (8)		ASCN 0011			11/2 / 20/20/20/20/20/20/20/20/20/20/20/20/20/2		patement Co point Contr		5.05.0	ion			
Street Address 7 Pleasant Hill Road	d						Street 1125		ress anbury Ro	ad					
City, State, Zip Code Cranbury NJ 08512							100000000000000000000000000000000000000		Zip Code J 07083						
Project Manager for Mon Kevin Lovely	itoring Firm			Telepho	ne No. 90-5858		Teleph 973-3		No. -2177		License N 01238	0.			
Start Date (10) 11/04/2019		Schedule	ed Con		Date _i (11)		Name	of O	SHA Monitor nalytical La						
Occupancy Status During	Abatement (Che			12/1	1711	l	Street			DOTAL					-
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire	Period of A	Abatem				255 \	Nes	t 36th Stre	eet, Su	ite 101				
Ш		Tidi i dollity	Tiouro						k, NY 100	18					
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	і тпат Арріу)		enova emoliti				×	N G	full Containm fini-Enclosur Glovebag Pro Ion-Exempte	e cedure	ŭ			e	
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J., 01010						Dispus	ui Dale	D	Wahne		OH 4468	8			

Completed by

Emeka Okeke

Title

President

Date

10/09/2019

Signature

Turningpolunt Contracting	Newark Vocationa Sch	[[]]	Bereit, and british and April	- Action of the Contract of th
<u>Location</u>	<u>Material</u>	Approximate Amount	2 9	2019
Ground floor Corridor extending to the construction area to the small corridor leading to the basement Kitchen Stairwell	Acoustical Ceiling Plaster	700 SF	ros cor IGENSIA	TROLG G
Ground floor Corridor extending to the construction area to the small corridor leading to the basement Kitchen Stairwell	Wall Ceramic Tile and Mortar	3,000 SF		
Ground floor corridor and offices extending from the construction area to the 301 Kinney Street exit including all rooms and offices	Acoustical Ceiling and Wall Plaster	8000 SF		
Ground floor corridor and offices extending from the construction area to the 301 Kinney Street exit including all rooms and offices	Pipe Insulation including Elbows and Joints	5000 LF		
Ground floor corridor and offices extending from the construction area to the 301 Kinney Street exit including all rooms and offices	Wall Ceramic Tile and Mortar	3000 SF	©.	
Gym	Acoustical Plaster	10,035 SF		
1st floor corridor	Acoustical Plaster	8,000 SF		
1st floor corridor	Wall Ceramic Tile and Mortar	6,000 SF		
1st floor corridor	Pipe Insulation including Elbows and Joints	5,000 LF		
Rooms un-24-28	Acoustical Plaster	2,500 SF		
Storeroom un-23	Duct Insulation	3,200 SF		
Rooms un-24-28	Floor tile and mastic	2,500 SF		
Auditorium	Floor tile and mastic	5,500 SF		
Auditorium	Suspended ceiling	3,500 SF		
Music room and storage room	Acoustical plaster	3,500 SF		
Music room and storage room	Transite wall panel	2,000 SF		
Facilities storeroom un-45	Pipe Insulation including Elbows and Joints	50 LF		

* Additional Quantities

		GEIVEN
Pipe Insulation including Elbows and Joints	250 LF N	OV 2 9 2019
Acoustical Plaster	4,500 SF	The substitute the such supply to be a such
Pipe Insulation including Elbows and Joints	1,500 LF	TOS CONTROLA LICENSIMO
Blue floor tile and mastic	2,000 SF	
Acoustical Plaster	810 SF	
Red Floor Tile and Mastic	336 SF	
Acoustical Ceiling Plaster	90 SF	
Acoustical Ceiling Plaster	800 SF	*
Acoustical Ceiling Plaster	40 SF	*
Acoustical Ceiling Plaster	50 SF	*
Pipe Insulation	26 LF	*
Acoustical Ceiling Plaster	40 SF	*
Pipe Insulation	2 LF	*
Acoustical Ceiling Plaster	40 SF	*
Acoustical Ceiling Plaster	35 SF	*
	and Joints Acoustical Plaster Pipe Insulation including Elbows and Joints Blue floor tile and mastic Acoustical Plaster Red Floor Tile and Mastic Acoustical Ceiling Plaster Acoustical Ceiling Plaster Acoustical Ceiling Plaster Acoustical Ceiling Plaster Pipe Insulation Acoustical Ceiling Plaster Pipe Insulation Acoustical Ceiling Plaster Pipe Insulation Acoustical Ceiling Plaster	Pipe Insulation including Elbows and Joints Acoustical Plaster Pipe Insulation including Elbows and Joints Blue floor tile and mastic Acoustical Plaster Acoustical Plaster Acoustical Ceiling Plaster

