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Date of Notification (1) 11/2/2019	300	) .		f Building Owner Herbert	/Operator	r (2) =	The state of the s	DEC	- 6	201	9	1
Agencies Notified Type Notification			Street A	Address						test trables con	or with personal	1
X EPA X Initial		-	City Ch	ata Zia Oada			A	SBESTO	S GO	HTH	OL 8	
DEP Amended Amendment	#			ate, Zip Code nam, NJ 0794	15		L	Lillia	faul i e f	t N. No. / Noneroben	- 10% ( 100 %)	January 114
Emergency justification)  DCA  Cancellation		1		f Contact			Tele	phone Nur	mber			
				LITY INFORMA	TION							
Name of Facility Where Abatement is Takin Residential Non-Occupied	g Place (	3)				Type of Facility	(4)					
Street Address						School (K Subchapte		than K 1	2)			
orrost / tadress						Other (i.e.				dings,	home	es,
City (5) Mendham						etc.) Square Feet ~3000	# of F	Floors		Bldg. A	ge	
County (6) Morris				Code (7)		Current Use (P Vacant		g demolish				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN		Name	of Abatement Co	ontractor (	9)				
Finog Environmental			1.00%	out d'Mille		e Environme			s, Ind	Э.		
Street Address						Address Pine Street						
City, State, Zip Code					15 SECTION 10 (10 CO)	State, Zip Code Holly, NJ 0806	30					
Project Manager for Monitoring Firm			Telepho	ne No.		none No. 702-1500		License N	0.			
Start Date (10) 12/9/2019	Schedul		npletion	Date (11)		of OSHA Monito						
Occupancy Status During Abatement (Chec	k Only Or	ne)			Street	Address		- 2				
Facility Closed/Vacated During Entire If Abatement Performed Outside of Norm Other – Describe:	Period of A	Abaten / Hours	nent s		City, S	State, Zip Code						
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit	0.0000000000000000000000000000000000000		×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure				е	
		Locati						8			ement pe	
Location of Asbestos-Containing Material (ACM)	Use	Normai d Sole iintena	ly by	Asbestos Cor		Material (ACM)		ount		,,		
TO BE ABATED In Facility (13)	200	todial 9 (12)		surf	al systems acing, VA miscellar		30000	ecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A	\$:					<u>a</u>		ate	Te
Basement			X	9x	9 floor t	tile	800	)sqft	x			
Name of Registered Waste Hauler		300	IJDEP W		c Yards	Name of	f Registere	ed Landfill				
Active Environmental Technologies		1	lauler ID 5704	No. of Wa	aste		VS Land					
City, State Mt. Holly, NJ					sal Date 3/2019		ite ville, PA					
Completed by	Title				\$ignature	11.		Dat				
Shannon Bach	Coor	dinato	or		M	100	(1)	11	/27/2	2019		

		c	120	*									releas F
Date of Notification (1)	01	NOTI	Pursuai	n to NJA	New Jess BESTO C 8:60 a	ABATE	MEN (0)	T D [	ECE	201		7	rint Fo
11-21-2019 INV-16	41		Madi	son He	ights Ap	partmer	r (2) nts, l	LLC U	DEC - C	201	J	-	
Agencies Notified Type Notification  EPA Initial	1			Address eights F	Rd, Suit	e A-4		A	SBESTOS C	ONTR	OL 8		
DEP Amended Amendmer	nt #			itate, Zip	Code NJ 074	50		·	Ed Challe	211 1 CI	t amount to	La cregation	novel
▼ DOH	(includir	ng		of Contac		50			Tolonhana	tt			
DCA Cancellatio				d Bartho					Telephone N 201-481-1				
Name of Facility Where Abatement is Taki	ng Place	(3)	FAC	CILITY IN	FORMAT	ION	Tyn	e of Facility (4)					
Residential Street Address		NG232					П	School (K-12					
							×	Subchapter 8	(Other than K- vate & comme	-12) rcial bui	ildings	, hom	ies,
City (5) Ridgewood, NJ 07450								are Feat	# of Floors	100	Bidg.	Age	
County (6)			County	Code (7)				rent Use (Prior	if heing demoli	100	60+		
Bergen  Name of Monitoring Firm Hired by Building	0		(STATE	USE ONL	.Y)					Siled)			
*	Owner (8	3)	ASC	M No.		Name Gree	of Ab n Er	atement Contr nvironmenta	actor (9) I Services, L	LC			
Street Address						Street 235 \		ess nia Avenue					
City, State, Zip Code						City, S	tate,	Zip Code ity, NJ 0730	4				
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one N		License	No.			-
Start Date (10) 11-22-2019				Date (11	)			SHA Monitor	01171		-		
Occupancy Status During Abatement (Chec	11-23							vironmenta	Services, L	LC.			
Facility Closed/Vacated During Entire			nent			Street 235 \		ess nia Avenue			+3		
Abatement Performed Outside of Norm Other – Describe:	nal Facilit	y Hours	3			City, St	tate, Z	Zip Code					
Scope of Work (Check All That Apply)						Jerse	ey Ci	ty, NJ 0730	4				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mi GI	ull Containment ini-Enclosure ovebag Proced on-Exempted (*	lure			'a	
	1000	s Locati							7 4.14 11011 1 114	1	Abate	ement	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Ashe	Des stos Cont	scription		N (ACM)	A	-		/pe	
TO BE ABATED In Facility	Cus	aintena stodial S	nce/ Staff?	(i.e	. thermal	systems sing, VA1	insul	ation,	Amount (Specify	Re	R	Enca	Enc
(13)		(12)	т		other n	niscellane	eous)		SF or LF)	Remova	Repair	Encapsulate	Enclosure
Boiler Room	Yes	No	N/A									ate	G.
boiler Room	X			Elbow	s / Fitti	ings		140 LF	Х				
							200 N						
Name of Registered Waste Hauler	1	0.000	JDEP W auler ID		Cubic '	Yards		Name of Re	gistered Landfi	H			
Green Environmental Services, LLC	Green Environmental Services, LLC							Fairless L		8			
City, State Jersey City, NJ					2 Dispos			City, State					
Completed by	Title				11-23	-2019 gnature		Morrisville					
Liliana Serrano	al PH		ate 1-21-2	2019									

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CKLILOTO		NOTIFIC	State of the Jo	ADATES	MENT -		UIA	TA	X
Date of Notification (1)		(1-1	rsuanto NIACE:60	and 12[120)		n E Co	即此	外值	57
11/18	119	1	ame of Building Own	D I (=	LUK	Bunn)			
Agencies Notified Type Notificatio	1	St	reet Address	MIL	-019	DEC	- 6 20	<del>119</del> —	111
DEP Initial Amended		CI	ty, State, Zip Çode						
DOL Amendmen Emergency	(including		Lyndhi	1ST	NO.	ASSESTO:	S/CONT	POL &	0
DCA justification		INA	me of Contact			Talanhona N	umhar		~>
Name of Facility Where Abatement is Taking	Place (3)		FACILITY INFORM		Type of Facility				
Street Address				1.	Type of Facility  School (K-	38 %			
7,000,000				1.0	<ul> <li>Subchapte</li> </ul>	r 8 (Other than K-1) private & commerc	2) ial building	s home	s ata l
City (5) LYNCHUST	Nie	7		/	Square Feet	# of Floors		dg. Age	5, 010.)
County (6)	101		inty Code (7)		2000	or if being demolish		70	
Name of Monitoring Firm Hired by Building C	humas (0)	(ST)	ATE USE ONLY)			1-10056			
	wher (8)	1	ASCM No.	Name of	Abatement Con	tractor (9)			
Street Address				Street Ad	dress)	201			
City, State, Zip Code				City, State	e, Zip Code	11			
Project Manager for Monitoring Firm		Tala	phone No.	OID	15/16/18	CON S	886	37	
Start Date (10)				Telephone 13	338	HO License	NO. 201	6	
11/19/19	16	Completio	n Date (11)	7	OSHA Monitor	3	000		
Occupancy Status During Abatement (Check O		110	3   1	Street Add	UALECK Iresa	).11			
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of Abate Facility Hour	ment .		City State	DUX 7	314			
Scope of Work (Check All That Apply)				010	Bidis	-CIM S	0.5	185	7-1
Ž ≥3 sf or ≥3 lf	`D√ Re	novation							
[□ `≥160 sf or ≥260 lf	De De	molition	8		Full Containme Mini-Enclosure Glovebag Proce	ent with Negative Pr	essure		
	To f				Non-Exempted	(*) and Non-Friable	P. Horsey		
Location of	No	ocation rmally Solely by		escription of			A	batemen Type	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Main	itenance/	Asbestos Cor (i.e. thermal sys	taining Mater	ial (ACM)	Amount (Specify		E E	
(13)	1	(12)		VAT, or miscellaneous		SF or LF)	Removal	Encapsulate	Enclosure
	Yes	No N/	A					ate	lic .
BASEMENT	-		0 :10	1 1 1		1			
DIDE NEIDI			100160	1 11051	delion	V 2 309	JEX.		
			JUST					-	$\vdash$
Name of Registered Waste Hauler		NJDEP Hauler		Yards	Name of R	egistered Landfill			
NovaTech City, State		185	501	<u>.</u> 5	G	18.0.00	) <sub>^</sub>	Λ	
_ OID Bridge N.D.	0.5	857	Dispo	sal Dato 19	City State	iscill=	P	H.	
CANOS PAKELDA	Title )	Side	ENT TOPE	Signature	hAm	Da Da	te	9/1	9

