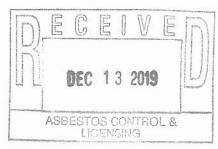
This	1655	71	State of New TION OF ASB first ant to NJAC	TB		-				-
16/11/11	/ _ NOT	FIFICA	TION OF ASB	ESTOS ABA	TEMENT	IME (C [\mathbb{V}	
		1 10	Authorities of Charles Tall 13 is	B			÷ • • • • • • • • • • • • • • • • • • •			
Date of Notification (1): 10/28/19	Name of Bu GREENWO	ilding Q	vner/Operator (2): LAGE				EC	13 2	019	Louis
Agencies Type Notification	Street Addre	ess:	b	4						
(X) EPA Notification	City, State,					ASBE				-&
(X) DEP (X) Amendment	HAMILTON	N, NJ 086				International Control of Control	is the state of th	NSIN	ال مسممسم	Salar Harrison
() Emergency	Name of Co MR. JIM	ntact:			Telephone	Number: 609-6	531-52	203	'n	
(X) DOH () Cancellation () DCA	10.5000 0.500									
			FACILITY INFO	RMATION						
Name of Facility Where RESIDENTAL/APARTMENT	Abatement	is Ta	king Place (3):	Type of Facility	(4):					
				() School (K-12 () Subchapter 8		-12)				
Street Address: 114 WASHIN	GTON COURT	Γ		(X) Other (i.e., p	rivate & comr	nercial buildings,				
City & State (5): HAMILTON	, NJ			Square Feet: N	A	# of Floors: 3		Bldg.	Age:	NA
County (6):		unty Cod		Current Use (P	rior if being	demolished):				12
MERCER	(S'	TATE US	SE ONLY)	RESIDENTAL	/APARTME	ENTS				
Name of Monitoring Firm Owner:(8)	Hired by 1	Building	ASCM No.:	Name of Abate	ment Contra	ctor (9):				
BRIGGS ASSOCIATES			NA	GUILIANO I	ENVIRNM	ENTAL, LLC				
Street Address:				Street Address:						
3 CROSSWICKS STREET City, State, Zip Code:	š			PO BOX 112						
BORDENTOWN, NJ 08505			-	City, State, Zip						
Project Manager for Monitorin	g Firm:	T	Telephone No.:	SAYREVILL Telephone No.:		License No.:				
MICHAEL			609-298-5520	(732) 238-7400		01342				
	Scheduled Com 1/31/20	pletion D	Date (11):	Name of OSHA GUILIANO E	왜 명하게 가지하다 하다 뭐라					
Occupancy Status During Abateme	ent (Check only o	ne)		Street Address:		SITTIE, EEC				_
(X) Facility Closed/vacated During () Abatement Performed Outside	Entire Period of	Abatemer	nt	P.O. Box 1124						
() Other – Describe:	of Normal Pacifi	ty Hours		City, State, Zip SAYREVILLE						
Scope of Work (Check all that app	y):									
() $\geq 3 \text{ sf or } \geq 3 \text{ lf}$ (X) $\geq 160 \text{ sf or } > 260 \text{ lf}$			enovation emolition		(X) Mini E	ontainment with inclosure	n Neg	ative P	ressur	e
(-)	In I conti	14 ×0000000	montion		() Non-Fr	pag Procedure				
Location of	Is Locati Normall	ly	Des	cription of	(4.63.6)				ement pe	1
Asbestos-Containing Material (ACM)	Used Solel Maintenar		Asbestos Conta (i.e., thermal	systems insula	tion,				(II	m
TO BE ABATED	Custodia	7.75 (7.5)		ing, VAT, or iscellaneous)		Amount	?em	Repair	ncal	ncle
IN Facility (13)	Staff? (12)			occitaticous)		(Specify SF or LF)	Removal	pair	Encapsulat	Enclosure
Bldg.#5 BASEMENTS	Yes No	N/A	PIPE INSULATION	ON		1,500 LF	X		=	
Bldg.#5 CRAWL SPACES	X		PIPE INSULATION			1,000 LF	X			
Bldg.#6 CRAWL SPACES	X		PIPE INSULATION			2,300 LF	X			
Bldg.#7 CRAWL SPACES Bldg #7 BASEMENT	X		PIPE INSULATION	ON		600 LF 720 LF	X			
Name of Registered Waste Hau PRO GREEN MANAGEMEN	ler: Γ, LLC		NJDEP Waste Hauler ID No.: 32707	Cubic Ya of Waste:		Name of Regis G.R.O.W.S LA	tered NDF	landfil ILL	I:	
City, State: JAMES BERG, NJ	Dispo: 12/20/	sal Date:	J20101	City, State: MORRISVI	LLE, PA			1	2	
Campleted By:	/)	Title:	. (1:	Signature:	1	Date:		-		
Heliada Solo	V	Admir		Meliana	Lola	12/09/19				

		**	Acres and		**		est:			EC	E		₩ P	rint F		
CK2449		NOT	FICATIO	ON OF ASE	BESTOS	ABATE	MEN	т			C 1	3 2	Name of the last o			
Date of Notification (1) 12/11/19	03					Operator	(2)		land box	UC	<u> </u>	0 6	013			
Agencies Notified Type Notification	Mary Anne Saggio Street Address S			ASBESTOS CONTROL &												
DEP Amended			City. S	tate. Zip C	ode			74	- The state of the	**************************************	LICEN	SING	i 	delimperatura		
DOL Amendmen		<u> </u>	West	t Milford,	NJ 074	180										
DOH justification)	3							Tel	ephone N	umber	3				
Name of Facility Where Abatement is Taki	na Place	(3)				ON						-				
Residential Home	ing Flace	(3)					Т	e of Facility School (K-	Note of							
Street Address							×	Subchapte Other (i.e.	r 8 (Oth	er than K-	12) cial bui	ildinas	. hom	es		
City (5)							-	etc.) are Feet		Floors		Bldg. /		-		
West Milford County (6)			Count	0-4-7			210		2			65+/-				
Passaic)		Re	rent Use (Pri sidential F	or if bei Iome	ng demolis	shed)					
Name of Monitoring Firm Hired by Building Project Manager	Owner (8	3)	ASC	M No.				atement Cor		(9)						
Street Address						Street	Addre	ess		T-00-00-00-00-00-00-00-00-00-00-00-00-00	-22702	-				
City, State, Zip Code						1		lidland Ave Zip Code	е.					_		
Project Manager for Manifesian Film						Sado	ile B	Brook, NJ (07663							
			lelepho	one No.		Telephone No. License No. 01305										
Start Date (10) 12/13/19	Schedu 12/16	led Cor	mpletion	Date (11)		Name	of OS	SHA Monitor								
Occupancy Status During Abatement (Chec	1000				_	Street	Addre	ess								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 8 A.M to 4 P.M	Period of nal Facilit	Abaten y Hours	nent s			City, S	tate, 2	Zip Code					+			
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf						×	Mi	ull Containme ini-Enclosure lovebag Procon-Exempted	edure				΄Α.			
	1005		0.7700					J. Exemples	/ / 4110	NOTE TIA	T T	Abate	ement			
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbes	Des tos Conta	cription aining M	of ateria	al (ACM)	Ar	nount	-	19	pe			
In Facility	100000000000000000000000000000000000000	todial S		(i.e.	thermal s surfac	systems ing, VA	insul r, or	lation,	(S	oecify or LF)	Remova	Repair	incap	Enclosure		
(13)	Vac		T NI/A		other m	iscellan	eous)				ioval	pair	Encapsulate	osure		
Basement	165		IN/A		,	VAT			24	6 SF	X		(D			
Name of Registered Waste Hauler		N	IDEP W	/asto	Cubia	arde.		Nome of	Dani-tr	عدالي						
All Stages Abatement		Н	auler ID	No.	of Wast			Name of F	- Turke (a)			ndfill				
City, State Saddle Brook, NJ	0036592 4 YD Grand Central Sanitary Landfill Disposal Date City, State															
Completed by	Title				. 2725	gnature	/	Pen Arg	Jyl, PA		ate					
Richard Cristofol	Pres	ident				/		1-	1		2/11/	19				

213900	4	1				ersey TOS BAT 00 and 12			EC		\mathbb{V}	E		Prin
Date of Notification (1) 8-19-19			Nam	e of Build P Huds	ling Ov	vner/Operat _C	or (2)		- TE	5 13	201)	H	+
Agencies Notified EPA DEP DOL DOH DOH DCA Type Notification Initial Amended Amendme Emergenc justification Cancellation	nt # y (includ	5 ing	Stree 401 City, Chie	et Addres	s nigan Code 6061	Ave, Suite	e 163	D International Action	Tel	OS COI	IG umbe	-	Name of the last o	TOO O
Name of Facility Where Abatement is Tak	ing Plan	0 /2)	F#	CILITY	NFOR	MATION				2-7-50-0				
Hudson Generating Station Street Address Dutfield Avenue City (5)	ing Place	e (3)						of Facilit School (P Subchap Other (i.e etc.)		er than K-	12) cial bu	uilding	ıs, hoi	mes,
Jersey City							Squa 627,	re Feet	0.000	Floors		Bldg.	Age	
County (6) Hudson			Count	y Code (7 E USE ON))		Curre	nt Use (F	rior if beir	ng demolis	shed)	55		
Name of Monitoring Firm Hired by Building Finog Environmental In		(8)		CM No.	-'' -	Name	of Aba	er Plan tement C	t ontractor (mental ((9)				
Street Address 617 Stokes Rd, Suite 4						Street	Addres			Jompar	ıy			-
City, State, Zip Code Medford, NJ 08055						City, S	tate, Zi	p Code	nio 4413	4				
Project Manager for Monitoring Firm Mark Rubnitz			100	one No.	994	Teleph	one No 642-60).		License N 01212	No.			_
Start Date (10) 9-17-19	Schedu 12-20		mpletion	Date (11)	Name	of OSH	A Monito	г					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire I	c Only C	Only One) Street Address riod of Abatement 5500 Old Brecks				3								
Abatement Performed Outside of Norm Other – Describe:	nal Facili	ty Hour	S			City, St								
Scope of Work (Check All That Apply)						Indep	ende	nce, Oh	io 4413	1				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	SAME TOWNS	Renova Demolit				XXX	Full Mini- Glov Non-	Enclosurebag Pro	ent with Ne cedure d (*) and I					
Location of		s Locati Normal ed Sole	ly			escription o	of					Abate		9
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	aintenar todial S (12)	nce/	Asbes (i.e.	therm sur	ontaining Ma al systems facing, VAT miscellane	insulati , or	ACM) on,	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED LICE	Yes	No	N/A								<u>a</u>		ate	Ге
SEE ATTACHED LIST											/			
									* t. ,					
													-	
Name of Registered Waste Hauler Champion Disposal		Ha	IDEP W	No.	Cubic Yards of Waste		1		Registered	37			1	
City, State			32707 900 Disposal Date				Fairless Landfill city, State							
Hainesport, NJ					Diapt	שני שני	1		e sville	. РА	1904	5.7		
Completed by ohn Savage	Title	Presid			1	Signature	_			Dat				



Hudson Generating Station Precision Environmental Work Hours

Week 1 (Week of 9/16/19)

Monday off

Tuesday: 7am to 5:30pm (Sept 17th Start)

Wednesday: 7am to 5:30pm Thursday: 7am to 5:30pm Friday: 7am to 5:30pm Saturday 7am to 3:30pm Sunday: off

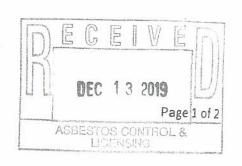
Week 2-

Monday: 7am to 5:30pm Tuesday: 7am to 5:30pm Wednesday 7am to 5:30pm Thursday 7am to 5:30pm

Friday off Saturday off Sunday off

Precision Environmental shall follow the above listed work hours on a rotating two week schedule

This schedule shall take effect at the listed state date



Hudson Generating Station

Building	Square Feet	No. of Floors
Bottom Ash Transport Intake Structure Barge Unloader Conveyor & Transfer House P1 - Storage Building P2 - Coal Conveyor P2 - Coal Handling Structure P3 - Service / Office Building P3 - Locker Room Building P3 - Turbine Building P3 - Unit 1 P3 - Unit 2	720 900 300 150 1,900 7,500 2,000 15,500 7,500 6,000 215,000 370,000	1 1 1 1 1 1 2 2 2 1 10 10
Bottom Ash Transport No Asbestos Reported	QTY	Category

Intake Structure
No Asbestos Reported

Barge Unloader No Asbestos Reported

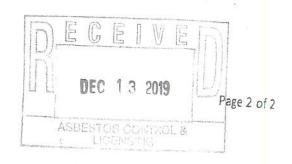
Conveyor & Transfer House No Asbestos Reported

