Proj. #: 20-01 Date of Notification (1) 1 2 / 1 7 / 1 9 Agencies Notified EPA DEP DOL DOL Emergency (including justification) DCA Cancellation	ion	Max Rob Street Addre	(Pursiliding Ownerts ess Zip Code RDSVII tact DiFiglia	cation of As	C 8 60	s Abatement rand 12:120)	ASB	GE COLUMN	-2 ()19		
Name of facility where abatement is	s taking pla	ace (3)	FAC	ILIT INCORN	IA HON		Type of Facility					
Residential								ol (K - 12) apter 8 (Oth	er th	an K	-12)	
Street Address							○ Other	(Private/Con /Homes, etc.	nmer		1.00/	
							Square Feet	# of Floors	T		dg. Ag	e
City (5)	Cou	nty (6)				nty Code (7) te use only)	10,084 SF Current Use (P	rior if being	demo	112		
BERNARDSVILLE, NJ 0792		nerset			L		Residential	nor it boiling		J.10710		
Name of Monitoring Firm Hired by E	Bldg. Own	er (8)		ASCM No.		Name of Abatement (Contractor (9)					
N/A Street Address						KLOMAX, LLC Street Address						
						309 W. End Ave			-	Marie de		
City, State, Zip Code			140			City, State, Zip Code	50.42					
Project Manager for Monitoring Firm	-	Ph	one Numb	er	-	Hopatcong, NJ 0 Telephone Number	7/843	License N	umbe	er		_
						833-455-6629		02007				
Start Date (10)	Sched	I. Completio	n Date (1	1)		Name of OSHA Monit KLOMAX, LLC	3010					
01/03/2020		5/2020				Street Address						
Occupancy Status During Abatemen Facility closed/vacated during		100	ment			309 W. End Ave City, State, Zip Code						
Abatement performed outside Describe:						City, State, Zip Code						
Other-Describe: NORMAL H	OURS				=	Hopatcong, NJ 0	7843					
Scope of Work (check all that apply	Renovation						Full Containment v Mini-enclosure Glovebag procedu Non-Exempted (*)	re			edure	
Location of asbestos-containing		n normally u		1			Amount		R T e	R e	E n	E
material (acm) to be	staff(12)		T	Descripti material		sbestos-containing	(Specify S	SF or	m o	p a	c a	C
abated in facility (13)	Yes	No	N/A				LF)	1	v e	i r	р	L
First floor				Pipe Insula	tion		18 LF		X			日
									#	片	片	片
									=			
Registered Waste Hauler KLOMAX, LLC		EP Hauler II 8241		ubic Yards of V	Waste	Name of Registered TULLYTOWN, I		ECOVERY	-			
City, State	i		Disposal Dis			City, State			-			
Hopatcong, NJ 07843 Completed by (Print or Type)	Title		IDU	Signature		TULLYTOWN,	rA	Date		_		
Paige Boylan	Owner			B				12/17/19)			

- 11.001		1	Erand &	1	n	The same of	1							Pri	nt Fo
1hv-16896	1	NOTIF (P	St CATION ursuant	ate of Nev OF ASBI to NJAC	v Jersey STOS 8:60 and	BATE 12:120	MEN'	т	R	E C	E		\mathbb{V}	E	
Date of Notification (1) 12/16/2019				f Building (n Incitti	Owner/O	perator	(2)			DE	C 2	0 :	201	9	
Agencies Notified Type Notification			Street A							w Limba Dipersimpaya	CONTRACT NAME				Imacom
X EPA X Initial		- 1	City Ch	1. 7:- 0-	4-				1	ASBES L	TOS (MOC	TRO)L &	
X EPA X Initial Amended Amendment		_		ate, Zip Co Hills, NJ						Minimum Consort		Marine Const	-War	The state of the s	T-MONOW?
Emergency (justification)		Ī		f Contact			11-2-2-2		Tel	ephone	Numbe	r			
DCA Cancellation	2			n Incitti	DEMATI	ON			-1						
Name of Facility Where Abatement is Takin	g Place (3	3)	1 AUI	LITT INT	ZICINIA I II	OI4	Тур	e of Facility	(4)						
House Street Address							H	School (K- Subchapte		er than k	<-12)				
							×	Other (i.e. etc.)				uildir	ngs,	home	s,
City (5) Short Hills							0.000	uare Feet	1 20.00	f Floors			g. A	ge	
County (6)			County	Code (7)			N/A	rent Use (Pi	N/A		olished	N/A	4		
Essex				USE ONLY)		_		artment B			onoriou,				
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCN	Л No.				patement Co atement, I		(9)					
Street Address		Ya .				Street 11 R	NOW THE	ress ngren Ave	enue						
City, State, Zip Code								Zip Code NJ 07512							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 9733				Licens 0131					
Start Date (10) 12/27/2019	Schedule		npletion	Date (11)				SHA Monito atement, I							
Occupancy Status During Abatement (Chec	k Only Or	ne)	7,000	esemble en v		Street									
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: Occupied					_	City, S	State,	ngren Ave Zip Code NJ 07512							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli					N G	ull Containr Mini-Enclosu Blovebag Pro Jon-Exempte	re ocedure						
Location of		Locat			Dos	scription		ion Example	1	4 110111	L			ment	· · · · · · · · · · · · · · · · · · ·
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena todial ((12)	nce/		tos Conta thermal surfac	aining N	Materi s insu AT, or		(5	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		111-21									ate	œ.
Crawl Space		X			Tran	sit Pa	nels		14	40 SF	2	K	_		
Name of Registered Waste Hauler		1	NJDEP W	Vaste	Cubic	Yards		Name o	f Registe	ered Lan	dfill				
Atlantic Carting		1000	lauler ID 6085	No.	of Was	ste		C1.500.000000100	Centra						
City, State Wayne, NJ		1			Dispos TBD	al Date	/	City, Sta	ate rgyl, P	Α					
Completed by Oliver Hegedis	Title Proje	ct Ma	anager		S	ignature					Date 12/1	6/20)19		

														Pri	int Fo
CK 2278	8	, (P-4)	ursuant	ate of New OF ASBE to NUAC 8	STOS ABA 60 and 12:	120)		Particular and the second seco		E (C E				
Date of Notification (1) 12/16/2019	34	5		Ruilding C Kruvant	wner/Opera	ator (2)		ПЦ	D	EC :	2 0	201	19	
Agencies Notified Type Notification EPA Initial			Street A						- Andrewson	ASBE	STOS			OL 8	Š.
X EPA Initial Amended Amendmen Emergency				ate, Zip Cod lair, NJ 0				i.	CONTRACTOR ON W	MINISTER OF THE STATE OF THE ST	and the College sector	Marian ph. Se	teresani propins	Onlesses shiller	
DOH justification)	, [f Contact Kruvant					Те	lephone	Numb	per			
			FACI	LITY INFO	RMATION										
Name of Facility Where Abatement is Takir Apartment Building	ng Place (3)						Facility (-070						
Street Address 12 South Mountain Avenue							Sul	bchapter ner (i.e. p	8 (Oth			build	dings,	home	es,
City (5) Montclair						1	Square I V/A		N/			N	ldg. A	ge	
County (6) Essex				Code (7) USE ONLY)				Use (Prid nent Bu			nolishe	d)			
Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASCN	/ No.				nent Con nent, In		r (9)					
Street Address					100000		ddress sengre	en Aver	nue						
City, State, Zip Code							te, Zip (a, NJ (Code 07512							H==
Project Manager for Monitoring Firm			Telepho	ne No.	N		ne No. 8685			Licens 0131	se No.				
Start Date (10) 12/26/2019	Schedul 12/27/		mpletion	Date (11)	16 133 1		8	Monitor nent, In	C.					and Allerton	
Occupancy Status During Abatement (Che-	ck Only O	ne)					ddress								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Occupied	Period of mal Facility	Abaten y Hours	nent s		City	y, Sta	te, Zip (en Aver Code 07512	nue			-			
Scope of Work (Check All That Apply)						JLOVV	a, 110 t	01312							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolii				×	Mini-E Glove	ontainme Inclosure bag Proc	edure						
		s Locat Normal				<u> </u>	NOII-E	xempted	() an	IQ INOII-F	-nable		Abate	e ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole aintena stodial ((12)	ely by nce/	(i.e. th	Descript is Containin nermal syste surfacing, other misce	ng Ma ems i VAT,	terial (A nsulatio or		(5	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
11-2-4-40	Yes	No	N/A		1/0	_								ate	œ .
Unit # 12		X			VA	1			6:	50 SF		X			
Name of Registered Waste Hauler		N	IJDEP W	/aste	Cubic Yard	ls	IN	lame of F	Registe	ered Lar	ndfill				
Atlantic Carting			lauler ID 6085		of Waste TBD			Grand (
City, State Wayne, NJ				199	Disposal Da TBD	ate /		ity, State Pen Arg		A					
Completed by Oliver Hegedis	Title Proje	ect Ma	anager		Signat	ture	1/2				Date 12/		2019		

		1	-	(779)	-	enances established					<u></u>		
CK#540	1		CATION	ate of Ne OF ASE to NJAC	ESTOS	ABATE		0)- 匿	GE				-
Date of Notification (1)	XIV	7	Name of	Building	Owner/C	Operator	(2)	ni -	850 00	200	10	A second supplemental second s	111
12118119 1111-16	542	1		poet.	1	Kn	S L		DEC 30	20	19	- Interest	1
Agencies Notified Type Notification		1	Street A	aaress					and the second s	no employees	(augmount)		
EPA Initial		1	City Sto	te, Zip Co	ada			ASI	BESTOS O		OL	&	1
DEP Amended Amendment	r.		City, Sta	5			-	DANKE PROPERTY OF THE PARTY OF	LIGENS	SING PROPERTY	scriptorise excito	na amin'ny	married
Emergency (i		— -	Name of	JM) f Contact	1110	<u> </u>		Tel	ephone Nun	her			
DOH justification) DCA Cancellation		1	racinic o		KK			101	spriore rear	1001	01		1
E-mail Create			FACI	Lity inf		ION			S 500				
Name of Facility Where Abatement is Taking	Place (3	3)					Type of Facility	(4)					
Daknis Prom	4						School (K	-12)					
Street Address	1						Subchapt	er 8 (Othe	er than K-12 & commercia) I buile	linne	home	oc.
							etc.)	. private o	a commercia				50,
City (5)			40	375	0	de la companya de la	Square Feet	# of	Floors	B	dg. A	ge	
County (6)			v_{i}	1 50			3000		1		2)-1	, -
County (6)				Code (7) USE ONLY	7)		Current Use (P		-			-2	
Name of Monitoring Firm Hired by Building O	waar (8)		ASCN	4 Mo		Mama	of Abatement C		ale Shi	div			
Name of Momoning Familianed by Building o	witer (o)		MOUN	1110.			Insulation Co		(3)				
Street Address			1				Address						
						95 M	lontrose Rd						
City, State, Zip Code				**		City, S	tate, Zip Code						
						Colts	Neck, New	Jersey I	07722				
Project Manager for Monitoring Firm		1	Telepho	ne No.		Teleph	one No.	1	License No).			
						732 2	294 1757		00029				
		i		Date (11)		Name	of OSHA Monito	or					
12/32/19		3/2	Ú.			<u> </u>							
Occupancy Status During Abatement (Check	2001 St. 12-1					Street	Address						
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma						City C	tate, Zip Code			-			
Other – Describe: 1,911 –	1-1) / 2	i iouis	,			City, S	iale, Zip Code						
Scope of Work (Check All That Apply)	1												
≥3 sf or ≥3 lf	П	Renova	fion				Full Contains	ment with	Menative D	raceiii	·O		
≥160 sf or ≥260 lf	-0000000)emoliti					Mini-Enclosu	пе	recidance i	100001	~		
l f	4					47	Glovebag Pr Non-Exempt		l Non-Friabl	e Pro	edur	e	
	le	Locati	ion			<u></u>		1			Abate		t
Location of		Vormal	ly		Dα	scription	of				T	pe	_
Asbestos-Containing Material (ACM)		ed Sole intenar			tos Con	taining N	faterial (ACM)		mount	_		ш	m
TO BE ABATED In Facility		todial S		(i.e.		systems cing, VA	s insulation, T. or		pecify or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		(12)				niscellan			,	ova	oair	sula	JUSC
	Yes	No	N/A									i di	· CO
exterior			1	(702)	Luca			40	00	V			
- 6,00449			V	1	100	(CUL)	(1	J. 70005	X			
			1	Com		5	1	1		X			
17+0-19-	-		17	- ->12 0	+ -11/	1.1/	MC.F.C	1110	WD_	1			-
Name of Registered Waste Hauler	L	1 61	JDEP W	facte	Cubic	Yards	Mama	of Registe	red Landfill	<u></u>			
			auler ID		of Wa		1	1337	icu Lailunii				
Ace Insulation Co., Inc.		11:	2086			15		Less					
City, State		e 15 - 100 -			1 1	sal Date	City, Sta	· ·		134-5-11-05			
Colts Neck, New Jersey	1 =				1	200		(:SJ-\	10, 11+				
Completed by Bree McGuire	Title	ofore	Treasu	ror	1.8	Signature	, (1		Dat	e	1,5		
DIEC MODUIC	Jeur	cially	riedst	H (2)		15	_/\/			71	110		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner (2) DEC 20 2019 12/17/2019 PNC Realty Services Agencies Notified Type Notification Street Address \boxtimes EPA 1 Garret Mountain Plaza ASBESTOS CONTROL & DEP Initial City, State & Zip Code LICENSING X DOL Amended Woodland Park, New Jersey 07424 X DOH \boxtimes Emergency Name of Contact Telephone Number DCA Cancellation Mr. Jack Januszkiewicz 973-881-5170 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PNC Bank-Basement School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) 89 Main Street Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 3,400 3 (including 92 basement) Little Falls Passaic Current Use (Prior if being demolished) Commercial Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services Resource Management Group, LLC. Street Address Street Address P.O. Box 365 2115 Hamilton Avenue, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009/ Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Jim Proctor 856-839-2432 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/23/2019 12/24/2019 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West X Abatement Performed Outside of Normal Hours City, State & Zip Code Describe: 5pm to 11pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Removal Enclosure Repair TO BE ABATED Maintenance or (i.e., thermal systems Custodial Staff? in Facility insulation, surfacing, VAT (13)or other miscellaneous) (12)Yes No N/A Basement Pipe Elbows/Fittings 15 Each Basement X **Duct Insulation** 2 SF NJDEP Waste Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill of Waste Hauler ID No. Resource Management Group, LLC. 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 Morrisville, PA TBD Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 12/17/2019