4111995			Special mark	S 500 -		*	V	IAF	AX		
CK 4657		NOT	TITEA	State of New Person ON OF ASBESTON Santio NJAC 8,60 ar	SARATE	MENT	OF PH	0.# <sub>F</sub>	4	25	7
Date of Notification (1)	19		400	of Building Owner/C	\$ V= 1			V E		11	
Agencies Notified Type Notificatio			151	Ellas Address	5	ZAMIN	E CAT	aeli		州	NUR
DEP Initial Amended			4	A COCK State, Zip Code	AUE	- bod bon	ULV 0 20	113	-		
Amendmer Emergency	(includin	g	C	ARTERET	-, N	D 69	BESTOS CONT O COMENSING	ROL 8	ž	the same of	
DOH justification Cancellatio	1)		FA	District to the Company of the Compa	TALE	Pokhai	Telephone N	lumber		65	00
Name of Facility Where Abatement is Taking	Place (3)		FAC	CILITY INFORMA	TION	Type of Facility	(4)				
Street Address 42 COOK AUE						☐ School (K	r 8 (Other than K-1)	2)			
City (5)						Other (i.e. Square Feet	private & commerc	ial build		3	, etc.)
CARTEREL NO	), (	3.70	-	. C. 1 (7)		5000	# of Floors		-	Age 70	
MIDDLESEX			(STATE	Code (7) USE ONLY)		Current Use (Pr	ior if being demolish Churc	ed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASC	CM No.	1	Abatement Con		· t			
Street Address		-			Street A		1.2				
City, State, Zip Code						Box 81	4				
Project Manager for Monitoring Firm					CID	ate, Zip Code	· Cin				
			Telepho	one No.	Telepho	938x75	License	No.			
Start Date (10) 11 22 19	13	ed Com	pletion E	Pate (11)		OSHA Monitor	200   000	OU	0	-	
Occupancy Status During Abatement (Check O			0. E. H		Street A	ddress	14				
☐ Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	lod of Ab Facility H	atement ours				te, Zip Code		000	- -	10-5-10	
Scope of Work (Check All That Apply)					OID	Purch	ND 0	885			
A ≥3 sfor ≥3 lf ≥160 sf or ≥260 lf	À	Renovat Demolit	ion ion	Ya	Dogg	Glovebag Proc	edure				
		s Locati				Non-Exempted	(*) and Non-Friabl	e Proced		ement	
Location of Asbestos-Containing Material (ACM)	Us	Normall ed Solel	y by	Desi Asbestos Conta	cription of	f erial (ACM)		-	T	/pe	-
TO BE ABATED In Facility (13)		laintenar stodial S (12)		(i.e. thermal syster	ns insulat	ion, surfacing,	Amount (Specify SF or LF)	Ren	Re	Enca	Encl
(13)	Yes	No	N/A	other m	iscellaneo	ous)	0. 0. 2. /	Removal	Repair	Encapsulate	Enclosure
BASCHENT											
DITACION			X	FUE D FURNACE	vcT	FROY	125/F	X			
				TORIUMCE				-			$\dashv$
Vame of Registered Waste Hauler			DEP WE		n		legistered Landfill				$\neg$
CID Bridge NO C	825		0-10	Disposal	YLIV	City, State		PI	1		
CARIOS AMEIDA	Title	Sidi	ENT		nature	5 Am	LEV Da	te 12	1	9	

: 03 2019 03:51PM NJ Asbestos	Contro	1 60	9.633.0	664		pag	e 1 _						
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KILO14		NO.	JEMPA TI	DN OF A	New Jere SBESTO CB:SO a	S A BATER	AENT )		DEC	- 6	-7 20	19 1	61
Date of Notification (1)						/Operator	10 18		/	1	-		1
December 03, 2019 Agencies Notified Type Notification			One E	Eighty B	roadwa			ASI	alesto	SC	TAC	ROL	8
N 551	on			Address			Total Control of the	14	Lic	EN8	ING	1	
DEP Amended				iverview	N Drive		, ji-			11 1		****	ri, sali
DOL Amendme	nt #				7511-06	200					310	Farrier.	
DOH   ustificatio	ol .	ng	Name	of Conta	at	139	_	Teler	hone Nu	100 000			
DCA Cancellati	on		Projec	t Mana	ger			1	341-173				
Name of Facility Where Abatement is Tai	ino Place	(3)	FAI	CILITY IN	FORMA	non			1-115	0			
Former KMart		(0)					Type of Facility						
Street Address							School (K	-12) ar 8 (Other	4h 10 d	٥,			
180 Broadway						- 11	Other (i.e.	private &	commerc	a) bu	iláing	s, her	nes
				_			elc.) Square Feet	# of F			Bidg.		
Elmwood Park County (6)									-7-5-5		wing.	90	
Bergen			(STATE	Code (7	) (2)		Current Use (P	rior if being	demolis	hed)	-		
Name of Monitoring Firm Hired by Bulldin	Owner (	8)		M Na.		Mama	5 10 at a 1 5 5		mpty				
A.E.S.L.	,						Abatement Co		)				
Street Address			-		-	Street A	CK Group,	LLC					
2200 Paterson Plank rd # 7	1778 Mari 1 pr 177		_			1	ngs HWY N	STF 20	a				
City, State, Zip Code North Bergen, NJ 07047			- /			City, Sta	te, Zip Code	0.120					
Project Manager for Monitoring Firm		- 1	Talast	- N- N-			Hill, NJ 0803	14					
Carmelo Altomonte			Telepho 201_88	ne no. 4-6583		Telephon		1.33	icense N	ο.			
Start Data (10)	Schedu	iled Co	mpletion	Date (11	)	Name of	9 - 5000 OSHA Monitor		781				
12/4/2019 Occupancy Status During Absternant (Cha			3/31/2	0		The MA	CK Group, L						
						Street Ad	idress	_			-		
Abatement Performed Outside of Nor	Period of mal Facili	Abate	ment			1500 KI	ngs HWY N,	STE 208	9				
Cities - Deechbe:		.,			_		e, Zip Code						
Scope of Work (Check All That Apply)						Cherry I	E080 LM , IIII-	4					
23 sfor 23 ff 2160 sfor 2260 lf		Renovi Demoli				N N	Full Containm Mini-Enclosur Glovebag Pro- Non-Exempted	ondura					
V-7-7-4	1	E Locat							1141	1000		amen	•
Location of Asbestos-Containing Material (ACM)	Us	Notma ed Sole	ly by	Ashai	Des	scription of	Brial (ACM)	0.40000		-	T	pe	_
IO BE ABATED In Facility		aintena stodial	Staff?	(1.4	therma)	systems in	suletion,	Amor (Spec	rify	æ	_	Enc	1
(13)		(12)			other m	cing, VAT, niscellanco	or us)	SF or	LF)	Removal	Repair	Encapsulate	2 Menum
	Yes	No	N/A							<u>8</u>	=	lale	2.6
Exterior		X			trans	ite pane	a	TBI		V	-		-
NA PAGE						ta balla		101		$\triangle$	-		_
	1	<b> </b>									_		_
		_											
Name of Registered Waste Hauter			J DEP W		Cubic '	/ards	Name of	Registered	andill				
lewark			auler ID	No.	of Was	te							
City, State	-		450	- V	Dispos	TBD at Date	City, State	nlehem Is	indfill /	Mine	evie	Ent.	_
lewark, NJ					W. Warner	31/20	Bethleha		Naure	him	- m	_	
Completed by Alke Cooper	Title					gnatura	1	witzy	Dete		, 0	-	_
mic Couper	Presio	lent			Harm	الأراء المسايات المراجع	-		12/3	/201	a		

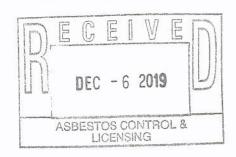
<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