P1 - Storage Building No Asbestos Reported

P2 - Coal Conveyor No Asbestos Reported

P2 - Coal Handling Structure No Asbestos Reported

P3 - Service / Office Building		
Duct-Insulation	200 SF	RACM
Floor Tile & Mastic	1,800 SF	Cat I
Pipe Fittings	460 LF	RACM
Galbestos Siding	12,600 SF	Cat II
Pipe Insulation	3,600 LF	RACM
Cement Board	16 SF	Cat II



P3 - Locker Room Building No Asbestos Reported

P3 - Turbine Building		
Coating		
Floor Tile & Mastic	32,000 SF	Cat II
- 955	400 SF	Cat I
P3 - Unit 1		
Pipe Insulation		
Pipe Fittings	4,100 LF	RACM
Tank Insulation	84 EA	RACM
Galbestos Siding	220 SF	RACM
6	3,100 SF	Cat II
P3 - Unit 2		-41
Pipe Insulation		
Tank Insulation	2,750 LF	RACM
Galbestos Siding	450 SF	RACM
	2,800 SF	Cat II

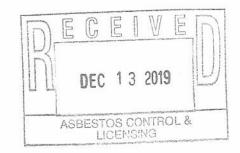
Dec 09 2019 03:54PM NJ Asbe	stos C	Control	609.6	533,066	4		page 1					
09.12.2019 09:52 AM Thv / Color of Notice (1) Agencies Notice Type N	581	D _N	Na		C/ W) PL	OE Cha	C 1	SON
Delp Delp Denoting Veneral Initial Initial Amenda Amenda Initial Initi	hant II Ray (hah loh) Wan		- OR	BOOKS CONTROL	DE BO	en (1 07.	ASI Residence 201-		A	05	<u>/</u>
25 OB BOOK DRIVE	Ê						Sehool Substri	(% (2) (Other then) La. private & sename	(-12) Irdia:		190, R	Octopo,
BEROEN		-	TAN	· Tr		·	/ 4,00	O O A		816	J. Ag)
Name of Montaining Firm Fired by Building	Accessor		(STA	7	12v		Curen Use	(State of States of States		The same of	50	
L_	ig Divingi	(日)	TA	CHI NE		Hame o	Pr (Pa) Separation	Contractor (8)	M.S.	<u>E</u>		Description of the last of the
Sirger Addings			-			n. 是 1計章	G Contract	ing Ine.				
City, State, Ziji Cess	Sense duc	-				185 V	vervie Treiend Av	8.			- challenge	
Project Member of Montoning Plin						+14-	No. Zip Code	I de son		V-000000		
			Yellep	none Ne.		T BROKE SE	nd Park, N.	The Name of Street, St		Delenana.		
Sect Des (10) 4 / 9	Cohe		 ,,,,,,,,	n Balla /4	47	201-2	92-5844	Ucenias 00156	reg.			
Company See Diring Assument (Cin	1	2/1	4/1	n Deta (1		Citheci	CUHA MORA	or Ishtal Servicer (-		- Children
Feality Cissed/Vectori Buring Entire Absternary Partyrand Cutelds of Nor Other - Describe:	Period a Rval Pagi	Cha) If Abaia Ny Hou	Ment Pa			280 H	ivres Iyler Street B. Zip Code	and the same of the same of the same of	ng.			
Brope of Work (Chieck All That Apply)					-		uerok' Mª (7608				The state of the s
20 of or 25 If 2190 of or 2500 If		Renew Demoi	den				Full Contains Mini-Medium Glovessag Pr	nant with Hegelive I ne beetkine nd. C) and Hen-Fries	P/1866	UP)		
Asbestes Spring interval (ACM) ID RE ARATED	Ue	is Loses Norma and Bold	ly ly ku		Deen	rivii na se			T	Alteri		
IN FERRY	CH	elmene Hedel (72)	PROPERTY	Ashe (i.e	elec Contai i. thermal by buildings other mis	nitig Male Misma in 19. VAT.	riel (ACNI) Meter, (12)	Amount (Specify SP or US)	7	P		
BOILER ROOM	Yes	No	N/A			mer man right to	.41			F		
TOTAL TOTAL	-		×		FLS	140		22 LR	9.4	-	9	
				-					A	-	-	
		-		-						-	-	-
Name of Registered Weeks Heuler Namerk Certing Ing.	-	TA	DEP W	5000	Cubia Ye						-	
AY, SIND		I Ma	HOT ID I	Vo.	of Waste	2 .		legistered Length				-
Hawark, NJ 07108					Distroyer		City, But	Central Benitary	Len	9711		
McDongle	Title				13/9/	19 au	Pen An	yi, PA 08072		-	-	I I
a mary MIGIG	Presid	dent			align:	Days /	LAND	9 0 1 000		7		
BRIGG JANAS AND	1000 C C C C C C C C C C C C C C C C C C		-				- 21 - 5	de altribute de la	21	9/1	9	

09 2019 03:54PM NJ Asbestos	Contr	01 60	9.633.	0664		page 2	p				
				5	17		MEG			\mathbb{V}	
0.12.2019 02:21 PM	Z	10.0	· [[D A		E C			PAG	E.	2
Inv 16583)						_nef	101	3 1	010	AY
(h12n1		NOT	PICATIO	Plate of Now A OF ASSEST	TABA SO	EMENT					-
Date of Notification (1)		(PURE	M AS MING EIS	and 12:41	10)	ASBEST	bs.	CON	THO	
12/9/19			Hama	EKEMI	107/Ciperate	(2)	WE	ICE)			7
Agendes Notified Type Notificetto	n		Street	Address				77 77	-	1	77.4
EPA (E Initial Amended Amended Amended			T do	tele. Zip Code	71-41 8	TREE T	LVAN	EK	141	710	17
Emergence	of Circlestin		1	ACKBUS	9CK	NJO	7602				•
DOM Justification	1)	V		of Contact	20000	1	Telephane No	mper			re ele.
Name of Facility Where Abeterners is Tak		بيومساه	, ,		30 mm		53-19	-0-1	- 8	700	1
STORE	ing Fisca	(3)				Type of Facility				-	-
33-20.BRUADWA	lka .		-			School (*	i-12) er 5 (Other Sten Ki-	121			
CRY (B)			-			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	er 6 (Other Sten K- . private & semmen	alej pr	liding	, hom	99,
FAIRLAWN					·	Square Feet	# of Floore		Bldg.	491	Jerena.
BARGE .			County	Code (7)		Current Use (F	rior if baing demoils	ried)	<u></u>	- Spire	
Name of Monitoring Plan Hired by Building	Owner (6		M No.	Neme	570 of Abalamant C	antender (a)	سنططا			
Blreat Address					A. M	ac Contractin	g Inc.				
City, State, Zip Cade		Discourse a				Vresiand Ave					
wity, etale, ap Cess					City, 8	liste, Zip Code	97140			-	_
Project Manager for Manifering Firm			Telephi	oris No.	_	and Park, 4J	U7432		Lin Street	-	
DIGHT THAN (10) / 19	Saltania .	lad File	T) =		201-	252-6841	00158	V(Az			
	1/6	1 //	37	Dela (11)	Ome	of Caha Monto	r Intal Servicer In	G.	-		Anniumo
Coouperroy Status During Abelement (Cite Facetry Closed/Vecated During Entire Abelement Buringman Could Buring Entire	ok Only C Badad ad	Abeles			Street	Address Huyler Street			- Prince and	-	
Feelity Closed/Veceted During Entire Absternent Performed Outside of Nor Otter - Describe:	nel Facili	y Hayn	110176 6		CRY, 8	tere, Zip Code		-			
Scope of Werk (Check All That Apply)					Hack	tensack, NJ 0	7806				
k5 ef or k5 lf k160 ef or k260 lf		Rens va Demoli			d 6	Mini-Englosy Cloveles Pr	tent with Negative i Negative Id is and Non-Friet				
Logation of		Locut Nerma	llw.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AS PIL	Abet	ment	Acres de la constitución de la c
Asbertos-Containing Material (ACM) TO BE ABATED	Ma	ed Bots Mans	nce/	Alberton C	Description ortaining M	assess /A Con	Amount	-	1)	pe	
in Facility (18)	Cue	(12)	State?	(v.e. therm	ian systems facino, VA'	Inaulstign,	(Specify 8F or LF)	Sumowal	1	Since	Enden
,	Yes	No	NKA	detab	r missellen	eone)	T	Owa,	事	The state of	9
	I				-6			-		-	
1 st Floor	-		X		VAT		26 30	K			
	-		-								
Name of Registered Waste Heuler		N	JOEP W	ana I cul	lo Yarda	l Name					
Newerk Certing Inc.		H	auler ID 1808		lasta 2		Registered Landill Central Senitary	f an	eldtu		
City, State . Newerk, NJ 07105					oglel Dyba	Olty, Stat	9		WIII	-	Mores
Completed by R. McDoneld	THE	-		1/2	8 gnatura	au Pen An	gyl, PA 08072		4	-	
o, wendudia	Presi	dent			En mess in	ICAN?	Vanded "	2/	9	119	

CK100253	1	NOTIF (P	CATION ursuant P	ate of Nev I OF ASB to NJAC AL Job#	ESTOS 8: 50 ar 19 - 12	ABATEM d 12:120 13 Add) Material Please	see ad	ditional		-	ees.	
Date of Notification (1) 12/09/2019	38						(2) Company of A			C T	7 21	113	F
Agencies Notified Type Notification			Street A	ddress ashingto	on Str	oot			ASBES.	TOS C	ONT	ROL 8	3
EPA Initial DEP X Amended		+	City, Sta	ite, Zip Co	de			Photographen and the state of t	L	JOENS	SING		
DOL Amendment #		-		k, NJ 07	102			1 = .			-		
DOH justification) DCA Cancellation			Bill Ba						ephone N 3-802-2				
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	LITY INFO	ORMAT	ION	Type of Facility	(4)					
Wash Building		· · · · · · · · · · · · · · · · · · ·					School (K-	12)					
Street Address 213 Washington Street 11th, 12th,	13 & 14	1th Flo	oor				Subchapte Other (i.e.				lding	s, home	es,
City (5)							etc.) Square Feet	# 0	f Floors		Bldg.	Age	
Newark County (6)			Caumba	Oada (7)			400,000	21			50+		
Essex				Code (7) USE ONLY	_	_	Current Use (Pri Commercial	or it bei	ng aemoi	iisnea)			
Name of Monitoring Firm Hired by Building O Tiger Environmental Inc	wner (8)		ASCN	1 No.			of Abatement Co Environmenta			D/R/	ΔΡΔ	l Env	/iror
Street Address						Street	Address		00	. 01011	117		
256A Jefferson Court City, State, Zip Code							Queens Plaz tate, Zip Code	za Sou	ıth				
Lakewood, NJ 08701							Island City, N	IY 111	01				
Project Manager for Monitoring Firm Kelly Walton			Telepho 732-94	ne No. 18-9458		11 - CONTROL OF THE PARTY OF TH	one No. 349-0900		License 00853				
	Schedule 01/25/2		npletion	Date (11)		1110-985-080-1 103	of OSHA Monitor iech Kowalczy	/k					
Occupancy Status During Abatement (Check	Only Or	ne)					Address Beach 98th St	root					
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal							tate, Zip Code						
Other – Describe:					_	Rock	away Park, N	Y 116	94				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				ıre	
	1	Locati										temeni ype	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Use Ma	Normal ed Sole intena todial S	ly by nce/		os Con therma		aterial (ACM) insulation,	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	V	(12)	Lava		other	miscellan	eous)			oval	air	sulate	sure
11th Floor	Yes	No X	N/A	Floor Ti	le. Ma	astic & [Duct Insulatic	21.0	000 SF	X			
12th Floor		X					Duct Insulation		000 SF		-		
13th Floor		X		Floor Ti	le, Ma	astic & [Duct Insulatic	21,0	000 SF	X			
14th Floor		X					Duct Insulatic		000 SF				
Name of Registered Waste Hauler ATC		H	IJDEP W lauler ID 4310		of Wa	ards	Minerva	a Ente	ered Land erprises	fill			
City, State Shirley, NY 11967						sal Date 7/2019	City, Stat	sburg,	OH 44	1688			
Completed by Ann A. Ali	Title Com	pliano	e Adm	in		Signature Date 12/09/2019							

213 WASHINGTON STREET - ADDITIONAL MATERIAL

FLOOR	LOCATION	TYPE OF MATERIAL	FOOTAGE
11TH	JANITOR'S CLOSET	PIPE INSULATION	40 LF
12TH	JANITOR'S CLOSET	PIPE INSULATION	40 LF
13TH	JANITOR'S CLOSET	PIPE INSULATION	40 LF
14TH	JANITOR'S CLOSET	PIPE INSULATION	40 LF