* Additional Quantities

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Date of Notification (1) 11/27/2019			1	f Building (a Palic	Owner/C	perator	(2)	Section of the second of the s	A STATE OF THE STA	DEC	- 4	20	19	Andread Co.	
Agencies Notified EPA DEP DEP DOL	Initial Amended Amendment #NE Emergency (including justification)		Veror	ddress ate, Zip Con na, NJ 07 f Contact a Palic				The second secon	nd weeks	LIGITO LIGITATION IN CONTRACTOR IN CONTRACTO	EINSH.	THE COLUMN	(C)[_/		The group of the second
			The state of the s	LITY INFO	RMATI	ON									
Name of Facility Where Abater Private Residential Street Address	nent is Taking Pla	ace (3)						of Facility School (K- Subchapte Other (i.e. etc.)	-12) er 8 (Oth						s,
City (5) Verona, NJ 07044							Squa	re Feet	# 0	of Floors		BI	dg. A	ge	
County (6) Essex County		····		Code (7)			Curre	ent Use (Pr	rior if be	ing demo	olished	i)			
Name of Monitoring Firm Hired	by Building Own	er (8)	ASCN	/I No.				itement Co					<u> </u>		
Street Address						Street	Addre								
City, State, Zip Code						2000		ip Code 07011							
Project Manager for Monitoring	j Firm		Telepho	ne No.			none N 899-9			Licens 01336					
Start Date (10) 12/4/2019		heduled C 2/25/201	ompletion 9	Date (11)		Name	of OSI	HA Monito	г			-			
Occupancy Status During Abat	tement (Check Or	nly One)				Street	Addre	SS				30///			
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:					_	City, S	State, Z	ip Code							
Scope of Work (Check All That	Apply)											We i			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ē	X Reno Demo				×	Min	II Containn ni-Enclosu ovebag Pro n-Exempte	re ocedure						
		Is Loc								7.4-4.7.4.11h			Abate Ty		
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)	rial (ACM)	Norm Used So Mainter Custodia (12	lely by lance/ I Staff?		os Cont thermal surfac	scription aining N systems cing, VA niscellar	Materia s insula T, or		(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes No								20.15				(b	
Basement		X			pipe	insula	ition			33 If	,	(_
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								27-2300-4-1-02							
Name of Registered Waste Ha MKD Property Maintenar			NJDEP W Hauler ID 003799	No.	Cubic of Was N/A	Yards ste		Manager se		ered Lan agemen		airle	ess la	andfi	II
City, State Clifton NJ 07011					Dispos N/A	sal Date		City, Sta Morris		A 1906	7				
Completed by Darko Raloski	1 0	Title Project I	/lanager		S	Signature	/_				Date		2019		

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	e of Notification (1) /29/2019				Name o	f Building gnant	Owner/0	Operator	(2)	200700	The same of the sa	DE	· C	- A	2019)	A CONTRACTOR OF STREET
Age	encies Notified	Type Notification			Street A						1) 111	UL	.0	4	ZUI		11
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X	DEP	Amended				ate, Zip Co					,	ACH Chin				Jan Ci	
×	DOL	Amendment Emergency			Maple	wood, N	IJ 0704	10			star of the stage of the	eren til en militæren		ENSI	VALA	marild object	william and the second
×	DOH	justification)	•			f Contact					Tel	ephone	Num	ber			
	DCA	Cancellation			Alex A												
Mar	me of Facility Where	Abatament is Takin	a Place (2)	FACI	LITY INFO	ORMATI	ON	Trees	a of Facility	745						
	ouse	Abatement is Takin	y Flace (3)					тур	e of Facility	9005						
Stre	eet Address			7					H	School (K- Subchapte		er than l	K-12	1			
									×	Other (i.e.					ings,	home	s,
City	(5)								Sau	etc.) are Feet	# 0	Floors		BI	dg. A	ne en	
	aplewood								N/A		N/A			-0535	/A	, ,	
Cou	unty (6)			T	County	Code (7)			Curi	rent Use (Pr	ior if bei	ng dem	olishe	ed)			-
Es	sex				(STATE	USE ONLY				use		0					
Nar N/	ne of Monitoring Firm A	Hired by Building	Owner (8)	ASCN	l No.				atement Co atement, Ir		(9)					
Stre	eet Address							Street	Addr	ess							
Cit	- Ct-t- 7:- O-1-									ngren Ave	nue						
City	, State, Zip Code									Zip Code NJ 07512							
Pro	ject Manager for Mon	itoring Firm			Telepho	ne No.		Teleph				Licens).			
Cto	d Data (40)		Oahada	- 10-		D-1- (44)				8685		0131	1				
	t Date (10) /09/2019		12/10/		npietion	Date (11)		THE STREET		SHA Monitor Itement, Ir							
Occ	cupancy Status During	Abatement (Chec	k Only O	ne)				Street									
	Facility Closed/Vaca Abatement Perform									ngren Ave	nue						
×	Other – Describe:		iai Facilit	y Hours	; 					Zip Code NJ 07512							
Sco	pe of Work (Check A	II That Apply)							•								
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	≥160 sf or ≥260 lf			Demolit	ion				M	lini-Enclosur	e						
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	(13)			(12)			other n	niscellar	neous)				Remova	pair	Encapsulate	Enclosure
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	ntic Carting				auler ID 3085	No.	of Was	ste		Grand							
	, State yne, NJ						Dispos TBD	sal Date	,	City, Sta		4					
Con	npleted by		S	ignature	106	1/		T	Dat	e							
	er Hegedis		Proje	ect Ma			1	101			-	1000	29/2	019			