			NOT	IEIC		State of N		Jersey STOS ABAT	FERMENIT	President Control	1 6 6	G	Ī	1///	E I	
DCK			NOI					3:60 and 5:1				E	<u>U</u>	M		
Date of Notification (1)								vner/Operator (	(2)		nc	) - (	2 2	010	10000	
		19			14	1 Kings F	ligh	way, LLC		17	ען טבי	, (	) [	UIJ	1000	_
Agencies Notified	Type Notific	ation	Line -		Stree	t Address						estimiento	etyanish		*********	
⊠ EPA	☐ Initial	nc.			14	1 W. King	s H	ighway			ASBES	FOS C	ON	TRO	. &	
⊠ DOLWD	☐ Amende	ā			City,	State, Zip (	Code	1	1	- Trailment o		H. F. N.	- STATE	The section was	***********	DAZ-KOAMAN
□ DOH	Amendm  Emerger				Be	Ilmawr, N	J 08	8031								
(NJAC 5:23-8)	justificati		ciadini	3	Name	e of Contac	t			Τ.	Telephone I	Numbe	r			
	□ Cancella	tion			Jol	hn Krinis					610-365	1640				
					FA	CILITY IN	IFO	RMATION								
Name of Facility Where A	Abatement is	Taking	Place	(3)		Name			Type of Facili	ty (4)	ì					
Vacant Building									School (K-	-12)						
Street Address		- 0110							Subchapte				al bu	س مالدان	2	
141 W. Kings Highv	vay								Other (i.e., homes, et	, privi c.)	ate and cor	nmerci	ai bu	maing	S,	
City (5)					1000				Square Feet	1	# of Floors		Ble	dg. Ag	je	3.477
Bellmawr									10,000		1		10000	58		
County (6)					Cou	nty Code (7	)(STA	ATE USE ONLY)	Current Use (	Prior	if being de	nolish	ed)			
Camden									Vacant Co	omm	ercial Bu	ilding	100			
Name of Monitoring Firm	Hired by Buil	ding O	wner (	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (							
Atlas Environmenta	al Inspectio	ns					5	Shade Enviro	onmental, LL	C						
Street Address							Str	eet Address		_	200113102		1500			
PO Box 11645							6	323 Cutler Av	/enue							
City, State, Zip Code							Cit	y, State, Zip Co	ode							
Phialdelphia, PA 19	116						n	Maple Shade	, NJ 08052							
Project Manager for Moni	toring Firm			Tele	phone	No.	Tel	lephone No.			License N	<b>)</b> .	S E BACCI			
Jason Dua				2	67-784	-4693	8	356-755-0099	1		00842					
Start Date (10)	and the same of th	Sched	uled C	omple	tion Da	ate (11)	Na	me of OSHA N	lonitor							
12 /10 /	19	1;	2_ /	_24	1/	19_	E	EMSL Analyt	ical, Inc.							
Occupancy Status During	Abatement (	Check	only o	one)			Str	eet Address								
□ Facility Closed/Vacate							2	200 Route 13	0 North							
Abatement Performed							Cit	y, State, Zip Co	ode							
Time of Abatement:	AIVI	PIV	1/	_PM		_AM	(	Cinnaminson	, NJ 08077							
Scope of Work (Check all	that apply)										VIII.			Divaria.		
≥3 sf or ≥3 lf			☐ Re	novat	on				tainment with N	legat	ive Pressur	е				
≥160 sf or ≥260 lf			☑ De					Glovebag								
								Non-Exe     Non-Exe	mpted (*) and N	Non-F	Friable Proc	edure				
Location	of			Loca Norma	10000000			Description	_				Ab	ateme	ent Ty	уре
Asbestos-Containing N		1)	Use	d Sol	ely by	Asbe	stos	Description o Containing Ma			Amount		Re	Repair	En	En
TO BE ABA				intena lodial	nce/ Staff?		., the	ermal systems i	insulation,		(Specify		Removal	oair	caps	Enclosure
IN Facilit (13)	у			(12)	otun.			surfacing, VAT, her miscellane			SF or LF	)	<u>8</u>		Encapsulate	ure
			Yes	No	N/A		0.	nor missonano	000)						te	
Liquor Storage Room			Floor Ti	ile a	nd Mastic	*****		150 SF								
Throughout				$\boxtimes$		Pipe Ins	sula	tion			223 LF					
Main Room						Ceiling	Tile				3,900 SI		$\boxtimes$			
Vestibule						Floor Ti	ile				6 SF		$\boxtimes$			
Name of Registered Wast	e Hauler			10.0	JDEP \		1000000	oic Yards of	Name of Reg	gister	ed Landfill					
Freehold Cartage				1	15939		Wa 6	ste 0	Fairless	Land	dfill					
City, State					,000			posal Date	City, State							
Freehold, NJ							1	2/24/2019	Morrisvil	le, P	A					
Completed By (Print or Type) Title								Signature				Date				
Christina Fay	W 18	Vie	ce Pr	eside	nt of (	Operation	าร	Pauta	Agus /			12		19		

Inv 14	519		NOT			DN (	OFAS	ew Jersey BESTOS ABAT		DEG	El	$\mathbb{V}$	LLC .	
Date of Notification (1)	03 /	19		•	-		Buildin O'Beir	g Owner/Operator (	2)	DEC L	; -6	2019	Annual Contraction	U
Agencies Notified  EPA	Type Notific						Address	110		ASBEST	os co	VTRO	DL &	and the same of th
☑ DOLWD ☑ DOH	Amende Amendm	nent#_					ate, Zip (			L	ICENSII	IG.	enterphone w	n. Neista Priide
DCA (NJAC 5:23-8)	☐ Emerger justificat ☐ Cancella	ion)	cludin	g	Na	me o	f Contac	t		Telephone N	Number			
			_	-										
Name of Facility Where A	hatamant is '	Tables	Disa	(2)	- 1	ACI	LIIYIN	IFORMATION	T	4 (4)				
Name of Facility Where A O'Beirne Residence		raking	Place	3 (3)					Type of Facili					
Street Address	3			21112 2						er 8 (Other than h , private and com		ouildir	ngs,	
City (5)									Square Feet	# of Floors	1	Bldg.	Age	
							0 1 /		2,804	2		55		
County (6)  Monmouth						ounty	Code (/	)(STATE USE ONLY)	Residence	Prior if being der e	nolished)			
Name of Monitoring Firm					ASC	M No	0.	Name of Abateme	ent Contractor	(9)				
Management & Env	iro. Consul	Iting S	Servi	ces				Shade Enviro	onmental, LL	.C				
Street Address								Street Address						
PO Box 341								623 Cutler Av	/enue					
City, State, Zip Code Chesterfield, NJ 085	515							City, State, Zip Co Maple Shade						
Project Manager for Monit				Te	lephor	ne No	D.	Telephone No.		License No	)			
Bill Weisgarber	•			1	609-2			856-755-0099	C.	00842	1.50			
Start Date (10)	15	Schedu	ıled C		200320110001100	the second		Name of OSHA M						
12 /12 /	19	12	2/	_	13			EMSL Analyt		8			E)	
Occupancy Status During			10000 DO 20 DO					Street Address						
☐ Facility Closed/Vacate								200 Route 13	0 North					
Abatement Performed Time of Abatement:						escri AN		City, State, Zip Co						
Scope of Work (Check all  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	that apply)		⊠ Re						ainment with N	legative Pressure	•			
								Non-Exe     Non-Exe	mpted (*) and f	Non-Friable Proc	edure			
4 (************************************				Loc Norm	ation				_		Α	bater	nent T	Гуре
Asbestos-Containing N TO BE ABA IN Facility (13)	Naterial (ACN ΓΕ <u>D</u>	<b>(1)</b>	Use Ma Cus	ed So inter todia (12	olely by nance/ Il Staff'	?	Asbes (i.e.	Description o stos Containing Ma , thermal systems i surfacing, VAT, other miscellane	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Bedroom			Yes	No	N/.		Floor Ti	le and Mastic		137 SF				
						-	1001 11	ic and madeo		107 01			12	-
						+							분	H
				П		+					— I =			
Name of Registered Waste	e Hauler		Ш		NJDEI	P Wa	ste	Cubic Yards of	Name of Rec	gistered Landfill	L			
Freehold Cartage					Hauler 159	IDN		Waste 1	Fairless	E. C.				
City, State Freehold, NJ			30000					Disposal Date 12/13/2019	City, State Morrisvil	le, PA				
Completed By (Print or Tyl	pe)	Title Vic	e Pr	esid	lent o	f Op	eration	Signature Signature	Acres /		Date	21	a	

In In	V 1 (05)	18 NO	OTIF	ICA (Pur	TION	OF ASB	w Jersey ESTOS ABAT 2 8 60 and 5:16	EMENT	)ECE		7 E		
Data of Notification (1)	0			-1	Name o	of Building	Owner/Operator (2	2)	7):	107.00	0.20	111	$\forall$
Date of Notification (1)	02 / _	19					American Water	111	DEC -	6 201	19		2
Agencies Notified	Type Notificat	ion			Street A	Address					anticological and the		
⊠ EPA					1025	Laurel 0	Daks Road		ASBESTOS		ROL 8	Ž.	
□ DOLWD	☐ Amended				City, St	ate, Zip Co	ode		LICEN	1211/10	rygewood wi	and interested the	Defendant Co
□ DOH	Amendme				Voor	hees, N.	J 08043		4.				
☐ DCA (NJAC 5:23-8)	☐ Emergenc justificatio		aing		Name o	of Contact			Telephone Numb	per			
(NJAC 3.23-0)	☐ Cancellation				Joe	Boland			609-704-170	0			
					FAC	ILITY IN	FORMATION		-				
Name of Facility Where	Abatement is Ta	aking P	lace (	3)				Type of Facility	(4)				
New Jersey Ameri					blic W	orks		School (K-12	2)				
Street Address								Subchapter	(Other than K-12) rivate and commer	) cial buil	dings		
555 Centre Street								homes, etc.)					
City (5)					~		cong)	Square Feet	# of Floors	Bld	g. Age	Э	
Haddonfield				15	$g \times g$	()Q:	3	10,000	1	5	8		
County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			
Camden								Pump Hous	es				
Name of Monitoring Firm	n Hired by Build	ina Ow	ner (8	3) /	ASCM N	No.	Name of Abateme	ent Contractor (9)					
Finog Environmer			•				Shade Enviro	onmental, LLC					
Street Address	100.1, 11.101						Street Address						
617 Stokes Road,	Suite 4-318						623 Cutler Av	venue					
City, State, Zip Code							City, State, Zip C	ode					
Medford, NJ 0805	5						Maple Shade	, NJ 08052					
Project Manager for Mo				Tele	phone N	No.	Telephone No.		License No.				
Mark Rubnitz					6-596-		856-755-0099	)	00842				
Start Date (10)	S	chedul	ed Co	mple	tion Dat	e (11)	Name of OSHA N	Monitor					
12 /18	/ 19	12	_ /	20	_ / _	19	EMSL Analyt	tical, Inc.					o
Occupancy Status Duri		Check o	only o	ne)			Street Address						
☐ Facility Closed/Vaca					ment		200 Route 13	30 North					
☐ Abatement Performe	ed Outside of No	ormal F	acility	Hour	s - Des	cribe	City, State, Zip C	ode					
Time of Abatement:	AM	PM/		_PM-		AM	Cinnaminson	n, NJ 08077					
Scope of Work (Check	all that apply)								D				
		г	7 Pa	novati	on		☐ Full Con	tainment with Ne	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			_	molitic			Gloveba	g Procedure					
<u></u>							⊠ Non-Exe	empted (*) and N	on-Friable Procedu		7	- A T	
				Locat Iorma			Description	of		7	ateme		T
Location Asbestos-Containin		1)			ely by	Asbe	Description estos Containing M		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE A	BATED	"		intena	ince/ Staff?	(i.e	e., thermal systems	insulation,	(Specify	SVOL	a:	apsı	nso
IN Fac	7		Cust	(12)			surfacing, VAT other miscelland		SF or LF)	<u>m</u>		ulate	Ге
(13	)		Yes	No	N/A		other missenam	5040)				O	
Exterior Building 1				$\boxtimes$		Roofing	g		144 SF				
Building 1				$\boxtimes$		Door C	aulking		20 LF				
Exterior Building 2				$\boxtimes$		Roofing	g		150 SF				
Building 2				$\boxtimes$		Door C	aulking		20 LF			Ш	L
Name of Registered W	aste Hauler			1.0	NJDEP		Cubic Yards of		istered Landfill				
Freehold Cartage				ŀ	15939		Waste 30	Fairless I	_andfill				
City, State					1000		Disposal Date	City, State					
Freehold, NJ							12/20/2019	Morrisvil	e, PA				
Completed By (Print or	r Type)	Title					Signature	C: )	[	Date			
Christina Fav			ce Pr	resid	ent of	Operatio	ons Ant	of Land		12/6	11	7	