CK7720	100	NOTIE!	ursuant	ate of Nev VOF ASBI to NJAC	Jerse ESTOS :60 and	ABATE	MEN 0)	T CV	I	2018	P		W	/ IE
Date of Notification (1) 12/10/19	417	11	Name o	f Building (Owner/C	perator	r (2)		1/1	7720	6		U	
Agencies Notified Type Notification	10		Street A	oh Cuom	O Priva	ate Ho	me				IEC-	13	201	9
			Street A	adress							IEU	1 3	201	J
EPA Initial		-	City Str	ate, Zip Co	do				_	_			10000	
DEP Amended Amendment	#			Beach T		1 0800	Q			ASB	ESTO	S CC	NTR	OL 8
Emergency	(including	_		f Contact	wp. 140	0000	-		1		110	ENSI		
DOH justification)			Joe	Contact					re	ephone Nu	mber	STATE OF THE PARTY	Part per con coll Calle	
Caricellation				II ITV INITO	DRG ATI	ON			_		-11501150			
Name of Facility Where Abatement is Takir	g Place (3)	FACI	ILITY INFO	KWAII	UN	Tvr	oe of Facility (4)					
Joseph Cuomo Private Home	3 (.	-,					-,,	2757 (10) 1777 (178)	2212					
Street Address							H	School (K-1 Subchapter		er than K-1	2)			
							X	Other (i.e. p				ldings,	home	es,
City (5)								etc.) uare Feet	1 # =	f =1====	1	Old- A	~~	
Long Beach Twp. NJ 08008							100000	uare reet	#0	f Floors	100	31dg. A 35+	ge	
County (6)			Country	Code (7)			100	rrent Use (Pri	100	-				_
Ocean				USE ONLY)				ouse & Gar		ing demolis	nea)			
Name of Monitoring Firm Hired by Building	Oumar /9		ASCN	/ No		Mama		batement Cor	•	(0)				
N/A	Owner (6)	į.	, ASUN	VI NO.		HARRY DAY TON		batement Cor no.	tractor	(9)				
Street Address						Street								
Street Address	Address													
City State 7in Code	tate Zin Code) Box 329 , State, Zip Code							
City, State, Zip Code						10.000		zip Gode erlin NJ 080	101	100				
Delet Manage for Manage of Time			T-1b-	N-					181					
Project Manager for Monitoring Firm		Telepho	ne No.		Telepi				License N	10.				
0: 15 (10)	01.11			5 / ///		856-753-9800 00727 Name of OSHA Monitor								
Start Date (10)			npietion	Date (11)		1000		SHA Monitor						
12/19/19	12/24/					Sam								
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Add	ress						
Facility Closed/Vacated During Entire														
Abatement Performed Outside of Norr Other – Describe:	nai Facility	y Hours	•		_	City, S	state,	Zip Code						
Scope of Work (Check All That Apply)									,				-	
≥3 sf or ≥3 lf		Renova	tion] F	ull Containme	ent with	n Negative I	Pressu	ıre		
2160 sf or ≥260 lf	STATE OF THE PARTY	Demolit				-	- 1	/lini-Enclosure	•					
						5		Slovebag Prod Ion-Exempted		d Non-Frial	nle Pro	cedur	A	
	Т.			T		-	paid 1	VOIT-EXCITIPATOR	1 () (1)	a reon r na	1		ement	
4 - 100/14 1000 = 1	1100	s Locati Normal											ре	
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Ashest		scription		iai (ACM)	_	mount		T		
TO BE ABATED		aintenar		(i.e.	thermal	system	s ins	ulation,	(3	Specify	Re	R	Encapsulate	Enclosure
In Facility	Cus	(12)	otanı	e		cing, VA niscellar			S	F or LF)	Remova	Repair	sde	solos
(13)			1	-	ouier ii	lliscellai	neou	5)			val	=	ılatı	ure
	Yes	No	N/A										Ф	
Exterior Siding House & Garage			х		Exte	rior Si	ding		17	'00 SF	x	_		
											_			
									26		_			
Name of Registered Waste Hauler	1	1000	JDEP W			Yards		Name of	Registe	ered Landfil	I			
United Roll Off	2000		lauler ID 2459	NO.	of Was		<u> </u>	G.R.O.	W.S.					
City, State						sal Date)	City, Stat		230 - 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
Elm NJ					12/24	4/19		Morrisv	rille P	A 19067				
Completed by		Signature / Date												
Anthony T Perna	F							~		- 1	2/10	19		

NY TINN		NOTE	St FICATION Pursuant	OF ASB	ESTOS	ABATE	MENT	014			F 8-7				
Date of Notification (4)			- 11	1 =	-39		Cale Street	CKI	776)D	E	1	\mathbb{W}_{-}	E	
12/10/19 / 10/ -// 07	79			f Building n Board			(2)					-			
Agencies Notified Type Notification			Street A		0. 20					DCC	1	2 2	040	- 1	
			22 Ha	artford R	ld.				1 4	DEC	, !	3 2	UIJ	1	
DEP Amended	922		10000	ate, Zip Co											
DOL Amendment		-		n NJ 08	075					BES1				. &	
DOH justification)	,			f Contact					Telephor	INCOME OF THE PARTY OF THE PAR	ADMINISTRATION	SING	3	-	
DCA Cancellation	<u> </u>			Digiovar					856-46	31-15	53				
Name of Facility Where Abatement is Takin	g Place (3)	FACI	LITY INF	ORMA	ION	Type o	f Facility (4)							
Delran High School		estilië					1	chool (K-12)							
Street Address							☐ S	ubchapter 8							
50 Hartford Road								ther (i.e. priv	rate & com	nmerci	al build	dings	home	es,	
City (5)							Square	Feet	# of Floor	rs	В	ldg. A	ge		
Delran NJ 08075							1000		2			35+			
County (6) Burlington				Code (7) USE ONLY)		Curren	t Use (Prior i	if being de	molish	ned)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN			Name	of Abata	ement Contra	ofor (Q)						
	oastal Environmental Compliance LLC						aco In		icioi (a)						
Street Address	reet Address						Address							- 60113	
PO Box 167					POE	30x 32	9								
City, State, Zip Code	City, State, Zip Code							, State, Zip Code							
Hammonton NJ 08037			Telepho			Wes	West Berlin NJ 08091								
	Project Manager for Monitoring Firm							elephone No. License No.						200-200	
Cathy Ledden Start Date (10)	Cabadal	-10		85-9984			856-753-9800 00727								
12/23/19	12/27/		mpletion I	Date (11)		Sam		Aivionitor							
Occupancy Status During Abatement (Chec							Address	1					-		
Facility Closed/Vacated During Entire I			ment						55						
Abatement Performed Outside of Norm Other – Describe:						City, S	tate, Zip	Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The state of the s	Renov Demol				×	Mini- Glov	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	ls	Loca	tion			7-21-1				2-2-11-2			ement		
Location of	0.00	Norma	ally ely by			escription					-	1)	rpe		
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	aintena	ance/			taining M I systems			Amoun (Specifi	177	7		Ē	ш	
In Facility	Cus	todial (12)	Staff?	(surfa	cing, VA	T, or	o,	SF or LF		Remova	Repair	Encapsulate	nclos	
(13)			_		other	miscellan	eous)				val	air	ulat	Enclosure	
	Yes	No	N/A								_		Ф		
Wood Shop	X				Tile Ma			280 S		х	_				
Wood Shop		X	-			site Pa			60 SF		Х				
Wood Shop		X		0		all Boar			48 SF		x	_			
Wood Shop		X				or Cau			60 LF		x				
Name of Registered Waste Hauler		1000	NJDEP W Hauler ID		Cubic of Wa	Yards aste		Name of Re		andfill					
United Roll Off			22459 6					G.R.O.W	.S.						
City, State Elm NJ			1 SECONOMIC				Disposal Date City, State 12/27/19 Morrisville PA 19067								
Completed by		Signatu					Signature Date								
Anthony T Perna	siden	t			12/10/19					19					

CK 325	56		NOTII (I	FICATIO	tate of N	ESTOS	ABATE	MENT) <u>EG</u>		\mathbb{V}	E	M
Date of Notification (1) 12-6-2019	V 1650	48		Name o	of Building	Owner/0	Operator	r (2)		DEC	133	010		
Agencies Notified EPA DEP DEP DOL	Type Notification Initial Amended			Street A 77 Pa City, Sta	Address rk Stree ate, Zip C	et ode				ASBESTOS		TROI	8	
× DOL × DOH □ DCA	Amendmen Emergency justification Cancellation	(including		Name o	clair, NJ of Contact					Telephone N	umber	· Carrier	A CONTRACTOR OF THE CONTRACTOR	
					ILITY INF	ORMAT	ION			732-991-1	1/3			
Name of Facility Where A Residential Street Address	noatement is Takii	ng Place (3)	- 10 - 13 - 14				Sc Sc Sc	her (i.e. pr		12) cial bui	dings	, hom	es,
City (5) Jersey City, NJ 0730	04							Square 2300		# of Floors	1.5	3ldg. /	\ge	
County (6) Hudson				County (STATE	Code (7) USE ONLY	ı		Current	Use (Prio	r if being demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.				ment Cont	ractor (9) al services, L	LC			
Street Address							Street	Address						
City, State, Zip Code	_		-				City, S	tate, Zip						
Project Manager for Monit	toring Firm			Telepho	ne No.		Teleph	one No.		License 01174	No.			
Start Date (10) 12-9-2019		Schedul 12-9-2		mpletion	Date (11)		Name	of OSHA	Monitor	al services, L		10.000		
Occupancy Status During X Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire d Outside of Norr	Period of	Abater	ment s			Street 235 \City, St	Address /irginia tate, Zip	Avenue					35
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)	Property laws	Renova Demoli	3111151CT			×	Full C Mini-E Glove	ontainmer Enclosure	nt with Negative			e	
Location	of	11 12 17 17 17	Locat Norma			Doc	scription						ement pe	
Asbestos-Containing N TO BE ABA In Facility (13)	TED	Ma	d Sole intena todial ((12)	nce/		tos Cont thermal surfac	aining M	laterial (A insulation T, or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Entire Prop	norty.	Yes	No	N/A							1		ate	o .
Little Flop	Derty		X			Dus	st Cont	rol		2300 SF	X			
Name of Registered Waste Green Environmental			1	IJDEP W lauler ID 034889	No.	Cubic of Was			Name of R	egistered Landfi Landfill	II			
City, State Jersey City, NJ						Dispos 12-9-2	al Date 2019		City, State Morrisvill	le, PA				
Completed by Liliana Serrano		Title Office	e Mai	nager		S	ignature		Bar	- 10	ate 2-6-2	019		

					r		279	Sad.	Same		[EG	E	1	M	Pr	int
	HIDL	0		NOTII	FICATIÓI Pursuan	tate of Ne N OF ASE t to NJAC	8:60 an	ABATE	0)				13	3 2	019		
	of Notification (1) cember 9, 2019	Tn1-1/1	78X/			of Building as Simp		Operator	(2)		1						
	ncies Notified	Type Notification	200	1		Address	3011					ASBEST	OSC	III	150	1 &	
П	EPA	☐ Initial			otroct	idai coo				- Transmitter			ICENS			-	
×	DEP DOL	Amended Amendmen		_		ate, Zip Co n, NJ 08											
	DOH DCA	justification Cancellation)	,		of Contact Lieberm	an				Te	elephone	Numb	er			
Nam	ne of Facility Where A	hatement is Takir	ng Place /	3/	FAC	ILITY INF	ORMAT	ION	T		- (4)						
	sident	spatement is Takii	ily Place (3)					Тур	e of Facilit							
Stree	et Address								H	School (F Subchap	ter 8 (Ot						
									X	Other (i.e etc.)	e. private	& comm	ercial b	ouild	ings,	hom	es,
	son, NJ 08820								Squ 220	are Feet	1	of Floors		BI 60	dg. A	ge	
Mid	nty (6) Idlesex County					Code (7) USE ONLY	,		Res	rent Use (F sidents		-53	olished	1)			
N/A		Hired by Building	Owner (8)	ASCI	M No.	02300	TDJ	Serv	atement C rices Inc		r (9)					
	et Address							100000000000000000000000000000000000000	rook	lyn Tern	ninal M	arket					2000
00.000A	State, Zip Code									Zip Code NY 112	236						
	ect Manager for Moni	toring Firm			Telepho			Teleph 347-				Licens 0202			VIII-		
12/	Date (10) 9/2019		9/10/2	019	mpletion	Date (11)				HA Monitorices Inc							
	pancy Status During	The state of the s						Street			sin al NA		2.5				
	Facility Closed/Vaca Abatement Performe Other – Describe: <u>V</u>	ed Outside of Norr	nal Facility	Abater y Hour	ment s			City, S	tate, z	yn Term ^{Zip Code} NY 112		arket					
Scop	e of Work (Check All	That Apply)						Dioo	ixiyii,	141 112	.00						
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Fu Mi Gl	ull Contain ini-Enclosi lovebag Pi on-Exemp	ure rocedure					9	
	Location	of		Locat Norma	lly		De	scription				(3)				ment	
А	sbestos-Containing I TO BE ABA In Facilit (13)	TED	Ma	ed Sole intena todial ((12)	nce/		tos Cont thermal surfa		fateria s insul T, or	50	(Amount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A									=	2050	ate	e
	Front entrance	e/kitchen		Х			4" tra	ansite p	oipe		13	linear f	t x				
Name	e of Registered Wast	e Hauler			JDEP W	/aste	Cubic	Yards		Name o	of Regist	ered Lan	dfill				
lewa	ark Carting			H	lauler ID 4509		of Was			11		erprises					
	State ark, NJ 07105							sal Date /2019	/	City, St Wayn		, OH 44	4688				
	pleted by nond Blum		Title Proje	ect Ma	anager		S	ignature	1	1/1	(Date	emh	oer 9	20	19