State of New Jersey

1-16830

1 2 /1 3 /1 19

Type Notification

Initial

X

Date of Notification (1)

Agencies Notified

EPA

DEP

DOL

Arzlen Beavers

East Orange, NJ 07018

Project Manager for Monitoring Firm

Scope of Work (check all that apply)

Street Address

City (5)

Street Address

City. State, Zip Code

Scheduled Start Date (10)

12/16/2019

Describe: Other-Describe:

Demolition

basement

basement

City, State

>3 sf or >3 if

Location of asbestos-containing

material to be

Registered Waste Hauler

Lincoin Park, NJ

Gordana Luna

B & G Restoration, Inc.

Completed by (Print or Type)

Title

Secretary/Treasurer

abated in facility (13)

X DOH

DCA

State of NJ Netification of Aspestos Abatement

(Pursuant to NIAC 8 60-7 and 12:120-7) EMERGENC Check # 9788 Name of Building Owner/Operator (2) Arzien Beavers Street Address DEC 2 0 2019 City, State, Zip Code Amendment East Orange, NJ 07018 ASBESTOS CONTROL & Name of Contact Telephone Number Cancellation Arzien Beavers FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Subchapter 8 (Other than K-12) M Other (Private/Commercial Bldgs./Homes, etc. Square Feet | # of Floors County (6) Bidg. Age County Code (7) (State use only) Essex Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Bldg. Owner (8) residential ASCM No Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Phone Number Telephone Number License Number (973)696-6869 00378 Sched. Completion Date (11) Name of OSHA Monitor B & G Restoration, Inc. 12/17/2019 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-City, State, Zip Code Lincoln Park, NJ 07035 wrap & cut |X | Renovation Full Containment w/negative pressure Glovebag procedure ≥160 sf or ≥260 lf ★ Mini-enclosure Non-friable procedure is location normally used solely by maintenance/custodial E Description of asbestos-containing e staff(12) n Amount material (ACM) m n D (Specify SF or Yes No 0 C N/A 2 1 V p X pipe insulation 40 If pipe NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill 19563

Grand Central Landfill

12/13/2019

City, State

Pen Argyl, PA

Gordana Luna

Disposal Date

12/17/2019

Signature

B & G proj. #: 2019-276

State of NJ

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

Check # 9796

			4		MEMO	11/	٢	-12 f ."	-						_
Date of Notification	(1)	Name	of Building Owne	er/O	perator (2)		*******		I'm	NE C	EI	\mathbb{W}		[F3]	and the same of th
11 12 1/11 16	1/11/9		fredo Garcia								9 15 0				-
Agencies Notified	Type Notification	Street	Address							11	0 00	2040			Constant of the Constant of th
☐ EPA	Initial									U UE	C 20	2013		and I	1
☐ DEP			State, Zip Code							- Juliuser 10 Year	SHANDSHIP CONT	r-determina			1
X DOL	Amendmen Amendmen	Ne	ewark, NJ 071	04						ASBES Telephone	STOS COI)L&		+
X DOH			of Contact						lowane	relephone	Number		MUCHINICAL	A- A- +1150A	ark.
☐ DCA	Cancellation	Si	igfredo Garcia												_
			FAC	ILIT	Y INFORMA	ATION									
Name of facility w	here abatement is ta	king place	(3)						Туре	f Facility (4	(K - 12)				
Sigfredo Gar											pter 8 (Oth	er tha	n K-12	2)	
Street Address									Ī	Other (I	Private/Con	merc			
Street Address								1 }	Saua		Homes, etc.	Т	Bldg	Age	
		County	(6)	-		Cou	int	y Code (7)				_ _			
City (5)								use only)		ent Use (Pr	ior if being	demo	ished)	
Newark, NJ		Essex							-	dential					_
Name of Monitor	ing Firm Hired by Blo	g. Owner (8)	P	SCM No.	1	1	Name of Abatement C							
	Э					_	0	B & G Restoration	on, in	C.					
Street Address						1	1	105 Ryerson Ro	oad			0.000			
City, State, Zip Co	oda .			_			C	City, State, Zip Code							
City, State, Zip Ot	340							Lincoln Park, N	NJ 07	035	T License N	Lunaha			
Project Manager	for Monitoring Firm		Phone Nun	nber			T	Telephone Number (973)696-6869	9			378	21		
							h	Name of OSHA Monit							
Scheduled Start I	Date (10)		Completion Date	(11)		1		B & G Restorati		IC.					
12/17/2019	200		/2019				1	Street Address							
Occupancy Statu	s During Abatement	(Check only	y one)					105 Ryerson R							
Facility clos	sed/vacated during e performed outside of	ntire period f normal fa	of abatement.				1	City, State, Zip Code							
Describe:_								Lincoln Park, N	NJ 070	35				- 7	
Other-Des	(check all that apply)						W	/rap & cut							
Demolition		Renovation						ull Containment w/ne	gative	pressure	₩ Gloveb				
>3 sf or >3	3 If	160 sf or ≥	260 If			×	N	Mini-enclosure			☐ Non-fr				
Location		Is location	normally used so	lely							84	e	R	E n	E
asbestos-	containing	by mainten staff(12)	nance/custodial					sbestos-containing		Amount (Specify	SF or	m	p a	C a	C
material to abated in	be facility (13)	Yes	No N/A	Α .	materia	II (ACIV	<i>(</i> 11)		1	LF)		V	i	p	L
			×		pipe inst	ilatio	n		+	40 If		e X			
basement			×					insulation		33 If		×			
basement)	(pipe		uest.			12 lf		ዙ	片	X	十
							_		_			ዙ	H	H	干
			1011-1-10#	TC	ubic Vards	of Was	te	Name of Registere	d Land	fill		-111			1-
Registered Was	ste Hauler oration, Inc.	NJDE 1	P Hauler ID# 9563	_	2		_	Grand Centra	al Lan	dfill					-
City, State			Dispos	sal D	ate 2/18/2019		22.00	City, State Pen Argyl, PA							,
Lincoln Par				12	Signature		_				Date		10100100		
Completed by (Gordana L		Title Secretar	ry/Treasurer					Gordana Luna			12/1	6/20	19		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) DEC 20 2019 12/13/2019 Marilyn Dayton Agencies Notified Type Notification Street Address \boxtimes **EPA** DEP ASBESTOS CONTROL & Initial City, State & Zip Code LICENSING X DOL Amended Bridgeton, NJ 08302 X DOH \boxtimes Emergency Name of Contact Telephone Number DCA Cancellation Marilyn Dayton **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential-Crawlspace School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 1,888 99 Bridgeton Current Use (Prior if being demolished) Cumberland Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services Resource Management Group, LLC. Street Address Street Address P.O. Box 365 2115 Hamilton Avenue, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Jim Proctor 856-839-2432 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/17/2019 12/20/2019 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West X Abatement Performed: Operating hours- 9am to 5pm City, State & Zip Code Describe: Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclosure Removal TO BE ABATED Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Crawlspace **Duct Insulation** 85 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 TBD Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 12/13/2019

14 16885 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 16 Mattia Building Contracting Agencies Notified Type Notification Street Address ☑ Initial 1702 A Grand Central Avenue □ DOLWD ☐ Amended City, State, Zip Code X DOH Amendment # Lavallette, NJ 08735 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Gina 732-606-7188 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residednce School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Lavallette 600 1 65 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __12__ / __26 / __19 _ 12 / 27 / 19 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Remova Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A exterior X asbestos siding 600 sf X П П П П П Name of Registered Waste Hauler Cubic Yards of NJDEP Waste Name of Registered Landfill Hauler ID No. Guardian Contracting, Inc. Waste

Completed By (Print or Type) Nicholas Fernicola

Toms River, New Jersey

3

Disposal Date

12/27/19

Signature

20223

Title

Project Manager

T.R.R.F.

Tullytown, Pennsylvania

Date

City, State

City, State

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

|--|

ina In	BUI TI	10		State of	N 1								стип
12/12/8	PAID		TIFICATI (Pursua	ON OF A	New Jers SBESTO AC 8:60 a	sey S ABATE and 12:120	MENT D)		E C	E	W	E	State of the state
Date of Notification (1) 12/16/2019						r/Operator							de des
	Notification	-		nny Wo					DEC	2 n	2010	1	Carriery Telephone
			Suee	Address	5						-510		1
DEP	Initial Amended		City, S	State, Zip	Code				listati i	15.73			
☑ DOL ☐	Amendment # Emergency (includi				kes NJ (07417				JENSO		er ber für	
[의 DOH]_	justification)	ng	1	of Conta				Tel	ephone	Numbe			
LI DOA	Cancellation			nny Woo					-				
Name of Facility Where Abaten	nent is Taking Place	(3)	FA	CILITYIN	FORMAT	TION	Type of Facilit	hv (4)					
House		07 80					School (F	5 16.59					
Street Address							Subchap	ter 8 (Oth	er than k	(-12)			
City (5)							Other (i.e etc.)	e. private &	& comme	ercial bu	ilding	s, hor	mes,
Franklin Lakes							Square Feet	# of	Floors		Bldg.	Age	
County (6)		-	Count	Code (7	1		C						
Bergen			(STATE	USE ONL	(n)		Current Use (F	rior if beir	ng demo	lished)			
Name of Monitoring Firm Hired	by Building Owner (8)	ASC	M No.		Name o	f Abatement C	ontractor	(9)				
Street Address						Rizov	LLC		V				
outes Address						Street A							
City, State, Zip Code						1	aston Ave.						
							ile, Zip Code eld NJ 07026	3					
Project Manager for Monitoring F	irm		Telepho	one No.		Telepho			License	No.			
Start Date (10)						1	262-8006		01369				
12/26/2019	12/31	iled Co	mpletion	Date (11)	125-250	OSHA Monito	r					
Occupancy Status During Abater						Rizov Street A							
Facility Closed/Vacated Dur	ing Entire Period of	Abato	ment				aston Ave.						
Abatement Performed Outs Other – Describe:	ide of Normal Facili	ty Hour	S				te, Zip Code						
Scope of Work (Check All That A						Garfie	ld NJ 07026	5					
≥3 sf or ≥3 If	LZI					-							
≥160 sf or ≥260 lf		Renova Demoli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure				·e	
		s Locat						7 3.10	10111110	1	Transmitted and the	emen	t
Location of Asbestos-Containing Material	11 1801833	Normal ed Sole			Des	cription of				-	Ту	ре	_
TO BE ABATED In Facility	· · · · Ma	intena todial		Asbes (i.e.	tos Conta thermal	aining Mate systems in	erial (ACM) sulation,	0.5010300	ount ecify	72		Ē	ш
(13)		(12)	otan.	***	surfac	ing, VAT, iscellaneo	ог		r LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				30)			val	Ť	ulate	ure
Living room- lover lev	/el	х			Ponco	rn Ceilir	ng.	000	OF.				-
Bedroom- lower leve	el	X					0	600		Х			
Dining room- upper le		X				rn Ceilir	-	300		Х			
Living room- upper lev						rn Ceilir		300		Х			
Name of Registered Waste Hauler		X	JDEP Wa	aste	Popco Cubic Y	rn Ceilir	-	400		х			
Rizov LLC		H	auler ID I	No.	of Wast			Registere					
City, State		00	37825		TBD	15		s Hills La	andfill				
Garfield NJ					Disposa TBD	u Date	City, State Morisvil						
Completed by	Title					inature	IVIOLIZALI	ie, PA	De	ite			
Aleksandra Rizova	Owne	er			-19	211	4.3			ite 2/16/2	019		
					-	MA			1.		- 10		

