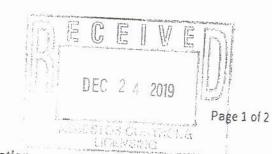
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Date of Notification (1)		NO.	(Pursu	ION OF A	AC 8:60	OS ABAT and 12:1:	20)	EC	EÌ	V) [The state of the s	Constant Constant		
8-19-19			HR	ne of Build P Hudso	on, LLC	er/Operato	or (2)	DEC	2 4 20	10	A CHARLES	A CONTRACTOR		
Agencies Notified Type Notification	n			et Address N Mich		e, Suite	1630	DEC	2 4 20	119		.9		
DEP Amended Amendme Emergence	y (includ		City, Chic	State, Zip cago, IL	Code 60611		4	InCOTO LIO	G CONT ENSING	101.6	1	-		
DOH justification Cancellation			Gen	e of Conta naro Hol	guin				elephone N 312-796-6		r			
Name of Facility Where Abatement is Tak	ing Place	e (3)	- FA	ACILITY IN	NFORMA	TION	Type of Fac	ility (4)						
Hudson Generating Station Street Address Dutfield Avenue							School Subcha Other ((K-12)	ther than K	-12) rcial bu	iilding	s, hoi	mes,	
City (5) Jersey City							Square Feet	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of Floors		Bldg.	Age		
County (6) Hudson			Count (STAT	y Code (7) Y)		627,470 Current Use	(Prior if b			55			
Name of Monitoring Firm Hired by Building		(8)		CM No.		Name	Power Pla of Abatement		\r (0\	- //2 				
Finog Environmental In Street Address						Preci	sion Enviro	nmenta	I Compa	ny				
617 Stokes Rd, Suite 4 City, State, Zip Code	-318					5500	eet Address 00 Old Brecksville Rd							
Medford, NJ 08055 Project Manager for Monitoring Firm						Indep	late, Zip Code endence, (Dhio 44	131					
Mark Rubnitz				one No. -596-9	994	Teleph	one No. 342-6040		License 01212	No.				
Start Date (10) 9-17-19				Date (11		Name o	of OSHA Moni	tor				-		
Occupancy Status During Abatement (Chec	k Only C	One)		JECT C	ON HOL	Street A	sion Environ	nmental	Compar	ıy .	90° 11- 27- 10			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn	Period of nal Facili	f Abater ty Hour	ment s				Old Brecks ate, Zip Code	ville Rd						
Other – Describe: Scope of Work (Check All That Apply)		<i>a</i>					endence, C)hio 441	31		32			
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli		1		XXX	Full Contain Mini-Enclos Glovebag P Non-Exemp	ment with	Negative I					
Location of		s Locat Normal ed Sole	ly		Des	scription o	f				Abate			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Cus	aintena stodial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfac	aining Ma	terial (ACM) nsulation, or	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure	
SEE ATTACHED LIST	Yes	No	N/A							<u>a</u>		ate	Ге	
										/				
								t.,				-	-	
Name of Registered Waste Hauler													-	
Champion Disposal		Ha	IDEP Wauler ID	No.	Cubic Y of Wast		Name o	f Register	ed Landfill		1			
City, State		Ι΄.	32707	7	900 Disposa	al Date	Fair	less I	andfil	1				
Hainesport, NJ					Dichose	a Dale	City, Sta		e, PA	1000	7			
Completed by John Savage	Title Vice	Presid	ent		Sig	gnature		-0 4 7 7 7	Dat	e	1 2 _ 1	0	\dashv	



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

200 SF

1,800 SF

12,600 SF

3,600 LF

460 LF

RACM

Cat I

RACM

Cat II

RACM

P3 - Service / Office Building

Duct-Insulation

Galbestos Siding

Pipe Insulation

Camana Daned

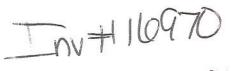
Pipe Fittings

Floor Tile & Mastic

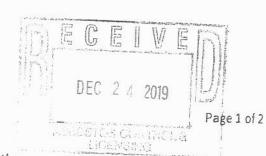


P3 - Locker Room Building No Asbestos Reported

D2 T!	the state of the s	ma i
P3 - Turbine Building Coating Floor Tile & Mastic	32,000 SF 400 SF	Cat II Cat I
P3 - Unit 1		
Pipe Insulation Pipe Fittings Tank Insulation Galbestos Siding	4,100 LF 84 EA 220 SF 3,100 SF	RACM RACM RACM Cat II
P3 - Unit 2		
Pipe Insulation Tank Insulation Galbestos Siding	2,750 LF 450 SF 2,800 SF	RACM RACM Cat II



Date of Notification (1)		NO.	(Pursua	ant to NJ	AC 8:6	TOS ABAT	20)	G	EIV	V) [Section of the sectio		
8-19-19			Nam HRI	e of Build P Hudso	ing Ow on, LL	ner/Operato	or (2)	DEC	2 + 00	40	E STATE OF THE STA	The second second	-	
Agencies Notified Type Notification	n			t Address				DEC	2 4 20	119	100			
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EPA Initial Amended						we, Suite		ad transferen			الأور	Ť		
DEP Amended Amendme	-14 6	5		State, Zip		2000000	67460	110010	G CONT	OLI	1	- i		
Emergenc	nt #6		Chic	cago, IL	6061	1	in manufacture seasons	عالما	ENSING	The same of the	and the second			
DOH justification		irig	Name	e of Conta	ct			77	elephone N	l b				
DCA Cancellation			Gen	aro Hol	guin				12-796-6					
	-			CILITY IN	50	IATION			12-790-0	1093				
Name of Facility Where Abatement is Tak	ing Place	e (3)		OILITT II	II OKI	MOITA	Type of Facili	4.70						
Hudson Generating Station							Type of Facili	ty (4)						
Street Address							School (K-12)						
Dutfield Avenue							Subchap	ter 8 (O	her than K	-12)				
City (5)							Other (i.e	e. private	& comme	cial bu	ilding	s, hor	mes,	
							Square Feet	#	of Floors		Bldg.	^		
Jersey City							627,470	110	A451 A5	- 1	55 55	Age		
County (6)			Count	y Code (7)			1			55			
Hudson			(STATE	E USE ON	LY) _		Current Use (I	-HOLH DI	eing demoli	shed)				
Name of Monitoring Firm Hired by Building	Owner	(8)	LASC	CM No.			Power Plant							
Finog Environmental In		(0)	1,000	JIVI 140.		Name	of Abatement C	contracto	r (9)					
Street Address	<u> </u>						ision Enviror	imenta	l Compai	ny				
617 Stokes Rd, Suite 4	210						Address							
City, State, Zip Code	-210					5500	Old Brecksy	ille Rd						
						City, S	tate, Zip Code				-	_		
Medford, NJ 08055						Indep	endence, O	hio 441	131					
Project Manager for Monitoring Firm			Teleph	one No.			one No.							
Mark Rubnitz			856-	596-9	994		342-6040		License 01212	NO.				
Start Date (10)	Schedu	uled Co		Date (11		- 1	of OSHA Monito		01212					
9-17-19					-	Procis	Sion Envisor	or						
Occupancy Status During Abatement (Chec	k Only C)ne)	I KU.	JECT (JN HO		sion Environ	mental	Compan	y				
France							Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn	Period of	Abate	ment			5500	Old Brecksv	ille Rd						
Other - Describe:	nai Facili	ty Hour	S			City, Sta	ate, Zip Code							
						Indep	endence, Of	nio 441	31					
Scope of Work (Check All That Apply)					-5.00									
23 sf or ≥3 lf		Renova	ation			X	F. W.O						1	
≥160 sf or ≥260 lf	×	Demoli				×	Full Containn Mini-Enclosu	nent with	Negative I	Pressu	re			
	35,700					×	Glovebag Pro	cedure					1	
				1		×	Non-Exempte	ed (*) and	d Non-Friat	le Pro	cedur			
	1	s Locat	ion							T	Abate			
Location of		Normal		1	Г	escription o						ре		
Asbestos-Containing Material (ACM)		ed Sole aintena		Asbes	tos Co	ntaining Ma	terial (ACM)							
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(13)		(12)			surf	acing, VAT.	or		or LF)	Remova	Repair	Encapsulate	Enclosure	
. No come p		Т—			otner	miscellane	ous)			NOV.	pai	nsc	OSL	
	Yes	No	N/A							<u>a</u>	,	ate	6	
SEE ATTACHED LIST										-		1000		
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Name of Registered Waste Hauler			1055											
		10000	JDEP Wa	20000000000000000000000000000000000000		Yards	Name of	Register	ed Landfill					
Champion Disposal		. 116		1335000	of Wa	15(6								
City, State			32707			nel Det			andfil	1				
. Hainesport, NJ					Dispo	sal Date	City, State	7.0						
Completed by	Title						Morri	svill	e, PA	1906	7			
ohn Savage		Presid	on ⁴		1 3	Signature			Dat		100		\dashv	
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Hudson Generating Station

	Hudson Generating Station	a the second control of the second control o
Building	Square Feet	No. of Floors
Bottom Ash Transport	720	1
Intake Structure	900	1
Barge Unloader	300	1
Conveyor & Transfer House	150	1
P1 - Storage Building	1,900	1
P2 - Coal Conveyor	7,500	1
P2 - Coal Handling Structure	2,000	1
P3 - Service / Office Building	15,500	2
P3 - Locker Room Building	7,500	2
P3 - Turbine Building	6,000	1
P3 - Unit 1	215,000	10
P3 - Unit 2	370,000	10
Bottom Ash Transport	077/	
No Asbestos Reported	QTY	Category
No Aspestos Reported		
Intake Structure		
No Asbestos Reported		
To Abbottob Nepolited		
Barge Unloader		
No Asbestos Reported		
Conveyor & Transfer House		
No Asbestos Reported		
P1 - Storage Building		
No Asbestos Reported		
P2 - Coal Conveyor		
No Asbestos Reported		
P2 - Coal Handling Structure		
No Asbestos Reported		
to vancatos vehousen		
P3 - Service / Office Building		

200 SF

460 LF

1,800 SF

12,600 SF

3,600 LF

RACIVI

Cat I

RACM

Cat II

RACM

Duct-Insulation

Galbestos Siding

Pipe Insulation

Comano Daned

Pipe Fittings

Floor Tile & Mastic

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Date of Notification (1) 8-19-19			e of Buildi P Hudso		r/Operator	(2)					11.1
Agencies Notified Type Notif			et Address N Michi		e. Suite	1630	7.5m. \$10 UG	5 (J. 145)		Cind	AF .
EPA Initia DEP Amer		City,	State, Zip	Code	-,		THE PARTY OF THE P	n (2) para haben (1) a	at-tia (*****		mediates (
Emer	gency (including		e of Conta				Telephone N	umhe	r		
	cation) ellation		aro Holg				312-796-6		Lis Lis		
Name of Facility Where Abatement is	Toking Plane (2)	FA	CILITY IN	FORMA	TION	T (F- 32					
Hudson Generating Station	s Taking Place (3)					Type of Facilit School (i					
Street Address Dutfield Avenue						Subchap	ter 8 (Other than K- c. private & commer		iilding	s, hor	nes
City (5)						Square Feet	# of Floors		Bldg.	Age	
Jersey City		10	. 0-1-77			627,470	10		55		
County (6) Hudson			ty Code (7) E USE ONL			Power Plan	Prior if being demolis t	shed)			
Name of Monitoring Firm Hired by Bu		AS	CM No.			of Abatement C					
Finog Environmental	Inc						mental Compar	ıy			
Street Address 617 Stokes Rd, Suit	e 4-318				Street A 5500	Address Old Brecksy	rille Rd				
City, State, Zip Code						ate, Zip Code					
Medford, NJ 08055						endence, O	hio 44131				
Project Manager for Monitoring Firm Mark Rubnitz		11 12 12 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15	none No. -596-99	994	Telepho 216-6	ne No. 42-6040	License I 01212	No.	2. 2.30		
Start Date (10) 9-17-19	Scheduled (12-20-19	Completio	n Date (11)	1	OSHA Monito	or mental Compan				
Occupancy Status During Abatement					Street A		mental Compan	y			-
Facility Closed/Vacated During E		tement			5500 (Old Brecksv	ille Rd				
Abatement Performed Outside o Other – Describe:						te, Zip Code endence, Ol	nio 44131				
Scope of Work (Check All That Apply)					<u> </u>						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Edward .	ovation olition			XIXIXIX	Mini-Enclosu Glovebag Pro	ocedure			1	
	lo l or	cation	T		Fired	Nor-Exemple	ed (*) and Non-Friat	Jie Pro	7,000	emen	ıt
Location of	Norr	nally		Des	scription of	f				уре	_
Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)	Mainte	olely by nance/ al Staff? 2)		thermal .	aining Mat systems in sing, VAT, niscellaned	or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N	o N/A						-		ate	e
SEE ATTACHED LIST								/			
							1 t. t.				
Name of Registered Waste Hauler		NJDEP V Hauler ID	1000000	Cubic \ of Was	7,5-00,0-0	Name of	Registered Landfill				14
Champion Disposal		3270		900	1000	Fairl	ess Landfil	L1			
City, State	•			Dispos	al Date	City, Sta					
Hainesport, NJ	1			1	anal	Morri	sville, PA		67		
Completed by John Savage	Vice Pre	sident		Si	gnature 30h	n Sauc	ا Da 24 ا		-19		
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EPA DOL Amended Amended Amended Amended Chicago, IL 60611 Name of Contact Concellation State Jack Constitution State Jack Cons	Date of Notification (1) 8-19-19					r/Operator (2)	DEC 2	2019	9		
City State Zip Code	Agencies Notified Type Noti	fication			A.	- 0 :: 4			+ (+)+		5	
DOH	EPA Initia					e, Suite 1	630 /-	1 1975 1 15	- 10 Y / Ca			i:
DOH	DEP Ame	100 No.						Committee of the commit	warrant name	een delisted o	er er er	- 1
DCA Cancellation Genaro Holguin 312-796-8593	Eme	rgency (including						Telephone	Number			
Name of Facility Where Abatement is Taking Place (3)	summer Create /		Gen	aro Holg	juin							
Buddon Generating Station Street Address Street Address Stochapter & Coller than K-12 Subchapter & Coller (No. 12 Subchapter & Collegiater & Collegiater & Collegiater & Colle	N (5 W)		FA	CILITY IN	FORMA"							200
Street Address Duffield Avenue Duffield Av	The state of the s	s Taking Place (3)										
Duffield Avenue Square Feet \$ of Floors Bldg. Age 55 56 56 56 56 56 56 5									(-12)			
City (6)							Other (i.e.			ilding	s, hon	nes,
Jersey City 627,470 10 55	City (5)					8		# of Floors	-	Blda.	Age	
Hudson Ascending Power Plant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Precision Environmental Company	Jersey City						(1) 40명 H # 1.1.4 () [H 1) [H 2]		10		-	
Street Address Street Address Street Address Street Address Street Address Street Address Stool Old Brecksville Rd								or if being demo	lished)			
Street Address 617 Stokes Rd, Suite 4–318 Street Address 6500 Old Brecksville Rd City, State, Zip Code Independence, Ohio 44131 Project Manager for Monitoring Firm Mark Rubnitz Stard Date (10) 9–17–19 12-20-19 Scheduled Completion Date (11) 12-20-19 Precision Environmental Company Street Address 6500 Old Brecksville Rd City, State, Zip Code Independence, Ohio 44131 Stard Date (10) 9–17–19 12-20-19 Street Address 6500 Old Brecksville Rd City, State, Zip Code Independence, Ohio 44131 Street Address 6500 Old Brecksville Rd City, State, Zip Code Independence, Ohio 44131 Street Address 6500 Old Brecksville Rd City, State, Zip Code Independence, Ohio 44131 Street Address 6500 Old Brecksville Rd City, State, Zip Code Independence, Ohio 44131 Street Address 6500 Old Brecksville Rd City, State, Zip Code Independence, Ohio 44131 Street Address 6500 Old Brecksville Rd City, State, Zip Code Independence, Ohio 44131 Street Address 6500 Old Brecksville Rd City, State, Zip Code Independence, Ohio 44131 Street Address 6500 Old Brecksville Rd City, State, Zip Code Independence, Ohio 44131 Street Address 6500 Old Brecksville Rd City, State, Zip Code Independence, Ohio 44131 Street Address 6500 Old Brecksville Rd City, State Facility (Independence, Ohio 44131 Street Address 6500 Old Brecksville Rd City, State Facility (Independence, Ohio 44131 Street Address 6500 Old Brecksville Rd City, State Facility (Independence, Ohio 44131 Street Address 6500 Old Brecksville Rd City, State Facility (Independence, Ohio 44131 Street Address 6500 Old Brecksville Rd City, State Facility (Independence, Ohio 44131 Street Address 6500 Old Brecksville Rd City, State Facility (Independence, Ohio 44131 Street Address 6500 Old Brecksville Rd City, State Facility (Independence, Ohio 44131 Street Address 6500 Old Brecksville Rd City, State Fac	Name of Monitoring Firm Hired by Bu	uilding Owner (8)	ASC	CM No.		Name of	Abatement Cor	tractor (9)				
Stokes Rd, Suite 4-318 S500 Old Brecksville Rd	Finog Environmental	Inc				Precisi	on Environm	ental Compa	any			
City, State, Zip Code Med ford, NJ 08055 Project Manager for Monitoring Firm Mark Rubnitz Start Date (10) 9-17-19 Occupancy State During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Coasilon of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauler Champion Disposal Name of Registered Waste Hauler Champion Disposal City, State, Zip Code Independence, Ohio 44131 Telephone No. 216-642-6040 Telephone No. 216-642-60		/ 210										
Independence, Ohio 44131		e 4-318						e Kd 				
Project Manager for Monitoring Firm Mark Rubnitz Start Date (10) 9-17-19 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Renovation Other - Describe: Renovation Scope of Work (Check All That Apply) 23 af or 23 if 2160 sf or 2260 if Steed Address S500 Old Bracksville Rd City, State, Zip Code Independence, Ohio 44131 Scope of Work (Check All That Apply) Asbestos-Containing Material (ACM) TOBE ABATE In Facility (13) SEE ATTACHED LIST Name of Registered Waste Hauler Champion Disposal Renovation Street Address S500 Old Bracksville Rd City, State, Zip Code Independence, Ohio 44131 Full Containment with Negative Pressure Mini-Enclosure Mi								44131				
Mark Rubnitz 856-596-9994 216-642-6040 01212			Teleph	none No.					No.			
Street Address Str			856-	-596-99	994							
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) 23 sf or ≥3 if 21 Senovation Demolition Demolition Demolition Full Containment with Negative Pressure Mini-Enclosure Clovebag Procedure Clovebag Procedure Norn-Exempted (*) and Non-Friable Procedure Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A SEE ATTACHED LIST Name of Registered Waste Hauler Champion Disposal Name of Registered Landfill Grand Central Sanitary Land: Cliy, State Pen Argy1, PA Completed by Title Signature Date	Start Date (10)		kananan na parkiban ana a	n Date (11))							
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) 23 sf or 23 lf 2150 sf or 2260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Performed Outside of Normal Facility Hours Image: Part of the procedure of the pr								ental Compa	ny			
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Independence, Ohio 44131	and the same of th	(Check Only One)						- D4				
Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf Renovation Demolition Emolition Emolitic Emolition Emolition	Facility Closed/Vacated During I							= Ku				
Scope of Work (Check All That Apply) 23 sf or ≥3 if	ing - material Continued Catolog C	1 Worman Lacinty 11	JU13					44131				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler Champion Disposal City, State Hainesport, NJ Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pes No N/A SEE ATTACHED LIST Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A NAME of Registered Waste Hauler Champion Disposal City, State Hainesport, NJ Completed by It like Is Location Normally Description of Asbestos Containing Material (ACM) Amount (Specify SF or LF) The Complete Signature Abatement Type Cobic Yards of Waste of Wast	Scope of Work (Check All That Apply)										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler Champion Disposal City, State Hainesport, NJ Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A SEE ATTACHED LIST Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A NAME of Registered Waste Hauler Champion Disposal City, State Hainesport, NJ Completed by It it is Location Normally Used Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NAME of Registered Landfill Staff? Custodial Staff? (12) Name of Registered Waste Hauler DNo. 32707 Disposal Date City, State Pen Argy1, PA Completed by It it is Location Normally Used Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Namount (Specify SF or LF) Amount (Specify SF or LF) Namount (Specify SF or LF) Namount (Specify SF or LF) Of Waste 900 Grand Central Sanitary Landfill City, State Pen Argy1, PA	≥3 sf or ≥3 lf	☐ Ren	ovation			X	Full Containme	nt with Negative	Pressu	ıre		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler Champion Disposal City, State Hainesport, NJ Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A SEE ATTACHED LIST Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A NAME of Registered Waste Hauler Champion Disposal City, State Hainesport, NJ Completed by It it is Location Normally Used Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NAME of Registered Landfill Staff? Custodial Staff? (12) Name of Registered Waste Hauler DNo. 32707 Disposal Date City, State Pen Argy1, PA Completed by It it is Location Normally Used Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Namount (Specify SF or LF) Amount (Specify SF or LF) Namount (Specify SF or LF) Namount (Specify SF or LF) Of Waste 900 Grand Central Sanitary Landfill City, State Pen Argy1, PA	≥160 sf or ≥260 lf	X Den	nolition			X	Mini-Enclosure				19	
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Date of Notification (1) 8-19-19			Name	of Building Hudson,	Owner/ LLC	'Operato	r (2)		EC 2	4 20	19	1	
Agencies Notified Type Noti	fication		Stree	t Address N Michiga		Suite	1630						
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DOH Eme	rgency (includir cation)		Name	of Contact aro Holgui					elephone		r		
M DCA Cand	ellation		A CONTRACTOR	CILITY INFO		ION		3	12-796-	6593			
Name of Facility Where Abatement i Hudson Generating Station	s Taking Place	(3)			,,,,,,,,	ion.	Type of Faci						
Street Address Dutfield Avenue							Subcha	pter 8 (O	her than I & comme	(-12) ercial b	uilding	s, ho	mes,
City (5) Jersey City							Square Feet 627,470	#	of Floors		Bldg.	Age	
County (6) Hudson				Code (7) USE ONLY)			Current Use Power Pla		eing demo	lished)			
Name of Monitoring Firm Hired by Bu Finog Environmental		3)	ASC	M No.			of Abatement sion Enviro			anv			
Street Address 617 Stokes Rd, Suit						Street	Address Old Brecks						
City, State, Zip Code Medford, NJ 08055							ate, Zip Code endence, C		31				
Project Manager for Monitoring Firm Mark Rubnitz			Telepho 856-	one No. 596–999	4	Telepho			License 01212				- Jan 1 740
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Hudson Generating S	itation							Type of Fac								
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Dutfield Avenue								Diher (apter 8 (Other t i.e. private & c	han K-12) ! b					
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City, State, Zip Code							5500	Old Brecks	ville Rd							
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9-17-19		Schedu	led C	ompleti	on Date (11)		f OSHA Monite					_			
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Project Manager for Monitoring Firm			Te	elephone	No	ind	epend	den	ce, Ohio	44131				
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Date of Notification (1) 8-19-19				Name of Building Owner/Operator (2) HRP Hudson, LLC										
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ocheraling Station	aking	Place	(3)				Type of Facility (4)							
Street Address Dutfield Avenue							School Subcha	(K-12)	han K 1	21				
City (5)							Other (i.e. private & commercial buildings					s. hor		
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Project Manager for Monitoring Firm			Te	lephone N	0.	Telept	endence, O							
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Ware Valley Cont -:					of Waste			istered Landfill				-		
		State				900			Cumberland County Landfill					
State		-			Disposal Date City, State									
ing, PA					Disposal Da	ate	City, State					\dashv		
State	Title Vice P							24				+		

Inv# 16878 PAID

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

Data of Natification (1)	100			P	AL Job#	19-121	3 Add	Mat	terial Please	see ado	ditiona	al qu	antity	she	et			
Date of Notification (1) 12/19/2019				Name of Building Owner/Operator (2) The Prudential Insurance Company of America												alles (weren		
Agencies Notified	Type Notification			Street A					The following of the control of the		<u> </u>			W/		The same of the sa		
EPA DEP	Initial Amended	1000		City, Sta	ate, Zip Co	de	et		The state of the s		DEC	n 9	,	2019				
X DOL	Amendment Emergency		<u> </u>	or a control of the c	rk, NJ 07	7102			1/2	12.7				2019	Ì	الروية أ		
☑ DOH ☑ DCA	justification) Cancellation			Name o Bill Ba	f Contact						ephone 3-802			ve.s.	i Lean-			
X DCA	Cancellation				LITY INFO	ORMATI	ON			313	STATISTICS I		1.1.	ThO 3	1.6			
Name of Facility Where wash Building	Abatement is Takir	g Place (3	3)	.,,,,,,			0.1	Ту	pe of Facility (4	ty (4)								
Street Address 213 Washington St	reet 11th, 12th,	13 & 14	th Flo	oor				×	School (K-1: Subchapter Other (i.e. p	8 (Othe				dings,	home	es,		
City (5) Newark								3,41038	etc.) uare Feet 0,000	# of	Floors	6	100	ldg. A	.ge			
County (6) Essex					Code (7) USE ONLY		Current Use (Prior if being demolished) Commercial											
Name of Monitoring Firm Tiger Environmenta		Owner (8)		ASCN	M No.				batement Con vironmental			р. D	/B/A	PAL	. En	/irer		
Street Address 256A Jefferson Cou	urt						Street 11-0		ress ueens Plaz	a Sou	th							
City, State, Zip Code Lakewood, NJ 0870	01								, Zip Code and City, N`	Y 111	01	-1111-						
Project Manager for Mor Kelly Walton	nitoring Firm			Telepho 732-94	ne No. 48-9458		Telephone No. License No. 718-349-0900 00853											
Start Date (10) 11/25/2019		Schedule 01/25/2							SHA Monitor h Kowalczy	k	2=111							
Occupancy Status Durin	g Abatement (Chec	ck Only Or	ne)					et Address 3 Beach 98th Street										
Facility Closed/Vac							eet					5000						
Abatement Perform Other – Describe:		nai Facility	Hours			_	7.000		, Zip Code ay Park, N\	1169	94							
Scope of Work (Check A	II That Apply)	-						-										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		purcent and a second	Renova Demolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure										
		1							Non-Exempted	(*) and	Non-H	-riabi		Abate				
Location	n of	1	Locati Vormal	ly		De	scription	of							ре			
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED lity	Ma	d Sole intena todial S (12)	nce/		tos Cont thermal surfa	aining N	Mater s ins	r	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A											ਰਿ			
11th FI			X						t Insulatic	21,0	000 S	F	X					
12th FI			X						t Insulatic	21,0	000 S	F	X					
13th FI			Х						t Insulatic	21,0	000 SI	F	X					
14th FI			X					Duc	t Insulatic		000 SI	2	X					
Name of Registered Was ATC	ste Hauler		Н	JDEP W auler ID 4310		of Was 50 Ya	ste		Name of F Minerva	- 1 (1) A- 1 (1) - 1 (1) (1)								
City, State Shirley, NY 11967							sal Date 7/2019		City, State Waynes		OH 4	4468	38					
Completed by Ann A. Ali	pliand	e Adm	nin	S	ignature	e /	4			Dat 12		2019						
								- 1	- 1/1									

213 WASHINGTON STREET - ADDITIONAL MATERIAL

3.5 g	\$ 7 min 16 m			
DEC. (FOOTAGE	TYPE OF MATERIAL	LOCATION	FLOOR
DEC 2 / 2019	40 LF	PIPE INSULATION	JANITOR'S CLOSET	11TH
	40 LF	PIPE INSULATION	JANITOR'S CLOSET	12TH
ASSECTION CONTROLA	40 LF	PIPE INSULATION	JANITOR'S CLOSET	13TH
LIONIVALIA	40 LF	PIPE INSULATION	JANITOR'S CLOSET	14TH
	50 LF	PIPE INSULATION	ELEVATOR MACHINE ROOM	12TH
	50 LF	PIPE INSULATION	ELEVATOR MACHINE ROOM	13TH
	36 LF	PIPE INSULATION	COLUMN D2	11TH
	36 LF	PIPE INSULATION	COLUMN D2	12TH
	36 LF	PIPE INSULATION	COLUMN D2	13TH
	36 LF	PIPE INSULATION	COLUMN D2	14TH
	35 LF	PIPE INSULATION	BATHROOM	12TH
>// Jilin ()	15 LF	PIPE INSULATION	BATHROOM	13TH
1 tourionar	80 SF	TRANSITE WALL BOARD	BATHROOM	14TH

Date of Notification (1)				PA Name of	L Job# 1 Building O	9-1213 wner/Or	Add No perator	Materia (2)	il Please se	e ado	itional qua	intity	sheet		
12/17/2019									iny of Am	erica	DEC	2 /	20	110	St. of the
	Type Notification	2			ashingto		et		ř		- matrical		۷.	113	
x DOL	Amended Amendment		_ [te, Zip Cod k, NJ 07						-Sulerc Lic	is (). ENS	761. VQ	(()),	
DOH DCA	Emergency (i justification) Cancellation	ncluding		Name of Bill Bar						20,000,000	phone Num 3-802-217				-1-5-6-
				FACIL	LITY INFO	RMATIC	NC							74-10	
Name of Facility Where Al Wash Building Street Address					· · · · · · · · · · · · · · · · · · ·				of Facility (4) school (K-12 subchapter 8 other (i.e. pri) (Othe	er than K-12) I buildi	nas	ome	S.
213 Washington Stre	eet 11th, 12th,	13 & 14t	h Fl	oor				e e	tc.)						-
City (5) Newark								400,0		21	Floors	50	dg. Aq)+	je 	
County (6) Essex				County (Code (7) JSE ONLY)	-			nt Use (Prior mercial	if bei	ng demolish	ed)			
Name of Monitoring Firm Tiger Environmental		Owner (8)		ASCN	1 No.		Name PAL	of Abat Enviro	ement Cont onmental	ractor Safet	(9) y Corp. D	/B/A	PAI	Env	iror
Street Address 256A Jefferson Cou	rt							Addres 2 Que	s ens Plaza	Sou	th				
City, State, Zip Code Lakewood, NJ 0870	1								p Code d City, NY	111	01				
Project Manager for Moni Kelly Walton		***************************************		Telepho 732-94	ne No. 18-9458		100000000000000000000000000000000000000	Telephone No. License No. 718-349-0900 00853							
Start Date (10) 11/25/2019		Schedule 01/25/2			Date (11)		11.0		A Monitor Cowalczyk	(
Occupancy Status During	g Abatement (Ched	k Only On	e)					Addres							
Facility Closed/Vaca	ated During Entire	Period of A	bate	ment					p Code	eet					
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hour	'S					Park, NY	116	94				
Scope of Work (Check A	Il That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enov emol	ation ition				Mir	I Containme ni-Enclosure ovebag Proc n-Exempted	edure				e	
		T	Loca	tion	T				Lacinple	1/41.	<u> </u>		Abate	emen	
Location Asbestos-Containing TO BE AB. In Facil (13)	Material (ACM) ATED lity	Use Mai	lorma d Sol inten	ally ely by ance/ Staff?		tos Con thermal surfa	taining I I system icing, V	cription of ining Material (ACM) systems insulation, ng, VAT, or scellaneous)			mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No									1			
11th FI	oor		X	_					Insulație		000 SF	Х		_	_
12th Fl			Х						Insulatic		000 SF	X	_		_
13th FI			Х						Insulatic	A 50 11.	000 SF	X	-		
14th Fl			X					Duct	Insulatic		000 SF ered Landfil	X			
Name of Registered Wa	ste Hauler			NJDEP V Hauler II 24310		of Wa			Minerva			S			
City, State Shirley, NY 11967						100000000000000000000000000000000000000	sal Date 7/2019		City, State Waynes		, OH 446	888			===0
Completed by Ann A. Ali		Title Com	pliar	nce Adr	min		Signatur	e A	A		273338	ate 2/17/2	2019		
			-					1	1-1						

213 WASHINGTON STREET - ADDITIONAL MATERIAL

FLOOR	LOCATION	TYPE OF MATERIAL	FOOTAGE
11TH	JANITOR'S CLOSET	PIPE INSULATION	40 LF
12TH	JANITOR'S CLOSET	PIPE INSULATION	40 LF
13TH	JANITOR'S CLOSET	PIPE INSULATION	40 LF
14TH	JANITOR'S CLOSET	PIPE INSULATION	40 LF
12TH	ELEVATOR MACHINE ROOM	PIPE INSULATION	50 LF
13TH	ELEVATOR MACHINE ROOM	PIPE INSULATION	50 LF
11TH	COLUMN D2	PIPE INSULATION	36 LF
12TH	COLUMN D2	PIPE INSULATION	36 LF
13TH	COLUMN D2	PIPE INSULATION	36 LF
14TH	COLUMN D2	PIPE INSULATION	36 LF