Agencies Notification part Notification pa	Proj. #: 19-264, Date of Notification (1)	7	Name of Bu	(Pus	cation of As	C 8:6	JJ os Abatement 0 and 12:120)	DEC	E	W 2019		The state of the s	The second secon
DPA	1 2 / 1 9 / 1 9 Agencies Notified Type Notific		Jimmy M	1artino				10000	100 00	10073.5			-
DOL DOH Content of facility where abatement is taking place (3) Residential Street Address FACILITY INFORMATION	☐ DEP ☐ Amended							200000000000000000000000000000000000000	DENSH	19	District	en senevita	
Name of facility where abatement is taking place (3)	I DOI I			(67									
DCA	DOH (including	11	The state of the s		111			Telephor	ne Numbe	r			
Name of facility where abatement is taking place (3) Residential Street Address School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-1	T DCA I	. 11	Jimmy N	Martino									
Residential Street Address City (5) County (6) County Code (7) Subcharger 8 (Dher than K-12) Subcharger 9 (Dher than K-12) S				FAC	CILITY INFORM	MATIO	N						
Residential Street Address City (5) County (6) County (7) City (5) County (7) City (5) County (8) County (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Ni/A Street Address City. State, Zip Code City. State, Zip Code City. State, Zip Code Facility closed/vacated during entire period of abatement. Abatement Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- County Code (7) (State use only) Name of Abatement Contractor (9) KLOMAX, LLC Street Address 309 W. End Ave City. State, Zip Code Hopatrong, NJ 07843 Telephone Number R3-455-6629 City. State, Zip Code Hopatrong, NJ 07843 Telephone Number City. State, Zip Code Hopatrong, NJ 07843 Telephone Number City. State, Zip Code Hopatrong, NJ 07843 Telephone Number R3-455-6629 City. State, Zip Code Hopatrong, NJ 07843 Telephone Number City. State, Zip Code Hopatrong, NJ 07843 Telephone Number R3-455-6629 City. State, Zip Code Hopatrong, NJ 07843 Telephone Number R3-455-6629 City. State, Zip Code Hopatrong, NJ 07843 Telephone Number R3-455-6629 City. State, Zip Code Hopatrong, NJ 07843 Telephone Number R3-455-6629 City. State, Zip Code Hopatrong, NJ 07843 Telephone Number R3-455-6629 City. State, Zip Code Hopatrong, NJ 07843 Telephone Number R3-455-6629 City. State, Zip Code Hopatrong, NJ 07843 Telephone Number R3-455-6629 City. State, Zip Code Hopatrong, NJ 07843 Telephone Number R3-455-6629 City. State Hopatrong, NJ 07843 Tull. YTOWN, PA Completed by (Pirit or Type) Title City. State Tull. YTOWN, PA Completed by (Pirit or Type) Title Date	Name of facility where abatement	is taking pl	ace (3)							3			
City (5) County (6) County Code (7) (State use only) Currington, NJ 07111 Essex Salura Feet 8 of Floors Sldg. Age 1,300 SF 0.2	Residential							=			han k	(-12)	
City (5) County (6) County (6) County Code (7) (State use only) State use only) N/A Street Address NAme of Monitoring Firm Hired by Bidg. Owner (8) N/A Street Address City State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) Sched. Completion Date (11) 12/13/19 12/13/19 Cocupancy Status During Abstement (Check only one) Facility closed/wacated during entire period of abstement. Abstement performed outside of normal facility hours- Describe: Describe: NORMAL HOURS Other-Describe: NORMAL HOURS Other-Describe: NORMAL HOURS Other-Describe: NORMAL HOURS Demonition Location of abstessos-containing material (acm) to be absted in facility (13) Pripe Insulation Basement Registered Waste Hauler KLOMAX, LLC NORTH Manager for Monitoring Firm Phone Number Square Feet & of Floors Bidg. Age 8,300 W. Exidential Name of Monitorius (15) KLOMAX, LLC Street Address 309 W. End Ave Gity, State, Zip Code Hopatcong, NJ 07843 Full Containment winegative pressure Mini-enclosure Mini-enclosure Mini-enclosure Mini-enclosure Amount Specify SF or 0 p c c c C Fine Code Non-Exempted (7) and Non-friable procedure Non-Exempted (7) and Non-friable proced	Street Address							Other	(Private/C	omme		85	
State use only Current Use (Prior if being demolished) Residential					-						В	ldg. A	ge
Irvington, NJ 07111 Essex Residential	City (5)	Cou	nty (6)				(5)				_	!\	
N/A Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 12/18/19 Occupancy Status During Abstement (Check only one) Facility closed/vacated during entire period of abstement. Abstement performed outside of normal facility hours- Describe: Other-Describe: NORMAL HOURS Scope of Work (check all that apply) 2 s of or ≥ 1f Renovation Location of assestos-containing material (acm) to be abated in facility (13) Basement Non-Exempted (7) and Non-frisible procedure Location of assestos-containing material (acm) to be abated in facility (13) Pipe Insulation Registered Waste Hauler KLOMAX, LLC Street Address 309 W. End Ave City, State, Zip Code Hopatcong, NJ 07843 City, State, Zip Code Hopatcong, NJ 07843 Completed by Waste Hauler Non-Exempted (7) and Non-frisible procedure Non-Exempted (7) and Non-frisible procedure Location of asbestos-containing material (AcM) Pipe Insulation Registered Waste Hauler KLOMAX, LLC NDEP Hauler ID# Cubic Yards of Waste Lydy State TULLYTOWN, RESOURCE RECOVERY City, State TULLYTOWN, PA Completed by (Print or Type) Title Signature Date						(0.	ate use only)		rior it bein	g aen	1011511	ea)	
Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) Sched. Completion Date (11) 12/18/19 Occupancy Status During Abatement (Check only one) Facility closed/wacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: Normal Ave City, State, Zip Code Hopatcong, NJ 07843 Street Address 309 W. End Ave City. State, Zip Code Name of OSHA Monitor KLOMAX, LLC Street Address 309 W. End Ave City, State, Zip Code Hopatcong, NJ 07843 Full Containment winegative pressure Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure Same of OSHA Monitor Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable procedure Same of OSHA Monitor Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable procedure Same of OSHA Monitor Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable procedure Same of OSHA Monitor Mini-enclosure Silve Address 309 W. End Ave City, State, Zip Code Hopatcong, NJ 07843 Full Containment winegative pressure Mini-enclosure Silve Address 309 W. End Ave City, State, Zip Code Hopatcong, NJ 07843 Full Containment winegative pressure Mini-enclosure Silve Address 309 W. End Ave City, State, Zip Code Location of sabestos-containing and sale in the sale i	Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.	1	Name of Abatement	Contractor (9)					
Start Date (10) Sched. Completion Date (11) 12/18/19 Sched. Completion Date (11) 12/23/2019 Start Date (10) 12/23/2019 Sched. Completion Date (11) 12/23/2019 Sched. Completion Date (12) 12/23/2019 Sched. Completion Date (11) 12/23/2019 Sched. Completion Date (11) 12/23/2019 Sched. Completion Date (12) 12/23/2019 12/23/2019 Sched. Completion Date (12) 12/23/2019 12/													
City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 12/18/19 Cocupancy Status During Abatement (Check only one) Facility closed/wacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: NormAL HOURS Scope of Work (check all that apply) 2 3 5 f or >3 if Renovation Demolition Location of asbestos-containing material (acm) to be abated in facility (13) Basement Basement Phone Number 12/23/2019 City, State, Zip Code Hopatcong, NJ 07843 Telephone Number 833-453-6629 02007 Name of OSHA Monitor KLOMAX, LLC Street Address 309 W. End Ave City, State, Zip Code Hopatcong, NJ 07843 Tip II Containment w/negative pressure Mini-enclosure City State, Zip Code Hopatcong, NJ 07843 Full Containment w/negative pressure Mini-enclosure City State, Zip Code Hopatcong, NJ 07843 Full Containment w/negative pressure Mini-enclosure City State, Zip Code Hopatcong, NJ 07843 Full Containment w/negative pressure Mini-enclosure City State, Zip Code Hopatcong, NJ 07843 Full Containment w/negative pressure Mini-enclosure City State, Zip Code Hopatcong, NJ 07843 Full Containment w/negative pressure Mini-enclosure City State, Zip Code Hopatcong, NJ 07843 Full Containment w/negative pressure Mini-enclosure City State, Zip Code Hopatcong, NJ 07843 Full Containment w/negative pressure Mini-enclosure City State, Zip Code Hopatcong, NJ 07843 Tip Code Hopatcon	Street Address												
Project Manager for Monitoring Firm Phone Number Start Date (10) Start Date (10) 12/18/19 Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: NORMAL HOURS Scope of Work (check all that apply) ≥ 160 of or ≥260 if Location of asbestos-containing material (acm) to be abated in facility (13) Basement Phone Number 833-455-6629 Name of OSHA Monitor KLOMAX, LLC Street Address 309 W. End Ave City, State, Zip Code Hopatcong, NJ 07843 Full Containment w/negative pressure Mini-enclosure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable proce	City, State, Zip Code					_	A STATE OF THE PARTY OF THE PAR	THE RESERVE AND ADDRESS OF THE PARTY OF THE		-	******		
Start Date (10) Sched. Completion Date (11) 12/18/19	-						Hopatcong, NJ	07843					
Start Date (10) 12/18/19 12/23/2019 Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: NORMAL HOURS Scope of Work (check all that apply) 12/23/2019 Scope of Work (check all that apply) 13/23 sf or >2 if Renovation Renovation Renovation Responsible to the procedure Renovation Renovat	Project Manager for Monitoring Fire	n	Pho	one Numl	per					Numi	er		
12/18/19 12/23/2019 Street Address 309 W. End Ave Street Address 309 W. End Ave City, State, Zip Code	Start Date (10)	Sched	. Completio	n Date (1	1)			itor	02007		-		
Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS	12/18/19			•	20*00								
Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe:								3					
Monter-Describe: Normal Hours Hopatcong, NJ 07843	Abatement performed outside												
Second to the procedure Second to the p	Other-Describe: NORMAL I					_	Hopatcong, NJ	07843					
asbestos-containing material (acm) to be abated in facility (13) Basement Pipe Insulation Pipe Insulation Amount (Specify SF or LF) Pipe Insulation 62 LF Registered Waste Hauler KLOMAX, LLC O38241 NJDEP Hauler ID# O38241 Disposal Date TULLYTOWN, RESOURCE RECOVERY Completed by (Print or Type) Title Signature Description of asbestos-containing material (ACM) Amount (Specify SF or LF) To a a a C C C C C C C C C C C C C C C C	≥3 sf or ≥3 lf	Renovatio					\boxtimes	Mini-enclosure Glovebag procedur	re			edure	
material (acm) to be abated in facility (13) Basement Pipe Insulation Pipe Insulation Registered Waste Hauler KLOMAX, LLC City, State Hopatcong, NJ 07843 Completed by (Print or Type) Title Description of asbestos-containing material (ACM) Pipe Insulation Description of asbestos-containing material (Specify SF or LF) NDEP Insulation CLE MI DI DI CLE MI DI CLE MI DI CLE MI DI CLE MI DI CLE CIDIC Yards of Waste Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY City, State Hopatcong, NJ 07843 TULLYTOWN, PA Date					1			2 0					E
Basement Pipe Insulation 62 LF NJDEP Hauler ID# Cubic Yards of Waste 1 yds TULLYTOWN, RESOURCE RECOVERY City, State Hopatcong, NJ 07843 Disposal Date TBD TULLYTOWN, PA Date	material (acm) to be	staff(12)		Г			sbestos-containing	(Specify S	F or	m o	р	c a	С
Registered Waste Hauler KLOMAX, LLC City, State Hopatcong, NJ 07843 Completed by (Print or Type) Title Cubic Yards of Waste Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY City, State TULLYTOWN, PA TULLYTOWN, PA Date	Basement		X		Pipe Insula	tion		62 LF					
KLOMAX, LLC 0038241 1 yds TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State Hopatcong, NJ 07843 TBD TULLYTOWN, PA Completed by (Print or Type) Title Signature Date													
KLOMAX, LLC 0038241 1 yds TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State Hopatcong, NJ 07843 TBD TULLYTOWN, PA Completed by (Print or Type) Title Signature Date													10
KLOMAX, LLC 0038241 1 yds TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State Hopatcong, NJ 07843 TBD TULLYTOWN, PA Completed by (Print or Type) Title Signature Date					100					片	片	片	뷰
City, State Hopatcong, NJ 07843 Completed by (Print or Type) Title Disposal Date TULLYTOWN, PA Date				9/218 U 10/40		Vaste			COVED	v v		ᆜ	
Completed by (Print or Type) Title Signature Date	City, State			Disposal D		-	City, State		COYER	1	Section 2		
D: D1		Tai -		TBD	Signature		TULLYTOWN,	PA	Ta :				
ASR 41 * Do not use this form for asbestos licensure exercited activities	Paige Boylan	Owner	ibio fo f	ar ash sa'					Date 12/09/1	19			