IN# 10880

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

CK 9080

Date of Notification (1)			Marra	of D. J.E.			1010000	77	111	11	Ph B
12/16/19					HRISTO PH		aus III	E I	\V!		0 0 7
Agency Notified Type Notification				Address	7100104		11000			-	17
D EPA (2 Initial								20	201	a	
□ DEP □ Amended	•			tate, Zip			100	10	-441	60	7
DOL Amendment # ☐ Emergency (incluse	F na		u	EST	MIL FOU	ED. A	5.0748	0			- [
Ja DOH justification)	an ry	ſ	Name	of Conta	ct ·		Telephone Num		9.6	-	10.
□ DCA □ Cancellation				412.	HARRIS	11/	<u> </u>				100
			FAC	LITY INF	FORMATION					8*	
Name of Facility Where Abatement is Taking Pl			_	•	3.	Type of Facili	ty (4)				
MR CHILISTO PHEN		144	rais	211	7	School (K-					
Gueet Augress				4			r 8 (Other than K-12) private & commercial		as.		
63:45						homes, et	z) :				
CRY (5)			;		***	Square Feet		Bldg.	200000000		
WEST MILFORD						2000			94	5	5
County (6) PASSALC		1	County) (STATE USE		Prior if being demolis				
Name of Monitoring Firm Hired by Building Own		4000	1985	•	1	140	ESI DENCE				
(8)	RET	ASCM	No.		Name of Abatem						
Street Address					Best Rei		nc				
WICCI PILLEDSS					Street Address		\$				
City, State, Zip Code					450 Sou		r St				
					City, State, Zip C		07/01				
Project Manager for Monitoring Firm	IT	elephoi	na Na		Hackensa Telephone No.	ack, N.	License No.				
	- 1 "	c.cpiio.	ic no.		201-329-	-7444 ·	00388				
Start Date (10) Scheduled C	omple	tion Da	te (11)		Name of OSHA		1 00300		=	-	-
12/30/19 1/6		20			Omega H	Invironm	nental				
Occupancy Status During Abatement (Check on	ly one)	(40)	· 40		Street Address						
☐ Facility Closed/Vacated During Entire Period	of Abai	tement			280 Ht	yler St					
D Abatement Performed Outside of Normal Fac 20 Other - Describe: 8:00 AM TO S	Hity Ho	urre			City, State, Zip C		٠.		+1.		
Scope of Work (Check all that apply)		> F M			S. Hac	kensack	,N.J. 07	606			
				_	Di Fuil C	ontainment wit	h Negative Pressure				
Cl≥3.sfor≥3 # Cl≥2.f60 sfor≥ 260 #			© Ren □ Den	ovation	O Mira-	Enclosure		27			
				iomuori.		ebag Procedure Exempted (*) as	nd Non-Friable Proce	dure			
	, Is	Locati	on						Aba		ant
. Location of		Normali d Sole		-	Description o			-	1	ype	\forall
Asbestos-Containing Material (ACM) TO BE ABATED		intenar		Asbes	stos Containing Ma	rtorial (ACM)	Amount	ŀ	_	m	
IN Facility	5	Justodi Staff?	777	(i.e.	 thermal systems surfacing, VAT. 		(Specify SF or LF)		Removal	OBD	Enclosure
£ (13)		(12)			other miscellane	\$100000 The			OVA	Bula	Sur
	Yes	No	N/A		•			-		10	
BASEMENT			V		TAT + M.	1561	900 s	-	1	-	H
			-		-	13/16	1003	1	X	+	H
			-					* +	+	+	H
								->-	+	-	H
Name of Registered Waste Hauler	NJ	DEPW	laste H	auter	Cubic Yards of	Name of Reci	istered Landfill				Щ
Best Removal Inc		No.			Waste	· · · · · · · · · · · · · · · · · · ·		-			-
:		17:	109		Se.7	CUMBERL	AND COUNTY	LA	VDF	اليا	_
City, State					Disposal Date	City, State					
Hackensack , N.J. 07	601				1/6/20	NEWBUR		1240	5_	S	
					Signature	Paisie	1 15	Date	1, 1.	C	
J. MAIORANO Est					X (الله رايمها	~)	141	6/1)	

Inv# 16887 PAID NO

~ 1 / 11	
Check#	HAMA
(HECKH	4000

Date of Notification (1)	1 - 1- 1-	***			1.00				TIECKT	- 4	UU	2	
	16 /	19					ng Owner/Operator Martin, Inc.	(2)	n E C		Ŵ	E	1 100
Agencies Notified	Type Notific	cation			Stre	et Address		1	1 12 diamento en en en	eleakitati, o #5	ata hase		
☑ EPA ☑ DOLWD					19	9 Borton	Landing Road	400		n			MIELES P
⊠ DOLWD	Amenda Amenda				City,	State, Zip	Code		DEC	20	2019		1 1 2
□ DCA	☐ Emerger				M	oorestow	n, NJ 08057	ŧ	İ			;	
(NJAC 5:23-8)	justificat	tion)	Guuir	9	Nam	e of Contac	ct	1	Telephone N	umber	range.	1 6	
	☐ Cancella	ation			Br	ad Heim			856-722-			de ta	
				35575	F/	ACILITY IN	NFORMATION		Committee Commit	in to the conven		المهرا المقالم ليما	ing ⁴ , in ⁴ g ³ er in
Name of Facility Where A	Abatement is	Taking	Place	(3)		.0.2	W OKWATION	Type of Facility	(4)				
Lockheed Martin				10000				School (K-1					
Street Address								☐ Subchapter	8 (Other than K	-12)			
199 Borton Landing	Road							M Other (i.e., phomes, etc.	orivate and com	mercial i	buildin	gs,	
City (5)								Square Feet	# of Floors		Bldg. A	100	
Moorestown								530.000	2			rears	
County (6)					Cou	inty Code (7	7)(STATE USE ONLY)			oliobod)		cars	
Burlington						, (· // 0 · · · · 2 002 0/12//		l/private/offic				
Name of Monitoring Firm	Hired by Buil	lding C)wner	(8)	ASCM	1 No.	Name of Abatem			esilans			
Harvard Environme								vironmental C	•				
Street Address							Street Address	- Trifficital C	, iii c.				_
760 Pulaski Highwa	ıy						923 Haws Av	1 0					
City, State, Zip Code							City, State, Zip C						
Bear, DE 19701							Norristown,						
Project Manager for Monit	toring Firm			Tel	ephone	No.	Telephone No.	7 13401	License No.				
Charles Styles	5					6-2333	610-239-9920):	00398	Ŝ			
Start Date (10)		Sched	uled C	7.5		ate (11)	Name of OSHA N		00330				
_1 / _1 /						20		vironmenal Co	n Inc				
Occupancy Status During	Abatement (Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated					ment		923 Haws Av	e					
Abatement Performed	Outside of No	ormal	Facility	/ Hou	rs - De	scribe	City, State, Zip Co						_
Time of Abatement: 7:	:00AM- <u>11:00</u>	<u>0</u> PM/_	F	PM	Ai	M	Norristown, I						
Scope of Work (Check all	that apply)	-						7. 10401					-
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De	novat moliti	ion on								
				Loca							batem	ent T	vpe
Location of Asbestos-Containing N		.		lorma d Soli	illy ely by		Description of	f					T .
TO BE ABAT		")	Mai	ntena	ance/	Asbe:	stos Containing Ma	terial (ACM)	Amount (Specify	Remova	Repair	nca	nclo
IN Facility	у		Cust	odial (12)	Staff?		surfacing, VAT	or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)		-	Yes	No.	N/A		other miscellane	ous)				late	0
Bldgs.				\boxtimes		floor	o/lineles		00 0005		+		
101 102 103 104 105 1 Bldgs.	NR 100 127				-		e/linoleum/mast	IC	30,000SF				Ш
101 102 103 104 105 1	NR 1NQ 127					pipe/fitt	ting insulation		5,000LF				
Bldgs. 101 102 103 104 105 1				\boxtimes		fireproc	ofing		5,000SF		П	П	П
Bldgs.			П	\boxtimes		transite							
101 102 103 104 105 1 Name of Registered Waste	08 100 127 e Hauler				JDEP		Cubic Yards of	Nome of Devi	5,000SF				
Waste Management		ı, Inc.		1000	lauler II 39126	D No.	Waste 80	Name of Regis	stered Landfill North Landf	ill / Fai	rless	Lan	dfill
City, State					0012		Disposal Date	City, State					
Camden, NJ							various	Morrisville	, PA 19067				
Completed By (Print or Type	pe)	Title					Signature			Date .	7	i	
James M. Kelly		Vie	ce Pre	eside	ent						16	114	
SB-41										1 -	114	111	



1011							,					
Date of Notification (1)	28 /	19		1 2	ne of Buildir ay Johnso	ng Owner/Operator	(2)	J.E.G.I	GI	Ŵ	E	Total State of the
Agencies Notified	Type Notificatio	n		Stre	et Address			ξ[- 1	
⊠ EPA							A COLUMN	DEC	2 n	2010	* 1	
☑ DOLWD ☑ DHSS	Amended			City.	State, Zip	Code	- 12	520	- V	2013	Ĭ	1 3.297
·	Amendment				entnor N		Í	1	Jan	o maria.		
(NJAC 5:23-8)	Emergency (justification)				e of Contac		<u> </u>	1527510			1.18	
The state of the s	☐ Cancellation			Constitution of	ob Mc Cau			Telephone Nu	mber	() 	سب ماديد	zione in a
				-		NFORMATION						
Name of Facility Where Ab	patement is Taki	ng Place	(3)	ГР	ACILITY IF	NFORMATION	T=					
Resident			(0)				Type of Facility (4	•				
Street Address		_					School (K-12) Subchapter 8	(Other than K.	12\			
							Other (i.e., pri	vate and comm	nercial b	uildin	gs,	
City (5)			-				homes, etc.)		<i>(</i>).		5,255	
Ventor							Square Feet	# of Floors	E	Bldg. A	-	
County (6)				Cou	inti Codo (7\/OTATE 1105 01# 10	1,500	2		195	2	
Atlantic				000	inty Code (/	()(STATE USE ONLY)	Current Use (Prio	r if being demo	lished)			
Name of Monitoring Firm H	lired by Building	Owner (2\	ASCM	I Na	IN COL	Residental					
	mod by building	Owner (c	"	ASCIV	I INO.	Name of Abateme		an water to the second				
Street Address						Street Address	n Environmenta	Service, LL	C.			
City, State, Zip Code						958 Jackson						
,,,						City, State, Zip Co						
Project Manager for Monito	rina Firm		Tale	phone	No	Mays Landing	g, NJ 08330				-22.11	
, , , , , , , , , , , , , , , , , , , ,			1 010	priorie	INO.	Telephone No. 609-561-1901		License No.				
Start Date (10)	Sche	duled Co	mnle	tion Da	to (11)	Name of OSHA M		01158				
12/09/	339-252	12 /										
Occupancy Status During A							Environmental	Services, Li	LC.			
☐ Facility Closed/Vacated	During Entire Pa	riod of A	ie) hatai	mont		Street Address						
☐ Abatement Performed O	utside of Norma	I Facility	Hour	s - Des	scribe	958 Jackson				111/1=		
Time of Abatement: 7AM	/-11:30PM/	PM		_AM	Jones	City, State, Zip Co						
Scope of Work (Check all th	at apply)					Mays Landing	g, NJ 08330					
	ас арргу)					⊠ Full Conta	ainment with Negal	rivo Proceuro				
$\boxtimes \ge 3$ sf or ≥ 3 If $\square \ge 160$ sf or ≥ 260 If		⊠ Ren					osure	ive riessure				
100 st of 2200 ft		☐ Dem	olitio	n		☐ Glovebag	Procedure					
		ls L	ocat	ion		□ Non-Exer	npted (*) and Non-	Friable Proced	T			
Location of			rmal			Description of	.		-	atem		уре
Asbestos-Containing Ma TO BE ABATE		Used Main				tos Containing Mat	erial (ACM)	Amount	Rer	Repair	E	Enc
IN Facility	<u></u>	Custo	dial S		(i.e.	, thermal systems ir surfacing, VAT,		(Specify	Removal	air	aps	Enclosure
(13)			(12)		-	other miscellaneo		SF or LF)	<u>a</u>		Encapsulate	ure
		Yes	No	N/A							6	
Front Office					Asbesto	s Plaster Wall		200SqFt		П		
			_						ᆜᆜ		ш	
			=									
Name of Desistantian												
Name of Registered Waste I			100000	JDEP V		Cubic Yards of	Name of Register	ed Landfill				
Graham-Tech Environ	mental Service	e		00345		Waste 30	Pioneern Cro	ssing				
City, State						Disposal Date	City, State					
Completed By (Print or Type) Title					Şignature	M	D:	ate			0
Vernice Graham	P	residen	t			IVOIA	W// M/1	1	11.	Af) -1	9
SB-41				-		LIVAVE	V	_	11,	10	- (/