Additional

				P	AL Job# 19-121	3 Add	Material Please	see addition	onal qua	ntity	she	et	111
Date of Notification (1) 12/12/2019					f Building Owner/0 Prudential Insu			merica []	IEC 2	4	201	9	30000
Agencies Notified	Type Notification			Street A 213 W	ddress /ashington Stre	eet	2	Ì		ur.sin			ال
EPA DEP DOL	Initial Amended Amendment	# 3	f	City, Sta	ate, Zip Code rk, NJ 07102		1	re-unit et	LICAR		(1): (2)	thi.t	a Lene
DOH DCA	Emergency (justification) Cancellation	including			f Contact				one Numb				
N DON	Cariccilation			CONTRACTOR SANS	LITY INFORMAT	ION				_			
Name of Facility Where Wash Building	Abatement is Takin	g Place (3)				Type of Facility School (K-						
Street Address 213 Washington S	treet 11th, 12th,	13 & 14	th FI	oor			Subchapte	r 8 (Other the private & cor		build	lings,	home	es,
City (5) Newark							Square Feet 400,000	# of Floo 21	ors	1 000	ldg. A O+	ge	
County (6) Essex					Code (7) USE ONLY)		Current Use (Prior if being demolished) Commercial						
Name of Monitoring Fire Tiger Environment		Owner (8)		ASCN	Λ No.		of Abatement Co Environmenta		orp. D/	3/A	PAL	. En	virer
Street Address 256A Jefferson Co	ourt						Address 2 Queens Plaa	za South					
City, State, Zip Code Lakewood, NJ 087	701						State, Zip Code I Island City, N	IY 11101					
Project Manager for Mo Kelly Walton	onitoring Firm			Telepho 732-94	ne No. 48-9458		elephone No. License No. 18-349-0900 00853						
Start Date (10) 11/25/2019		Schedule 01/25/2		mpletion	Date (11)		of OSHA Monitor						
Occupancy Status Duri	ng Abatement (Chec	k Only On	ne)			Address							
Facility Closed/Va	cated During Entire	Period of A	Abater	ment			Beach 98th St	reet					
Other – Describe:	med Outside of Norn	nal Facility	Hour	s 		100000000000000000000000000000000000000	tate, Zip Code kaway Park, N	Y 11694					
Scope of Work (Check	All That Apply)				220-20-20-20-20-20-20-20-20-20-20-20-20-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Contraction	Renova Demoli			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
		Is	Locat	tion			- Total anompto	a () and no	T T T T T T T T T T T T T T T T T T T			ement	
Locatio	on of	1	Norma d Sole	lly	De	escription	of		-		Ту	ре	
Asbestos-Containin TO BE A In Fac (13	BATED cility	Ma	intena	nce/ Staff?	surfa		s insulation, T, or	Amou (Speci SF or L	9335	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								ro .	
11th F			X		Floor Tile, Ma		8.0	21,000		2			
12th F	Floor Tile, Ma		MAR	21,000									
13th F		Duct Insulatic	21,000		2								
14th F			X	LIDED VA	Floor Tile, Ma		BLAL .	21,000					
Name of Registered W	aste Hauler		1	NJDEP V Hauler ID 4310			FORDOVERA	Registered I a Enterpris					
City, State Shirley, NY 11967					81 27077738	sal Date 7/2019	1114	sburg, OF	44688	3			
Completed by Ann A. Ali	nin	Signature	1/		Date 12/1	2/2	019						
		-					1/1						

213 WASHINGTON STREET - ADDITIONAL MATERIAL

FLOOR	LOCATION	TYPE OF MATERIAL	FOOTAGE
11TH	JANITOR'S CLOSET	PIPE INSULATION	40 LF
12TH	JANITOR'S CLOSET	PIPE INSULATION	40 LF
13TH	JANITOR'S CLOSET	PIPE INSULATION	40 LF
14TH	JANITOR'S CLOSET	PIPE INSULATION	40 LF
12TH	ELEVATOR MACHINE ROOM	PIPE INSULATION	50 LF
13TH	ELEVATOR MACHINE ROOM	PIPE INSULATION	50 LF



Addition

Print Form

DEC 2 4 2019

Date of Notification (1) 12/09/2019			T	Name of E	Building Own	ner/Operate	or (2)	npany of Am		100,000	A. 1			
Agencies Notified	Type Notification		- 1	Street Ad		21 1								
X EPA DEP X DOL	Initial Amended Amendment	<u> 2</u>	-	City, State	shington e, Zip Code i, NJ 0710									
☑ DOH DCA	Emergency (i justification) Cancellation	ncluding	- 1	Name of 0 Bill Bar						phone Num 3-802-217				
				FACIL	ITY INFORM	MATION	T	pe of Facility (4	1					_
Name of Facility Where Wash Building Street Address	Abatement is Taking	Place (3)					-IE	School (K-1) Subchapter	2) 8 (Othe	er than K-12)		homo	
213 Washington St	reet 11th, 12th,	13 & 14th	r Flo	or			×	etc.)						
City (5) Newark				S00-13.445494			4	quare Feet 00,000	21	Floors	50	dg. A)+	ge 	
County (6) Essex				County C (STATE U	ode (7) SE ONLY) _			urrent Use (Prio ommercial	r if bei	ng demolish	ed)			
Name of Monitoring Firm Tiger Environment		Owner (8)		ASCM	No.			Abatement Con vironmental			/B/A	PAL	Env	dror
Street Address 256A Jefferson Co	urt	A CONTRACTOR OF THE CONTRACTOR						dress Queens Plaz	a Sou	ıth				
City, State, Zip Code Lakewood, NJ 087	01							e, Zip Code land City, N	Y 111	01				
Project Manager for Mo Kelly Walton	nitoring Firm		T	Telephor 732-94	ne No. 8-9458	1 (0)/20	Telephone No. License No. 718-349-0900 00853							
Start Date (10) 11/25/2019		Scheduled 01/25/20		mpletion (Date (11)	100		OSHA Monitor ch Kowalczy	k					
Occupancy Status Duri	ng Abatement (Chec	k Only One	3)			7		dress						
Facility Closed/Va	cated During Entire	Period of A	bater	ment				ach 98th Str	eet					1
Abatement Perform Other – Describe:	med Outside of Norm	nal Facility	Hour	s 		11		e, Zip Code way Park, N`	Y 116	94				
Scope of Work (Check	All That Apply)	1000100					-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enov				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure	**************************************				
		T		lan			<u></u>	NOII-Exemple	3 () an	u Non-riidu	T	Abate		t
Location	on of	N	Loca orma	ılly		Descript	tion of	.			_	Ty	pe	_
Asbestos-Containir TO BE A In Fac (13	ng Material (ACM) BATED cility	Mal Custo	ntena odial (12)		(i.e. th	s Containin ermal syste surfacing, other misce	ems in	or	(amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
444.	71	Yes	No	N/A	Floor Tile	Maetic	& Di	uct Insulatic	21	000 SF	x	-		-
11th F		1	X	+				oct Insulatic		000 SF	X	-	-	
12th 1		-	$\frac{\wedge}{x}$	-				oct Insulation		000 SF	X			
14th		-	X					uct Insulatic		000 SF	X		-	-
Name of Registered W				NJDEP V		Cubic Yard		96.00	1011.00	ered Landfill	1			1
ATC				Hauler ID 24310	No.	of Waste 50 Yards		Minerva	a Ente	erprises				
City, State Shirley, NY 11967				Disposal D 11/27/20		City, Stat Wayne		, OH 446	88					
Completed by Ann A. Ali	oliar	ice Adm	nin	Signa	ture	A		1231000	ite 2/09/:	2019				

DEC 2 / 2019

213 WASHINGTON STREET - ADDITIONAL MATERIAL

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

EC 2 / 2019

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) PAL Job# 19-1213 Add Material

Date of Notification (1)			Name	of B	uilding Owr	ner/Opera	ator (2	2)	200	F 1110 F 411	J. Y.		100					
11/07/2019	The Prudential Insurance Company of America																	
Agencies Notified Type Notification			Stree 213		ress shington	Street					-							
EPA Initial Amended Amendment #_		_	City, New	State /ark,	, Zip Code NJ 0710													
Emergency (indigent plants) DOH justification) Cancellation	duding		Name Bill I		contact ett					Telephone Nui 973-802-21								
			FA	CILI	TY INFOR	MATION												
Name of Facility Where Abatement is Taking F Wash Building Street Address	Place (3)							Sc St	Facility (4) hool (K-12 bchapter 8		2)	inne	hor	nes				
213 Washington Street 11th, 12th, 1	3 & 14t	h Fl	oor					Square	0.)	# of Floors		dg. A						
City (5) Newark							1.	400,00	00	21	50)+	.90					
County (6) Essex	***		Cour (STA	ty Co	ode (7) SE ONLY)		24 2		use (Prior nercial	r if being demolls	hed)							
Name of Monitoring Firm Hired by Building Ov Tiger Environmental Inc	wner (8)		AS	SCM	No.	N.	ame o	of Abate Enviro	ment Cont	ractor (9) Gafety Corp.	D/B/A	PΑ	_ E	nvire				
Street Address						S	treet A	Address					-					
256A Jefferson Court City, State, Zip Code	****					C	ity, St	ate, Zip	Code		17/19/20			-				
Lakewood, NJ 08701 Project Manager for Monitoring Firm		\neg	Tele	phon	ie No.	T	Long Island City, NY 11101 Telephone No. License No.											
Kelly Walton	~ 1 · · ·	10	The same		8-9458		718-349-0900 00853 Name of OSHA Monitor											
11/25/2019	Schedule 01/25/2	020		uon L	Jate (11)	١	Wojci	iech K	owalczyl	κ								
Occupancy Status During Abatement (Check								Address Beach	98th Stre	eet								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A at Facility	Hou	atement (
Scope of Work (Check All That Apply)				and Girth to re-			PC	7										
≥3 sf or ≥3 lf X ≥160 sf or ≥260 lf			vation				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedi											
	T le	1.00	ation					1 101	LACINIPIO	() una rion rii		Aba	tem					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	Norm d So inter todia (12	nally blely b nance al Staf 2)	ĺ		Descriptions Contain hermal sy surfacing other mis	ystems	Material s Insula T, or		Amount (Specify SF or LF)	Removal	Repair	Type	Encapsulate				
11th Floor	Yes	X	-	MIM	Floor Til	e. Mast	tic &	Duct I	nsulatic	21,000 SF	X	-	+	+				
12th Floor	-	X	_		Floor Til				200	21,000 SF	Х	+	1	+				
13th Floor		X			Floor Til		***			21,000 SF	Х							
14th Floor	1	X			Floor Til	e, Mast	tic &	Duct I	part 1	21,000 SF	Х							
Name of Registered Waste Hauler			Hau	ler ID	Vaste No.	Cubic You of Waste 50 Yar	е			Registered Land a Enterprises	īll .							
		24310 50 Yards Disposal Date 11/27/2019					posal Date City, State											
City, State Shirley, NY 11967						11/27/2	2019	,	, Wayne	sburg, OH 44	688							

5829 Emergen	cy -	LY	- - -	41682	03	75	Check				27
- Part - Carrier	7	KOTI)	GANC	Hado of New Jerse DN OF ASSESTOS II to NJAC 5:60 on	ABATEME	NT	med	看	29	W	ill.
Outs of Notification (1) 12-18- Agencies Notified Type Notification				of Building Owner/	Operator (2)	Car	E 4 S COREC	5]	0,		/
D EPA DOL AMENDES. ET DON EMBERGINGS ET DON EMBERGINGS ET DON EMBERGINGS ET DON Cancellatio	i #	ə	Cre. 8	al Contact	5 G	,	J OF	0.	5 /	W W	
Name of Facility Where Abatement is Tak	o Diace	(3)	FAC	ILITY INFORMAT	ION				mocetric	NO Secretary	drawn to
Street Address - Street Address - I)well	ing_				Other (Le.	5/55	e) al build	dinga	, hom	
Ecounty (6) Mantag	NJ		90			uara Feet .	# of Floors	В	lág. /		
Marked Moure of the Marked by Salidate	Per .		atare	Code (7) LISE ONLY)			for if being demolish	ied}			
EPC TER PIPO		9	ASC	NA	Street Add	C. Te	Christian (S)	ie i	<u> </u>	Ir	D.
City, State, Zip Code	37	-	an An	even elle, elle	City, State	. Ben	337		-August	menus abo	Lib Book o
Med Wander or Montal allim	_N.	7	Telepho	Ene No.	Telaphone	e Ce	AT MORNEN	01		5.3	
Dec 23, 2019		ied Con	npletion	758-3365 Date (11) ZOI9	Name of C	8-334 SHA Monitor	<u> </u>		59		
Scoupency Status During Absternery (Cher	k Only O	ក <u>ខ</u> ា	K-3	2017	Street Add		hnologies	Ŧ	25_		
# Facility Cros.ad/Vacated During Engine Abstament Performed Gutside of Nerr Cities - Describe:	Period of nai Fector	Abaten y Hourt	ænt i		6.0 cly. Spans	ZIp Code	337	11000		<u></u>	E'A.
Stope of Work (Check All That Apply)				1	Men	Egypt	NJ C	28.5	5.2		
Hi as afor as a Ci as so afor also a		Renove Demolit		nel a		Ani-Enclasur Blovebas Pro					
	81	Locuti	on .	The same of the sa			A SHIT HOUSE HED!	-	Abab	oftwent:	
Location of Asbestos-Containing Material (ACM)	Use	Normali ed Solei	y my	Asbestos Contr	edpton of		1	-	Ty	pe	-
TO BE ABATED In Padity (13)		intener todial S (12)	4 17	(i.e. therms)	systems ins dag, VAT, or decellansour	ufetton,	Amount (Specify SF or LF)	Remove	Repair	E. Nicepanisch	BRISDHILL
134 Floor Claset	786	K	N/A	Cement	Exhaus	Pipe	156	4			
78 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				-		*					
arnor of Rogistated Waste Massler	100 N 12 P-0		DEP W			Name of	Registered Landfill				-
EPC Technologie	-dillo-off Hib-	H	10'er 10 1.75		- [Made	e-Menager	The state of the s	<u>u</u>	EP	P
New Egypt	NJ	<u> </u>		OF REAL PROPERTY AND ADDRESS OF THE PARTY OF	Y-19		rouille P	A	Tadan su	and Phores	
Here Schenker	Place	sid	nt	- SI	52	Sel	Date Date	12	-/	B-/	9

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Date of Notification (1)		Name of Building Owner/Operator (2)											
12/	19 /	19			All I	Done Ent	terprises	†		3 8	0	3.5	5
Agencies Notified	Type Notifica	ition	-	-	Street	Address					Title	-	- 1
⊠ EPA					304	Harrison	Avenue, Unit C	: i	(C)	Chi Na		· · · · · · · ·	A
□ DOLWD	☐ Amended			ŀ		tate, Zip C					-		-
⊠ DOH	Amendme		_		- Stanning	i, NJ 076							
DCA	☐ Emergend		ng	-		of Contact			Tolophono Num	hor			
(NJAC 5:23-8)	justificatio					ncesco N			Telephone Num 609-578-734				
	☐ Cancellati	1011							609-578-734	-1			
					FAC								
Name of Facility Where A	Abatement is T	aking Plac	ce (3)				Type of Facility (1925				
Residence								School (K-12)) I (Other than K-12	1			
Street Address									ivate and comme		ilding	S.	
								homes, etc.)			Ü		
City (5)								# of Floors	Blo	ge			
Paramus								1000	1	(55		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Bergen							~	Residence					
Name of Monitoring Firm	Hired by Build	ling Owne	r (8)	1	ASCM	No.	Name of Abateme	ent Contractor (9)		14			
N/A							Guardian Co	ntracting, Inc.					
Street Address				_			Street Address						
a Secret Scotting (Secure Procedulate) A sector							1889 Route 9	. Unit 61					
City, State, Zip Code					-1.77		City, State, Zip Co	<u> </u>		_			
							The state of the s	New Jersey 08	755				
Project Manager for Moni	itorina Firm		T	eler	phone I	No	Telephone No.						
, roject manager for more			1	Oloj	poo .		732-349-9932		00624				
Start Date (10)	To	cheduled	Com	nlet	ion Dat	te (11)	Name of OSHA M	<u> </u>	00024			1555	
12 / 30 /				·	/		E.M.S.L. Ana						
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Occupancy Status During		그 많은 사이 뭐!			12		Street Address						
☐ Facility Closed/Vacate						7	1056 Stelton	The second state of the se					
Abatement Performed Time of Abatement: _							City, State, Zip Co						
						- VIVI	Piscataway, I	New Jersey 088	854				
Scope of Work (Check al	I that apply)						□ Full Conf	lainnent with Non	etive Decesion				
≥3 sf or ≥3 lf		ПБ	Reno	vatio	on			tainment with Neg losure					
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							Non-Exe	mpted (*) and No	n-Friable Procedu	1			
	4.7		Is Lo	ocati mal						Ab	atem	ent T	ype
Location Asbestos-Containing		, U			ly by	Acho	Description o stos Containing Ma		Amount	Re	Re	E	E
TO BE ABA		' N	Maint	enai	nce/		., thermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facili	ty	Cı		lial 8 12)	Staff?		surfacing, VAT	, or	SF or LF)	va va		Encapsulate	sure
(13)		Ye		No	N/A	1	other miscellane	ous)				ate	
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exterior			D	<u> </u>		asbesto	os siding		1000 sf		Ш	Ш	
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Name of Registered Was				21 22	JDEP \ auler I[Cubic Yards of Waste	Name of Regis	stered Landfill				
Guardian Contracting, inc.						3	3	T.R.R.F.	NO. 2550				
City, State							Disposal Date	City, State	2019 - 15 - 2019 2010 - 16 - 2019				
Toms River, New Jersey							12/31/19	Tullytown,	Pennsylvania				
Completed By (Print or Type) Title							Signature	1	D	ate /	1		
Nicholas Fernicola Project Manager							1	(/		. /.	- 11	Cf	

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Date of Notification (1)						JAC 8:60 and 8:		Almi	STOS (XI:	TAG	
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□ EPA F	pe notifica I Initial	ligh		3	reet Addres	18			1			
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	Amendme Emergenc	nt #	nzame	4 (100.00)	ty. State, Z		A 100 100 100		¥ . 2			_
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	Canoelistic	nc		- 1	lliam R P	And the second		Telephon	a Number			_
Name of Facility				-		INFORMATION			-			
Name of Facility Where Abet	ment is Ta	king Pl	B00 (3)			THE SUMMANIES	Type of Facil	In 115				
Private house Street Address							C School (K	-121				
Not and							Subabanh	or A Maharthan	K-1 2)			
City (5)							SI Other (I.e. homes, er	. Drivate end an	mmercle	build	ings,	
Wayne, NJ 07470						-	Square Feet	s of Floor	6	Bldg.	Aon	-
County (6)				10	Unly Code /7) (STATE USE ONLY)					, ,go	
Passajo					(1	Markie use ONLY	Current Use (Prior II being de	molished	()		_
Name of Monitoring Firm Hires	by Buildin	וחאים כ	ar (B)	ASC	M No.	Name of Abatema	of Contractes	(0)				
Street Address						Gr Tech LLC	oomacioi (3)				
						Street Address				-		_
City, State, Zip Code						576 Valley Rd #	283					
						City, State, Lip Co						_
Project Menager for Monitoring	Firm		Te	aphone	a No	Wayne, NJ 0747)					
Start Date (10)						973-356-3511		Licensa No	,			_
12 / 20 / 19	Sahe	peluba	Compl	etion D	ate (11)	Name of OSHA Mo	nitor	01127				
Occupancy Status During Abate		16	1 2	1 /	19	Envirovision Con						
Control Constitution of the Control	E-4					Street Address					_	_
Abatement Performed Outel					eoriba	20-21 Wagaraw F City, State, Zip Coo	load, Bldg #	35E				
Time of Shedamani		PMI	PM		AM	City, State, Zip Coo	le .					_
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Scope of Work (Check all that a	The state of the s	-		humana a	THE COLUMN TWO IS NOT THE OWNER.	Fau Lawn, NJ 07	410	Paris	-	-		
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Scope of Work (Check all that a	The state of the s	⊠ R	anoval amoliti	ion n		Full Conta Mini-Enclo	and decontami irmant with Ne sure	Tent with Need	i Man Para			
Scope of Work (Check all that a >3 sf or >3 tl > 180 cf or >280 tf	The state of the s	X R	anoval amoliti			Full Conta Mini-Enclo	and decontami irmant with Ne sure	nation with neop pative Pressure Tent with Negs on-Frieble Proce	i itivo Pres adure	STUZE		
Scope of Work (Check all that a >3 st or >3 tt > 150 of or >280 tt Location of Asbestos-Containing Materia	pply)	⊠ 8	s Loca Norma	lion liv		Full Conta Mini-Endio Glovebag Non-Exem	and decontami inmant with Ne gure Procedure [pted (*) and No	Tent with Need	i itivo Pres adure		ent T	/pa
Scope of Work (Check all that a >3 st or >3 tt > 150 of or >280 tt Location of Asbestos-Containing Materia TO BE ABATED	pply)	Vs.	S Local Norms ed Sold	tion tly tly by	Asbes	Clean up Full Conte Mini-Endlo Glovebag Non-Exem	and decontami inmant with Ne sure Procedure pted (*) and No	Tent with Need	itivo Pres adure	balam	_	1
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Scope of Work (Check all that a >3 st or >3 tt > 180 of or >280 tt Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)	pply)	Us Mi Cui	Norme Norme ed Soli eintens (12)	floa fly fly by ince/ Staff?	Asbes	Description of store miscellaneous containing Mate. thermal systems in sufficiency with a miscellaneous containing the miscellaneous	ind decontami immant with Ne gure gure pred (*) and No fini (ACM) sulation, r a)	Tent with Negs on-Friable Proce Amount (Specify	itivo Pres adure	balam Repair	_	1
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Scope of Work (Check all that a >3 st or >3 tt > 180 of or >280 tt Location of Asbestos-Containing Materia TO BE ARATED IN Facility (13)	pply)	Va Mi Cui	s Locar Norme ed Soli sintens stedial (12)	Staff?	Asbes (i.e.	Description of store of the miscollaneous lations	ind decontami immant with Ne gure procedure pr	Tent with Nega on-Friable Proce Amount (Specify SIF or LF)	Removat	balam Repair	Ericapsulate 🔲 🗆 🔲	Enclosure
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Scope of Work (Check all that a >3 st or >3 tt > 180 of or >280 tt Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13) Tawl space Name of Registered Weste Heate of Tech LLC Ity, State Zyne, NJ 07470	pply)	Us Mi Cui	s Lace Norms ed Sale intens stadis (12)	N/A N/A P Wasle	Asbes (i.a. Pipe insu	Description of Silos Containing Mate. thermal systems ins surfacing, VAT, a other miscellaneous fation.	inmant with Ne gure Procedure Proced	Tent with Nega on-Friable Proce Amount (Specify SIF or LF)	Removat	balam Repair	Ericapsulate 🔲 🗆 🔲	Enclosure
Scope of Work (Check all that a 3 st or >3 tt > 180 of or >280 tt Location of Asbestos-Containing Materia TO BE ASATED IN Facility (13) Crawl space Name of Registered Weste Heate of Tech LLC Ity, State Zayne, NJ 07470	pply)	Ves Ves	s Loam Norme ed Sold Interpretation (12)	N/A N/A P Wasle	Asbes (i.a. Pipe insu	Clean up Full Conta Mini-Enclo Glovebag Non-Exem Description of Stos Containing Mata. thermal systems ins surfacing, VAT, oother miscellaneous fation Cubic Yards of Weste TBD Disposal Date TBD	inmant with Ne dure Procedure pied (*) and Monaton, in all (ACM) audition, in all (ACM) audition, in all (ACM). Report Register Comments of Register R. R. F. Inc.	Tent with Nega on-Friable Proce Amount (Specify SIF or LF)	Removat	balam Repair	Ericapsulate 🔲 🗆 🔲	Enclosure
Scope of Work (Check all that a >3 sf or >3 tf > 180 of or >280 tf Location of Asbestos-Containing Materia TO BE ARATED IN Facility	PPIy) I (ACM)	Va Mir Cuil	s Loam Norme ed Sold Interpretation (12)	N/A N/A P Wasle	Asbes (i.a. Pipe insu	Description of Signature Cubic Yards of Wester TBD Tignature Citizen up Full Conta Mini-Encio Glovebag Non-Exem Description of Signature D	inmant with Ne gure Procedure Proced	Tent with Nega on-Friable Proce Amount (Specify SIF or LF)	Removat	balam Repair	Ericapsulate 🔲 🗆 🔲	Enclosure

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Date of Notification (1)	5 /	19					g Owner/Operator (ongregation of J		#:1912-252(Ch	eck N	IĀ∭	7 12	2 1:
Agencies Notified	Type Notific	ation		-		t Address			Life Tanker		1	L/c	711
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□ DOLWD		d				State, Zip (DEC-	21	201	0	174
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(NJAC 5:23-8)	justificati				Name	of Contac	t		Telephone Num			i i i	
	☐ Cancella	tion			Da	ve lannor	ne		856-889-548	2 5	10	Tel sur le	k
					FA	CILITY IN	FORMATION						
Name of Facility Where A	batement is	Takino	Place	(3)				Type of Facility (4)				
Westfield Congrega		Ulliporton da	ed 111 1100000-100		ses			School (K-12)					
Street Address									(Other than K-12)			
2723 Westfield Ave	nuo								ivate and commer	cial bu	ilding	js,	
	nue							homes, etc.)	7				
City (5)								Square Feet	# of Floors	1000	dg. A	ge	
Camden								3,200 SF	1	(69		
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)			
Camden								Place of Wo	rship				
Name of Monitoring Firm	Hired by Build	ding (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Finog Environment	al						Francisco de la constantida del constantida de la constantida del constantida de la constantida de la constantida de la constantida del constantida de la constantida del cons	d Mold Services	s. Corp.				
Street Address	77.00			-			Street Address		., -с.р.	-			
617 Stokes Road #4	1-318						1835 Underw	and Blud					
City, State, Zip Code	-010												
							City, State, Zip Co						
Medford NJ 08055				-			Delran, NJ 08	3075					
Project Manager for Moni	toring Firm			Charea	ephone		Telephone No.		License No.				
Rebecca Rubnitz				8	56-596	-9994	609-702-0400	l:	00862				
Start Date (10)	3	Sched	luled C	ompl	etion Da	ite (11)	Name of OSHA N	lonitor					
12 /18 /	19	1	2 /	_2	4_ /	19	EMSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (Check	c only c	ne)		150	Street Address						
☐ Facility Closed/Vacate				31.51.25.0	ement		200 U.S. Rou	te 130 North					
Abatement Performed						scribe	City, State, Zip Co						
Time of Abatement:							The State of the S						
					107		Cinnaminson	i, NJ 08077					San (eg)
Scope of Work (Check all	that apply)						⊠ Full Cont	tainment with Neg	ativo Proceuro				
≥3 sf or ≥3 lf			⊠ Re	nova	tion		☐ Mini-Enc		alive Flessule				
≥160 sf or ≥260 lf			☐ De	molit	ion		☐ Glovebag	g Procedure					
							☐ Non-Exe	mpted (*) and Nor	-Friable Procedu	e			
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Location				Norma	ally lely by	1	Description of			Z	_Z	Ш	ш
Asbestos-Containing I TO BE ABA		1)			ance/		stos Containing Ma ., thermal systems		Amount (Specify	ema	Repair	nca	l clc
IN Facilit			Cus		Staff?	(1.0	surfacing, VAT,		SF or LF)	Removal	=	psu	Enclosure
(13)				(12		4	other miscellane			-		Encapsulate	œ
			Yes	No	N/A								
Six Areas/Rooms						Carpet	and Floor tile		3,200 SF		П	П	П
			,	J. Co. 101	-					-	=	=	=
											Ш	Ш	Ш
					+					_			
Name of Desistant 1141	- 111-		Ш	Ц				IN 5	1.0			Ш	Ш
Name of Registered Wast				10.2	NJDEP I Hauler II		Cubic Yards of Waste	Name of Regist					
Champion Disposal				1	3270		vvaste 5	Grand Cent	tral				
City, State							Disposal Date	City, State					
Hainesport, NJ 0803	86						12/27/19	Penn Argyl	e, PA				
Completed By (Print or Ty		Title			T-100		7	1		to			
Kaysi Gruner	P-)	12501200	ffice /	lesi-	stant.		Signature		Da		0-1	9	
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ASB-41		* /	n		.:_ e	Z	1 100						

MOCK.		NOT				BESTOS ABAT C 8:60 and 5:1							
Date of Notification (1)				Name	of Buildin	g Owner/Operator	(2)	persona dan angga bas	ALTONOMINE PROPERTY	erganization of	******	ASETTUTE.	taren and
11 / 20	/19)				f Weymouth	Job #1910-251	2 Chk.#	NAG			<u> </u>	ונווי
Agencies Notified Type	Notification			Street	Address								
⊠ EPA □ In	itial			45	South Je	rsey Avenue			000	0			W. 1907
	mended	_			State, Zip C				DEC	-	1 20	119	Ť
	mendment #				rothy, NJ								į
	mergency (ir stification)	ncluding	3		of Contac			Telephone	Nicosia	de s	E VECT	eranium.	المصد
**************************************	ancellation					Ayens- Townsh	in Clerk	609-47					on.
						IFORMATION	ip olerk		0-200	V A T V			
Name of Facility Where Abatem	ent is Takin	a Place	(3)	170	OILITT IN	ITOKWATION	Type of Facility (4)					
Township of Weymouth		-					School (K-12)	1,50					
Street Address	mamopari	Danai	19				Subchapter 8	(Other than	n K-12)				
45 South Jersey Avenue							Other (i.e., pri	vate and co	ommer	cial bu	ilding	S,	
							homes, etc.)	T 4 = .					
City (5) Dorothy							Square Feet	# of Floo	rs		dg. Aq	ge	
				10	-t- O- d- /7	NOTATE (105 ON) A	+/- 4675	1			78		
County (6) Atlantic				Cour	ity Code (/)(STATE USE ONLY)		or if being d	emolisi	hed)			
Name of Monitoring Firm Hired	hy Building (Owner	/o\ T	ASCM	No	None of Abotem	Residential						
Horizon Enviromental Gr		Owner	(0)	ASCIVI	NO.	I	ent Contractor (9) d Mold Services						
Street Address	oup						a word Services	s, Corp.					
PO Box 316						Street Address	rand Divid						
City, State, Zip Code						1835 Underw							
Thorofare, NJ 08086						City, State, Zip C							
Project Manager for Monitoring	- :		T-1-		N.	Delran, NJ 08	8075	T					
Steve Flanigan	FIRM			phone		Telephone No.		License I					
Start Date (10)	Cohor	dulad O	-	56-848		609-702-0400		00862					
				tion Da	(8) (9)	Name of OSHA N							
			74	_ ′ -	18	EMSL Analyt	iicai, inc.						
Occupancy Status During Abate	1.5	2.7	- 12			Street Address							
 ☐ Facility Closed/Vacated Duri ☐ Abatement Performed Outside 					auth a		ite 130 North						
Time of Abatement:A					AM	City, State, Zip C							
Scope of Work (Check all that a						Cinnaminsor	n, NJ 08077						
Scope of Work (Check all that a	ppiy)					☐ Full Con	tainment with Nega	ative Pressi	ıre				
≥3 sf or ≥3 lf			novati			☐ Mini-End	closure						
≥160 sf or ≥260 lf		∐ De	molitic	on			g Procedure empted (*) and Non	-Friable Dr	ocedur	0			
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Location of		1	Norma	lly		Description of	of			-	_		
Asbestos-Containing Materia	al (ACM)		d Sole intena			stos Containing Ma	aterial (ACM)	Amou	10.7	Rem	Repair	nc	nc
TO BE ABATED IN Facility			todial		(i.e	., thermal systems surfacing, VAT		(Speci SF or L		Removal	air	aps	Enclosure
(13)			(12)			other miscellane		31 01 L	.1. /	=		Encapsulate	ē
		Yes	No	N/A								CD	
Council Chambers					Floor ti	le and Mastic		1,375	SF				
Council Chambers					Particle	Boards		1,375	SF				
			П	\Box							П	П	
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Name of Registered Waste Hau CHampion Disposal	E			IJDEP \ lauler II		Cubic Yards of Waste	Name of Regist	ered Landfi	II				
					32707	5	ACUA	W					
City, State Hainesport, NJ						Disposal Date	City, State	. T	20				
Halliesport, NJ						12/17/19	Egg Harbor	iownshi					
	1-	V2											
Completed By (Print or Type)	Title			2 22		Signature	()		Dat			. ^	
		e Office /	Assis	tant		Signature	<u></u>				12-	19	