ocation of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location by Mainter		Used Solely odial Staff?	Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
(/ tolii) <u>10 52 / 15/ 112</u>	Yes	No	N/A	Control of the Contro		
Exterior Building 3		X		Roofing	264 SF	X
Building 3		X		Door Caulking	20 LF	X



			2500				2	.	11-	3 0	L-)		_	CIII	W. C
K7713	N	IOTIF	CATION irsuant t	OF ASBE	STOS	ABATE	MENT			DEC	; -6	3 6	2019		
Date of Notification (1)	1	7	Name of	Building (			10000								
12/3/19 LNV 100	. /		O-MalitaliiCom	w Town	ship S	School	Distric	et	A	SBEST	OSC	100	ITRO	)L &	
Agencies Notified Type Notification	,		Street Ad			1.0		-		L	ICEN	SIN	G	www.	edutulise
EPA Initial		L		oper Fol	-	ıd		- Cann							
DEP Amended				te, Zip Co											
Emergency (i		-		IJ 08004	+				1						
DOH justification)  DCA Cancellation			Name of Ken	Contact						ephone 1 6-767-			+ 05	= 4	
Cancellation				LITY INFO	DREATI	ON			00	00-707-	0995	EX	1 00	01	
Name of Facility Where Abatement is Taking	Place (3	)	FACIL	LITTINEC	KWAII	OIA	Type	of Facility (	4)		-				
Winslow Township High School	2014 E. F. C. (1000 - 100 - 100	•					-	School (K-1							
Street Address								Subchapter	8 (Oth						
10 Cooper Folly Road								Other (i.e. p	orivate a	& comme	ercial b	uildi	ings,	home	s,
City (5)								etc.) e Feet	# 0	Floors	-	Blo	dg. A	ae .	
Atco NJ 08004							1000		2				5+	,-	
County (6)	***************************************		County C				Curre	nt Use (Pri	or if bei	ng demo	lished	)			
Camden			(STATE U	ISE ONLY)			hous	se							
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.		Name	of Abat	ement Cor	ntractor	(9)					
Epic Environmental Ser. LLC						Perr	naco Ir	nc.							
Street Address						Street	Addres	s							
1930 Brown Road PO Box 329															
City, State, Zip Code						City, S	state, Zi	p Code							-7
Newfield NJ 08344						Wes	t Berli	n NJ 08	091						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph	none No	).		License	e No.				
James Eberts			856-20	05-1077		856-	753-9	800		0072	7				
			npletion E	Date (11)				IA Monitor	2	/			All Care		
12/13/19	12/16/					Sam	22								
Occupancy Status During Abatement (Check	Only Or	ie)				Street	Addres	S							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: FRIDAY NIGHT & V	al Facility	Hours	3		_	City, S	State, Zi	p Code	ř			-			
Scope of Work (Check All That Apply)					Time to de										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	COMMISSION	Renova Demolit				2	Min Glo	Containm i-Enclosur vebag Pro n-Exempte	e cedure	_				9	
	le	Locati	ion										Abate	ment	
Location of	1	Vormal	ly		De	scription	n of				-	_	Ту	pe	
Asbestos-Containing Material (ACM)		d Sole			tos Con	taining N	Material		1027	mount		_		Щ	m
TO BE ABATED In Facility		todial S		(i.e.		system cing, VA		tton,		Specify F or LF)		₹em	Repair	cap	nclo
(13)		(12)				niscella						Remova	bair	Encapsulate	Enclosure
	Yes	No	N/A								- 1	-		ite	е
small basement under Auditorium							ation		40	) LF sf	1	K			
Auditorium Stage area Bathrooms		X		-	insula				32 LF	1	K				
Additional Stage area batthooms		1^			wrap 8					-					
	-		-		MAGE	wapo	. Out		-		-	-			-
N			JDEP W	lasts	Cubi-	Yards		Name of	Donice	orad I an	dfill		<u> </u>		
Name of Registered Waste Hauler United Roll Off	F	tauler ID 22459		of Wa			G.R.O		ereu Lan	dilli					
City, State						sal Date	)	City, Sta		A 1000	27				
Elm NJ					12/1			iviorris	VIIIE P	A 1906					
Completed by Anthony T Perna	Title	ident			1	Signatur	0				Date 12/3	3/10	3		
AUDION I I CITIC	1 100	- COLL			A	-	F 10.			100000	2 mar 4				

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- 33	P	rı	n	t	-	$\cap$	r	m	

CK ?	3936		NOTIFI (P	CATION	ate of Ne LOF ASB to NJAC	ESTOS	ABATE d 12:120	ME 0)	NT	D.	E	CE				
Date of Notific		98	).		f Building on Heig	Owner/C	perator					DEC -	6 20	19	The Party	圳
Agencies Notif	fied Type Notification			Street A												
EPA	☐ Initial		-		ights Ro		A-4		3		ASF	SESTOS	CONT	ROL	&	
X DOL	Amended Amendment	#			ate, Zip Co wood, N		0			pparent course	-	LIGER	ISING	y c consequence	and a second	
	Emergency (				f Contact			_			Tal	ephone N	ımhar			
DOH DCA	justification)  Cancellation				Barthol	d					57.77	1-481-1				
				FACI	ILITY INFO	ORMATI	ON				-					
Name of Facili Residential	ty Where Abatement is Taking	Place (	3)					T	ype of Fac	(5)(5)(5)						
Street Address			Ca		21			ł		l (K-12) anter 8		er than K-	12)			
								×	Other			& commer		dings,	home	es,
City (5)								S	etc.)  quare Fee	t	# 0	f Floors	TF	Bldg. A	ide	
Ridgewood	, NJ 07450							1	0000+		1	. 1 10010		0+	,gc	
County (6) Bergen		-			Code (7)	7		С	urrent Use	e (Prior	if bei	ng demoli	shed)			
	toring Firm Hired by Building (	)wner (8)		ASCN			Name	of	Abatemen	t Contr	actor	(0)				_
				/1001					Environ				LC			
Street Address	3						Street 235		<sup>ldress</sup> rginia Av	enue						
City, State, Zip	Code								te, Zip Cod City, NJ		1					
Project Manag	er for Monitoring Firm		T	Telepho	ne No.		Teleph			0730	7	License	No.			
	_						201-	33	3-8/855			01171				
Start Date (10) 11-22-2019		Schedul 11-23-		npletion	Date (11)				OSHA Mo Environr		Se	rvices, L	LC			
Occupancy Sta	atus During Abatement (Chec	Only O	ne)				Street									
× Facility CI	losed/Vacated During Entire F	eriod of	Abatem	ent					ginia Av							
Other – D	nt Performed Outside of Norm rescribe:	al Facility	/ Hours						e, Zip Cod City, NJ		4					
Scope of Work	(Check All That Apply)							_								
≥3 sf or ≥3 ≥160 sf or		_	Renova Demoliti				×		Mini-Encl Glovebag	osure Proced	dure	Negative			e	
		lo	Locati	on					TTOTT EXC	i prod (	) (1)	4 1101111110			ement	:
8	Location of		Vormall	у		Des	scription	n of	6					Ту	ре	
	Containing Material (ACM) TO BE ABATED		ed Solel			tos Cont	aining N	Mate	erial (ACM	1)		mount			Щ	m
1	In Facility	Cus	todial S (12)	staff?	(i.e.	surfa	cing, VA	<b>ΑΤ</b> , (				Specify or LF)	Remova	Repair	caps	Enclosure
	(13)		(12)			other n	niscellar	neo	ous)				oval	air	Encapsulate	sure
		Yes	No	N/A											e	
	Basement	-	Х			Elbov	vs / Fit	tin	gs		10	00 LF	X			
													-			
								5-000					+			
Name of Regis	tered Waste Hauler		100000	JDEP W		Cubic			Nam	ne of Re	giste	red Landf	11	-		
	onmental Services, LLC		100000	auler ID 34888		of Was				rless L	and	lfill				
City, State Jersey City,	NJ					The second second second	sal Date -2019			State rrisville	e, P.	A				
Completed by		Title				i S	ighature	е	()	1			ate			
Liliana Serra	ino	Offic	e Man	ager			llic	U	uni	LIN	(e)	1225/1	1-21-	2019	K.	