	1	(3)	[] []	14.11	4:00
2.5	11	C		W	150
. 1	1	11 -	15" 51	141	1
. 1	1 1	W	100	1.0	1

COMMINE THE	LILE		(P	ursua	ant to NJ	AC 8:60 and 5:1	16)		- 0			11
Date of Notification (1)				Nam	ne of Buildin	ng Owner/Operator	(2)	H DE	<u>C</u> 2	21)19	- 11
	19			Ly	nx Wast	e & Recycling, In	ic.	7	1.	4-	7/	i
Agencies Notified Type Not	ification			Stre	et Address			1 1 5 1 1 5 1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.) 1	1	11	
⊠ EPA					O Box 18	8			JOint		To Sales on a Te	orașe contra
☑ DOLWD ☐ Amen				City,	State, Zip	Code						
	dment #_ gency (inc	ludina				e, NJ 07762						
(NJAC 5:23-8) justific		luullig	1	-	e of Conta			Telephone Nu	mhor			
☐ Cance	llation			Ri	chard Hy	de		732-762-73				
				FA	CILITY II	NFORMATION						
Name of Facility Where Abatement	is Taking I	Place	(3)				Type of Facility (4)				
Residence					<u> </u>		School (K-12)	1				
Street Address							Subchapter 8 Other (i.e., pr	Other than K-1 ivate and comm	2) ercial b	uildin	gs,	*
City (5)							Square Feet	# of Floors	В	ldg. A	ae	
Ship Bottom							2000	2		65	.50	
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demo	lished)			
Ocean							Residence	9				
Name of Monitoring Firm Hired by B	uilding Ow	ner (8)	ASCN	No.	Name of Abateme	ent Contractor (9)				75-21/2	
N/A						Guardian Co	ntracting, Inc.					
Street Address						Street Address						
0:1. 0:1.						1889 Route 9), Unit 61					
City, State, Zip Code						City, State, Zip Co						
Decia at Manager Control of the Cont							New Jersey 087	55				
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				
Start Date (10)	Cobodi		<u>.</u>			732-349-9932		00624				
12 /27 /19	Schedule					Name of OSHA M						
				_ ′	19	E.M.S.L. Ana	lytical					
Occupancy Status During Abatement Facility Closed/Vacated During Er						Street Address						
Abatement Performed Outside of	Normal Fa	a ot A	bate	ment	ariba	1056 Stelton						
Time of Abatement:AM	PM/_	acinty	PM-	5 - Des	AM	City, State, Zip Co						
Scope of Work (Check all that apply)						Piscataway, N	New Jersey 088	54				
						☐ Full Cont	ainment with Nega	tive Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Ren Den					losure	tive i ressure				
		Dell	IOIILIC	111		☐ Glovebag ⊠ Non-Exer	Procedure mpted (*) and Non-	Friable Procedu	iro			
)C		ls l	ocat	ion			(/ una 11011	Thubic Troccut		atom	ent T	\/DO
Location of		Used	orma		7323767341500	Description of	f					
Asbestos-Containing Material (AC TO BE ABATED	,	Mair	itena	nce/	Asbe	stos Containing Mat , thermal systems i	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility	1		dial (12)	Staff?	(1.0	surfacing, VAT,	or	(Specify SF or LF)	ova	¥.	nsde	unso
(13)		'es	No.	N/A		other miscellaned	ous)	14-14-1 14-12-14-15-1 -1 -1			ilate	, G
exterior	 Г				acheete					_		
		-			aspesio	s siding		2200 sf		Ш		Ш
												Ш
		-	<u> </u>									
Name of Registered Waste Hauler	L		<u>Ц.</u>									
Guardian Contracting, Inc.				JDEP V		Cubic Yards of Waste	Name of Registe	red Landfill				
City, State			- 1	20223	0.0000000000000000000000000000000000000	4	T.R.R.F.					
						Disposal Date	City, State					
Toms River, New Jersey						12/30/19	Tullytown, P	ennsylvania				
Completed By (Print or Type)	Title	300	22			Signature		Da	ate /	i	19422 - 1931	
Nicholas Fernicola	Proj	ect N	lana	ger				_ /,	1,-	11	S	

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

CK 9081

	A LAMAC						r v* 5-	retula reinima de la companya del companya del companya de la comp		or Standard Standard	4 - 7 - 46	and come of
Date of Notification (1)	.*		Na		Building	Owner/Operator	(2)	nece	i	W/		
Agency Notified	Type Notification		St	reet A	ddress		0 11	× 1				
	· .		1	10	< 4	FRESH 1	POUN R	LD DEC	200	010		11
D EPA	Constitution of the consti		CB	S. C4	de Tim !	rada			UZ	UIJ		177
DEP DOL	Amended Amendment#		0,	ني. سين	Λ Aa	ESBURG	117	08831				. 1
MINE	D Emergency (includia	10		1	AIRE	=5 (00)CC	· (N) ·	00001			19.00	
DOH DCA	justification) D Cancellation		Na					732-29	7-4	94	7	
a box	La Casacendavis					ORMATION	- 03:00	1100 -	1	.0 ,		\neg
Name of Facility Where	Abatement is Taking Pla	če (3)					Type of Facility	(4)				
FP SOL	HAP TOIMH	:1-1.4	011	10	'NE	,	D Cabial IV 45	33				
							☐ Subchapter	9 8 (Other than K-12)				
Street Address	LEUNIN.	*		- 5		;	Di Other (i.e. pr	rivate & commercial	building	S.		
143	LEO DIN	G	0	1 ,			homes, etc.)					
				·	4"		Square Feet	# of Floors	Bidg.			
S. HAC	ICEN SACK	_		10.60	504	1800	6000.	. 1	1 5	74	2	
			10	A succedo a	Cada 17	(STATE USE		rior if being demolis	hed)			
County (6)	11			NLY	Code (7)	(SIMIE POE		ENCIONIN		3	N	2
	LEEN			,	•				٣			3
Name of Monitoring Firm	Hired by Building Owner	er A	SCM N	0.		Name of Abatem	ent Contractor (9)				
(8)		İ				Best Rei	noval In	C				
Street Address						Street Address						
Offeet Minness							. 1 D :	a .				
							th River	St				
City, State, Zip Code						City, State, Zip C						
	*					Hackens	ack, N.J	. 07601				
Project Manager for Mor	nitoring Firm	Tek	ephone	No.		Telephone No.	•	License No.				
			•			201-329	-7444 -	00388				
Start Date (10)	Scheduled Co) malofia	m Dodo	(44)		Name of OSHA		1 00000	-	=	-	-
12/27	1,0	WILLIAM D	LIC	2			Environm	antal				
	1	21)	/ '	<i>i</i>			ZII A TI OHIM	entai			_	-
Occupancy Status Dulin	g Abatement (Check on:	y one)	. 6			Street Address		*				1
☐ Facility Closed/Vacate	ed During Entitle Period	of Altrafe	ment			280 Ht	ıyler St	1				
D Abatement Performed	1 Outside of Normal Faci	Bly Hour	TS-			City, State, Zip C	code	٠,		•		
D'Other - Describe:	3:00,8400 5	500	PH	-		S. Had	ckensack	,N.J. 07	606			
Scope of Work (Check a								,				
_/				1000	nedion			Negative Pressure	2			
D≥ 160 sfor ≥ 260 ff			1000		OUTTON		Enclosure ebag Procedure		30			
G 2 100 St 01 2 200 8					O			d Non-Friable Proc	edure			
	,										tom	Contract 1
	77.	28 00000	ocation ormaliy	•	:					-	ype	-
, Locati	on of		Solely	by		Description		S S 5			_	
Asbestos-Containir		Main	ntenanc	e/		stos Containing M		Amount (Specify		₽.	Enospaniste	F
TO BE A			ıstodial		(fre	., thermal systems surfacing, VA		SF or LF)		Removal	18	Enclosure
(1:			(42)		3959	other miscellan				Va I	-	- Ins
, ("	-,	·	(12)					12		-	110	
		Yes	No	NVA	1							
OUTSIDE	800G		1	7	-10	ANSITE PI	PE	25 L	2.	X	T	T
00 (300	2000	\vdash	\rightarrow	0	1100	100110 PC	1 2	235		+	+	+
									* +	1	+	+
						**			٠,			_
	20					563					-	1
Name of Registered Wa	ıste Hauler	NJE	EP W	ste H	auler	Cubic Yards of	Name of Rec	istered Landfill				
Best Remo		IDN				Waste	1	e en al a cale Actividado em castillador está dos está de la como de cale de la como de cale de la como de cal El como de cale de cale de cale de cale de cale de cale de cale de cale de cale de cale de cale de cale de cale	ě.			
Dear Well	NAT III		171	09		4c7	MIMREDI	AND COUNT	Y LA	NDI	F,L	l.
City, State						Disposal Date	City, State	JIND COUNT	1 -1	- 0.0	-	
	ale NT T OF	601				1 . 1 .		1 ON 1	724	0		
and the same of th	k , N.J. 07	001					NEWBUR	6H, PA. 1		4_		
Completed by	Title					Signature		,	Date	1	1.	0
J. MAIORA	NO! Est	imat	or			1 / No	beered		12	112	11.	Ĭ
		-	-							-	-	

Y 1	V1110	21)										ă		
UK3262	PAI	D	NOT	TIFICATI (Pursua	ON OF A	New Jers SBESTO: AC 8:60 a	SABATE	EMEN 20)	IT (CE	Î N	/ F		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Date of Notification (1) 12-16-2019				Name	e of Buildi	ng Owner s Unive	/Operato	r (2)				U 1		To the same	TOTAL TENERS
Agencies Notified EPA	Type Notification	n		Stree	t Address						DEC 2	0 20	19	112.2	<i>]</i>
DEP X DOL	Amended Amendme	nt #l		City,	State, Zip					7.50	178108		aCI.	<u>.à</u> 25	
DOH DCA	Emergence justification Cancellation	1)	ng	Name	of Conta a DePai	ct			in sec		elephone 201-761-	Numbe	r	**************************************	
Name of Facility Whore A	hata			FA	CILITY IN	FORMAT	TION				.01-701-	7450			
Name of Facility Where A Commercial	batement is Tak	ing Place	(3)					Тур	e of Facility	(4)					
Street Address									School (K-						
762 Montgomery Str	reet							×	Subchapte Other (i.e. etc.)	r 8 (Or private	ther than I	K-12) ercial bu	ilding	s, hon	nes,
Jersey City, NJ 0730	06							Squ 500	are Feet	# 2	of Floors		Bldg. 75+	Age	1
Hudson					y Code (7 E USE ONL			Curi	ent Use (Pri	ior if b	eing demo	lished)			- No. 2005
Name of Monitoring Firm H	lired by Building	Owner (8)	ASC	M No.		Name Gree	of Ab	atement Co vironmen	ntracto	or (9)	110	-1		
Street Address							Street	Addre			31 11003,	LLO			
City, State, Zip Code							City, S	tate, 2	Zip Code						
Project Manager for Monito	oring Firm			Teleph	one No.		Teleph	one N		306	License	No.			
Start Date (10) 12-26-2019		Schedu	iled Co	mpletion	Date (11)	201-3 Name o		3855 HA Monitor		01174				
Occupancy Status During A	batement (Chec	1-10-2 k Only C						n En	vironment	tal se	rvices, l	LC			
Facility Closed/Vacate Abatement Performed	d During Entire	Period of	Abata	ment			235 V	/irgin	ia Avenue	Э					
Other - Describe:			., 11001						ip Code y, NJ 073	06					
Scope of Work (Check All T	hat Apply)	121											_	_	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoli				××××	Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure					
		Is	s Locat	ion					LACITIFIED	() all	u Non-File	able Pro	17346	e ement	-
Location of			Norma ed Sole			Des	cription o	of						ре	
Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)	itenai (ACM) <u>ED</u>	Ma	aintena stodial S (12)	nce/	Asbes (i.e	stos Conta thermal : surfac other m	aining Ma systems i ing, VAT iscellane	insula , or	(ACM)	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A		11						<u>a</u>	1	late	лге
First Floor Throu	272		Х			Pipe I	Insulati	on		14	13 LF	x			
First Floor Throu	ightout	-	X			,	VAT			49	70 SF				
Name of Registered Waste H	Hauler		N	JDEP W	aste	Cubic Y	ardo		N- 15						
Green Environmental s	ervices		H	auler ID 34889	No.	of Wast			Name of R Fairless			II			
City, State ersey City, NJ						Disposa 1-10-2			City, State Morrisvill	e D/	7				
Completed by iliana Serrano		Title Office	e Man	ager			nature	12	Vi N d		(D	ate 2-16-2	0010		
						16.00	T 10 10 10	A 12 1	~ 1 - 10 kg	A 16 8	Se #1 1	- IU-/	WIN.		1

