(V = 0 10	PAI	NOT	IFIC.			ew Jersey BESTOS ABAT	TEMENT	DEGI	3 1	V		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(K5218	A CLA	.里多	(P	ursuai	nt to NJA	C 8:60 and 5:1	6)					April
Date of Notification (1)				Name	of Building	g Owner/Operator (2)	III nfc 1	å	909	0 —	115
	· /	8				Engineering		lob #1811-2383	Chk	. #52	218	3.70
	y pe Notification			Stree	Address			ASSESTOS	CO	VTR	DL. 8.	
	Initial			100	Canal P	ointe Blvd., Suit	e 108	LICE	NSIN	1G	F DOUBLE COLD	
☑ DOLWD ☑ DHSS	Amended Amendment #	44		City, S	State, Zip C	Code						
	Emergency (i		~	Pri	nceton, N	NJ 08540						
(NJAC 5:23-8)	justification)	noidani	9	Name	of Contac	t		Telephone Numb	er			
	Cancellation			Lily	Connell			(609) 236-817				
				FA	CILITY IN	IFORMATION		, ,				
Name of Facility Where Aba	ment is Takin	g Place	e (3)				Type of Facility	(4)		-		
Terraphase Engineer		•					☐ School (K-12					
Street Address	-						Subchapter 8	(Other than K-12)				
201 Old York Road								rivate and commerc	ial bu	ilding	js,	
City (5)							homes, etc.) Square Feet	# of Floors	DI	1. A	~~	
Bordentown							2500 (+/-)	TBD	1000	dg. A	-	
County (6)				Cour	nty Code (7)(STATE USE ONLY)		or if being demolish		טפוו	1	
Burlington				Ooui	ity Code (7	MOTATE OSE ONET)	E 20	& Chicken Coop	10.000			
Name of Monitoring Firm Hi	d by Building	Owner	(8)	ASCM	No	Name of Abateme						
Hillmann Environmen	5) (5)	OWNER	(0)	ACCIVI	140.		d Mold Service					
Street Address	-					Street Address	a word Service	s, corp.				
1600 Route 22 East						100 H0150H00 400040 45 0.400	aulayard	9				
City, State, Zip Code						3859 Sylon B City, State, Zip Co	COL-MINISTER CHANGOTON					_
Union, NJ 07083												
Project Manager for Monitor	ir a Firm		Tol	ephone	No	Hainesport, N	40 00036	Tr. N		_		
Mike Nehlsen	ii g riiii		Tele	eprione	NO.	Telephone No.		License No.				
Start Date (10)	Coho	dulad C	`amala	etion Da	t= /11\	609-702-0400		00862				
12 / 10 /		1 /		uon Da		Name of OSHA M						
		1 /			19_	EMSL Analyt	ical, inc.					
Occupancy Status During Al						Street Address						
 ☑ Facility Closed/Vacated I ☑ Abatement Performed On 					arib a	200 U.S. Rou						
Time of Abatement:	- at the property of the contract of the	M/	y Hou PM		AM	City, State, Zip Co						
						Cinnaminson	, NJ 08077					
Scope of Work (Check all th	a apply)					M Full Cont	ainment with Nee	otivo Deserves				
≥3 sf or ≥3 If		☐ Re	novat	ion		☐ Mini-Enc		ative Pressure				
≥160 sf or ≥260 lf		☑ De	molitic	on		Glovebag	Procedure	20.00				
		1 1	1	et		⊠ Non-Exe	mpted (*) and No	n-Friable Procedure	_			
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TO BE ABATE	<u> </u>	4	intena	ance/ Staff?		., thermal systems i	nsulation,	(Specify	Removal	pair	ap	Enclosure
IN Facility (13)		Cus	(12)			surfacing, VAT, other miscellane		SF or LF)	/al		Encapsulate	ure
(.0)		Yes	No	N/A	1	other miscenaries	ous)				te	
SEE ATTACHED SCOPE	OF WORK		П	\boxtimes	SEE AT	TACHED SCOPE	E OE WORK	ATTACHED				
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		П	П							П	П	
Name of Registered Waste I	Huler			JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill			ш	
Waste Management		i,		lauler I		Waste	Grand Can					

ASB-41 MAY 11

Title

Waste Management

Completed By (Print or Type)

Kimberly A. Trumbetti

City, State

Lafayette, NJ

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

17273

Office Coordinator

Disposal Date

Signature

1/4/19

5

Grand Central

Penn Argyle, PA

Date

City, State



The following areas have been inspected and were found to contain asbestos or assumed to be asbestos ontaining materials.

BASE I ID 1: Asbestos Abatement

BID DOC BULLETS:

LC	CATION	ASBESTOS-CONTAINING MATERIALS	QUANTITY	T
First Flo	or Bathroom	Wall Tile Mastic	350 SF	
K	itchen	Wall Tile Mastic	150 SF	1
Through	out Building	Joint Compound and Associated Wallboard	10,300 SF	
Through	out Building	Joint Compound and Associated Wallboard (Assumed to be concealed by wood paneling)	5,950 SF	
Buildir	g Exterior	Transite Siding	4,000 SF	
Chick	en Coop	Transite Siding	60 SF	
Buildir	g Exterior	All Window Calking	415 LF	-

Name of Contractor:	Signature:	
Printed Name:	Date:	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification Name of Building Owner/Operator (2) 12 10 18 The Reserve at Grace LLC/ Job #1811-2381 Chk. #5222 Agencies Notified Type Notification Street Address **⊠** EPA AGBESTUS CONTROL & Initial 2001 College Drive Ste 11 LICENSING **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # □ DCA ☐ Emergency (including Somerdale, NJ 08083 (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation George Chollaj/MCR 856-317-0006 **FACILITY INFORMATION** Name of Facility Where Ab atement is Taking Place (3) Type of Facility (4) The Reserve @ Grac : School (K-12) Street Address Subchapter 8 (Other than K-12) 35 North White Hors Pike Other (i.e., private and commercial buildings, City (5) homes, etc.) Square Feet # of Floors Somerdale Bldg. Age Various County (6) Various Various County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Somerdale Vacant-Rectory/Church/School/Gym/Resids Name of Monitoring Firm Hi ed by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Finog Environmental Asbestos and Mold Services, Corp. Street Address Street Address 617 Stokes Road, Sui e 4-318 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Medford, NJ 08055 Hainesport, NJ 08036 Project Manager for Monitor ng Firm Telephone No. Telephone No. Rebecca Rubnitz License No. 888-715-2211 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 26 / 1 / 26 / 19 EMSL Analytical, Inc. Occupancy Status During At atement (Check only one) Street Address ☐ Facility Closed/Vacated ☐ Iring Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Ou side of Normal Facility Hours - Describe Time of Abatement: _ City, State, Zip Code _AM-_ PM/ ___PM-___ AM Cinnaminson, NJ 08077 Scope of Work (Check all tha apply) ☑ Full Containment with Negative Pressure | NUMTYE ≥3 sf or >3 If ☐ Renovation ☐ Demolition ≥160 sf or ≥260 lf Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Chause Is Location Location of Abatement Type Normally Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Repair TO BE ABATED Removal Encapsulate Enclosure Maintenance/ Amount (i.e., thermal systems insulation, Custodial Staff? IN Facility (Specify surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A SEE ATTACHED П \boxtimes SEE ATTACHED ATTACHED \boxtimes \boxtimes П П П П Name of Registered Waste Ha iler NJDEP Waste Cubic Yards of Name of Registered Landfill Waste Management Hauler ID No. Waste **Grand Central** 17273 5 City, State Disposal Date City, State Lafayette, NJ 1/26/2019 Penn Argyle, PA Completed By (Print or Type) Title Signature Kimberly A. Trumbetti Date Office Coordinator ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.

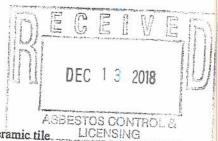
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Date of Notification (1)				Nam	e of Build	ing Owner/Operator	(2)		n transa-	1,4	macacas-s-c	LIII)		
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57	pe Notificati	on		Stree	et Address	3		THE VEC	- 1	4 6	UIU	- 4		
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☑ DHSS	Amendmen	t #5		100	State, Zip			ASDES				Lči		
□ DCA □	Emergency		ıg	Cr	anford, I	NJ 07016			ICEN	SINC	3 ::::::::::::::::::::::::::::::::::::	the selection species		
(NJAC 5:23-8)	justification	,			e of Conta			Telephone Num	ber					
L	Cancellatio	n		Ch	arles A.	Wojcik		212-470-520	00					
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Name of Facility Where Aba	ement is Tal	king Plac	e (3)				Type of Facility	(4)						
10-12 Commerce							School (K-12)						
Street Address							Subchapter 8	(Other than K-12	2)					
10-12 Commerce Driv	K.						homes, etc.)	rivate and comme	rciai d	ullain	igs,			
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County (6)				Cou	nty Code ((7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)					
Union						// Sec	Vacant	3	5.1.007					
Name of Monitoring Firm Hir	d by Buildin	g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
GEI							d Mold Service	s. Corn						
Street Address						Street Address		-,,						
300 Broadacres Drive						3859 Sylon B	oulevard							
City, State, Zip Code						City, State, Zip Co					_			
Bloomfield, NJ						Hainesport, N								
Project Manager for Monitori	g Firm		Te	lephone	No.	Telephone No.		License No.						
Margaret Halasnik				73-873		609-702-0400		00862						
Start Date (10)	Sch	eduled C	ompl	etion Da	te (11)	Name of OSHA M		00002						
8 /27 /1	13			0 /		EMSL Analyti								
Occupancy Status During Ab	tement (Che	ck only	one)			Street Address	,							
□ Facility Closed/Vacated D	ring Entire F	eriod of	Abate	ement		200 U.S. Rout	o 120 North							
☐ Abatement Performed Ou	side of Norm	al Facility	y Hou	ırs - Des	cribe	City, State, Zip Co								
Time of Abatement:	_AM	PM/	_PM		AM	Cinnaminson,								
Scope of Work (Check all tha	apply)					Omnaminson,	, 143 00077							
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<u>≥</u> 160 st or ≥260 lf		☐ De	moliti	311			Procedure	-Friable Procedur	-			- 1		
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Uppe · Level

- Approximately 3,465 SF of ACM wallboard/joint compound
- Approximately 13,508 SF of ACM mastic, contaminated glue/carpet
- Approximately 450 SF of ACM Mastic & contaminated floor tile

Lower Level:

- Approximately 9,180 SF of ACM wallboard/joint compound
- Approximately 29 elbows fittings
- Approximately 9,140 SF of ACM mastic & contaminated glue/floor tile
- Approximately 1,531 SF of ACM mastic only
- Approximately 798 SF of ACM mastic & contaminated glue/floor tile/ceramic tile.....