Inv#	1042	Š.	NOTIE		ate of New Jersell OF ASBESTOS		BAENT CO	ME	CE		V		ILFO
UC10873	PAI		(Pi	ursuant	to NJAC 8:60 ar	id 12:12	0)		DEC -			egymenters/stance	Total season
Date of Notification (1)				1	f Building Owner/	Operator	(2) P1 C	11 [1]	DEC -	4 2	019	Marine.	ا السياد المناسدة
Agencies Notified	Type Notification		\neg	Street A		(V)	17.)		AESTOS	737.73	o son		
EPA EPA	Initial		_	Cit. Ct	t- 7:- CI-				LICEN			- 01 	
DEP DOL	Amended Amendment #		_	. 1	ite, Zip Code Dow F16	10	· N	TO	803.	2			
□ DOH	Emergency (in justification)	cluding	ľ		f Contact				phone Nur	_			
☐ DCA	Cancellation			VAL		4045							
Name of Facility Where A	batement is Taking	Place (3	3)	FACI	LITY INFORMAT	ION	Type of Facili	ty (4)					
RESIDENTIAL							School (
Street Address,						4.000			er than K-12 commercia		lings,	home	s,
City (5)							etc.) Square Feet	# of	Floors	В	dg. A	ge	
HADDONFI	5/0						2000	3			4	1	
County (6)					Code (7) USE ONLY)		Current Use (Prior if beir	ng demolish	ed)	-		
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN		Name	of Abatement (/Q)				
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Street Address		770				Street	Address	0010	00/10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	645						130x 1.	1587	>				
City, State, Zip Code	19111					City, S	State, Zip Code	PA 19	111				
Project Manager for Monit	toring Firm		T	Telepho	ne No.	Teleph	none No.	/5 / /	License N	0.			_
BRIAN S			5	67-78	4-4693		7-784-4	684	012	76			
Start Date (10)		Schedule	ed Com	ipletion l	Date (11)	Name	of OSHA Monit	or					
Occupancy Status During	Abatement (Check	Only On	ie)	7		Street	Address						-
Facility Closed/Vacat									E.				
Abatement Performe Other – Describe:	d Outside of Norma	I Facility	Hours			City, S	state, Zip Code						
Scope of Work (Check All	That Apply)	/					- 12						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			tenovat emoliti			H	Full Contain		Negative P	ressur	е		
		ш	CITIONI	011			Glovebag P Non-Exemp	rocedure	l Non Frieh	lo Dro	o di iri		
		ls	Location	on			1 Non-Exemp	neu () and	NOII-FIIAD	_	Abate	ment	
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Asbestos-Containing N TO BE ABA		Ma	intenar	nce/			faterial (ACM) s insulation,	1	nount pecify	R		Enc	E I
In Facilit (13)	у	Cust	odial S (12)	ιαπ?	surfa	icing, VA miscellar	T, or		or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			,			a	7	late	ire
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PIPE WRISP	/ CAIGIC				1100	-/1/50		10	5 0/				
17/10 0 1////									*				
Name of Registered Wast	e Hauler			JDEP W auler ID		Yards	Name	of Registe	red Landfill	A			
FRYMAR CO.	NSTRUCTI	oa	1000	367	59	1		STERN	BER	3			
City! State	PA				10.4003355777	sal Date			0.	0	1		
Completed by	V/1	Title	1		11-	Signature		OSB	Da Da	te	<i>†</i>		
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J. MAIORANO

Estimator

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Nov 27 2019 03:26PM NJ Asbestos Control 609.633.0664 page 1 BEST REMOVAL INC 11/27/2019 04:50PM 2013297440 PAGE 02/04 WH10418 E State of New Jersey DOL - 10 DAY NOTIFICATION OF ABBESTOS ABATEMENT (Pursuant to MJAC 8:80 and 12:120) Date of Notice ML SCHWARTZ 11/27/19 Strong Address D DOL BLOOMFIELD . NJ 07003 E DOM Merry of Control

MR. SCHAWKRTZ PACILITY SIPORMATION Stame of Partilly Wirese Abstancest in Taking Plans (5) Type of Panity (4) MR SCHWARTZ C) School (K-12) C) Subshapter 6 (Other than K-12) C) Other G.c. private 8 commental hundryn. Street Address Chy (F) BLOOMFIELD 1900. 1940 . 2 County Code (7) (STATE USE ONLY) County (E) Current Use (Prior & being domail BSSEK RESIDENCE. Name of Machining Firm Hood by Building Outs ABOM No. to of Abbrevance Contractor (b) Best Removal Inc 450 South River St Chy, Shale, Zh Code Gity, State. Zip Code Hackensack, N.J. 07601 Telephane No. 201-329-7444 00388 Saturdaded Corrections Date (11) Herne of CHMA Manho 12/2/19 Omega Environmental 280 Huylar St Chy. State. Ep Code S. Hackensack , N.J. 07606 to at Marmal Funding Hou 8:00 64 TO 5:00 PM 12 2 3 61 61 2 3 F C12 160 4 61 2 200 H angles (*) and Mich-Prinks Praces Companies Many 300/77 . (13) N2 No NIA BASEMENT THERMAL SYSTEM INDILATON 751F X Same of Regimered Wests Hauter ILEMP Whete H Best Removal Inc P Me. 17109 CONBERLAND COUNTY LANDFILL Hackensack , N.J. 07601

Proj. #: 19-259 Date of Notification (1) 1 1 1 1/2 7 1/1 19 Agencies Notified	Nar M Stree	me of Buildary Carrest Address State, Zinillburn,	ding Own man es ip Code nj 070	uant to NJA(besto C 8:6	J os Abatement 0 and 12:120)	ASSESTA LIC	E I V - 4 201		Management of the second of th		*sample of the control of the contro
DCA justification		Aary Car					relephor	ne Number				
Cancollation		Tana y Can		ILITY INFORM	ΙΔΤΙΩΙ	d				-	-	
Name of facility where abatement is to	aking place	(3)	FAU	ILIT INFORM	AHUI	,	Type of Facility	(4)	_			
Residential Street Address	aking place	(3)					School Subch Other Bldgs.	(4) ol (K - 12) napter 8 (Other (Private/Com/Homes, etc.) # of Floors		ial	12) g. Ag	ie.
City (5)	County	(6)			Cou	inty Code (7)	1 2	02	_ 6	60	93	5
'111 ' 07041	-				(Sta	ite use only)	Current Use (P	rior if being d	emol	ished	d)	
millburn, nj 07041 Name of Monitoring Firm Hired by Bld	Essex Q Owner (8)		ASCM No.	L	Name of Abatemen	Residential			_		
N/A	g. Owner (0,		ASCIVI NO.	1		8 8					
Street Address					=	KLOMAX, LLO Street Address				_		
						309 W. End Av	e					
City, State, Zip Code					_	City, State, Zip Code	THE RESERVE OF THE PERSON NAMED IN					
27						Hopatcong, NJ	07843					
Project Manager for Monitoring Firm		Phor	ne Numb	er		Telephone Number 833-455-6629		License Nu 02007	mber			
Start Date (10)	Sched. C	ompletion	Date (11	1)	_	Name of OSHA Mo						
12/12/19	12/17/20	019				KLOMAX, LLO Street Address	U		-	_		
Occupancy Status During Abatement (309 W. End Av	re					
Facility closed/vacated during en Abatement performed outside of Describe:						City, State, Zip Code	9					
Other-Describe: NORMAL HOU	RS					Hopatcong, NJ	07843					
	enovation						Full Containment w Mini-enclosure Glovebag procedur Non-Exempted (*)	re			dure	
Location of	location no					St. 101	220,-20- 200-20	F	· '	R	E	Е
	aff(12)	1007003101		Description material (sbestos-containing	Amount (Specify S	SF or	n i		n C	n
abated in facility (13)	Yes	No	N/A	material	HOIVI		LF)	, o. o		a	ар	L
Basement				Pipe Insulat	ion		95 LF	e ∑	_	-	-	П
Dasonione				1 ipo moulai			73 14			┽╬	井	片
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Registered Waste Hauler KLOMAX, LLC	NJDEP I 003824	Hauler ID#		ubic Yards of V yds	Vaste	Name of Registered		COVERY				
City, State	00362		sposal D		_	City, State	, RESOURCE RE	COVERY	· ·	Ne-du		-
Hopatcong, NJ 07843			TBD			TULLYTOWN	, PA					
Completed by (Print or Type)	le .			Signature				Date				

