CK 8890 PA	AID	NOT	FICATION	ON OF AS	New Jerse SBESTOS C 8:60 ar	ABATE	EMENT 20)		× -		13 F	er (4
Date of Notification (1)			Name	of Buildir	ng Owner/	Operato	or (2)	1100	HEG		1	#	121 T
12/10/18					of New		1-7			- Parame		49.00	
Agencies Notified Type Notifica	tion			Address	V.				111	2 /	2 00	a.a.	100
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E Gallocine	CON				FORMAT	Marie Comment			973-497-	1116	ASSESSED AND		
Name of Facility Where Abatement is Ta	aking Place	(3)			TORWAT	ION	Type of Fa	cility (4)					
St. Mary's Roman Catholic Chu	irch-Day	Care	Center				-	ol (K-12)					
Street Address							X Subch	apter 8	Other than K	-12)			
280 Washington Ave.							Other etc.)	(i.e. priva	ate & comme	rcial bu	ilding	s, hor	nes,
City (5) Dumont							Square Fee	et	# of Floors		Bldg.	Age	
County (6)							60,000		3		50+		
Bergen			County (STATE	Code (7)) Y)				f being demol	ished)			
Name of Monitoring Firm Hired by Buildi	no Oumor (9)			,		Day Care						
Environmental Tactics Inc.	ng Owner (5)	004	M No.			of Abatemen		ctor (9)			3-25	
Street Address			004				Address	s inc.					
64 Broad St.							Maple Ave						
City, State, Zip Code							state, Zip Cod					0	
Matawan, NJ 07747							ington, NJ						
Project Manager for Monitoring Firm			Telepho	one No.			one No.		License	No.			
Thomas Geiger			732-2	90-221	7		221-9092		01107				
Start Date (10)			mpletion	Date (11)	Name	of OSHA Mor	nitor					
12-28-18	01-01					Lesla	aw Nalodka	а					
Occupancy Status During Abatement (Cl							Address						
Facility Closed/Vacated During Entil Abatement Performed Outside of No	e Period of	Abater	nent				Maple Ave.						
Other – Describe:	Jilliai Facili	y Hour	S				tate, Zip Code					T. P. T.	
Scope of Work (Check All That Apply)						vvaiii	ington, NJ	07057					
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TO BE ABATED In Facility	10.75	aintena stodial S	mark Cold V	(i.e	thermal:	systems	insulation,		(Specify	Re	70	Enc	Ē
(13)		(12)				ing, VAT			SF or LF)	Remova	Repair	apsı	Enclosure
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ROOM B-08		•			Textu	re Ceil	ling		450 sf.	*			
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Name of Registered Waste Hauler		0.15,555.75	JDEP W		Cubic Y		Name	of Regi	stered Landfil				-
Newark Carting Inc.		100000	auler ID 5409	NO.	of Wast	te	GCS	SL					
City, State					Disposa	al Date	City, S						
Newark, NJ					01-02-			Argyl,	PA				
Completed by	Title					nature	, 511	87.1	. A	ato.			_