TN/# 10	161	0						11.		P	R] [i		<u> </u>	rint-Fori
CK 3504 PAI	D	NOTI (FICATIO	State of New N OF ASB of to NJAC	ESTOS A	ABATE	EMEN (0)	Т		G	E	1 1	W 15	10	
Date of Notification (1) 12/13/2019 Check#3	2504			of Building						DEC	20	20	19	100 L	F / 1
12/13/2019 Check#3 Agencies Notified Type Notification				hn the Ba	aptist C	Church	า	1	1					i	
- F				Address Anderson	Avenu	ie.			. 33.3	loi.	港的E		i ya Lizi	anak Sa	1
DEP Amended				tate, Zip Co	111111111111			100 110 12	F 14 1677	LIG	EKS:	100	Marak e factoria	the same of the	1
DOL Amendmen Emergency				iew, NJ 0											
DOH justification		g		of Contact					Tel	ephone	e Num	ber			
DCA Cancellation	1			ose Gamb	530	0.000			20	1-945	5-486	55			
Name of Facility Where Abatement is Takir	g Place	(3)	FAC	ILITY INFO	ORMATIC	NC	Typ	e of Facility	'A\						
St John the Baptist Church	3	(-)					Тур								
Street Address						_	H	School (K- Subchapter		er than	K-12)			
239 Anderson Avenue							X	Other (i.e. petc.)					dings,	, hom	es,
City (5) Fairview, NJ				V)			Squ 6,0	are Feet	# of 2	Floors	3		Bldg. A	Age	
County (6)		T	County	Code (7)				ent Use (Pri		na den	nolishe	1		-	
BERGEN			(STATE	USE ONLY)		- 1		urch		.5		,,,			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASCI	M No.				atement Cor		4					
Street Address								ces Corpo	ration						
Olicet Address					. 1	Street		ess Street							
City, State, Zip Code				1				Zip Code							
								rg, NJ 070	93						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	none N				se No				
Start Date (10)	Schedu	led Cor	mpletion	Date (11)				HA Monitor		0107	4				
12/13/2019	12/16			Date (11)				above							
Occupancy Status During Abatement (Chec	k Only O	ne)		-		Street									
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 5 PM	Period of al Facilit	Abaten y Hours	nent s			City, S	tate, 2	Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Constitution of the last of th	Renova Demolit				×	Mi GI	III Containme ni-Enclosure ovebag Proc on-Exempted	edure					•	
	Is	Locati	ion			=2-01			1 / 4114	14011-1	Habie		Abate		
Location of		Normal ed Sole	ly		Desc	ription	of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/	Asbesto	s Contai	ining M	ateria	I (ACM)		nount		_		Щ	_
In Facility	Cus	todial S (12)	Staff?		surfacir	ng, VAT	T, or			oecify or LF)		Remova	Repair	ıcap	inclo
(13)					other mis	scellan	eous)					oval	vair	Encapsulate	Enclosure
Church Corridor	Yes	No	N/A											te	
Charch Comar		Х	-	9x9 l	Floor T	ile-No	Ma	stic-	1,70	00 SF	2	ζ.			
N															
Name of Registered Waste Hauler EA Services Corporation		H	JDEP W auler ID	No.	Cubic Ya of Waste			Name of R	200-00						
City, State		10	01278		tbd			Minerva		prises	s, inc			100 TO 100	
Gutenberg, NJ					Disposal tbd	Date		City, State		OH					
Completed by	Title					nature	/	Waynes	burg,	UH T	Date				
Gina Betances	100000000000000000000000000000000000000	e Mar	nager		0.91		(8	Viera	8_			3/2	019		

INV# 16811	N		CATION	te of New OF ASBE o NJAC 8	STOS A			A STATE OF THE STA		G DFC	E 20	20		Prin	t-Fon
Date of Notification (1) 12/16/2019				Building O or Berge			(2)			ULV		- 20	ডি	11.	-
12/16/2019 Check # 3508 Agencies Notified Type Notification		1	Street Ad			erriy			7.5	ALCIY LIC	in () lekto	76 T	K.L.	on On	\dashv
EPA Initial Amended Amendmen				e, Zip Cod				*	- 10-11-9	- Valendaria	المول المحاول المرادة والمحا	minen afile col.	do mor 148 h	Parent 1	No. a. e.
DOL Amendmen	-		•	ood, NJ	J 07450)			T-1-	-b N	lmaha				_
DOH justification		- 0	Name of Chris	Contact					1000	phone N -312-					
			FACIL	ITY INFO	RMATIO	N	_								
Name of Facility Where Abatement is Takin Windsor Bergen Academy	ng Place (3)							e of Facility (4)							
Street Address								School (K-12) Subchapter 8 Other (i.e. pri	(Othe			ouildir	as. h	omes	s.
56 Passaic Street								etc.)	1	Floors	, ciai i		g. Ag		_
City (5) Ridgewood							17.5	are Feet 000	3	FIOOIS		50		C	
County (6) BERGEN			County C	ode (7) SE ONLY)	·			ent Use (Prior	if bein	ig demo	lished	i)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.		White state of	of Ab	atement Contr	military or a second	(9)					\neg
Street Address						Street		ces Corpore	ation					-	-
							7.7.33	Street							
City, State, Zip Code						- 100 P. C. C.		Zip Code rg, NJ 0709	3						
Project Manager for Monitoring Firm		T	Telephon	e No.		Teleph	none l			Licens 01074					
Start Date (10)	Schedule		npletion D	Date (11)		Name	of OS	SHA Monitor							
12/26/2019 Occupancy Status During Abatement (Che	12/28/					Street		above							\dashv
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: AM	Period of A	batem			_	2		Zip Code							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenova Jemolit			11	2	N G	ull Containme lini-Enclosure Blovebag Proce lon-Exempted	edure						
		Locati										A	bate Typ	ment be	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena todial S (12)	ly by nce/		tos Conta thermal s	system ing, VA	Materi s insu AT, or		(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		·	10/	- 0 (24	2	015				Ф	
Basement Corridor		X		Р	Pipe Ins	-vvra	0 & (Jul	3	0 LF		х			
									38						
Name of Registered Waste Hauler EA Services Corporation		H	JDEP W lauler ID 01278		Cubic \ of Was tbd			Name of F				;			
City, State		1	3.270		Dispos	al Date)	City, State		OH					
Gutenberg, NJ Completed by	Title	agges				ignatur	е	(d//)	na (7	Date				
Gina Betances	Offic	е Ма	nager				1	2/11/16	1		12/	16/1	9		

page 1

~ 9078

13/2019 01:29PM 2013297440				CIC
To #11071016		BEST REMOVAL INC	D:)[10	DAPAGE 02/8
The la led	Etrain, ad M	an Jersey	7.00 (7.3 1.00 (7.3 1.00 (7.3)	· P E I W
とうして は は は は は は は は は は は は は は は は は は は	otercation of as	BESTOR ABATEMENT C 8:80 and 12:126)	TI	
Date of Hosticules (1)	Harrie of States	ing Comediaperator (2)	= / -	DECT TO 2015
Agency Hoteled Type Hatelenien	Bisset Address	Misseu A	sier_	
D SPA D DEF D Attendad Amendment	G			Latos Clear
Pulled	GAR	Field NJ.	-	LIGEROING
DITOH jumilioning freinder	North of Come	NO-2	Takanhana Sha	
	MARIN ITTY MA	PORMATION		
Marrie of Facility Where Abstract in Toking Find	= (3)	Type of Red	P/49	
Brook Address	Per	D School (fo	-125	
		Ci Other da	or & (Chier than 16-12 Private & commercial) of busidings,
GARFIELD		homes, e	If of Plages	Miles Age
County (6)	Cessely Godo (2100	12	1935
BEILGEN.	CONTAL		SIDENCE SIDE	ali-ad)
(a) (a) (a) (a) (a) (a) (a) (a) (a) (a)	ASOM No.	Matrix of Abstromast Commission	(40)	
Brayet Additions		Best Removal I	nc	
City, State, 25p Oads		450 South Rive	r_St	
		Hackensack, N.	1 07/01	
Project Manager for Mandistry Penn	Yelophova No.	Telephone No.	Licens No.	
Stant Cate (10)	Thinking Date (14)	201-329-7444	00388	
Occupancy Status Digiting Abstracents (Check cody)	17/19	Omega Environs	mental	_,]
D Seedly Commence		280 Huyler St	,	
D'Obbet - Députier C. 100 A.H. T.	Hours OM	City, Blats, Zip Code		
months of Avera (Chinck will spirt shigh)	1.30611	S. Hackensaci		The same of the sa
日 2 140 m m 5 280 A 日 2 140 m m 5 280 A	D Demolion	C) Par Countybroom wi vill film Cooleeum 22 Chryshey Procedur 23 (Cyrchesyled (*) a	ft Nagative Pressure	
	to Louising			Almentant
Aminophor-Cornelising Residents (ACM)	Used Steinly by Mishingson/ Anises	Description of the Containing Malyrisi (ACLI)	Aisourie	
Bit Fealthy	Coundial Siz.	enormal systems inguisdors.	SF or LF)	Plant Bank
<u>-</u>	(14)	Cappendinosis 1989	4.3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BASEMENT	S NO N/A			
BASEMEN	U NER	MELSURFACIONS	485	= x
		CONTRACTORS	700	FIN
Manyo of Empirished Ventue Handor	K.E.S. Winete Haylor	Cubin Yards of Marrie of Ross		
Best Removal Inc	17109	Mintin a		
City, State		2/107 CUNBERL		
. Hackensack , N.J. 0760	1	12/18/19 NEW BUR		
J. MAIORANO Estim	ator	Mainaux	5	with a l
A8341		- Concurrence	\	12/13/19

Tout	· Net	79		State	of i	NJ					
Proj. #: 19-276						tos Abatement	IN E (GEI	W	E	100 A
CK1004	P.	AU	(Purs	suant to NJAC	8:6 د	60 and 12:120)		9 6 1	¥		
Date of Notification (1)		Name of B	uilding Ov	vner/Operator (2))		- 	EU 20	2019	13	12/1
Agencies Notified Type Notified	Footlog	Jackelin									
☐ EPA ☑ Initial		Street Addr	ess				[/Arth	eros edi	Thol	iiin ab LÜL	
DEP Amende	11	City, State,	7:- 0 - 1) 	LICENSII	<u> </u>	والمراجع والمستعددات	
DOL Emerger											
DOH (including	9 1	ame of Co	h, NJ 0	7201			Telepho	ne Number			
□ DCA justificati	11	Jackelin	a Dinas				releption	ine reditibet			
Cancella	uon	Jacketti									
Name of facility where abateme	nt is taking pla	200 (2)	FAC	CILITY INFORM	ATIO)N 	T 1=				
	in is taking pie	ice (3)					Type of Facility Scho	(4) oi (K - 12)			
Residential							11 =	hapter 8 (Oth	er than	K-12)	
Street Address								(Private/Con		E	
							Square Feet	./Homes, etc # of Floors		Bldg. A	ige
City (5)	Coun	ty (6)				unty Code (7)	1,900 SF	02	_ 10	0	
elizabeth, NJ 07201	unic	n			(Sta	ate use only)	Current Use (F Residential	Prior if being	demolis	hed)	
Name of Monitoring Firm Hired b				ASCM No.	1	Name of Abateme					
N/A						KLOMAX, LL	С				
Street Address						Street Address					
City, State, Zip Code						309 W. End Av	Personal Commence of the Comme		-		
oity, otate, zip code						City, State, Zip Cod					
Project Manager for Monitoring Fi	rm	Pho	one Numb	ner	-	Hopatcong, NJ Telephone Number		License No	ımher		
						833-455-6629	0.15	02007	moor		
Start Date (10)	Sched.	Completio	n Date (1	1)	=	Name of OSHA Mo					
12/14/19	12/20/	2019				KLOMAX, LL Street Address	C	-			
Occupancy Status During Abatem						309 W. End Av	re				
Facility closed/vacated during Abatement performed outside						City, State, Zip Code	9				
Describe: NORMAL					-	Hopatcong, NJ	07842				
Scope of Work (check all that app	The state of the s					Tiopateong, NJ	Full Containment v	u/nogativo no	OCCUPA-		
≥3 sf or ≥3 if							Mini-enclosure	•	555UIC		
≥160 sf or ≥260 lf	Demolition					¥	Glovebag procedu Non-Exempted (*)		blo see		
Location of	Is location			1			[Non-Exempled ()	F	R	E	
asbestos-containing material (acm) to be	by mainten staff(12)	ance/custo	odial			sbestos-containing	Amount	· r	10	n	E n
abated in facility (13)	Yes	No	N/A	material (A	CIVI)		(Specify S LF)	or or		a p	C L
Basement Boiler Room	1	X	ГП	Pipe Insulation	on		30 LF	e	_	1	
										情	怡
					,						
Registered Waste Hauler	IN:IDES	Hauler ID	# Ci	ubic Yards of Wa	ste	Name of Registered	1 Landfill				
KLOMAX, LLC	0038	241	1	yds			RESOURCE RE	COVERY		÷	
City, State		D	isposal Da TBD	ate	2.5	City, State					
Hopatcong, NJ 07843 Completed by (Print or Type)	Title		עמז	Signature		TULLYTOWN	, PA	I Data			
Paige Boylan	Owner			7				Date 12/13/19			
ASR-41	* Do not use	this form fo	r asbesto	s licensure exem	pted	activities.		ــــــــــــــــــــــــــــــــــــــ		-	