CHK. # 52.12 for addition at work

Add itmal Supe:

Rem val and disposal of approximately 700 SF of Inval from two upper floors.

Date of Notification (1)				NOT		rsuar		M	C E	****	20	901	The state of the s		
	30	/	18			- pe	ise Rzep	g Owner/Operator (-2382 Chk.		-	CH	(6)	200
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(NJAC 5:23-8)	100	ustificatio Cancellati					n Rzepk	5.		Telephone No	umber				
	-											_			
Name of Facility Where Ab	nate.	ment is T	aking	Place	(3)	FAG	JILIT IN	FORMATION	Type of Facility	(4)		_			
Residential Property		mont is 1	aking	1 lace	(5)				School (K-12	J. 1770					
Street Address									Subchapter 8 Other (i.e., p	8 (Other than K- rivate and comr		bui	lding	s,	
City (5)									Square Feet	# of Floors		Bld	g. Ag	je	
Trenton									1,113	2		1	05		
County (6)			- W	11/27/2014		Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished))			
Mercer									Residential						
Name of Monitoring Firm F	lire :	d by Build	ling C	wner ((8)	ASCM	No.	ent Contractor (9)	9						
Finog Enviromental								d Mold Service	es, Corp.						
Street Address															
617 Stokes Road								3859 Sylon B							
City, State, Zip Code								City, State, Zip Co							
Medford, NJ 08055								Hainesport, N	NJ 08036	P. C.					
Project Manager for Monito	orir	g Firm				phone		Telephone No.		License No.					
Rebecca Rubnitz	_				1000	6-596	NATIONAL DIS	609-702-0400		00862					
Start Date (10)12 /10 /	1				570		te (11) 18	Name of OSHA M EMSL Analyt							
Occupancy Status During	Ab	tement (C	Check	only o	ne)			Street Address					30.01		
☐ Facility Closed/Vacated								200 U.S. Rou	te 130 North						
Abatement Performed (Time of Abatement:		side of No AM-						City, State, Zip Co	ode				7.		
×				<i>u</i>			AM	Cinnaminson	i, NJ 08077						
Scope of Work (Check all t ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	tha	apply)		⊠ Re	novati molitic			☐ Mini-Enc ☐ Glovebag	g Procedure	51					
	-			la	Locat	ion		☐ Non-Exe	mpted (*) and No	n-Friable Proce	-				
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				П	П						T	1	П	П	П
Name of Registered Waste Waste Management	e H	Hauler ID No. 1Meste							Name of Regis	of Registered Landfill					
City, State								City, State	ate						
Lafayette, NJ		12/11/18 Pe								le, PA					
Completed By (Print or Typ Kaysi Gruner	oe)		Title		strati	on Ass	sistant			Date	13	2115	·<		

Adminstration Assistant

ASB-41

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Agencies Notified	ype Notifica	ation			Street	Address				9	Commence of the second				
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(NJAC 5:23-8)] Cancellat	6.5			100000000000000000000000000000000000000	drew Tho		son		1000	973) 881-44				
										1,	010)001-44		-	-	
Name of Facility Where Ab	toment is 7	Tokina	Dlago	(2)	FA	CILITY	IFUR	RMATION	Type of Facility	(4)					2-11-9
									School (K-12						
Passsaic County Cou	Tulouse /	Anne	x Dui	lullig					Subchapter 8	(Oth					
Street Address	9								Other (i.e., p		and commer	cial b	uilding	gs,	
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County (6)					Cour	ity Code (/	(STA	ATE USE ONLY)	Current Use (Pr	OF IT I	being demoiis	inea)			
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Name of Monitoring Firm H	red by Build	ding O	wner ((8)	ASCM		1								
Langan					0009	99		Superior Aba	tement inc						
Street Address								eet Address	Datas						
300 Kimball Drive								Henderson							
City, State, Zip Code								y, State, Zip Co							
Parsippany, NJ 0705								Vest Caldwe	II, NJ 07006	1					
Project Manager for Monito	ing Firm				phone			ephone No.	_		cense No.				
Vijay Patel						0-4900	(973) 808-1616 00411								
Start Date (10)					tion Da			me of OSHA M	Parameter State of the State of						
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Time of Abatement: _Al	IPIV	/u	PIVI	_	_AW		٧	Vest Caldwe	II, NJ 07006						
Scope of Work (Check all the	at apply)							M= "0"			D			-5- 65-	
☐ ≥3 sf or ≥3 lf			⊠ Re	novat	ion				ainment with Neg losure	ative	Pressure				
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TO BE ABATE		′		intena			., the	ermal systems i	insulation,		(Specify	Removal	Repair	cap	Enclosure
IN Facility	2000		Cus	(12)	Staff?			surfacing, VAT, her miscellane			SF or LF)	la la		Encapsulate	ure
(13)		Ī	Yes	No	N/A	1	Oti	ilei illiscellariei	ous)					fe	
Ground, 1st, 2 nd Floors						Wall Pla	aste	r*		2	2,340 SF				
Ground, 1st, 2 nd Floors						Ceiling		NA. 1-10			715 SF		П	П	
1 st Floor	-					Beam F					100 SF				
			-			Pipe Ins					16 LF				
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Name of Registered Waste				1990	IJDEP \ lauler II		Was	oic Yards of ste	Name of Regis						
Service Transport Gr	up, inc			1	SW21		1	00	Minerva La	iiidTl	11				
City, State			100				1	posal Date	City, State						
New Castle, DE							V	arious	Waynesbu	rgh,	OH				
Completed By (Print or Type)	Title		12-17				Signature	11/1/11	/ :	Da				
Nick Petrovski		Pr	eside	ent				- Mill	LAKK	·	· /	2-	10	-/	8

Date of Notification (1)	02	1	18		1		ding Owner/Operator f Passaic	(2)		,			d d		
Agencies Notified	Type N	otificati				eet Addres			AGBEST	11 (5 ())	THE STATE				
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☑ DHSS	Ame	ndmen	t #2		1										
☐ DCA	☐ Eme			ding	_		NJ 07505								
(NJAC 5:23-8)	☐ Can	fication	-		100000	ne of Cont	hompson		Telephon						
	I Carro	Zeliauoi					INFORMATION	- X	(973) 8	881-442	4				
Name of Facility Where	Abatemen	t is Tak	ina Pl	ace (3)		ACILITY	INFORMATION	Type of Facility	(4)						
Passsaic County (,	School (K-1							
Street Address								Subchapter	oter 8 (Other than K-12)						
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Paterson								40,000	Diog. 7 (
County (6)					TCo	unhi Codo	(7)(STATE USE ONLY)					7 yrs	3		
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Name of Monitoring Firm	Lizad bu	Duilding		(0)	ASC										
21	niled by i	ounding	Owne	er (o)	000	ent Contractor (9)								
Langan					000	tement Inc									
Street Address															
300 Kimball Drive		3100-35			40-14-04	Drive									
City, State, Zip Code	-,			100		de									
Parsippany, NJ 070					II, NJ 07006										
Project Manager for Moni	oring Fim	1		10,000	elephone		Telephone No.	_	License No.						
Vijay Patel				- 1	and the same	60-4900	(973) 808-161		00411						
Start Date (10) 07 /23 /	_18	1			letion Da	ate (11) 19	Name of OSHA Monitor Superior Abatement Inc								
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☐ Facility Closed/Vacate							2 Henderson	Drive							
Abatement Performed	The second section is a second					scribe	City, State, Zip Co		4				_		
Time of Abatement: _/							West Caldwel								
Scope of Work (Check all	hat apply)					11001 04.4.10.	., 110 01000							
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and m			Yes	-	1						_	-	_		
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nd, 3rd floor, Attic Ar							inated Ceiling Pa		3,600 SI						
ame of Registered Waste				1	IJDEP V lauler ID		Cubic Yards of Waste	Name of Regist		The second second					
Service Transport Gr	pup, Inc		100 00000	1.	SW21		400	Minerva La	ndfill						
ity, State		N.						City, State							
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Nick Petrovski	all a	P	reside	ent			111	1///	San e	Control of the contro	-2	1	0		
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Y 11		* [Do not	use th	is form	for asbesto	os licensure exempte	d activities.							

Date of Notification (1)						Name	of Building	g Owner/Operator (2)	DEC 1	3 20	18		1/1	1
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☑ DOLWD	Aπ	nended				City S	State, Zip C	Code		J. 1 (2)	s Qui s sal		-		_
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DCA	□ Em	nergeno	cy (inclu	uding			of Contac	575-3-105E-167E5-0X	-	Telephone N	umbor				
(NJAC 5:23-8)		ncellati					irew Tho	-							
		inociiau		_						(973) 881	-4424				
Name of Facility Mileses Al			-l F	21	(0)	FAC	JILITY IN	IFORMATION		(4)					
Name of Facility Where Al	a constant		2001 A 100 20 07-0						Type of Facility						
Passsaic County Co	urno	ouse A	nnex	Bull	aing				School (K-12		-12)				
Street Address									Other (i.e., pr	rivate and com		bui	lding	s,	
63 Hamilton Street									homes, etc.)				ं		
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Paterson									40,000	4			27 y	/rs	
County (6)						Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished	1)			
Passsaic									Vacant						
Name of Monitoring Firm I	dir€ d b	y Build	ing Ow	mer (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Langan						0009	9	Superior Aba	tement Inc						
Street Address								Street Address							
300 Kimball Drive								2 Henderson	Drive						
City, State, Zip Code								City, State, Zip Co	ode						
Parsippany, NJ 0705	4							West Caldwe	II, NJ 07006						
Project Manager for Monit	orir g F	irm			Tele	phone	No.	Telephone No.		License No					
Vijay Patel					(9	73) 56	0-4900	(973) 808-161	6	00411					
Start Date (10)		S	chedul	ed Co	omple	tion Da	te (11)	Name of OSHA M	lonitor						
07 /23 /	13	_	11	_ /	05	5_ /	18	Superior Aba	tement Inc						
Occupancy Status During	Ab te	ment (C	Check o	only o	ne)			Street Address							
						ment		2 Henderson	Drive						
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Time of Abatement: _A	M	PM	V	_PM-		_AM		West Caldwe							
Scope of Work (Check all	tha ar	nnly)							,						-
Coope of Work (Official dir	u ia a	י ליוקי							tainment with Neg	ative Pressure	•				
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≥160 sf or ≥260 lf			L	_ Dei	molitic	on		☐ Non-Exe	g Procedure mpted (*) and No	n-Friable Proce	edure				
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TO BE ABA						Staff?	(I.e	e., thermal systems surfacing, VAT		(Specify SF or LF)		ova	10	psu	uso
(13)			-		(12)		-	other miscellane	\$30000 V			-		Encapsulate	ē
50 88				Yes	No	N/A	14							w	
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										8		-	7		
2nd, 3rd floor, Attic A			1			⊠		ninated Ceiling F		3,600 SF	1	X		П	
Name of Registered Wast						IJDEP \ lauler II		Cubic Yards of Waste	Name of Regis						
Service Transport G	ro p,	inc				SW21		300	Minerva La	andill					
City, State								Disposal Date	City, State						
New Castle, DE								Various	Waynesbu	rgh, OH					
Completed By (Print or Ty	pe)		Title					Signature	7/11		Date				
Nick Petrovski			Pre	side	ent			1/1/1	/ lake	un'	9	-	11.	-18	7
ASB-41						87 V2E	7.00	- Com					-	, ,	
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From: , , /