Leslaw Nalodka

Date

12/10/18

Signature

President

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City, State, Zip Code oceanville, NJ 08231				Andrew Laboratory				te 48 S		4	-				
Project Manager for Monitoring Pirm	-	-	1 =			-		NJ 075	!						
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	Yes	No			other mi	scellar ₁	ous)	8			,	Removal	Repair	Encapsulate	Enclosure
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pademy Construction Inc			NJOEP W Hauler ID 0034422	No.	of Wast			Name GRC		1					
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CK 5360	PAID	State of N NOTIFICATION OF AS (Pursuant to NJAC	DECTOC	INT PARTY	EG	EIN	F Can
Date of Notification (1)	117/15		Owner/Operator (2)			E ii \	, its
Agencies Notified Type/	Actification	Street Address	n Losen	2	DEC	2 0 20	119
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(C DC:	nergency (including stification)	Name of Contact	NS C	28065		ICENSING	in more
Ca	ncellation	1 Tan	Losenz	Telep	hone Numb	er	
Name of Facility Where Abatement is	Taking Place (3)	FACILITY INFO		of Facility (4)	A DAN TORK		-
Street Address				School (K-12)			
City (5)				Subchapter 8 (Other that Other (i.e. private & con	n K-12) nmercial ha	ildinas homes	ota l
Palmia			Square	Feet # of Flo		Bldg Age	, etc.)
County (6) Bulling to		County Code (7) (STATE USE ONLY)	Curren	t Use (Prior if being den	-15-1 23		
Name of Monitoring Firm Hired by Bui	ding Owner (8)	ASCM No.			nonsnea)		
Street Address			And Jo	nent Contractor (9)	1)	71 ,	10
City, State, Zip Code			Street Address	1	Libut N	dition /	4
7			City, State, Zip C	lode .)	Mue	-	
Project Manager for Monitoring Firm	1	Telephone No.	Telephone No.	co NJ	Ciso,)5	
Start Date (10)	Scheduled Comp	Nation Date (11)	657-346	C916 Licen	158 No.		\exists
Occupancy Status During Abatement (Chec		22//8	Name of OSHA M	fonitor			-
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:		7.0	Street Address		(
Scope of Work (Check All That Apply)			City, State, Zip Cod	è			-
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☑ ≥!60 sfor≥260 if	Renovation Demolition	n 1 .	☐ Full Cont	ainment with Negative I	Pressure		
		1	☐ Glovebag	USULE			
Lecation of Asbestos-Containing Material (ACM)	ls Location Normally			PISA () EIIO NOII-FIIZO	1	e batement	-
TO BE ABATED In Facility	Used Solely by Maintenance/ Custodial Staff	Asbestos Contai	ning Material (ACM) as insulation, surfacing	Amount	1	Type	1
(13)	(12)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	AT, or scellaneous)	(Specify SF or LF)	Removal	Enclosure	
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e of Registered Waste Hauler	NJDEP 1	Waste Cubic Yard	S 21				
State LLC	Hauler II ZoS4	D No. of Waste	Name of	Registered Landfill			
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Date of Notification (1) Dec. 16, 2018	M A A	1 11	Na N	me of Bu ICHOL	ilding Owne AS FELD	r/Operator MAN	(2)	100	The state of the s	DE	EC 2	0 /	2018			3
Agencies Notified	Type Notification		Str	eet Addre	ess				- Samuelle		sales restricted to the Party					
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DOL DOH DCA	Emergency (in justification) Cancellation		Na	ame of Co ONI FE	ontact LDMAN					Telepho	one Nur	mber				_
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Name of Facility Where A FELDMAN PROPE Street Address	ERTY MARINA I	OWERS					×	School (H Subchap Other (i.e	(-12)	Other that	nan K-1 ommerc	2) ial bu	ilding	ıs, ho	mes,	
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MONMOUTH Name of Monitoring Firm	m Hired by Building (Owner (8)	\perp	ASCM N	No.	Nam	ne of A	batement on Touch	Contrac	ctor (9)	Abater	nent	Co	rp., I	nc.	
N/A						Stre	et Ado	dress		31007	- LDGIO					
Street Address								mpson S e, Zip Code		-11517						
City, State, Zip Code						W	est L	ong Brar	nch, N		764 license	No				
Project Manager for Mo	onitoring Firm		T	elephone	e No.	73		2.8372		100	00040					
Start Date (10) DEC. 26, 2018		Scheduled DEC. 27			ate (11)	Nan N/		OSHA Mon	itor							
Occupancy Status Duri	ing Abatement (Che	ck Only One)			Stre	eet Ad	dress								
E STATE OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER	acated During Entire rmed Outside of Nor	Period of Ab	atem	ent		City	, Stat	e, Zip Code	е							
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Asbestos-Contain TO BE /	tion of ing Material (ACM) ABATED acility 13)	Used	ntena	ely by nce/ Staff?	(i.e. th	Descrip s Containing termal system surfacing other misc	ng Ma tems i , VAT.	terial (ACN insulation, or	1)	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Eliciosario
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	/ & Closet			NJDEP V	Vaste I	Cubic Ya		Na	me of F	Registe	red Lar	ndfill				
Name of Registered Finishing Touch	Waste Hauler Asbestos Abaten	nent Corp.	. 1	Hauler IC 12058		of Waste 1CY		FA	AIRLE	ESS L	ANDF	ILL				
City, State WEST LONG BF	RANCH, NJ 077	64				Disposal 12/28/1		M	y, State ORR	ISVIL	LE, P					
	www.mig.geto.ch/micros/15-24-21/2	Title				Sign	nature	حروسوس	4		. Ph	Dat	e / ‡ 6.	/12		

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Date of Notification (1)			Name	e of Build	ding Owner	/Operato	or (2)		11711					
12/12/2018			Exe	elon - A	tlantic Ci	ity Elec	ctric C	Company	/	DEC	20	20	10	Paris of the same
Agencies Notified Type Notificati	on			t Addres					1 120	- LO		20	10	11-
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Name of Facility Where Abatement is Tal Exelon - Atlantic City Electric Co	king Place	(3)					Туре	e of Facility	y (4)					
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City (5) Wildwood							Squa	etc.) are Feet	# of	Floors		Rida	۸۵۵	
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Name of Monitoring Firm Hired by Building	g Owner (8	3)	ASC	CM No.		Name		atement Co		0)				
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tart Date (10)	Schedul	ed C	ompletion	Date (1	1)			HA Monitor		00750				
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Facility Closed/Vacated During Entire	Period of	Abate	ement			256 /	A Jeff	ferson C	ourt					
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Disposal Date

Completed by

City, State

City, State

Freehold, NJ Morrisville, PA Signaturé Date Mike Andrew Account Manager 12/17/2018

CK (804 PA)		NOTIF	ICATIO	State of New N OF ASBE It to NJAC 8	STOS	ABATE	MENT				ř.	7	
Date of Notification (1) 12/13/18				of Building (stown Ne									Programme -
Agencies Notified Type Notification				Address agler St.				H. Li.	DE	C 2	0 20)18	
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Amendment Emergency justification		g		stown, NJ of Contact	0796	50		Tol	ephone N	ICEN	SING	rw.	(i.
DOH justification) Cancellation			Mitch	Perry					'3-538-1				
Name of Facility Where Abatement is Takin	g Place	(3)	FAC	ILITY INFO	RMAT	ION	Type of Facility (1)					
Commercial Property		10.10					School (K-1						
Street Address 12 Flagler St.							Subchapter Other (i.e. p	8 (Oth			ildings	, hom	es.
City (5)							etc.) Square Feet		f Floors		Bldg.	On all the transfer	
Morristown County (6)							24,000	2			70 +/		
Morris				Code (7) USE ONLY)			Current Use (Pric			shed)			
Name of Monitoring Firm Hired by Building (Project Manager	Owner (8)	ASC	M No.			of Abatement Con	tractor					
Street Address							tages Abateme	nt					
City State 7in Onde							N. Midland Ave						
City, State, Zip Code							tate, Zip Code lle Brook, NJ 0	7663					
Project Manager for Monitoring Firm		T	Telepho	one No.		Teleph	one No.		License	No.			
Start Date (10)	Schedu	led Con	npletion	Date (11)		2-2008-010 25	600-3184 of OSHA Monitor		01305				_
12/15/18	12/16	/18		, ,									
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F			ont			Street	Address						
Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hours	ient		_	City, St	ate, Zip Code		<u> </u>				
Scope of Work (Check All That Apply)			17										\dashv
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TO BE ABATED In Facility (13)	10000	intenar todial S (12)		(i.e. th	nermal surfac	systems sing, VAT niscelland	insulation, , or	(S	pecify or LF)	Remova	Repair	Encapsulate	Enclosure
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City, State Saddle Brook, NJ					Dispos TBD	al Date	City, State Pen Arg	yl, PA	(
Completed by Richard Cristofol	Title Pres	ident			Si	gnature	11		D	ate 2/13/	18		