Date of Notification (1) 12/20/19				f Building (0,000	1100) E (Î	W	E
Agencies Notified Type Notification	,		Street A	n Gutter	Service	ces, In	C.			ال كارا	9 L	II	17	Li-
	E.			mmit Av	enue				Townson and the second	N.				
EPA X Initial Amended		r	City, Sta	ate, Zip Co	de					til Di	C 2	4	2019	_
X DOL Amendmen Emergency		- [ley Heig	hts, N	J 0792	22		1	į				
DOH justification Cancellatio)			f Contact	io				Tele	ephone Nu 9-548-29	mber.	QÜ.	TAC	L
Cancellatio	n			Delguerc		ON			00	9-040-25	10	i Victoria		
Name of Facility Where Abatement is Taki	ng Place (3)						Туре	of Facility (4)					
home								School (K-12			- 1			
Street Address								Subchapter 8 Other (i.e. pr	3 (Othe ivate 8	er than K-1 & commerc	2) ial buil	dings,	hom	28
City (5)					-1			etc.) re Feet	I # of	Floors	TF	Bldg. A	ge	
Gillette							1800		2			32	90	
County (6)				Code (7) USE ONLY)	S.			nt Use (Prior	if beir	ng demolis	ned)		5	
Morris Name of Monitoring Firm Hired by Building	Owner (9)		ASCN		-	None	hom of Abou	e ement Cont	rocker	(0)			10-	
Name of Worldoning Firm Fined by Building	Owner (6)		ASCIN	I NO.				onmental		10 OO				
Street Address							Addres			•				_
								33, 4 E Ga	ate Di	rive				
City, State, Zip Code								p Code , NJ 0741	18					
Project Manager for Monitoring Firm		T	Telepho	ne No.			none No	**************************************		License N	lo.			-
						973-	764-2	276		703				
Start Date (10) 12/30/19	Schedule		npletion	Date (11)		Name	of OSH	IA Monitor						
Occupancy Status During Abatement (Che	000000000000000000000000000000000000000					Street	Addres	S						_
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of A	batem	nent					p Code			,			
Other - Describe: basement					_									
Scope of Work (Check All That Apply)							_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	enova emoliti				F		Containmer i-Enclosure	nt with	Negative I	Pressu	re		
						×	Glo	vebag Proce						
	lel	Locati	on				100N L	n-Exempted	() and	i Non-Friat	ne Pro	Abate		_
Location of	N	ormall	ly.		De	scription	of					Ту	ре	_
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	l Sole ntenar	nce/	Asbest	os Cont	aining N system	Material	(ACM)		mount specify	Z)	90320	En	1
In Facility (13)	Custo	odial S (12)	Staff?	(surfa	cing, VA	T, or			or LF)	Removal	Repair	Encapsulate	
(13)	Yes	No	N/A		othern	niscellar	ieous)				val	Ť	ulate	1
basement storage	165	INU	X		nine	insula	tion		3	0 LF	x			
basement family room	+ +		X		200	insula				0 LF	x			
a seed ment running room	+ +		^		pipe	moula	don			O LI	1			
									-		-			-
Name of Registered Waste Hauler			JDEP W		Cubic	Yards		Name of R	egiste	red Landfil	1			
Newark Carting			auler ID 4509	No.	of Was	ste		Grand C				ndfill		
City, State Newark, NJ					Dispos	sal Date		City, State Pen Arg		Δ				
Completed by	Title					ignature	9	// Alg	yı, <i>F F</i>		ate			
A. Scott Higgins	Presid	dont				~		//		1 200	2/20/	12121		

Inv# 16914 PAIT)			to NJAC				Olo	ek	_ (<	9(0	17	6		
Date of Notification (1) 12/20/19				f Building Hunsing		Operator	(2)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	an o	9 E		M	G	100	100 C
Agencies Notified Type Notification			Street A	-	G1					3 E		<u> </u>	lia	A CAMPAGE AND A	The state of the s
EPA DEP Amended Amendment #				ate, Zip Co		0			. 0	EC 2	1 2	2019	4	11.27	# c
Emergency (ir justification)		_ -		f Contact	0709	<u> </u>			LTel	ephone N	Nomi	per			1
DCA Justinication			Gary I	Hunsing	er			f	1			The same	11.44	ov stre	
Name of Facility Where Abatement is Taking	Dlass (2		FACI	LITY INFO	DRMAT	ION	-					- 1 TOTAL	A		
home	riace (S	7)					_	of Facility							
Street Address							×	School (K-1 Subchapter Other (i.e. petc.)	8 (Oth			build	lings,	home	es,
City (5) Westfield				XIII - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2			Squa 2000	re Feet 0	# of	f Floors		10.000	ldg. A 2	ge	
County (6) Union			County (Code (7) USE ONLY)		1	Curre	ent Use (Pri	or if bei	ng demo	lishe	d)	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -		
Name of Monitoring Firm Hired by Building Or	wner (8)		ASCN	1 No.				itement Coi			10				
Street Address						Street			ii OCI v	1063, L					
								83, 4 E G	ate D	rive					
City, State, Zip Code						105000		ip Code I, NJ 074	118						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-	one No 764-2			License	e No.	X.			
The state of the s	Schedule		npletion I	Date (11)		Name	of OSH	HA Monitor							
Occupancy Status During Abatement (Check						Street	Addres	SS					V		
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: crawl space	riod of A	Abatem Hours	ent .			City, S	tate, Zi	ip Code					-		
Scope of Work (Check All That Apply)									-						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	Renova Pemolit				×	Mir Glo	Il Containm ni-Enclosure ovebag Pro- n-Exempte	e cedure					e	
	N 1987	Locati	5/63)											ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	Normall d Sole intenar odial S (12)	ly by nce/		tos Cor therma surfa	escription ntaining M Il systems acing, VA	laterial s insula T, or		(8	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
(13)	No	N/A		otner	miscellan	eous)					val	¥	ulate	sure	
crawl space			х		pipe	e insulat	tion		16	60 LF		Х			
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic	Yards		Name of	Pagisto	red Lanc	4611				
Newark Carting		Н	auler ID 4509		of Wa	aste		Grand	- 30			Lan	dfill		
City, State Newark, NJ					Dispo	sal Date		City, Stat		Α					
Completed by A. Scott Higgins	Title Presi	dent		-112	3	Signature	<u> </u>	R	~		Date	20/1	19		

State of New Jersey

Date of Notification ((1)						HARP & DO				EC	E		\mathbb{W}	
12 /	19 /19					et Add		-NUE D	O BOY	DOOG BYON	444	**		W.	di anno a
Agencies Notified EPA DEP X DOL	Type Notification X Initial Notif Amended Cancellatio	icatior Notific			City,	State	, Zip Code , NEW JER			2000, RY28	DE(3 2	4	2019	This area
X DOH DCA	On Hold EMERGEN		OTIF	ICATI			Contact PATEL			Telephone 1 732-594-63	Number 52	ios Ios	1,70 Viji, j	ind Q	1.73
	Ab at a series Tall	i D			ACILITY IN	VFOR	MATION	Type	f Facility	(4)					
Name of Facility Wh	ere Abatement is Tak	ing P	lace	(3)					chool (K-						
MERCK SHARP & DO	OHME CORPORATIO	N						X O	ther (ie. p	r 8 (Other th orivate & cor		ldgs			tc.)
Street Address 126 EAST LINCOLN	AVENUE - BUILDING	50 G						60	re Feet ,000	# of Floo 3	(0)530,17		Bldg.		
City (5) RAHWAY	County (6 UNION)					de (7) E ONLY)	Current RESE/	t Use (Pri ARCH LA	or if being d BORATORY	emolish ' AND C	ned) DFFI	CE F	ACILI	
Name of Monitoring	Firm Hired by Buildi	ng Ow	ner	(8)		AS	SCM No. 104	Name	of Abater	ment Contra MENTAL CO	actor (9) ΔΤΙC	N		
Street Address	ALTH INVESTIGATIO	ins, ir	VC.				104	Street	Address	OCK ROAD	nu Oru	ATIC	/\\		
655 WEST SHORE T City, State, Zip Code	HAIL								tate, Zip (1.71117.				
	SPARTA, NEW								The second secon	V YORK 109		a NI	.mahai		_
Project Manager for M					Number				one Num 9-7500	ber	Licens	e NU	ımbei		
WILLIAM S. KERBEL Expected State Date				729-56	tion Date	(11)			of OSHA	Monitor	1101				_
1 /	6 /2020 ay Year	Mo	6	/	30 Day		/2020 Year			ORATORIES	SINC		#1	1480	
Occupancy Status Du	uring Abatement (Chec	k only	one)					100000000000000000000000000000000000000	Address	LOTDEET					
X Facility Cl	osed/Vacated During E t Performed Outside o	ntire	Perio	a ot A acility	batement Hours - De	scrib	e:	III/ EF	451 3017	STREET					
X Other - De		-FRID	AY 7	AM-3	:30 PM	,,,,,,,		City, S	tate, Zip (NEV	Code V YORK, NE	W YOF	RK 1	0016		
Scope of Work (Chec	k all that apply)	<u> </u>								ative Pressu					
Demolition >3SF OR	2	Reno	vatio	n		-	Mini Enclo Glovebag		ıre						
X >160 SF (X	Non-Friab								
	tion of	Is	Locat	tion			iption of As							ent Ty	
	-containing		nally		C		ning Materi)	Amour	nt	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
	al (ACM)		olely	by todial			Thermal sylion, surfacil			(Specif	F)	S _O	ΙĄ	CAF.	50
	ABATED ility (13)		taff (1				ner miscella		,	0, 0, 0	''	VAI	P	ટ્ર	JSC
	inty (10)	Yes		N/A										-	Ä
1ST FLOOR LABS 1	30, 132, 135, 137,		- 60	_							-				
140, 145, 147, 165	-			Χ.	TRANSIT	E BR.	ACKETS			194 SF	,	X			
2ND FLOOR LABS 2	30, 235, 237, 240,														
242, 245				Х	TRANSIT	E BR	ACKETS			40 SF		X			
3RD FLOOR LABS 3	330, 332, 335, 337,	\vdash													
340, 342, 345, 346, 3				х	TRANSIT	E BR	ACKETS			180 SF		X			
Name of Registered		NJDI	EP W		Cubic Yar	_		Name	of Regist	ered Landfil					
FREEHOLD CARTA	GE, INC.		er ID			40				UNTY RES			NAG	EME	II SE
825 HIGHWAY 33 City, State			1593	9	Disposal	Date		City, S	State	ER DRIVE/R		10		-	
FREEHOLD, NEW J	ERSEY				11/16-5/3	0/19		MONT	GOMER	Y (PA 1775			_		
Completed by (Print BENJAMIN SANCHE	or Type) Title		R OF	OPE	RATIONS	Sign	nature		1/	XX	Date	21	19	1	9
						112			1 7	(U)	10.0	1		1	1

IN# 16868

CK39154 PA	ALD	NOT	IFICAT	State of New J FION OF ASBES nt to NJAC 8:60-7	TOS ABAT	TEMEN	NT		240	7		
Date of Notification (1)		(1	uisua	Name of E	Building O	wner/		2)	EG		11 W	E
				Street Add						(144. g Set 27. 194. g	10.2.2.2.2.2.2.	
Agencies Notified Type Notifi	cation					ENLIE	PO BOX	2000, RY28	-414			
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	ellation										1111	
X DOH On H	old RGENCY	NOT	IEICAT	Name of C				Telephone N		iOaisi	ann ei Meild	C/1-13
DCA EME	RGENCT	NOT						732-594-635	52	-	_members of the to	
Name of Facility Where Abatement is	s Taking	Place	2 (3)	ACILITY INFOR	WATION	Type	of Facility	, (A)				
The state of the s	o runnig		(0)				School (K					
MERCK SHARP & DOHME CORPOR.	ATION					Х	Subchapte	er 8 (Other the private & con			omes,	etc.)
Street Address							uare Feet	# of Floo	rs	Blo	lg. Age	
126 EAST LINCOLN AVENUE -BUILD							00,400	7			49	
City (5) Cour RAHWAY UNIC	ity (6)			County Co (STATE USE				ior if being de BORATORY			EACII	ı
Name of Monitoring Firm Hired by B ENVIRONMETAL HEALTH INVESTIG	uilding C				SCM No.	Nam	e of Abate	ment Contra MENTAL CO	actor (9)		FACIL	
Street Address	,,,,,,,,,,				101		t Address	WEITTINE OO	111 0112	11011		
655 WEST SHORE TRAIL								OCK ROAD				
City, State, Zip Code SPARTA,	NEW IEE	OCTV	07071				State, Zip		01			
Project Manager for Monitoring Firm	NEW JEF	_		Number			hone Num	V YORK 109	License	Numb	or	
WILLIAM S. KERBEL, CIH		-	3-729-5				369-7500		1101	INUITID	101	
Expected State Date (10)	Sch		0.000	etion Date (11)		450000000000000000000000000000000000000	e of OSHA	aracon and a second	1101			
1 / 6 /2020)		6/	30/2020		AME	RISCI LAB	ORATORIES	SINC	#	‡11480	ł
Month Day Year Occupancy Status During Abatement (Facility Closed/Vacated During Abatement Performed Outs X Other - Describe: MON	Check or	Peri rmal l	od of A acility	Hours - Describe	Year :	117 E	t Address EAST 30Th State, Zip	Code				
Scope of Work (Check all that apply) Demolition 3SF OR LF X >160 SF OR 260 LF	X Rer	novati	on		Full Conta Mini Enclo Glovebag Non-Friab	o, Proce	t dure	V YORK, NE	W YORI	X 1001	6	
Location of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Loca			otion of As					Abater		
Asbestos-containing Material (ACM)		rmally solely	used		ing Materia hermal sys		M)	Amount (Specify	1 1	REPAIR	ENCAP	ENCLO
TO BE ABATED			stodial		on, surfacir		Τ,	SF or LF		Ĭ,	P	15
in Facility (13)		Staff			er miscella			1000 0000000	/ A	120	JUS	SUR
	Yes	No	N/A							+	#	<u>س</u>
2nd Floor Perimeter		+	х	Asbestos Firepro	oofing			1571 SF	x	-	-	-
3rd Floor Perimeter		_	х	Asbestos Firepro	oofing			1571 SF	x	\perp	_	
4th Floor Perimeter		_	х	Asbestos Firepro	oofing			1571 SF	x	\perp		_
5th Floor Perimeter			x	Asbestos Firepro	oofing			1572 SF	x			
6th Floor Perimeter		_	x	Asbestos Firepro	oofing			1572 SF	x			
7th Floor Perimeter	-	+	x	Asbestos Firepro	oofing			1572 SF	x	+	+	\vdash
Name of Registered Waste Hauler	N.II)FP V	Vaste	Cubic Yards of V	Vaste	IName	e of Regist	ered Landfill				
FREEHOLD CARTAGE, INC.	111	ıler IC	No.	420	. 4016	LYCC	OMING CO	UNTY RESC			GEMEI	VT SI
825 HIGHWAY 33 City, State		1593	59	Disposal Date		City	State	R DRIVE/RO	JUIE 18)		
FREEHOLD, NEW JERSEY				1/6/2020-6/30/20	020	MON	GOMER	7 , PA 17752				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTO	OR O	F OPE	Signa RATIONS	ature	X			Date /	2-/	9-1	9

State of New Jersey Initial Notification NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) 6615 - NJ Check #: 7608 Name of Building Owner/Operator (2) 1 2 1 1 9 1 1 9 1 County of Hudson Street Address Agencies Notified Type Notification DEC [X] EPA 567 Pavonia Ave., 3rd Floor [X]Initial City, State, Zip Code Notification [X] DEP lAmended Jersey City, NJ 07306 X100L Notification Telephone Number Name of Contact X1DOH []Cancellation 201-369-2777 x.2987 []DCA Ralph Sax FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3)]School (K-12) []Subchapter 8 (Other than K-12) X]Other (i.e., private & commer-Hudson County Admin. Bldg. - Room 407 Street Address cial buildings, homes, etc.) Bldg. Age # of Floors Square Feet 595 Newark Avenue 50 9 County Code (7) (STATE USE ONLY) County (6) City (5) Current Use (Prior if being demolished) Administration Building Jersey City, NJ 07306 Hudson Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Four Strong Builders, Inc. Whitman Companies, Inc. Street Address Street Address 180 Sargeant Avenue 7 Pleasant Hill Rd. City. State. Zip Code City. State. Zip Code Clifton, NJ 07013-1935 Cranbury, NJ 08512
Project Manager for Monitoring Firm Telephone Number License Number Telephone Number 00807 (732) 390-5858 973-614-0377 Kevin Lovely Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) 0 | 1 | / | 2 | 4 | / | 2 | 0 | Month / Day / Year Four Strong Builders, Inc. Street Address []Facility Closed/Vacated During Entire Period 180 Sargeant Avenue of Abatement []Abatement Ferformed Outside of Normal Facility
Hours - Describe:

X]Other - Describe: occupied building City, State, Zip Code Clifton, NJ 07013 Scope of Work (Check all that apply) |Full Containment with Negative Pressure |X|Renovation |Mini-Enclosure []Demolition []>3 sf or ≥3 lf [X]∑160 sf or ≥260 lf Abatement Type Is Location Description of Asbestos-Containing N N Normally Location of REP CA C T. Amount Asbestos-Containing Used MOV Material (ACM) (Specify Material (ACM) TO BE ABATED Solely P {i.e., thermal systems
insulation, surfacing, VAT. 0 by Main-SF or SU S A tenance/ in Facility A U (13) Custodial or other miscellaneous) 2 L R Staff(12) Yes No N/A E VAT & associated mastic 4,480 SF Room 407 Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NJDEP Waste of Waste Hauler ID No. G.R.O.W.S., Inc. Four Strong Builders, Inc. 12609 Disposal Date City. State City. State Tullytown, PA

Signature

Clifton, NJ

ASB-41

Bilyana Kulakovska

Completed By (Print or Type)

Title

Office Administrator

12/19/19

Date

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Date of Notification (1)	18 /	19				e of Buildir der Univ e	ng Owner/Operator (ersity	(2)	DEC	2 4 2	019	A STATE OF THE STA	
Agencies Notified ☑ EPA ☑ DOLWD ☑ DOH	Type Notific Initial Amende Amendm	ed nent #_	-1 -1		City,	State, Zip	enceville Road	Section 1	A597810	S CGM Exercises		1 13 2000	- i
☐ DCA (NJAC 5:23-8)	☐ Emerger justificat		cludin	g		e of Contac			Telephone N	lumher		_	
	□ Cancella	100			W	alter Edd	у		609-896-				
					FA	CILITY II	NFORMATION						
Name of Facility Where A	batement is	Taking	Place	e (3)				Type of Facility	y (4)				
Rider University - F	ine Arts Bu	uildin	g					School (K-1	2)				
Street Address	ta managana							Subchapter Other (i.e.	8 (Other than K private and com	(-12) mercial h	mildin	as	
2083 Lawrenceville	Road							homes, etc	.)	mercial	Zunum	95,	
City (5)								Square Feet	# of Floors	E	Bldg. A	ge	
Lawrenceville								75,000	2		50		
County (6)					Cou	nty Code (7)(STATE USE ONLY)		rior if being dem	nolished)			
Mercer	III - II - B 2			701				school					
Name of Monitoring Firm Pennoni	Hired by Buil	ding O	wner	(8)	ASCN		Name of Abateme						
Street Address					102		Plymouth En	vironmental (Company, Inc				
515 Grove Street, S	uite 1R						Street Address						
City, State, Zip Code	anc 1D						923 Haws Av						
Haddon Heights, N.	J 08035						City, State, Zip Co						
Project Manager for Monit				Tel	ephone	No	Telephone No.	A 19401	License No.				
Brian Clark	3			***		5-2944	610-239-9920		0398				
Start Date (10)		Schedu	uled C	1		ate (11)	Name of OSHA M		0330				
12 / 23 /	19	1	/	8	/		Plymouth En		company, Inc.				
Occupancy Status During Facility Closed/Vacate							Street Address						
Abatement Performed	Outside of N	re Peri ormal l	od or Facilit	Abate v Hoi	ment rs - De	scribe	923 Haws Ave				50 minutes		
Time of Abatement: 7:	00AM-3:30	PM/	PI	M	AM	sonbe	City, State, Zip Co Norristown, P						
Scope of Work (Check all	that apply)						☐ Full Cont	ainment with Ne	gative Pressure	2			
≥3 sf or ≥3 if ≥160 sf or ≥260 if			⊠ Re □ De	nova moliti			☑ Mini-Encl☐ Glovebag☐ Non-Exer	Procedure	on-Friable Proce	edure			
				Loca						A	batem	ent T	ype
Location of Asbestos-Containing N	77.	1)		Norma d Sol	ely by	Asho	Description of stos Containing Mat		Amount	R	Re	m m	ᄪ
TO BE ABA	TED	,			ance/ Staff?	(i.e	., thermal systems i	nsulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	У		Cusi	(12)			surfacing, VAT, other miscellaned	or	SF or LF)	<u>a</u>	,	sula	sure
(,			Yes	No	N/A	1	other miscenariet	ous)				ite	
room 281						soundp	roofing material		2SF				
room 283				\boxtimes		soundp	roofing material		2SF			П	
room 285						soundp	roofing material		2SF		7.5		
room 287						soundp	roofing material		2SF		П	П	П
Name of Registered Waste	e Hauler				JDEP		Cubic Yards of	Name of Regi	700000		1		
Robinson Waste Dis	posal			H	17304		Waste 1	GROWS L					
City, State					1730		Disposal Date	City, State					
Voorhees, NJ 08043							1/8/20	Moorisville	e, PA				
Completed By (Print or Ty	pe)	Title					Signature	ستريت	T	Date	1	1	
James M. Kelly		Vic	e Pr	esid	ent					(2)	(18)	19	

14/4	-4 10M	0 0	State of	New Jers	ey	, v. 422-4 - v. B		heck	# 16	782	
K110782	-DATE	No.	ICATION OF		ABATEMENT		EGE	; \	VI II	3	
Date of Notification	(1)			and the latest terminal to the latest terminal t	ner/Operator		<u> </u>			- 11	-
12/19/2019			Paul Kr		ici, opciaco:	And the second s	DEC 8	3 v 3	019		
Agencies Notified	Type Notifica	ation S	treet Addre	ess						10	
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[]DEP			ity, State	Annual State of the State of th			[] [] [] [] [] [] [] [] [] []		e - Can	and the second	
[X]DOL	[]Amended Notific	ation	Nutley,	NJ,07	110	70 0 444					
[X]DOH	11002220		ame of Cont	tact		Telepho	ne Number				
[]DCA	[]EMERGENC		Paul Kr				- 110000	-			
[]DOM	[]Cancella	tion				-	101				
			FACI	LITY INFO	ORMATION						
Name of Facility Whe	re Abatement	is Taking	g Place (3)			Type of Facil	ity (4)				
Paul Kratz						[]School		. +6	v_1′	21	
Street Address							ter 8 (Other				
							ouildings, ho				
						Square Feet	# of Floor	rs Bl	ldg.	Age	
City		County		County	Code (7)		TO 1000000 00000000000000000000000000000	329. pp			
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City, State, Zip Cod	e			Ci	ty, State,	Zip Code					-
				11	#####################################	r, NJ 070	42				
Project Manager for	Monitoring Fi		phone Number	22.00	lephone Num			icense		per	
		N/I	7		(973)744	-8800		0037	1		
Scheduled Start Date	(10) Sche	d. Comple	tion Date	(11) Na:	me of OSHA	Monitor					
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		nth Da									
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	ribe: «OffHours										
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	1000				1 08131	MITHULI	rioni	1	-		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 12/17/2019 Robert Lallis Agencies Notified Type Notification Street Address **EPA** Initial City, State, Zip Code DEP Amended × DOL Amendment #_ Garwood, NJ 07027 Emergency (including Name of Contact Telephone Number DOH justification) TROLA Robert Lallis DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential Property School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × City (5) Square Feet # of Floors Bldg. Age Garwood 1,344 1948 2 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Danvic Contracting LLC Street Address Street Address 240 S 5th St. City, State, Zip Code City, State, Zip Code Elizabeth, NJ 07206 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 908-906-4123 01355 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/18/2019 12/21/2019 Iris Environmental Laboratories, Inc. Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: OCCUPIED × Union, NJ 07083 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous)

InteriorTransite Siding

Yes

N/A

X

No

Sun Room

20 SF

X

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Date of Notification (1) 12/20/2019					f Building n Bruen	Owner/0	Operator	(2)		DE	C 2 4	2019)	1	
Agencies Notified	Type Notification			Street A	ddress										7
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X DEP X DOL	Amendment	#1			lair, NJ				1,24,474	p. pop. 2. 2. 2.	-	e C. C. C.		A + ****	. /
⋉ DOH	Emergency		+	Name o	f Contact					Tel	ephone N	umher			
DOH DCA	justification) Cancellation				Bruen					1	-	urriber			ì
				Service Service	LITY INF	ORMAT	ON			-					
Name of Facility Where A	Abatement is Takin	g Place (3	3)	IAU	LIII III	OKWAT	ON	Type	of Facility ((4)					
House			0.5												
Street Address									School (K-1 Subchapter		er than K-	12)			
									Other (i.e. p				ldings	, hom	es,
City (F)									etc.)						
City (5) Montclair, NJ 07042)							N/A	re Feet	# 0 N/A	f Floors	100	Bldg. /	Age	
Secretaria de la companya del companya de la companya del companya de la companya	•							THE PARTY OF					W/A		
County (6) Essex					Code (7) USE ONLY	1			ent Use (Pri			shed)			
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Name of Monitoring Firm	Hired by Building	Owner (8))	ASCN	ΛNo.		100000000000000000000000000000000000000		tement Cor		(9)				
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Street Address							Street								
							11 R	osen	gren Ave	nue					
City, State, Zip Code							City, S	state, Z	ip Code						
						Toto	wa, N	IJ 07512							
Project Manager for Moni	itoring Firm		Telepho	ne No.		Teleph	none N	0.		License	No.				
						9733	5868	5		01311					
Start Date (10)		Schedul	ed Cor	npletion	Date (11)		Name	of OSI	HA Monitor						-
01/02/2020		01/05/2					D&S	Abat	ement, In	IC.					
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Addre	SS						
Facility Closed/Vaca	ated During Entire I	Poriod of	∧ hatan	nont			11 R	osen	gren Avei	nue					
Abatement Performe	ed Outside of Norn	nal Facility	/ Hours	ient B					ip Code						
X Other – Describe: C	Occupied								J 07512						
Scope of Work (Check Al	I That Apply)									-					
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≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demolit				Ė		II Containmeni-Enclosure		Negative	Pressi	ıre		
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Paige Boylan

Owner

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

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DEC	2 4	2019	

12/20/19

Proj. #: 19-281 Name of Building Owner/Operator (2) Date of Notification (1) 1 12 1/12 10 1/11 19 1 ASTAGIOS GUS Cythia Williams Agencies Notified Type Notification Street Address Initial **EPA** Amended DEP City, State, Zip Code Amendment #: DOL Emergency Rahway, nj 07065 (including DOH Name of Contact Telephone Number justification) DCA Cythia Williams Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Residential Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet 80 County (6) 1,100 SF 02 City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Rahway, nj 07065 union Residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. KLOMAX, LLC N/A Street Address Street Address 309 W. End Ave City, State, Zip Code City, State, Zip Code Hopatcong, NJ 07843 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 02007 833-455-6629 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) KLOMAX, LLC 12/20/19 Street Address 12/21/19 Occupancy Status During Abatement (Check only one) 309 W. End Ave Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Hopatcong, NJ 07843 Scope of Work (check all that apply) Full Containment w/negative pressure Mini-enclosure
Glovebag proce \times >3 sf or >3 If Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Ε Location of e by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m p staff(12) C (Specify SF or material (acm) to be material (ACM) C 0 a а LF) abated in facility (13) V Yes No N/A p 43 LF X Pipe Insulation basement Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Name of Registered Landfill KLOMAX, LLC 0038241 TULLYTOWN, RESOURCE RECOVERY 1 yds Disposal Date City, State City, State TBD TULLYTOWN, PA Hopatcong, NJ 07843 Signature Completed by (Print or Type) Date Title

Proj. St. 19-281 Date of Notification (1) 1 12 /2 0 /1 9 Agandes Notified Type Notified EPA Initial		T.E.	Pulling Coa Williams	(SUBINE TO NUM	sba \C b	NJ stos Abatement 180 and 12:120)	7 A	DEC 2) Dila	Consideration and the second s	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
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Residential Street Address	enz is bikin	g place (5)					Subs	(4) col (K - 1) chapter 8 r (Private) inflomes,	Commission	nercia	200		
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Rahway, nj 07065		union			(\$	kata use only)	Current Use () Residential	Prior If be	ng de	mollet	red)		
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Street Address						KLOMAX, LLO				_			
Coy, 5578, 25 Cose	-					309 W. End Av. City, State, Zip Code Hopetcong, NJ							į
Project Manager for Monitoring F	HTT !		Phone Num	ber		Telephone Number 833-455-6629		Ucens		DEC.			į
Stant Date (10)	(Sc)	led. Compa	tion Date (111	_	Name of QSHA Mon	Hidr	0200	7				·
12/20/19	12	/21/19		•		KLOMAX, LLC							
Occupancy States During Abatem Pacifity decedyscated during	ent (Chec	k only one)				309 W. End Ave	3						
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Other-Describe: NORMAL						Hopatong, NJ	7843						
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city, State Hopatcong, NJ 07843			Disposal D TBD	sie		City, State TULLYTOWN,		-CATK	ı				-
Completed by (Print or Type) Paige Boylan	Title Owner			Steriature	٦.			Date	- 4		- A		

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

CK 7740

Date of Notification (1) 12/20/19		(b) 153		Building O Donnaur			(2)	1 F 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		E C	E		\mathbb{V}		The same of the sa
Agencies Notified Type Notification		C - H	Howell	e, Zip Cod NJ 0773				e de desente de la companya de la co	, , , , , , , , , , , , , , , , , , ,		2			PRINCE OF THE PR	The state of the s
DOH justification) DCA justification			ame of o					ĺ	lele	ephone N	lumber			Lä	
Name of Facility Where Abatement is Taking Allen Giovengo Private Home Street Address	g Place (3)		FACIL	ITY INFO	RMATI	ON	S S S	f Facility (4 chool (K-12 ubchapter (ther (i.e. pr) 3 (Othe	er than K	-12) rcial bu	ıildir	ngs, h	omes	5,
City (5) N Middletown NJ 07748							Square 1000	+	1	Floors		50	g. Ag ŀ∔	е	
County (6) Monmouth		(5	ounty C	ode (7) SE ONLY)		_	Curren	t Use (Prio	r if bei	ng demo	lished)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.		and September 1	of Abate	ement Cont	ractor	(9)					
Street Address							Address Box 32								
City, State, Zip Code	30	-					tate, Zip t Berli	o Code n NJ 080	91					-	
Project Manager for Monitoring Firm			elephon			1 1	one No 753-9			License 0072					
Start Date (10) 12/21/19	Scheduled 12/23/19		pletion D	Date (11)		Name Sam		A Monitor							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Al	ateme	ent	was said taken			Addres	-1100						100	
Scope of Work (Check All That Apply) X ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				5	Min Glo	Containme i-Enclosure vebag Prod n-Exempted	edure					•	
		ocatio											Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Solel Solel ntenan odial S (12)	y by nce/		tos Con therma surfa	escription staining I I system acing, VA miscella	Material is insula AT, or		(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		Flori	Til	O=1:			EO SE				w	
Living Room	-		X		Floo	or Tile	Only			50 SF	+	X			
Name of Registered Waste Hauler		1000	JDEP W		850000	Yards		Name of	Regis	tered Lar	ndfill				
United Roll Off		1 1000	auler ID 2459	No.	of Wa			G.R.O.							
City, State Elm NJ						osal Date 3/19	Э	City, Stat		PA 1906	67				
Completed by Anthony T Perna	Title Presi	dent				Signatur		and the state of t	Vanna .	manuscript of	Date 12/2		19		

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) 11EC 24 11 / 19 JCP&L/FirstEnergy Company / Job #1912-5566 Check # Type Notification Agencies Notified Street Address ASBESTOS CONTROL & ☐ Initial 10 Legion Place-Building A ☑ DOLWD □ Amended City, State, Zip Code **⊠** DHSS Amendment #1 Morristown, NJ 07960 ☐ Emergency (including ☐ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation John Greco 201-602-1499 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) JCP&L- Belford Substation School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 195 Leonardsville Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Belford, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) One Source Safety & Health AbateTech, Inc. Street Address Street Address 140 S. Village Ave. Suite 130 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Exton, PA 19341 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Brian Hovendon 610-524-5525 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 18 / 18 12 / 20 / 19 **EMSL** Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ≥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 Encapsulate Removal Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Interior East Wall X **Transite** 50 SF M П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill

Gwen Trumbetti
ASB-41

Lumberton, NJ

Completed By (Print or Type)