TW#	104	85							TANK TANK	wi anarita	arrens e	Patrician	
CK1107	PAI	D		ICATI	ON ASB	ew Jersey ESTOS ABATEI 8:60 and 12:12	8.3.1 3	EC				300	S Commence of the second
Date of Notification (1)	19			100000000000000000000000000000000000000	e of Buildi l Rosenb	ng Owner/Operato erg	r (2)	DE	C - 4	201	9		ا آليا گوند
Agencies Notified EPA	Type Notific	ation		100000000000000000000000000000000000000	et Address . Box 50		are in Agent	Zanes.	705 O	11111	(CL		
DEP X DOL	Amende Amendm				State, Zip		i		LIOENS			the same	, or higher party.
⊠ DOH		cy (includ	ng	_		NJ 08701		L Talanh	on a Numb	nor.			
DCA	Cancella			100000000000000000000000000000000000000	ne of Cor Donath	itact			one Numb 1-2806	bei			
				FA	CILITY IN	FORMATION							
Name of Facility Where Retail Space	Abatement is ¹	Taking Pla	ce (3)				Type of Facili	12)					
Street Address 4355 US 130							Subchapte Other (i.e.,	private 8 c			dings	ı.	
City (s)							Square Feet	# of F	loors		ldg. /		
Edgewater Park County (6)				To		(7) (OTATE	20,000 sf	1			2 yrs		_
Burlington			+	USI	E ONLY)	(7) (STATE	Current Use (I Retail Space		ig demoiis	inea)			
Name of Monitoring Firm (8)	Hired by Build	ding Owne	r	ASCM	No.	Name of Abater AEi2, LLC	ment Contractor	(9)					
Street Address						Street Address				_		_	_
L						361 E. Flemin							_
City, State, Zip Code						City, State, Zi Hammonton,							
Project Manager for M	Ionitoring Fir	m	Tel	ephone	No.	Telephone No. 609-481-212	22	Licen:	se No.				
Start Date (10)	1.5	Scheduled	Compl	etion Da	ate (11)	Name of OSHA				- 1/2		_	_
12/9/19		/9/20			, ,	AEi2, LLC							
Occupancy Status Durin			5			Street Address							
Facility Closed/Vacat						361 E. Flemi City, State, Zip C							
Other - Describe:						Hammonton,	, NJ 08037						
Scope of Work (Check a	II that apply)					Full Co	ntainment with I	Negative P	ressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoliti	tion on			closure ag Procedure cempted (*) and I	Non Esiable	Dropodu				
		100	Locati			IZM NOII-EX	templed () and i	NOII-FIIADIE	Frocedu		bater		
Location			Normall d Sole			Description of	f				Тур		_
Asbestos-Containing M TO BE ABAT			intenar Custodi			tos Containing Mat , thermal systems i		Amo (Spec		R	R	Enc	E n o
IN Facility (13)			Staff? (12)			surfacing, VAT, other miscellane	, or	SF or		m o	e p a	a P	0 5
(10)		-	T	Т	1	outer missemanes	340)			v a 1	i	u 1	u r
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Name of Registered Was	te Hauler			NJDEP I		Cubic Yards	Name of Reg	istered Lar	ndfill				
AEi2, LLC			1.000	1376	J NO.	of Waste 50 yds	TBD						
City, State Hammonton, NJ						Disposal Date TBD	City, State TBD						
Completed By		Title				Signature	h1		Date				
Wm. Minnick		Progra	m Mg	г.		WM	Home	ch.	11/27/19	9			

· CL9428

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 3:60 and 12:120)