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State of New Jarsey		75		
NOTIFICATION OF ASBESTOE ABATEMEN')FO 1	0.0015	

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Date of Notincation (1)	0 /	15		- 1		g Owner/Operator (assate (Page			DUL-1	UL)AY				
Agencies Notified	pe Notifi	cation		Stree	Address	-	•	-	11,	J-July	Talk.	+	-		
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	Cancell			(A. S.	drew Tho	5			76 dehenE Num (973) 881-44	1	137	T.U			
				-		FORMATION			1-1-4-00	-					
Name of Facility Where Ab	Inmestic	Takina Dia	ee (2)	FA	GILITY IN	FORMATION	Type of	'andiib.	(4)						
Passalo County Cou			325 339	6				2 II (K-12)							
Street Address	10036	ATTIEL	Ribetti	<u> </u>			Sub:	(Nagrar 6 (Other than K-12)							
63 Hamilton Street							Othe	t lapter 6 (Other than K-12) (i.e., private and commercial buildings,							
City (5)							Square	B, etc.	# of Floors	15			-		
Paterson							40.00		# OT F10019		dg. A	_			
County (6)			-	I Caus	no Code (7	YSTATE USE ONLY)			rior if being demolis		127	yra			
Passaic				Cour	ity Code (/	MOTATE OSE ONLY	Vaca		Liet is being deiuette	100)					
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Name of Monitoring Firm Hi	ed by Bui	liding Owne	r (a)	ASCM	ont Contr)								
Langan		-		0000	tement	ne									
Street Address															
300 Kimball Drive					Drive										
City, State, Zip Code						City, State, Zip Co		100							
Parsippany, NJ 07054						West Caldwe	II, NJ 07	100							
Project Manager for Monitor	ng Firm		10000	enone		Telephone No.	_		Lipense No.						
Vijay Patel		A-1		973) 56		(973) 808-161			00411						
Start Date (10)		Scheduled				Name of OSHA M									
_07 / _20 / _				5 / .	10	Superior Abs	tement	70			91				
Occupancy Status During A						Street Address									
Fecility Closed/Vacated I	100 CO 10					2 Henderson			2000						
Abatement Performed Or Time of Abatement: _AN					Cribe	City, State, Zip Co									
						West Caldwa	II, NJ 07	1061							
Scope of Work (Check all th	t apply)			Sales Frederica		PA EUR Cont		lah ole	pativa Pressure						
_ ≥3 af or ≥3 If		Ø.	enove	llon		Mb-End		187 : 40	Batine Subserve						
⊠ ≥160 sf or ≥260 lf			omoli			☑ Glovebag									
			s Loca	-tlen	,	□ Non-Exer	mpted (*)	ING NO	n-Friebie Procedure	7					
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(13)			(12			other miscellans	or Sus)		SP Or U-;	9		The last	8		
		Yet	No	N/A								· O			
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2nd, 3rd floor, Attic Are	8			×	Contam	Inated Celling P	ene/Ro	rd	3,600 SF			X	=		
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Service Transport Gro				Hauler ID	No.	Waste	III creat from the con-		andfill						
City, State	BW2117 300 Disposal Date City.														
New Castle, DE						Various			rgh, OH						
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Nick Petrovski		Presid	ent			Signature	1.6	200	en. 7		20	-/	8		
SB-41						- 0-					-				

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

Date of Notification (1)							g Owner/Operator (DEC 1	3 20	lö		
7 /	20 /	18			Co	unty of P	assaic (Page	1 of 3)					
Agencies Notified	Type Notific	ation			Stree	t Address		1	A.S.DESTOS	OHT	HOL	ä	
⊠ EPA	☐ Initial	27			40	1 Grand S	Street		LICEN	SING			
⊠ DOLWD	☐ Amended Amendm				City,	State, Zip C	Code						
☐ DCA	⊠ Emergen		udina		Par	terson, N	J 07505						
(NJAC 5:23-8)	justificati				Name	of Contac	t		Telephone Num	ber			
	☐ Cancellat	tion			An	drew Tho	mpson		(973) 881-44	124			
					FA	CILITY IN	FORMATION						
Name of Facility Where A	patement is 1	Taking P	Place	(3)	10.00			Type of Facility	(4)				
Passsaic County Co								School (K-12	2)				
Street Address									Other than K-12				
63 Hamilton Street								homes, etc.)	rivate and comme	rcial bi	liaing	gs,	
City (5)				7.72				Square Feet	# of Floors	В	dg. A	ae	
Paterson								40,000	4		127		
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Langan	ined by build	ung Ow	iici (0,	000		Superior Aba						
Street Address					000		Street Address						
300 Kimball Drive							2 Henderson	Drive					
The compact of the contract of							City, State, Zip Co			-			_
City, State, Zip Code Parsippany, NJ 0709													
Project Manager for Monit													
	Dring Film					0-4900	(973) 808-161	6	00411				
Vijay Patel	T 6	Schedule	0d C		-		Name of OSHA M		1 00			_	
Start Date (10) 07 / 23 /						18	Superior Aba		£.				
							Street Address			-	V	_	
Occupancy Status During							2 Henderson	Drive					
 ☐ Facility Closed/Vacate ☐ Abatement Performed 						cribe							
Time of Abatement: _A						SOLIDO	City, State, Zip Co						
							West Caldwe	11, NJ 07000					
Scope of Work (Check all	hat apply)						☐ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf				novati			Mini-Enc Mini-Enc	losure					
≥160 sf or ≥260 lf] Der	nolitio	n		☐ Glovebag	g Procedure moted (*) and No	n-Friable Procedu	re			
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Name of Registered Waste	Hauler			1 1 1 1 1 1	JDEP !	0.000	Cubic Yards of	Name of Regis					
Service Transport G	oup, Inc			1 2220	auler II SW21		Waste 300	Minerva La	endfill		<u> </u>		
City, State							Disposal Date	City, State					
New Castle, DE							Various	Waynesbu	rgh, OH				
Completed By (Print or Ty)	e)	Title					Signature	/////	Da				10
Nick Petrovski		Pres	side	nt			1/1/1	Melin	n- 5	7-2	20	-/	18
ASB-41						2 2 2						100	

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

MAY 11

B & G proj. #:

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 9034

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Date of Notification	VEC					Operator (2)				TEO	E	V	EL	1460	
1 12 1/1 10				anoj Kun	nar ———				HL.	UT	eceorenpana				***
Agencies Notified EPA DEP	Type Notific			et Address	0-1-				Annual Control of the	DEC	1 4 2	118	_		The State Association of the Control
₩ DOL	☐ Amei	dmen		State, Zip South Ora		J 07079			1	1	70000) lames)			1 4 7 5 6
▼ DOH				e of Conta		0-1-00 data e		The state of the s		Telephone			21. C		
☐ DCA	☐ Cano	llatio	n n	vlanoj Ku	mar										_
		-			FACIL	ITY INFORM	ATION								
Name of facility wi	here shateme	ıt is ta	king place	e (3)				T	Туре	of Facility (4)	(V 12)				
Manoj Kumar		10 10	9 P	N-2							oter 8 (Oth	er tha	n K-1	2)	
										Other (P	rivate/Con	nmerc		**************************************	
Street Address									Sans		omes, etc	1	Bldg	. Age	_
011 (5)		=	County	(6)			Cou	nty Code (7)							_
City (5)	20.00						(Sta	te use only)		ent Use (Pri	or if being	demo	lished)	
South Orang	L		Esse	2760		ASCM No.	L.,	Name of Abatement		tor (9)		-			
Name of Monitori	ng Firm Hired	by Blo	ig. Owner	(8)		n/a		B & G Restora							
Street Address							-	Street Address							
Street Address								105 Ryerson I	NAME OF TAXABLE PARTY.				_	-	and the party of
City, State, Zip Co	ode							City, State, Zip Code Lincoln Park,		035					
Project Manager f	or Monitoring	irm		Pho	ne Numb	per	_	Telephone Number			License N		er		
Project Manager I	of Monitoring							(973)696-68			003	378		_	_
Scheduled Start D	Date (10)		Sched.	Completio	n Date (1	1)		Name of OSHA Mo B & G Restora		nc.				100	
12/31/2018	New York Control of the Control of t		01/0	6/2019				Street Address					Ecolor.		
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Other-Desc							_							- 15.	
Scope of Work (Renovatio	n			X	Full Containment w/n	negative	pressure	Gloveb	ag pro	ocedu	re	
>3 sf or >3			160 sf or					Mini-enclosure			Non-fr	iable p		lure	,
Location o			Is location	normally i	used sole						52	R	R	E n	E
asbestos-c	containing		by mainte staff(12)	nance/cus	todial	Descrip materia	tion of	asbestos-containing		Amount (Specify S	SF or	m	p a	c a	n
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City, State Lincoln Park					12/3	31/18 - 01/0		Pen Arg			Date	-			
Completed by (F			Title Secreta	ary/Treas	urer	Signature		Gordana Lun	a			0/20	18		