City, State

MAY 11

Disposal Date

12/20/19

Signature

City, State

Tullytown, PA

12-11-19

18750

Operations Coordinator

Title

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Date of Notification (1)				Na	me of Buildi	ing C	Owner/Operato	r (2)	11		DEC	2/	20	19	-11
12 /10		19		1	IJ DPMC	/Jo	b #1906-550	0 Check #118	49	الما	020	_			-
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☑ DOLWD ☑ Amen				City	, State, Zip	Cod	le		L-	All the second	L.14	111 11.	711 Y C/	A HARMAN	imiLathe (d)
	dment	_			renton,NJ										
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☐ Cance	20%				evin McD		ld			856-66					
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Name of Facility Where Abatement	is Taki	ng Pla	ce (3)					Type of Facilit	y (4)			-	. 711	
NJ DOT Building 18 & 18A								☐ School (K-	12)						
Street Address								Subchapte	r 8 (Other tha	n K-12	2)			
1035 Parkway Avenue								Other (i.e., homes, etc.	priv :.)	ate and c	omme	rciai	ullain	gs,	
City (5)			02/79 =					Square Feet		# of Floo	ors	Е	ldg. A	ge	
Ewing								1		ľ					
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Mercer								Public Bui	ldir	ng					
Name of Monitoring Firm Hired by B	uilding	Owner	r (8)	ASCN	ΛNo.	Na	ame of Abatem	ent Contractor (9	9)						
USA Environmental						1	AbateTech,	lnc.							
Street Address						Sti	reet Address								
344 West State Street						1	30 Maple Av	e. PO Box 25							
City, State, Zip Code						Cit	y, State, Zip C	ode							
Trenton, NJ 08618						L	umberton,	NJ 08048							
Project Manager for Monitoring Firm			Te	lephone	No.	Te	lephone No.			License I	No.				
William Weisgarber					6-8101	6	09-265-2107	7		00529	1				
Start Date (10)					ate (11)	Na	me of OSHA N	Monitor							
7/15/19				1 /	19	E	EMSL Analyt	tical							
Occupancy Status During Abatement						Str	eet Address		77						
Facility Closed/Vacated During En	tire Pe	riod of	Abat	ement		2	00 Route 13	0 North		26					
Abatement Performed Outside of Time of Abatement:AM		l Facilit VI/		ırs - De: -	scribe AM	City	y, State, Zip Co	ode							
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Scope of Work (Check all that apply)															
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Location of Asbestos-Containing Material (AC	\ <i>I</i> I\	12023 5	Norma	ally ely by	A - t		Description o			112700000000000		1000	_		-
TO BE ABATED	VI)	Ma	inten	ance/			Containing Ma mal systems i			Amoun (Specif		Removal	Repair	Encapsulate	Enclosure
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Main Floor					Duct Ins	ulat	tion		_	150 SF					
						_	_			110000000					
Name of Registered Waste Hauler			1.00	JDEP V			ic Yards of	Name of Regis	tere	d Landfill					
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City, State							osal Date	City, State							\neg
Lumberton, NJ						12	2/31/19	Tullytown,	PA						
Completed By (Print or Type)	Title						Signature	-0/			Dat	e			\dashv
Gwendolyn Trumbetti	0	perati	ons (Coordi	nator		W	VY			1	2-1	0	-10	7

JIV-	· 10000	24			<u>F.</u> II					Ch	eck # 239	5 and	241	2	
Date of Notification (1)	December 13,			Nam	e of Build	ing Owner	/ Operato	r (2)		1	The state of the s	1 1=	П	0	
Agencies Notified	Type Notific				t Address		S, LLC C/	o Cushma	an & Wak	cetield	JE C	-15-		1 1	
⊠EPA □DEP	(APPRO	VED EME	RGENC	vi l		ry Street,	Suite 200)			DE	C 24	20	10	The state of the s
⊠DOL		al		City,	State & Z	ip Code				f bod	L. War	J _ 4	- 40	19	-
⊠рон	☐ Ame	ended endment #_		Jerse	ey City, N	J 07302				-	ASBEST	TO 9 0	70170	201	
□DCA	Can	cellation		Name	of Conta	ict				Marino		elepho			
				Ingri	d Noonar	1						01-508	The state of the s	SPREADORS.	Chemistrates scient
				FA	CILITY	INFOR	MATION	١							
Name of Facility Where Office Building	Abatement	is Taking F	Place (3)			Ţ	ype of Fa	cility (4)						J-17-10-	
Street Address							_	napter 8 (C	ther than	K-12\					
30 Montgomery Stree	t						Othe	r (i.e., priv	ate & co	ommer	cial building	gs, hon	ne, e	tc.)	
City (5)						s	quare Fee		# of Flo		BI	dg. Age			
Jersey City						C	318, urrent Us	e (Prior if b	eina den	15 nolished	1		45		
County (6)		10				C	ffice Buil	ding	Joing don	TOTISTICC					
Hudson		U	ounty Cod SE ONLY												
Name of Monitoring Fire Arcadis U.S., Inc.	m Hired by B	uilding Ow	mer (8)		ASCM		ame of Al	patement (Contracto	r (9)					
Street Address							reet Addr								
10 Friends Lane City, State & Zip Code							29 Radio								
Newtown, PA 18940								& Zip Code Harbor, N.							
Project Manager for Mo Firoz Jan	nitoring Firm			elephone 7-685-18		T	elephone 09-296-69	Number			License Nur	nber 0081	7		
Scheduled Start Date (1 December 14, 2		Scheduled	Complet	ion Date (11)	N	ame of OS	SHA Monit	or			0001	,		
Occupancy Status Durin	ng Abatemer	nt (Check o	nly one)	ary 30, 20			natech, reet Addr								
Facility Closed Abatement Per	Nacated Du	ring Entire	Period of		nt .	82	9 Radio	Road			137				
Other – Descri		side of Norr	nai Hours	5				& Zip Code Harbor, N.							
Facility Occupi	ed During Ab	atement				-	ttie Egg r	Tarbor, No	00007						
Scope of Work (Check a	all that apply)													
			_					Full Cor	ntainment	with Ne	egative Pres	sure			
≥3 sf or ≥ 50 lf ≥160 sf or ≥260 l			님	Renovati				Mini-En			A.				
△ ≥160 St 0r ≥260 f	T		Ш	Demolitio	n		Ļ		g Proced						
Locati	ion of		I le Locati	on Norma	ally I lood		Decemb		empted(*) and N	on-Friable P				
Asbestos-Containi	ng Material (ACM)	Solely b	y Mainter	nance or	1	sbestos-	otion of Containing		Amou	nt (Specify S		atem	ent I	ype
TO BE A			Custo	dial Staff	? (12)		Materia	I (ACM)			or LF)				
(1:								al systems irfacing, V						П	_
								cellaneous				Ren	Re	ncap	incl
			V		N/A							Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A							=		ate	re
th Floor Vacant Space					Х	F	oor Tile a	and Mastic	:	18	3,000 SF	Х		\neg	\neg
Ist Floor Parking Garag					Х		Pipe F				10 LF	X			ı
Brd Floor Parking Gara					X		Pipe F				8 LF	X			
Name of Registered Wa	ste Hauler		NJDEP V Hauler ID		Cubic \	ards of W	aste	Name o	of Registe	ered Lar	ndfill				
Synatech, Inc. City, State			27	429	80			Fairles							
ony, State					Disposa	al Date		City, St	ate						
ittle Egg Harbor, NJ (08087	1				y 31, 2020		Morris	ville, PA						
Completed By		Title			Signatu	7	·) // ·			ate	Donom by a	0 0040			
Diane Aloia		Executiv	e Adminis	strator	INU	cene l	Urz-	-	0		December 1 e r 13, 2019	0, 2019			

4/11/11/07	3105			(Purs	uant to	NJAC 8	:60 and√	12:120)							
Date of Notification (1)				6 11	5.	* 1 1	r / Operator	(2)			Che	ck#	238	5	
Agencies Notified	cember 18			Atla	antiCare I	Regional N	ledical Cer	nter – Mair	nland Div	ision) E p	In last	11	177	1.7
□EPA □DEP	Type Notif	cation			eet Addres	ss mie Leeds	Road			Parameter State of the Control of th), us un	6			10
⊠DOL	Init	tial		City	, State & 2	Zip Code				111	DEC	2 4	20	119	
⊠рон	☐ An	nended			nona, NJ						į				1
DCA		nendment #	<u>+</u>								ASBEST	s n	TAIT	201	0
	□ Са	ncellation		100000	ne of Cont					-	Te	leph	one N	lumb	per
				IVIIK	e Turner	- Aegis Pr	operty Gro	oup			60	9-65	2-100	0	- November 1974 To
				F.	ACILIT	Y INFOR	MATION								
Name of Facility Where AtlantiCare Regional	Abatemen Medical Ce	t is Taking enter – Mai	Place (3) nland Div	ision			ype of Fac	ility (4) I (K-12)							
Street Address							Subcha	apter 8 (Oth	ner than h	(-12)					
65 West Jimmie Leed:	s Road					- 1					cial buildings	s. ho	me.	etc.)	
City (5)							Square Feet	t	# of Floor	rs		g. Ag		/	
Pomona, NJ							Current Use	(Prior if ho	ina doma	اد د دا د ا			43 Ye	ars	
County (6)		lo	County Cod	de (7)		- F	lospital	(I IIII II II	ing demo	nsnea)				
Atlantic Name of Monitoring Fire	m Hirad hu	1	ISF ONLY												
Hillmann Consulting, I Street Address	Inc.	Building Ov	wner (8)		ASCN		lame of Aba ynatech, li	atement Co nc.	intractor ((9)					
1600 Route 22 East, St	te 107						treet Addre								
City, State & Zip Code						C	29 Radio R ity, State &	Zin Code		-		_		_	
Union, NJ 07083 Project Manager for Mo	nitorina Fi-						ittle Egg H	arbor, NJ	08087						
Stephen Cherepany		n		elephone 08-688-78	Number		elephone N 09-296-691				License Numl		esson		
Scheduled Start Date (1 December 28, 2		Schedule	d Complet	ion Date	(11)	N	ame of OSI	HA Monitor	9			008	17		
Occupancy Status Durin	g Abateme	nt (Check o	only one)	ber 18,			ynatech, Ir treet Addre								
Facility Closed/	Vacated Di	uring Entire	Period of	Abateme	ent		29 Radio R								
Abatement Per Other – Describ	formed Out	side of Nor	mal Hours	3			ity, State &			The state of					
Facility Occupie		batement				Li	ttle Egg Ha	arbor, NJ	08087						
Scope of Work (Check a															
≥3 sf or ≥ 50 lf			\boxtimes	Renovat	ion			Full Conta	inment w	rith Ne	gative Pressu	ire			
≥160 sf or ≥260 If				Demolitic			H	Glovebag							
							Ħ				n-Friable Pro	cedu	ro		
Location Asbestos-Containing		(ACAA)	Is Locati	on Norm	ally Used		Descript	ion of	1		THE THOUSE THE	_	atem	ent T	Гуре
TO BE A	BATED	(ACIVI)	Custo	y Mainte dial Stafi	nance or	<i>F</i>	Asbestos-Co Material (Α		t (Specify SF				,,
IN Fac (13					1	(i	.e., thermal	systems			or LF)				
(13	,				1		ulation, surf other misce					_D	_	Enc	щ
						01	other misce	enaneous)				Remova	Repair	aps	Clos
(3)			Yes	No	N/A				- 1			val	air	Encapsulate	Enclosure
st Floor Radiology					X		Floor 7	Tile	-		8,000	V		Ф	
							11001				8,000	X			
									-						
lame of Registered Was	te Hauler		NJDEP V Hauler ID		Cubic \	ards of Wa	aste	Name of I	Registere	d Lan	dfill	_			
ynatech, Inc.			The state of the s	429	40			Atlantic (County II	eilitio.	A sith a wite.				
city, State					Disposa	al Date		City, State	e county U	unties	Authority		-		-
ittle Egg Harbor, NJ 0	8087				Decom	ber 22, 20	20								
ompleted By		Title			Signatu		0 0	Egg Harb	or Town Dat		NJ				
iane Aloia		Evecutive	o Admiri	.tua4	1 1	aco	1/100-	est-contrary.							
		LACCULIV	e Adminis	urator	100	in a c	W -		Dec	embe	r 18, 2019				

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Date of Notification (1) 12/13/2019		(f Building am Hed		Operato	r (2)			EC	ם [0 0	V	E	
Agencies Notified	Type Notification			Street A	Address	0.000	•				(A) The Samuel	Later Control	2.00			
EPA DEP X DOL	Initial Amended Amendment Emergency (_	Jersey	ate, Zip C	J 0730)5			The state of the s			24	201		Transition of the last
DOH DCA	justification) Cancellation	. Decide the			f Contact am Hec					Tel	ephone	Num		mit NG	OL	A
<u> Вох</u>	Caricellation			A Company of the	ILITY INF		ON	207 1022				centre-1	nolline desire	11.00		atua vicin
Name of Facility Where A		g Place (3	3)					Туре	of Facility School (K-	12)	to the second that the second	05:3010-3049				
Street Address	(48)				+1	G. Miller	*** ***	×	Subchapte Other (i.e. etc.)				build			es,
City (5) Jersey City								1,32		. 2	f Floors		19	ldg. A 920	ge	
County (6) Hudson	-2			(STATE	Code (7) USE ONLY)			ent Use (Pr			olishe	ed)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCN	/I No.		Dan	vic C	atement Co ontracting		(9)					
Street Address							1907X45476	Addre S 5th								
City, State, Zip Code								Zip Code , NJ 0720)6							
Project Manager for Mon	itoring Firm		Telepho	ne No.		0.025,002,003	hone N 906-4			Licens 01355						
Start Date (10) 12/13/2019		Schedule 12/20/2		npletion	Date (11)				HA Monitor onmental		atories	, Inc				
Occupancy Status During	Abatement (Check	k Only Or	ne)					Addre								
Facility Closed/Vaca Abatement Perform Other – Describe:							City, S	State, Z	te 22 We Zip Code J 07083	est						
Scope of Work (Check A	Il That Apply)						Offic	/II, INC	07003						-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,		Renova Demolii				>	Mi Gl	III Containm ni-Enclosur ovebag Pro on-Exempte	e cedure) +	
			Locat											Abate Ty	ment	
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Ma	Normal d Sole intena todial S (12)	ly by nce/		tos Cont thermal surfa		Materia s insul T, or	ation,	(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Pasama		165	140			Dina	Inquila	4:		4.4	1115	-	3.5			
Baseme	ent			X		Pipe	Insula	ation		72	14 LF	+	X			
Name of Registered Was Danvic Contracting L			Н	IJDEP W lauler ID 7574		of Was			Name of Fairless			dfill				
City, State Elizabeth, New Jerse	ey				9	Dispos TBD	al Date		City, Stat		A					
Completed by Jeymy Donneys		Title Owne	er			S	ignature	1)			Date 12/		019	-	

NO CK				to NJAC				41	C	HECH	(#60	50/2	2668	1	
Date of Notification (1) 10-25-19				f Building alley Ho		perato	r (2)			E	C	E		Ŵ.	
	Notification		Street A	ddress orth Var	n Dien /	Avenu	ıe	(6)							Ballows and
DEP X	nitial Amended Amendment #_1			ate, Zip Co wood, N		2				-	DEC	2	4 2	019	
☑ DOH ☐ j	Emergency (including ustification) Cancellation		Name o	f Contact n Stasia					Tel	ephor	ne Nur 47-8	nber	A) (1)	, adi	- (A
	Janochation			ILITY INFO		ON			(2	31) 7	77 2	/ Zer	arii (C		and the second of the
Name of Facility Where Abatem Valley Hospital	ent is Taking Place (3)					Ту	pe of Facility (4	153						
Street Address 599 Valley Health Plz							×	Subchapter Other (i.e. p etc.)	8 (Oth				dings,	hom	es,
City (5) Paramus							Sq	uare Feet	# o	f Floo	rs	В	ldg. A	\ge	
County (6) Bergen				Code (7) USE ONLY				rrent Use (Pric	or if bei	ng de	molish	ied)			
Name of Monitoring Firm Hired to Colden Corporation	by Building Owner (8)		ASCN	И No.				batement Con Environme							
Street Address 131 Varick Street, Suite 1	022			=0		Street 200		ress ad Street							
City, State, Zip Code New York, NY 10013								Zip Code t, NJ 07072	2						
Project Manager for Monitoring I Jim Miades	Firm		Telepho (347)	ne No. 435-356	1	Teleph 201-		No. -6565		Lice 007	nse N 56	0.			
Start Date (10) 10-29-19(1)11-04-19	Schedul 06-30-		pletion	Date (11)		Name		SHA Monitor Inc.							
Occupancy Status During Abate	ment (Check Only Or	ne)				Street	Add	ress							
Facility Closed/Vacated Du Abatement Performed Outs	ring Entire Period of a side of Normal Facility	Abatem / Hours	ent					ckson Aver Zip Code	nue						
Other – Describe:		2-50-71-11			_	Long	g Isla	and City, N	Y 111	01					
Scope of Work (Check All That A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× F	Renova Demoliti			>	×		Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					e	,
	77	Location												ement pe	1
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	II (ACM) Use Ma	Normall ed Solel intenar todial S (12)	ly by nce/		tos Conta thermal surfac		Mater s ins AT, or		(5	moun Specify or LF	/	Removal	Repair	Encapsulate	Enclosure
D . () ()	Yes	No	N/A								_			Ф	
Roof: Main			X		R	oofing			60,	0008	SF	х			
Name of Registered Waste Haul Freehold Cartage	er	H	JDEP W auler ID J-113		Cubic of Was			Name of F							
City, State Freehold, NJ 07728				l)	Dispos TBD	al Date	5	City, State Morrisvi		A 190	067				
Completed by Richard Doran	Title Proje	ct Ma	nager		Si	ignature	9	Mot),_		Date 10	e -25-1	19		

VINCO. 10812

144059 PAI	D	(Pursuar	nt to NJAC 8	3:60 and	d 12:12	O)		CHECK	K# 26	760	,60	59	
Date of Notification (1) 12-10-19			Name Veriz	of Building C	Owner/C	perato	r (2)	115		C	F		Ŵ.	5
Agencies Notified Type Notification	n		1	Address	unioa				//************************************	New Contract	Barbarou na	51-4-225a	er e d'adre	
☐ EPA ☐ Initial			700 H	Hidden Ric	dge Ro	oad		1000	n)FC	Λ,	0.0	. 4 /2	Alicana Grand
DEP X Amended Amendmer	nt #_1			tate, Zip Coo J, TX 7503					-	ICU	4-4	-20	119	11.
➤ DOH Emergency justification		ng		of Contact		-27.015.81		1 1-	relephon	e Num	har	7.44	10.1266.1	
DCA Cancellation			Jame	es E. Thom	nson				(732) 74	40-85	88		aut.	CA.
Name of Facility Where Abatement is Taki	ng Place	(3)	FAC	CILITY INFO	RMATI	ON	Type of Facility	. (4)		D DEMONSTRA	NAME OF TAXABLE PARTY.	contractor as	*140	Aleksa Corners
	5	(-)					School (K	97. 50						
Street Address 28 3rd Avenue							Subchapt Other (i.e.	er 8 (O	ther than e & com	n K-12 mercia) I buil	dings	, hon	nes,
City (5) Long Branch							etc.) Square Feet 9,000	# 2	of Floor	s		Bldg. 35 yr		
County (6) Monmouth			County (STATE	Code (7) USE ONLY)			Current Use (P Commercial	rior if b	eing den	nolishe	- 1			
Name of Monitoring Firm Hired by Building TTI Environmental, Inc.	Owner (8	3)	ASC	M No.			of Abatement Co acle Environn				1302			
Street Address 1253 North Church Street						Street	Address Broad Street		. Оогр.	30				
City, State, Zip Code Moorestown, NJ 08057						City, S	tate, Zip Code	72				111		
Project Manager for Monitoring Firm Kris Smith			Telepho	one No. 313-8218	-	Teleph	ione No. 939-6565			ise No				
Start Date (10)	Schedu	led Cor	Access to	Date (11)	-		of OSHA Monito	r	0075	06				
12-02-19	06-30	-20		()			-Air Inc.							
Occupancy Status During Abatement (Chec	37	- 60					Address				Here			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of nal Facilit	Abaten y Hours	nent s		-	City, St	Jackson Ave							
Scope of Work (Check All That Apply)						Long	Island City, N	NY 11	101					
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		Renova Demolit				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	9				е	
	100	Locati										Abate	men	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole aintenar stodial S (12)	ly by nce/	(i.e. the	Contai	ystems ng, VAT	aterial (ACM) insulation, , or	(Amount (Specify F or LF)		Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A								-		te	e e
Basement: AC Room			х	l	Duct I	nsulat	ion		300SF		x			
Basement: AC Room			Х	-	Pipe Ir	nsulati	ion		200LF		x			
Basement: AC Room			Х		Floo	or Tile			400SF		x			
1st Floor			х		VAT	/Masti	С	1	10SF		x			
Name of Registered Waste Hauler Newark Carting, Inc.		Ha	JDEP W auler ID 1509	No. o	Cubic Ya of Waste BD		Name of G.R.O.				ill			
City, State Newark, NJ 07105				D	Disposal BD	Date	City, Stat		A 1906	67				
Completed by Joseph Patrick	Title Proje	ct Ma	nager		Sign	nature	10	-, -		Date 12-1	0-1	9		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#3513 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 / 18 Blake Brandon 2019 Agencies Notified Type Notification Street Address ☐ EPA M Initial **⊠** DOLWD Amended City, State, Zip Code X DHSS Amendment # LICENSING Waldwick, NJ 07463 □ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Gary Toriello FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Waldwick, NJ 07463 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-356-3511 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 28 / 19 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/ PM___AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If ≥ 160 sf or ≥260 If Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Used Solely by Asbestos-Containing Material (ACM) Repair Removal Encapsulate Asbestos Containing Material (ACM) Maintenance/ Amount TO BE ABATED (i.e., thermal systems insulation, (Specify IN Facility Custodial Staff? surfacing, VAT, or SIF or LF) (13)(12)other miscellaneous) Yes No N/A Basement X Pipe insulation X 125 LF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature / Date N.Jevtic Owner Tentic Wenad 12/18/19 ASB-41



DEP X Initial Notification City, State & Zip Code X DOL Amended Notification Cean, NJ 07712 X DOH Cancellation Name of Contact Mike Cashwell FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residence Type of Facility (4) School (K-12)	g. Age
EPA Emergency Notification DEP X Initial Notification X DOL Amended Notification X DOH Cancellation City, State & Zip Code Ocean, NJ 07712 Name of Contact Mike Cashwell FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residence Tity Place (3) School (K-12)	, homes, etc.
X DOL Amended Notification X DOH Cancellation DCA Cancellation Cancellation Name of Contact Mike Cashwell FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residence Type of Facility (4) School (K-12)	, homes, etc. g. Age
X DOH Cancellation Name of Contact Mike Cashwell FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residence Type of Facility (4) School (K-12)	, homes, etc. g. Age
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residence Type of Facility (4) School (K-12)	, homes, etc. g. Age
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residence Type of Facility (4) School (K-12)	g. Age
Residence School (K-12)	g. Age
	g. Age
Street Address Subchapter 8 (Other than K-12)	g. Age
X Other (i.e., private & commercial buildings, h	g. Age
City (5) County (6) County Code (7) 2500 2	70÷
Ocean Monmouth Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc. ASCM No. Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address Street Address	
34 Broad Street 443 Schoolhouse Road	
City, State & Zip Code City, State & Zip Code	
Matawan, NJ 07016 Monroe Township, NJ 08831	-b
Project Manager for Monitoring Firm Telephone Number Tom Geiger Ta2-290-2217 Telephone Number Ta2-605-9062 License Number Ta2-605-9062 Telephone Number Ta2-	00714
Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor	
12/28/19 12/31/19 Global Abatement Services, LLC Occupancy Status During Abatement (Check only one) Street Address	
X Facility Closed/Vacated During Entire Period of Abatement 443 Schoolhouse Road	
Abatement Performed Outside of Normal Facility Hours - City, State & Zip Code Describe: Monroe Township, N L08831	
Describe: Monroe Township, NJ 08831 Other - Describe:	
Scope of Work (Check all that apply)	
Demolition X Renovation Full Containment with Negative Press	ssure
Large Project Mini-Enclosure	
X Quantity is ≥ 3 SF or ≥ 3 LF ACM X Glove-bag Procedure	
Quantity is ≥ 160 SF or ≥ 260 LF ACM Other: Non-friable	
	Abatement Type
Asbestos-Containing Normally Used Asbestos-Containing (Specify (S Material (ACM) Solely by Material (ACM) Square Feet or	(Specify: Removal, Repair,
	Encapsulation or
in Facility Custodial Staff? insulation, surfacing, VAT	Enclosure)
(13) (12) or other miscellaneous)	,
Basement N/A TSI Pipe 100 LF	Removal
Date in the second seco	Romovai
Name of Registered Waste Hauler NJDEP Waste Hauler ID # Cu. Yds. of Waste Name of Registered Name of Registered Name of Registered Startless Landfill	
City, State Disposal Date City, State	
Trenton, NJ 12/31/19 Fairless Hills, PA	Α
Completed By (Print or Type) Title Signature	Date
Dominick Tringali Manager Dominick Tringali	12/17/19

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20222070	PA	(1)	NOT	ΓΙΓΙΟ (P	ATIO	State of N N OF AS ant to NJ	BE	Jersey STOS ABA 8:60 and 5:1	TEMENT 6)	The second secon	A PARTIES L	filiad Aradin Band	<u>[</u>]	W.	5
Date of Notification (1)					Nam	e of Buildir	ng O	wner/Operator	(2)		DEC	2	4 2	919	
12 / 18	3/	2019			Jav	at Dala	ıl								
Agencies Notified	Type Notific	cation				et Address	41			1 7	SHALS D	125	Tak'	7:64	الد عدد الأراث
☑ EPA	✓ Initial				4							JEN.			
☑ DOLWD	☐ Amende Amendn	187.6			City,	State, Zip	Cod	e							ma etima unti i
□ DCA	☐ Emerge			g	Pisc	cataway	N.	J 08854							
(NJAC 5:23-8)	justificat	tion)			Nam	e of Contac	ct			Telepho	ne Numl	ber		V.	
	☐ Cancella	ation			Jay	at Dalal				_					
N					FA	CILITY	NFC	RMATION							
Name of Facility Where Al	patement is	Takin	g Place	e (3)					Type of Facility	10.50.25					
Residence Street Address									☐ School (K-1	2) 8 (Other th	an K 12	V.			
Street Address									Other (i.e.,	private and	commer	cial b	uildin	js,	
City (5)									homes, etc	<i>y</i> :		16			
Piscataway									2,350	# of Flo	oors	4	ldg. A	ge	
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Middlesex					121				Residence	nor ii boling	domono	ricu)			
Name of Monitoring Firm H	lired by Buil	lding (Owner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)					Minnese
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Street Address							10-000	reet Address	NAMES OF STREET						
N/A								50 Rifle Car							
City, State, Zip Code N/A								ty, State, Zip Co							
Project Manager for Monito	oring Firm			Tol	ephone	No		lephone No.	ark, NJ 07						
N/A	211119 1 11111			N/A		140.	3000	73-938-526	6	License 02003					
Start Date (10)		Sched	uled C	1000000		ite (11)		ame of OSHA M		0200					
12 / 27 / 2		01			/		A	rsenije Adai	mov						
Occupancy Status During	Abatement (Check	only	one)				reet Address	1101		-544-22	21120		7172	_
Facility Closed/Vacated	During Enti	re Per	iod of	Abate	ment		55	50 Rifle Car	np Rd						
Abatement Performed (Time of Abatement:	Outside of N AM-	ormal PN	Facilit	y Hou PM	rs - Des -	cribe AM	1	ty, State, Zip Co							
						· · · · · · · · · · · · · · · · · · ·	W	oodland Pa	ırk, NJ						
Scope of Work (Check all t	nat apply)							☐ Full Cont	ainment with Ne	native Pres	SIIFE				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			☑ Re ☐ De					☑ Mini-Encl ☐ Glovebag				a			
				Locat								_	atem	ent Ty	vpe
Location of Asbestos-Containing M.		1)		Norma		Aaba	-4	Description of				1000	_		
TO BE ABAT		,		intena				Containing Mat ermal systems in		Amoi (Spec		Removal	Repair	ncap	Enclosure
IN Facility (13)			Cusi	(12)	Staff?		of	surfacing, VAT, ther miscellaned	OL OL	SF or	LF)	val		Encapsulate	sure
N. Cont.			Yes	No	N/A		-	arei misecilarice	Jus)					te	
Basement					X	ACM T	rar	nsite Pipe		1LF		X	П	П	П
First Floor			П		X		_	site Pipe		19LF			П		
						7.0.11	unic	one i ipe		ISLI					
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Name of Registered Waste	Hauler				JDEP V	Masta	Cul	hio Varda -f	News of Dark		en				
Acme Professional S		Car	,	Н	auler ID	PUBLICATION	Wa	bic Yards of ste	Name of Regis		THI				
City, State	DEI VICES	OUI	,	00	38176			ubic yards	Fairless La	ınafili					
Woodland Park, NJ								posal Date /30/19	City, State	. D4					
Completed By (Print or Type	e)	Title					12/	Signature	Morrisvilles	5, PA	Det				
Arsenije Adamov	o.₩.D.	110000000	sider	nt					jo Adas		Date	e 18/1	0		
,				**				XYZARMI	re NAGA	1912	12/	10/	J		

Tay # 10939 State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-2020	AT	The second					1		2 (9)	Ua (I	117	120	11 1
Date of Notification (1)	FRA					Name of Building Owner	Operator ((2)					1111
Decem	ber 16	5, 20	19	I control to the second		RUTGERS, THE S	TATE U	NIVERS	O YTIS	FNJ			
Agencies Notified □EPA □ DCA		X	otification Initial N Amende	Votifica	tion fication #	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG			FETY			The second second	و ليوا ا
DOL DEP- No Longer REQUIF	RED		Emerg justific		ncluding	City, State, Zip Code PISCATAWAY, NJ	08854	e selle	14.670 140	/5 (.). ENSE		sit.	
⊠ DOH			1 Cance	lled		Name of Contact MICHAEL SMITH, I			phone N -445-2				
						HEALTH & SAFET	<u>Y</u>		~				
					FACILITY INF								
Name of Facility Where Abater SAS ENGLISH OFFICE				EET, B	LDG# 3068	Type of Facility (4) School (K-12) Subchapter 8 (other the	K 19)						
Street Address COLLEGE AVENUE C	AMPU	IS				Other (i.e. private & co					ears		
City (5) NEW BRUNSWICK	County of MID		SEX		Code (7) Use Only)	Current Use (prior if bein	a) e =						
Name of Monitoring Firm Hired	by Bldg	. Own	er (8)	ASCM 0098		Name of Contractor (9)							
Street Address						Street Address	TEMENT	CONS	JLTAN	ITS, IN	IC.		
3 TERRI LANE						268 MAIN STREET			23.11.11.202				
City, State, Zip Code BURLINGTON, NJ 080						City State, ZipCode BUTLER, NJ 07405							
Project Manager for Monitoring BRIAN KEARNY	Firm	1 7 7 5 7 7	elephone N 309-386	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Telephone Number			nse Num	<u>ber</u>			
Sahadulad Start Data (10)			abadulad C	`amalatia	- Data (44)	973-492-0477	-	008	40				
Scheduled Start Date (10) 12/27/2019			2/30/19	ompietio	n Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC.	G.						
Occupancy Status During Ab						Street Address							-
☐Facility Closed/Vacated Du ☐Abatement Performed Out					t	20-21 WARGARAW	ROAD						
Describe		- 0	0.014	5.00 A		City, State, Zip Code							
☑Other – Describe: Shift I					AS NEEDED)	FAIRLAWN, NJ							
Scope of Work (Check all that a	apply)					_					- 75		
F-7	. 27				-		Full Conf			gative P	ressure	Э	
≥ 3 sf or ≥ 3					Renovation	The second secon	Mini-End						
≥ 160 sf or ≥	260 lt				■ Demolition			g Proced			_		
Location of Asbestos-Containing	a lel	ocati	on Normal	ly Head	Description of Ash	pestos Containing Material	Non-Exem	npted (*) a ount		-Friable ment Tv		dure	
Material (ACM) in Facility (13)			y Maint./Cu			al systems insulation, surfac	200 CO 100 CO 10	ecify SF	0.877= 5.55	7			
		aff? (1		NA	VAT, or other mise	cell.)	or L	_F)	Remov	e Repa	ir Encap	En:	close
211 Restroom			X		VAT		35	SF	X	Т		Т	_
		-and and											
Name of Reg. Waste Hauler See Hauler Below #1 & 2	2	-	JDEP Was ee Below		<u>ID#</u>	Cubic Yards of Waste:	15 CY		e of Reg .O.W.S			dfill	
Hauler #1) Greenwood Abater	nent Co	nsulta	nts, Inc. –	Butler, 1	NJ 07405		Disposal			City, S		. R	
NJDEP # 28969 Hauler #2) Newark Carting, II NJ DEP # 4509	ne., New	ark, N	NJ 04509				12/30/2	2019		Rd. Mo 19067	ew Ford	le, Pa	93
Completed by (Print or Type)		Title				Signature		Date		215-73	6-1700	0	
RAYMOND C. PEDALI	NO	SEI	NIOR P		т	Raymand C. P.e.	dalino	- Committee of the Comm	Decer	nber	16, 20	19	
		n/I/A	MACEE										

Dec 16 2019 03:08PM NJ A	sbestos	Control	609,633,	0664		page 1		1	V-THE- No. of The Contract				-0
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0K5089 D&S Proj. #: 19.277	i Jai		Notificati	on of Asper	Stos	Abatement and 12:120)		Proced Streets of Stre	10 DAY	(8)	ne <u>n</u>	<i>y</i> >-	20 19
Date of Notification (1)	Nam	e of Buildin	ng Ownern	Operator (2)					11	L	CEN	siric	ž
1 12 1/1 16 1/11 19 1		lfor Prope	erty Rest	oration	-	}		A IF	TO VALUE	2015	7	State of the last	=-
Agencies Notified Type Notification	Stree	Address					13:		, V.				
C DEF L Amended	City	State, Zip	Code		-		_			- Water Air			
Amendment #:		acataway		54 .			_		and the retile terresine				Marie .
DOH (including justification)		of Conta				,		Telephon	Number				
DCA Cancellation	I	homas ku	152				Andrews.			_	-		
			FACILI	TY INFORMA	TION								
Name of facility where abatement is t	aking place	(3)				Management	Тур	e of Facility (4) I (K • 12)				
Residential								Bubch	apler 6 (Oth			2)	
Street Address							7	Other Bldgs	Private/Col	TITUET	ile!		
								uare Feet	# of Floors			. Aga	
CIty (5)	County	(6)				nty Code (7)	1,1	oo SF	02	STREET, STREET	70		
kearny, nj 07032	Hudso	20			(Sta	te use only)	R	esidential	noi a ceng	dame	50/104		
Name of Monitoring Firm Hired by El				ASCM No.	T	Name of Abstant							
N/A				-		D&SRESTO	DRATIC	ON, INC.		المبتعة		-	مثوب
Street Address					-	20 California	Ave.						
City, State, Zip Code			West And Company of the Company	man of the last short	-	City, State, Zip Co	pde						
9-1 - 0.070.07			ancer a service	PROTOGRAPH STATE OF THE STATE O		Paterson, N.	07503	Walter over 1 Mar	License	Numb	gr	- 5	
Project Manager for Monkoring Firm		Pho	ne Numbe	7	1	Telephone Numb 973-345-80				169			
Start Date (10)	(Sched (Comptalion	DalaTiff			Name of OSHA			Vi.				
	12/18/2					D&S Resto	TEDOD,	inc.					
12/11/19 Occupancy Status During Abstament					-	20 California	Avenu	c			A STEEL		
Facility closed/vacated during of Abatement performed outside	entira period	ofabaten	nent.			City, State, Zip C	ade						
Decedies		CHILY HOUSE	-		-	Paterson, N	3 07503						
Other-Describe: Normal hours Scope of Work (check all that apply								Containment	w/negative	press	nie.		
	, Renovation							-anciosura rabag proced	une				
≥160 of or ≥260 if	Demolition						Non	Exampled () and Non-	frisble IR	proce		,
Location of	is location by mainten	nomally u	sed solaly	4 sano person				Amount		e	0	E	E
ashestos-containing material (zcm) to be	staff(12)	IGHAN SAC	,	Descripă meterial (asbestos-conteini I)	ng	(Specify		m o	8	9	É
abated in facility (13)	Yes	No	N/A	VANC						V a	نا	P	_
First floor Dining Room		X		Wall Plaste	ALCOHOL: N			80 Sq Ft		X	무	무	
Second Floor Dining Room		X		Wali Plaste	r			16 Sq Ft		制	州	H	計
										古	T		
			II.								D		
Registered Westo Hauler		P Houler		ubic Yards of	Wei	Mame of Regis	tered Le	Adall SOURCE	RECOVE	RY			SERENANCE IN
D& S RESTORATION, INC.	135		Diaposal	Z yds.		City, State					-		
PATERSON, NJ 07503						TULDYTO	Annual Company of the Party of	A	Date		SVINESSIN.	, C	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDI	ENT		Signature	-	of the	<u> </u>		12/16	5/19			
ACE 44	ישו והח מם "	this form	for sabsat	na ficensure e	xemi	red sativities.							