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12/06/2018 DEC 2 0 2018	OCUBUSU I	PAJ	[]NO	(Pursu	State of New Je FION OF ASBESTO Lant to NJAC 8:60	OS ABAT and 12:1	20)			i.		14.7 1.7	4 1.7g 2 1.0g 3 1.0g 3 1.0g
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DOL Amendment # New York, NY 10001 Name of Contact Name of Facility Where Abstement is Taking Place (3) Scheduled Completion Dark (4) Scheduled Co		d							Addito	108	CON		1.01
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DCA	✓ DOH Emergen	cy (includ	ling	Nam	e of Contact	0001			T-1: 1				
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Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Period of Normal Facility Hours City, State, Zip Code Bensalem, PA 19020 Scope of Work (Check All That Apply) 23 sf or ≥3 lf 160 sf or ≥260 lf Renovation		Schedi	uled Co	mpletion	Date (11)			or	011	00			
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Jack Tolliasura	Completed by					To the control of the control of	Tulleyt	OWII, F					
	Jack Tomasura	Sr. Es	stima	tor	No.	idiv	MA AA	A 4 A			010		

page 1

13 Dec 2018 03:40PM NJ Asbestos Control 609.633.0664

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check # 25748

		PALL		(F	ursuant	to NJAC	8:60 an	d 12:12	0)		- 10.	; = T			17.5 K		
Da	te of Notification (1) 12/13	/2018			Name o	of Building	Owner/			Gardner			Ú,	Lo	i.	17	
Ag	encies Notified	Type Notification			Street A	Address						1 1	BEO	2	0		
×	EPA DEP DOL	Initial Amended Amendment		_	City, Sta	ate, Zip Co	ode	Tren	ton,	NJ 08618	27		DEC				1 4 5
×	DOH	instification)	ncluding	'		f Contact Helen A	ah Ca				Tele	ephone	Numb	er.	MOS CILLI	TAC.	1, 6,
Ц	DCA	Cancellation										_		-		*****	en institute to
Na	me of Facility Where	Abatement is Taking	Place (3)	FAC	ILITY INF	ORMAI	ION	Тур	e of Facility (4)			_		_	
	F	Residential							П	School (K-1	2)						
	eet Address								×	Subchapter Other (i.e. p etc.)	8 (Othe			build	lings,	home	es,
Cit	y (5) Tr	enton, NJ 08618	3						Squ	are Feet 1500	# of	Floors 2		BI	dg. A	ge 0+/-	
Co	unty (6) Mercer				County (STATE	Code (7) USE ONLY)		Cur	rent Use (Prid	or if bei	ng dem	olished	1)			
Na	me of Monitoring Firm MECS		wner (8))	ASC	Л No.				eatement Con Environme			es, Inc	C.			
Str	eet Address PO Box 3	341						Street PO E		T. T. T			<u> </u>				
City	, State, Zip Code Crossw	icks, NJ 08515								Zip Code n, NJ 0850	1						
Pro	ject Manager for Mon Bill Weisgarber			Telepho	ne No. 298-407	70	Teleph	none		· 	Licens						
Sta	rt Date (10)			npletion	Date (11)				SHA Monitor		0049						
000	12/14/2018 cupancy Status During			/2018			MEC										
	Facility Closed/Vaca				nent			Street PO E		NG354							
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Sco	pe of Work (Check A	I That Apply)									30388						
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			Is	Locat	ion										Abate	ment	
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	, State ntown, NJ							sal Date 18/201	8 /,	City, State Morrisvi		Ą					
	npleted by nlon E. Stevens		Title	Proied	ct Mana	ager	S	ignature	11	1//	/		Date	2/13	3/20	18	