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	1				111 / 11

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Date of Notification (1) 12/2/19	80			of Building v Zhura		Sperator	r (2) .	l-a	1	- 		7 ha			
Agencies Notified Type Notification	1000		Street A	Address				-	A	SBEST	OS C	ON	INO	_&	
EPA Initial								- Contraction	Session remarkable	L	CEN	SIN	3 	umanteri e fil	Consideration of the Constitution of the Const
DEP Amended				ate, Zip Co						5.42					
X DOL Amendment X Emergency (- [Paran	nus, NJ	07652										
DOH justification)	iricidaling	Γ		of Contact	25				Te	lephone	Num	ber		-072	
DCA Cancellation			20	v Zhurav											
Name of Facility Where Abatement is Taking	p Diago /2	1)	FAC	ILITY INF	ORMAT	ION	T	f.E 104 - 1	(4)						
Residential Home	g Flace (3)						f Facility (
Street Address							님	chool (K-1 ubchapter	12)	oor than	K 121				
								ther (i.e. p					dings,	home	es,
City (5)							et	c.)	- 4	of Floors			lala A	2.20	
Paramus							Square 1750	e reel	2	or Floors			ldg. A	ge	
County (6)			County	Code (7)			and the second	t Use (Pri		ing dem	olicho	1 ~	0.7	-	
Bergen				USE ONLY				dential F			Olisite	u)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCN	Л No.		Name		ement Cor							
Project Manager								Abatem		. 121					
Street Address						Street	Address	3				- 5402			
						280	N. Midl	land Ave	e.						
City, State, Zip Code							State, Zip				Consti				
						Sado	dle Bro	ok, NJ (7663	3					
Project Manager for Monitoring Firm			Telepho	ne No.		1 1	hone No.			Licens					
							600-31			0130)5				
Start Date (10) 12/3/19	12/7/19		npletion	Date (11)		Name	of OSHA	A Monitor							
Occupancy Status During Abatement (Check						Chanal	A -1 -1	6							
						Street	Address								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of A	baten	ent			City S	State, Zip	Codo				_			
Other - Describe: 8 A.M to 4 P.M	ai r dointy	rioure			0.	Oity, O	nate, Zip	Code							
Scope of Work (Check All That Apply)															
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In Facility (13)	1 227/2002	(12)				cing, VA			S	F or LF)		Removal	Repair	Encapsulate	Enclosure
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						307.00					7				
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Private house Street Address						E	School (K-	121				
An And Liferi dad				7,7			Subchapter	9 (Other than K-1 2 private and comme	2)			
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Middlesex				1	\'I	, sine sor one ()	Variant Are (F	Prior if being demolis	shed)	30	7100000	
Name of Monitoring Firm Hired	by Building	Owner	(4)	ASCN	A No.	Name of Abatama	ant Contractor (9)				
Street Address		~				Gr Tech LLC	(1					
AND						Street Address						-
City, State, Zip Code						576 Valley Rd #						
						City, State, Zip Co Wayne, NJ 0747			estresci aci ti			
Project Manager for Monitoring f	irm		Tel	ephone	No.	Telephone No.	<u> </u>	Licensé No.				
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Date of Notification (1) 11/1/2019			Name of	Building C		perator Patel	(2)								-
Agencies Notified Type Notification	and the second	-	Street Ad	ddress		ratei				ASBEST				JL &	
□ EPA □ Initial									To Printing party of the	L	JCEN	SIN	G		National Property Pro-
DEP X Amended Amendment #		_	City, Sta	te, Zip Coo		in, NJ	088	830		A.					
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding		Name of Shi	Contact irish Pat	el				Те	lephone N	Numbe	er			
			FACIL	LITY INFO	RMATI	ON	-								
Name of Facility Where Abatement is Taking I Residential	Place (3)						Тур	e of Facility							
Street Address							×	School (Konstant) Subchapte Other (i.e.	er 8 (Oth			ouildi	ings,	home	s,
City (5) Iselin, NJ 08830								etc.) Jare Feet 1800	# 0	of Floors		Ble	dg. A	5000	
County (6) Middlesex			County C	Code (7) ISE ONLY)				rent Use (P	rior if be	-	olished)	Jan 1500		
Name of Monitoring Firm Hired by Building Ov MECS	vner (8)		ASCM	l No.				eatement Co			s, Inc).			
Street Address PO Box 341			1			Street PO E									
City, State, Zip Code Crosswicks, NJ 08515								Zip Code n, NJ 085	501						
Project Manager for Monitoring Firm Bill Weisgarber			Telephor	ne No. 8-4070		Teleph 609		No. -9688		License 00493					
Start Date (10) 5 11/22/2019	Scheduled	Con		Date (11)		Name MEC		SHA Monito	r						
Occupancy Status During Abatement (Check	Only One					Street					3				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: 8 am - 4 pm							State,	Zip Code	0515						
Scope of Work (Check All That Apply)		2-31				Che	steri	field, NJ C	18515			_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova molit				>	<u>د</u> ا	Full Contain Mini-Enclosu Glovebag Pr	ire ocedure						
		_					<u> </u>	lon-Exempt	ed (*) ar	nd Non-Fr	riable				
Location of	1,540,000	ocati rmal			-	o ori-ti-							Ту	ment pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Sole tenar	ly by nce/		tos Cont thermal surfa		Mater is insi AT, or		(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											te	
Basement		Χ		The	ermal	Duct I	nsul	ation		14 sf		Х			
									-	7	-				
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name o	of Regist	ered Lan	dfill				
Stevens Environmental		Н	lauler ID 18292	143776	of Wa	ste 1		Fairle	ss Lan	4					
City, State Allentown, NJ					1000	sal Date		City St Morris	ate sville, F	PA					
Completed by Mahlon E. Stevens	Title	+ N.A.c	anager			Signatur			7		Date 11		201		

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

			(1	ursuant	to NJAC	8:60 an	a 12:120	U)		17					
Date of Notification (1) 11/11/2	2019			Name o	f Building	Owner/0		(2) Pate			DEC	C - L	20	19	Lapacon
Agencies Notified	Type Notification			Street A	ddress			7.00	L		Nau-alrinot parvios	Doubles (200)	on the straight	эсриенна	J
X EPA	× Initial									3	ASBEST	TOS C		10L 8	4
EPA DEP DOL	Amended			City, Sta	te, Zip Co	ode	d 1			Secretary and	West, repair service to	Charles Control	AND THE PERSON	and the second second	utrocute
	Amendmen Emergency		- 1				Iselin	i, N.	J 08830						
DOH DCA	justification) Cancellation			Name of	f Contact Shirish	Patal				Te	lenhone N	Number	-		
_ box	Caricellation	1		EACI	LITY INFO	an rantrona	ION				-				
Name of Facility Where A	Abatement is Takir	ng Place (3)		FACI	LITTINE	JRIVIAI	ION	Ту	pe of Facility ((4)					
Resident	ial							П	School (K-1						
Street Address								×	Subchapter Other (i.e. p	8 (Oth			ildings	, hom	es,
City (5)					15.00			Sq	etc.) uare Feet	# 0	f Floors	T	Bldg.	Age	
Iselin, NJ	08830								1800		2		_	+/-	
County (6) Middlesex				County (Code (7) USE ONLY,)		Cu	rrent Use (Pri	or if be	ing demo	lished)			
Name of Monitoring Firm MECS	Hired by Building	Owner (8)		ASCN	1 No.				batement Cor Environme			s, Inc.			
Street Address PO Box 341							Street PO E								
City, State, Zip Code Crosswicks, NJ	08515								, Zip Code /n, NJ 0850)1					
Project Manager for Moni Bill Weisgarber				Telephoi 609 29	ne No. 98-4070		Teleph 609 2		No. -9688		License 00493				
Start Date (10) 11/22/2019		Scheduled		npletion (27/201			Name MEC		SHA Monitor			-			
Occupancy Status During	Abatement (Chec	ck Only One					Street		ress	-	_	15.00			
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire	Period of Ab	aten	nent			PO B	370-100	341 Zip Code						
X Other – Describe: _8	Bam - 4 pm					_			field, NJ 08	515					
Scope of Work (Check Al	l That Apply)				The state of										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		property.	nova molit				×		Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure	•			re	
		le l	ocati	ion					VOII-EXCITIPIES	4 () an	a Non-i i	labic i i		ement	
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Asbestos-Containing TO BE ABA In Facilii (13)	TED	Used Main Custo	tena	nce/		tos Cont thermal surfa		fater s ins T, or	r	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u>a</u>		ate	Гe
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Name of Registered Was	to Haules			UDED !	la a la	0	Varid			D- : /	2	1611			
Stevens Environmen			1350.5	IJDEP W lauler ID 18292	No.	of Wa	Yards ste 1		Name of Fairless	/		11111			
City, State Allentown, NJ	-					U1000000000000000000000000000000000000	sal Date /27/20		City, State		A				
Completed by Mahlon E. Stevens		Title Projec	t Ma	anager		S	ignature	1				Date 11/1	1/201	9	
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Print Form