State of NJ Notification of Asbestos Abatement

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D&S Proj.	#: 19-277			(Purs	uant to NJA	C 8:6	60 and 12:120)				<u> </u>	M.	5	A CONTRACTOR OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADD
Date of Notification		Na	ame of B	Building Ow	ner/Operator (2	2)				DEC .	2 4	201		
Agencies Notified			Belfor F	roperty R	Lestoration									
EPA	Type Notification	Str	eet Add	ress					7.Sc	ESTOS	001	e E Pet	OL.A	
☐ DEP	Amended			l Rd. Wes	st				· · · · · · · · · · · · · · · · · · ·	LICE	Nah	0_	and the second	Astronomic
⊠ DOL	Amendment #		y, State,	Zip Code										
□ DOH	Emergency (including			way, NJ 0	8854									
	justification	i) Nar	ne of Co	ontact					Telephor	e Numbe	r			
☐ DCA	Cancellation	on	Thoma	s kusz					201-45	6-3738				
				FAC	CILITY INFORM	OITAN	N							
Name of facility wh	nere abatement	is taking place	e (3)					Тур	e of Facility (
Residential									=	I (K - 12)		!	10\	
Street Address								11		apter 8 (0 Private/0			-12)	
									Bldgs./	Homes, e	etc.			
City (5)		County	(6)			I co	unty Code (7)	1		# of Floo 02	rs	70	dg. A	ge
7 (-)			(0)				ate use only)		rrent Use (Pi		a dem	_	ed)	
kearny, nj 070		Hudso					27.53	Re	sidential	101 11 0011	g don		Juj	
Name of Monitoring	g Firm Hired by	Bldg. Owner ((8)		ASCM No.		Name of Abatemer		2000 00 00 00 NO.					
N/A Street Address							D & S RESTO	RATIO	N, INC.					
offeet Address							Street Address	A						
City, State, Zip Code	9					_	20 California A	-			-	- Jest Cont		
							Paterson, NJ 0							
Project Manager for	Monitoring Firm	n	Ph	none Numb	er	[15]	Telephone Number			License	Numb	er		
							973-345-802			0	1169			
Start Date (10)		Sched. C	ompletio	on Date (1	1)		Name of OSHA Mo							
12/11/19		12/18/2	019				D & S Restora Street Address	tion, In	c.					
Occupancy Status D							20 California A	venue						
☐ Facility closed/ ☐ Abatement per	vacated during	entire period	of abate	ment.			City, State, Zip Cod					_		
Describe:			ility noui	rs-		_								
Other-Describe						-	Paterson, NJ 0							
Scope of Work (che								Full Co Mini-er	ntainment w	/negative	press	ure		
≥160 sf or ≥26	- N 16	Renovation					Description of the Contract of	48	iciosure iag procedur	е				
	оп Ц	Demolition Is location no	ormolly	used colols	,				xempted (*)		1			
Location of asbestos-conta	aining	by maintena			1	n of o	sbestos-containing		Amount		e	R e	E n	Ε
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adated iii laciii	ty (13)	Yes	No	N/A					LF)		v e	i	a p	L
First floor Dining			X		Wall Plaster			80	Sq Ft		Ň			
Second Floor Dini	ng Room		X		Wall Plaster			16	Sq Ft		X			
													므	
egistered Waste Ha	uier	NJDEP	Hauler II	D# Ci	ubic Yards of V	Vaste	Name of Registere	d Landfil			Ш	Ш	Ц	
O & S RESTORA		13506		2	yds.		TULLYTOWN			COVER	Y			7.5 VA-140
ity, State	07502			Disposal D	ate		City, State						T	The second
PATERSON, NJ ompleted by (Print of		Title			Signature	_	TULEYTOWN	, PA		Dete				
BOGDAN JOLD		PRESIDEN	T		B-	fol	- Jely	-00		Date 12/16/	9			
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Inv#1694													L_		
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NK 3209	PALU			to NJAC 8						C	IS	1 1	4) [5	
Date of Notification (1)			Name of	Building (Owner/O	perator	(2)	A STATE OF THE STA	7,11 7,11					- 111	- 111
12/16/19				Lehman			(-/			DEC	2	1 21	110		4
Agencies Notified Type Notifica	tion		Street A	ddress							-		/10		
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DEP Amende				te, Zip Co					7.5	11	Jak	501D		***	,
DOL Amendr	nent # ncy (including	-		, NJ 071	110					Statement	CA HOUSE	my more and a	the state	Ster Little -	1664 1 11
X DOH justificat	tion)			Contact	_				Tel	ephone	Num	ber			
DCA Cancella	ation			Lehman		ON									
Name of Facility Where Abatement is T	aking Place (3)	FACI	LITY INFO	RIVIATIO	JN	Тур	e of Facility (4)						-
Private House	,						П	School (K-1							
Street Address							Ħ	Subchapter	8 (Oth						
							X	Other (i.e. petc.)	orivate	& comm	ercia	l build	ings,	home	s,
City (5)				-			Squ	are Feet	# 0	f Floors		BI	dg. A	ge	
Nutley															
County (6)			County (Code (7) JSE ONLY)	6		Cur	rent Use (Pri	or if be	ing dem	olish	ed)			
Essex										(0)					
Name of Monitoring Firm Hired by Build Competent Supervisor	ling Owner (8)		ASCN	1 No.				patement Cor y Construc							
Street Address						Street	Process and		ZUOITI	110					
Street Address								ite 46 Suite	e 14						
City, State, Zip Code								Zip Code				5000000			
School of #100 person of the state of the control o						Toto	wa	NJ 07512							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none	No.	100	Licens).			
						973	832	4244		0137	79				
Start Date (10)	/1		npletion I	Date (11)				SHA Monitor							
12/27/19	01/03/							s above							
Occupancy Status During Abatement (Street	Addı	ess							
Facility Closed/Vacated During Er Abatement Performed Outside of						City S	State	Zip Code							
Other – Describe:						Oity, C	riato,	Lip ocac							
Scope of Work (Check All That Apply)									<u> </u>						
X ≥3 sf or ≥3 lf	X R	Renova	tion				F	ull Containm	ent with	h Negati	ive P	ressur	е		
≥160 sf or ≥260 lf		emolit	ion			X		Mini-Enclosure							
						Ė	-	lon-Exempte			riabl	e Pro	cedur	е	
	Is	Locati	ion					77						ement	
Location of		Normal		,		scription		ь					1 y	pe	000
Asbestos-Containing Material (ACN TO BE ABATED		intena			tos Cont thermal			ial (ACM)	100	Amount Specify		R	_	Enc	Щ
In Facility	Cust	todial S (12)	Staff?	(1.0.	surfac	cing, VA	AT, or	•		F or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		(.2)			other n	niscellar	neous	S)				val	31	ulate	ure
	Yes	No	N/A											LD.	
Basement			X		Pipe	insula	ation			50lf		Х		Х	
					11-11-11-11-11								1	100000	
Name of Registered Waste Hauler		IN	J JDEP W	L/aste	Cubic	Yards		Name of	Regist	ered La	ndfill				
Academy Construction Inc			lauler ID	No.	of Was	ste		Fairles	On the Party of						
City, State		0	34422		1 Disnos	sal Date		City, Stat		vzediti.					
Totowa NJ					TBD	oai Dale		Morris		PA					
Completed by					ignatur	e				Da	te				
Filip Geleski	Title Supe	ervisc	or			3	5	iles The	los	k	10000	2/16/	19		
<u> </u>								N 79 V/2	1						

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

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WHILMAI DA	m			to NJAC 8		nd 12:120)		Fire E	<u></u>	E	n v	M	E
Date of Notification (1) 12/12/2019	A.M.Z					Operator (2) rch of Por	npton Plains		<u> </u>	E	1	<u>V</u>	S
Agencies Notified Type Notification		1.3	Street A 529 Ne	ddress ewark Tu	ırnpik	:e			DEC	2 .	4 2	019	30,000,000
EPA Initial Amended Amendmen	t #			ite, Zip Coo		w Jersey	07442			at of o	71.	1	
Emergency justification Cancellation			Name of	Contact			500 (10) (200)	Telephon (973) 76		ber	aun i Mill	الجات	. <u>(1</u>
Cartellation				LITY INFO		ION		(0/0)//		-			_
Name of Facility Where Abatement is Takin First Reformed Church of Pompto		3)			· control		pe of Facility	1 50					
Street Address 529 Newark Turnpike						×		8 (Other than orivate & com			lings,	home	es,
City (5) Pompton Plains						1000	quare Feet 1,500	# of Floor	S	100000	dg. A	ge	
County (6) Morris			County (Code (7) JSE ONLY)			urrent Use (Pri hurch	or if being der	molishe	ed)			
Name of Monitoring Firm Hired by Building McCabe Environmental Services,			ASCM 0011		7 10 10 17 17 17 17 17 17 17 17 17 17 17 17 17		Abatement Con ntracting, L			3.2.2			
Street Address 464 Valley Brook Avenue			1			Street Ad							
City, State, Zip Code Lyndhurst, New Jersey 07071						City, State	e, Zip Code New Jerse			15.75			
Project Manager for Monitoring Firm John H. Chiaviello			Telephoi	ne No. 138-4839		Telephon		<u> </u>	nse No).	-		
Start Date (10) 12/23/2019	Schedul 01/31/	ed Con		Date (11)		Name of	OSHA Monitor ntracting, LI						
Occupancy Status During Abatement (Che						Street Ad					-		
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor							alley Road, e, Zip Code	Suite K					
Other – Describe:							New Jerse	y 07470					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
1	100	Locati Normal	370000		-							ement pe	£
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	ed Sole aintenar todial S (12)	ly by nce/	(i.e. t	os Cor herma surfa	escription of ataining Mate al systems in acing, VAT, miscellaneo	sulation, or	Amount (Specify SF or LF	/	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									ō	
Food Pantry		X				Ceiling Su		300 SF		х			
Keator Parlor		X		rextu	urea	Ceiling Su	irracing	500 SF		х			
Name of Degistered Wests Use In			IDED !	(ante	0.11	. Verd-	I n	D					
Name of Registered Waste Hauler Service Transport Group, Inc.		Н	IJDEP W lauler ID 0990	No.	of Wa		Market Street	Registered La a Enterpris		_C			
City, State New Castle, Delaware						sal Date	City, Star	sburg, Ohio	o				
Completed by Ljiljana Sekularac	Title Offic	e Ass	istant			Signature	12	<u> </u>	Dat		.019		

Inv# 16947

020-03 DAID

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

Check # 9800

	¥		Acres de Caración					Check	# 9000			
Date of Notification	(1)	110	lame of Bi	uildina Own	er/Operator (2)		MEG	EIV			
11 12 1/12 10	1/11/9/		Carol P	10 a 10 a 10 b	,	.					The state of the s	
Agencies Notified	Type Notificat	ion S	treet Addr	ess						P 44	100	
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☐ DEP	inda.	110	itv. State.	Zip Code								
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X DOH		11	ame of Co	ntact				Telephone	Number	Debutan Australia	Ì	
☐ DCA	Cancella	ation	Carol I	Preaster								
				FAC	ILITY INFORM	MOITA	l					
Name of facility wh	ere abatement i	s taking pla	ace (3)					Type of Facility (4				
Carol Preaste	r							1 =	(K - 12)	han K	12)	
Street Address				-					apter 8 (Other t Private/Comm		-12)	
0000171001000	87							Bldgs./I	Homes, etc.		d = - A	
City (5)		I Cour	nty (6)			I Cou	nty Code (7)	Square Feet	# of Floors	BK	dg. Ag	ge
	07100					20000000	te use only)	Current Use (Pr	ior if being der	nolishe	ed)	
Belleville, NJ	cera mass:		sex			<u> </u>		residential				
Name of Monitoring	g Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatemen					
						_	B & G Restora Street Address	tion, Inc.				
Street Address							105 Ryerson	Road				
City, State, Zip Code	e					-	City, State, Zip Code	9	1		-	
							Lincoln Park,		1			
Project Manager for	Monitoring Firm	1	P	hone Numb	per		Telephone Number		License Num	ber		
13		2					(973)696-680		00378			
Scheduled Start Dat	te (10)	Sched	. Complet	ion Date (1	1)		Name of OSHA Mo					
01/02/2020		01/0	04/2020				Street Address					
Occupancy Status D		•					105 Ryerson F	Road				
Facility closed	I/vacated during erformed outside						City, State, Zip Code	Э				
Describe:		ornonnar	racinty flot				Lincoln Park,	NJ 07035				
Other-Describ		٨				ᆜ						
Scope of Work (che		() Renovation				=	vrap & cut full Containment w/ne	antivo progrum	7 Claushan a	ro ood:		
	X						fini-enclosure	egative pressure	Glovebag p Non-friable			
>3 sf or >3 lf	X	≥160 sf or				П,	/iiiii-ericiosure			R		_
Location of asbestos-con	taining		n normaliy enance/cu	used solel stodial		on of a	abostos sontainina	Amount	е	е	E n	E
material to be	1	staff(12)			material		sbestos-containing	(Specify S	For m	p a	c a	C
abated in faci	lity (13)	Yes	No	N/A				LF)	v e	i	р	L
basement				X	VAT (no r	nastic	:)	540 sf	X	巾		
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Danistered Wests III	aulas	L	ED Haviar	15# 17	Lubic Yards of	Masta	Name of Registere	d Landfill			Ц.	
Registered Waste H B & G Restorat			EP Hauler 19563	10#	6	vvasie	Grand Centra					
City, State Lincoln Park, N	1J			Disposal I	Date 1/06/2020		City, State Pen Argyl, PA					
Completed by (Print		Title		L	Signature		1		Date		*	
Gordana Luna			ry/Treas	urer			Gordana Luna		12/20/20	19		

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CK2481	PA			ICATIO	tate of New Jerse N OF ASBESTOS to NJAC 8:60 an	ABATE		г		CE	Comments	V	TILL!	The state of the s
Date of Notification (1) 12/20/19					of Building Owner/one Drazin	Operato	r (2)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DEC 2	4	2019	COTOR OF	
Agencies Notified X EPA DEP DOL	Type Notification Initial Amended				ate, Zip Code					BESTOS Liga		100	Lik	
DOL DOH DCA	Amendment Emergency justification) Cancellation	(including	g -	Name o	n, NJ 07013 of Contact ne Drazin				Те	lephone Nu	mber	_		
Name of Facility Where A Residential Home Street Address	batement is Takin	ig Place ((3)	FAC	ILITY INFORMAT	ION	×	e of Facility (4 School (K-1) Subchapter Other (i.e. p. etc.)	2) 8 (Oth rivate	& commerc	ial bui			98,
City (5) Clifton County (6)				County	Code (7)		250	are Feet 00 rent Use (Pric	2	f Floors	(Bldg. A 65+/-	ige	
Passaic Name of Monitoring Firm Project Manager	Hired by Building	Owner (8	3)		USE ONLY)		Re of Ab	sidential H atement Con s Abateme	ome tractor			0 		
Street Address						Street	Addre	A 2011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			100			
City, State, Zip Code						(2000)		Zip Code rook, NJ 0	7663					
Project Manager for Monit	toring Firm			Telepho	ne No.	Teleph 201-		No. 3184		License N 01305	lo.			
Start Date (10) 12/26/19		Schedu 12/31		npletion	Date (11)	Name	of OS	SHA Monitor						
Occupancy Status During Facility Closed/Vacat Abatement Performe Other – Describe: 8	ted During Entire Fed Outside of Norm	Period of	Abaten	nent		Street City, S		ess Zip Code	- 111-21	54				
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova			×		ull Containme		n Negative F	Pressu	ıre		
2100 \$1 01 2200 11			Demolit	ion		E	GI	ini-Enclosure lovebag Proc on-Exempted	edure	d Non-Friab	ole Pro	cedur	е	
Location Asbestos-Containing M		Use	s Locati Normal ed Sole	ly ly by	De: Asbestos Cont	scription		al (ACM)	Λ	mount			ement pe	
TO BE ABA In Facility (13)	TED	aintenar stodial S (12)	Staff?	(i.e. thermal surfa	systems cing, VA niscellar	s insul T, or	lation,	(5	Specify or LF)	Removal	Repair	Encapsulate	Enclosure	
Baseme	ent	Yes	No X	N/A		VAT		-	89	96 SF	x		Ф	
			1			2000					500			

NJDEP Waste Hauler ID No.

0036592

Title

President

Cubic Yards

Disposal Date

Signature,

of Waste

5 YD

TBD

All Stages Abatement

Name of Registered Waste Hauler

Name of Registered Landfill

City, State

Pen Argyl, PA

Grand Central Sanitary Landfill

Date

12/20/19

City, State

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

1000	EGEIV S I
Constitution of the Consti	DEC 2 4 2019
	Telephone Number

LA0480	PAII		(P	ursuant	to NJAC	8:60 an	id 12:12	(د							
Date of Notification (1) 12/20/19					f Building Kovalick		Operator	(2)		D	EC 2	4 201	9	11.0	,
Agencies Notified Type	e Notification			Street A	ddress				1 12		er de la companya de		(* - 4)	e e	:
X EPA X	Initial		L							** it sini	HOEN.	Tzi v 1755 Optobal	A.		į
DEP N DOL	Amended Amendment #	41			ate, Zip Co				***	100	equation to high lines of the	Anna management and a state of	dario de		i
	Emergency (i		$ \mid$		Rock, N.	0745)2			1 -					
DOH DCA	justification) Cancellation				f Contact Kovalick					Tele	ephone N	lumber			
	Caricellation				LITY INFO		ION						P		
Name of Facility Where Abate	ment is Taking	Place (3	3)					Туре	of Facility (4	4)					
Residential Home									School (K-1	2)					
Street Address								×	Subchapter Other (i.e. p etc.)	8 (Otherivate 8	er than K & comme	-12) rcial buil	dings	home	es,
City (5)								100	re Feet	6720	Floors		Bldg. A		
Glen Rock								210		2			35+/-		
County (6) Bergen					Code (7) USE ONLY				ent Use (Prio sidential H		ng demol	ished)			
Name of Monitoring Firm Hired	d by Building O	wner (8)		ASCN	I No.				tement Con		(9)				
Project Manager Street Address									Abateme	ent					
							280		dland Ave	e.					
City, State, Zip Code								- 1 TO 1 TO 1	ip Code ook, NJ 0	7663					
Project Manager for Monitoring	g Firm		Telepho	ne No.		Teleph				License	No.				
						115.500	600-3	2800 U.S. A.S.		01305					
Start Date (10) 1/7/20		Schedule 1/11/20		npletion	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During Aba	tement (Check	Only On	ie)		1000		Street	Addre	ss						
Facility Closed/Vacated D Abatement Performed Ou Other – Describe: 8 A.M to	itside of Norma						City, S	tate, Z	ip Code						
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Asbestos-Containing Mater			d Sole		Asbes	tos Con	escription taining N	lateria	i (ACM)	А	mount			Е	
TO BE ABATED In Facility			odial S		(i.e.		I systema		ation,		pecify or LF)	Remova	Re	Encapsulate	Enclosure
(13)			(12)				miscellar				J. L. 7	lova	Repair	sula	osur
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	10. 1 Stav														
Name of Registered Waste Ha	uler		163515	JDEP W auler ID		Cubic of Wa	Yards ste		Name of F				10,000		
All Stages Abatement			100000	036592		5 YD			Grand (Centra	al Sanit	ary La	ndfill		
City, State Saddle Brook, NJ						Dispo TBD	sal Date		City, State Pen Arg		Ą				
Completed by		Title	505				Signature	1	1			Date			
Richard Cristofol		Presi	ident						Inf	_		12/20/	19		

Inv#110444

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Date of No	tification (1)	- A	- Alla Alla political	97		Name o	f Building	Owner/0	Operator	(2)			- 6		1	0.0	122	Egyption - an
12/20/20							Amelio	O MITOTA	o por ato	(2)	1		3 C	; [\mathbb{A}	4	1
Agencies N	Notified	Type No	otification	·		Street A	ddress				11			eritet et e	elekanan eren	s, 2014 P. 1975.	-	200 Land
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DEP		☐ An	nended		T	City, Sta	ate, Zip Co	ode					DE	(/	Ч-	2019	Ť	المستديد
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☐ DCA			ncellation			Joe						1 2			_		- معاديث	151
Name of E	acility Where A	Abotomor	at in Takin	- Di (,,	FACI	LITY INFO	ORMAT	ION	-								
Private I		Abatemer	it is rakin	ig Place (3	5)					Туре	e of Facility (4	4)						
Street Add											School (K-1)		41	12.40				
	.000									×	Subchapter Other (i.e. p	rivate 8	er inan & comn	nercia	l build	lings.	home	es.
City (5)											etc.)					20072700		
Denville										Squa	are Feet	# of	Floors	6	В	ldg. A	ge	
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Morris							USE ONLY			Curr	ent ose (File	n n ben	ng den	IOHSTR	eu)			
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Street Addr	ress									Addre								
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City, State,	Zip Code				======				City, S	State, 2	Zip Code			11-20		-0.00		-
									Pate	erson	, NJ 07502	2						
Project Mai	nager for Moni	itoring Fir	rm			Telepho	ne No.		Telepl	none N	Vo.		Licen	se No				
									973-	400-	8711		013	32				
Start Date	3.000 (1)					npletion	Date (11)		Name	of OS	HA Monitor							
12/30/20	500 10 Box			01/06/					Sam	ne as	(9)							
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	or ≥3 ii of or ≥260 lf			Designation of the last of the	Renova Demolit				É	Fu Mi	III Containme	nt with	Negat	ive Pr	essur	e		
- 100 miles							79			GI	ovebag Proc	edure						
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	TO BE ABA	ATED	(, , , , , , ,	(2)	intenatiodial S	2007-37	(i.e.	thermal	system	s insul	ation,		pecify		R	77	Enc	ᄪ
	In Facili (13)	ty		Ous	(12)	otan :			cing, VA niscellar		0	SF	or LF))	Remova	Repair	aps	Enclosure
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		241		Yes	No	N/A											(D	
	Ground F	loor				Х		Ve	rmicul	ite		8	4 SF		х		х	
													510-92-92	-				
Name of Re	egistered Was	te Hauler			IN	JDEP W	aste	Cubic	Yards		Name of F	Registo	red I o	ndfill				
	Safety, LL0				H	lauler ID	No.	of Was			0.0001 16 761	-	reu La	naiiii				
	Jaioty, LLC				0	037007	7				Fairless				2011	/3 19 1		
City, State Paterson	NII								sal Date	9	City, State							-77
Completed				T:41 -				TBD			Morrisv	ille, P	A					
Lasko Ve				Title	ident			Ş	Signature	7	1/	1		Dat		2010	0	
	CITO V			Fies	iueiil				Xan	100	1/216	10	v	12	120/2	2019		

In # 15 935 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 12/12/2019 JOSEPTH TAFFARO & SON CONTRACTING INC. Agencies Notified Type Notification Street Address DEC PO. BOX 1046 **EPA** Initial DEP City, State, Zip Code Amended X ASSESTOR CONTROLA DOL Amendment # MANAHAWKIN NJ. 08050 Emergency (including Name of Contact Telephone Number DOH justification) JOSEPTH TAFFARO DCA Cancellation 201-386-7272 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PRIVATE School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age NORTH BERGEN 2,000 2 105 County (6) County Code (7) Current Use (Prior if being demolished) Hudson (STATE USE ONLY) YES Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A North East Environmental LLc. Street Address Street Address 4919 Bergenline Ave. City, State, Zip Code City, State, Zip Code West New York Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-776-0642 1300 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/13/2019 12/14/2019 EMSL ANALITYCAL INC. Occupancy Status During Abatement (Check Only One) Street Address 307 W, 38TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: NEW YORK, N.Y. Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure X ≥160 sf or ≥260 If Demolition Mini-Enclosure

l cochine of		Locati	(2) A			Non-Exemple	d (*) and Non-Friai	DIE Pro	Abate	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intenar todial S (12)	ly by nce/	Asbe (i.e	Description of stos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneou	sulation,	Amount (Specify SF or LF)	Remova		Encapsulate	Enclosure
	Yes	No	N/A					1 2		ate	e
FRONT PORCH ROOF		X		FL	AT ROOF MEMB	370 SF.	х				
BASEMENT BOILER ROOM		Х		HEA	T PAPER INSUL	ATION	16 SF.	х			
		X									
Name of Registered Waste Hauler		200	JDEP Wa		Cubic Yards	Name of	Registered Landfill	1			
TRI STATE			auler ID I 951	NO.	of Waste TBD	MINER	VA ENTERPR	ISE II	VC.		

Title

SAFETY MANAGER

Disposal Date

Signature

TBD

City, State

WAYNESBURG OH.

Date

12/17/2019

City, State

BRONX, NY.