T 10V#	F 1674	7 1	A	I	State of N	low lo	rsov								
OKTOOD	0007	703	NOTI (FICAT	TON OF AS	BEST	OS ABAT	EMEN 20)	T ()		GI	El	$\overline{\mathbb{W}}$		A Contraction of the Contraction
Date of Notification (1)				Nam	ne of Buildin	g Own	er/Operato	or (2)	1	700	-			91.0	
12/10/2019				L	anXess	Solu	utions (JS Ir	nc.		DEC	13 2	2019	No. of the last	1.31
Agencies Notified	Type Notification			100000000000000000000000000000000000000	et Address						10 140		-018	-1	1 22
₩ EPA	✓ <u>Initial</u>				11 RIDO		rk Wes	t Dr					VI		1
DEP DOL	Amended Amendment	#		1000	State, Zip					ė si		zi (x : azinalti		- 61	
	Emergency	(including	J	Nom	ittsburg	h, PA	4, 1527	⁷⁵ _		فالمع المحيودات السي	21.12/2000	-HILLING IN MACO	-	ing Sadana (++)	Whater 2
DOH DCA	justification)				oe Ballo						elephone				
				-	ACILITY IN		ATION				908) 6	516-0	535		
Name of Facility Where A						OKW	ATION	Тур	e of Facility	/ (4)				-	
LanXess Solution	ons US Inc.	Perth A	Amb	ov F	Plant				School (K	1 500					
Street Address									Subchapt	er 8 (Ot	ner than I	<-12)			
1000 Convery E	Blvd.							V	Other (i.e. etc.)	. private	& comme	ercial bu	ildings	, hon	nes,
City (5)								Squ	are Feet	# (of Floors		Bldg.	Aae	
Perth Amboy													0	0	
County (6) Middlesex				Cour	nty Code (7)	10		Curr	rent Use (P	rior if be	ing demo	olished)			
	11:-11: 5 11:					<i>''</i> —			anufact						
Name of Monitoring Firm N/A	Hired by Building	Owner (8))	AS	SCM No.				atement Co						
Street Address									ed Spe	cialty	Contr	actor	3		
								t Addre		t -					
City, State, Zip Code									ain Stre	96(E)	a., Su	te 10			
,, ====, =, =, = =									Zip Code						
Project Manager for Moni	toring Firm			Teler	hone No.			hone N	lle, NJ		Т.:				
				ГОГОР	mone No.		N 2/30/48 S		5-0100		License				
Start Date (10)		Schedule	ed Co	mpletio	on Date (11)			HA Monito	r	0073				
12/26/2019		1/15/	2020		W.E 37	2			mental		cs				
Occupancy Status During	Abatement (Chec	k Only Or	ne)				The second second	Addre							
Facility Closed/Vaca	ted During Entire F	Period of A	Abater	nent			64	Broa	d St.						
Abatement Performe Other – Describe:	d Outside of Norm	al Facility	Hour	S					Zip Code						
Scope of Work (Check All	That Apply						Mat	tawa	n, NJ, (07747	7				
≥3 sf or ≥3 If	тпат Арріу)														
≥160 sf or ≥260 lf			Renov	ation				FL	III Containn	nent with	n Negativ	e Pressi	ıre		
		10	emoli	tion				M GI	ni-Enclosu ovebag Pr	ocedur	е				
		1						∐ No	n-Exempte	ed (*) an	d Non-Fr	iable Pro	cedu	е	
74 1 Washington 2010	-76		Locat Jormal										Abat		it
Location Asbestos-Containing M		Use	d Sole	ly by	0.1		Description					-	T - 13	ре	$\overline{}$
TO BE ABA	TED		intena odial S				ntaining Nal systems			3000	mount Specify	Z	_	Enc	面
In Facility (13)	y	Cust	(12)	Jian :		sur	facing, VA	T, or		1	or LF)	Remova	Repair	aps	Enclosure
(1.9)					_	othei	r miscellar	neous)				va	i iii	Encapsulate	sure
D: -:		Yes	No	N/A										Œ	
Piping in Boiler Ho	ouse	V			30 fitt	ings	, valves	s, fla	nges	15		1			
							3000							\Box	Ħ
				T	Ti Ti									Н	
				-	-							L	H		
Name of Registered Waste	Hauler		L N	JDEP	Waste	Cubi	c Yards		Name of	Doci-t	rad I · ·		Ш	Ш	
reehold Carting			Н	auler I	D No.	of W			Name of			IIII			
City, State			1	593	9	5			GRO	/V S L	anatili				
reehold, NJ							osal Date	,	City, Stat		D.			-A11	
Completed by		Title				1/1	5/2020		Morris	sville,	PA .				
lohn Evanovich		Estim	ator	•			Signature	16	rano	5		Date 12/10	/201	a	
							YOUN	· Y	vano			/10	LU 1	J	1

עם בעום עם.טערויו ואט אפטפטש		יים זע	ייררטים	1004			haña	1						
73/2019 08:59 AM PST		TO:1	6098	33306(540	692629	BE	C		pag	9:3:	
CKIQUA PA		NOT	TFICAT (Fureu	State of ION OF A ent to NJ	New Jer 188ESTO AC 6:80	ABAP	'EME(20)	VT		DEC:	-13	J 201	9	
Date of Notification (1) 12-03-2019			Nam	o of Build	ing Owne	r/Operale	or (2)		991	-11	1.);1	1	-	1
Agencies Notified Type Notifics	tion			n Levy				!		ou z I (14.		1	
EPA Initial Amende						No. 111				1,.3° 	1	1	1	
	tent #		Chy. Tes	State, Zip neck Na	Code			1	7		1	,		_
Justificat		ing	Name	of Conte		,		1	70	sphone	his-			-telesia
Land Carlone			1	Levy	I Control of				70		i ANTINE	97		
Name of Facility Where Abatement is T. Private Dwelling	aking Place	≥ (3)	PA	CILITY IN	VFORMA	TION	Typ	e of Facility	(4)					-
Street Address					Tarrier I - page			School (K-	12)					
								Subchapte Other (i.e.	r 8 (Oth	er then	K-12) ercial h	ulldin	no ha	
City (5) Teaneck NJ 07668						******		etc.) are Feat		Floors	aroust 6		Age	
County (B)			Count	y Code (7	1		N/A	Contraction of the Contraction o	NV	Ą		N/A		
Name of Monitoring Firm Hired by Buildi			(STATE	E USE ON	in		Pri	rent Use (Pr vate Dwe	ior IT beli ling	ig deme	ilehêd)		-	
Standard Environmental LLC	ng Owner ((8)	ASC	M No.	and the same of	Name	of Ab	atement Co	ninactor	(9)				_
Street Address 2108 Fulton St Suite 2A		-		-		Street		ntracting	LLC	-				
City, State, Zip Code						POE	30X	734						
Brooklyn NY 11233						City, S	tate, 2	ip Code Derk NJ	07/0/		- delinated			mercura
Project Manager for Monitoring Firm Kayode Adefisoye	-		Teleph	one No.	-	Teleph				License	Ma			-
Start Date (10)	Schedu	alad Con	nnietian	Date (11		973-0	692-6	6298		01266				
12-04-2019	12-07	-2019	colorandida i	Pam (11	j	Ama	of OSI	HA Monitor Hracting	I.C.					
Occupancy Status During Absternent (Ch Fecility Closed/Vacated During Entry Absternert Portugnal During Entry						Street /	Addre	25		·				-
Fecility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	mai Facili	Abaten ly Hours	ent			PO B		734 p Code	-			-		tue con
Scope of Work (Check All That Apply)					-			Park NJ	07424					
23 sf or ≥3 if ≥160 sl or ≥260 if		Renovat Demoliti				ii.	Full	Containme	ne with A	lagativs	Pressi	ure		***************************************
						E	Glo	vebag Proc 1-Exempted	eduse.	Nan-Edi	shin Dw			
Location of	ŧe	Location Normalis)rı r					The second second		7627 7 740	Page Fig	Abat	emen	i
Asbestos-Containing Material (ACM) TO BE ABATED	Use	d Solel	y By	Asbes	tos Contr	Ciption o Bining Ma	teriel	(ACM)	Am	nunt	-	T	ype	Т
in Facility (13)	Cue	todiał Si (12)	laff?	().0.	surfac	systems i ing, VAT	Qr.	tion.		scify	Ren	R	Ence	E ST
	Yes	No	N/A		other m	decellane	ous)	1	_	,	Renness	Repair	Encapsulate	(MATSO PARTY
basament			ж		pine i	insulatio	200	-+	40			ļ	9	
basement			х			ito pane			10		ж			
			-	•		Tor present		-+	10 !	<u> </u>	Х	-	-	_
lame of Registered Waste Hauler									-		+-	-	_	_
Amax Contracting LLC		Ha	DEP Wa der ID I		Cubic Y		T	Name of Re		Landfi				-
City, State		003	36184		1 CY	B		Fairless	Hills					
Voodland Park NJ 07424 Completed by	-				Disposs 12-15-			City, State Morrisvill	PA	-				-
ome Maslarkov	Title	ct Man	de en er			rature.	-	-	- I M	T De	ite		-	-
111-00-11-00-11-00	, rojec	Pr MIZIL	ayer				H	-1		11	2-03-2	2019		

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Chark # 3303

GAC Project # 060-2019 Date of Notification (1) Name of Building Owner/Operator (2) December 10, 2019 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address **D**EPA ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT2010 □ DCA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ☐ Emergency (including City, State, Zip Code X DEP- No Longer REQUIRED iustification) PISCATAWAY, NJ 08854 X DOH ☐ Cancelled Name of Contact Telephone Number MICHAEL SMITH, ENV. **948-**445-2550 **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) UBHC BEHAVIORAL HEALTH, BLDG# 3690 School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) RBHS PISCATAWAY CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years City (5) County (6) County Code (7) **PISCATAWAY MIDDLESEX** (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/20/2019 12/23/19 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ☐Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 HRS. & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf **X**Renovation ■ Mini-Enclosure ≥ 160 sf or ≥ 260 lf ■ Demolition Glovebag Procedure X Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA B207, B219, B232, B233, X VAT 900 SF X B234, B235 Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 15 CY Name of Registered Landfill See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 28969 100 New Ford Mill 12/23/2019 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa NJ DEP# 4509 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT December 10, 2019 Raymand C. Pedalino

MANAGER

LAV# 16743 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notifica 12/05/2019 Bloomfield Board of Education Street Address Type Notification Agencies Notified 155 Broad Street ASSETTOR CLAPSCLA **EPA** Initial City, State, Zip Code Amended X DEP Bloomfield, New Jersey 07003 Amendment # 1 X DOL Emergency (including X Name of Contact Telephone Number justification) DOH Joseph Scazafave 973-680-8501 DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Watsessing School School (K-12) Street Address Subchapter 8 (Other than K-12) 71 Prospect Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Bloomfield, New Jersey 07009 30,000 2 50+ Current Use (Prior if being demolished) County (6) County Code (7) Essex (STATE USE ONLY) School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Briggs Associates** Lilich Corporation Street Address Street Address 246 Union Boulevard 3 Crosswicks Street City, State, Zip Code City, State, Zip Code Totowa, New Jersey 07512 Bordentown, New Jersey 08505 Project Manager for Monitoring Firm Telephone No Telephone No. License No. 609-298-5520 973-225-8400 01104 Michael Hoodak Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 12/26/2019 12/30/2019 Iris Environmental Laboratories, LLC Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Union, NJ 07083 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf X Renovation □ ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glove Bag Procedure / Limited Containment & Tent X Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ Encapsulate Enclosure (i.e. thermal systems insulation, (Specify TO BE ABATED Remova Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 9 LF X X Pipe Insulation Girls & Boys Bathroom Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste Fairless Landfill Lilich Corporation 18724 1