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Date of Nothcation (1) 27 -19				Name of B	widing Owner/Opera FY PVLUW V	NO PARTI	ES CUSTAM	Ha	111	< 1	10
Agencies Notified Type Notific	ation							TU	ME	7 1	الر
☐ \$PA	500		}	City, State,	106 UtM7	MUR A	HE				_
☐ Emergen	icy (inc	tuding	- [_ M6	ARGATE 1	NIT	08042				
□ DOH justificate □ DCA □ Cancetlate				Name of Co	Maci Maci		Telephone	Vurnbe	a.		
					INFORMATION						_
Name of Facility Where Abatement is T	aking F	tace	(3)	FACILITY	HT ONSOTION	Type of Fa	erdity (4)				
RESIDEN						□ School	(K-12)				
Street Address					·	☐ Subcha	pter 8 (Other than	K-12)	5 12512		
Cir. (5)						nomes,					
City (5) MARGATE				08	402	Square Fee	1 2		(g. Ag	
County (6) ATLANTIZ				County Code USE ONLY)	(7) (STATE	Current Us	e (Prior if being den ACAN T	noEshe	र्ज)		
Name of Monitoring Firm Hired by Buildin	ng Ovrt	Her	AS	SOM No.	Name of Abaten		х (9)				
Street Address			<u></u>		Street Address	LEMCC	2 INC		_		
					360	15.5	PRUCE HI	E			
City, State, Zip Code					City, State, Zip C		HADE N.	JO	80	52	
Project Manager for Monitoring Firm		T	elepho	ine No.	Telephone No. 856-77		Liœnse No.	37	1		
Start Date (10) Sch	eduled		nodek	Date (11)	Name of OSHA M	fonitor A 1 / 4	Δ				
Occupancy Status During Abatement (Ch	eck on	1 /			Street Address	19/1					
Facility Closed/Vacated During Entire F	eriod o	of Aba	tanan	ť							
Abatement Performed Outside of Norm	al Faci	lity Ho	eurs		City, State, Zip Co	xde	7.				
Other - Describe:											
Scope of Work (Check all that apply)					☐ Full Conta	ainment with N	legative Pressure				
] >3 sf or ≥3 H ☑ ≥160 sf or ≥260 H		enova emolit				Procedure	N 55-N 5				
	1 15	Locat	ion	T	Minarean	rpled () and r	Yon-Friable Proced		Abate	ement	Į.
	N	ormali Sole	У		Description of				Ту	ре	
Location of Asbestos-Containing Material (ACM)	Mair	xenar	næ/		s Containing Mater		Amount			T.	Е.
TO BE ABATED		istoda Staff?		(i.e t	hermal systems inst surfacing, VAT, or		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		(12)			other miscellaneous	;)		levol	Ph.	Bulai	sure
1	Yes	No	N/A							0	
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me of Registered Waste Hauler		1 1000	IDEP V		Subic Yards f Waste	Name of Regi	stered Landfill				1
KLEMCO INC		1	790	<u> </u>	4		UKI				=
MARE SHADE W. J					isposal Date	City. State ?	HAITUILLE	Ш	J		
noleted By Title	DES				Signature Signature	0	Date -	רר	-1	9	