Completed by

CARLOS ESQUIVEL

CK1599 PAI	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2)									E C	E		\mathbb{V}	E	Section of the section of
Date of Notification (1) 12/13/2019				of Building N HOGA		Operator	(2)	Total State of the	100 CO 10	DEC	: 2	Δ	2019	7.00	The second secon
Agencies Notified Type Notification Type Notification Initial Amended Amendment # Emergency (i justification) Cancellation	-		City, St	Address . ate, Zip Co A S' E 9 of Contact I HOGA	· C	ity	N	T, 8	730	Ephone N	CER			L.A.	Marie Paris and
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INF	ORMAT	ION	Type of	Facility	(4)			-		142	
PRIVATE Street Address City (5)	av H	Louise	E 07	Thec	hue	dr.	St. Ot etc	her (i.e.	er 8 (Other private 8	er than K & comme			57,018		es,
Jersey City NJ. 07307							Square 2:0		# 01	Floors		B	ldg. A		
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Name of Monitoring Firm Hired by Building O	wner (8))	ASCI	M No.		A Commission of the Commission	of Abate TH EA			(9) NMENT	AL	LLC	; <u>.</u>	-100 600000	
Street Address									IE AVE						
City, State, Zip Code	City, State, Zip Cod WEST NEW Yo								K N.I ſ	7093					
Project Manager for Monitoring Firm N/A	Telephone No. Telephone No. 201776,0642									License 01300					
	Schedul 12/15/		pletion	Date (11)			of OSHA L ANAI								
Occupancy Status During Abatement (Check					4		Address / 38 S7	г							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	eriod of / al Facility	Abatem / Hours	ent		_	City, St	ate, Zip	Code							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				×	Mini-E Glove	Enclosur bag Pro	e cedure	Negative				e	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cust	ed Solel intenar todial S (12)	y by nce/ staff?		tos Cont thermal surfa	scription of taining Ma systems cing, VAT miscelland	aterial (A insulation (A)		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
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1º Floor.		X		Va	+ +	=\00		ile		.D Sc	-	X			
Name of Decisions I Wester United				ļ											
Name of Registered Waste Hauler TRI STATE ASSOCC	NJDEP Waste Hauler ID No. 19951					Yards ste				red Land NTERPI		ΞIN	1C		
City, State BRONX N.Y.		10	.001		TBD	sal Date	1	City, Stat	ESBUR	RG OH	10				
Completed by CARLOS ESQUIVEL	Title SAFE	ETY N	MANAC	SER	S	Signature	O zyn	nound	my C	-50	Date 12/1	3/2	019		

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		NOT	TIPICAT (Pursu	ION OF A	New Jer AC B:60 a	sey S ABATEN and 12:120)	ENT	DOL -	DEI 10 D	AY	4 6	2019
Date of Notification (1) 12/13/2019			Nam	e of Build	Ing Owne	riOperator (9 4	1	and the street	OP.	7	1
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justi	ication) calletion	•	100000000000000000000000000000000000000	e of Conta				Telephon	e Numb	er e	-	<i> </i>
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City (5)		11-					etc.)	# of Floor				
Jersey City NJ, 07307 County (6)						1 .	2,000	2	•		Age	
HUDSON				V Code (7				Prior if being den	nolished	7	b	
Name of Monitoring Firm Hired by Br	ilding Owner	(8)		CM No.		- I No.		YES				
N/A.		1-7	1	SPH TWG.		NORT	Absigment (H EAST F	Contractor (9) NVIRONMEN	TALL			
Strawl Address						Street Ad	dress		I PALL	L.C.		
City, State, Zip Code						4919 B	ERGENL	INE AVE.				
						WEST	NEW YOU	RK NJ. 07093				
Project Manager for Monitoring Firm			Telsph	one No.	* ***********	Telephon			se No.			
Start Date (10)	F-4-4					201778		0130				
12/14/2019	12/18	/2019	mpi8000	11) eta (11)		SHA Mank		-	~		_
Occupancy Status During Abatement	(Check Only (One)				Street Add	ANALITIC	AL INC		-		
Facility Closed/Vacated During & Absternant Performed Outside of Other—Describe	Intlm Period o	Abater	nent			307W 3						
Abetement Performed Outside of Other — Describe	Normal Facil	ly Hour	1				. Zip Code			-		DETERMINATION AND RESIDENCE
Scape of Work (Check All That Apply)			70			NEW Y	ORK N.Y.					
≥3 af or ≥3 # ≥180 af or ≥260 (f		Renovi					Mini-Englose Glovebso Pr	condure				
		e Locati		T		团	Non-Exernat	ed (*) and Non-F	riable Pr			
Location of Assesses-Containing Material (ACI		Normal ed Sole	ly		Dan	cription of					emen Pa	ţ
IO BE ABATEO	M	eintenai	noe/	Asbec	alou Conte	Uning Mater	isi (ACM)	Amount		Π	B	
In Facility (13)	C51	stedial 6 (12)	SUBST /		surfac	ing, VAT, o		(Specify SF or LF)	Romos	Repair	SE SE	nde
D 189	¥98	No	N/A	-	order M	iscellaneou	5)		De Comp	NE.	Encapsulati	Endosura
EXTERIOR SIDING		X		RIAC	KINEE !	WHITE S	11151=1=			-		
191 Floor & Bosome	ut	×	-					600 SQ.	X			
159 FLOOR	1,	×	-	1111	7 1	USTES DURTI	10	1,17257	F. X			
				VH	1 710	1012711	ے۔	140	X	_		
Name of Registered Weste Hauler		T N.	DEPW	aste	Cubic Y	ande	Name of	Registered Lend				
TRI STATE ASSOCC		Ha	uler ID		of Wash	9		Negletered Lend VA ENTERP		NIC.		0000000
		110	-		Diaposa	Date	City, Sta		1145 H	40		
					TBD	10000000		ESBURG OH	10			
BRONX N.Y.							,,	m 2 m 00 10 01 1	100			
City, Sizie BRONX N.Y. Completed by CARLOS ESQUIVEL	Title SAF	ETY M	ANAG			nature (5)	Moralu	10001	Date 12/13/2		_	

AV IMART

Inv# 10949 State of New Jersey

UK WOO	T	NO.				SBESTOS ABA IAC 8:60 and 5:1			C		W	
Date of Notification (1)	ALL		-				25				THE MARKET TO	**** *********************************
	18 / 1	9		- Common	effrey Gre	ing Owner/Operator eenhaus	(2)	D	EC 2	Á	2019	
Agencies Notified	Type Notification	1		Stre	et Address					- 1	-010	
⊠ EPA								i		* 250		يد شاودو
☑ DOLWD	Amended			City,	State, Zip	Code		Abradi	urue. UCar	CALLY VERNIN	Tric.	1.74
☑ DOH □ DCA	Amendment		_	10 000	7/10	, NJ 08003		100 100 100 100 100 100 100 100 100 100	Malekan Prince	***********		
(NJAC 5:23-8)	Emergency (incluair	ıg	-	e of Conta			Telephone Nur	mher			
, , , , , , , , , , , , , , , , , , , ,	☐ Cancellation			Je	ffrey Gre	enhaus		******	i a			
				-		NFORMATION			_			
Name of Facility Where A	Abatement is Takir	ng Plac	e (3)		COLLITT	NI OKWATION	Type of Facility	(4)				
Greenhaus Resider		J	- (-)				School (K-12					
Street Address							Subchapter Other (i.e., p	8 (Other than K-1 rivate and comm		uildin	gs,	
City (5)							homes, etc.) Square Feet	# of Floors		ilda /	\00	
Cherry Hill							1.946	2	'	3ldg. <i>A</i> 52	nge	
County (6)			-	Cou	inty Code ((7)(STATE USE ONLY)	10.4	ior if being demol	ished)			
Camden					,	()(O) / I C C C C ()	Residence	ior il bellig derilor	isileu)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCN	l No	Name of Abateme						
Management & Env							onmental, LLC					
Street Address		00	000			Street Address	Jilliental, LLC					
PO Box 341						623 Cutler Av	(ODLIO					
City, State, Zip Code						City, State, Zip Co	70-2-2-10-00-2					
Chesterfield, NJ 085	515					Maple Shade						
Project Manager for Monit			Tele	ephone	No	Telephone No.	, 143 00032	License No.				
Bill Weisgarber	g ,				3-4070	856-755-0099		00842				
Start Date (10)	Sche	duled C			ate (11)	Name of OSHA M		00042				
12/_31/					20	EMSL Analyti						
Occupancy Status During							icai, iiic.			E		
☐ Facility Closed/Vacated				ment		Street Address	0 N a -41-					
☐ Abatement Performed	Outside of Norma	Facilit	v Hou	rs - Des	scribe	200 Route 13						
Time of Abatement:	AMP	M/	_PM		AM	City, State, Zip Co						
Scope of Work (Check all	that apply)					Cinnaminson	, NJ 08077					
≥3 sf or ≥3 lf	2.5 25	⊠ Re				☐ Full Conta	ainment with Neg osure	ative Pressure				
⊠ ≥160 sf or ≥260 lf		☐ De	molitic	on		☐ Glovebag ☒ Non-Exer	Procedure mpted (*) and Nor	n-Friable Procedu	ıre			
			Locat Norma						Ab	atem	ent T	уре
Location of Asbestos-Containing N			d Sole		Acho	Description of			Z	D	ш	ш
TO BE ABAT	ED (AOM)	Ma	intena	nce/	(i.e	stos Containing Mat ., thermal systems in	nsulation.	Amount (Specify	Removal	Repair	nca	nclo
IN Facility	,	Cust	todial (12)	Staff?	,	surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)		Yes	No	N/A	1	other miscellaned	ous)				ate	(D
Lower Level					Floor T	ile		461 SF				
										П	П	П
										H		П
)		П									
Name of Registered Waste	Hauler			JDEP V	Vaste	Cubic Yards of	Name of Regist	ered Landfill				
Freehold Cartage			19755	auler II 15939	No.	Waste 5	Fairless La					
City, State						Disposal Date	City, State					
Freehold, NJ						01/02/2020	Morrisville,	PA				

Completed By (Print or Type)

Christina Fay

Title

Vice President of Operations

Signature

Date

12/18/19

MOCK		NOT	IFICATION	ON OF AS	New Jerse SBESTOS	ABATE	MENT	Section 1	E	(P) (E)	2 il	W	ersies Tiri	- pur	
Date of Notification (1)					C 8:60 ar			1		C		W			100 may 100 ma
Date of Notification (1)				of Buildir an Com	ng Owner/	Operator	(2)								Table of the second
Agencies Notified Type Notification				Address	тратту			111	1)EC :	2 1	201	9	111.	<u> </u>
EPA Initial			1		unter Av	enue		A .							
DEP Amended Amendment	.42			tate, Zip					7.001	7105			DL.G	-	ì
Emergency	(includir	ng	2,532		J 07607	7			-4 -4-	and the second	W300	or the law.	والمعد اللماء ما الم	etar i Nove	2.1
DOH justification) Cancellation			100000000000000000000000000000000000000	of Contact						elephon 01-71					
Non-off-illians					FORMAT	ION				01-712	2-700	O	24110-141		
Name of Facility Where Abatement is Takin Stepan Company	g Place	(3)					Туре	of Facility	(4)				A 13-21		
Street Address					5			School (K-	12)	Later of the Alexander					
100 West Hunter Avenue							X	Subchapte Other (i.e.	er 8 (Oth private	her than & comr	n K-12) mercia	bui	Idinas	s. hon	nes.
City (5)			7-19					etc.) re Feet		of Floors			3ldg.		100000
Maywood, NJ 07607							2300		1	01 1 10013	5	1 2	NA	Age	
County (6) Bergen			County	Code (7)	N .		Curre	nt Use (Pr	ior if be	ing den	nolishe	d)			
Name of Monitoring Firm Hired by Building (Dwner (21	1.00												
DIVINE ENVIRONAMENTAL	Jwilei (d	>)	ASC	M No.				tement Co JP INC.	ntractor	r (9)					
Street Address 550 BERKELY TERRACE						Street 2	Control of the Control								
City, State, Zip Code								H STRE	EI						
IRVIGTON NJ 17111								/HURST	NY 1	1369					
Project Manager for Monitoring Firm NKKIRUKA ONWUKAIFE			Telepho			Telepho				Licen	se No.	7			
	Schedu	led Co		83-340 Date (11		877-2				0136	88				
12-7-2019	12-13	-19	mpicuon	Date (11	,			A Monitor JP INC.							
Occupancy Status During Abatement (Check						Street A	Addres	s				_			
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma	eriod of	Abater	nent					H STRE	ET						
Other – Describe:	al Facilit	y Hour	S			City, Sta				4000					
Scope of Work (Check All That Apply)						EASI	AST ELMHURST NY 11369								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X	Renova Demoli	ation tion			×	Full Mini Glov	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		Locat											Abate	emen	t
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Ashaa	Des	cription o	of			3½ 55	-		Ту	ре	
TO BE ABATED In Facility	Ma Cus	intena todial S	nce/ Staff?	(i.e.	tos Conta thermal s	systems i	insulat	ACM)		mount pecify		20	71	Enc	匝
(13)		(12)				ng, VAT, scellane			SF	or LF)		Removal	Repair	Encapsulate	Enclosure
	No	N/A				58					/al	=	ilate	ure	
BOILER A	X		bri	cks-ther	mal ins	sulatio	on	2,00	00 SF	X					
BOILER B		X		bri	cks-ther	mal ins	sulatio	on	2,00	00 SF	Х				
BOILER A & B		X		hard	white b	oiler in	sulati	on	160	0 LF	Х				
BOILER A & B		X		4+	tan fib	erboar	d		60	SFF	Х				
Name of Registered Waste Hauler		923	JDEP Wa	100	Cubic Y of Waste			Name of F							
TRI STATE TRANSFER ASSOCIATE	ES .	1 7500	9551		UI Waste	-		Minerva	Enter	prises	Inc				
City, State Bronx NY		Disposal Date City, State Waynesberg ,Ohio				Ohio									
Completed by	Signature					1/2	berg ,		Date						
MAUREEN KING	CE A	SSIST	ANT	1	Aries	12-13-19					9				

NOTIFICATION OF ASBESTOS ABATEMENT July 3664 (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 12/19/2019 VERIZON COMMUNICATIONS Agencies Notified Type Notification Street Address DEC 24 2019 \boxtimes **EPA** 114 Paterson Street DEP Initial City, State & Zip Code DOL Amended Paterson, NJ 07501 ASBESTOS CONTROL & \boxtimes DOH Emergency Name of Contact Telephone Number DCA Cancellation Doug O'Hare **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Paterson Central Office School (K-12) Street Address Subchapter 8 (Other than K-12) 114 Paterson Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 112000 100 Paterson Passaic Current Use (Prior if being demolished) COMMUNICATIONS Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA ENVIRONMENTAL MANAGEMENT, INC. BRISTOL ENVIRONMENTAL INC Street Address Street Address 8436 ENTERPRISE AVE 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code PHILADELPHIA PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MARK JENKINS 215-365-5810 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/6/2020 2/14/2020 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 Hours - 7am to 3pm City, State & Zip Code Describe: 5:00 PM - 1:30 AM BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Abatement Type Amount Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or (i.e., thermal systems Removal Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Boiler Room **Boiler Insulation** 500 SF **Boiler Room** X Breeching Insulation 550 SF **Boiler Insulation** X Pipe Insulation 150 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 75 MINERVA LANDFILL City, State Disposal Date City, State YARDLEY, PA TBD WAYNESBURG, OH Completed By (Print or Type) Title Signature Date PATRICK T. DeCARO Patrick T. DeCaro/9 Estimator 12/19/2019

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 11 27 Verizon Type Notification Street Address **ASBESTOS CONTROL &** Agencies Notified LICENSING ☐ EPA 15 East Montgomery Place, Lower Level **⊠** DOLWD City, State, Zip Code Amendment #1-12/19/19 **⊠** DHSS Pittsburgh, PA 15212 ☐ Emergency (including □ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Anthony Porta 412-633-4021 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Verizon Freehold C.O. Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 56 East Main St. homes, etc.) # of Floors City (5) Square Feet Bldg. Age Freehold County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) County (6) Monmouth Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. TTI Environmental Street Address Street Address 1253 N Church Street 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code BRISTOL, PA 19007 Moorestown, NJ 08057 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kris Smith 609-313-8218 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 16 / 19 12 / 23 / 19 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: AM-PM/5:00PM-1:30AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation Mini-Enclosure ☐ Demolition ☐ >160 sf or >260 lf Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, TO BE ABATED (Specify Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A 200 LF X П Basement X Pipe insulation 1st Floor П П X Floor tile and mastic 10 SF X П \Box NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 City, State Disposal Date City, State YARDLEY, PA WAYNESBURG, OH Completed By (Print or Type) Signature

Brian Scafiro

Estimator

ASB-41 MAY 11 BS 19146

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

Jun#3657

Date of Notification (1)	27 /	19			Name of Building Owner/Operator (2) Verizon Record Recor									
Agencies Notified	Type Notifica	ition				Address East Mon	itaon	nerv Place.	Lower Level	DEC 2	Δ	2019		1
Ø DOLWD30	☐ Amended					State, Zip C	No.			LL DEO C	~	-010	-	-
M 0H223023	Amendme	and a militare	100			sburgh, I		5212		the second second	•	ertreco castro	non-residualit	
DCA (NJAC 5:23-8)	☐ Emergend		cluding	3		of Contact				Telephone Number			1 2	-
(110/10/03.25-0)	☐ Cancellati				Ant	hony Po	rta		ŧ	412-633-4021			apply to the	a nagra
			271-55-1	-				MATION						
Name of Facility Where	Abstament is T	okine	Dloor	(2)	FA	SILIT IIV	IFUN	MATION	Type of Facility	, (A)			policy)	
Verizon Freehold C		aking	Place	(3)					School (K-1					
	<i>.</i>							Ē		8 (Other than K-12)				
Street Address 56 East Main St.									Other (i.e., homes, etc	private and commerc	ial bu	ilding	s,	
City (5)									Square Feet	# of Floors	Blo	lg. Ag	je	
Freehold														
County (6)		- China			Cour	ty Code (7)(STA	TE USE ONLY)	Current Use (P	rior if being demolish	ed)			
Monmouth														
Name of Monitoring Firm	Hired by Build	ling C	wner	(8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9	9)				
TTI Environmental		_		. 1			В	RISTOL EN	VIRONMENTA	AL, INC.				
Street Address								et Address						
1253 N Church Str	eet						1	123 BEAVE	R STREET					
City, State, Zip Code								, State, Zip Co			-			
Moorestown, NJ 08	2057							RISTOL, PA						
Project Manager for Mon				Tele	phone	No		ephone No.		License No.			-	
Kris Smith	illoring r iiiii	2.0		1000000	9-313		1	15-788-6040	í	00509				
Start Date (10)	To	ched	uled C		tion Da			ne of OSHA M		00000				
12 / 16 /	1) /				VIRONMENTA	AL, INC.				
Occupancy Status Durin		Check	only	one)			Stre	et Address						
☐ Facility Closed/Vacat					ement 1123 BEAVER STREET									
☐ Abatement Performed						cribe		, State, Zip Co						_
Time of Abatement: _	AM	_PN	// <u>5:00</u>	PM-1	30AM		1 -	RISTOL, PA						
Scope of Work (Check a	Il that annly)		-											
≥3 sf or ≥3 lf ⇒160 sf or ≥260 lf	ii iilat appiy)		Samuel .	novati					losure g Procedure	egative Pressure				
			Is	Local	ion				,			ateme	ent Ty	vpe
Location				Norma				Description of						
Asbestos-Containing	A STATE OF THE PARTY OF THE PAR)	19.502	ed Sole				Containing Ma rmal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE ABA			Cus	todial	Staff?	(1.6		urfacing, VAT		SF or LF)	oval	=	nsd	sur
(13)		81		(12)	Τ	-	oth	ner miscellane	ous)				late	е
B			Yes	No	N/A	Dina in	alaí	itan.		200 LF				
Basement				Pipe ins										
1st Floor				片		Floor ti	ie an	id mastic		10 SF				
						-								
						<u> </u>	1-		10			П	Ш	Ш
Name of Registered Was SERVICE TRANSP		. INC	o.	1077	IJDEP \ lauler II	No.	Cub Was	oic Yards of ste	- I	istered Landfill				
City, State					20990)	Dist	osal Date	City, State					
YARDLEY, PA							213	Jour Date		BURG, OH				
Completed By (Print or T	ype)	Title)				-	Signature		caliro /gh 11-27-19				
Brian Scafiro		E	stima	tor				Brian	1 Scafe	10 19h 1	1-0	27	-/"	7

Hoproved 1501 1
TOM Voorhees, NJOOL NOTIFICA

NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Club #3663

	003					p.											
Date of Notification (1)	40 .	40	Name of Building Owner/Operator (2) State of N.I. Department of Corrections														
/	19 /	19	_	State of NJ Department of Corrections													
Agencies Notified	Type Notific	ation			Street	Address			HM.				11				
☐ EPA					PO	Box 114	01		III DEC	2	4 2	2019	September 1				
⊠ DOLWD	☐ Amended	78			City, S	State, Zip (Code		1111	80.			- 1				
□ DHSS	Amendm		udina		Yar	dville, N	J 08620			entransis.		rat mean tracer					
DCA (NJAC 5:23-8)			uaing		Name	of Contac	t		Telephone Numb	er en	400	ITRO G	1 %				
(*.0*.0*0.22.0)	Cancellat				Ro	nald Boh	n		609-291-2015		A COSTA	C)	****				
					1		IFORMATION										
Name of Facility Where A	hatament is "	Takina E	Dlaca	/21	ГА	CILITIN	IFURIVIATION	Tone of Facility	4)	35/1002							
Garden State Corre		akiliy r	lace	(3)				Type of Facility (
Street Address					2004			School (K-12)	(Other than K-12)								
								Other (i.e., pri	vate and commerc	ial bu	uilding	js,					
55 Hogback Road								homes, etc.)									
City (5)								Square Feet	# of Floors		dg. A	ge					
Crosswicks				2000		-0		100000	2		35+						
County (6)					Cour	ity Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolish	ned)							
Burlington																	
Name of Monitoring Firm	Hired by Build	ding Ow	mer (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)									
Environmental Con	nection						BRISTOL EN	VIRONMENTAL	., INC.								
Street Address					No. of the Contract of the Con		Street Address										
120 N Warren Street	t						1123 BEAVER STREET										
City, State, Zip Code		11000					City, State, Zip Ci	ode									
Trenton, NJ 08608							BRISTOL, PA	19007									
Project Manager for Monit	oring Firm			Tele	phone	No.	Telephone No.		License No.				-				
Rollie Jones	7/				09-392		215-788-6040	ĺ	00509								
Start Date (10)	15	Schedul	ed Co	mple	tion Da	te (11)	Name of OSHA M	lonitor									
_12 / 19 /	0.000) /		TO DECEMBE AND EAST OF PROPERTY OF VENTS	VIRONMENTAL	INC								
Occupancy Status During				3/1/2			Street Address	,	455710								
☐ Facility Closed/Vacated					mont	Control of the contro											
Abatement Performed						cribe											
Time of Abatement: 9:	00AM-4:30F	PM/	PM	- -	AM	CHDC	City, State, Zip Co										
							BRISTOL, PA	19007									
Scope of Work (Check all	tnat apply)						⊠ Full Cont	ainment with Nega	ative Dressure								
≥3 sf or ≥3 lf			Ren				☐ Mini-Enc		alive i lessule								
≥160 sf or ≥260 lf] Den	noliti	on		Gloveba	g Procedure									
							□ Non-Exe	mpted (*) and Non	-Friable Procedure	T							
Location of	s∳.			oca orma			Description			Ab	_	ent T	уре				
Asbestos-Containing N)			ely by	Asbe	Description o stos Containing Ma		Amount	Re	Repair	En	En				
TO BE ABA	ΓED				ince/ Staff?		., thermal systems	insulation,	(Specify	Removal	pair	cap	Enclosure				
IN Facility (13)	/		Cusic	(12)	olali!		surfacing, VAT other miscellane		SF or LF)	/al		Encapsulate	ure				
(13)		,	Yes	No	N/A	1	other miscellane	ous)				te					
Visitation Hallman						Diagram			04.0=		-						
Visitation Hallway		L]			Plaster	er 24 SF 🗵 🗆						Ш				
		Г	7							П	П	П	П				
									-	1] [
Name of Decision 1991	- 111]]														
Name of Registered Waste				1000	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regist									
BRISTOL ENVIRON	VIENTAL, IN	IC.			18706		1	Minerva La	ndfill								
City, State							Disposal Date	City, State									
BRISTOL, PA 19007							12/20/19	Waynesbur	g, OH								
Completed By (Print or Ty	pe)	Title					Signature	0	Dat	e							
Gino Pizzigoni		Esti	imato	or			lle x	Comis	45 MM 1	7 -	19-	19					
							1 Milla	1 LUVINOVINO	01/4/101	-							

nv-lle	969			Dt 4	-731		31.5	,			
h go	71 NC	OTIFK (Pu	ATIO	y OI	ASBI	ESTOS ABAT 8:50 and 12:1	EMENT 20)	neke,	3091	/ [
Date of Notification (1)	1.0	١.	N:	ame of	Building	Owner/Operator 3 RANCH	(2)	W.			The state of the s
i Z/Z c	Type Notification		St	reet A	The state of the s	DIGANCA	00 2	DEC	2 4 20	19	
I EPA I DEP	D Initial D Amended		Ci	ity, Sta	te, Zip C	Code .	1-	- ASBESTO	OS CONTI	ROL	8
artiol artioh	Amendment # © Emergency (including instiffication)	g	N		Contac	STOW N	. 60, 6	1760LIC	ENSING		an interest con
DCA	☐ Cancellation					VATKINS		<u> </u>			
ame of Facility Where	Abatement is Taking Pla	ce (3)		FACIL	TY INFO	ORMATION	Type of Facility	(4)		-	
	BRANCH W		WNS			*	School (K-12)			
Street Address		- 12			. ·	1	Subchapter & Di-Other (i.e. pr	3 (Other than K-12 ivate & commerci	2) al buildings,		
iny (5)	Luistown			î	<i>(</i>		Square Feet Z200.	# of Floors	Bidg. Ag		
5-1-4-m	och's.			ounty (Code (7	(STATE USE	Current Use (P	rior if being demo			
	n Hired by Building Owne	e /	ASCM N			Name of Abater	nent Contractor (
5)	(2) 132 5						moval In	С			
Street Address						Street Address	th River	St			
City, State, Zip Code						City, State, Zip					
Project Manager for Mo	enitorina Firm	Te	lephone	No.		Telephone No.	ack, N.J	License No.			
	<i>.</i>					201-329		00388		=	
Start Date (10)	Scheduled Co	ompletion Z°		(11)		Name of OSHA Omega	monmor Environm	ental			
// 4/	ng Abatement (Check on	ly one)				Street Address	1 2.	S.			
2 Abatement Performe	ted During Entire Period on the Courside of Normal Factors of Normal Factors of Normal Factors of the Course of th	ility Hou	urs _	4.		City, State, Zip		,N.J. 0	7606		- 12.000
Scope of Work (Check		>:€) D V [h Negative Pressu			
D≥3 sfor≥3 lf D≥160 sfor≥260 lf				2 Rend 2 Dem	ovation polition	☐ Min	-Enclosure rebag Procedure		*		
			Locatio	200		,				Abata Ty	/pe
Asbestos-Contain	tion of ing Material (ACM) ABATED	Use	Vormally d Solet intenan iustodia	y by ce/	Ashe	Description estes Containing & thermal system	fatorial (ACM)	Amount (Specifi		Re	Enca
	acility	'	Staff? (12)	•		surfacing, VA	T, or	SF or LF		Repair	Encapsulate
- 1	,	Yes	No No	N/A			,				6
GARA	6E	160	1.0	7	THE	emal sulta	UNG	29	OSF	C	
						-			7.4	+	\vdash
		-	-					-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	+	+
Name of Registered V	laste Hauler	N.	IDEP V	laste i	lauler	Cubic Yards of	Name of Reg	stered Landfill			1
and the second of the first of the second	oval Inc		No.	109		Waste	CUNBER	LAND COUR	TY LAN	DF	ألرأ
City, State	-L N T O	7601				Disposal Date	City Chris	26H, PA.	,		· ·
Hackensa Completed by	ck , N.J. 07	601				Signature	0	CH, PH.	Date	1	1
J. MAIORI	ANO Est	ima				Ecensure exempte	عبر مه ونه	3	12	129	11

9	4133	9		NOTIF	Sta ICATION ursuant	OF ASB TO-NJAC	w Jersey ESTOS 8:60 and	ABATEI 12:120	MENT		D)-	L G		-	2016	S	
	te of Notification (1) 2/19/19	110880	4	X		Building ree Ho		perator	(2)	İ		UE	C 2	4	2015	,	
Ag	encies Notified EPA	Type Notification Initial			Street A	^{ddress} andford	Avenue	е			F	ASBES	TOS JCEI			DL &	
×	DEP DOL	Amended Amendment		_		ite, Zip Co Plainfiel					beninke be					and descriptions of	
×	DOH DCA	Emergency justification) Cancellation				Contact on Freit	ag				Tel	ephone	Numi	er			
Na	me of Facility Where A	batement is Takir	g Place (3	3)	FACII	LITY INF	ORMATI	ON	Tyne	of Facility (4)						
	eet Address									school (K-1 subchapter other (i.e. p	2) 8 (Oth			build	ings,	home	es,
10.000	y (5) orth Plainfield								Square	e Feet	# 0	f Floors		BI	dg. A	ge	SH.
	unty (6) omerset				County C (STATE U	Code (7) JSE ONLY)		Currer	nt Use (Prid	or if bei	ng dem	olishe	d)			
Na	me of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.				ement Con PROFE							
Str	eet Address								Address	s OOVE CO	DURT	87 2					
Cit	y, State, Zip Code	-							tate, Zip EWOC	Code D, NJ 08	3701						
Pro	ject Manager for Monit	toring Firm		Telephor	ne No.			one No 668-90			Licens 1200	e No.					
1000	ort Date (10) 2/20/19		Schedule 12/22/		mpletion [Date (11)				A Monitor PROFE	SSIO	NALS					
Oc	cupancy Status During				34				Address	SOVE CO	NIRT						
×	Facility Closed/Vaca Abatement Performe Other – Describe:							City, S	tate, Zip								
Sc	ope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)	W111111111	Renova Demoli				×	Mini Glov	Containme -Enclosure rebag Proc -Exempted	e cedure					9	
	Location	of	1	Locat	lly		Des	scription	of							ment pe	
	Asbestos-Containing N TO BE ABA In Facilit (13)	d Sole intena todial ((12)	nce/ Staff?		estos Containing Material (ACM) e. thermal systems insulation, surfacing, VAT, or other miscellaneous)				(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure		
	INTERIO	No	N/A		DUC	T WR	AP			OLF		x		te			
										J		•					
550503355	me of Registered Wast	e Hauler		1000	JUEP W Hauler ID		Cubic of Was			Name of	Registe	red Lan	dfill				
NEWARK CARTING (ity, State						04509 3 IESI Disposal Date City, State											
NE	WARK, NJ		12/22/19				/19		BETHL		1 PA						
	mpleted by		Signature					9			Date 11/11/10						

LNV-16968		(Pursuant to NJAC 8:60 and 12:120)											
Date of Notification (1)	10	Name of	Building Owner/C	Operator (2)	Λο •	n = 6		W	- 13	1			
Agencies Notified Type Notification	19	Stract As		etic	Met	als Co	RP		- 11				
		Street Ac	1900	Ha	ves	1 1 1	24	201	9				
□ EPA	100	City, Stat	te, Zip Code	1 1 90	7	17-0	<u> </u>			\Box			
DOL Amendment #_ Emergency (inc	duding	<u></u>		nden	1	JASRE OC	816)5	OL &				
DOH justification)		Name of	. 17	ineiro	- L	Telephone Nur		the second section 80000	1 2	-			
			LAAK KO	ON		30.	4-1	0					
Name of Facility Where Abatement is Taking F	375 EE 50				of Facility (
Street Address	35				School (K-1 Subchapter	8 (Other than K-12	2)						
1900 Haves	AV	e			Other (i.e. p etc.)	rivate & commerci	al buildi	ings,	home	S,			
City (5) Canden N	T (08105	5	Squa	re Feet	# of Floors	Ble	dg. A	ge 4-				
County (6)		County C			00	or if being demolish							
Candes	mas (8)			Name of Aba	ffice/	ware ho	u se						
Name of Monitoring Firm Hired by Building Ow		ASCM	N/A	EFC	Teo	Lhnolee	ies	,	In				
P.O. Box 33	7			Street Addres	Box	337	3						
City, State, Zip Code	v.J	08	5.33	City, State, Z	ip Code	. 199	09	25	13	3			
Project Manager for Moeif ril ge Firm	10	Telephon	ne No.	Telephone N	0.	License N	0.	1					
Steve Schenker			758-3365	609 758	3-336	5 OX	25	7	7				
Start Date (10) S Dec 30 2019		completion D	CONTRACTOR OF THE SECTION OF THE SEC	Name of OSI		hnologies	T						
Occupancy Status During Abatement (Check (Only One)	30 X	020	Street Addres	ss	3		-		\neg			
Facility Closed/Vacated During Entire Per			ē.		Box	337				_4			
Abatement Performed Outside of Normal Other – Describe:	Facility Ho	urs	- Haran	City, State, Z		ALT (285	5.3	3				
Scope of Work (Check All That Apply)					JIP.	700	,,,,						
≥3 sf or ≥3 lf		ovation			II Containm	ent with Negative F	ressur	е					
≥160 sf or ≥260 lf	Dem	olition	*	₹ Glo	ovebag Prod	œdure			<u>1</u> 16				
	fo Los			No No	n-Exempted	d (*) and Non-Friat			ment				
Location of		nally	De	scription of			-	Ту	ре				
Asbestos-Containing Material (ACM) TO BE ABATED	Mainte	olely by nance/		taining Materia I systems insula		Amount (Specify	, Z	-	Enc	En			
In Facility	Custodia (1	al Staff? 2)	surfa	cing, VAT, or miscellaneous)		SF or LF)	Remova	Repair	Encapsulate	Enclosure			
(13)	Yes N	lo N/A	outer	miscenarie ous/			/al	ī	late	ıre			
1st Floor offices		x	Floor 7	Tiles/Ma	stic	775 SF	K						
2nd Floor offices		Ä		. '/	stie	1225 SF	X						
Roof Perineta	X		Flashi	19		2250 SF	×						
1st Floor	\ \ \ \ \	(Insulati		9 LF	X						
Name of Registered Waste Hauler		NJDEP W Hauler ID		Yards iste		Registered Landfil			_	۸.۸			
EPC Technologies		1700	00	24	Was	e Manage	neni	10	e t	14			
City, State	15		1 1 1	sal Date	Morn	e Lisuille	PA						
Completed by	Title	U T		Signature	500		ate	11) -	q			
Jrue Jones nea	MRESI	dent		Durce	D-3 Che	ok	12		_				

		1.0	12
JNV	ana*	1004	11
UW		1.Ce	1

State of New Jersey

NOTIFICATION OF ASPESTOS ABOTEMENT
(Pursuant to NJAC 8:50-7 and 12:120-7)