Dec 13 2019 04:03	PM NJ Asbestos	s Contro	1 609,633,0664	4 р	age 1		E	CE	
2019 11:12	an Ho Fax			page 3				S dis ner incondere	gaz eta din untag z albaz en en en en en
						4			0 2019
Commence of the Commence of th	276		Notification of	ate of NJ Asbestos Abateme IAC 8:80 and 12:12	nt :	_ DOI	- 10	-64 - 5	
Date of Not/Academ (1) [1 2 /[1 3 / 1	19 1 Na	ne of Build	ng Owner/Operator	(2)		•	1		
	Nostandian Ia	ickeline D	nas		1 14		1		+
DEP Ame	nded					n n n fo	11170		1
		State, 200							<u>-</u>
PER DOT CITAL	ted ma	izabeth, N	J 07201						
	11	skeline Di			Tel	appara Mn	mber		
Norman and American			FACILITY INFORM	MATION			- FE		
Name of facility where abate	ment is taking place (3)		ANTION S	T				
Residential Street Address	The state of the s	**************************************				chool (K.			
raily (B)					I A D	ubchapter: her (Privat dgs:/Home	EUT FAMOUR	itan K-12) 1014	C
*	County (6)			County Code (7)	Square Fee	t #ofF	pons.	Blog.7	Gs.
dlizabeth, NJ 07201	Union			(State use only)	Current Use	02 Prior If b	sing dem	100 dished)	
A/A	DA RIOT CAUSE (9)		ASCM NO.	Name of Absort	Residentia ent Contractor (9))			
Elicel Adams	***************************************	11	The State of the S	KLOMAX, L		2			
चित्र, क्रिकेत, यह चंद्रक		out the think had a		309 W. End A	VE			Section Section	
				CRy. State, Zip Co.	54			- we as	
Project Manager for Monitoring	km	Phone Nu	nber	Hopetcong, N	J 07843		A2 4/20/20		
Sum Date (10)	Sched, Comp			833-455-6629)	0200	e Nurrices 7		and the second
12/14/19	100000		(11)	Name of OSHA MA KLOMAX, LI	onitor C		e Maria Sana		STORE.
Cocupancy Status During Abelian Facility Closed/vacated during Abelianization performed pures	nent (Check only one)			309 W. End Av					ELECTRONICS.
Abstament performed outsi	de of normal facility hi	oura- Dura-		City, State, Lip Coo	6			the second second second	
Describe: Describe: NORMAL Scope of Work (check all that a	Hous			Hopatcong, NJ	07R43				
2 5 E OL 3 1					Full Containment	w/negative	BREARTINA		and the same of th
☐ ≥180 sf or ≥280 H				200	Mini-enclosure Glovebag procedu				
Location of sebastra containing	is location normali; by maintenance/cu	y used sole	7		Mon-Exampled (*)	and Non-	rizbie pro	cadne	
material (sem) to be shated in facility (13)	地图12)	- Inchai	Description of meterial (AC)	f asbestos-containing	Amount		8 8	E	E
Basement Boiler Room	Yes No	NA		14	(Spacify S	For	0 0	e m	n G
Salestan Editor Kobin			Pipe Insulation		30 LF		210	b .	·
									j
(aglatared Waste mauler	NUDEP Haver						-	-	-
KLOMAX, LLC	0038241	1	740	TULLYTOWN, R	AND THE PER	Trans.		· 15	
Hopatoong, NJ 07843		TBD		Lity, Etale		-CARK A	1		. ·
reige Boylan	Title Owner	T	Signalium	TULLYTOWN,	ZA.	5			===
The state of the s	DO NOT THE THIS FOLKED	or asbeatos	JOSEPH SKATTSTA	d activities		Date 12/13/19			D. 18
					-		-	Total Control of	Ph.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 2 19 Princeton University-Office of Design and Construction Agencies Notified Type Notification Street Address **⊠** EPA 200 Elm Dr. **⊠** DOLWD City, State, Zip Code . 150022 (C357) NATACLE. **⊠** DHSS Amendment #1-12/16/19 Princeton, NJ 08544 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Robert Ortego **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Princeton University-New Residential College School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Elm Drive & South Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Princeton 70 County (6) Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) MERCER Office/Classrooms Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental Inc BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 1253 North Church Road 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Michael Keehn 609-386-8800 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-6:30PM/____PM-___AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 If □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Enclosure Remova Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior Steam Pipe Insulation-Wrap & Cut 1000 LF X П П П

Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill BRISTOL ENVIRONMENTAL, INC. Hauler ID No. Waste FAIRLESS LANDFILL 18706 City, State Disposal Date City, State BRISTOL, PA 19007 FAIRLESS HILLS, PA Completed By (Print or Type) Title Signature Brian Scafiro Estimator 12-16-19