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

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Date of Notification	(1)		- 11	Name of	Building C)wn	ner/Operator (2)			- Sand	E (SE	n N	7 [5	i ir	× 1
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⋉ DOH			11	Name of	Contact	-		-	200 CO	\rightarrow	Telepho			NE LANGE OF THE	William State In or	-
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Project Manager for	Monitoring	-irm			Phone Nu	mb	er		Telephone Number (973)696-686	39		License	Numi 0378	per		
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Project Manager for Monitoring Mike Krishe-	JUL CONTRACT		Telep	hone No.		Yelepho	ningdele,	115 1374					
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Theile #	12045
Data of Natif	igation (1)

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

elc# 12041	PA	NOT		MOITA	OF ASI	ew Jersey BESTOS ABAT C 8:60 and 5:10		DEC			7 E	T T T
Date of Notification (1) 12 / 13	/ 18	3				Owner/Operator (City University	2)	DEC	; 14	201	8	S. Carlotte S. C.
						Oity Offiversity	*		VI (1)			l los
Agencies Notified Tyr e ⊠ EPA ⊠ ni	Notification			4	t Address	Kannada Dhad	ed ida	FORTON	00.0			_
	nended					Kennedy Blvd	1	ASBEST	CENS	JNIA	OL 8	4
	nendment #			1 20	State, Zip C		Speci	A STREET, STRE	~~~~		-	
☐ DCA ☐ En	nergency (ir	ncludin	g			NJ 07305						
0 0 <u></u>	stification) incellation			Name	of Contact	E.		Telephone Nu	mber			
Name of Facility Where Abatem	ant in Takin	a Diana	- /2\	FA	CILITY IN	FORMATION	T	(4)				
				D	aaaa Hall		Type of Facility					
New Jersey City Universi	ty- Nursir	ig Ea	Centi	er- Kos	ssey Hall		School (K-12	:) 3 (Other than K-1	2)			
Street Address 2039 John F Kennedy Eily	/d						Other (i.e., proposed homes, etc.)	rivate and comm		uilding	js,	
City (5)							Square Feet	# of Floors	I E	ldg. A	ae	-
Jersey City							10 To		100	50+	3	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)			
Hudson						,,	Education C		,			
Name of Monitoring Firm Hire I b	v Building (Owner	(8)	ASCM	No.	Name of Abateme						
Horizon Environmental G	•		(-)				nvironmental S	Sveteme				
Street Address						Street Address	TVII OTIITICITATI C	y stems				-
PO Box 3316							ehem Pike - S	uite 60				
City, State, Zip Code						City, State, Zip Co						
Thorofare, NJ 08086						Spring House	e, PA 19477					
Project Manager for Monitorin F	irm		Tele	ephone	No.	Telephone No. 215 542 7000		License No.				
Start Date (10)	Sched	duled C	Comple	etion Da	ite (11)	Name of OSHA M		00047				
12/26/18	10000000000			1/	ACCORDING CONTR.	CES						
Occupancy Status During Aba :el	ment (Chec	k only	one)			Street Address						
Facility Closed/Vacated Durin						1121 N. Bethl	ehem Pike - St	uite 60				
Abatement Performed Out id						City, State, Zip Co	ode					
Time of Abatement: 7:00 A						Spring House	e, PA 19477					
Scope of Work (Check all that ap		17 (1)	,,,	0.1	- 121							
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Name of Registered Waste Ha	21		100	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regis		ity I o	nden		
-						Disease ID :		erks Commun	пу са	iutiii		
City, State Hatfield, PA 19440						Disposal Date 12/31/18	City, State	DA 10500				
TO THE RECOGNISH CONTRACTOR OF STATE OF	T:41						Birdsboro,					
Completed By (Print or Type) Patricia Visco	Title	ffice l	Mana	ger		Signature	Les Vie		l Z	13	15)
ASB-41 JAN 13	*	Do not	USA #	is form	for ashest	os licensure exemp	10		6		,	

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

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Date of Notification (1) 12/10/18					of Building ns Instit					4/1	See Ann. Acc.	**			l inst	Commercial
	e Notification			Street A	Address tle Poin	t on Hu	ıdson		4 2	de la constantina	DE	:C	14	2018	}	
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Name of Facility Where Abat Williams Library	ment is Taking	Place ((3)	1 40	ILIT IN	OKINAT	ION	prome	of Facility	2005						
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City (5) Hoboken									etc.) re Feet	# o	f Floors	š		ldg. A	ge	
County (6) Hudson					Code (7) USE ONLY)	_		ent Use (Pri ams Libr		ng den	nolish	ed)			
Name of Monitoring Firm Hird Briggs Associates	d by Building C	wner (8)	ASCN 0004					tement Cor ement, Ir		(9)					
Street Address 3 Crosswicks Street								Addre	ss gren Ave	nue						
City, State, Zip Code Bordentown, NJ 08505									ip Code IJ 07512							
Project Manager for Monitorion Michael Hoodak	g Firm			Telepho 609-29	ne No. 98-5520		Teleph 973-	one N 345-8			Licen 0131		ο.			
Start Date (10) 12/22/2018		Schedul 01/02/		npletion	Date (11)				HA Monitor ement, In	IC.					10111-0-13	
Occupancy Status During Ab	itement (Check	Only O	ne)				Street	Addres	SS							
Facility Closed/Vacated Abatement Performed C Other – Describe:	During Entire Putside of Norma	eriod of al Facilit	Abaten y Hours	nent			City, S	tate, Z	gren Aver	nue						
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City, State Totowa, NJ			20			0.00	al Date	19	City, State	9						
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State of New Jersey

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	pe Notification				Address stle Point	t On H	udson		1 174 204						Samo	
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X DOH X DCA	justification) Cancellation	ricidalit	, [of Contact Fernan	dez				Teleph 201-9			eΓ			
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County (6) Hudson					Code (7) USE ONLY)		Curre	nt Use (Prio ams Libra	r if being i ry Fan I	demo Roor	lished)				
Name of Monitoring Firm Hir TTI Environmental, Inc		wner (8)	ASCN 0003					tement Con							
Street Address 1253 N. Church Street							90000	Addres	ss gren Aven	ue	10-10-10-1					
City, State, Zip Code Moorestown, NJ 0805									ip Code J 07512				111			
Project Manager for Monitori Jim Guilardi	ıg Firm			Telepho 856-84	ne No. 40-8800			one No 345-8			cense	No.		111111111		
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City, State Totowa, NJ						Dispos	sal Date	,	City, State Morrisvil							
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Project Manager for Monitor	ng Firm	-29		Telepho	ne No.		Teleph 973-		No. -8685		License 01311	No.			
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James A. (609-314-1683		73) 350-0101		0121					
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Bill Weisgarber			60	9-298	4070	856-755-009	9		00842				
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^{*} Do not use this form for asbestos itconsule exempted activities.

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) 12/11/18 Bayonne Economic Opportunity Foundation Check# / Agencies Notified Type | lotification Street Address ASBESTOS CONTROL & 555 Kennedy Boulevard LICENSING **XEPA** П nitial City, State, Zip Code ☑ DEP X A mended Bayonne, New Jersey 07002 X DOL A mendment # 2 Emergency (including Name of Contact Telephone Number X DOH istification) Samantha Howard 201-688-7271 X DCA Cancellation FACILITY INFORMATION Name of Facility Where Abate ment is Taking Place (3) Type of Facility (4) (Former) Holy Family Academy School (K-12) Street Address Subchapter 8 (Other than K-12) 239 Avenue A Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet Bldg. Age # of Floors Bayonne, New Jersey 07002 30,000 50+ County (6) County Code (7) Current Use (Prior if being demolished) Hudson (STATE USE ONLY) (Former) Holy Family Academy Name of Monitoring Firm Hire | by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Matrix New World Engineering Lilich Corporation Street Address Street Address 26 Columbia Turnpike 606 McBride Ave City, State, Zip Code City, State, Zip Code Florham Park, New Jersey 07932 Woodland Park, New Jersey Project Manager for Monitorin Firm Telephone No Telephone No. License No. Gavin Gilmore 973-585-9040 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/07/2018 12/21/2019 Iris Environmental Laboratories, LLC Occupancy Status During Aba ement (Check Only One) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed O Itside of Normal Facility Hours City, State, Zip Code Other - Describe: Union, NJ 07083 Scope of Work (Check All Tha Apply) □ ≥3 sf or ≥3 lf Renovation X Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure П Glovebag Procedure / Limited Containment&Tent Non-Exempted (*) and/or Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Mate ial (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ 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 Exterior X Base Counter Flashing Caulk 215 LF

Exterior X Caulk to (round) Skylight Frame 114 LF Χ Main/South Corridor X Ceiling Plaster (Full Containment) 725 SF X 1st Floor Corridor (over mai i work area) X Pipe Insulation (Full Containment) 240 LF

Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Lilich Corporation 18724 20 Fairless Landfill City, State City, State Disposal Date Woodland Park, New Jerse 12/21/20/18 Morrisville, PA