Date

12/05/2019

City, State

Morrisville, PA

Disposal Date

Signature\

12/30/2019

Completed by

Adriana Olejarova

City, State

Totowa, New Jersey 07512

Title

President

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 12-10-19 Bergen County Technical School & Special Services EC Type Notification Agencies Notified Street Address 327 East Ridgewood ave **EPA** Initial × City, State, Zip Code DEP Amended × DOL Amendment # Paramus Ni 07652 Emergency (including Name of Contact Telephone Number DOH justification) DCA Cancellation Jodice Thomas 201-3436000 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Gateway School School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 293-295 Main st City (5) Square Feet # of Floors Bldg. Age Hackensack NJ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Bergen Technical School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Enviromental Inc DYV Enterprises LLC Street Address Street Address 1253 N Church St 28 Lisa In City, State, Zip Code City, State, Zip Code Moorestown Nj 080507 Lincoln Park NJ 07035 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mike R Stocku 856-8408800 973-9426924 01129 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12-30-19 12-30-19 Marcelo Avila Occupancy Status During Abatement (Check Only One) Street Address 252 Cumberland Ave Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Paterson NJ 07502 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Repair In Facility SF or LF) surfacing, VAT, or (12)(13)other miscellaneous) Yes N/A No Room 120 12x12 floor tile X 4 SF hallway 12x12 floor tile 26 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste DYV Enterprises LLC Newark Carting 0034140 10 yds City, State Disposal Date City, State Lincoln Park NJ 1-10-19 Newark NJ 07105 Completed by Title Signature Date Dorian Carpio Manager 12-10-19

Inv# 10567

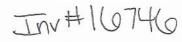
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

UK-35001 PA		(P	ursuant	to NJAC	8:60 and	d 12:120	0)	7	-		1			
Date of Notification (1) 12/09/19 Check #3501				of Building (athew Pa				w School		DEC	+ 3	2015)	الاستادة أ
Agencies Notified Type Notification EPA Initial			Street A 555 P	ddress rospect /	Ave			1	7	TOJAS.	08 (.t. 38kgi		1.3	Ď
DEP Amended Amendment				ate, Zip Co field, NJ,		7						-		يو جوهد راز ه
DOH Emergency (in justification) Cancellation	ncluding	- 1	Name o Joy	f Contact						ephone N 1-840-0				
			FACI	LITY INFO	RMATI	ON								
Name of Facility Where Abatement is Taking The Rainbow School	Place (3))					Typ	oe of Facility School (K-	12)					
Street Address 555 Prospect Ave								Subchapte Other (i.e. etc.)				dings,	home	es,
City (5) Ridgefield		10.000	•					uare Feet 000+	# of 2	Floors		3ldg. <i>A</i> 50+	ge	
County (6) Bergen			County (Code (7) USE ONLY)	-			rent Use (Pr hool	ior if bei	ng demoli	shed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	/ No.		Name EA S		batement Co	ntractor	(9)				
Street Address						Street 426 6								
City, State, Zip Code			100			City, S	tate,	Zip Code erg, NJ, 07	7093					
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	none			License 01074	No.			
Start Date (10) 12/23/19	Schedule		pletion	Date (11)		Name	of O	SHA Monitor s above		01074				
Occupancy Status During Abatement (Check		5				Street								-
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: 9am	eriod of A	batem	ent	5	_			Zip Code				12%		
Scope of Work (Check All That Apply)									1100					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				×	N G	full Containm fini-Enclosur Glovebag Pro Ion-Exempte	e cedure				9	
	la	Location					1 1	ion-Exemple	u () ain	2 14011-1 11c	DIE FIC		ement	
Location of	N	ormall	y		Des	scription	of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maii	d Solel ntenar odial S (12)	ice/		os Cont thermal surfac		fateri s insu T, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
1st Floor Classrooms 1,2,3	103	X	INZ		Spraye	ed on c	eilir	ng		l SF		X		
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic	Yards		Name of	Registe	red Landf	ill			
EA Services		10000	auler ID 1278	No.	of Was	ste		Minerva		eprise				
City, State Guttenberg, NJ					Dispos TBD	al Date		City, Stat		ОН				
Completed by Michael Fajardo	Title Office	Cler	k		S	ignature		inst		1.000	ate 2/09/	19		

-	TWH	16	74	4	State of	Nam I								
UK3257	PAI	D	NOT	IFICATION	ON OF A	New Jers SBESTO AC 8:60 a	SABATI	EMENT 20)		EGE	\mathbb{W}		11000	Principle: 100
Date of Notification (1) 12-6-2019				Name	of Buildi	ing Owner	r/Operato	or (2)	HAN.		- Charles		The state of	THE REAL PROPERTY.
Agencies Notified	Type Notificati	on			Address	's Unive	ersity			DEC 10	2019			Fà
☐ EPA	× Initial					edy Bou	levard						1.2,00	
DEP X DOL	Amended			City, S	State, Zip	Code			+ 7	and ETOFIA	is trick			+
	Amendme Emergend	cy (includi	ng	1		NJ 073	306		· 	LICENSI				ì
DOH DCA	justification Cancellation				of Conta DePai					Telephone 1 201-761-		er		
Name of Facility Where	Abatement is Tal	king Place	(3)	FAC	CILITY IN	NFORMA	TION							
Commercial		9 1 1000	(3)						of Facility	12005				
Street Address 762 Montgomery St	treet							×	Other (i.e.	12) r 8 (Other than K private & comme	-12) rcial b	uilding	ıs, ho	mes,
City (5) Jersey City, NJ 073	06								etc.) re Feet 10	# of Floors		Bldg.	Age	
County (6) Hudson				County (STATE	Code (7	() LY)		Curre	nt Use (Pri	or if being demol	ished)	200		
Name of Monitoring Firm	Hired by Buildin	g Owner (8)	ASC	M No.		Name	of Abat	ement Cor	ntractor (9)				
Street Address								Addres		tal Services, I	LLC			
City, State, Zip Code									a Avenu	е				
							City, S Jerse	tate, Zi	Code , NJ 073	306				
Project Manager for Monit	toring Firm			Telepho	one No.		Teleph	one No		License	No.			
Start Date (10)		Schedu	iled Co	mpletion	Date (11	1		333-88		01174				
12-16-2019		12-30	-2019)	Date (11	,			A Monitor ironment	tal Services, L	I.C.			
Occupancy Status During							Street	Address	3					
X Facility Closed/Vacat Abatement Performe	ted During Entire d Outside of Nor	Period of	Abate	ment					Avenue	9				
U Other - Describe: _	-		.y 11001			24010504		ate, Zip	Code , NJ 073	06				
Scope of Work (Check All	That Apply)						00130	y Oity	, 143 073					
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			Renova Demoli				×	Mini- Glov	Enclosure ebag Proc	ent with Negative edure (*) and Non-Fria				
			Locat	7,700.00						() =	DICT	Abat		nt
Location of Asbestos-Containing N	of Naterial (ACM)	Use	Norma ed Sole	ly by		Des	scription	of			_	T	уре	-
TO BE ABAT	<u>ED</u>		intena todial		Asbe:	stos Conta thermal	aining Ma systems	aterial (, insulati	ACM)	Amount (Specify	70		m	Е
(13)	0		(12)	J.Co.		surfac	cing, VAT niscellane	. or		SF or LF)	Remova	Repair	caps	Enclosure
		Yes	No	N/A		0.000 11	nocenane	ousj			oval	air	Encapsulate	sure
2nd Floo	r		X				VAT			20040 SF	X			
2nd Floo	r		X				site Pip			12 LF	+	-		
										· 4 L1	X			
Name of Registered Waste	Hauler		1 31	IDES				-7/						
Green Environmental			H	JDEP Wa auler ID 1 34889	P407-107-01	of Wast			Name of R Fairless	egistered Landfill Landfill				
City. State Jersey City, NJ	Name of Park Street, and Street, and Street, and Street, Stree	1 11 11 11 11 11 11			The electric residen	Disposa			City, State					
Completed by		Title				12-30-	dnature		Morrisvill					
_iliana Serrano		Office	Man	ager		14	mature LCI I	(1)	YOP P	Da 12		019		

Tnv#10745 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		IN	Vame o	f Building	Owner/	Operator	r (2)					-			
12/09/2019			John S	Samsel	Owner	Орегаци	(2)								
Agencies Notified Type Not	ification	5	Street A	ddress											
▼ EPA ▼ Initia ▼ DEP ■ Ame	al ended		City Sta	ate, Zip C	nde										
X DOL Ame	endment #			n, NJ 07											
DOH justin	rgency (including fication)	1000		f Contact					Te	lephone	Numb	er			
DCA Can	cellation			Samsel	ODBIAT	1011				10.2	412				
Name of Facility Where Abatement	is Taking Place (3)	-	FACI	LITY INF	URIVIA	ION	Туре	of Facility (4)						
House Street Address								School (K-1							
Street Address							X S	Subchapter Other (i.e. p	8 (Oth	er than h & comme	(-12) ercial b	ouilo	linas.	hom	es.
City (5)		-					_ e	etc.) e Feet		f Floors			ldg. A		
Linden							N/A	0 1 001	N//				/A	ng c	
County (6) Union				Code (7) USE ONLY	n		Curre	nt Use (Prid	or if bei	ing demo	olished)			
Name of Monitoring Firm Hired by B	uilding Owner (8)		ASCN	1 No.		Name	of Abat	ement Con	tractor	(9)					
N/A							45.00	ement, In	C.						
Street Address							Addres oseng	s ren Aver	nue						
City, State, Zip Code						City, S	state, Zi	p Code				2111			
Project Manager for Monitoring Firm		T	elephor	ne No			wa, No	J 07512		Linana	a Nia				
			•				345-86			License 01311					
Start Date (10) 12/17/2019	12/18/20		letion [Date (11)				A Monitor ement, Inc	С.						
Occupancy Status During Abatemer	t (Check Only One)					Street	Addres	S							
Facility Closed/Vacated During Abatement Performed Outside	Entire Period of Aba	teme	nt					ren Aven	iue						(7)
Other – Describe: occupied	or Normal Facility Ho	ours				53355	tate, Zip wa. N.	Code J 07512							
Scope of Work (Check All That Appl	y)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	ovatio					Full	Containme		Negativ	e Pres	sur	e		
2100 31 01 2200 11	∐ Den	nolitio	n			×		-Enclosure rebag Proc	edure						
							Non	-Exempted	(*) and	d Non-Fr	iable F				
Location of	Non	catior mally			Dec	scription	of							ement pe	
Asbestos-Containing Material (Al <u>TO BE ABATED</u>	CM) Used S Mainte			Acbas	tos Cont	sining M	laterial ((ACM)	۸	mount	F			Ē	
In Facility	Custodi	al Sta 2)	aff?	(i.e.	thermal surface	cing, VA	T, or	ion,		pecify or LF)	6	Remova	Repair	ncap	Enclo
(13)		, 10 T	N/A		other n	niscellan	eous)			-3.57	2	ova	oair	Encapsulate	Enclosure
Basement		X	IN/A		Dino	Insulat	tion							Ф	
		-			1 ipe	IIISUIA	tion		14	5 LF) X	2			
		+									+	-			
									-		+	+			
Name of Registered Waste Hauler		01/8/8/1907	EP Wa		Cubic of Was			Name of R	egiste	red Land	fill				
Atlantic Carting		260			TBD	ie		Grand C	entra	ŀ					
City, State Waybe, NJ					Dispos TBD	al Date		City, State							
Completed by	Title				10.0-20-20	gnature		Pen Argy	yı, PA		2-1				
Ned Joksimovic	Project I	Mana	ager		31	gridiale	_ <	TN			Date 12/09	9/20	019		



CKCR4551268		NOTIF	ICATIO	tate of Ne N OF ASE t to NJAC	ESTO	SABATE	MENT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		G	Ē			000	200 1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Date of Notification (1) 12/09/2019				of Building Herson	Owner	r/Operator	r (2)			D.E.O.	1			A	Company of the Compan
Agencies Notified Type Notification				Address				- 101 P.		DEC	13	20	19	111	411
X EPA X Initial		1						į			17 1 - 10	***********			1
X DEP Amended				ate, Zip C		2220			4-649	1410			(E.)	111	ŕ
Emergency (i	_	_		Orange of Contact		37079		(4) (-1) (2)	2 - 2 m	L Exponential Section	ACMORD MA	NAME OF THE		* .m**	*****
DOH justification) DCA Cancellation				derson						ephone	Num	ber			
			FAC	ILITY INF	ORMA	TION			4 _					15-202-1	
Name of Facility Where Abatement is Taking House	Place ((3)					Type o	f Facility (4	1)						
Street Address							So So	chool (K-12 ubchapter	2) 8 (Oth	or than	K 12	re e			
							X O	ther (i.e. pr	ivate 8	comm	ercia	l build	dings	hom	ies,
City (5)							Square		# 0	Floors		В	ldg. A	Age	
South Orange							N/A		N/A	4			/A	-	
County (6) Essex			County (STATE	Code (7) USE ONLY)		Current	Use (Prio	r if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASC	M No.		Name		ment Cont	ractor	(9)		1034			
N/A								ment, Ind							
Street Address							Address losengr	en Aven	ue						
City, State, Zip Code							State, Zip wa, NJ								
Project Manager for Monitoring Firm			Telepho	ne No.		100000000000000000000000000000000000000	none No. 345-86	85		Licens 0131		2			
	Schedul 12/21/		npletion	Date (11)			of OSHA	Monitor nent, Inc							
Occupancy Status During Abatement (Check	Only O	ne)				Street	Address	10							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	eriod of	Abaten	nent					en Aven	ue						
X Other – Describe: occupied	i i doint	y i louis	,			11 27 20	tate, Zip wa, NJ								
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	Mini-l	Containmer Enclosure Ebag Proce Exempted	dure					9	
	Is	Locati	on			HP3 CV IV			() () (I		Abate		t
Location of		Normal ed Sole				escription					-		Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/		therma surfa	ntaining M al systems acing, VA miscellan	s insulatio T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											te	O
Basement		Х			Pipe	e Insula	tion		20) LF		Х			
Name of Registered Waste Hauler		1	IDED												
Atlantic Carting		H	JDEP W auler ID 3085		of Wa	Yards aste		Name of Ro Grand Co			dfill				
City, State Waybe, NJ					1.00	sal Date		City, State Pen Argy	/l. PA			(See See			
Completed by Ned Joksimovic	Title Proje	ct Ma	nager			Signature		2			Date 12/0		019		