CK1134	1	1	NOTIF (F	CATTO	ale of Ne LOF ASE to NJAC	ESTOS	ABATE	MEN.	r		<u>E (</u>			<u>\</u>		Annual Commence
Date of Notification (1) 12.02.2019	w 1651	15			f Building esex Co		Opérator	(2)		U L	DI	EC	6	201	9	
Agencies Notified  X EPA	Type Notification Initial			Street A	ddress yard Str	reet					ASBE	STOS			OL 8	ķ
	× Amended Amendment				ate, Zip C Brunswid		08901		-				en Gulta	et maketen		ty, act the state of
× DOH □ DCA □	<ul><li>Emergency (</li><li>justification)</li><li>Cancellation</li></ul>	including			f Contact h A. Va					1000000	ephone 32) 74:					
				FACI	LITY INF	ORMATI	ON									
Name of Facility Where At Middlesex County Co Street Address	ollage Building	#216	)			Ť		Typ	e of Facility ( School (K-1 Subchapter	2) 8 (Oth	er than	K-12)	ion Nacion			
2600 Woodbridge Av	e, Building #2	16							Other (i.e. p etc.)	rivate	& comm	ercial	build	lings,	home	es,
City (5) Edison								35000000000	are Feet 000	# 0	f Floors			ldg. A /A	ge	
County (6) Middlesex County					Code (7) USE ONLY	)	_		ent Use (Prio	r if bei	ng dem	olishe	d)			
Name of Monitoring Firm F Pennoni Associates,		Owner (8)		ASCN	/ No.				atement Con		(9)					
Street Address 24 Commerce Street	, Suite 300						Street 164 I		ess ine Ave, A	pt C			Senio			
City, State, Zip Code Newark, New Jersey	07102				-		City, S	tate,	Zip Code d Park, NJ		24					
Project Manager for Monito Ralph Coppola				Telephoi (973) 2	ne No. 265-976	3	Teleph 973-8	none l	No.		Licens 0138					
Start Date (10) 12.12.2019		Schedule 12.27.2	d Cor				Name	of OS	SHA Monitor ntracting LI	C	0.000					
Occupancy Status During	Abatement (Check						Street							-		-
Facility Closed/Vacate Abatement Performed									ine Ave, A Zip Code	pt C						
Other – Describe:						_	Wood	dlan	d Park, NJ	0742	24					
Scope of Work (Check All	That Apply)	_						,								
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf		× Re	enova emoli	ation tion			×	M Gl	ull Containme ini-Enclosure lovebag Proc	edure						
		la	Locat	ion				7 1/0	on-Exempted	(*) and	a Non-F	паріе			ment	$\dashv$
Location o	f	N	orma	lly		Des	scription	of						Ту	ре	
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	laterial (ACM) ED	Mair	d Sole ntena odial ( (12)			tos Conta thermal surfac	aining M	lateria s insul T, or	lation,	(8	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
5		Yes	No	N/A									_		ate	ri ri
Purchasing Area, Floo	or-Throughout		X			Resid	lual Ma	astic		75	00 SF	2	2			
Name of Registered Waste	Hauler		IN	IJDEP W	aste	Cubic	Varde		Name of F	Pagiata	rod I an	460				
Spes Contracting LLC			H	lauler ID 038075	No.	of Was	te		Fearless	1000		uill				
City, State Woodland Park, NJ						Dispos TBD	al Date		City, State Morrisvi		Α					
Completed by Branislav Pavlov		Title	t ma	nager		Si	gnature	7	5			Date		019		

nvillable NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) DEC Name of Building Owner/Operator (2) Date of Notification (1) 11/18/19 JUDITH WEINSTERN Type Notification Street Address Agency Notified ASBESTOS CONTROL & O Initial DEPA City, State, Zip Code D DEP ☐ Amended Amendment # ENGLENOOD. NJ. 07631 Emergency (including) Telephone Mumhor Name of Contact IZ DOH justification) ☐ Cancellation MS, WEINSTEIN D DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) MS. JUDY WEINSTEIN School (K-12) Subchapter 8 (Other than K-12) Street Address Ja Other (i.e. private & commercial buildings, homes, etc.) Bldg. Age # of Floors Square Feet City (5) 1935 2 2500. ENGLEWOOL Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) ONLY) TRESIDENCE BERGEN Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) (8) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 201-329-7444 00388 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 12/3/19 121.4 Omega Environmental Street Address Occupancy Status During Abatement (Check only one) 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abstement Performed Outside of Normal Facility Hours Prother-Describe: 8:00 AM TO 5:30PM S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure - Renovation D≥3sfor≥3f -2 Mini-Enclosure ☐ Demolition 2 Glovebag Procedure ☐ ≥ 160 sf or ≥ 260 M ☐ Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of . Location of Used Solely by os Containing Material (ACM) Amount Containing Material (ACM) Maintenance/ (Specify TO BE ABATED (i.e., thermal systems insulation, Custodiai surfacing, VAT, or SF or LF) ... IN Facility Shaff? other miscellaneous) .. (13) (12)No NA 48LF THERMAN SYSTOM INSULATION 20 ~ Arttic Name of Registered Waste Hauter Name of Registered Landfill NJDEP Waste Hauler Cubic Yards of Wheth ID No. Best Removal Inc 2/20) CUMBERLAND COUNTY LANDFILL 17109 Disposal Date City, State 17240 12/4/19 NEW BURGH Hackensack , N.J. 07601 Title Completed by Signature J. MAIORANO Estimator

\* Do not use this form for asbestos licensure/exempted activities

Nov 29 2019 02:11PM NJ Asbesto	G Con	trol b	09.633	3.0664	3	page 1			and the same			
29.11.2019 09:24 AM IN 1439 CL1315	C	мр	Tifica)	PA	S ABAT			DEC 10	P	AGE	2019	E   3
Agencies Notified Type Notificals  SPA  SPA  SPA  Alternated  Arrended  Arrended  Arrended  Arrended			Nan	HUG RE	NOperati	12) 12c 7 str	AS GET	BEST	OS ULI	CON	TRO	&
DOM Enverience Austingston Carnoslast	y (Indiy n) : on	Telepotitions	Navn	PEWAZK el Contest NO REW &	ASPA	RRO	7/7-7	umbe 43-	4	78	-9	
Brief Address  186 MARKET 6  City (8)  NEVAN						eta.)		ela) bu	anne de la contraction de la c		mes,	
Couldy (a)  ESBEX:  Name of Mentaling Plant Hired by Suiding	Owner	(8)	1	y Code (7) II Live GNL 19 CM No.		300 Gurrent Ves (Pr	for It being demok	- 1	Sing G	Age		
City, State, Zip Code					50000 188 \	of Abstament Co ac Contracting Address /reciend Ave.	ntreater (B) ) Inc.		de age			
Project Manager for Monitoring Prim	Rebas	Ular Cor		iona Ng.	Telephi 201-2	ete, Zip Cede nd Park, NJ 0 Me No. 82-5841	7432 License F 00168	Vo.				
Occupancy Status During Absterrent (Cher Facility Closed/Vacated During Entire Absternant Performed Cutaids of Norm Other Despribe:	it Only	2/6	119	Date (11)	Direct A	GSHA Menter E Environmer Ediese Lyler Bireet	nisi Servicer in	iQ.				72
Other - Describs:  Scope of Work (Check All That Apply)  It's af or \$2 ff	nel Feel				City, &	ita, Zip Gode Maack, NJ 07	608					
PEI 5160 % or 9360 %	8	Renovi Demok	lon		E		ni with Negative # edure (*) and Non-Frieb				And the second second	
Assessor-Containing Material (ACM)  IO SE ASSESSOR  In Facility	Us M	eles be eles be entens [gibo]	ly ly by 100/	Anbestos Conte (i.a. traimg) s	THE PERSON NAMED IN	erial (AGM)	Amount		<b>Unite</b>	pa man		
STORE FRONT	Yes	No	N/A			108)		1	I	- Challe	Den la constant de la	
STUAL FALLET	-		_X_	771-12			176 SF	20	7	-	-	
		-	7.7	- 15 T	# 1 <sup>4</sup>		י ילא ז	FT.	•	j Lene	7	· ·
Name of Registered Waste Heuter Nawaris Carting Inc	_	I Ha	DEP VA	Sette Subject	Irdia.		distantin'i andri					
City, State Newark, NJ 07105		(04	808	Diegral	Cate	Grand Ca	intral Senitary	Lendi	ell A			
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Start Date (10) 12/20/2019		Schedul		npletion I	Date (11)		Name	of OS	SHA Monitor eral Const	ruction					
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Project Manager for Monitoring Firm			Telepho	ne No.								
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City (5) New Milford						Square Feet 2,000	# 0	f Floors	10000	ldg. Ag	je	
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Name of Monitoring Firm	n Hired by Building	Owner (8)	ASCI	M No.		of Abatement ( General Cor						
Street Address					1360	Address Clifton Ave	,PMB S	uite 218				
City, State, Zip Code				14		tate, Zip Code on, NJ 0701:	2					
Project Manager for Mo	nitoring Firm		Telepho	one No.	4	one No. 389-0089		License No 00693	0.			
Start Date (10) 12/13/2019		12/14/19		Date (11)	DIA	of OSHA Moni General Cor		n, Inc				
Occupancy Status Durin  X Facility Closed/Vac	cated During Entire	Period of Ab	atement		1360	Address Clifton Ave	, PMB S	Suite 218				
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Boiler Room	Storage	Yes	No N/A	Pipe/Ell	bow Ins	sulation		80LF	Х		w .	
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NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler Service Transport Group Minerva Landfill 20990 2 CY City, State Disposal Date City, State 12/14/19 Waynesburg, OH 44688 New Castle, DE 19720 Title Vice President Completed by Signature Date Milan Njezic 12/03/19