Completed by Adriana Olejarova Title President Signature

Date 12/11/2018

Date of Notification (1) 11/26/18			.	Name a Bayon	of Building ne Econo	Owner/omic Op	Operator (2) oportunity Fo	oundation		(Chec	ck# 1	4 2	018	Brown at the Common
Agencies Notified Type	Notification				Address ennedy B	loulevar	d	•	1.	-	n locure			
⊠ EPA □ ☑ DEP □ ☑ DOL	Initial Amended Amendment # Emergency (in			City, St Bayon	ate, Zip C ne, New	ode Jersey				SEEST L/C		SINC.	H()).	<u>4</u>
☑ DOH ☑ DCA □	ustification) cancellation	_	1		of Contact of How					one Num 88-7271				
Name of Facility Where Aba (Former) Holy Family Aca	ement is Takir	ig Place (3)		FAC	ILITY INF	ORMAT	ON Type of Fa	cility (4)						
Street Address 239 Avenue A							☐ Schoo ☑ Subch ☐ Other	l (K-12) apter 8 (Oth (i.e. private 8	er than K-1 & commerci	2) al buildin	gs, ho	omes,	etc.)	
City (5) Bayonne, New Jersey 07)02						Square Fe 30,000	et	# of Fid	oors		ildg. A	(ge	
County (6) Hudson					Code (7) USE ONLY)	Current Us	e (Prior if be (F	eing demolis ormer) Ho	shed) Iy Famil	у Ас	adem	ıy	
Name of Monitoring Firm Hir Matrix New World Engine	d by Building ring	Owner (8)		ASCI	M No.		Name of At Lilich Corp	patement Co poration	ntractor (9)	k				
Street Address 26 Columbia Turnpike							Street Addr 606 McBri							
City, State, Zip Code Florham Park, New Jerse	07932						City, State, Woodland	Zip Code Park, New	Jersey					
Project Manager for Monitori Gavin Gilmore	g Firm			Telepho 973-58	ne No 5-9040		Telephone 973-225-8			cense No 1104).			
Start Date (10) 12/07/2018		Schedule 01/25/20		npletion	Date (11)			SHA Monitor nmental La		, LLC				
Occupancy Status During Ab	tement (Chec	k Only One	=)	V to New Police			Street Addre	ess e 22 West						
☐ Facility Closed/Vacated ☐ Abatement Performed ☐ Other – Describe:	During Entire outside of Norr	Period of A nal Facility	baten Hours	nent			City, State, Union, NJ	Zip Code		No. Account				
Scope of Work (Check All Th	ıt Apply)											70000		_
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Exterior			X				d) Skylight			114 LF				
Main/South Corridor			X		Ceiling	Plaster	(Full Cont	ainment)		725 SF				
Name of Registered Waste H Lilich Corporation	uler		H	JDEP Wauler ID		Oubic of Was			Registered	Landfill				
City, State Woodland Park, New Jers	;y			18724		15 Dispos 12/ /1	al Date	Fairless Gity, Stat Morrisvil	е					
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☑ DOH ☐ DCA ☐		Emergency justification Cancellation		3		of Contact I Fitzharri	s, Maxo	ons Rest	orations Inc	(GC)	elephone Ni	umber			
Name of Facility Where Ab	pate	nent is Takir	ng Place (3)	FAC	ILITY INF	ORMAT	ION	Type of Faci	lity (4)					
Riverview Towers Apart	tme	nt Corp.							☐ School (K	-12)					
Street Address 28 Riverside Ave									☐ Subchapt ☐ Other (i.e.	er 8 (Oth	er than K-12 & commercia) al bldg:	s, hom	nes, et	c.)
City (5) Red Bank, New Jersey	07	01							Square Feet 20,000	#	of Floors 12		Bldg. /	Age 5+	
County (6) Monmouth						Code (7))		Current Use	(Prior if betail Bldg	eing demolis	shed)			
Name of Monitoring Firm H Hillman Environmental	Hire	by Building	Owner (8)		M No.		Name Lilich	of Abatement Corporation				76		
Street Address 1600 Route 22 East, Su	uite 1	107							Address cBride Ave						
City, State, Zip Code Union, New Jersey 0708	83							City, Si Wood	tate, Zip Code and Park, N	ew Jerse	ev				
Project Manager for Monito Mike Nehlsen	oring	Firm	7		Telepho			Teleph	one No. 25-8400		License I	No.			
Start Date (10) 12/14/2018	-		Schedu		mpletion /22/2018	Date (11)	·	Name	of OSHA Moni vironmental						
Occupancy Status During A	Aba	ement (Chec	ck Only O		22/2010				Address	Laborati	Jiles, LLC				
☐ Facility Closed/Vacate ☐ Abatement Performed ☐ Other – Describe:	ed [uring Entire side of Norn	Period of nal Facility	Abate y Hour	ment			City, St	Route 22 We ate, Zip Code NJ 07083						
Scope of Work (Check All 7 ⊠≥3 sf or ≥3 if □≥160 sf or ≥260 lf	Tha	Apply)		enovat					Tent/Glove	ure Bag Proc	edure				
			Is	Loca	tion				<u>:</u>				Abat	ement	
Location of Asbestos-Containing M TO BE ABAT In Facility (13)	late ED	al (ACM)	Use Ma	intena	ely by ance/ Staff?		tos Cont thermal surfa		aterial (ACM) insulation, r, or	(:	Amount Specify F or LF)	Remova	Repair	e Encapsulate	Enclosure
an Rooms	_		Yes	No	N/A X	Pipe and	d Flboy	ws Insu	lation	60 LI	:	X	ļ.,	ate	re
						, pe an				00 21					
Name of Registered Waste	На	ler			NJDEP W		Cubic		Name	of Regist	ered Landfil				
Lilich Corporation				ŀ	Hauler ID 18724	No.	of Was			ss Land	fill				
City, State Woodland Park, New Jer	rse							al Date 22/2018		tate sville, PA	1				
Completed by Adriana Olejarova			Title Presid	dent				ignature	STO	1	Da	ate 2/11/2	2018		
ASB-41 (R-06-08)								* Do not	use this form	for asbes	stos licensur	e exer	npted	activit	ies.

12/03/2018		5	-	River	riew Tow	ers Apa	rtment (Согр.		Che	ck# 1329)		ente sumplage	
	pe Notification				Address rerside A	ve				110		9 1		W.	in the second
☐ EPA ☑ DEP ☐ ☐ DOL				City, Si Red B	tate, Zip C ank, Nev	ode v Jersey	7 07701			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1) D	EC 1	4 2	018	Charles of the
☑ DOH ☐ DCA ☐	justification			Daniel	of Contact Fitzharr	is, Maxo		toratio	ons Inc (0	GC) S	elephone N 173-338-6	767 510s	CON	TAÖ!	-21
Name of Facility Where Aba	ement is Takin	a Diago (3)		FAC	ILITY INF	ORMAT	ION				The state of the s	LICE	JOIN	1	
Riverview Towers Apartr	ent Corp.	g Flace (5)						- 50	of Facility						
Street Address 28 Riverside Ave					The state of the s	T-12-4-4		□ S	chool (K-1 ubchapter other (i.e. p	8 (Othe	er than K-1. & commerc	2) ial bldg	s, hon	nes, e	tc.)
City (5) Red Bank, New Jersey 0	'701								re Feet 20,000	#	of Floors 12		Bidg.	Age 5÷	
County (6) Monmouth					Code (7)	7)	-	Curre		rior if be	eing demol	ished)			
Name of Monitoring Firm Hi Hillman Environmental	d by Building	Owner (8)			M No.		Name Lilich	of Aba Corpo	itement Coration						
Street Address 1600 Route 22 East, Suit	107			1			Street / 606 M								
City, State, Zip Code Union, New Jersey 0708									ip Code Park, Nev	w Jerse	y			1	
Project Manager for Monitor Mike Nehlsen	ing Firm			Telepho 108-688			Teleph 973-22				License 01104	No.			
Start Date (10) 12/13/2018		Scheduled		pletion 2/2018					HA Monito mental L		ories, LLC			8.4	
Occupancy Status During Al	atement (Chec	k Only One)				Street /								
☐ Facility Closed/Vacated ☐ Abatement Performed ☐ Other – Describe:	During Entire Form	Period of At al Facility F	oateme Hours	ent				ate, Z	22 West ip Code 7083						
Scope of Work (Check All Th	at Apply)						0						*****		
⊠≥3 sf or ≥3 if □≥160 sf or ≥260 if	60.40		ovation nolition					Mini	-Enclosur t/Glove B	e ag Proc	Negative I edure d Non-Frial				
Location of		71 ""2333	ocatio							The state of the s		4	Abat	ement	t
Asbestos-Containing Ma TO BE ABATE In Facility (13)		Used Maint Custor	Solely tenand	by ce/		stos Cont thermal surfa	scription of taining Ma systems cing, VAT niscellane	aterial insula , or		(5	Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
Fan Rooms		Yes	No	N/A X	Pipe an	d Elbox	us Incid	ation		6015			-	ite	0
					ripe an	d Elbo	W2 III2UI	alioi	1	60 LF		X			
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Name of Registered Waste F Lilich Corporation	luier	<u> </u>	Hai	DEP W uler ID 3724	Charles Inches Property of	Cubic of Was			Name of	270	ered Landfi	H	<u> </u>		
City, State Woodland Park, New Jers	ş }y		1 10	1 fm T		Dispos	al Date 2/2018	<i>r</i>	City, Sta	te					
Completed by Adriana Olejarova		Title Preside	nt			1	ignature /	16		W.	D	ate 2/03/2	2018		
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Date of Notification (1) 12/07/2018				Name	e of Buildi idence	ng Owne	r/Operato	r (2)	De la casa	D	EC 1	4	201	ρ	The Thirty Springle on the Australia of the Australia
Agencies Notified X EPA X DEP X DOL X DOH DCA	Amendme Emergenc justification	nt # y (includir	ng	City, Say	State, Zip reville N	Code J 08872	2			/ ADD:	STOS LICE	CO VSI/	199-25 V 1 2 1	W	The second secon
	Cancellation	on			n Consi	T									
Name of Facility Where Aba	ement is Tak	ing Place	(3)	FA	CILITY IN	IFORMA	TION	Time of	E- 304 (4)						
Residence			8						Facility (4)						
Street Address City (5)								Su X Ott		(Other tha	an K-12 mmercia	?) al bui	ldings	s, hon	nes,
Sayreville								Square 1,825	Feet	# of Floo	ors	1177	Bldg.	Age	
County (6) Middlesex				County (STATE	y Code (7) .Y)			Use (Prior	-	emolish		19		
Name of Monitoring Firm Hir A. Seine Lighthouse S	d by Building	Owner (8	3)		CM No.	NA SINGLE	Name Brink	of Abaten	nent Contr	actor (9)					
Street Address PO Box 354							Street	Address	Avenue	•					
City, State, Zip Code South Orange, NJ 070							City, St	tate, Zip C	Code						
Project Manager for Monitorii Sarah Calandra	g Firm				one No. 349-266	6	Teleph	one No.		Lice 013	ense No				
Start Date (10) 12/17/2018		01/07/	2019	mpletion	Date (11)	Name o	of OSHA I							
Occupancy Status During Ab Facility Closed/Vacated Abatement Performed C Other – Describe:	During Entire	Period of	Ahatai	ment			Street A	Address Ox 354 ate, Zip C		Solution					
							South	Orange	e, NJ 07	079					
Scope of Work (Check All That ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	t Apply)	- Innovania	Renova Demoli				×	Mini-Er Gloveb	ntainment nclosure ag Proced cempted (*)	ure					
Location of		- 1	Locat	10000000		2022	89 50		Jampied (did Non-	Tiable		Abate	ement	
Asbestos-Containing Mate TO BE ABATED In Facility (13)	ial (ACM)	Use Ma	ed Sole intena todial S (12)	ely by nce/	Asbes (i.e.	tos Conta thermal surfac	scription of aining Ma systems i sing, VAT, niscellane	terial (AC nsulation or	EM)	Amount (Specify SF or LF		Removal	Repair	e Encapsulate	Enclosure
E		Yes	No	N/A								<u>a</u>		late	lre
Exterior of hous	e		X	-		Trans	site sidii	ng		320 SF	2	2			
New (B)											+	+	+	\dashv	\dashv
Name of Registered Waste Ha Newark Carting	iler		H	JDEP W auler ID 1509		Cubic Y of Wast		No.	me of Regi aste Mar			dfill			
City, State East Orange, NJ						Disposa	al Date	City	y, State			anii			-
Completed by Nison Lamers		Title Office	Man	ager		Sig	naturé)	MA	Argyl	e, PA	Date 12/0	7/20	12		-
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L 2887-	PAL	i i	NOTIF	CATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE	MEN 0)	т	DX		G			V I	123
Date of Notification (1) 12/07/2018				Name o	of Building lence	g Owner/C	Operator	(2))EC	1 4	20	18	No. of the Control
Agencies Notified	y pe Notification	n		Street A	Address						-					1
X EPA	K Initial										ASBE	STO	3 0	ONT	ROL	8.
× DEP	Amended	115 TO 44 To			ate, Zip C				,		· · · · · · · · · · · · · · · · · · ·	LICE	NS	iNG,	Tapangan.	
X DOL	Amendmer Emergency				field NJ											
Ď DOH DCA	justification Cancellation	1)			of Contact Hyney	t .				Tel	lephone	e Numb	er			
				FAC	ILITY INF	ORMATI	ON									
Name of Facility Where Abo Residence	a ement is Taki	ing Place	(3)					Тур	e of Facility (4)						
Street Address		-							School (K-1		ä					
Officer Address								×	Subchapter Other (i.e. p etc.)	8 (Oth	er than & comn	K-12) nercial	build	dings	, hom	es,
City (5) Plainfield								Squ 1,3	are Feet	# 0	f Floors	S		lldg. A	Age	
County (6)					Code (7)				rent Use (Pri		ing den	nolishe	4 6			St. 10.110
Union					USE ONLY	r)										
Name of Monitoring Firm Hi A. Seine Lighthouse S		Owner (8)	ASC	И No.				atement Cor ank Service		(9)					
Street Address PO Box 354							Street 1256		ess erty Avenu	ie.						
City, State, Zip Code	-								Zip Code							
South Orange, NJ 070									NJ 07205							
Project Manager for Monitor Sarah Calandra	ril g Firm			Telepho 201-34	ne No. 49-2666	5	Teleph 844-4				Licen 0131	se No.				
Start Date (10) 12/17/2018		Schedu 01/07/		npletion	Date (11)				SHA Monitor Lighthouse	o Coli						
Occupancy Status During A	h itement (Che						Street			3010	1110115					
➤ Facility Closed/Vacate							PO E									
Abatement Performed	Cutside of Nor	mal Facilit	y Hours	ieni.					Zip Code							
Other – Describe:						_	Sout	h Or	ange, NJ (07079	1					
Scope of Work (Check All T	h t Apply)	13						=7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	FL	ull Containme ini-Enclosure lovebag Prod		Negat	ive Pre	ssur	re		
									on-Exempted	i (*) and	d Non-F	Friable	Pro	cedur	е	
		550	Locati												emen	
Location of			Normal ed Sole				cription					-		Тy	ре	
Asbestos-Containing Ma TO BE ABATE		Ma	aintenar	nce/		tos Conta thermal :					mount Specify		R		Ē	П
In Facility (13)		Cus	todial S (12)	otant?	,,	surfac	ing, VA	T, or	nesexutrate.	SF	or LF)		Removal	Repair	caps	Eliciosule
(13)		-				other m	iscellan	eous))				val	air	Encapsulate	sure
Basemen	<u> </u>	Yes	No X	N/A		du	ct worl	k		9.0	ubic F	=	_		Ф	
Basement			X				aulking				ubic F					
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Name of Devictors 1111																
Name of Registered Waste I Newark Carting	luier		H	JDEP W auler ID 1509	1000000	Oubic Y			Name of F				dfil	ı		
City, State	-			1000	_	Disposa	al Date		City, State							_
East Orange, NJ						Lioposo			Penn Ar		PA					
Completed by		Title				Sig	nature	ΔΛ.	D AX	J,		Date				
Alison Lamers		Offic	e Man	ager		C	MIN	111	UHD			12/0	7/2	018		