IN # 10513

Title

Office Manager

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 12/4/2019 Check #3499 Robinson Grullon Residence 2019 Agencies Notified Type Notification Street Address EPA Initial DEP City, State, Zip Code Amended × DOL Amendment # Fairlawn, NJ 07410 Emergency (including Name of Contact Telephone Number DOH justification) DCA Robinson Grullon Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Robinson Grullon Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Failawn 2.000 2 50+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) BERGEN Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A EA Services Corporation Street Address Street Address 426 69th Street City, State, Zip Code City, State, Zip Code Guttenberg, NJ 07093 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-295-1700 01074 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/14/19 Same as above 12/18/219 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: AM Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement Area X Pipe Insulation 145 LF Х Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste EA Services Corporation Minerva Enterprises 101278 thd City, State Disposal Date City, State Guttenberg, NJ tbd Waynesburg, OH

Gina Betances

Completed by

Date

12/4/2019

Signature

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 12-10-19 Bergen County Technical School & Special Services Agencies Notified Type Notification Street Address 327 East Ridgewood ave **EPA** Initial × City, State, Zip Code DEP Amended × DOL Amendment # Paramus Ni 07652 Emergency (including Name of Contact Telephone Number × DOH justification) DCA Jodice Thomas 201-3436000 Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Spring house -south School (K-12) Street Address Subchapter 8 (Other than K-12) × Other (i.e. private & commercial buildings, homes, 27 Lincoln place st etc.) City (5) Square Feet # of Floors Bldg. Age Garfield NJ County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) Bergen Technical School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Enviromental Inc. DYV Enterprises LLC Street Address Street Address 1253 N Church St 28 Lisa In City, State, Zip Code City, State, Zip Code Moorestown Ni 080507 Lincoln Park NJ 07035 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mike R Stocku 856-8408800 973-9426924 01129 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12-31-19 12-31-19 Marcelo Avila Occupancy Status During Abatement (Check Only One) Street Address 252 Cumberland Ave Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Paterson NJ 07502 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure

						Glovebag Prod Non-Exempted	cedure d (*) and Non-Frial	ole Pro	cedur	е	
Location of	S170	Location Normall			Description of				Abate Ty	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solel intenar todial S (12)	nce/		thermal systems in surfacing, VAT, o other miscellaneou	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					=		ate	O)
side entrance			х		12x12 floor tile	е	10 SF		Х		
							7				
Name of Registered Waste Hauler		0.857953	JDEP W		Cubic Yards	Name of	Registered Landfil	1			
DYV Enterprises LLC			auler ID 034140		of Waste 10 yds	Newarl	c Carting				
City, State Lincoln Park NJ					Disposal Date	City, Stat				78.55	
					1-10-19	Newark	k NJ 07105				
Completed by Dorian Carpio	Title Mana	ager		2.400	Signature	20D		ate 2-10-	19		

2019-12-09 13:46

Shade Environmental 1 >> 609 633 0664

					State	of New Jersey			-		172	EUI:
MOCK		N	OTI	FICAT	TON OF	ASBESTOS AB	ATEMENT	DOJE.	- 1	D	AY	
Date of Notification (1)			_				1.70	1 7.30	tale da i	(CE)	(%)	•
11 40	_ / _	19			lame of Bui New Jers	iding Owner/Operato sey Division of Pr	r (2)		111111111111111111111111111111111111111	41-	-	-14
Agencies Notified Ty	pe Notifical	ion	-	-	treet Addre	-, -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	About mound	ement and Gol	18 bruk	tion		
DES EPA	initial			١٩		es State Street, 3rd F			- 1	1	100	
⊠ DOFMD	Amended			0	ity, State, 2		1001	Oak Bry	با	111	14.71	
	Amendmen		_	"		NJ 08625-0038				14	11	
(NJAC 5:23-8)	Emergency	r (includ	ang	AV	ame of Con							
	Cancellatio	h		100.00	Georgett			Telaphone N		-		
			_	-	The state of the s			609-833-2	127			
Name of Facility Where Abate	ment is Tal	dae Pi-	ten f	191	PAGILITY	INFORMATION						
NJ Taxation Building		AUS LI	and t	φ)			Type of Facility					
Stroot Address		_	-	-			Suboble (K-	12) r 8 (Other than K	4.00			
50 Barrack Street							W Other (i.e.,	private and come	12) nerolal	bolle	inne	
City (5)			-				1 110 may 616	14)		44114	mye,	
Tranton							Square Feet	# of Floors		Blog.	Age	9
County (6)			-	10	Alleh Cada		10,000	10		10	ō	
Mercer				1	Anuth most	(1)(STATE USE ONLY)		rior if being dem	lished)	Other Committee	
Name of Manitoring Firm Hired	by Ruliding	* Owek	e itt	1000	OM No.		Taxation B	uliding				
USA Environmental Ma	nademant	lan.	n (6)	Mary	M No.	Name of Abatem	ent Contractor (9))	-		100	
Street Address	and and the	4 ILIGH				Shade Envir	onmental, LLC	2				
344 West State Street						Street Address			-	Name and Address of the Owner, where		
City, State, Zip Code		-	-	-		623 Cutler A		_				
Trenton, NJ 08618						City, State, Zip C						
Project Manager for Monitoring	Pirm		19	Clepho	na Ala	Maple Shade	, NJ 08052					
William Wolagarber			1		55-8101	Talaphone No.		License No.				-
Start Date (10)	Sche	eduled	Com		Date (11)	856-755-0095		00842				
12 / 10 / 19	_	12	1	11	19	Name of OSHA N						
Occupancy Status During Abet		-l1			10.	EMSL Analyt	ical, inc.					
Lil Facility Closed/Vacated Dur	no Enthe P	melani a	AL.			Street Address	-				-	-
ica Abatement Parformed Outsi	de of Marme	el Seell	the be			200 Route 13						
Time of Abstement:	WF	M/5:0	<u>O</u> PM	-1:00A	M	City. State, Zip Co		U I				
Scope of Work (Chack all that a	(ply)					Cinnaminson	, NJ 08077					
	-1.00	63 -				☐ Full Cont	ainment with Neg	Office Pressure			-280	
⊠ ≥3 ef or ≥3 if □ ≥150 st or ≥260 ff		A R	enov emoi	neita noiti			OELLIDO.					
			dr. mg (HIWIS.		⊠ Glovebag	Procedure	n-Frisbie Procedu				
				ration			- desired () entre 140	II-FIRBUS PIGGEO				
Asbestos-Centelning Materia	44000	i le	Nom	nally olely by		Description of				nedac	-	-
TO BE ABATED	ii (AGM)	DAS	tinte	mance/	Con	éstos Contgining Mar	eriel (ACRa)	Amount	No.	Repair	5	3
IN Facility		Cus		Staff7	(1.	a., thermal systems in surfacing, VAT,	e ulation,	(Specify	Remova	Jeg.	de	Enclosure
(13)		Yes	(12	-	-	other miscellaneo	ua)	SF or LF)	2		Encepsulate	5
th Floor South Mechanica		-	N								1 6	
i i i i i i i i i i i i i i i i i i i	I KOOM	X			Pipe Fi	ttings/Valves		4 LF	×			
												님
		Q							_	블		ᆜ
				10	1				10			Ш
ama of Registered Waste Hauli	97			NUDER	Waste	Cuble Vend						
Freshold Cartage				Haufer	D No.	Cubic Yards of Waste	Name of Regist				_	
ky, State			_	1593		1	Fairless La:	rdfill				
Freehold, NJ						Disposal Date	City, State					_
ompleted By (Print or Type)	(Title					12/11/2019	Morrisville,	PA				
Christina Fay	100		لدلجه		Operation	Signisture	1 1	De	te		-	-
HI		WU PR	- FIG	ont of	-peration	15 MAXIAN	au	16	2-9	10	*	
113	• 4	o nat i	J\$0 1	his fami	for asbesi	os licensure exemple	of and the a		,	-	-	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 09 / 19 Frank Visconti 2010 Agencies Notified Type Notification Street Address **⊠** EPA ☑ Initial □ DOLWD ☐ Amended City, State, Zip Code a www.incl.h **⊠** DOH Amendment # Long Beach Township, NJ 08008 ☐ DCA ☐ Emergency (including Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Frank Visconti **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Visconti 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 Long Beach Township 1,824 2 50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Management & Enviro. Consulting Services Shade Environmental, LLC Street Address Street Address PO Box 341 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Chesterfield, NJ 08515 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Weisgarber 609-298-4070 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>12</u> / <u>19</u> / <u>19</u> 12 / 24 / 19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ☑ Renovation☑ Demolition $\boxtimes \ge 3$ sf or ≥ 3 If ☐ Mini-Enclosure ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Encapsulate 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 Throughout First Floor X Floor Tile and Mastic 375 SF X Throughout First Floor X X Drywall 620 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage Fairless Landfill 15939 10 City, State Disposal Date City, State Freehold, NJ 12/24/2019 Morrisville, PA Completed By (Print or Type) Title Signature Christina Fay Vice President of Operations

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Santander Bank 12 09 Agencies Notified Type Notification Street Address **⊠** EPA 210 Smith Street ☐ Amended **⊠** DOLWD City, State, Zip Code LICENTING Amendment # **⊠** DOH Perth Amboy, NJ 08861 ☐ Emergency (including ☐ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) 302-650-9997 ☐ Cancellation Ed Molloy (American Technologies, Inc.) **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Santander Bank ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 210 Smith Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age 8,000 3 68 Perth Amboy County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Middlesex Bank Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EFI Global, Inc. Shade Environmental, LLC Street Address Street Address 11 Commerce Way, Suite A 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Robert North 732-629-7930 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __12__ / __28__ / __19 12 / 30 / 19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Cinnaminson, NJ 08077 ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure Scope of Work (Check all that apply) $\boxtimes \ge 3$ sf or ≥ 3 lf ⊠ Renovation ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Enclosure Removal Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A Basement X Floor Tile and Mastic 1,050 SF X П П П П NJDEP Waste Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. Waste Fairless Landfill Freehold Cartage 10 15939 Disposal Date City, State City, State 12/30/2019 Morrisville, PA Freehold, NJ

Completed By (Print or Type)

Christina Fay

Title

Vice President of Operations

Signature

Date

Inv# 10750

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

PAI		(F		to NJAC				\mathbb{C}	K	7-	71	9			
Date of Notification (1)				f Building					(according)		(P)	E	N N	11 1	5 1
12/10/19					th Tors	iello Pr	rivate Ho	me		Œ.	(J)	II.	<u> </u>	y 1	5
Agencies Notified Type Notification Initial DEP DOL Amendment Emergency			Ventn	ate, Zip C nor City	NJ 084	106			A Commence of the Commence of	Ł	EC	1 :	- 20	119	mandhas anaith fhair mannaithe an 1976. It said sha' said s
DOH justification) Cancellation			Name of Julia	f Contact					Te	lephon	e Nun	nber	Carrier (KÉL.	41 41
				ILITY INF	ORMAT	ION			State of the State of	- A VENTER	Z g.sopether	erganization			
Name of Facility Where Abatement is Takin Joseph & Beth Torsiello Private He		3)					Type of F	acility	(4)						
Street Address City (5)	JIIIG						Sub Othe etc.	er (i.e.	er 8 (Oth private	& com	mercia	al build			es,
Ventnor City NJ 08406							Square F 1000 +		2	f Floor	S	11 12	ldg. A	ge	
County (6) Atlantic				Code (7) USE ONLY	0		Current U House	lse (Pr	ior if be	ing der	nolish	ed)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCN	/ No.		1	of Abatem	ent Co	ntracto	(9)		<i>30,77</i>		100	
Street Address					1-3W-978-1-786	Street	Address					5 11 11 11 11			
City, State, Zip Code						City, S	Box 329 tate, Zip C t Berlin I		091		-				
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	one No. 753-980			Licer 007	se No). ,			
Start Date (10) 12/19/19	Schedule		npletion I	Date (11)		Name Sam	of OSHA N	/lonitor							
Occupancy Status During Abatement (Chec							Address				44714-53.3			and the second	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A	Abaten	nent s				tate, Zip C	ode	\$		<u> </u>				
Scope of Work (Check All That Apply)		514°C 611						-			-			-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	governoon)	lenova emolit				×	Mini-Er Gloveb	closur ag Pro	nent with re ocedure ed (*) an					Э	
		Locati											Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cust	lormal d Sole intena odial S (12)	oly by nce/ Staff?		tos Cont thermal surfa		laterial (AC insulation T, or		(8	mount Specify or LF		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											u	_
Exterior Siding			X			rior Sic				50 S		x			
Roof Flat section						at Roo	Î		20	00 SF					
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic	Yarde	NI-	me of	Registe	red I a	ndfill				
United Roll Off		Н	auler ID		of Was				.W.S.	ou La	. ranii				
City, State Elm NJ					Dispos 12/24	sal Date 1/19		ty, Stat	te ville P	A 190	67				
Completed by Anthony T Perna	Title Presi	dent			S	ignature	1				Dat	e /10/1	9		