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Project Manager for Monitoring Firm			Telepho	ne No.		Teleph			Lice	ense No.	či.			-
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lew Castle, DE 19720					12/14	1/19		Waynes	burg, OH	44688				
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Name of Facility Where Abatement is Tak	ing Place (	3/	FAC	ILITY INF	ORMAT	TION	1 -							
Residential Home	illy Flace (	3)					Тур	e of Facility (	10.00					
Street Address							H	School (K-1 Subchapter	2) 8 (Oth	er than K	(-12)			
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City (5)							Squ	are Feet	# 0	f Floors		Bldg.	Age	
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County (6) Middlesex				Code (7) USE ONLY	2			rent Use (Pricesidential H		ng demo	lished)			
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Project Manager	•		A A A A A A A A A A A A A A A A A A A					es Abateme		(3)				
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City, State, Zip Code								Zip Code Brook, NJ 0	7662					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	XXXX	And the second second	17003	License	No.			
								-3184		01305				
Start Date (10) 12/7/19	Schedul 12/11/		mpletion	Date (11)		Name	of OS	SHA Monitor						
Occupancy Status During Abatement (Che	197707/16/197					Street	Addr	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 8 A.M to 4 P.M	Period of a	Abater y Hour	ment s		10	City, S	tate,	Zip Code						
Scope of Work (Check All That Apply)	100 mm										-			
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Location of Asbestos-Containing Material (ACM)		Norma ed Sole				scription					-	1)	/pe	
TO BE ABATED	Ma	intena todial	nce/		thermal	systems	insu	al (ACM) lation,		mount pecify	l R	77	Enc	E
In Facility (13)	Ous	(12)	Jian :			cing, VA		,	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
,	Yes	No	N/A		00.0.		couo	, l			l la	7	ılate	ure
Bathroom	100	X	1407			VAT			6	2 SF	X	-	11,510	
Storage Room		Х				VAT				5 SF	-			
Living Room		×				VAT					X	-	-	
Living 100iii		Χ				VAI			16	8 SF	X			
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic	Yards		Name of F	Pagista	rod Lond	fill			
All Stages Abatement		H	lauler ID	No.	of Wa	ste		Grand C	a 27.00			ndfill		
City, State		0	036592	<u> </u>	4 YD	sal Date				, Janile	ary Lai	MIIII		
Saddle Brook, NJ					TBD	ai Dale		City, State Pen Arg		A				
Completed by	Title				S	Signature	1	// /			Date			
Richard Cristofol	Presi	dent				4	1/h		-	>	12/7/1	9		

	111/10	2525								Г				7.7	P	rint Fo
	4257	28		NOTI	FICATIO	State of N N OF AS It to NUAL	BESTOS	ABATE	MEN 0)	т		G	EI		E	
Date	e of Notification (1) 12/5/20	)19			Name	of Building	Owner/		r (2)			DEC	- 6	2019	9	
Age	ncies Notified	Type Notification	n		Street	Address		PI	lares	-		aronna tepelpo	un promotor de la constanta de	marked thought		
	EPA	× Initial									AS		OS CO CENSII		)L&	
×	DEP DOL	Amended Amendmen	\+ #		City, St	tate, Zip C			ALL C	0540						- Land Company
	DOH	Emergency	(includin	g	Name	of Contac		ceton,	NJ (	18540	Tal		N			
×	DCA	justification Cancellatio				acquelin	25	es			Tel	epnone	Number			
Nam	ne of Facility Where	Abatament is Taki	na Dlana	/2\	FAC	CILITY IN	ORMAT	ION				200				
, , ,	Residentia	al	ny riace	(3)					Тур	e of Facility	0.750					
Stre	et Address									School (K Subchapt	er 8 (Oth					
									×	Other (i.e etc.)	. private 8	& comm	ercial bu	ildings	s, hom	es,
City	(5) Princeeton, NJ	1.08540							100000000000000000000000000000000000000	are Feet	# of	Floors		Bldg.		
Cour	nty (6)	00040			County	Code (7)			2018	000	rior if hai	3	aliah ad)	90	+/-	
	Mercer					USE ONL	n		Curi	ent Use (F	HOL II DEI	ng aemo	olisned)			
	e of Monitoring Firm MECS	Hired by Building	Owner (8	3)	ASCI	M No.				atement C Environn			s, Inc.			
Stree	et Address PO Box 341							Street PO E	3-1171-1133							
City,	State, Zip Code Crosswicks, NJ	08515						5000		Zip Code n, NJ 085	501	7.2-01				
	ect Manager for Moni Weisgarber	itoring Firm			Telepho 609 29	one No. 98-4070		Teleph 609 2				Licens 00493				
Start	Date (10) 12/16/2019		Schedu		mpletion /18/201	Date (11)	8	Name MEC		HA Monito	r					
Occu	pancy Status During	Abatement (Che	ck Only O	ne)				Street	Addre	ess						
ш	Facility Closed/Vaca Abatement Performe Other – Describe: _	ited During Entire ed Outside of Norr	Period of nal Facilit	Abater y Hour	ment s		2		tate, 2	Zip Code						-
	e of Work (Check All	That Apply						Ches	terfi	eld, NJ 0	8515					
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тпас дрруу)		Renova Demoli				×	Mi Gl	III Containr ni-Enclosu ovebag Pro on-Exempte	re ocedure				re.	
			1000	s Locat										Abat	emen	
Α	Location sbestos-Containing I		Use	ed Sole	ely by	Asbes	Des tos Cont	scription aining M	of ateria	L(ACM)	Ar	nount	-	T	T	
	TO BE ABA In Facilit		2000	aintena todial		(i.e.	thermal	systems	insul	ation,	(S	pecify or LF)	Rer	Re	Encapsulate	Enc
	(13)	3.		(12)				niscellan			3	OI LF)	Remova	Repair	psula	Enclosure
			Yes	No	N/A								=		ate	e,
	Kitcher	n		Х		Th	ermal l	Pipe In	sulat	tion	3	2 If	Х			
	Living Ro	om		X		Th	ermal l	Pipe In	sulat	tion	1	2 If	Х			
										.,,						
	e of Registered Wast ens Environment			200	IJDEP W lauler ID 18292	No.	Cubic of Was			1-04 0000	Register S Land		ifill	1		
City, S								al Date		City, Sta	te)					
	town, NJ							/18/201	1-1		viĺle, PA	١				
	eleted by on E. Stevens		Title Proje	ct Ma	anager		Si	gnature	1	1			Date 12/5/	2019	9	

CK 874		NOTII	FICATIO	State of New Jers DN OF ASBESTO to NJAC 8:60 a	SABATE	MENT		0	E (	E							
Date of Notification (1) 12/02/2019	pul		Name Nata	of Building Owner asha Zagoren	r/Operato	r (2)			DE	C -	6 20	19					
Agencies Notified  Type Notification  Property Initial Amended Amendment	t #		City, S	Address tate, Zip Code ttclair,NJ,0704	2			The transfer of the second	ASBES	STOS (		ROL 8	Ž.				
DOH Emergency justification) Cancellation		g		of Contact ASHA ZAGOF	REN			Tel	ephone	Numbe							
Name of Facility Where Abatement is Takir Comercial	ig Place	(3)	FAC	CILITY INFORMA	TION		Facility (4	350									
5 Rosevelt Place apt #30						Sub	chapter er (i.e. pi	8 (Oth	er than k & comme	(-12) ercial bu	ilding	ngs, homes,					
City (5) Montclair						Square F N/A	eet	# or N/:	f Floors A		Bldg. N/A	Age					
County (6) ESSEX				Code (7) USE ONLY)		Current I HOUS	Jse (Prio ING	e (Prior if being demolished)									
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.	Name EHV	of Abatem V ABATE	ent Cont MENT	Contractor (9) NT LLC									
Street Address					ST 2011 100 100 100 100 100 100 100 100 10	Address RANKLI	N STR	EET									
City, State, Zip Code					City, S	state, Zip C ERSON,	ode NJ,075	24				- A - A - A - A - A - A - A - A - A - A					
Project Manager for Monitoring Firm			Telepho 917-9	one No. 992-0081		none No. 333-514	4		License 01274								
Start Date (10) 12/13/2019	Schedu 12/14	led Cor /2019	mpletion	Date (11)	Name EHV	of OSHA I	Monitor MENT	LLC									
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F	- 5	3276	nent		Street 89 F	N STRI	EET										
Abatement Performed Outside of Norm Other – Describe: OCCUPIE	nal Facilit	y Hours	5			tate, Zip C ERSON,		24									
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf						1											
≥160 sf or ≥260 lf	Contract of the last	Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu						ro					
Location of	100	s Locati Normal						( ) 4110	1101111	abic i i	Abat	ement					
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	ed Sole aintenar stodial S (12)	nce/	Asbestos Cor (i.e. therma surfa	escription staining IV I systems acing, VA miscellan	laterial (AC s insulation T, or	:M)	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure				
APT #30	Yes	No X	N/A		VAT			60	SF	X		te					
											-						
Name of Registered Waste Hauler EHW ABATEMENT LLC		H	JDEP Wauler ID 03709	No. of Wa	Yards ste		me of Re										
City, State PATERSON,NJ				Dispo 0037	sal Date '095	/ Cit	y, State RONX	,NY/									
Completed by Victor Espiritu	Title Proje	ect ma	nager	18	Signature	W U	M	L		Date 12/02	/2019	)					