. 1501]	All	D NOTI					TOS ABAT 60 and 5:16				\mathbb{V}	E	1000
Date of Notification (1)				Name	of Building	Owr	ner/Operator (2	2)	1				
12 /1	_ / _	18					ons, LLC	Community of the second	U DEC	14	2018		
	e Notifica	ation		Street	Address	W. C. S. S.							d named
	Initial Amended	4		0.00000	0 S. Clar	100000000	eet		ASBEST	08.001	ITEO	10	
⊠ DOH	Amendm				tate, Zip C			j. Projektor	LIC	ENSIN	IG	1. Ct	
	Emergen	cy (including			ngton, V		202				THE RESERVE AND ADDRESS OF	riter to seeing	policies () 2 harde
(NJAC 5:23-8)	justificati				of Contact				Telephone No				
	Cancellat	tion		1000000	non Kozı				732-221-4	820			
Name of Facility Where Aba	t mont in 7	Faking Place	(2)	FAC	JILITY IN	FOR	MATION	T (F					
Commercial	i aneni is i	aking Place	(3)					Type of Facility ☐ School (K-1:					
Street Address									2) 8 (Other than K-	-12)			
514 North Main Street								Other (i.e., p	rivate and comr	nercial b	uilding	s,	
City (5)	-							homes, etc.	# of Floors	IR	ldg. Ag	10	
Lacey Township								Oquare r cet	# 01110013	1	iug. A	30	
County (6)				Coun	ty Code (7))(STA	TE USE ONLY)	Current Use (Pr	rior if being dem	olished)			
Ocean					J (1)	,,,,,,,,			Joing doll	-1101100)			
Name of Monitoring Firm Hir	d by Build	ding Owner (8)	ASCM I	No.	Nan	ne of Abateme	nt Contractor (9))				
Bio Terra Solutions								NAGEMENT L					
Street Address							et Address						
P.O. Box 1224						27	7 Outwater L	.ane					
City, State, Zip Code						City	, State, Zip Co	de					
Union, NJ						G	arfield, NJ (07026					
Project Manager for Monitori	g Firm		Tele	phone I	No.	Tele	phone No.		License No.				
Rick Eustaquio			97	73-494-	3762	97	73-928-4888		1188				
Start Date (10)		Scheduled Co				Nan	ne of OSHA M	onitor					
12 /13 /		12 /		_ / _	18	A	LL PRO MAI	NAGEMENT L	LC				
Occupancy Status During At						Stre	et Address						
☐ Facility Closed/Vacated I					1200	27	7 Outwater L	.ane					
Abatement Performed Ou Time of Abatement:						City	, State, Zip Co	de					
		FIVI/			-uvi	G	arfield, NJ (07026					
Scope of Work (Check all the	apply)					enel.	□ Eull Cont	ninmont with Ma	active Pressure				
≥3 sf or ≥3 lf		☐ Re	novati	on			☐ Mini-Encl		yauve Pressure				
≥160 sf or ≥260 lf		□ Del □	molitic	on			Glovebag	Procedure	n Friehl- D	ali se e			
		le	Locat	ion			M Non-Exer	npted (*) and No	n-Friable Proce				
Location of		1	lorma	ily			Description of	-			oatem		
Asbestos-Containing Ma		11	d Sole	ely by			Containing Mat	erial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABATE IN Facility	4.	00000000		Staff?	(i.e.		mal systems i		(Specify SF or LF)	SVOL	air	apsı	้อรน
(13)			(12)	T			er miscellane		0. 0. 1.)	3		Encapsulate	Te
Southern Hardware Section	- Walkwa	Yes	No	N/A					200000000000000000000000000000000000000		-		
					VAT/Ma				720 SF		+		
Main Retail Building Ro	f				Miscella	aneo	us Tar		80 SF		-		
Name of Registered Waste I	auler		1,555	JDEP V	96 G0G077	10000000	ic Yards of		stered Landfill	-			
Century Waste, LLC				lauler II 32797		Was	ste s Needed	GROWS N	lorth Landfill	Fairles	s La	ndfill	
City, State							osal Date	City, State					
Elizabeth, NJ						TI	BD	Morrisville	e, PA				
Completed By (Print or Type		Title				-	Signature			Date			
Allen Monchik		Project	Man	ager			Allen	Monchi	6	12/12	/18		
ACD 44								,	_	12/12	, 10		