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Date of Notification (1)			Nan	ne of Build	ing Owner/Operato	E LEOW K			7 1	LE TAN	
Agencies Notified Type Notifica	tion		Stre	et Addres	S		ASBEST	OSC	ON	TROL	8
□ 5PA □ Initial				70	-	J ALE		CEN	SING	i .	_
DOL Amendme		-	City.	State, Zip	tAN CI	to N.	J 08226				
□ DOH justification	n)	ing	Nam	ne of Conta	act		Telephone Num	ber			
DCA Cancellation				SC	FORMATION						_
Name of Facility Where Abatement is Ta	iking Pla	ce (3)		CILITIN	a ordination	Type of Facili	ty (4)				
RESIDEN	JCE					School (K-	-12) er 8 (Other than K-1.	2)			
Street Address			779				private & commerci		dings	ğ.	
City (5)	781 W W W			20	nne	Square Feet	# of Floors	В	ldg. A	(ge	
OCTAN	CIT		T Col	()/).	(7) (STATE	Current Use (Prior if being demoli	shed)			_
CAPE WAY			US	E ONLY)	(1) (316)	- Cancill Ose (in ouring defillois				_
Name of Monitoring Firm Hired by Buildin	ng Owne	r	ASCN	No.		ment Contractor					
(8) N/A					Street Address	LEMCO	INIC.				_
Street Address					369	S SPV	PUCE AU				_
City, State, Zip Code					City, State, Zip C	Code E SHAN	DE W. T C	080	57		
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
		_			856-779		0137	<u> </u>	_		_
Start Date (10) Sci	reduled	Comple	etion Da	ate (11)	Name of OSHA	Monitor N / K	4				
Occupancy Status During Abatement (C	heck only	y one)	-	-	Street Address		TX.				
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other - Describe:	Period o nal Facil	f Abate ity Hou	ement Jrs		City, State, Zip C	Code	· ·				=
Scope of Work (Check all that apply)					Π = # Co	atainmant with N	legative Pressure			0,983	
□ >3 sf or >3 lf		enova!			☐ Mini-En	closure	legative Flessule				
≥160 sf or ≥260 lf	Ø D	emolitic	on			ag Procedure empted (*) and N	Non-Friable Procedu	_			_
	100	Location						A	bate Typ	ment be	
Location of	Used	d Solei ntenan	y by	Ashes	Description of tos Containing Mat		Amount			m	
Asbestos-Containing Material (ACM) TO BE ABATED	C	ustodia Staff?		(i.e.,	thermal systems in surfacing, VAT,	nsulation,	(Specify SF or LF)	Rem	Repair	Encapsulate	Eliciostile
IN Facility (13)		(12)			other miscellaned			Removal	pair	sulat	SUIE
	Yes	No	N/A							0	
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L. of Desistand Waste Hauler	-	IN	UDEP V		Cubic Yards	Name of Reg	gistered Landfill				
Name of Registered Waste Hauler KLEMCO INC			lauler ID		of Waste	CI	MCMUA	\			
City, State		=1-			Disposal Date	City, State	0.0	1 7	_		
MAPLE SHADE N	, 7	08	505	3	Signature	Wood	DBINE L	1.)		_	-
Completed By ALM E ICLEMIN	ie PRES	51001	thit	•	M. u.	y 7Ce		27	-1	9	

CK 0014	96		NOTIF (P	ICATION Ursuant	OF ASB	ESTOS 8:60 an	ABATEMENT		E (BE I	\mathbb{V}	E		
Date of Notification (1) 11/27/2019	V1635	3	- 53	Name o		Owner/C	Operator (2)		Che	eck# 149		Political de la constante de l		
Agencies Notified	Type Notification			Street A 515 We	ddress est End A	venue				C - 4	2019	-	negood .	
□ EPA ☑ DEP ☑ DOL	☐ Initial ☐ Amended Amendment #		ŀ	City, Sta New Yo	ate, Zip Co ork, New	ode York 10	0024	1		STOS CO		L &		
☑ DOH □ DCA	 区 Emergency (including justification) □ Cancellation 	cluding		Name o Harry L	f Contact Jvegi					phone Nur -915-532				ni.
3011				FACI	LITY INFO	ORMATI	ON							
Name of Facility Where RJM Realty LLC	e Abatement is Taking	g Place (3	3)				Type of Faci							
Street Address 847 Bergen Avenue							☐ Subcha	pter 8 (Oth e. private 8			ngs, ho	omes,	etc.)	
City (5) Jersey City, New Je	rsey 07306						Square Feet 40,000		# of 3	Floors		ldg. A 0+	ge	
County (6) Hudson					Code (7) USE ONLY)	Current Use		ing dem dential U					
Name of Monitoring Fin Detail Associates, In	rm Hired by Building (Owner (8)		ASCN	/I No.		Name of Aba Lilich Corpo		ntractor ((9)				
Street Address 300 Grand Ave							Street Addres 246 Union E							
City, State, Zip Code Englewood, NJ 0763	31			*****			City, State, Z Totowa, Ne	ip Code w Jersey	07512					
Project Manager for Manthony Valentine	onitoring Firm			Telepho 201-56			Telephone No 973-225-84			License N 01104	0.			
Start Date (10) 11/27/2019		Schedul 11/29/2		mpletion	Date (11)		Name of OSI Iris Environ			ies, LLC				
Occupancy Status Dur				ment			Street Addres 2333 Route							
☐ Abatement Perfo ☐ Other – Describe	/acated During Entire rmed Outside of Norn e: Occupied	nal Facilit	y Hour	'S			City, State, Z Union, NJ							
Scope of Work (Check	All That Apply)													
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Renova Demolit				☐ Mir 図 Glo	Containme ni-Enclosur ovebag Pro n-Exempte	e cedure /	Limited Co	ontaini	ment&		
		ls	Locat	ion								Abate		t
Locati Asbestos-Containin TO BE A In Fa (13)	ng Material (ACM) .BATED cility	Use Ma	Norma ed Sole aintena todial ((12)	ely by ince/ Staff?		tos Cont thermal surfa	scription of taining Material systems insula cing, VAT, or niscellaneous)		(Sp	mount pecify or LF)	Remova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A	1						=		ate	e
Basement		Х			Therma	l Syste	m Pipe Insu	lation	12 L	F	Х			
Name of Registered W Lilich Corporation	/aste Hauler			NJDEP W Hauler ID 18724		of Was	Yards ste	Fairless		red Landfill				
City, State Totowa, New Jersey	,						sal Date 0/2019	City, Sta Morrisvi	te ille, PA					
Completed by Adriana Olejarova		Title Pro	esider	nt		8	Signature	08	_		te /27/2	019		