CK875	1	NOTIFI (Pt	CATION	ate of New I OF ASBE to NJAC 8		DECEIVED										
Date of Notification (1) 12/02/2019 INV 1(5)	3			f Building O Drange H						IEC - 6	201	9				
Agencies Notified Type Notification  EPA Initial			Street A 7 Gler	ddress rwood Av	enue/			hou kel								
DEP Amended Amendment #				ate, Zip Cod Drange ,N		)17		at-varreness.	ASBI	ESTOS CO LICENS	ING	OL &	and the second second			
DOH Emergency (ii justification) Cancellation	ncluding			f Contact Williams			Telephone Number 917-992-0081									
			FACI	LITY INFO	RMATI	ON										
Name of Facility Where Abatement is Taking Housing	Place (3	3)					Type of Facility (4)									
Street Address							School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildietc.)									
City (5) East Orange							Square Feet # of Floors Bldg N/A N/A N/A						ge			
County (6) ESSEX				Code (7) USE ONLY)			Current Us HOUSIN		if bein	g demolish	ed)					
Name of Monitoring Firm Hired by Building O Lewis Consulting Group	wner (8)		ASCN	/I No.		Name EHV	of Abateme V ABATEN	nt Contr //ENT	ractor ( LLC	9)						
Street Address 2517 Highway 35th BLDG P,SUITE	#202						Address RANKLIN	STRE	EET	***************************************						
City, State, Zip Code Manasquan							, State, Zip Code TERSON,NJ,07524									
Project Manager for Monitoring Firm Clive william		T	Telephor 917-99	ne No. 92-0081		Telephone No. License No. 973-333-5144 01274										
Start Date (10) 12/16/2019	Schedule 12/30/		npletion I	Date (11)			of OSHA MOVED OSHA MOVED OF OSHA MOVED O		LLC							
Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire Po		- N	ont.				Address RANKLIN	STRE	EET			3	7			
Abatement Performed Outside of Norma Other – Describe:	al Facility	Hours	6		_		State, Zip Co ERSON,N		24				-			
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The state of the s	Renova Demolit				_	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proced									
	Is	Locati	on						60000000000000000000000000000000000000			Abate				
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma Cust	Normali d Sole intenar todial S (12)	ly by nce/ Staff?		os Cont hermal surfac		Material (ACI s insulation, T, or	vI)	(S	nount pecify or LF)	Removal	Ty Repair	e Encapsulate	Enclosure		
OTAID debts Ord flags	Yes	No	N/A			VAT			40	0.05						
STAIR 1st to 3rd floor		Х				VAT			40	0 SF	X					
		-														
TO A SEM W							-									
Name of Registered Waste Hauler EHW ABATEMENT LLC		H	NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste N/A TRI STATE TRANSFER					R								
City, State PATERSON,NJ					Dispos 0037	al Date 095		, State RONX	,NY	4						
Completed by Victor Espiritu	ect ma	ct manager Signature Date 12/02/2019						1								

CK 820		NOTIF	ICATIO	State of N N OF AS It to NJAC	BESTOS	ARATE	MEN (0)	т			G I	<u>-</u>		<u> </u>	int F
Date of Notification (1) 11/14/2019  Agencies Notified Type Notification	68	/	La C	of Building asa De	Don Po	Operato edro	r (2)			ASBE	ESTO	s c	CN	TRO	L &
EPA Initial				Address Roseville	e Avenu	ie			lana management		LIC	ENS	SING	3	signity <del>T</del> ockets
DEP Amended Amendment Emergency				tate, Zip C ark,NJ,0											
DOH justification) Cancellation	moladin	9		of Contact Pagan	i				Tele	enhone	Numb	er			
Name of Facility Where Abatement is Taking	n Diaco	(3)	FAC	ILITY INF	ORMAT	ION						-	-		
Private House	riace	(3)					Тур	e of Facility School (K-							
Street Address								Subchapte Other (i.e. etc.)	r 8 (Othe	er than I	K-12) ercial I	ouild	ings,	hom	es,
City (5) Orange							Squ N/A	are Feet	# of N/A	Floors			dg. A	ge	9-20
County (6) Essex				Code (7) USE ONL	n	_	Curi	rent Use (Pr vate Hous	ior if beir se	ng demo	olished	)			
Name of Monitoring Firm Hired by Building ON/A	)wner (8	3)	ASC	M No.		Name EHV	of Ab V AB	atement Co ATEMEN	ntractor T LLC	(9)					
Street Address						Street 89 F		ess IKLIN STI	REET						
City, State, Zip Code						City, S	State, Zip Code TERSON ,NJ,07524								
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	none N	No.	7524	Licens					
Start Date (10)	Schedu	led Con	npletion	Date (11)		Name	of OS	5144 HA Monitor		01274	4				
11/16/2019 Occupancy Status During Abatement (Check	11/17/							ATEMEN	TLLC						
Facility Closed/Vacated During Entire P	eriod of	Abatem	nent			Street 89 F		ess KLIN STF	REET						
Abatement Performed Outside of Normal Other – Describe: OCCUPIE	al Facilit	y Hours	S					Zip Code ON,NJ,07	524						
Scope of Work (Check All That Apply)							,								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti	tion ion			<u>/</u>	GI	III Containm ni-Enclosur ovebag Pro on-Exempte	e cedure						
		Location					7 140	n-cxemple	u () anu	INOII-FI	lable r		bate	ment	
Location of Asbestos-Containing Material (ACM)	Use	Normall ed Solel	ly by	Asbes	Des tos Conta	cription		L(ACM)	Δm	nount		1	Тур		
TO BE ABATED In Facility (13)		intenar todial S (12)		(i.e.	thermal surface	systems ing, VAT	insul T. or	ation,	(Sp	pecify or LF)	Kolliova	Domou	Repair	Encapsulate	Enclosure
DAOFMENT	Yes	No	N/A								2	-		ate	Ге
BASEMENT		X		I	PIPE IN	SULA	TION	1	50	) If				х	
											+	4	-		
											+	+	+	-	
Name of Registered Waste Hauler EHW ABATEMENT LLC		Ha	JDEP Wauler ID	No.	Cubic \ of Was			Name of TRI ST							
City, State PATERSON,NJ					Disposa TBD	al Date		City, State	e K,NY	-			-		C 2

Completed by Victor Espiritu

Title Project

Date 11/14/2019

Signature

Date of Notification (1) 11/11/2019  Agencies Notified Type Notification	153	no	- Nan La	State of New Je	and 12:1	EMENT 20)		D E	na-merin	- 6 os c	A72 A100413	acceptable and the second
☑ EPA ☐ Initial			31	7 Roseville Ave	nue	3		PAN WITH THE RESIDENCE CO.		GEN		
DEP Amended Amendmer Emergency justification	(includir	ng	Ne	State, Zip Code Wark, NJ, 07107 e of Contact	,			·		<u> </u>		
DCA Cancellatio			Chi	ris Pagan			T	Telephone N	Vumb	er	OLIVE T	
Name of Facility Where Abatement is Takin	ng Place	(3)	F	ACILITY INFORMA	MOITA				N-110-0-			
Street Address  City (5)						Type of Faci School Subcha Other (i	(K-12)	Other than K- te & commer	-12) rcial b	ouildin	gs, ho	omes,
Irvington County (6)						Square Feet N/A		# of Floors N/A		Bldg N/A	. Age	
Essex			Count (STAT	ty Code (7) E USE ONLY)		Current Use	(Prior if I	being demoli	shed)	C-20-48-8		-
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)		CM No.	Name	PRIVATE of Abatement	HOUS	E				
Street Address					EHV	/ ABATEME	NT LL	(9) C				
Ciby State 71- 0					Street 89 F	Address RANKLIN S	TREE	Т		-		
City, State, Zip Code					City, S	tate. Zin Code						
Project Manager for Monitoring Firm		1	Teleph	one No.		RSON,NJ,(	07524					
Start Date (10)	0.1				973-3	333-5144		License N 01274	Vo.			
11/14/2019	11/15/2	2019	mpletion	Date (11)	Name of	of OSHA Monito ABATEMEN	or					
Occupancy Status During Abatement (Check					Street A	Address						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: OCCUPIE	eriod of A	baten	nent			RANKLIN ST	REET	-				
				-	PATE	ate, Zip Code RSON,NJ,0	7524					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf						, -,-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	R	enova emoliti	tion on		Y Y	Full Contains Mini-Enclosu Glovebag Pro Non-Exempte	ire ocedure					
Location of		ocatio					) all	NOIT-FIIADI	e Pro	2.000	emeni	t
Asbestos-Containing Material (ACM)  TO BE ABATED	Used	Solei stenan	y by	Des Asbestos Conta	cription or	f			_		ре	
In Facility (13)	Custo	dial S (12)	laff?	(i.e. thermal s surfaci	systems ir ing, VAT, scellaned	sulation,	(8	mount Specify or LF)	Removal	Repair	Encapsula	Enclosure
	Yes	No	N/A						<u>a</u>	-	a	ıre

in Facility (13)	Cus	todial (12)	Staff?	(i.	e. thermal systems ins surfacing, VAT, o other miscellaneou	r I	(Specify SF or LF)	Removal	Repai	Encapsulate	Enclos
DAOSIAS	Yes	No	N/A			-,		laval	air	sulate	sure
BASEMENT KITCHEN		X			PIPE INSULATIO	N	30 LF	X			_
KITOHEN		Х		RA	DIATOR INSULA	TION	2 SF	X		$\dashv$	-
Name of Registered Waste Hauler EHW ABATEMENT LLC City, State		l Ha	JDEP Was auler ID N 037095	ste lo.	Cubic Yards of Waste N/A	Name of F	Registered Landfill	R			
PATERSON,NJ					Disposal Date TBD	City, State BRONX	NV /				-
Completed by Victor Espiritu	Title Projec	ct Mai	ner		Signature	W W	//// Da	te /11/20	019		
ASB-41 (R-06-08)					**		10				