34957

		>	Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.										
Date of Notification (1)			MERCK SHARP & DOHME CORP.										
12 / 20 /2019			Street Address		2000 5000 414				.				
Agencies Notified Type Notifica	ition		126 E. LINCOLN A		2000, HY 28-414)EC	24	201	9				
EPA X Initial N	lotification ed Notification		City, State, Zip Cod RAHWAY, NEW JE	e RSEY 07065	hed but		and work of the left	ny araz ny adams					
X DOL Cancel			Name of Contact		Telephone Numbe	¥510	SUC	NIR	OL 8				
X DOH On Hol	a GENCY NOTIFI	CATION			732-594-6352	LIC	ENS	NO.	ALCOHOLD ST				
			ILITY INFORMATION	- (E 11)	(4)				\dashv				
Name of Facility Where Abatement is	Taking Place (3)		Type of Facility School (K-									
MERCK SHARP & DOHME CORPORA	TION			Subchapte	r 8 (Other than K-1 private & commol. I	bldgs.,	home	es, et	c.)				
Street Address				Square Feet	# of Floors	E	3ldg. 82	Age					
126 EAST LINCOLN AVENUE - BUILD	NG 60			89,717	5 ior if being demolis	hod)	02		-				
City (5) Count	y (6)		County Code (7) (STATE USE ONLY)	RESEARCH LA	BORATORY AND	OFFIC	E FA	CILI					
DALIMAY	ilding Owner ((8)	ASCM No.	Name of Abate	ment Contractor	(9)							
Name of Monitoring Firm Hired by Bu ENVIRONMETAL HEALTH INVESTIGA	ATIONS, INC.	(0)	104	PAR ENVIRON	MENTAL CORPOR	RATIO	N		\dashv				
Street Address				Street Address 313 SPOOK RO	OCK BOAD								
655 WEST SHORE TRAIL				City, State, Zip									
City, State, Zip Code	NEW JERSEY 0	7871		SUFFERN, NE	W YORK 10901								
Project Manager for Monitoring Firm	Teler	ohone No	umber	Telephone Num	150.	ise Nu	mber						
WILLIAM S. KERBEL, CIH		729-5649		845-369-7500	1101								
Expected State Date (10)			on Date (11)	Name of OSHA	Monitor BORATORIES INC		#1	1480					
1 / 13 /2020		1	30 /2020 Day Year		ONATORILE INC								
Month Day Year Occupancy Status During Abatement (Month Check only one)	Duy	Street Address									
V Classed Vacated Diff	ing Entire Perio	u oi Aba	tement	117 EAST 30T	H STREE!								
Abatement Performed Outs	ide of Normal Fa DAY -FRIDAY 7	acility Ho	ours - Describe.	City, State, Zip	Code								
X Other - Describe: MON	JAY -FRIDAY /	AIVI-3.30		NE'	W YORK, NEW YO	ORK 1	0016						
Scope of Work (Check all that apply)				ntainment with Neg	gative Pressure								
Demolition	X Renovation	n	Mini Er	ag Procedure									
>3SF OR LF X >160 SF OR 260 LF			Non-Fr	iable Procedure				271010					
X >160 SF OR 260 LF	Is Loca	tion	Description of	Asbestos-				ent Ty	/pe				
Asbestos-containing	normally		Containing Ma	terial (ACM)	Amount	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR				
Material (ACM)	solely		(ie. Thermal		(Specify SF or LF)	ò	AII	Ä	15				
TO BE ABATED	Maint/Cus		insulation, surf or other misc		0. 0. 2. 7	Į	ا " ا	US	US				
in Facility (13)	Staff (N/A	Of Other Times			-		_	, D				
	100 110	1	PIPE INSULATION		1,900 SF	Х		_					
2ND FLOOR	-		PIPE INSULATION 1,900 SF X										
3RD FLOOR		1-1	SIPE INSULATION										
		+				+	\vdash						
		1			_	+	\vdash	-					
						+	+	-	+				
						+-	+	+	+				
VI									\vdash				
Name of Registered Waste Hauler	NJDEP \	Waste (Cubic Yards of Waste	Name of Regi	stered Landfill COUNTY RESOUR	CE M	ΔΝΔΩ	EME	NT S				
FREEHOLD CARTAGE, INC.	Hauler II		120	147 AL EXANI	DER DRIVE/ROUT	TE 15	111/10		2511/3/5				
825 HIGHWAY 33	159	39	Disposal Date	City, State	7								
City, State FREEHOLD, NEW JERSEY			01/06/20-05/30/20	MONTEONE	RY , PA 17752	40							
Completed by (Print or Type)	Title		Signature	14	Da	le / 1	-2	2-10	4				
RENIAMIN SANCHEZ	DIRECTOR C	F OPER	RATIONS	1/11/1/		12	_	-					

Invilogio	7 _N	OTIF		TION		EST	rsey FOS ABAT 30 and 5:16		DEG	El	\mathbb{V}	E	
Date of Notification (1)				Name	of Building	Own	er/Operator (2		ne	C 24	2010	1	111
	19	_			Wallace	OWII	en-operator (2	-)	H T DE	U Z 4	2014	,	Spectros
Agencies Notified Type Notifica	tion	-50		Street	Address				ASBES	TOS CO	MTRO	71 8	2
⊠ EPA ⊠ Initial							8		AODEO	JCENS!	VG	J	
☑ DOLWD ☐ Amended			-	City S	tate, Zip C	ode			CLAPPICATOR BRANCH BOOK AND AND AND AND AND AND AND AND AND AND	to trive diguals to a combine	Turke artist	an execution.	DOCUMENTS.
□ DOH Amendme	nt #				donfield		กลกรร						
☐ DCA ☐ Emergence		uding	-		of Contact		00000		Telephone N				\neg
(NJAC 5:23-8) justificatio ☐ Cancellati					Wallace				1				
Cancellati	011			1000000	CILITY IN	EOR	MATION						\neg
Name of Facility Where Abatement is Ta	aking P	Place	(3)	FAC	VILIT IN	FOR	MATION	Type of Facility	(4)				\dashv
Wallace Residence	uiting i	1000	(0)					☐ School (K-12					
Street Address								Subchapter 8	Other than K-	12)	9.15		
Street Address								Other (i.e., p homes, etc.)		nercial bu	ılaıng	5,	
City (5)					-	7		Square Feet	# of Floors	Blo	lg. Ag	e	
Haddonfield								2,020	2	1	99		
				Coun	ty Code (7)	/STA7	TE USE ONLY)	Current Use (Pr		olished)	48		\neg
County (6)				Coun	ty Code (7)	OIAI	L USL OIVLI)	Residence	ior il being derin	Jiloriou			
Camden			N [10011	NI.	Non	as of Abstoms	ent Contractor (9)	<u> </u>		_		-
Name of Monitoring Firm Hired by Build			1.00	ASCM	NO.	225-229							
Management & Enviro. Consult	ing Se	ervic	es					onmental, LLC	3				
Street Address							et Address	020200					
PO Box 341							23 Cutler Av						
City, State, Zip Code							, State, Zip Co						
Chesterfield, NJ 08515							aple Shade	, NJ 08052	T.: N		-		_
Project Manager for Monitoring Firm			11/2/2019	ohone I		in the second	phone No. 56-755-0099		License No.				
Bill Weisgarber			10.0	9-298	1000000000	7,500	00842						
Start Date (10) S	chedul 12		650	ion Da			ne of OSHA M MSL Analyt						
				_ ' -	10_			icai, iiic.					_
Occupancy Status During Abatement (C				Street Address ment 200 Route 130 North									
☐ Facility Closed/Vacated During Entir					cribe	- 10-37	Wester (Events and Chile)					-	
Abatement Performed Outside of No Time of Abatement: AM-		acility			AM		, State, Zip Co						
						C	innaminson	i, NJ 08077					
Scope of Work (Check all that apply)							⊠ Full Cont	tainment with Ne	gative Pressure				
≥3 sf or ≥3 If	D	☑ Rer	novatio	on			☐ Mini-Enc	losure	guntoniocano				
≥160 sf or ≥260 lf] Der	nolitio	n			Gloveba	g Procedure mpted (*) and No	a Friable Press	dura			
		lo	Locati	00			□ Non-Exe	mpted (*) and No	n-Friable Froce		ateme	nt T	ma
Location of			lormal				Description of	of.		-	1		
Asbestos-Containing Material (ACM)		d Sole				Containing Ma	iterial (ACM)	Amount	Rem	Repair	nc	ncl
TO BE ABATED			ntena odial S		(i.e		rmal systems		(Specify SF or LF)	Removal	air	aps	Enclosure
IN Facility (13)		Oust	(12)	Julii.			urfacing, VAT er miscellane		3F 01 LF)	<u> </u>		Encapsulate	ē
(10)		Yes	No	N/A				,				е	
Basement	[\boxtimes		Pipe Ist	ılatio	on (Wrap &	Cut)	25 LF				
	1	П											
											П	П	П
		=	_	-								$\overline{\Box}$	
	Į.			NJDEP Waste								ш	ш
Name of Registered Waste Hauler Freehold Cartage		4	10833	auler II	O No.	Was		Fairless L					
City, State				15939			osal Date	City, State					
Freehold, NJ							2/28/2019	Morrisville	orrisville, PA				
Completed By (Print or Type)					Signature		Date						
Christina Fay	Title Vic	e Pre	eside	nt of	Operatio	ns	Chas. L	Hay	121819				

Inv 1/08	106	NO			TION	OF/ASE	BE\$	TOS ABAT 60 and 5:16		Chr#2	:3	366	22				
Date of Notification (1)			h-hm.	T	Name	of Building	Owr	ner/Operator (2)	HM E G	E		y [5			
	5 /	19				nia Fire I	100	스트 - 프로그램 - 프로	7								
Agencies Notified	Type Notifica	ition		1	Street	Address				DEC DEC	2/	20	110	1			
□ EPA					1 W	ood Park	k			THE DEC	2 4		113	1			
☑ DOLWD				- 1	City. S	tate, Zip C	Code							+			
☑ DOH	Amendme			9		nia, NJ 0		5		ASBEST	os c	ONT	ROL	&			
DCA	☐ Emergend		ing	+		of Contact				Telephone-Numb		SIMG		and and a			
(NJAC 5:23-8)	☐ Cancellat					Irea War	7			201-592-5780							
	Caricellat									201-332-3700				_			
					FAC	CILITY IN	IFOR	MATION									
Name of Facility Where		aking Pla	ice (3))					Type of Facility								
Leonia Fire Depart	ment								Subchapter	?) 3 (Other than K-12)							
Street Address										rivate and commerc	ial bu	ilding	s,				
1 Wood Park									homes, etc.)								
City (5)									Square Feet	# of Floors	Blo	ig. Ag	ge				
Leonia									+-10,000	+-2	1	50					
County (6)			uc santa		Coun	ty Code (7)(STA	TE USE ONLY)	Current Use (Pr	ior if being demolish	ied)						
Bergen									Fire Departr	ment							
Name of Monitoring Firm	Hired by Build	ling Own	er (8)	1	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)								
Environmental Cor	nnection						В	RISTOL EN	VIRONMENTA								
Street Address							Stre	et Address									
120 North Warren S	Street						1	123 BEAVE	R STREET								
City, State, Zip Code							City	, State, Zip Co	ode			-		-			
Trenton Nj 08608								RISTOL, PA									
Project Manager for Mon	itoring Firm		TT	ele	phone I	No	-	ephone No.		License No.				-			
Rollie Jones	intorning i irrii			CIC	prioric		11.00	15-788-6040	ı	00509							
Start Date (10)	15	Scheduled	Com	nle	tion Dat	te (11)		ne of OSHA N			1000			-			
12 / 16 /	1			Ø	_ / _				VIRONMENTA	L, INC							
Occupancy Status During	g Abatement (0	Check on	ly one)			Stre	eet Address									
☐ Facility Closed/Vacate	ed During Entir	re Period	of Ab	ater	ment		1	123 BEAVE	R STREET								
Abatement Performed						cribe	City	, State, Zip Co	ode	le							
Time of Abatement: 7	1:00AM-4:30F	NV/	_PM		AM		В	RISTOL, PA	19007								
Scope of Work (Check a	Il that apply)						-										
N . 2 . 5 2 ! 5			D						tainment with Neg	gative Pressure							
∑ ≥3 sf or ≥3 lf ☐ >160 sf or >260 lf			Reno Demo					☐ Mini-End	g Procedure								
			00,,,,							n-Friable Procedure	Э						
			Is Lo								Ab	ateme	ent Ty	уре			
Location	1, 1, Table 1		Nor Used S					Description of			R	Z	m	Ш			
Asbestos-Containing TO BE ABA			Maint					Containing Ma rmal systems		Amount (Specify	Removal	Repair	ncal	ıclo			
IN Facil		C			Staff?	(1.0		urfacing, VAT		SF or LF)	val	=	Encapsulate	Enclosure			
(13)				12)	_		oth	ner miscellane	ous)				ate	(D			
Break Bram		Ye		No	N/A	Dina In		tion (M/ron S	2 C4)	20 LF							
Break Room	-11-	-		_				tion (Wrap 8									
Above Engine Bay C	eiling					Pipe in	sula	tion (Wrap &	cut)	36 LF							
												Ш		Ш			
Name of Registered Was				1000	JDEP \		Cub	oic Yards of	Name of Regis				A PROPERTY				
SERVICE TRANSP	ORT GROUP	, INC.			20990					LANDFILL	Des Frag						
City, State							1	posal Date	City, State								
YARDLEY, PA							T	BD	WAYNESE	BURG, OH							
Completed By (Print or Type) Title								Signature		/O Dat		Appele					
Dillan DeCaro		Estir	nato	r				1)100a	M DeCan	0/9H 1	7-	18.	-19	i			

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

Clys# 3660

Date of Notification (1)					Nam	e of Buildin	a Ov	wner/Operator	(2)	T	7 12 M	TE	II \\//	TG	120
12 / 5	/ _	19	_		The second second	onia Fire	1		(—)	7)),	E	U W		
	pe Notifica	ation		1.00	Stree	t Address								_	1111
	Initial				1 V	Vood Par	k				DE	C 24	201	9	l hod
	Amended Amendme				City,	State, Zip (Code	9		1					1
3134	Emergen			-	Le	onia, NJ (0760	05			ASSES		OUTE	731.0	
	justification		oraami	9	Name	e of Contac	t			İT	Telephone N			1.1. O	
	Cancellat	tion			An	drea War	dro	р		Santon	201-592-	5780	taun transferan	angures representative	Mark time of contrasts
					FA	CILITY IN	IFO	RMATION							
Name of Facility Where Abate		raking	Place	(3)					Type of Facili)				
Leonia Fire Departmen	ıt								School (K		Other then V	12)			
Street Address									Other (i.e.				buildir	igs,	
1 Wood Park									homes, et						
City (5)									Square Feet		# of Floors		Bldg. A	Age	
Leonia						10			+-10,000		+-2		+-5()	
County (6)					Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (nolished	1)		
Bergen									Fire Depa		ent				
Name of Monitoring Firm Hire		ding O	wner	(8)	ASCM	No.			ent Contractor						
Environmental Connec	tion							BRISTOL EN	VIRONMENT	AL,	INC.				
Street Address								reet Address							
120 North Warren Stree	et						1	1123 BEAVE	R STREET						
City, State, Zip Code			30.1010-01				Cit	y, State, Zip Co	ode						
Trenton Nj 08608							E	BRISTOL, PA	19007						
Project Manager for Monitorin	g Firm			Tele	phone	No.	Те	lephone No.			License No	•			
Rollie Jones							2	215-788-6040	1		00509				
Start Date (10)						ite (11)	Na	me of OSHA N	lonitor					-32-55-	
12 /16 /19	9	12	2_ /	_ 2;	3_/.	_19	E	BRISTOL EN	VIRONMENT	AL,	INC				
Occupancy Status During Aba	0.00		135/77	0.5			Str	eet Address				-1			
☐ Facility Closed/Vacated Du							1	123 BEAVE	R STREET						
Abatement Performed Outs Time of Abatement: 8:00A															
Scope of Work (Check all that	apply)														=
≥3 sf or ≥3 If ≥160 sf or >260 If			⊠ Re	novat molitic				☐ Mini-Enc	tainment with N losure a Procedure	legat	tive Pressure	rt.			.
									mpted (*) and i	Von-	Friable Proce	edure			
Location of				Loca! lorma				D	,			1	Abaten	ent T	уре
Asbestos-Containing Mater	rial (ACM)		Use	d Sole	ely by	Asbes	stos	Description o Containing Ma	terial (ACM)		Amount	1	Repair	E	町
TO BE ABATED				intena	nce/ Staff?	(i.e.	, the	ermal systems i	insulation,		(Specify		Repair	caps	Enclosure
IN Facility (13)			0000	(12)	otun.			surfacing, VAT, her miscellane			SF or LF)	1	0	Encapsulate	ure
			Yes	No	N/A				,					6	
Break Room				\boxtimes	Pipe Ins	ula	tion (Wrap &	Cut)		20 LF	D				
										T					
										T					
												П	П		
Name of Registered Waste Ha	uler			N	NJDEP Waste						red Landfill				-
SERVICE TRANSPORT	GROUP,	, INC.	E	Н	auler ID 20990		Wa	ste	MINERVA						
City, State							Dis	posal Date	City, State						
YARDLEY, PA							Т	BD	WAYNES	BU	RG, OH				
Completed By (Print or Type)		Title			0000000			Signature	_ ^ ^		1.	Date			
Dillan DeCaro		Est	timat	or				Dull	an DeCo	W	1912	12	-5-	-19	1

Inv 16	96	4		No.4:6		State			hand	E P	E	7 П	V/ [6	
Proj. #: 20-02				(Purs	ua	ant to NUAG	8,60	s Abatement and 12:120)	11D),	E G	<u>L</u>	<u>U</u>	<u>"</u> 1	711
CILIDIT		_								nec	21	1 21	119	
Date of Notification (1)	ı				ne	er/Operator (2))	P		920	_			Longitud
Agencies Notified Type No	_i otification	_	Mike O		_					MODEUT	000	AUTO	TICL	de
EPA Initial	dad		AI CCL AGG	1033	Ī				an-monotonian-no	I i	DEN	SING	ž	mus, and
DEP Amend		10	ity, State	Zip Code	_									_
DOL Emerg		-	27	EWOOD,	. N	IJ 07040								
DOH (includ	ling	N	ame of Co		_				Telepho	ne Number				
DCA Cance			Mike C	liverio						-				
				FAC	CIL	ITY INFORM	ATION	ı						
Name of facility where abaten	ment is tak	king pla	ace (3)						Type of Facility					
Residential										ol (K - 12)		1/	40)	
Street Address							_			napter 8 (O (Private/Co			-12)	
									Bldgs.	/Homes, et	c.		da As	-
City (5)		Cour	nty (6)		_		Cou	nty Code (7)	Square Feet 2,200 SF	# of Floor	3	90	dg. Ag	E
Oity (0)		Jour	, (0)					te use only)	Current Use (F		l		ed)	_
MAPLEWOOD, NJ 070		Ess							Residential					
Name of Monitoring Firm Hire	d by Bldg	. Owne	er (8)			ASCM No.		Name of Abatement C	Contractor (9)					
N/A					L.		_	KLOMAX, LLC Street Address					_	
Street Address								309 W. End Ave						
City, State, Zip Code					-		-	City, State, Zip Code			-		non-t-pass	
								Hopatcong, NJ 07	7843					
Project Manager for Monitoring	Firm		Р	hone Num	be	r	_	Telephone Number		License	Numb	er		
								833-455-6629 Name of OSHA Monit	0.5	02007				_
Start Date (10)		Sched	. Complet	ion Date (1	11)			KLOMAX, LLC	OI .					
01/10/2020			3/2020					Street Address						
Occupancy Status During Abat								309 W. End Ave						
Facility closed/vacated d Abatement performed out	-	8.0						City, State, Zip Code						
Describe: NORM Other-Describe: NORM	IAL HOUR	RS			_		-	Hopatcong, NJ 0	7843					
Scope of Work (check all that					****				ull Containment	w/negative	press	ure		_
>3 sf or >3 lf		ovatio	n					⊠N	/lini-enclosure	-	100.0000	500000 W		
≥160 sf or ≥260 lf	☐ Den	nolition	1					Transact .	Slovebag procedu Non-Exempted (*)		riable	proc	edure	
Location of				used sole	ly						R	R	E	Е
asbestos-containing material (acm) to be		ff(12)	nance/cu	Stoulai	_	Description material (sbestos-containing	Amount (Specify	SF or	m	р	n c	n
abated in facility (13)	No	N/A		materiar	(NOIVI)		ĹF)		0 V	i	a p	Ĺ		
basement	it I								18 LF		e	1	П	П
- Carolinate					7	Pipe Insulat								
Doning a Works Harden		INVES	D.1/	10# 17		bic Yards of V	Vasta	Nome of Paristant I	Londfill					
Registered Waste Hauler KLOMAX, LLC			P Hauler 8241			yds	vaste	Name of Registered I TULLYTOWN, R		ECOVER	Y			
City, State		1		Disposal TBD	_			City, State						
Hopatcong, NJ 07843		Signatu/e	-	TULLYTOWN,	PA	I Data				-				
Completed by (Print or Type) Paige Boylan	Title	e /ner				Signature)			Date 12/19/	19			lik _{igel}
		- 1	Alala fa	for only	-1	liedoura		d a ativitie a			_			

		T1510	State	of New J	ersey	BATEME	NT				n :	7 (7	(=)	-	7
no ck	NO	(Pur	suant to	NJAC 8:6	0 and	12:120)				GE		\mathbb{V}	E		
Date of Notification (1)						perator (2)									
December 20, 2019		E.	I. du Po	nt de Ne	emou	irs / Parl	in Plan	t		DEC 2	4 2	019		11	4
Agencies Notified Type Notification		S	Street Add	ress				14 6		<u> </u>				Samona	
N FPA		25	0 Ches	sequake	Rd						and the	united to			+
DEP Amended		C	City, State	, Zip Code				1	ASE	ESTOS LICE	CON	TRO)L &		
DOL Amendment #1		- Pa	arlin, NJ	08859-	1080			-			CONTRACTOR CONTRACTOR		CVSATURE C	HELICAN TOWNS	
Emergency (incl	uding	1	Name of C	ontact					Tele	phoneNu	ımber				
DCA Cancellation		Pi	roject M	anager					732-	613-240	00				
			FACILI	TY INFOR	MATIC	NC									
Name of Facility Where Abatement is Taking Pl	lace (3)						ype of F	acility (4))						
DuPont Parlin Site wide								ool (K-12		- than 1/ :	12)				
Street Address						-		chapter b er (i.e. pr	(Otne ivate &	r than K-	12) cial bu	ildin	gs, h	omes	5,
250 Chessequake Rd							etc.)								
City (5)						S	Square F	eet	# of	Floors		Bld	g. Ag	9	
Parlin															0.00
County (6)			County Co				Current L	Jse (Prio	r if beir	ng demoli	ished)				
Middlesex		(STATE US	E ONLY)						Plant					
Name of Monitoring Firm Hired by Building Ow	ner (8)	_	ASCM I	No.		Name of	f Abatem	ent Cont	ractor	(9)					
ATC						The MA	CK Gr	oup, LL	C						
Street Address			1			Street A	ddress								
3 Terri Lane, Suite 4-5						1500 Ki	nas H\	NY N.	STE 2	209					
City, State, Zip Code						City, Sta									
						Cherry			ļ						
Burlington, NJ 8016 Project Manager for Monitoring Firm		T	Telephone	e No.		Telepho				License	No.				
46 96 .61 90		1	09-386-			(973) 75	59 - 50	000		00781					
John Lutz Start Date (10) S	chedule		pletion D	The second second		Name of									
otal Cato (14)	onodalo		/10/202			The MA	ACK G	oup Ll	_C.						
1/7/2020 Occupancy Status During Abatement (Check (Only One		1101202	0		Street A		0.00				0.000			
10 10 10 10 10 10 10 10 10 10 10 10 10 1			×			1500 Ki	inas H	WY N.	STE 2	209					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	riod of A	baten Hours	nent			City, Sta									
Other - Describe:						Cherry			4						
Corre of Work (Chack All That Apply)				Will control		Onony									
Scope of Work (Check All That Apply)	\square					Г	T Full C	ontainme	ent with	n Negativ	e Pres	sure			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Toronto and the same of the sa	enova emoli				\geq	☑ Mini-E	Enclosure		rrogani					
2100 31 01 2200 11						P		bag Prod		Non-Fria	blo Dro	head	ure		
							Non-E	xempled	() and	INOII-I IId	DIC 1 10			ment	1
	11.55	Locat	5050					17						ре	
Location of	1	lorma	lly ely by	2000		escription		0000	,	Amount				_	
Asbestos-Containing Material (ACM)		intena		Asbest	os Cor therma	ntaining Ma al systems	insulatio	on.		Specify		D	TI	nc	1
TO BE ABATED In Facility	Cust		Staff?	(surf	acing, VA7	T, or		S	F or LF)		Remova	Repair	Encapsulate	Liciosaio
(13)		(12)			other	miscellan	eous)					val	air	late	0
	Yes	No	N/A											(D	
Exterior (Main Steam Line to B2005)	res	INO	X		pip	e insulat	tion			25 l/f		X			1
DUCO Area (Bldg. 712)		X		i de		_"_				25 L/f		X			
	V	/ \				_"_				5 l/f	1	X			
Building 1880	\wedge									0 1/1	/	_			+
											4611				
Name of Registered Waste Hauler			NJ DEP W		2,327,53	ic Yards		Name of	Regist	tered Lan	dtill				
			Hauler ID		OT VV	/aste 0.6	(G.R.O.\	NS						
Newark Carting			450	09	Dien	osal Date		City, Sta							
City, State						1/10/202		Morrisvi		Α					
Newark, NJ	T:41-					Signature		VIOLLISV	יווס, די		Date				
Completed by	Title					Oldinating	1	//-			12/2		9		
Mike Cooper	Presid	dent					15				1212	0, 1	_		-

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

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				Sta	te of Ne	w Jersey	/			13 G		- /		7 7	
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CA-IWIT	I ALL	L		ursuanti	IO NOAO	0.00 and	1 12.120	1	Service of the servic	BEO	0		10	1	Service of the servic
Date of Notification (1)				Name of	Building	Owner/C	perator	(2)	11.6	DEC	24	20	19	11.	100
December	The second second			DuPont		Ity Prod	ducts l	JSA.	LLC				5 11/2/11	i	1
Agencies Notified Type	e Notification			Street Ad					Ī	ASMEST	38.00	M C	:01	audi Sa	
⊠ EPA ⊠	Initial			Chestnu			74 Cer	ntre	Road		Jan Nist			71	
DEP DOL	Amended Amendment #				te, Zip Co									P. Halland Co. or	70 1/2 1 1 2
	Emergency (in		-	Wilming		19805									
DOH DOH	justification)			Name of						Telephone		r			
L DCA	Cancellation			Project I			ON			973-641-	1736				
Name of Facility Where Abate	ment is Taking	Place (3)	FACIL	LITY INFO	ORMAII	ON	Tvp	e of Facility (4	1)		_			
DuPont Parlin Site wide									25.00	7/					
Street Address			-					Н	School (K-12 Subchapter	8 (Other than	K-12)				
250 Chessequake Rd								X		rivate & comm	nercial b	uildi	ngs, h	ome	s,
City (5)								Sau	etc.) are Feet	# of Floors		Blo	ig. Ag	e	
Parlin										1000 10					
County (6)				County C				Cur	rent Use (Prio	r if being dem	nolished	_			
Middlesex				(STATE U	SE ONLY)					Plan	t				
Name of Monitoring Firm Hired	d by Building O	wner (8)		ASCM	No.		Name	of Ab	atement Cont	tractor (9)					
ATC							The M	AC	C Group, Ll	_C					
Street Address							Street								
3 Terri Lane, Suite 4-5							1500 I	King	s HWY N,	STE 209					
City, State, Zip Code							City, S	tate,	Zip Code						
Burlington, NJ 8016							Cherry	/ Hil	I, NJ 08034						
Project Manager for Monitoring	g Firm			Telephon	ie No.		Teleph	one	No.	Licen	se No.				
John Lutz				609-386			1		- 5000	0078	1				
Start Date (10)		Schedule		mpletion [SHA Monitor						
1/7/2020	.t (Ob l	0-1-0-		1/7/202	1				CGroup, LL	_C.					
Occupancy Status During Aba	a a a a a a a a a a a a a a a a a a a						Street	101616000001							
Facility Closed/Vacated I Abatement Performed Out	During Entire Po	eriod of A	Abate	ment			The second second second	-	s HWY N,	STE 209					
Other - Describe:	TISIGO OF NOTHIE	i i acinty	rioui	3					Zip Code						
Scope of Work (Check All Tha	t Apply)						Cherry	/	l, NJ 08034		-	_			
≥3 sf or ≥3 lf	,	⊠ R	enova	-41			Г	٦,	Caatalaasa	-4!4b N4		2001			
≥160 sf or ≥260 lf			emoli					//	ull Containme Iini-Enclosure	nt with Negati	ive Pres	Sure			
		_							lovebag Proc		iabla De				
		T .						IN	on-Exempted	() and Non-Fr	lable Pro		ure Abater	nent	
1 1			Locat Norma										Тур		
Location of Asbestos-Containing Mate	rial (ACM)	Use	d Sole	ely by	Asbes		scription aining N		al (ACM)	Amount		T		_	
TO BE ABATED		100	intena todial	Ince/ Staff?		thermal	systems	s insu	lation,	(Specify		Z D	R	Encapsulate	Enc
In Facility (13)			(12)	2010 (100 (100 (100 (100 (100 (100 (100			cing, VA niscellar			SF or LF)		Remova	Repair	usa	Enclosure
, , , ,			1			200020			,			2	=	late	Гe
		Yes	No	N/A					-						
Exterior	Exterior						insula	tion		25 l/f		X,			
Ducco Area	Ducco Area						_"_			25 L/f					
Building 1880)	X					_"_			5 l/f		Z			
		/								U 111		1			
Name of Registered Waste Ha	auler			NJ DEP W	aste	Cubic	Yards	-	Name of F	Registered Lar	ndfill				
				Hauler ID I		of Was									
Newark Carting				450	19		0.6			Enterprises	, LLC				
City, State							sal Date		City, State						
Newark, NJ					1	7/202		Waynesb	ourg, OH						
Completed by		Title	07735274			S	ignature		19/-	0	Date				
Mike Cooper		Presid	lent			*******		-			12/19	/19			

- 13	n-	:		-	-	-
-23	2	ın:	1 F	(1)	F	n

				1	Per	(1	n :	75							PHI	III FC)
CK 200		ı	NOTIFI (P	CATION	of ASBI to NJAC	ESTOS A	BATE	MEN		D),	E (9 [\mathbb{V}		7//	
Date of Notification (1) 12/20/19	1110011	2/			Building (perator	(2)		M	20	. ^	2 4	204	0		
UN UV	Type Notification			Street A		1011					UE	:U	24	201	j	1	-
⊠ EPA [X Initial			56 Spa	arta Ave	nue			To a second					on think on the		1_	
☑ DEP ☑ DOL	Amended Amendment # Emergency (i		_		te, Zip Co n, NJ 07				and the state of t	Participation of the Control of the	ASBES		ENSI		ک یال	L	-
DOH DCA	justification) Cancellation	including			Contact nnibale						ephone 2-354-						
N 65 33 140 Al		DI //		FACI	LITY INFO	ORMATIC	ON	-		4)							1
Name of Facility Where Ab Thorlabs	patement is Taking	Place (3	5)					Тур	e of Facility (
Street Address 47 Sparta Avenue								×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth				ings,	nome	ıs,	
City (5)								9.20	are Feet	200.100	Floors		132/2	dg. A	je		
Newton County (6)				County (20do (7)			4,5	00 rent Use (Pri	2	na dom	oliche	9553	}+/-			-
Sussex County					JSE ONLY)		_	Piz	za parlor/f	Reside	ential	JUSITE	eu)				
Name of Monitoring Firm F Environmental Consu		Owner (8)		ASCN	l No.				atement Cor Environme		(9)						
Street Address 2002 Renaissance B	oulevard Suite			Street		ess wood Driv	e										
City, State, Zip Code King of Prussia, PA 1					City, S	state,	Zip Code ton Crossi		1807	7	-						
Project Manager for Monito			Т	Telephor			Teleph	none l	No.	ng, r	Licens	e No					
Peter Photopoulos		Cabadal			9-7070				7427		0122	5					
Start Date (10) 01/06/2020		02/07/		npietion i	Date (11)		Sam		SHA Monitor								
Occupancy Status During	Abatement (Check	k Only Or	ne)				Street	Addr	ess			-					
Facility Closed/Vacate Abatement Performed Other – Describe:					***		City, S	state,	Zip Code								
Scope of Work (Check All	That Apply)	-												1120-770			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		☐ F	Renova Demolii	ation tion				G M	ull Containm lini-Enclosure lovebag Pro- lon-Exempte	e cedure							
		Is	Locat	ion					ion Exemple	2 () () ()		11001		Abate	ment		
Location of Asbestos-Containing M TO BE ABAT In Facility (13)	faterial (ACM)	Use Ma	Normal ed Sole intena todial ((12)	ely by nce/		tos Conta thermal:	system sing, VA	/lateri s insu T, or	M	(5	mount Specify F or LF)		Removal	Tyl Repair	Encapsulate	Enclosure	
		Yes	No	N/A							£9				fe	15	
Basemer	nt					Pipe	Insula	ation		1	0 LF		Х				
Exterior			ē			bestos			20		60 SF		Х				1
Enclosed porch	on Floor 2				12"x	12" dar	k brov	vn fl	oor tile	12	20 SF		X				
Attach													X				1
Name of Registered Waste Service Transport Gro			H	NJDEP W Hauler ID SW2117	No.	of Was			Name of Minerva								
City, State New Castle, DE				i.		Dispos TBD	al Date		City, Stat		ОН						-
Completed by		Title		NATION OF THE PROPERTY OF THE	10-20	Si	ignature	e -	7	//		Dat					-
Andre Gosek		Proje	ect Ma	anager			//	1	sel			12	/20/	19			

Do not use this form for asbestos licensure exempted activities.