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Date of Notification (1) 12/11/18	Check #3298			Name Link	of Building Commu	Owner	r/Operator	r (2) chool		DF	r 2	0	2018		The state of the s
Agencies Notified EPA	Type Notification	n			Address ennsylva	ania A	ve			UL	0 -		2010		1
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DOH DCA	iustification Cancellatio)	g	Name	of Contact e Baynes					elephone					
N					CILITY INF		TION			02-202	034				
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Newark							5	Square Feet 30,000	4	of Floors			Bldg. A	ge	
County (6) Essex				County (STATE	Code (7) USE ONLY)		Current Use (I School	Prior if be	ing dem	olishe	d)			
Name of Monitoring Firm	n Hired by Building	Owner (8	3)	ASCI N/A	M No.		Name EA S	of Abatement C ervices	Contracto	r (9)					
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City, State, Zip Code N/A								ate, Zip Code nberg, NJ, (7093		- 0				
Project Manager for Mor N/A	nitoring Firm			Telepho N/A	one No.		Telepho	one No. 295-1700		Licens 01074		Y			
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City, State Bronx, NY							al Date	City, Sta				<u> </u>			-
Completed by Michael Fajardo		Title Office	Cler	k			ignature	M		1	Date 12/11	1/15	3		-
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Date of Notification (1) 12/17/2018			Name	e of Buildi	ng Owner		r (2) cCann				B C		
Agencies Notified Type Notification	on		Stree	t Address			- Courin	1100					
EPA X Initial				_					DEC	2 (20	18	
DEP Amended			City, S	State, Zip	Code						25.50		12
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[DOH _ justificatio	n)	iig	Name	of Conta				Te	ASPEST	lumbe	UNTF UNG	101	4
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Street Address PO Box 341							Address		201 11003	, 1110.			
						PO B	ox 322						
City, State, Zip Code Crosswicks, NJ 0851	5						tate, Zip Code				- P (%)		
Project Manager for Monitoring Firm			Tolonh	one No.			town, NJ 08	501					
Bill Weisgarber) 298-40	070		one No. 259-9688		License 00493	No.		11	
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Other – Describe: 8 am 4 pm	mai Facili	ty Hour	S				ate, Zip Code						
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≥160 sf or ≥260 lf		Renova Demoli					Full Contains Mini-Enclosu	ment with	Negative	Pressu	ure		
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		rojec	t Mana	iger		14				12/17	7/201	8	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			(Pursuan	nt to NJAC	8:60 and	12:120)		-2/40/5 1 dbs		C		3 1	TVII	F	120
Date of Notification (1) 12/12/18	Check # 3300			Name Taylo	of Building or Manag	Owner/Op ment Co	perator (2) y			<u>. Up</u>	<u>į</u> L	5 <u>l</u>	U/	1 200	Annual Control
Agencies Notified	Type Notification	2		The second second	Address outh Jeffe	erson Rd	4			A Company	DE	C 2	2 0	2018	3	
DEP DOL	Amended Amendment Emergency		<u> </u>	Whip	tate, Zip Co opany, N.					1 F.3	BES	TOS			D1. 8	1
DOH DCA	justification) Cancellation		,	San San was a seed	of Contact la Rada						nhone 1) 86	Nur	nber	A 4-17-7-1 C	p (10) (20 0 + 10)	1. At g . 4 (a) 4
Name of Facility Where A Tower West Apartm	Abatement is Takir	g Place ((3)	FAC	CILITY INFO	ORMATIO		Type of Faci	lity (4)							
Street Address 6050 Boulevard East						ē		School Subcha Other (i	pter 8 (Other	than	K-12	!) al bui	ldinas	, hom	nes.
City (5) West New York								etc.) Square Feet 100,000	Т		loors		E	3ldg. /		
County (6) Hudson					Code (7) USE ONLY)		(Current Use Residentia	(Prior it		g dem	olish	1 333			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	ASCI N/A	M No.	I I		Abatement		ctor (9	9)					
Street Address N/A	Zip Code					S	Street Ac 426 69	ddress								
City, State, Zip Code N/A		-132-2-2				C	City, Sta	te, Zip Code berg, NJ,		3						
Project Manager for Moni N/A	toring Firm			Telepho N/A	one No.	Т	elephor			I	icens).			
Start Date (10) 12/17/18	/18 12/				Date (11)	N		OSHA Moni	itor		7107-	7			-	
Occupancy Status During Facility Closed/Vaca Abatement Performe Other – Describe: 88	ted During Entire F	Period of	Ahaten	nent s		C		ldress e, Zip Code								
Scope of Work (Check All	That Apply)					_ 1	V/A					_				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit	75-76-76-76-76-76-76-76-76-76-76-76-76-76-			×	Full Contain Mini-Enclos Glovebag F Non-Exemp	sure Procedu	ire					0	
Location	of	1	Locati Normal	ly		Docari	ption of		J.Cu ()	unu i	4011-1 1	labic		Abate	ement pe	
Asbestos-Containing M <u>TO BE ABA</u> In Facility (13)	ΓED	Ma Cust	d Sole intenar todial S (12)	nce/ Staff?	(i.e. t		ing Mate stems in g, VAT,	erial (ACM) sulation, or		Amo (Spe SF or	cify		Removal	Repair	Encapsulate	Enclosure
Basement Pipe	e Room	Yes	No	N/A	A	CM Pipe	Insula	ation		177	LF		X		le l	
Name of Registered Waste	Hauler		l N	JDEP W	aste	Cubic Yar	de	Name	of Pogi	storo	l l and	4611				
Tri-State Transfer Ass	ociates		H	auler ID	No.	of Waste TBD	1000		va Er			and .				
City, State Bronx, NY						Disposal D	Date	City, Si Wayn		a O	Н					
Completed by Michael Fajardo		Title Office	Cler	k		Signa	ature	nd		g, O		Date		8		
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0000 - 110	PA	人見見人	Purs	uant to	NJAC	8	:60-7 and 12:1	²⁰⁻⁷⁾ Ch	eck	c#: 7328	nan zamen.	Control (4)	Mir Av. Co	
Date of Notification			IN	ame of	Build	lin	g Owner/Operat	or (2)		AND E	6	13	T.	W
Agencies Notified			_ L	akelan	d Reg	ion	al High School					No. 2027 CONTRACTOR		1-/
2	Type MocTi	10001011								A Company	DEC	2 [) 20	110
[]EPA	[X]Initi	al .	4 4	05 Con						1 2 23	D L U			/10
[X] DEP	Notif	ication	c	ity. St	ate,	21	p Code			1	National Consumer		Maril mars (Aphya)	or where
X]DOL	[]Amend	led ication	2 1	Vanaqu							EST(TAIC	ONT	ROL
[X]DOH	[]Cance	llation	N	ame of	Conta	305			Tel	ephone Numb	er	- And Agent States	ta b was theirteine	* Lines on
[]DCA			ΙΙV	Villiam (Grime	s			(973	3) 766-5408				
Name of Parilians							NFORMATION							
Name of Facility W	nere Abacen	ment is i	akin	g Place	= (3)			Type of F	acıl	1ty (4)				
Lakeland Regional H	ligh School					_		[1St	ubch	l (K-12) apter 8 (Ot	her	than	K-1	2)
Street Address								X10	ther ial	(i.e., probuildings,	vate	s, et	c.)	c-
205 Conklintown Rd							-	The second second		# of Floor	s B			
City (5)		Count	y (6)			ATE USE ONLY)	30000		2 Prior if be	ing	50		150
Wanaque, NJ 07465		Passa	aic				302 3	Education	2000000		Ling	a cilio a		-47
Name of Monitoring Owner (8)				ASCM	No.	T	Name of Abate	ment Contra	acto	r (9)				
Whitman Companies	lno						Four Strong Bu	uildere Inc	988					
Street Address	, 1110.					-1	Street Addres	s						
116 Tices Lane, Unit	B - 1						180 Sargeant	Δνεπιιο						
City. State. Zip Co	ode					-	City. State.	Zip Code						
East Brunswick, NJ (08816 Monitoria	g Firm	Tele	phone N	lumber	-	Clifton, NJ 070	13-1935 ber		Lice	nse	Numbe	E	
Kevin Lovely		1		390-585		1	973-614-0377			0080	7			
Scheduled Start Dat	te (10) S	ched.Com	plet	ion Dat	e (11	7	Name of OSHA	Monitor		10000	71			
1 2 / 2 9 / 2 Occupancy Status Du	1 8	1 2 / Month /	3 1 Day	1/11 Ye	8		Four Strong Bu	uilders, Inc.						
X) Facility Close							Street Addres	S				3)(
of Abatement []Abatement Peri						1	180 Sargeant /	Avenue						
Hours - Descri	ibe:					1	1							
Scope of Work (Chec		annly)					Clifton, NJ 070	13						
[]Demoliti [X]>3 sf or []>160 sf	ion r >3 lf		×] Renova	ition		[]Mini []Glov	Containmer -Enclosure ebag Proced Friable Pro	lure		e Pr	essui	e	•
			_	Is							INDA	temer	- MC	
Locati Asbestos-C Material TO BE F in Faci	Containing L (ACM) ABATED Llity		No:	cation rmally Jsed olely Main- cance/ stodial aff(12)		(: in:	Description Asbestos-Cont Material (A i.e., thermal sulation, surf or other misc	aining CM) systems acing, VAT,	•	Amount (Specify SF or LF)	R E M O V A L	REPAHR	ENCAPSUL	EN CI. OSUR
Room 300 - The Futi	Y	NO N/		Do	ots on 2 walls behind	the chalk hos	ards	30 SF	V	-	·-	E		
			+	_				00 01				-		
Name of Registered	Waste Haul	er	IN.	DEP Wa	ste	10	Cubic Yards	Name of Re	gis	tered Landi	111			
1202 - 13 A			Ha	auler I			of Waste		5-0					
Newark Carting, Co.	45	509		4	Disposal Date			Sanitary Lar	ndfill					
TOTAL POST OF THE STATE OF THE						1.	-raboder nerg	City. Stat	7					
Newark, NJ						Pan Argyl,	PΑ	18072		1500	1.5			
Completed By (Print or Type) Title							Signature	1	100		Da	ate		
Bilyana Kulakovska		Office A	dmin	istrator			40	re	1		112	2/17/	18	
ASB-41 JUN 95								-						