State of New Jersey

Date of Notification (1)					Name	of Building	a Own	er/Operator (2)	111 111	MEA	9			
	2_ /	18			Transport (1985)			ons, LLC	-7		DEC	1 4	20	118	SKEEL ALL DATES
Agencies Notified T	y e Notific	cation			Street	Address				l.	On spreading the best of the second				1
	Initial				350	0 S. Clar	k Str	eet		AS	BESTO	SC	ONT	ROI	a.
☑ DOLWD ☑	Amende	ed				State, Zip C				The special residence	LiO	FMS	ING		44
⊠ DOH	Amendn	nent# <u>*</u>	1					200						200	-
	Emerge		cluding	3		ngton, V		202							
(NJAC 5:23-8)	justificat	5000000000			Name	of Contac	t			Telephon	e Numbe	er			
	Cancella	ation			Dar	non Koz	ul			732-22	21-4820				
					FAG	CILITY IN	FOR	MATION							
Name of Facility Where Aba	ment is	Taking	Place	(3)					Type of Facility	(4)					
Residential									School (K-12						
Street Address									☐ Subchapter ☐ Other (i.e., p			ial bu	ildina	S.	
									homes, etc.)				٠	S(2)	
City (5)									Square Feet	# of Floo	ors	Blo	ig. Ag	je	
Lacey Township															
County (6)					Cour	ty Code (7	(STAT	E USE ONLY)	Current Use (Pr	ior if being	demolish	ed)			
Ocean															
Name of Monitoring Firm Hi	red by Bui	lding C	wner ((8)	ASCM	No.	Nam	ne of Abateme	ent Contractor (9)						
Bio Terra Solutions							Al	LL PRO MA	NAGEMENT L	LC					
Street Address							Stree	et Address							
P.O. Box 1224							27	Outwater I	_ane						
City, State, Zip Code							City,	State, Zip Co	ode						
Union, NJ							Ga	arfield, NJ	07026						
Project Manager for Monitor	ir g Firm			Tele	phone	No.	Tele	phone No.		License	No.				
Rick Eustaquio				97	3-494	-3762	97	3-928-4888		1188					
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Nam	e of OSHA M	onitor						
12 /13 /	13	1	2 /	31	/ _	18	AL	LL PRO MA	NAGEMENT L	LC					
Occupancy Status During A	bitement	(Check	only	one)			Stree	et Address		***					
☑ Facility Closed/Vacated							27	Outwater I	ane						
Abatement Performed O	u side of N	Vormal	Facility	y Hour	s - Des	cribe	City,	State, Zip Co	ode						_
Time of Abatement:	AM	PN	Λ/	PM-		AM		arfield, NJ							
Scope of Work (Check all th	a apply)	A						Activities to							
M >2 of or >2 if	14-2-22/14/02/9				2020				ainment with Ne	gative Press	sure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			_	novati				☐ Mini-Enc							
									mpted (*) and No	n-Friable P	rocedure	2			
			Is	Locat	ion							1	atem	ent Ty	/pe
Location of				Norma				Description o				-	_		
Asbestos-Containing Ma TO BE ABATE	it rial (ACI	M)		ed Sole				Containing Ma		Amo		l em	Repair	nca	ncl
IN Facility	<u>.</u> .		Cus	todial	Staff?	(1.6		mal systems i		(Spec		Removal	₩	squ	Enclosure
(13)				(12)	т —	-		er miscellane			_, ,	_		Encapsulate	e
			Yes	No	N/A										
Kitchen					\boxtimes	Gray Si	ink U	ndercoat		4 S	F				
Exterior- Beneath Roof	eaders	;				Ground	d Drai	in Pipe		10 L	.F			П	
7/4				П	П										
	-			-	+										
у св															
Name of Registered Waste	Hauler			1000	IJDEP I lauler II		Cubi	ic Yards of	Name of Regi						
Century Waste, LLC					32797		As	s Needed	GROWS N	orth Land	ifill/ Fai	rless	Lai	ndfill	
City, State								osal Date	City, State					1,-//-	
Elizabeth, NJ							TE	3D	Morrisville	, PA					
Completed By (Print or Typ	e)	Title	9	27.77			1	Signature	1		Dat	e			
Allen Monchik		P	rojec	t Man	ager			100000	Monchi	6.	40	140	40		
ASB-41	-	1						A I WOOD	inning		112	/12/	IQ		
JAN 13		*	Do no	use ti	his form	for asbes	tos lice	ensure exemi	ted activities.						

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

CK 1342		PAI			FICATIO Pursuar	nt to NJAC	BESTOS 8:60 ar	ABATEMENT nd 12:120)	г	DE	E		1	T. P. S.
12/10/2018					Name Bloom	of Building offield Boa	Owner/ rd of Ed	Operator (2) ducation	Ch	eck No. 1342	C 14	20	18	Contraction of the Contraction o
□ EPA [X	nitial \mended	•		155 B City, S	Address road Stre tate, Zip C nfield, Ne	ode	ev 07003		ASBES	TOS C		ROL	Service:
⊠ DOH					Name Rober	of Contact ta Petrik				Telephone Nu 973-680-850		26		
Name of Facility Where Bloomfield Middle Sci	Abate hool	nent is Takir	ng Place (3)	FAC	CILITY INF	ORMAT	Type of Fa						
Street Address 60 Huck Road								☐ Subch	apter 8 (Other	than K-12) ommercial build	ngs, hor	nes,	etc.)	
	ey 07)03						Square Fee 50,000	et	# of Floors 2	50 50	dg. A	ge	
County (6) Essex	of Notification (1) 0/2018 Incies Notified Type I oties Type I oties					Code (7) USE ONLY)	Current Use	e (Prior if being Middle	demolished) School				
Name of Monitoring Firm Briggs Associates	n Hired	by Building	Owner (8)		ASC	M No.		Name of Ab Lilich Corp	atement Contra oration	actor (9)				
Street Address 3 Crosswicks Street								Street Addre						
City, State, Zip Code Bordentown, New Jers	sey 0	3505						City, State, 2 Woodland	Zip Code Park, New Je	ersey				
Project Manager for Mon Michael Hoodak	nitoring	Firm			Telepho 609-29	one No 98-5520		Telephone N 973-225-84		License N 01104	lo.			
Start Date (10) 12/20/2018	e of Notification (1) 10/2018 Incies Notified		Schedul 12/24/2		mpletion	Date (11)		Name of OS Iris Enviror		ratories, LLC				
	ac of Notification (1) 10/2018 Incies Notified Incies Notification Intial Incies Notified Incies Notification Intial Incies Notified In							Street Addre	3.75.75					
□ Abatement Performe	DEP DOL DOH DOH DCA DOH DCA DOH DCA DOH DCA DOH DCA DOH DCA DE of Facility Where Abate omfield Middle School Det Address Huck Road (5) Domfield, New Jersey 07 Domfield, New Jersey 07 Domfield, New Jersey 07 Domfield, New Jersey 03 Domfield, New Jersey 04 Domfield, New Jersey 07 Domfield, New							City, State, 2 Union, NJ (Zip Code 07083					
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	II That	Apply)		Renova Demolit				□ Mi ⊠ Gle	ni-Enclosure ove Bag Proce	with Negative I dure / Limited Co	ontainm	ent 8	Tent	
7 8			50	Locat						Amount (Specify	T	bate		
Asbestos-Containing TO BE ABA In Facili	Mater ATED	al (ACM)	Use Ma	d Sole intena todial ((12)	ely by nce/		estos Co e. therma surf	escription of ntaining Mater al systems ins facing, VAT, or miscellaneous	ulation,	SF of LF)	Removal	Repair	Encapsulate	Enclosure
Music Room			Yes	No	N/A X	Thermal	System	n Insulation		6 L	X		ë	
Name of Registered Was	ste Hai	ler		200	IJDEP W		Cubic		Name of Re	gistered Landfil				
Lilich Corporation				1	lauler ID 18724	No.	of Was	ste	Fairless La	andfill				
	Jerse	,						al Date /2018	City, State Morrisville	-PA				
Completed by Adriana Olejarova			Title Pre	siden	t		S	ignature	10	Da 1	te 2/10/20	018		
ASB-41 (R-06-08)								* Do not use	this form for an	hestos licensur	- ovom	tod o	ativiti	

CKB45		PAI			ICATION	ate of New Jersey I OF ASBESTOS A to NJAC 8:60 and	ABATE) ECE		W I		And the second s
Date of Notification (1) 12/11/2018					Name of Livings	f Building Owner/O ton Board of Edu	perator cation	(2) Che	ck# 123 6 EC 1	4 2	018	The state of the s	
Agencies Notified	2000	Notification			Street A	ddress croft Road		- 100 C - 100 C		- Balantania			1
☐ EPA ☑ DEP ☑ DOL		Initial Amended Amendment				ate, Zip Code ton, New Jersey	07039	1	ASBESTOS (LICEN			2.	819-0-1
☑ DOH □ DCA		Emergency (i ustification Cancellation	ncluding	Ī		f Contact Perrette			Telephone Num 973-590-1713				
					FACI	LITY INFORMATION	ON			77.			
Name of Facility Where A Livingston Board of Ed	bater lucati	ent is Taking on	Place (3	3)				Type of Facility (School (K-1)					
Street Address 11 Foxcroft Road								☐ Subchapter	8 (Other than K-12) rivate & commercial	bldgs	s, home	es,etc) .)
City (5) Livingston, New Jersey	y 070	39						Square Feet 20,000	# of Floors 1	В	ldg. Ag 55+		
County (6) Essex					(STATE	Code (7) USE ONLY)		Board	or if being demolished of Education	ed)			
Name of Monitoring Firm Garden State Environr	Hired nenta	by Building C	Owner (8)		ASCN	Л No.		of Abatement Cor Corporation	ntractor (9)				
Street Address 500 South Broad Street	et						100000000000000000000000000000000000000	Address McBride Ave					
City, State, Zip Code Glen Rock, New Jerse	y 074	52					City, S Wood	State, Zip Code dland Park, New	Jersey				
Project Manager for Moni Bruce Wolf	toring	Firm			Telepho 201-65			hone No. 225-8400	License No 01104).			
Start Date (10) 12/10/2018			Schedule		mpletion 18/2018	Date (11)		of OSHA Monitor nvironmental La	boratories, LLC				
Occupancy Status During □ Facility Closed/Vacat	33	52			ent			Address Route 22 West					
☐ Abatement Performe ☐ Other – Describe:	ed Ou	side of Norm						State, Zip Code n, NJ 07083					
Scope of Work (Check Al ⊠≥3 sf or ≥3 lf □≥160 sf or ≥260 lf	l That	Apply)	A TOTAL CONTRACTOR	enovati emoliti			[☐ Mini-Enclosure ☐ Tent/Glove Bag					
				Locat Norma							Abate Ty		t
Location Asbestos-Containing TO BE ABA In Facili (13)	Mater ATED	al (ACM)	Use Ma Cus	ed Sole aintena stodial (12)	ely by ance/ Staff?	Asbestos Cont (i.e. thermal surface		Material (ACM) as insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Garage			Yes	No	N/A	Pipe w/Assoc	Fitting	gs (Wrap&Cut)	16 LF	X			
Utility Room Next to	Gara	16	X			Valves (Wrap	& Cut)	4 (ea)	Х			

Asbestos-Containing Mater <u>TO BE ABATED</u> In Facility (13)	al (ACM)	Ma	intena todial (12)	nce/		stos Containing Materi . thermal systems insu surfacing, VAT, or other miscellaneous	lation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	*	Yes	No	N/A							te	(D
Garage		X			Pipe w	/Assoc Fittings (W	rap&Cut)	16 LF	X			
Utility Room Next to Gara	зе	Х			Valves	(Wrap & Cut)		4 (ea)	Χ			
Utility Room Next to Gara	ge	Х			Pipe w/	Assoc Fittings(Tent/	GloveBag)	8 LF	Χ			
								,				
Name of Registered Waste Ha <u>Lilich Corporation</u> City, State			- 13	NJDEP V Hauler ID 18724		Cubic Yards of Waste 3 Disposal Date	Fairless City, Sta	te				
Woodland Park, New Jerse Completed by Adriana Clejarova	<u>/</u>	Title Presi	dent			12/18/2018 Signature	Morrisvi	Dat		2018		
ASB-41 (R-06-08)						*Do not use	e this form fo	r asbestos licensure	exer	npted	activ	ities.