ASB-41 BS19151

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

Date of Notification (1)					Name of Du	!ld! 0 :-	5:16)	Cycycu	ا الله	PE	1 D.C	d-mar
	2 /	19			Princeto	ilding Owner/Operat	tor (2)		6	5	₩/	
Agencies Notified	Type Notific	cation			Street Addre	n University-Offi	ce of Design	and Construct	ion			51.21
I KI EPA SOXY					200 Elm			Man r	DEC :	2 n	2010	Α.
☑ DOLWD 3060	Amende			1	City, State, Z			_ :		. 10	2019	I
□ DCA 3077	Amendn	nent #_	Juniin -			n, NJ 08544				C Tape South		
(NJAC 5:23-8)	justificat	ion)	luaing	1	Name of Cor				0103 100		Tai,	1.
	☐ Cancella	tion		1	Robert O			Telephone				
								609-258	-1841			
Name of Facility Where Aba	atement is	Taking	Place	(3)	FACILITY	INFORMATION						
Filliceton University-	New Resi	dentia	al Col	lege			Type of Fac					
Street Address							School (K-12)				
Elm Drive & South Dr	rive						Other (i.e	oter 8 (Other than I	K-12)	al lavette		
City (5)								cic.)	innercia	ii Dulic	ings,	
Princeton							Square Feet	t # of Floors		Blda	. Age	
County (6)				To	County Onda	(7) (07.				70	g (77)	
MERCER				- (Journey Code	(7)(STATE USE ONLY)		(Prior if being den	nolished	d)		_
Name of Monitoring Firm Hir	ed by Build	ing Ow	ner /8	100	CM No.	1.00	Office/CI	assrooms				
I I Environmental Inc		3 3 11	(0)	ASI	OIVI INO.	Name of Abatem	nent Contractor	(9)				_
Street Address						BRISTOL EN	VIRONMEN	TAL, INC.				
1253 North Church Ro	ad					Street Address						_
City, State, Zip Code						1123 BEAVE	R STREET					
Moorestown, NJ 08057	,					City, State, Zip C						
Project Manager for Monitorin	na Firm		15	'alash		BRISTOL, PA	A 19007					
Michael Keehn	•		1.	elephor		Telephone No.		License No.				
Start Date (10)	Sc	heduler	1 Com	plotice !	86-8800 Date (11)	215-788-6040		00509				
12 /17 /19	9	12	/	31	Date (11) /19	Name of OSHA M						_
				J /	19	BRISTOI EN	VIDOMERENE	820				
Occupancy Status During Abo	tement /OL	ool:				BRISTOL EN	AIKOMMEN I	AL, INC.				
L Facility Closed/Vacated Du	tement (Ch	eck onl	y one	0		Street Address		AL, INC.				_
☐ Pacility Closed/Vacated Du ☐ Abatement Performed Outs	atement (Churing Entire	eck onl	y one	tement		Street Address 1123 BEAVER	R STREET	AL, INC.				_
☐ Abatement Performed Outs	atement (Churing Entire	eck onl	y one	tement		Street Address 1123 BEAVEF City, State, Zip Co	R STREET	AL, INC.				
☐ Pacility Closed/Vacated Du ☐ Abatement Performed Outs Time of Abatement: 7:00A	atement (Charing Entire side of Normal M-6:30 PM)	eck onl	y one	tement		Street Address 1123 BEAVER	R STREET	AL, INC.				
Abatement Performed Outs Time of Abatement: 7:00 Scope of Work (Check all that	atement (Charing Entire side of Normal M-6:30 PM)	eck onl	y one	tement		Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	R STREET de 19007					
□ Pacinity Closed/Vacated Du □ Abatement Performed Outs Time of Abatement: 7:00A Scope of Work (Check all that is ≥3 sf or >3 if	atement (Charing Entire side of Normal M-6:30 PM)	eck onl Period nal Fac	y one of Aba ility Ho PM	tement ours - De		Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	R STREET de 19007	AL, INC.				
□ Pacinity Closed/Vacated Du □ Abatement Performed Outs Time of Abatement: 7:00A Scope of Work (Check all that is ≥3 sf or >3 if	atement (Charing Entire side of Normal M-6:30 PM)	eck onl Period nal Fac	y one of Aba ility Ho PM	tement ours - De		Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclo	R STREET de 19007 ainment with Ne	egative Pressure				
□ Pacinity Closed/Vacated Du □ Abatement Performed Outs Time of Abatement: 7:00A ○ Scope of Work (Check all that is) ○ Stope of York (Check all that is) ○ Stope Of York (Check all that is)	atement (Charing Entire side of Normal M-6:30 PM)	eck online Period nal Fac	y one; of Aba ility Ho PM Renova Pemoli	tement ours - De All ation tion		Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclo	R STREET de 19007 ainment with Ne	egative Pressure	ure			
□ Pacinity Closed/Vacated Du □ Abatement Performed Outs Time of Abatement: 7:00 A □ Scope of Work (Check all that is □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if	atement (Ch uring Entire I side of Norn M- <u>6:30</u> PM/ apply)	eck onl Period nal Fac	y one, of Aba of Aba ility Ho PM- Renova Demoli	ation ation ally		Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem	R STREET de 19007 ainment with Ne psure Procedure npted (*) and Ne			patem	ent T	
Abatement Performed Outs Time of Abatement: 7:00A Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materia	atement (Ch uring Entire I side of Norn M- <u>6:30</u> PM/ apply)	eck onl Period nal Fac	y one of Abe of	ation ation ally	escribe M	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem	R STREET de 19007 ainment with Ne soure Procedure pted (*) and No	egative Pressure on-Friable Procedo	Ab		ent Ty	
□ Pacinity Closed/Vacated Du □ Abatement Performed Outs Time of Abatement: 7:00 A □ Scope of Work (Check all that is □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if	atement (Ch uring Entire I side of Norn M- <u>6:30</u> PM/ apply)	eck onl Period nal Fac	y one of Aba of	ation ally lely by ance/	escribe M	Street Address 1123 BEAVEF City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate thermal systems in	R STREET de 19007 ainment with Ne soure Procedure Procedure Apted (*) and No	egative Pressure on-Friable Procedo	Ab			
Abatement Performed Outs Time of Abatement: 7:00A Scope of Work (Check all that ≥ ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED	atement (Ch uring Entire I side of Norn M- <u>6:30</u> PM/ apply)	eck onl Period nal Fac	y one of Aba of	ation ally lely by ance/	escribe M	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exen Description of tos Containing Mate thermal systems in surfacing, VAT of	R STREET de 19007 ainment with Ne posure Procedure Procedure Apted (*) and No erial (ACM) sulation,	egative Pressure on-Friable Procedo Amount (Specify	Ab			
□ Pacility Closed/Vacated Du □ Abatement Performed Outs Time of Abatement: 7:00A Scope of Work (Check all that all ≥3 sf or ≥3 if □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)	atement (Ch uring Entire I side of Norn M- <u>6:30</u> PM/ apply)	eck onl Period nal Fac	y one of Aba of	ation ally lely by ance/	escribe M	Street Address 1123 BEAVEF City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate thermal systems in	R STREET de 19007 ainment with Ne posure Procedure Procedure Apted (*) and No erial (ACM) sulation,	egative Pressure on-Friable Procedo				
□ Pacility Closed/Vacated Du □ Abatement Performed Outs Time of Abatement: 7:00A Scope of Work (Check all that all ≥3 sf or ≥3 if □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)	atement (Ch uring Entire I side of Norn M- <u>6:30</u> PM/ apply)	eck online Period nal Fac	y one of Aba of	ation ation ally lely by ance/ Staff?	Asbes	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate thermal systems in surfacing, VAT, co other miscellaneou	R STREET de 19007 ainment with Ne psure Procedure hpted (*) and No erial (ACM) sulation, or us)	egative Pressure on-Friable Procedo Amount (Specify	Ab		1	
□ Pacility Closed/Vacated Du □ Abatement Performed Outs Time of Abatement: 7:00A Scope of Work (Check all that is □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)	atement (Ch uring Entire I side of Norn M- <u>6:30</u> PM/ apply)	Us M Cu:	y one, of Aba of	ation ally lely by ance/ Staff?	Asbes	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exen Description of tos Containing Mate thermal systems in surfacing, VAT of	R STREET de 19007 ainment with Ne psure Procedure hpted (*) and No erial (ACM) sulation, or us)	egative Pressure on-Friable Procedo Amount (Specify	Ab			
□ Pacility Closed/Vacated Du □ Abatement Performed Outs Time of Abatement: 7:00A Scope of Work (Check all that all ≥3 sf or ≥3 if □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)	atement (Ch uring Entire I side of Norn M- <u>6:30</u> PM/ apply)	eck online Period nal Fac	y one y one of Ababas of A	ation ation ally lely by ance/ Staff?	Asbes	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate thermal systems in surfacing, VAT, co other miscellaneou	R STREET de 19007 ainment with Ne psure Procedure hpted (*) and No erial (ACM) sulation, or us)	egative Pressure on-Friable Procedo Amount (Specify SF or LF)	Removal 🛛	Repair		ype Enclosure
□ Pacility Closed/Vacated Du □ Abatement Performed Outs Time of Abatement: 7:00A Scope of Work (Check all that all ≥3 sf or ≥3 if □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)	atement (Ch uring Entire I side of Norn M- <u>6:30</u> PM/ apply)	Us M Cu:	y one, of Aba of	ation ally lely by ance/ Staff?	Asbes	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate thermal systems in surfacing, VAT, co other miscellaneou	R STREET de 19007 ainment with Ne psure Procedure hpted (*) and No erial (ACM) sulation, or us)	egative Pressure on-Friable Procedo Amount (Specify SF or LF)	A Removal	Repair		
Abatement Performed Outs Time of Abatement: 7:00A Scope of Work (Check all that is ≥3 sf or ≥3 if ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13) xterior	atement (Ch uring Entire I side of Norm M-6:30PM apply)	Us M Cu:	y one y one of Ababas of A	ation alion aliy by ance/ Staff? N/A	Asbes	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate thermal systems in surfacing, VAT, co other miscellaneou	R STREET de 19007 ainment with Ne psure Procedure hpted (*) and No erial (ACM) sulation, or us)	egative Pressure on-Friable Procedo Amount (Specify SF or LF)	Removal 🛛	Repair		
Abatement Performed Outs Time of Abatement: 7:00A Scope of Work (Check all that is ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13) xterior	atement (Ch uring Entire I side of Norm M-6:30 PM, apply)	Us M Cus	y one y one of Ababas of A	ation ally lely by ance/ Staff?	Asbes (i.e.,	Street Address 1123 BEAVEF City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate thermal systems in surfacing, VAT, c other miscellaneou	R STREET de 19007 ainment with Ne soure Procedure npted (*) and No erial (ACM) sulation, or us) rap & Cut	Amount (Specify SF or LF)	Removal 🛛	Repair		
Abatement Performed Outs Time of Abatement: 7:00A Scope of Work (Check all that is ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13) xterior	atement (Ch uring Entire I side of Norm M-6:30 PM, apply)	Us M Cus	y one y one of Abase	ation ally lely by ance/ Staff? N/A	Asbes (i.e.,	Street Address 1123 BEAVEF City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate thermal systems in surfacing, VAT, c other miscellaneou	R STREET de 19007 ainment with Ne posure Procedure Inpted (*) and No erial (ACM) sulation, or us) rap & Cut	egative Pressure on-Friable Proceds Amount (Specify SF or LF) 1000 LF	Removal 🛛 🗆	Repair		
Abatement Performed Outs Time of Abatement: 7:00 A Scope of Work (Check all that is ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13) xterior In Facility (13) xterior	atement (Ch uring Entire I side of Norm M-6:30 PM, apply)	Us M Cus	y one y one of Abase	ation ally lely by ance/ Staff?	Asbes (i.e.,	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate thermal systems in surfacing, VAT, co other miscellaneous pe Insulation-Wi	R STREET de 19007 ainment with Ne soure Procedure npted (*) and No erial (ACM) sulation, or us) rap & Cut	egative Pressure on-Friable Proceds Amount (Specify SF or LF) 1000 LF	Removal 🛛 🗆	Repair		
Abatement Performed Outs Time of Abatement: 7:00A Scope of Work (Check all that is ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13) xterior In Facility (13) xterior	atement (Ch uring Entire I side of Norm M-6:30 PM, apply)	Us M Cus	y one y one of Abase	ation ally lely by ance/ Staff? N/A	Asbes (i.e.,	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate thermal systems in surfacing, VAT, c other miscellaneou	R STREET de 19007 ainment with Ne posure Procedure Inpted (*) and No erial (ACM) sulation, or us) rap & Cut	egative Pressure on-Friable Proceds Amount (Specify SF or LF) 1000 LF	Removal 🛛 🗆	Repair		
Abatement Performed Outs Time of Abatement: 7:00A Scope of Work (Check all that is ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13) xterior Ame of Registered Waste Haule BRISTOL ENVIRONMENTA y, State BRISTOL, PA 19007	atement (Ch uring Entire I side of Norm M-6:30 PM, apply) al (ACM)	Us M Cus	y one y one of Abase	ation ally lely by ance/ Staff? N/A	Asbes (i.e.,	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate thermal systems in surfacing, VAT, c other miscellaneou	R STREET de 19007 ainment with Ne posure Procedure Inpted (*) and No erial (ACM) sulation, or us) rap & Cut Name of Regist FAIRLESS City, State	Amount (Specify SF or LF) 1000 LF	Removal 🛛 🗆	Repair		
Scope of Work (Check all that it is 23 sf or 23 if it is 2160 sf or 2260 if it is 250 Location of Asbestos-Containing Materia TO BE ABATED IN Facility	atement (Ch pring Entire side of Norm M-6:30PM, apply) al (ACM)	Us M Cus	y one, of Aba of	ation ally lely by ance/ Staff? N/A	Asbes (i.e.,	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate thermal systems in surfacing, VAT, c other miscellaneou	R STREET de 19007 ainment with Ne posure Procedure npted (*) and Ne erial (ACM) sulation, or us) rap & Cut Name of Regist FAIRLESS	Amount (Specify SF or LF) 1000 LF	Removal 🛛 🖂	Repair		

CK 34841

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

34841

Date of Notification (1)				Name	of Buildin OK SHARP	g Owner	/Operato	r (2)	· (a)			7 17 373
11 / 19 /20	10					& DOHM	E CORP.		3 6	III.	1	W E
Agencies Notified Type Not					Address LINCOLN	AVENUE	:					
DEP Am Car	al Notific ended No ncellation	otificat	ion	City, S RAHW	State, Zip Co /AY, NEW .	ode			DE	, 2	7 20	119
	Hold ERGENC	Y NO	TIFIC	ATION KINNA	of Contact RI PATEL			Telephone N	lumber		16	
		_	-	FACILITY INF		N		732-594-635	2	r Zejel		*******************
Name of Facility Where Abatement	is Takin	g Plac	ce (3)		011111111111111111111111111111111111111		of Facili	ty (4)			-	
MERCK SHARP & DOHME CORPOR	RATION						School (I Subchap	ter 8 (Other tha	n K-12	!)		
Street Address 126 EAST LINCOLN AVENUE - BUIL	DINIO -					X	Other (ie.	private & com	mcl. bl	dgs., h	omes,	etc.)
	nty (6)	NLA	BS			4	10,000	1			57	0
RAHWAY	ON			(STATE L	Code (7) JSE ONLY)	Curre	ent Use (P	rior if being der	molishe	ed)	5401	
Name of Monitoring Firm Hired by I ENVIRONMETAL HEALTH INVESTIG	Building	Owne	r (8)		ASCM No	Name	e of Abate	ement Contrac	tor (9)		FACI	LI
Street Address	ATIONS	o, INC.			104	PAR	ENVIRON t Address	MENTAL COF	RPORA	TION		
655 WEST SHORE TRAIL City, State, Zip Code						313 5	POOK R	OCK ROAD				
SPARTA.	NEW JE	RSEY	0787	1		City,	State, Zip	Code				
Project Manager for Monitoring Firm				ne Number		Telep	hone Nun	W YORK 1090	1 icense	Numb	or	
WILLIAM S. KERBEL, CIH Expected State Date (10)	10-		3-729-			845-3	69-7500	1	101	INGITIL	GI.	
12 / 3 /19	Sc	nea. (omp	letion Date (11 30) /20	Name	of OSHA	Monitor				
Month Day Year Occupancy Status During Abatement	(Charles	Month	,	Day	Year	1		ORATORIES I	NC	1	11480)
A Facility Closed/Vacated Du	ring Entir	e Peri	od of	Abatement		Street	Address	H STREET				
Abatement Performed Outs	ide of No DAY -FR	ormal F	acility	Hours - Descr	ribe:							
See See See See See See See See See See	DAT -FR	IDAY	/AM-	3:30 PM		City, S	State, Zip	Code	VODI			
Scope of Work (Check all that apply) Demolition	V 10	******** **			Full Con	I tainment	with Nega	V YORK, NEW ative Pressure	YORK	1001	3	
>3SF OR LF X >160 SF OR 260 LF	X Rei	novatio	on	X	Mini End Gloveba	lo , g Proced	ure					
Location of		s Loca	tion	I Doo	Non-Fria	ble Proce						
Asbestos-containing	по	rmally	used	Conta	aining Mater	rial (ACM)	Amount		Abaten		
Material (ACM) TO BE ABATED		solely int/Cus		(ie	. Thermal s	ystems		(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
in Facility (13)	Ivia	Staff (12)		ation, surfact ther miscell	ing, VAT		SF or LF)	18	AR	APS	000
		No	N/A			anodasj			15		SUL.	UR
1ST FLOOR ROOM C25, C25A, C25B		-	X	VAT & MASTI	С			650 SF	X			
1ST FLOOR ROOM C25		_	Х	PIPE INSULA	TION/PIPE	SADDLE	s	5 LF	x			
1ST FLOOR C25		-	Х	DUCT MASTIC	2			2 SF	X			
1ST FLOOR ROOM B37		_	Х	VAT & MASTI	С			145 SF	x	T		
1ST FLOOR ROOM C29			Х	VAT & MASTI	0			80 SF	X			
1ST FLOOR ROOM C19A			Х	VAT & MASTIC	0			140 SF	X	+		
1ST FLOOR ROOM C19			х	SOUND PROC		FR BATT		100 SF		+-	\vdash	
1ST FLOOR ROOM C19 & C19A			Х	PIPE INSULAT					X	+-		_
1ST FLOOR ROOM C25				BENCH TOP	IOIV/FIFE .	SAUULE		9 LF	X	-		
1ST FLOOR ROOM B37				SINK MASTIC	COATING			150 SF	X	-		-
1ST FLOOR ROOM B37				PIPE INSULAT				35 SF	X	-		_
IST FLOOR ROOM C31				PIPE INSULAT		SADDIE		3 LF	X	-		_
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.		EP Wa	aste	Cubic Yards of	Waste	Name o	f Register	ELF red Landfill	X			
325 HIGHWAY 33		er ID N 15939		30		LYCOM	ING COU	NTY RESOUR	CE MA	NAGE	MEN	TSE
City, State		,0003		Disposal Date		City, Sta	XANDEF	DRIVE/ROUT	E 15			_
FREEHOLD, NEW JERSEY Completed by (Print or Type)	itle			11/25/19-10/30/				PA 17752		8		
CALLAS MALO CALLON		ROF	OPFR	ATIONS Sign	ature //	fish,	The same of	Dat	e , 📝	325	10.72	