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

initial Notification Check #: 7328

Date of Notification	on (1)		- 10	Vame of	Buil	41.0	Owner/Ope	===										
1 2 /1		181	- 11						1 1100		5 G	- A	ь Б. Б	F76	, na			
Agencies Notified			[]	Lakelar	nd Reg	gion	al High Scho	00	1		9		13	122	17			
· []EPA			- 11						الله الله الله الله الله الله الله الله	<		A CONTRACTOR OF THE						
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[]DCA	[]Cance	ellation	- 11						Te	lephone	Numb	SEEO!	NTA:	M. 8.				
			Ш	William					(9)	73) 766-5	408	14011	6 had	17	et can			
Name of Facility Wh	ere Abatem	ment is	Takir	FA 10 Plac	CILIT	Y IN	FORMATION	_	1175	1222 (1)								
Lakeland Regional H					,-,				Type of Faci	ol (K-12								
Street Address	igii Scriooi							_	[]Subo	hapter 8	füt	her	than	K-1	.2)			
205 Conklintown Rd									cial Square Feet	huildin	AG.	home	0 2	10)	ř.			
City (5)		Coun	ty (6	5)	- 10	Cour	ty Code (7)	-	30000	7 01 1	1001	.5	2012					
Managua N I 07405					f be	50 being demolished												
Wanaque, NJ 07465	Firm Hired	Pass	aic	IASCM	No		Nama of St		Educational I	Building					•			
Owner (8)		of bul		ASCA	NO.		Name of Aba	ate	ement Contract	or (9)								
Whitman Companies	, Inc.					_	Four Strong	В	uilders, Inc.			_						
116 Tices Lane, Unit	R _ 1				11													
City. State. Zip Co	de	-			-	-	180 Sargea	nt.	Avenue Zip Code									
East Brunswick, NJ O	8816	~ C:	m-1-				Clifton, NJ 0	070)13-1935									
Kevin Lovely			390-58		- 11	Telephone N 973-614-037		ber			nse	Numbe	er					
Scheduled Start Dat		ched.Com	nplet	ion Dat	e (II		Name of OSH		Monitor	10	0800	1/						
1 2 / 2 9 / 1 Month / Day / Docupancy Status Du	Year	1 2 / Month /	3 1 Day	1 Ye	8	_	Four Strong	В	uilders, Inc.									
<pre>X)Facility Close of Abatement []Abatement Perf. Hours - Descri</pre>	d/Vacated ormed Outs	During E	Entir	e Perio	bd	-	180 Sargear	nt A	Avenue									
[]Other - Descri						110	Clifton, NJ 0	70	13									
Scope of Work (Chec		apply)						-	Containment :	rith Man-					(*)			
[]Demolitic [X]>3 sf or []\(\overline{2}\)160 sf (>3 16		×.] Renova	tion		[]G1	nı.	-Enclosure ebag Procedure Friable Proces	1	10104	e Pro	essui	e				
121 312			Loc	Is ation				•		T		Aba	temer	it T				
Location Asbestos-Co	ontaining			mally Jsed	ĺ	P	Descript Asbestos-Con	ion	n of	3		R		E	E			
Material TO BE A	BATED			olely Main-		9	Material e. therma	IAI	TM1	Amoun (Speci	fy	E	RE	C	C T.			
in Facil			ter	ance/		inst	lation. sur	rfa	scing. VAT	SF o		V V	PA	PS	0 5			
			Sta	MO N/			other mi	sce	ellaneous)			A	R	U	U R			
Room 300 - The Futu	re Stem Lal	o II	X	NO NY	_	Dots	on 2 walls beh	nind	the chalk boards	30 SF	-	X		·-	E			
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											\dashv		_					
Name of Registered W	Barrell Walley												\neg	_				
or negratered w	daste naure	E		DEP Was			bic Yards Waste		Name of Regis	tered La	ndfi	II						
Newark Carting, Co.			45	09			5	1	Grand Central	Sanitary I	Land	dfill						
ovel grace						Di	sposal Date	2	City. State									
Newark, NJ									Pan Argyl, PA	18072								
Completed By (Print	or Type)	Title				-	Signatur	re	Lat -			Da	te					
Bilyana Kulakovska	ļ	Office Ad	dminį	strator			0	0	Ker		-/	7 10	/17/	10				
ASB-41 JUN 95						-		-			_	112	1111	10				