CK 819

## NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC \$:60 and 12 120)

D),	E	C	E		Print	Forn	
Ñ		DEC	- (	6	2019	)	

1 01/	1.			1.00	4 1				L		UEU	- 6	1 21	119					
Date of Notification (1) 11/12/2019 10 - 15	Ī	Name of Building Winer Operator (2) County Of Passaic Weatherization Assistance Program																	
Agencies Notified Type Notificat	ion		Street A 930 R	ddress iverviev	v Drive					T We do so	ASE		JEMS JEMS						
DEP Amender Amender	ent #		City, Sta Totowa	ate, Zip C a,NJ,07	ode '512														
DOH justificati			Name of	f Contact Stone					Te	Telephone Number									
			FACI	LITY INF	ORMAT	ION	_												
Name of Facility Where Abatement is Ta Private House	aking Place (3	)					(4)												
Street Address	30						7	School (K- Subchapte Other (i.e. etc.)	r 8 (Otl	her than & com	n K-1: merci	2) al buil	dings,	hom	es,				
City (5) Paterson Clifton							Square Feet # of Floors					Bldg. Age N/A							
County (6) Passaic			County (	Code (7) JSE ONLY	)		Current Use (Prior if being demolished) PRIVATE HOUSE												
Name of Monitoring Firm Hired by Buildi N/A		ASCN	No.	-1000	Name EHV	Ine of Abatement Contractor (9) IW ABATEMENT LLC													
Street Address	Street Address							ress NKLIN STE	REET	9									
City, State, Zip Code		<del>1000000000000000000000000000000000000</del>				City, State, Zip Code PATERSON,NJ,07524													
Project Manager for Monitoring Firm			Telephor	ne No.			phone No. License No. 01274												
Start Date (10) 11/14/2019	Schedule 11/15/2		pletion [	Date (11)				SHA Monitor											
Occupancy Status During Abatement (C	heck Only On	e)			ess		7. 1811-2-1		-			-							
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe: OCCUPIE	re Period of A ormal Facility	batem Hours	ment 89 FRANKLIN STRE City, State, Zip Code PATERSON,NJ,0752																
Scope of Work (Check All That Apply)						0014,145,07	524												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu							dura.						
	ls	Locatio	on					ion-Exemple	u ( ) ai	id Noir	Tiab		Abate						
Location of	Lines	ormall d Solel			Des	scription	of					_	Ту	pe					
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	ntenan odial S (12)	ice/	Asbes (i.e.	thermal surface	aining M systems cing, VA niscellan	s insu		(	Amount (Specify SF or LF)		(Specify		Removal	Repair	Encapsulate	Enclosure		
BAEMENT	100	X	IVIA	F	PIPE IN	ISULA	TIO	N	8	0 LF	10000	X		-					
Name of Registered Waste Hauler	1 80	NJDEP Waste   Cubic Yards																	
EHW ABATEMENT LLC		Ha	auler ID 1 037095	No.	of Was			Name of TRI ST				R							
City, State PATERSON,NJ					Dispos TBD	al Date		, City, State BRON											
Completed by Victor Espiritu	nager		S	ignature	1	11/		$\int$	Da 11	te /12/2	2019								

CK1009	1	NOTII	FICATIO	tate of N N OF AS t to NJAC	BESTOS	ABATE	MENT D)			G.							
Date of Notification (1) 12/05/19 JNV (05)	22			of Building		Operator	(2)	l land		DEC	- 6	2019	1	9			
Agencies Notified Type Notification	on Control		Street	Address				-	AS	SBESTO	S CON	ITRO	L &				
DEP Amended Amendme	y (including		Esse:	tate, Zip C x Fells, of Contact Haydu	NJ, 070	021		Sunna	Те	Telephone Number							
				ILITY INF	ORMAT	ION											
Name of Facility Where Abatement is Tak Residence Street Address	ing Place (3	3)						chool (K- ubchapter ther (i.e. p	12) 8 (Oth	er than h & comme	K-12) ercial bu	ilding	s, hom	ies,			
City (5) Essex Fells							Square		# o	f Floors		Bldg. 67	Age				
County (6) Essex				Code (7) USE ONLY	y)			t Use (Pri dence	or if be	ing demo	olished)						
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.				ement Cor eration L		(9)							
Street Address							Address S Fran	klin Ave									
City, State, Zip Code							tate, Zip	Code IJ, 0710	9								
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph		12700 1		License 01376							
Start Date (10) 12/13/19	Schedule 12/16/1		npletion	Date (11)				Monitor									
Occupancy Status During Abatement (Che					11	Street /	Address	1									
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A mal Facility	baten Hours	nent S			City, St	ate, Zip	Code						<del></del>			
Scope of Work (Check All That Apply)													-17-11	-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit				×	Mini- Glove	Containme Enclosure ebag Prod Exempted	edure				re				
Location of	10 10	Locati ormal			Do	oriotica						Abat	emen ype	t			
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mair Custo	(12)	nce/ Staff?		tos Cont thermal surfac	scription of aining Ma systems bing, VAT niscellane	aterial (/ insulation) , or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure			
Attic	Yes	No X	N/A	V	/ermicu	lite Insu	ulation		1/1	90 SF	X		(D)	-			
				•	CITIIOG	11130	alation		14,	30 31							
Name of Registered Waste Hauler		l NI	JDEP W	aste	Cubic '	Varde		Name of F	)ocist	rad l c - '	6:11						
Newark Carting		Н	auler ID 4509		of Was		- 1	Name of F Grand C									
City, State Newark, NJ					Dispos TBD	al Date		City, State Pen Agr		Α							
Completed by Fernando Mendoza	Title Manag	ger			Si	ignature			***************************************	1	Date 12/05/	19					

CX 6899	N	(Pu	ATION rsuant t	of New OF ASBE O NJAC 8	STOS / :60 and	12:120		Г	R	Land Control of the C		<u> </u>			
Date of Notification (1) 12/3/19 To / / / D50/				Building C		perator	(2)			DEC	-66	2019	The charge	븨	
Agencies Notified Type Notification		5	Street Ac	dress						ur. ing impandence of the law for	wer and the same	омиста» 74			
EPA X Initial				orth Ave		ast				ASBESTO	S CON	STRO	L&		
DEP Amended Amendment #				te, Zip Coo eth, NJ		į.			and the second second	TO THE PARTY OF TH	an - alt x	tered transferen		ALL DE LANGE	
Emergency (ir				Contact	07201				Te	elephone Nu	ımber				
DOH justification)  DCA Cancellation			Anita (	Castiblar	nco				9	08-282-7	523				
Name of Facility Where Abatement is Taking	Place (3	1	FACIL	ITY INFO	RMATI	NC	Tvn	e of Facilit	v (4)						
Michael Foods	1 1000 (0	<i>'</i>					П	School (F							
Street Address								Subchap	ter 8 (Otl	her than K-	2) Sial build	linas	home	9	
847 North Avenue East						Other (i.e. private & commercial buildings, netc.)  Square Feet # of Floors Bldg. Age									
City (5) Elizabeth						120000 2 50							ye		
County (6)			County C			=1/2				eing demolis	shed)				
Union		- 1		ISE ONLY)		Commercial									
Name of Monitoring Firm Hired by Building O ATC Group Services, LLC	wner (8)		ASCM	l No.		Name of Abatement Contractor (9) ecoservices, LLC									
Street Address						Street Address									
3 Terri Lane, Suite 4						303 B National Road									
City, State, Zip Code Burlington, NJ 08016						City, State, Zip Code Exton, PA 19341									
Project Manager for Monitoring Firm		- 1 -	Telephor	ne No.		Teleph		25-21 - 32.5-21.2-21.0		License	No.				
John Lutz				79-8512		484-	872	-8884		01161					
P 1 (2) (1) (1) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Schedule 12/14/		pletion [	Date (11)		Name of OSHA Monitor EMSL									
Occupancy Status During Abatement (Check	Only Or	ie)				Street Address									
Facility Closed/Vacated During Entire Po	eriod of A	Abatem	ent			Route 130 North  City, State, Zip Code									
Abatement Performed Outside of Norma Other – Describe:	al Facility	Hours				City, State, Zip Code Cinnaminson, NJ									
Scope of Work (Check All That Apply)				<del></del>							- 77				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoliti				>	N G	Mini-Enclos Blovebag F	ure Procedure	th Negative e ind Non-Fria			e		
	ls	Locati	on			_	13	ton Exemp	1			Abate	ement		
Location of	1	Vormal	у			scription					-	l y	pe		
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Sole intenar	ice/		tos Cont thermal			ial (ACM) ulation,		Amount (Specify	l R	71	Enc	En	
In Facility (13)	Cus	todial S (12)	itam?	, i		cing, VA				SF or LF)	Remova	Repair	Encapsulate	Enclosure	
(13)	Yes	No	N/A					,			<u>a</u>		ate	re	
2nd floor utility mezzanine	X			The	rmal S	ystem	Inst	ulation		25 LF	x				
					.70										
Name of Registered Waste Hauler	1		JDEP W		Cubic of Wa	Yards		25.090547.0005		tered Land				25 =3-11.	
ecoservices, LLC			adioi ID	.10.	1					airless Hil	IS				
City, State Exton, PA					Dispo:	sal Date 1/19	9	City, S Morr	state isville,	PA					
Completed by	Title Sr F	Projec	t Mana	nger	5	Signatur	e /i ~	h B	NOI		Date 12/3/1	9			
Jack Bally	lack Bally Sr. Project Manager								eca	1	12/0/1		87		
ASB-41 (R-06-08)	8-41 (R-06-08)								for asbe	stos licens	ıre exer	npted	activi	ties.	

Print Form