CKILAL	į		TIFION	State of New Jer TION OF ASSESTO Lant to NIAC 8 60 a	ABAT	TEMENT 120)	DCK	E G E [₩ 201	9		
Date of Notification (1) 11/25/19 11/104(07)		13330000		ing Owner/Operator (2)				Di beceni senten mener visita	en ettigen ett van	o sense v	Ţ	
Agencies Notified Type Notification			i Mud					ASBESTOS CO LICENSI	NTE	OL	8	_
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□ DEP □ Amended		City, S	State, Zip	Code				- III		_	-	
☑ DOL Amendment #		Jers	ey City	, NJ 07302								
☐ Emergency (including		Name	of Conta	ct			Telephone Numb	er				
☑ DOH justification)		Srin	i Muda	ambi			1-					
□ DCA □ Cancelation				ACILITY INICODADA	FLONI							
Name of Facility Where Abatement is Taking Place (3)		-		ACILITY INFORMAT		of Facility (4)				_	_	_
Residence						School (K-1	2)					
Street Address					-		r 8 (Other than K	(_12)				
					X			ercial buildings, h	mes	etc.)	1	
						Other (i.e.	private & comm	Creiar ballangs, in	,,,,,	C (C ,)		
City (5)						e Feet	# of Floors	Bldg. Age				
Jersey City, NJ 07302						'5 SF	3	107				
County (6)			0.1	y Code (7) E USE ONLY)	Curre	nt Use (Prior if b	eing demolished)					
Hudson			(SIAII	1								_
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.	1	of Abatement C						
Assessment of the second of th					_	orn Contrac	ting Corp.					_
Street Address						Address						
					-	/illow Way				-		_
City, State, Zip Code					1227	tate, Zip Code	NI 07424					
			L			dland Park,	NJ 0/424	Т	C POST CO			
Project Manager fo Monitoring Firm			Teleph	one No.	The second second	none No.		License No.				
0	~	Te	1.10	1.1. 5. (4)	+	333-9176		01331				_
Start Date (10) 12/07/19		12/07		letion Date (11)		of OSHA Monito						
Occupancy Status During Abatement (Check Only One)		12/07	//19		-		sultants, Inc.					
☐ Facility Closed/Vacated During Entire Per	ind of Ab	atamar	**			Address	24 Plda 25 E					
☐ Abatement Performed Outside of Norma			it.			ate, Zip Code	Rd., Bldg. 35-E		7	_	-	
Other - Describe: 07:00 AM Start	i i acinty i	illouis			100000	awn, NJ 07	410					
Scope of Work (Check All That Apply)					I dir c	.awii, 145 07	410			-		_
≥3 sf or ≥3 If		X	Renov	ation		Full Contains	ment with Negat	tive Pressure				
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Actual and the second	1	s Locatio	n	I					T		emen	t
Location of		Normally		l	Descr	ription of			-	Ту	ype .	
Asbestos-Containing Material (ACM)	1	ed Solely aintenan	0. 93	The state of the s		ning Material (A0 /stems insulation	3000.00	Amount (Specity				
TO BE ABATED In Facility	1	stodial St		(i.e. ti		ng, VAT, or	,	SF or LF)	-		Enca	m
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	Yes	No	N/A						_	pair	ate	ure
Basement		X		Therm	al Syst	tem Insulati	on	35 SF	X			
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ame of Registered Waste Hauler				8.0800,000,000,000		rds of Waste		Name of Regustered				
Jnicorn Contracting Corp.		00358	44		1+			Fairless Hills Lar	ndfill			
ity, State				1	Disposal	Date	1	City, State				
Voodland Park, New Jersey					TBD	Signatura	_/_	Morrisville, PA	T			
completed by	Title					Signature			Date	E /a	0	
Zhivko Nikolov	Preside	III				-		//	11/2	D/1	.5	



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Agencies Notified Type Notification	10		1	Woodbridge Tow	nship Sch	0010	ls erice	į	TIES	- Community	4		100
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Amenan Emergan	ent #_ cy (includ	Ir .	1	Woodbridge, NJ 0:	7095			:	$\forall +$	-	1	-	, 2010
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Harre of Facility Whate Absternant is Takin				FAFILIPATE	NISS ST		2000	132-	50-3200	and the second of the	THOMAS YEAR	Ted to which to	disasses de la companya de la compan
[JUNE 30100 WILL	# Place (3)			FACILITY	NFORMA	rian			-				
Street Address						I'Y	pe of Facility (4)					-	
110 Ross St.						16	- county (Wa	12)					
City (5)							- whelichie	r B (Other	than K-12)			
Woodbridge				-		-	- 11101 (1.12)	private &	Commercia	il bulla	ings,	home	8, etc.)
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Middlesex				County Code (7)		Curre	ont Use [Prior If be	13		20			
Mame of Montioning Firm Mired by Building Ch Ahera Consultants Inc	ner (s)			ISTATEUSI ONLY)_		Scho	ool	nag demaiss	ned)		-		
Street Address	Actions			ASCM No.		Nama	of abacoment Co	nigrahes (m)					_
PO Box 385				00057		Unle	om Contract	DE COLD					
City, State, Zip Code						attent !	Address	ng corp.					
Oceanville, NJ 08231		-					llow Way						
Project Manager for Monitoring Firm					15	clry, sto	to, 21p Coda		No conformation of the last	-	-co-crec		-
John Smoyer		8.00		Telephone No.		Wood	land Park, NJ	07424					
ture Date (10)				609-652-1833		alephor	10 No. 13-9176		Исері	a No.	Carr	-	
2/2/19				d Campiellon Data (11)					0133				
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Other - Describe: Mon-Friday 4	M-17:30	AM, Sat	-Sun Na	irmal Working Hrs	CIEA	Stola,	2 p Coda	DIUB. 35-	E			_	_
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1 ≥160 lf or ≥260 lf		10] Re	nolitron						_	_		
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in Facility (18)	- 1	Custodial	Staff?	(1	an at small will the	rai ema i	or Parial (ACM) Insulation		Amou		T	7	7
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Jpoer Roal Darrest same		No	N/A	4		ecuti Mi	ous)	- 1		M. Control		With health ray	Total
Jpper Roof Parapat 1920s & 1930s Section			/ x	/ //-						18	Alega	香	Endoque
Lower Roof		1	1	Vapo	or Barrier	& Ros	ofing Tar		600 LF		1	1	
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Boiler Room Roof			X		50. S.				113 LF	X	1		
	1				Roofing D	eck T	ar		950 SF	X	1		
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