Date of Notification (1)	PA	II	NOT	I IOA IIOI	tate of New . N OF ASBES to NJAC 8:6	TA -	TEMENT 120)		The second section		en and a series	[7]	15.	
12-5-2018				Name o	f Building Ow	mer/Opera	1 (0)		DE	EC 2	0 2	2018		
Agencies Notified Type Notifi	cation			ivioride	ilez interna	ational Ir	ic (-/	in the second						
EPA 🔀 Initial				Street A	adress eforest Ave)DUG			SALC.	T031	JUN	I Fill	٠.,	
Amend	ded			City, State, Zip Code										
X DOL Emera	dment #_ ency (inc	dudin	_	East H	anover, N.	07936		0.8						
▼ DOH	ation)	addin i	9	Name of	Contact									
				Glenn S	Stock				Telepho	ne Nui	nber			
Name of Facility Where Abatement is Commercial	Taking P	lace (3)	FACIL	ITY INFORM	ATION			732-33	31-54	05			
Commercial Street Address	3	,000 (٥)				Type of Fa	cility (4)						
100 Deforest Avenue							School	ol (K-12)						
City (5)							Subch	apter 8 (C	ther tha	n K-12)			
East Hanover, NJ 07936							X Other etc.)	(i.e. privat	e & com	mercia	l build	lings,	hom	
County (6)	_						Square Fee	et #	of Floor	s	BI	dg. Ag	ar	
Morris	1.		10	ounty Co	de (7)		100000+	3			144		, -	
Name of Monitoring Firm Hired by Build			(.	STATE USE	ONLY)		Current Use	(Prior if b	eing der	nolishe	ed)			
and this filed by Build	ng Owne	er (8)		ASCM N	0,	Name	of Abote							
Street Address						Gree	of Abatement n Environm	Contracto	or (9)					
						Street	Address	ieritai Si	ervices	s, LLC				
City, State, Zip Code						235 V	/irginia Ave	enue						
Drain d M						City, St.	ate, Zip Code							
Project Manager for Monitoring Firm			Te	lephone N	0	Jerse	y City, NJ (07304						
Start Date (10)				oprione in	0.	Telepho	ne No.		Licens	e No.				
12-17-2018	Sche	duled	Compl	etion Date	(11)		33-8855		01174	4				
Occupancy Status During Abatement (Ch	12-2	7-20	18		()	Green	OSHA Monit	tor						
C Facility Closed Vacation						Street Ad	Environme	ental Se	rvices,	LLC				
Facility Closed/Vacated During Entire Abatement Performed Outside of No. Other – Describe:	Period	of Aba	atemeni			235 Vi	rginia Aver	NII O						
Other – Describe:	mai Fac	ility H	ours			City, Stat	te, Zip Code	iue						
cope of Work (Check All That Apply)						Jersey	City, NJ 0	7304						
≥3 sf or ≥3 If		-	0000000										-	
≥160 sf or ≥260 lf	×	Dem	ovation olition			× ×	Full Containr Mini-Enclosu Glovebag Pro	ncedura						
		ls I oc	ation			×	Non-Exempte	ed (*) and	Non-Fria	able Pr	ocedu	re		
Location of Asbestos-Containing Material (ACM)		Norm	nally	1								emen	t	
TO BE ABATED	M	ainter	olely by nance/	Ast	estos Contai	ription of	rial (ACM)			-	T	уре	-	
In Facility (13)	Cus	stodia (12	Staff?	1	.c. merrial s	VSIems inc	ulation		ount ecify	77		Ē	-	
and the second s		1	· <i>)</i>		other mis	ng, VAT, or scellaneou	r s)	SF o	r LF)	čem	Repair	cap	nck	
Kitchen 3rd Floor	Yes	No	N//	4			*			Removal	air	Encapsulate	Enclosure	
		X			Duct In	sulation						fe	Ф	
Throughout 3rd Floor		X						200	SF	х				
				-	VAI/	Mastic		3000	SF	x		-	-	
			-									-	_	
ne of Registered Waste Hauler		IN	NJDEP	Nact-						+-		-		
the second of th			lauler II) No	Cubic Yar of Waste	ds	Name of R	Registered	Landfill					
en Environmental Services,		0	03488	9	30		Fairless	l andfill						
en Environmental Services, State								Landin						
en Environmental Services, State ey City, NJ					Disposal [Date							1	
en Environmental Services, State	Title	-1			Disposal [12-27-20	Date 018	City. State Norrisvill						-	