Date of Notification (1) 11/30/2018					Name Living	of Building ston Boa	Owner	r/Operato ducation	1-1	eck# 1	340 EC 1	4	2018	Country to the state of the sta	19				
Agencies Notified		pe Notification	11 Foxcroft Road ASRESTOS CONTROL &												Telephone Number 973-590-1713 4) B) B) C)				
□ EPA ☑ DEP ☑ DOL		Amended Amendme				tate, Zip C ston, Nev		y 07039		To the po	LICE	MRIA	13		Miles and August 1				
☑ DOH □ DCA		Emergency justification Cancellatio		l		of Contact S Perrette				1.1									
Name of Facility Where A Livingston Board of Ed	Aba	ement is Taki	ng Place (3)	FAC	ILITY INF	ORMA	TION	Type of Facility	(4)									
Street Address 11 Foxcroft Road										r 8 (Oth	er than K-12 commercia) I bldg	s, hon	nes,et	tc.)				
City (5) Livingston, New Jerse	y 0	7039							Square Feet 20,000	# 0									
County (6) Essex						Code (7) USE ONLY)		Current Use (P Boa	rior if be	ing demolish	ed)		-hx = a					
Name of Monitoring Firm Garden State Environr	Hir ne	ed by Building stal	Owner (8))	ASC	M No.		Name Lilich	of Abatement Co Corporation	ontractor	(9)								
Street Address 500 South Broad Street	et								Address AcBride Ave										
City, State, Zip Code Glen Rock, New Jerse	y C	7452			City, S Wood				r, State, Zip Code odland Park, New Jersey										
Project Manager for Moni Bruce Wolf	tori	ng Firm																	
Start Date (10) 12/10/2018		Scheduled Completion Date (11) 12/13/2018						Name of OSHA Monitor Iris Environmental Laboratories, LLC											
Occupancy Status During At atement (Checupancy Status During At atement (Checupancy Status During Entire P			ones and a construction of the construction of						Street Address 2333 Route 22 West										
□ Abatement Performed (utside of Normal □ Other – Describe: _4 P / Start				al Facility Hours					City, State, Zip Code Union, NJ 07083										
Scope of Work (Check Ali ⊠≥3 sf or ≥3 If □≥160 sf or ≥260 If					ition				 □ Full Containment with Negative Pressure □ Mini-Enclosure □ Tent/Glove Bag Procedure □ Non-Exempted (*) and Non-Friable Procedure 										
			Is Location Normally																
Location Asbestos-Containing N TO BE ABA In Facility (13)		elly ely by ance/ Staff? Asbestos Containin (i.e. thermal systr surfacing, other misce				Material (ACM) s insulation, T, or	(S	pecify	Remova			Enclosu							
arage	_		Yes X	No	N/A	Pipe w/	Assoc	Fittings	ngs (Wrap&Cut)		2410			ate	Ġ.				
tility Room Next to 0	Gai	age	X			Valves (Wrap & Cut)						12.00							
Name of Registered Waste	e H	ıuler		100	JDEP W		Cubic	Yards	Name of	Registe	Registered Landfill								
ilich Corporation				H	lauler ID 18724	No.	of Wa		Fairless Landfill										
Voodland Park, New Je	ers	≱ y			Disposal Date 12/13/2018				Norrisville, PA										
Completed by Adriana Oiejarova			Title President					Signatura	Date 11/30/2018										

ASR-41 (R-06-08)

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Chund	1	PALL		40.00						(1977) State of the state of th	11 1		4 Z0	18		111			
Date of Notification (1) 12/10/2018			Name of Building Owner/Operator (2) South Orange / Maplewood School District								Check#006151								
Agencies Notified	Тур	3 Notification	Notification			1 IVENOVIO													
EPA	×	Initial		525 Academy															
EPA DEP DOL		Amended			State, Zip Code														
X DOL	П	Amendment # Maplewood, NJ 07040 Emergency (including																	
DOH DCA		justification)	o,aag		Name of						Telephone Number 973-762-5600								
IX DCA	Ц	Cancellation			E-2112-12-12-12-12-12-12-12-12-12-12-12-1	ter Rom	imment court				9/3	-/62-56	00						
Name of Facility Where A	hate	ment is Taking	Plana (3)		FACIL	LITY INFO	RMATIC	ON	Typ	e of Facility (4)									
South Mountain Ele									1,46	50, 300									
Street Address			uniox						X	School (K-12) Subchapter 8		than K-12	2)						
112 Glenview Road									×	Other (i.e. pri				ings,	home	s,			
City (5)									Sail	etc.) are Feet	# of F	loors	R	dg. A	76				
South Orange									10000	000+	2	10015	100	ug. 7 0+	ge	į			
County (6)	-		-		County C	2nde (7)				rent Use (Prior		r demolish	1,000						
Essex					(STATE L	ISE ONLY)				hool		g 4011101101	,00)						
Name of Monitoring Firm	Hire	by Building Owner (8) ASCM No.						Name		atement Contr	actor (9	3)				-			
AHERA Consultants					0005					Diagnostic L		5							
Street Address					1			Street											
P.O. Box 385										vild Ave									
City, State, Zip Code							-	City, S	state,	Zip Code									
Oceanville, NJ 0823	31							111111111111111111111111111111111111111		gdale, NJ 07	403								
Project Manager for Mon	itorin	3 Firm			Telephor	ne No.		Teleph	none	No.		License N	0.						
Mr. Eric Clarkson		609-652-1833 973-928-3995 01181																	
Start Date (10)		S	chedule	d Con	npletion [Date (11)		Name	of OS	SHA Monitor									
12/21/2018			12/29/2	018			1	Hazr	mat	Diagnostic L	LC.								
Occupancy Status During	g Aba	tement (Check	Only One	e)				Street	Addr	ess									
Facility Closed/Vaca	Juring Entire Pe			16 Glenwild Ave															
Abatement Performe	Abatement Performed O				urs City, S				y, State, Zip Code										
Other – Describe: 5				Bloomingdale, NJ							07403								
Scope of Work (Check A	II Tha	t Apply)							_										
23 sf or ≥3 lf			-	enova				7		ull Containmer	nt with 1	Vegative F	ressur	e					
≥160 sf or ≥260 lf				emolit	ition				0.00	Mini-Enclosure Blovebag Proce									
										lon-Exempted		Non-Friat	le Pro	cedur	е				
		Is Location												ement					
Location	of		N	ormal	ly		Des	scription	scription of				-	1)	ре				
Asbestos-Containing				d Sole ntenai	lely by Asbestos Contai			taining Material (ACM)			Amount		_		E E	m			
TO BE ABA				odial S		(I.e.	 e. thermal systems in surfacing, VAT, 				ation, (Specify SF or Lf		Rem	Repair	cap	nclc			
(13)	-3			(12)				niscellar					Remova	air	Encapsulate	Enclosure			
			Yes	No	N/A								1		le	0			
Ground Floor Hallwa	avs.	√ain Office.		W 1	X		VAT	& Ma	stic		3,31	4 SF	X						
				-	+						- 2		+						
Principal's Office&Te	eaci	er's Lourige	-		-								-		-	-			
Name of Registered Was	ste H	ıuler		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JDEP W			Yards		Name of R	egister	ed Landfil	1	0, 113, 773					
Hazmat Diagnostic L	LLC	/ Newark Ca	rting,In	0	lauler ID 035440		of Was	ste		Fairless	Landi	fill							
City, State					200170			sal Date)	City, State									
Bloomingdale, NJ	1	Newark,N.	J				TBD		Morrisville, PA										
Completed by	0.50		Title					Signature	e	1			ate						
Tatiana Rotaru			COO				1	🕳 satura 17 50 lit		4		1	2/10/2	2018	3				
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Date of Notification (1)	20 6036050000		П	Name o	of Building C	Owner/O	perator	(2)	IN E			W							
12/10/2								Mathur											
Agencies Notified	ype Notification			Street A	Address	AND	EC 1	9	2011	,									
	Initial Amended Amendmen			City, St	ate, Zip Coo			Ą	4U 10										
☑ DOH DCA	Emergency justification) Cancellation	d) 174		Name o	of Contact Rushm	ni Math				STOS umper	100 11211	VTR(DL &						
Non- of Facility Mariana				FAC	ILITY INFO	RMATI	ON												
Name of Facility Where Al	itement is Takir										(4)								
Street Address								Other (i.e. pri) (Other than K- vate & commer		dings	home	es,						
City (5)								etc.) Square Feet	# of Floors	E	Bldg. A	\ge							
Red Ba	ank, NJ 0770	1k, NJ 07701 County Code (7)							2 80+/-										
Mercer					USE ONLY)		_		ii boing domoii	orica)									
Name of Monitoring Firm H MECS	red by Building	red by Building Owner (8) ASCM No.						ime of Abatement Contractor (9) tevens Environmental Services, Inc.											
Street Address PO Box 34	4 1						Street Address PO Box 322												
City, State, Zip Code Crosswic	s, NJ 08515						City, State, Zip Code Allentown, NJ 08501												
Project Manager for Monitor Bill Weisgarber	ing Firm			Telepho (609)	ne No. 298-4070	0	License No. 00493												
Start Date (10) 12/19/2018				npletion /2018	Date (11)		Name of OSHA Monitor MECS												
Occupancy Status During	batement (Check Only One)							Street Address											
X Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire	Outside of Normal Facility Hours							PO Box 341 ity, State, Zip Code Chesterfield, NJ 08515										
Scope of Work (Check All	nat Apply)																		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova				×	Mini-Enclosure Glovebag Proce											
		Is	Locati	ion				TYON Exempted () una mon-ma	1	Abate	Alesoy of							
Location of		N	ormal	ally Description				of		Туре									
Asbestos-Containing N TO BE ABAT In Facility (13)	<u>:D</u>	Maii Custo	ntena odial S (12)	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)						Removal	Repair	Encapsulate	Enclosure						
Basemer		Yes	No X	N/A	D:-	ne Inci	ulation	Debris	6 If	77									
CrawlSpa			X	-	35 28			sulation	16 If	X									
Orawiopa			^		1116	illiai i	ipe iii	Sulation	10 11	Α									
										\top									
Name of Registered Waste Stevens Environmenta			212.30	JDEP Wauler ID	No.	Cubic Y of Wast		Name of Re Fairless I	egistered Landfi andfill	II									
City, State Allentown, NJ						Disposa		City, State Morrisville	e, PA										
Completed by Mahlon E. Stevens		Title P	rojec	t Mana	ager		gnature	I N I I	32	ate 12/1	0/20	18							
						/	11												