Inv# 10751

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

	<u> </u>								1 17	/	1.1				consecutive t	m. Matter Stewart		
Date of Notification (1) 12/10/19					of Building			r(2)	U 11	100	13 (7	3	W	/ IE	5 1		
Agencies Notified Type Notification					Delian Board of Ed											7		
				Street Address 22 Hartford Rd.											C / U.S. 21/2 W. C. 10/2 (1)			
EPA DEP	Initial Amended		City, State, Zip Code											11.				
DOL.	Amendmen	t #		Delran NJ 08075											1			
⊠ DOH	Emergency justification	(including		Name of Contact Telephone Number).			
☐ DCA	Mike	Digiova	nni			į.		856-40	31-15	53	71-17 NG	CLI	(2)					
Name of Facility Where	FAC	ILITY INF	ORMAT	ION	Type of Facility (4)													
Delran High Schoo		ig Flace (3)					_		2002								
Street Address					School (K-12) Subchapter 8 (Other than K-12)													
50 Hartford Road					Other (i.e.	private	e & con	nmerci	al bui	ldings	, hom	ies,						
City (5)								Squ	etc.) uare Feet	#	of Floo	rs	Ti	Bldg. /	Age			
Delran NJ 08075									+ 000		2			35+				
County (6)			T	County Code (7)					rrent Use (Pr	eing de	molisi	ned)	-					
Burlington	124200000000000000000000000000000000000	USE ONLY	? <u> </u>	_														
Name of Monitoring Firm Coastal Environme)	ASC	M No.		-	ame of Abatement Contractor (9)										
Street Address					rnaco Inc.													
PO Box 167							Street PO I							35				
City, State, Zip Code						Zip Code												
Hammonton NJ 080			West Berlin NJ 08091															
Project Manager for Mon	Telepho	ne No.			hone No. License No.													
Cathy Ledden					85-9984	1	856-	856-753-9800 00727										
Start Date (10) Scheduled Co					Date (11)		Name	e of OSHA Monitor										
12/23/19 12/27/19							Sam											
Occupancy Status During Abatement (Check Only One)						ess	SS											
Facility Closed/Vacated During Entire Period of Abaten Abatement Performed Outside of Normal Facility Hour-							City S	toto	Zip Code					- 1				
Other - Describe: _		rai i doini	7 1 10 011				Oity, S	iaie,										
Scope of Work (Check Al	That Apply)											-						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	ation			Full Containment with Negative Pressure														
≥160 sf or ≥260 lf Demoli							Mini-Enclosure									1		
					X	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							e					
		Is	Locat	ion										Abatement				
Location of Normal					illy _			escription of						Туре				
Asbestos-Containing I TO BE ABA		Ma	intena	nce/			taining Material (ACM)				Amount				四	m		
In Facility Custodial (12)					(1.6.	surfac	systems insulation, cing, VAT, or			(Specify SF or LF)			Removal	Repair	cap	nclo		
(13)			etroceto.	1		other n	niscellaneous)						oval	air	Encapsulate	Enclosure		
maintenance i	200	Yes	No	N/A .	FI	000	Tile d	10	nastic	12	144 SF		X		é	"		
Health Room x						Floor	Tile Ma	Mastic			360 SF		x					
Health Room Window & Door x						1	Caulk	lk			30LF		x					
Health Rm Chalk Board Mastic x						GI	ue dots				80 SF		x			\Box		
Health Room x						Trans	site Par				60 SF	-	x					
				JDEP W	aste	Cubic									\dashv			
United Ball Off				lauler ID No. of Waste					G.R.O.W.S.									
City, State				2459		6 Dienos	al Date											
Elm NJ				Disposal Date 12/27/19					Morrisville PA 19067									
Completed by		Title					ignature						Date					
Anthony T Perna President							/	1				1	/10/-	10				

#5402 INV#1015 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) Agencies Notified Type Notification ASSESTOS CONTROLA EPA Initial LICENSHIO DEP Amended DOL Amendment # Emergency (including Name of Contact DOH iustification) DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Square Feet # of Floors Bldg. Age 500 04 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) (esidona Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Ace Insulation Co., Inc. Street Address Street Address 95 Montrose Rd City, State, Zip Code City, State, Zip Code Colts Neck, New Jersey 07722 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732 294 1757 00029 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: JAM-Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulat (i.e. thermal systems insulation, Enclosure (Specify Custodial Staff? Removal In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 17ter.00 Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste. City, State Disposal Date City, State 2 Completed by Signature

Secretary Treasurer

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

Bree McGuire

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Johnson Development Group Agencies Notified Type Notification Street Address ☐ EPA 86 Summit Ave. Suit 201 **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Summit, NJ 07901 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation James Hamilton 864-415-2036 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 1239 Broad St. School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 1239 Broad St. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark 47,000 100 1.5 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Essex Warehouse Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Health & Safety Services Inc. Highground Industrial LLC Street Address Street Address Po Box 365 12 Industrial Drive City, State, Zip Code City, State, Zip Code Berlin NJ 08009 Florida NY 10921 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856-452-1311 201-252-8600 01370 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 16 / 19 1 / 17 / 20 Highground Industrial LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 12 Industrial Drive ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-_ Florida NY 10921 Scope of Work (Check all that apply) ☐ Full Containme ☐ Mini-Enclosure Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Renovation ≥160 sf or ≥260 If □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Used Solely by 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 Roof Roofing Material 14,000 sf M П Misc. Tar M 800sf Flashing Material 1700 SF M П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Spartan Environmental Inc Minerva Enterprises PA584 900 City, State Disposal Date City, State Donora PA various Waynesburg Completed By (Print or Type) Title Signature Jeff Hoffman Account Rep.

Inv# 10°	596DA	TTY		State of	New 3	Jersey	Check # 16780									
CK 11078				1970	STOS ABATEMENT		1/2		E	īl	N/I	Œ	Table (Name)			
Date of Notification (1)						Owner/Operator		111	TIE U		e Tankal	/V/	II.			
12/9/2019				Blake				To State of the Control of the Contr						Property of		
Agencies Notified	Str	ceet Add	ress			111	DE	CT	3	2019						
[]EPA					2019											
[]DEP	Cit	y, State	e, Zip	Code												
[X]DOL	ation	M	Saplew	ood,	NJ,07040	LIGHTON TO THAT IN										
[X] DOH	1000	ne of Con			Telephone Number											
[]DCA	tion	B	lake	Bers	on											
			L.			INFORMATION										
Name of Facility Whe Blake Berson	re Abatement	is Taki	ng 1	Place (3)		Type of E	Facili	ty (4)							
							[]Sch		K-12) er 8 (Othe	er th	an I	K-12)	100			
Street Address							[X]Oth	ner (i	.e., priva	ate &	COI	mer-				
							Square Fe		# of Floo			lg. A	ge			
City		County			1 (0.000)	inty Code (7)										
Maplewood		Morri	~		(SI	TATE USE ONLY)	Current Use (Prior if being demolished)									
Name of Monitoring F.			70	ASCM No.		Name of Abater	ment Contractor (9)									
Owner (8)			٦	nour no.		AZTECH M			45 S.							
N/A Street Address	V	Street Address		,			-									
						86 Christopher St.										
City, State, Zip Code	City, State, Zip Code															
						Montclai	r, NJ (0704	2							
Project Manager for Monitoring Firm Telephone Number N/A						Telephone Number License Number (973) 744-8800 00371										
Scheduled Start Date (10) Sched. Completion Date (11)						Name of OSHA Monitor								-		
12 10 19			.1	19		N/A										
Month Day Ye Occupancy Status Duri	ing Abatement	(Check	onl	Year y one)		Street Address										
[X] Facility Clos of Abatement		iring En	tir	e Period	1	Proceedings of States Federales										
[]Abatement Per	formed Outsid				ty	City, State, Zip Code										
Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript»																
Scope of Work (Check	all that app	ly)				Ш										
[X]>3 sf or :	>3 lf	[:	X]Re	enovatio	n.		Containmen Enclosure	t wit	h Negative	Pres	ssur	ce				
[]≥160 sf o		12	5	molitio		[X]Glovel	pag Proced									
			I			[]Non-Fi	riable Pro	cedur	e	A	bat	emen	t T	уре		
Location Asbestos-Cont			orma	tion ally		Description Asbestos-Cont			Amount		R		EN	E		
Material (ACM)		Sole	ely		Material (. 13	E	RE	CA	C		
TO BE ABA		t	enar	ain- nce/	in	(i.e., thermal sulation, surfa	systems SF			1.9	0	PA	PS	o s		
(13)	1	St	taff (12)			or other miscel		LF)	- 1.	A		U	U R			
Basement	Yes	No	N/A	Plas	ter Wall		0 SF	X		+		E				
					psulation											
						-										
Name of Registered Wa AZTECH MANAGE	oic Yards Waste .5			egistered Landfill												
MINOR A STREET, AND ASSESSMENT OF THE STREET, AND ASSESSMENT OF TH	III - State															
Montclair, NJ	sposal Date City, State Bronx, NY, 10474															
							Ι,	320	,							
Completed By (Print or Constantine Vi		_{le} eside	nt			Signature	to.	1	110	Dat 12/		2019				
						1 CMC	MAR	4	MICH		2/2	-019				

OK JORU PA	700 ID		CATION	ate of Nev OF ASB to NJAC	ESTOS A	ABATE		The second secon		G [I W		The second street	Control of the second		
Date of Nötification (1) 12/11/2019		Name of Building Owner/Operator (2) Scotch Plains Fanwood BOE DEC 1 3									201	in.	A PART TO SERVICE TO S	The state of the s			
Agencies Notified Type Notification EPA Initial		Street Address 512 Cedar Street									13)	11	2				
X DEP Amended X DOL Amendment #		City, State, Zip Code AGRECIOS COLLINSCOCK Plains, NJ 07076 LIGENSING										6,1,0					
DOH Emergency (in justification) Cancellation	100	Name of Anthor	Contact ny Miran	nda .		Telephone Number 908-296-5773											
Name of Equility Wheet About	FACII	LITY INFO	ORMATIC	NC													
Name of Facility Where Abatement is Taking Terrill Middle School	3)	* 05.					Type of Facility (4) School (K-12)										
Street Address 1301 Terrill Road						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, etc.)						home	es.				
City (5) Scotch Plains						are Feet	# 0	# of Floors			Bldg. Age						
County (6) Union	,	Current Use (Prior if being demolished) school															
Name of Monitoring Firm Hired by Building O Environmental Remediation & Mana	ASCM	ASCM No. Name of Abatement Co VMC Company, In							ntractor (9)								
Street Address 20-10 Maple Avenue	1			Street	t Address Piaget Avenue												
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Clifton, NJ 07011															
Project Manager for Monitoring Firm Cathy DiNardo		Telephor	ne No. 9-3525		Teleph	phone No. License No. 3-253-8828 00704											
		empletion Date (11) Nai				ame of OSHA Monitor /MC Company, Inc.											
Occupancy Status During Abatement (Check						t Address											
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	hatom	ont															
Scope of Work (Check All That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure														
Location of	on ly						1			Abatement Type							
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	d Sole intenar todial S (12)	nce/	Asbesi (i.e.	tos Conta thermal surfac	escription of ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)			Remova	Repair	Encapsulate	Enclosure			
Yes			N/A											ate	re .		
Pipe chase			Pipe/fitting insulation					n 6 LF									
Name of Registered Waste Hauler	-1	IDEE.															
Newark Carting Inc.				NJDEP Waste Cubic Ya Hauler ID No. of Waste 05409							Registered Landfill						
City, State Newark, NJ		10	Dispos	cal Date City, State Morrisvi													
Completed by Voytek Roszkowski			Si	gnature	200	Sher x	Low		Date 12	te /11/2	2019						