Check # State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT 1016 PAID (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Nam	e of Buildin	g Owner/Operator	(2)	1						
	18				s Medical Cente		DEC 2	0 20	118	Total Control			
Agencies Notified Type Notified	cation		Stree	et Address			Í			7	100		
☐ EPA ☐ Initial			1	Clara Maa	ass Drive		ASSESTOS C	- Jan J. Janja.	enchalman in the article				
☑ DOLWD ☐ Amende			City,	State, Zip	Code	-	LICEN	NING.	301,7	, v	-		
□ DHSS Amenda □ DCA □ Emerger			1500	elleville, N			and the second s		5) 1 to 4) min - 4				
DCA Emerger (NJAC 5:23-8) In Emerger		ling		e of Contac			T-1						
☐ Cancella					ho as agent		Telephone Nur 908-208-30						
N			FA	CILITY IN	NFORMATION								
Name of Facility Where Abatement is	Taking Pla	ace (3)				Type of Facility	(4)						
Clara Maass Medical Center						School (K-12)						
Street Address						Subchapter 8	Other than K-1	2)					
1 Clara Maass Drive						homes, etc.)	ivate and comme	ercial b	uildin	gs,			
City (5)						Square Feet	# of Floors	F	ida A	ne			
Belleville						500,000	4	-	Bldg. Age 68 + yrs.				
County (6)			Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri		ichod)		yıs			
Essex				•	, , , , , , , , , , , , , , , , , , ,	Hospital	or it being defilor	Sileu)					
Name of Monitoring Firm Hired by Buil	ding Own	er (8)	ASCN	l No.	Name of Abateme	ent Contractor (9)							
Environmental Tactics, Inc.			N/A		MAK-B Pro, I								
Street Address					Street Address					-			
64 Broad Street					104 Market S	treet							
City, State, Zip Code					City, State, Zip Co								
Matawan, NJ 07747					Garfield, NJ 07026								
Project Manager for Monitoring Firm		Te	ephone	No	Telephone No.	07020	11:						
Tom Geiger		100		0-2217	973-931-3293	15	License No.						
	Scheduled						01365						
12 /18 /18		neduled Completion Date (11) 12 / 30 / 18 Name of OSHA Monitor Same as above											
Occupancy Status During Abatement (ve							
☐ Facility Closed/Vacated During Enti					Street Address								
Abatement Performed Outside of No	ormal Faci	or Abati	ement	oribo Timo									
of Abatement:AM-4PM/	PM- <u>12</u>	AM	15 - DES	cribe rime	City, State, Zip Co	ode							
Scope of Work (Check all that apply)					_	W V V					_		
≥3 sf or ≥3 lf	M	Renova	ion		☐ Full Cont ☐ Mini-Encl	ainment with Nega	ative Pressure						
≥160 sf or ≥260 lf		Demolit			☑ Glovebag	Procedure							
					☐ Non-Exer	mpted (*) and Non	-Friable Procedu	re					
A 2000 A		Is Loca						At	atem	ent T	vpe		
Location of Asbestos-Containing Material (ACM	n U	Norma sed Sol		0-6	Description of	f			_	1	-		
TO BE ABATED	, N	/lainten	ance/	(i.e.	stos Containing Mat , thermal systems i	terial (ACM)	Amount	Removal	Repair	nca	nclo		
IN Facility	Ci	ıstodial (12)			surfacing, VAT,	or	(Specify SF or LF)	oval	=	Encapsulate	Enclosure		
(13)	Yes		N/A		other miscellaned	ous)	sexest ≪ontroducers # tr			late	œ		
3 rd Fl Former Ladies Lounge ar	nd 🗆			Pipe Ins	ulation		150 LF		П	П	H		
		П											
			1					ᆜ	닏				
Name of Registered Waste Hauler			JDEP /	Nasto T	Cubic Varda of	Name of D	11			Ш	Ш		
Newark Carting, Inc.			lauler IC		Cubic Yards of Waste	Name of Registe							
City, State			11222		2	G.R.O.W.S.,	inc.						
Newark, NJ					Disposal Date	City, State							
					12-30-18	Morrisville,	PA						
Completed By (Print or Type)	Title	10000000	1.5010		Signature	///	Da	te	- 1		-		
Kiril Nestorov	Projec	t Man	ager		from	4/11.		2-	15	1	0		
SB-41					1	100	- 1	1/4	11	-/	0		

		rm

K7443 PA						and 12:12									1
Date of Notification (1) 12/17/18				C)EC	2 () 21	018							
Agencies Notified Type Notification EPA Initial				Address Ashley A	venu	е			s 1	Asar			ONT		C.
DEP Amended Amendment				ate, Zip C vood, N		701			10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	- 20021 11 12	look)	15 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	311/05	7.8.2.2.4.407	11.00(2)%
Emergency (justification) DCA Emergency (justification) Cancellation	including	3		of Contact y Manag		ent				phone 2-719					
			FAC	ILITY INF	ORM	ATION									
Name of Facility Where Abatement is Takin 64 Monterey Circle Street Address	g Place ((3)						of Facility School (K-	12)						
64 Monterey Circle							×	Subchapte Other (i.e. etc.)	er 8 (Othe private 8	er than comm	K-12 nercia) Il build	dings	, home	es,
City (5) Lakewood							Squa	re Feet	# of	Floors		В	ldg. A	∖ge	
County (6) Ocean				Code (7) USE ONLY	o	 : ;	Curre	ent Use (Pr ne	ior if beir	ng dem	olish	ed)			
Name of Monitoring Firm Hired by Building (Owner (8))	ASCI	M No.				ntement Co D PROFI							
Street Address							Addre	ss DOVE C	OURT						
City, State, Zip Code								ip Code OD, NJ 0	8701						
Project Manager for Monitoring Firm			Telepho	ne No.			none N 668-9			Licens).			
Start Date (10) 12/27/18	Schedul 01/01/		npletion	Date (11)		100		HA Monitor		NALS	8				
Occupancy Status During Abatement (Check			20			Street	Addres								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of a al Facility	Abaten y Hours	nent S			City, S	tate, Z	ip Code OD, NJ 0	200000000000000000000000000000000000000						
Scope of Work (Check All That Apply)						LAK	LVVO	OD, 140 C	0701						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demolit				×	Mir Glo	I Containm ni-Enclosur ovebag Pro n-Exempte	e cedure					e	
		Locati												ement	
Location of		Normal ed Sole				Description						-	1 y	ре	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	intenar todial S (12)	nce/ Staff?		therm	ontaining M nal systems facing, VA r miscellar	s insula T, or		(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A			DIDINIC			47	01.5					
INTERIOR						PIPING			17	0LF		X			
Name of Registered Waste Hauler		I NI	JDEP W	laata	Cub	ia Vanda		N	Б						
NEWARK CARTING		H	auler ID 1509		60045003	ic Yards /aste		Name of IESI	Register	ed Lan	dtill				
City, State NEWARK, NJ						osal Date 01/19		City, Stat BETHL		PA					
Completed by JOSEPH PERLSTEIN	Title OWN	IER				Signature					Date 12/	17/1	8		