Inv 1690	2 _{NOTII}	EICΔ	τÑ	Sta	te ໂດຍ	of N	ew J	ersey	₉ °	MENT						
IL BLELA								60 and			r (July 1	#3	66	1	
Date of Notification (1)						ilding Mon i		r / Operato	or (2)		<u> </u>					
Agencies Notified Type Notific	ation		Ctro	o+ A	445	200			nd = 1		DFC	2_0 2.01	19	U		7/1
☐ EPA ☐ Initia	ıl	-	City	ecia , Sta	ite 8	Zip C	s Co code	mplex, 2 ⁿ	" FIF	300 Hall	IS WIII	Road	1	-vnatil		
□ DOL □ Ame	ended		Fre	eho	ld,	NJ 07			-	ASE	ESTO	SCONTE	801.8			
	ergency cellation	- 1				ntact r nstr a				Distriction of the second	LIC	ENSING	Telepho 732-43			er
								ATION								
Name of Facility Where Abatem		lace (701	I I	1 1141		pe of Facil								
Monmouth County Courtho	use						45	School (Constitution of the Consti		17.47	2.				
Street Address 71 Monument Road							I⊨	Other (i.e		(Other tha			as hom	es e	etc.)	
7 I Monament Road								uare Feet		# of Floo			Ildg. Ag		10.)	
City (5)	County (6)	Co	unt	у Со	de ((7)		45000)		3			55+		
Freehold	Monmouth						Cu	rrent Use	(Prior	it being de	emolis	hed)				
Name of Monitoring Firm Hired to	 by Building Owr	ner (8)		7	ASC	M No.	Na	me of Aba	teme	nt Contrac	tor (9)					
NV5				(000	30		istol Env		nental, Ir	nc.					
Street Address 850 Bear Tavern Road								eet Addres 23 Beave		oot						
City, State & Zip Code					-			y, State &								
Trenton, NJ 08628		,					Br	istol, PA	1900	7						
Project Manager for Monitoring I Ryan Broadwater	Firm	Telep 609-				oer		lephone No 15) 788-60		r		License N 00509	lumber			
Scheduled Start Date (10) 12/27/19	Scheduled Cor				(11))		me of OSI								
Occupancy Status During Abate	ment (Check or	12/2		9			_	eet Addres		nentai in	ic.					
Facility Closed/Vacated	During Entire P	eriod	of A				11	23 Beave	er Str							
Abatement Performed O		al Ho	urs	– 7a	m to	3pm		y, State &								
Describe: 4:00pm-1: Facility Occupied During							Br	istol, PA	1900	1						
Scope of Work (Check all that a			2007							F 0				-	2011/12/12/22/20	
≥3 sf or ≥3 lf		\boxtimes	R	enov	atio	n			H	Mini-End		ent with N	egative	Pres	sure	,
≥160 sf ≥260 lf				emo	1000				\boxtimes	Glove Ba						
										Non-Exe		and Non				
Location of Asbestos-Containir	ıa	Norr		ation				Descriptior estos-Con		a	1 190	mount Specify	Aba	atem	ent T	ype
Material (ACM)		S	olel	y by			Λ	Material (A	CM)			or LF)	70		En	ш
TO BE ABATED in Facility		Main Cust						thermal stion, surfac					Removal	Repair	caps	Enclsoure
(13)			(12	2)				ner miscell					val	31	Encapsulate	oure
Fifth Floor Monkowing to st	\M/4 O: 4 -	Yes	No	0 1	1/A		· I		F:44:			0.1.5				
Fifth Floor Mechanical Loft	, west Side		늗	1 [╡	1	ipe i	nsulation	ו דוננו	ngs		9 LF		H	H	H
		H	十	11	\dashv								ᅥ片	Ħ	Ħ	Ħ
			Ī] [15.75										
			L		1											
Name of Registered Waste Hau	ler		1	J L	 EP √	Vaste	Cubic	Yards	Nam	ne of Regis	stered	Landfill				Ш
Service Transport Inc.				Haule 2099		No.	of Wa	aste Cu Yd		erva Lan						
City, State							Dispo	sal Date	City,	State						
Yardley, PA							12/2	they are to see a second	Way	nesburg	g, OH					
Completed By (Print or Type)			- 1	Title	006		Signa	ature	0			10.	Date	714	0	
Gino Pizzigoni				Proje Vlan			L	JUNO.	IM	Misso	M	100	12/1	111	3	

Date of Notification (1)	NO.	(Purs	TION C	e of New OF ASBE NJAC\8	STOS A :60 and	12:120)	T		1	DEC.	[2]	0 2	019		
Agencies Notified Type Notific	O/ ation	Str	reet Add					Tangan and American		AS	BEST				-&	
EPA X Initial				nmouth		t 		And the state of t		entra de	LJ	GEN	SINC	<u> </u>	out that winds	
	ea ment # ency (including	11511590000		ndsor, l		520										
DOH justifica	ition)	15.00		Contact operties	;						phone I 3-944-4					
Baland				TY INFO		ON								-		
Name of Facility Where Abatement is The Jewelry Exchange, 1 Woo		er					Ту	pe of Facilit								
Street Address								School (F Subchap	ter 8				to dist			
1 Woodbridge Center							×	Other (i.e	e. priv			erciai				s,
City (5) Woodbridge								uare Feet			Floors			dg. A	ge 	
County (6) Middiesex			unty Co	ode (7) SE ONLY)			Cu	rrent Use (I	Prior	if beir	ng demo	olishe	d)			
Name of Monitoring Firm Hired by Bui	ding Owner (8)		ASCM	No.				batement (AD PROI								
Street Address						Street 6 Wh		iress E DOVE	COL	JRT						
City, State, Zip Code								, Zip Code OOD, NJ	087	'01						
Project Manager for Monitoring Firm		Те	lephon	e No.		Telepi 732-		No. 8-9078			Licens 1200	e No				
Start Date (10) 12/31/19	Scheduled 1/3/20	Compl	etion D	ate (11)				SHA Monit		SIO	NALS					
Occupancy Status During Abatement	(Check Only One)					Street				LOT.		-		12 350 850		
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:			nt		_	City, S	State	E DOVE , Zip Code OOD, NJ						-		
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio molitior				2	×	Full Contain Mini-Enclos Glovebag F Non-Exemp	sure Proce	dure					2	
	ls Le	ocation						NOTI EXCITI	Jica (<i>)</i> un	J 110111	TIGO!		Abate Ty	ment	
Location of Asbestos-Containing Material (AC	Llead	rmally Solely	by	Ashest		scription		riai (ACM)		Д	mount			ı y		
TO BE ABATED In Facility	Custo	tenance dial Sta			thermal		ns ins	sulation,		(5	pecify or LF)		Remova	Repair	ncap	Enclosure
(13)		(12)				niscella					,		oval	pair	Encapsulate	sure
1ST FLOOR BATHROOM		No	N/A	SPF	RAY O	N INS	SUL	ATION	+	3	80SF		x			
,						y										
None of Decision of Western		NI:E	SED W	anto	Cubic	Varda		Monte	of D	agiot	ered Lar	Afil				
Name of Registered Waste Hauler NEWARK CARTING			DEP Wa uler ID I 509		of Was			IESI	UI K	-Gior	neu Ldi	io iii				
City, State NEWARK, NJ					Dispos 1/3/20	sal Date 0	e	City, S BET		HEN	/ PA					
Completed by JOSEPH PERLSTEIN	Title OWNE	ER			S	Signatur	re					Dat 12	e /17/1	19		

	4	-	-	CTIA.	-		n		E	C	7 1	W		Prin	nt Fo		
41316	NG 1	OTIFIC (Ed	rsuant	OF ASBE	STOS 60 an	1 12:12	MENT)EC		201	9				
Date of Notification (1) 12/17/19	20			Building C shield So			(2)	feed to									
Agencies Notified Type Notification		- 1	Street Ac		troot		ASBESTOS CONTROL & LICENSING										
EPA X Initial Amended		585 Prospect Street, Unit 301A City, State, Zip Code									popularius (con	10,000	Cennyparmin	E. ACUS - 15-00	secutive		
x DOL Amendment #		Lakewood, NJ 08701															
DOH justification) DCA Cancellation	justification)						Telephone Number C 732-226-3000										
No. of Carlle Manage Abeliance in Table	DI (0)		FACIL	LITY INFO	RMATI	ON	T		4								
Name of Facility Where Abatement is Taking	Place (3)						Туре	e of Facility (School (K-1									
Street Address	811889			110000			×	Subchapter Other (i.e. p	8 (Othe			build	ings,	home	s,		
City (5) Passaic	0	are Feet															
County (6) Passaic		County C	Code (7) ISE ONLY)		_	Current Use (Prior if being demolished) home											
Name of Monitoring Firm Hired by Building C		ASCM	l No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS												
Street Address			Street Address 6 WHITE DOVE COURT														
City, State, Zip Code							City, State, Zip Code LAKEWOOD, NJ 08701										
Project Manager for Monitoring Firm	Telephone No. Telephone No. 732-668-9078						License No. 1200										
Start Date (10) 12/27/19								Name of OSHA Monitor AAA LEAD PROFESSIONALS									
Occupancy Status During Abatement (Check Only One)							Street Address 6 WHITE DOVE COURT										
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:							City, State, Zip Code LAKEWOOD, NJ 08701										
Scope of Work (Check All That Apply)								,									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti					M G	ull Containme lini-Enclosure lovebag Prod	e cedure					<u>√</u> 0-			
	ocatio	on		<u> </u>	<u> </u>	on-Exemple	xempted (*) and Nor			Abatement Type							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ormall I Solel ntenan odial S (12)	y by ice/	os Cont thermal surfa	escription of ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure				
	Yes	No	N/A									_		te	e		
INTERIOR		PIPE INSULAT					ATION 40LF				х						
Name of Registered Waste Hauler NEWARK CARTING						Yards Name of Registered Laste IESI				red Lar	ndfiil						
City, State NEWARK, NJ					Dispo:	sal Date	Э	City, Stat BETHL		1 PA							
Completed by JOSEPH PERLSTEIN	Title OWN			5	Signatur	ignature					Date 12/17/19						

JA 1315	Ò	N	OTIFI (Pi	CATION	te of New OF ASBE O NJAC 8	STOS	ABATE	VIENT	And the second s		DEC	20	20	119				
Date of Notification (1) 12/17/19	1-11095	19			Building (y Garba		Operator	(2)		Ì					- Commence			
Agencies Notified	Type Notification	U		Street Ad			ASBESTOS CONTROL & LICENSING											
☐ EPA	× Initial								-		L.IS.	123531	1.00	The Control	nton amb	en condense		
DEP DOL	Amended Amendment	#			e, Zip Co Plainfield													
DOH DCA	Emergency justification) Cancellation	(including	-	Name of Contact Anthony Garbarini					Telephone Number									
E-mil				FACIL	ITY INFO	RMAT	ION	~										
Name of Facility Where	Abatement is Takin	g Place (3)						District of the last of the la	of Facility (
Street Address									School (K-1 Subchapter	8 (Oth				40 m = 50 m				
									Other (i.e. p etc.)	rivate 8	& comme	ercial bu	uildi	ngs, i	nome	S,		
City (5) North Plainfield					Squar	Square Feet # of !			Bldg. Age			ge						
County (6) Somerset						County Gode (7) (STATE USE ONLY)					Current Use (Prior if being demolished) home							
Name of Monitoring Firm	ASCM	No.				natement Contractor (9)												
Street Address							AAA LEAD PROFESSIONALS Street Address											
							WHITE DOVE COURT y, State, Zip Code											
City, State, Zip Code									DD, NJ 0	8701						34.		
Project Manager for Monitoring Firm Te									phone No. License No. 1200									
Start Date (10) Scheduled Completion Date (11) 12/17/19 12/18/19							Name of OSHA Monitor AAA LEAD PROFESSIONALS											
Occupancy Status During Abatement (Check Only One)							Street Address 6 WHITE DOVE COURT											
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:							City, State, Zip Code LAKEWOOD, NJ 08701											
Scope of Work (Check A							LAK		OD, N3 0	0/01		-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emoli				2	Mir Glo	Il Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					9			
	Locat										Abatement Type							
Location of Asbestos-Containing Material (ACM) TO BE ABATED Used S Mainte Custodi					Ashas		escriptior		L(ACM)	Δ	Amount			- 7				
				0.0000000000000000000000000000000000000		therma	al system		(5		Ren	Re	Encapsulate	Enclosure				
In Facility (13)				surfacing, V/ other miscella					SF or LF)			Remova	Repair	osula	osur			
		Yes	No	N/A											ite	(D		
INTER						PIPE			•	10SF	x							
				-														
												+						
Name of Registered Wa			H				c Yards aste		Name of Registered Landfill IESI									
City, State NEWARK, NJ					Disposal Date 12/18/19				te City, State BETHLEHEM PA									
Completed by JOSEPH PERLSTE	EIN	Title OWNER					Signature					Date 12/17/19						