State of New Jersey

CC 5340	PA		OTIFI	State of New J ICATION OF ASBES Pursuant to NJAC 8:6	TOSARA	TEMENT 20)			2	5 l		
Date of Notification (1)				Name of Building Own	ner/Operato	r (2)		l DI	EC	2 0	2018	}
	ied Iment #ency (includi ation)	ing	- [Street Address Street Address City, State, Zip Code Sea, I Jame of Contact Fronk	37th	Street Street	S234	Telephon	Num	NSII	MTRO NG	
Name of Facility Where Abatement is Tal	cing Place (3)		FACILITY INFORM	IATION	Type of Fac	l (K-12)			6.1	61	/
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County (6)	City.		Cou	anty Code (7)		Current Use		150	chad)		ldg. Ag	е
Name of Monitoring Firm Hired by Buildin	g Owner (8)		(STA	SCM No.	Name o	of Abatement (snea)	- 1	<u>. </u>	
Street Address					Street A	Jee 1	Thirte II	neit N	<u> </u>	ü7∫i	TIRT:	10
City, State, Zip Code Project Manager for Monitoring Firm		-	Telep	hone No.	City, Sta	ite, Zip Code LULICO ne No.	; <u>/</u> []	License	No.	ر از (د		-
Start Date (10), 12/22//8 Occupancy Status During Abatement (Check	1 /		oletion // 9	Date (11)	Name of	OSHA Monito		(C)	10	753		
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From:GREENWOOD ABATEMENT

19754920133

12/1: /2018 08:40 #087 P.002/004

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

Check# 13373 DEC 20 2018

GAC Project # 637-20	16-002		(Persuant to N.	LA.C. 8:60-7 and 12:120-7) DEC 2 0 2018
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	- 1	1		DIRECTOR 908-821-4600
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PAID

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

GAC Project # 637-2018-002 Name of Building Owner/Operator (2) Date of Notification (1) KEAN UNIVERSITY **December 13, 2018** Street Address Notification Type Agencies Notified **ENVIRONMENTAL SAFETY & HEALTH** □Initial Notification **D**EPA □Amended Certification 1000 MORRIS AVENUE ASBESTOS CONTROL & ☐ DCA City, State, Zip Code ☑ Emergency (including) LICENSING X DOL **UNION, NJ 07083** justification attached) ■ DEP- No Longer REQUIRED Telephone Number Name of Contact □Cancelled 908-821-4000 MS. SUZANNE KUPIEC X DOH DIRECTOR OFFICE OF ENVIRONMENTAL **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) TOWNSEND HALL ☐Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) MAIN CAMPUS - 1000 MORRIS AVENUE # of Floors: 2 Bldg. Age: ~60 years Sq. Feet: N/A County (6) County Code (7) City (5) Current Use (prior if being demolished): ACADEMIC ADMIN OFFICES (State Use Only) UNION UNION Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. TTI ENVIRONMENTAL, INC. 00003 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 1253 NORTH CHURCH STREET 511 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 MOORESTOWN, NJ 08057 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number MR. JIM GUILARDI 856-840-8800 ext.31 00840 973-492-0477 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 12/13/2018 12/14/2018 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD X Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code ☑Other - Describe: 4PM - 12 MID (24 HRS. & WEEKENDS AS NEEDED) FAIRLAWN, NJ Source of Work (Check all that apply) ☐ Full Containment with Negative Pressure X Mini-Enclosure X Renovation \ge 3 sf or \ge 3 lf X Glovebag Procedure □ Demolition ≥ 160 sf or ≥ 260 lf ■Non-Exempted (*) and Non-Friable Procedure Amount Abatement Type Description of Asbestos Containing Material Is Location inormally Used Location of Asbestos-Containing (ACM) (i.e. thermal systems insulation, surfacing (Specify SF Solely by Maint./Custodial Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) YES NO NA X <9 LF PIPE INSULATION X 1st Floor Staff Women's Restroom Name of Registered Landfill NJDEP Waste Hauler ID # Cubic Yards of Waste: 5 CY Name of Reg. Waste Hauler G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date 100 New Ford Mill 12/14/2018 NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 19067 NJ DEP# 4509 215-736-1700 Signature Completed by (Print or Type) December 13, 2018 SENIOR PROJECT RAYMOND C. PEDALINO Raymond C. Pedalino MANAGER

Date of Notification (1)	KILL	(Pur	suant to	NJAC	8:60	STOS ABATEMEN -7 and 12:120	-71	erican de la company			e en en en en	·
12/14/2018			Name o	of Bu:	ildin	g Owner/Operat	or (2)		6			7 1
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Project Manager for Monitor	ring Firm	Tel	ephone 1	Number	r	Telephone Numl						
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