											T E	. P	E	7	\/i/Pri	nt Fe
1	KDO1		1	NOTIFI (P	CATION	ate of Nev I OF ASBI to NJAC	ESTOS A	BATE 12:12	MENT					4 0	040	The same of the sa
	te of Notification (1) 2/20/19	V1695	59		Name of Natura	f Building of Select	Owner/Op	erator	(2)			DEC	-2	4 - 2	019	
Age	encies Notified EPA	Type Notification			Street A 56 Spa	ddress arta Ave	nue				A	SBEST	OS (CEN	CON	TROL	. &
×	DEP DOL	Amended Amendment				nte, Zip Co n, NJ 07						March March				
H	DOH DCA	Emergency justification) Cancellation				f Contact Annibale	P				Telepho 862-35					
_					FACI	LITY INFO	ORMATIO	N								
	me of Facility Where A orlabs	Abatement is Takir	ng Place (3	3)					Туре	of Facility (4 School (K-12	** '8'					
0.00	eet Address Sparta Avenue								X	Subchapter 8 Other (i.e. pretc.)	Other tha	an K-12) nmercial	build	lings,	home	ıs,
1000000	(5) ewton								Squa 10,2	are Feet	# of Floo	ors		ldg. A 5+/-	ge	
	unty (6) Issex County					Code (7) USE ONLY))			ent Use (Prio ce/Wareho		emolishe	d)			
	me of Monitoring Firm		Owner (8)		ASCM	I No.				atement Cont Environmer	STREET, STREET					
	eet Address 02 Renaissance I	Boulevard, Sui	te 110				1	Street 150		ess wood Drive)					
	, State, Zip Code	19406								Zip Code on Crossin	g, PA 18	977				
Pro	ject Manager for Mon eter Photopoulos				Telephoi	ne No. 79-7070		Teleph 215-	none N	√o.	Lice	ense No.	6			
Sta	rt Date (10) //06/2020		Schedule 06/11/		npletion I	Date (11)		Name Sam		HA Monitor						
Oc	cupancy Status During	Abatement (Che	ck Only Or	ne)				Street	Addre	ess						
×	Facility Closed/Vaca Abatement Perform Other – Describe: _					ē		City, S	State, 2	Zip Code						
Sco	pe of Work (Check Al	That Apply)						-								
X	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Mi Gl	ull Containme ini-Enclosure ovebag Procon-Exempted	edure				9	
	l		1 22	Locati			D		72	SH Exempted	() and ()		110	Abate	ement pe	
	Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Ma	ed Sole intena todial S (12)	ely by nce/	Asbes (i.e.	tos Conta thermal s surfaci other mi	ystem ng, VA	Materia s insul T, or	lation,	Amour (Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure
			No	N/A		D: 1				40.1.1	_			ite	Ф	
_	Baseme					Pipe I				10 LI		X				
	Floor	1		-	12"x	12" floor	r tile a	and r	nastic	4,000	SF	X				
Na	no of Designand Maria	to Unider			LIDED 14	lasts	Cubin	awal -		Norse of F	aniat	anden				
	ne of Registered Was vice Transport G				IJDEP W lauler ID W2117	No.	of Wast				Registered I Enterpri					
	v, State w Castle, DE						Disposa TBD	al Date		City, State Waynes	burg, OH	1				
	npleted by dre Gosek		Title Proje	ect Ma	anager		Sig	gnature	1			Date	20/	19		

Inv 16869 CK3509

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

M	E	C	E		Winfec	(Ann
K						PART
1		DEC	2	4	2019	W

	10001									UE	0 2	4	2019	
Date of Notification (1) 12/18/2019				Building Ow EN ARTS			HARTER S	СНС		over transport	saltinut	200	Ann The Golden St.	
Agencies Notified Type Notification		1000	Street Ac 43 Map	idress ole Avenu	е			L	AS	SBES	LICE	VSIN	ITRO IG	La
EPA Initial DEP Amended				e, Zip Code		The street								
DOL Amendment #		1000		nsack, NJ										
Emergency (ir	ncluding	1	Name of	Contact				Tel	ephone	Num	ber			
DCA Cancellation			Tom					55	1-497	-300	4			
			FACIL	ITY INFOR	MATION	1 -	. = //							
Name of Facility Where Abatement is Taking)					of Facility (4)						
BergenArts & Science Charter Scho	100						School (K-12 Subchapter		er than	K-12)				
Street Address 43 Maple Avenue						H	Other (i.e. pr	ivate	& comm	nercia	build	ings,	home	s,
			1,000.01				etc.) ire Feet	1 # 0	f Floors		BI	dg. A	ne .	-
City (5) Hackensack						60,0		3	11 110015		5250	ug. ^)+	ge	
County (6)			County C	`ode (7)		1	ent Use (Prio		ing dem	nolishe	1			
BERGEN			STATE U	ISE ONLY)		Sch	iool			10110111				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.			atement Cont							
							es Corpor	auoi	1					-
Street Address						et Addre 6 69th								
City State Zin Code	ity, State, Zip Code											-		_
City, State, Zip Code		ALCO DO		Zip Code g, NJ 0709	93									
Project Manager for Monitoring Firm	Project Manager for Monitoring Firm Telephone No.								Licen	se No				
1 Toject Wallager for Worldoning 1 min			Сюрно	10 110.		phone N 1-295-1			0107					
Start Date (10)	Schedule	ed Com	pletion [Date (11)	Nam	e of OS	HA Monitor							\neg
	12/28/			300000 V. 1 0000 V	Sa	me as	above							
Occupancy Status During Abatement (Check	Only Or	ie)			Stre	et Addre	ss							
Facility Closed/Vacated During Entire P	eriod of A	Abatem	ent	69										
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: AM					City,	State, Z	Zip Code							
Scope of Work (Check All That Apply)							-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				Mi Gl	ull Containme ini-Enclosure ovebag Proc on-Exempted	edure					e.	
	1					140	JII-EXCITIPATO	1 / 41	10 11011	Tiubi		WALL TRACT	ement	
	2000	Location Normall			December							Ту	ре	
Location of Asbestos-Containing Material (ACM)	Use	d Solel	y by	Asbestos	Descripti Containing		al (ACM)	,	Amount				ш	_
TO BE ABATED	15507	intenar todial S	10.70	(i.e. th	ermal syste		lation,		Specify F or LF		Removal	Re	Encapsulate	Enclosure
In Facility (13)		(12)		c	ther miscel)	0	i Oi Li	,	SVOL	Repair	sula	osur
, day 18	Yes	No	N/A								=	2.2	ate	Ø.
Third Floor		Х			Ceiling P	laster			2 SF			Х		
Second Floor		Х			Floor	ГіІе			1 SF			Х		
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic Yards		Name of	Regist	tered I s	andfill				
877		Н	auler ID 01278	No.	of Waste	*	290000	500000000000000000000000000000000000000			C			
EA Services Corporation	tbd		Minerva		elhila	co,III	U							
City, State Gutenberg, NJ					Disposal Da tbd	ite	City, State Wayne:		g, OH					
Completed by	Title				Signat	ure	(B)	ĺ	1	Da				
Gina Betances	Offic	e Mar	nager				Fleu	as		12	/16/	19		

Toulla	95S	ı	ІТОИ		TION		BES	lersey TOS ABAT :60 and 5:16			ľ	Ι	#11	i 🗛	. (1)
MIN IO	100								r	Frank (5)		1	#4	US	X
Date of Notification (1)	18 /	19				of Building er Univer		ner/Operator (2 /	2)	D)上上 U	<u>I</u> S I		<u> </u>	5	
Agencies Notified	Type Notifica	tion			Street	Address			- 1	1171				-	
⊠ EPA					70000000	604V340	cev	ille Road		IIII DEC	24	20	119		
□ DOLWD	☐ Amended				1000	tate, Zip C	100000			land tenti				-	Charles Age
□ DOH	Amendme					rencevil			-		ta proporteratory	*****	the that and the		
DCA (NJAC 5:23-8)	☐ Emergend justification		luding			of Contact				ASBEST Telephone Nu			BOL	8	-
(NJAC 5.25-6)	☐ Cancellati	000				ter Eddy			Ē.,	609-896-5	Contract warming	A STATE OF	ONE	THE PARTY NAMED IN	пирения
			-	-				RMATION				- ()			
Name of Facility Where A	hatement is T	aking	Place	(3)	IAC	JILITI IN	101	VIVIATION	Type of Facility	(4)					
Rider University - C			1 1000	(0)					School (K-12	Oliverine -					
Street Address										8 (Other than K-					
2083 Lawrenceville	Road								☐ Other (i.e., p homes, etc.	rivate and comm	nercial i	uild	ngs,		
City (5)									Square Feet	# of Floors	1	3lda.	Age)	-
Lawrenceville									75.000	2		50			
County (6)					Coun	tv Code (7)	V(STA	TE USE ONLY)	Current Use (Pr	rior if being demo	olished)				
Mercer							0	,	school	•					
Name of Monitoring Firm	Hired by Build	ling O	wner (8)	ASCM	No.	Nai	me of Abateme	ent Contractor (9)					
Pennoni	900 S * 90 (0.00)		2.8		102		F	Plymouth En	vironmental C	ompany, Inc					
Street Address					30,3000			eet Address							
515 Grove Street, S	uite 1B						9	23 Haws Av	enue						
City, State, Zip Code				-			City	y, State, Zip Co	ode			-			
Haddon Heights, N.	J 08035							Norristown, F							
Project Manager for Moni				Tele	phone I	No.		lephone No.		License No.	1		V. 1900		
Brian Clark	3			0.0000000000000000000000000000000000000	6-656		/ projecti	10-239-9920	1	0398					
Start Date (10)	S	chedu	uled Co	omple	tion Da	te (11)	Nai	me of OSHA M	lonitor						
1 / 2 /	02020	2			1		F	Plymouth En	vironmental C	company, Inc.					
Occupancy Status During	Abatement (0	Check	only o	ne)			Str	eet Address							
☐ Facility Closed/Vacate					ment		9	23 Haws Av	enue						
						cribe	City	y, State, Zip Co	ode						
Time of Abatement: 7	:00AM- <u>3:30</u> P	M/	P	Λ- <u></u>	AM		2.3	Norristown, F							
Scope of Work (Check all	that apply)							•							
□ >2 of on >2 If			⊠ Da						tainment with Ne	gative Pressure					
$\boxtimes \ge 3$ sf or ≥ 3 If $\boxtimes > 160$ sf or > 260 If			Re De De	novat moliti					g Procedure						
								Non-Exe	mpted (*) and No	on-Friable Proce					
				Loca							/	Abate	emen	nt Ty	rpe
Location Asbestos-Containing		,		lorma d Sol	ily ely by	Acha	etae	Description of Containing Ma		Amount	1 2	0	ZJ e	En	En
TO BE ABA		'		intena				ermal systems		(Specify	Koniova		Repair	Encapsulate	Enclosure
IN Facili	ty		Cust	odiai (12)	Staff?			surfacing, VAT		SF or LF)	2	<u>i</u>		sula	ure
(13)			Yes	No	N/A		Ol	ther miscellane	eous)	į.				te	
Basement			floor til	e an	nd mastic		1,500SF		3 [
1st floor				\boxtimes		floor til	e ar	nd mastic		350SF	D	3 [
ground and 1st floor				\boxtimes	П	coveba	se r	mastic		1,500LF	D	a r	71	П	
3			$\overline{\Box}$									3 [71		П
Name of Registered Was	te Hauler			-70	JDEP V		Cu	bic Yards of	Name of Regi	stered Landfill		-			_
Robinson Waste Di				100	lauler II	O No.	Wa	aste	GROWS L						
City, State					17304	1	Dis	sposal Date	City, State			_			
Voorhees, NJ 0804	3							2/3/20	Moorisvill	le, PA					
Completed By (Print or T	22 11	Title						Signature	//// .		Date	j	- 1		
James M. Kelly	45.76		ce Pr	esid	ent			1			1.	1/1	8/19	2	

INV-1609	57	NOT		TION		BES	ersey TOS ABAT		n E C	医侧拱	1401	7	
Date of Notification (1) 12 / 18	_ /19)	1		of Buildin e r Univ e	45	ner/Operator (2)	1	inequant tot			
⊠ EPA ⊠ In					Address 3 Lawre	ncevi	ille Road	l and	Li DEC	2 4 20	119		
	mended mendment #				State, Zip (1.00040		ASBESTO	S CONT ENSING	AOL	&	
	mergency (ir stification)	ncluding			of Contac		J 08648	Loon	Telephone Nu	magative of participations	entinosad	Allerantes	-personned
The state of the s	ancellation		0		ter Eddy	-,10			609-896-5				
	, unique / Enrichment — 2001					-	MATION						
Name of Facility Where Abatem	ent is Takin	g Place	(3)	. , , ,	J		III/(III/(III	Type of Facility	(4)				-
Rider University - Moore Street Address 2083 Lawrenceville Road	-							School (K-1 Subchapter Other (i.e.,	8 (Other than K- private and comm	12) nercial bu	iilding	s,	
City (5)								Square Feet	# of Floors	Ble	dg. A	ge	
Lawrenceville								75,000	2	,	50		
County (6)				Coun	ty Code (7)(STAT	TE USE ONLY)	and the second second second second	rior if being demo	olished)			
Mercer		_	0)			Tre		school					
Name of Monitoring Firm Hired Pennoni	by Building (Owner (8)	102	No.			ent Contractor (9					
Street Address				102			et Address	vironmental (company, inc				
515 Grove Street, Suite 1	В					Collection (Se	23 Haws Av	enue					
City, State, Zip Code							, State, Zip Co						-
Haddon Heights, NJ 080	35					1 2 2 3 3	orristown, I						
Project Manager for Monitoring	Firm		Tele	phone	No.		phone No.	100000000000000000000000000000000000000	License No.				
Brian Clark			85	6-656	-2944	61	10-239-9920		0398				
Start Date (10)		duled C				Nam	ne of OSHA M	lonitor					
1/2/_20	_	2_ /	3	_ / _	20	PI	ymouth En	vironmental (Company, Inc.				
Occupancy Status During Abate Facility Closed/Vacated Duri Abatement Performed Outsing Time of Abatement: 7:00 AM	ng Entire Pe de of Normal	riod of	Abater		cribe	92 City,	et Address 23 Haws Av , State, Zip Co orristown, I	ode					
Scope of Work (Check all that a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	pply)	⊠ Re					☐ Full Cont	tainment with Ne losure g Procedure	egative Pressure	dure			
1		100	Locati Iormal				5			Ab	atem	ent T	уре
	Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility Not Used 9 Maint Custoo						Description of Containing Marmal systems urfacing, VAT her miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	n 50 50	-0						O.	
1st Floor Lobby					insulati				200SF				
1st floor					Comment of the Commen		d mastic		600SF				
3 rd floor					10.000000000000000000000000000000000000	1000000	d mastic		4000SF				
1st, 3 rd and Penthouse					coveba			1	600LF				
Name of Registered Waste Hau Robinson Waste Disposa				JDEP \ auler II 17304	No.	Cub Was	ic Yards of ste	Name of Reg	stered Landfill andfill				
City, State Voorhees, NJ 08043						Disp	osal Date 3/20	City, State Moorisvil	le, PA				
Completed By (Print or Type)	Title	e					Signature	11/1		Date ,	,		
James M. Kelly	V	ice Pr	eside	nt			M			4/1	8/10	7	

Print	Form

1021			Total State of the	Com !	1	n	-						Pr	int Fo
CK200		NOTII (I	FICATIÓ	tate of Ne N OF ASE t to NJAC	ESTOS	ABATE	MENT			EC	E	7	/ E	
Date of Notification (1) 12/20/19	11,0101			of Building		Operator	r (2)		lini	-			10	
	be Notification			Address	tion				ШЦ	DE	C 24	20	19	11-
☑ EPA ☑	Initial			arta Ave						Mark Wilder		opolyty 3 Apple	-	
₩ DEP DOL	Amended Amendment #			ate, Zip C on, NJ 0						ASBES	IOS C		TOE	Čt.
DOH DCA	Emergency (includ justification) Cancellation	ing		of Contact Annibale)				2253333	ephone N 2-354-7				
N- (5 W 180 A)			FAC	ILITY INF	ORMAT	ION								
Name of Facility Where Abate Thorlabs	ement is Taking Plac	e (3)						of Facility						
Street Address 47 Sparta Avenue							X	School (K- Subchapte Other (i.e.	r 8 (Oth	er than K- & commer	-12) rcial bui	dings	, hom	es,
City (5) Newton								etc.) are Feet 00	# 0	f Floors		3ldg. <i>A</i>		
County (6) Sussex County	14			Code (7) USE ONLY)			ent Use (Pri			ished)			
Name of Monitoring Firm Hire Environmental Consulti	d by Building Owner	(8)	ASC	M No.			of Aba	atement Co	ntractor					
Street Address	,					Street			illai					
2002 Renaissance Bou City, State, Zip Code	levard, Suite 110)				1117500000		vood Driv	/e					
King of Prussia, PA 194		-				Wasi	hingto	on Crossi	ing, PA	18977	6			
Project Manager for Monitorin Peter Photopoulos	g Firm		Telepho 610-27	ne No. 79-7070		Teleph 215-3				License 01225	No.			
Start Date (10) 01/06/2020		duled Co 07/2020		Date (11)		Name Same		HA Monitor						
Occupancy Status During Aba	atement (Check Only	One)				Street	Addre	ss						
Facility Closed/Vacated I Abatement Performed O Other – Describe:	During Entire Period utside of Normal Fac	of Abater ility Hour	ment 's	54		City, S	tate, Z	ip Code					515	
Scope of Work (Check All Tha	at Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X	Renova Demoli	ation tion				Mir Glo	II Containm ni-Enclosure ovebag Pro- n-Exempte	e cedure				6	
		Is Locat	tion						<u> </u>	2110111110	10.01.10	Abate	ement	
Location of Asbestos-Containing Mate	rial (ACM)	Norma Jsed Sole		Anton		scription		/4011			-	Ту	ре	
TO BE ABATED In Facility (13)		Maintena ustodial (12)	Staff?				s insula T, or		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	s No	N/A										te	Ф
Basement					- 12	Insula				0 LF	Х			
Exterior		- 1			bestos				55000	60 SF	X			
Enclosed porch on				12"x	12" dar	k brow	n floo	or tile	12	0 SF	X			
Name of Registered Waste Ha			JJDEP W	lasta	Cubia	Varda		Name of	D ! - t -	11 16	X			
Service Transport Group		H	lauler ID W2117	No.	of Was			Name of Minerva			IH			
City, State New Castle, DE					100-000	al Date		City, State		ОН				
Completed by	Title				2 - ELIZABETA	gnature	/		//		ate			
Andre Gosek	Pro	ject Ma	anager			//	1	pel	_	1	2/20/	19		

d)	M = 0 - 0 % 3 - 0	
Abatement Type	шсовсмз−в+ ⊕	
Abaten	₹ 0 0 0 0 − −	T
	∝ a E o > a −	× × ×
	Amount (Specify SF or LF)	800 SF 56 SF 4,950
	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Roofing material duct coating plaster
mally by ustodial	N/A	× × ×
Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	o Z	
Is Loc Us Mainter	Yes	
	Location of Asbestos- Containing Material (ACM) TO BE ABATED In Facility (13)	Flat roof Flat Roof throughout



											F	@ [= [7	///Pri	nt Fe
CKQO1			NOTIF (F	ursuan	to NJAC 8	STOS ABA	120)				US I	2 1	2	019	5
Date of Notification (1) 12/20/19	1698	59			of Building C al Selection	Owner/Opera on	ator.	(2)				DEC	_ 4	_	010	-
	pe Notification				Address arta Aver	nue					ASB	ESTO LIC	S CI	INC	TRO	_ &
X EPA X DEP DOL	Initial Amended Amendment	· #		City, St	ate, Zip Coo	de	-			1			week mark	Men el est		RESIDENCE ARTER
□ DOH	Emergency justification)	(including	9	Name o	of Contact						phone		r			
DCA	Cancellation	1			Annibale	DMATION	-156			862	2-354-	7572				
Name of Facility Where Aba Thorlabs	tement is Takin	ng Place ((3)	TAC	ILIT INFO	RIVIATION	Т	Туре	of Facility (4)						
Street Address 43 Sparta Avenue						W.	1		School (K-12 Subchapter 8 Other (i.e. pri	(Othe	r than h	K-12) ercial b	uildin	gs,	home	es,
City (5) Newton									etc.) e Feet 00	# of 2	Floors		Bldg	g. A	ge	
County (6) Sussex County					Code (7) USE ONLY)				nt Use (Prior e/Wareho		g demo	olished)				
Name of Monitoring Firm Hir Environmental Consult		Owner (8)	ASC	M No.				ement Contr		(9)					
Street Address 2002 Renaissance Box	ulevard, Suit	te 110				1000000		Addres 3Ienw	s ood Drive							
City, State, Zip Code King of Prussia, PA 19	406					10 88000			p Code n Crossin	g, PA	1897	7				
Project Manager for Monitori Peter Photopoulos	ng Firm			Telepho 610-27	ne No. 79-7070	10 75773		one No 313-74			Licens 01225					
Start Date (10) 01/06/2020		06/11/	2020	npletion	Date (11)		ne d		A Monitor					-		
Occupancy Status During Ab		emsor-even a nnesa				Stre	eet A	Addres	S							
Facility Closed/Vacated Abatement Performed C Other – Describe:	During Entire F Outside of Norm	Period of nal Facility	Abaten y Hours	nent S		City	, St	ate, Zip	Code							
Scope of Work (Check All Th	at Apply)	2										HISTORY				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova Demolit					Mini Glov	Containment -Enclosure vebag Proce -Exempted (dure				luro		
		100	S Locati Normal				_		Lxciiipted) and	TVOII-1	lable 1			ment	
Location of Asbestos-Containing Mat TO BE ABATEI In Facility (13)		Use Ma	ed Sole aintena stodial S (12)	ly by nce/	(i.e. th	Descripti os Containing nermal syste surfacing, \ other miscel	M g ms VAT	aterial (insulat 「, or		(Sp	nount pecify or LF)	Kemova		Danair	Encapsulate	Enclosure
		Yes	No	N/A								<u> </u>			late	re
Basement					Pipe Insu	ılat	ion		10	LF	X					
Floor 1					12"x1:	2" floor tile	e ai	nd ma	astic	4,00	00 SF	X		+		
Name of Registered Waste H	auler		N	JDEP W	laste	Cubic Yards			Name of D	valot-	od! ==	160				
Service Transport Group			Н	auler ID W2117	No.	of Waste TBD	•		Name of Re Minerva I	ā						
City, State New Castle, DE					100	Disposal Da TBD	ite		City, State Waynesb	urg,	ЭН					
Completed by Andre Gosek		Title Proje	ect Ma	nager		Signatu	ire	2	L			Date 12/20	/10			

Inv-16956

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

CK 9090

							11 11		11 107	-11	
Date of Notification (1)	•	N			Owner/Operator			<u> </u>	u v		7
Agency Notified Type Notification		S	treet A					DEC 24	201	0	
□ EPA □ Initial							1	DEC 24	1 201	<i>J</i>	
DEP DAmended		C	ity, Sta	ite, Zip C	ode .	VAN TERRITOR DE L'ARREST					1
EI DOL Amendment#			. 0	AKE	HURST.	JJ. 07	755	DESTOS	ONTO	OL.	8
E DOH institution)	ng	N					Telephon	e Number	SING		
DCA Cancellation	20		MS	. 05	SHEROVI	T2					
					ORMATION					97	
Name of Facility Where Abatement is Taking Pla	ce (3)			-		Type of Facility	(4)				
		= "				Doubled Mar					
MR.DAVID C	AM					☐ School (K-12 ☐ Subchapter 8	Other than	n K-12)			-
Speec Appress			1.0			D Other (i.e. pr	ivate & com	mercial buildin	gs.		
			-			homes, etc.) Square Feet	# of Floor	e Rida	Age	-	\dashv
City (5)			;					3	96	0	
· DAKHURST						2000.	1	1 51.00	, -		-
County (6)			County	Code (7)	(STATE USE	Current Use (P	FS(O)	demoisned)			
MONMOUTH				- 7		4-		5 % CC			4
Name of Monitoring Firm Hired by Building Own	er A	SCM	No.		Name of Abatem						-
(8)					Best Ren	noval In	С				
Street Address			10 00		Street Address						
			5 10		450 Sout	th River	St				
City, State, Zip Code					City, State, Zip C	ode					
					Hackensa	ack, N.J	. 0760)1			
Project Manager for Monitoring Firm	Tel	ephon	e No.		Telephone No.		License !				
					201-329-	-7444 -	003	388			
Start Date (10) Scheduled C					Name of OSHA	Monitor	2000/2002 2/000000000000000000000000000				
1620 11	7/	20	>		Omega I	Environm	ental				
Occupancy Status During Abatement (Check on	ly one)	10			Street Address						
☐ Facility Closed/Vacated During Entire Period	nf Ahain	mont			280 Ht	ıyler St				=	
D Abatement Performed Outside of Normal Fac	Ety Hou	TS		•	City, State, Zip C			•			
Cother-Describe: 8: 50 DA TO	S DE	>64	1-		S. Had	ckensack	,N.J.	07606			_
Scope of Work (Check all that apply)					D.E.	Containment with	Nombia F	meerina			
D≥3sfor≥3lf		1	Ren	ovation		Enclosure	i negaure i				
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DC.	Α] [Cancellation				min Ola	· .				97	73-993-	7544	1			
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City (5)										etc.) are Feet	T#0	f Floors		Тв	ldg. A	ae	_
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County (Code (7) USE ONLY)		Curre	ent Use (Pri	ior if bei	ing demo	lished	i)			
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	(13)			(12)	1		other n	niscellar	neous)					oval	air	sulat	sure
			Yes	No	N/A											Ф	
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	Registered Waste	Hauler		100	JDEP W auler ID		Cubic of Was			Name of	Registe	red Land	lfill				
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City, State Saddle	e Brook, NJ 076	663					Dispos	sal Date		City, Stat Morrisv		Α					
Complete			Title				S	ionature)				Date				
Borce G	ijorsoski		Pres	ident				Doe	صمده	Close	wel	7	12/1	9/2	019		

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EPA DEP	Initial Amended			- I was a superior of the supe	e, Zip Co		wente			- AMPLICATION OF	LI	CEN	SIN	<u>G</u>	ohous/sea	nacotowa i
X DOL	Amendment Emergency (_ [k, NJ 07	7108										
DOH DCA	justification) Cancellation			Name of Benjan	Contact nin Olag	adevo)			10000000	hone -993-					
					ITY INFO											
Name of Facility Where Abar Thirtheen Avenue Sch		g Place (3)						Facility (4)							
Street Address								☐ Su	hool (K-12) bchapter 8	(Other	than k	<-12)				
359 13th Ave.								etc				ercial				s,
City (5) Newark								Square 83,420		# of F	loors		B	ldg. A 3	ge	
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Name of Monitoring Firm Hir TTI Environmental, Inc		Owner (8)		ASCM	No.		Cheditica, proper	of Abater of Corp.	ment Contr	actor (9)					
Street Address	,							Address								
1253 North Church St	reet								Aidland A	ve.						
City, State, Zip Code Moorestown, NJ 0805	7						100 100 TO 100 T	State, Zip dle Brod	Code ok, NJ 07	663						
Project Manager for Monitori				Telephor	ne No.		10000000	none No.			Licens	e No				
James Guilardi	2000				0-8800		-	791-67	2.07		0111	0				
Start Date (10) 12/20/2019		12/28/2		mpletion [Date (11)		110000	of OSHA L Analy	Monitor ytical,Inc							
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Abatement Performed (Other – Describe:	Outside of Norm	nal Facility	/ Hour	S		_	11888	State, Zip ataway	, NJ 088	54						
Scope of Work (Check All Th	nat Apply)															
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		10000	Loca	20-20-0										Abate Ty		
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)		Use Ma	intena	ely by ance/ Staff?		tos Con thermal surfa		Material (A s insulation		(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
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Band Roon	n		X			AC	M Mas	stic		1,80	00 SF		X			
Name of Registered Waste I	Hauler		1000	NJDEP W			Yards		Name of R	egister	ed Lar	ndfill				
Smac Corp.			1	Hauler ID 18590	NO.	of Wa			Grown L	.andfil	l					
City, State Saddle Brook, NJ 0766	33					1	sal Date 8/2019		City, State Morrisvil	le, PA						
Completed by		Title					Signatur	е	1		1	Date		2042		
Borce Gjorsoski		Pres	ident	İ			100 B	ene	Jope	reey		12	19/	2019		

Print Form

Ch 2470

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 9:60 and 12:120)

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Agencies Notified Type Notification	/		Street A	ddress						ASB				ROL	&
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DEP Amended	rate.			te, Zip Co											
DOL Amendment #				ale, NJ 0	7642										
DOH justification) Cancellation		138		f Contact					Tale	anhone	Num	ber			
Garicenation				LITY INFO	RMAT	ION									
Name of Facility Where Abatement is Taking Residential Home	Place (3)						Туре	of Facility (4)						
Street Address					- 1			School (K-12 Subchapter 8	2) 8 (Oth	or than	V 10				
Street Address							X	Other (i.e. pr					lings,	home	s,
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ottoot/ tudioss								dland Ave							
City, State, Zip Code						City, S	tate, Z	ip Code							
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Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201-6	ione N 600-3			Licen 0130).			
	Scheduled		pletion l	Date (11)		Name	of OSI	HA Monitor							
Occupancy Status During Abatement (Check						Street	Addres	SS							
Facility Closed/Vacated During Entire Po	270		ent					(4							
Abatement Performed Outside of Norma Other – Describe: 8 A.M to 4 P.M					_	City, S	tate, Z	ip Code							
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Location of Asbestos-Containing Material (ACM)	Used	rmall Solel		Achest		escription taining M		(ACM)	^	mount			,,		
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In Facility (13)		(12)	tuii.			acing, VA miscellan			SF	or LF)	١	Removal	Repair	nsde	Enclosure
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Name of Registered Waste Hauler		I N.	JDEP W	/aste	Cubic	Yards		Name of R	Registe	red la	ndfill				
All Stages Abatement	H	auler ID 036592	No.	of Wa	aste		Grand C				Lan	dfill			
City, State Saddle Brook, NJ					Dispo	sal Date		City, State Pen Arg		A					
Completed by	Title	· · · · ·				Signature	14	1/	1		Dat	е			
Richard Cristofol	Presid	ent				_/	MI			>	12	/19/	19		

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DOH DCA		Emerger justificati Cancella			Name of	f Contact m Bazik					Tele	ephone	Numb	er			
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	tial Home	Abatement is 1	aking riace (5	,					П	School (K-1							
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City (5) Fair Law	'n								19		2	Floors		65	ig. Aç 5+/-	je	
County (6) Bergen		E			County (Code (7) USE ONLY))			rent Use (Pricesidential H		ng demo	olished	1)			
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Street Addr	ress				-			Street 280		ess Iidland Ave	ə.				2010		
City, State,	Zip Code							1000		Zip Code Brook, NJ (7663						
Project Mar	nager for Mor	nitoring Firm			Telephor	ne No.		Teleph 201-		No. -3184		Licens 0130					
Start Date (1/3/20	(10)		Schedule 1/5/20	ed Cor	mpletion [Date (11)		Name	of O	SHA Monitor							
Occupancy	Status Durin	g Abatement (C	Check Only On	e)				Street	Addr	ess							
Abate		ated During Ent ned Outside of N 8 A.M to 4 P.M					_	City, S	State,	Zip Code							
Scope of W	ork (Check A	II That Apply)															
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	egistered Wa s Abateme			H	JUDEP W Hauler ID 1036592	No.	Cubic of Was			Name of Grand	A11110 T 011111			Lan	dfill		
City, State Saddle B	rook, NJ							sal Date)	City, Stat		Α			- 1900		
Completed Richard (by		Title	ident				Signatur	e//	11/		-	Date	19/1	9		

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(JK24712	(Pu	CATION ursuant	te of New Jersey OF ASBESTOS O NJAC 8:60 and	ABATEJ I 12:120		DE DE	C 2	4 2	019	STORY CONTRACTOR OF THE PROPERTY OF
	Date of Notification (1) 12/19/19 JNV -1695		Name of Wendy	Building Ownel/C / Levi	perator	(3)"	ASBES	STOS	CONT	ROL	. &
	Agencies Notified Type Notification X EPA X Initial		Street Ad	ddress			Епроцияваться на каконаступтостичного	Ang Salamah Pala	ange Selectoring	N/SALL/COPUNE	
	EPA Initial Amended DDP Amended Amendmen Emergency	t#1	Edgew	te, Zip Code ⁄ater, NJ 0702	0						
	DOH justification Cancellation		Name of Wendy				Telep	_			
			FACIL	LITY INFORMATI	ON						
	Name of Facility Where Abatement is Takin Apartment Complex	ng Place (3)				Type of Facility					
	Street Address					Subchapter Other (i.e. petc.)	r 8 (Other than K- private & commer	cial buil	058000	5	s,
	City (5) Edgewater					Square Feet 1000	# of Floors	6	3ldg. A 35+/-	ge	
	County (6) Bergen		County C (STATE U	Code (7) ISE ONLY)	_	Current Use (Pri Apartment C	or if being demoli omplex	shed)			
	Name of Monitoring Firm Hired by Building Project Manager	Owner (8)	ASCM	No.		of Abatement Contages Abatem	경기 : [1] :				
	Street Address					Address N. Midland Av	e.				
	City, State, Zip Code					tate, Zip Code dle Brook, NJ (07663				
	Project Manager for Monitoring Firm	-	Telephor	ne No.		none No. 600-3184	License 01305	No.			
	Start Date (10) 1/6/20	Scheduled Com 1/10/20	npletion [Date (11)	Name	of OSHA Monitor					
	Occupancy Status During Abatement (Che				Street	Address					
	Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 8 A.M to 4 P.M				City, S	tate, Zip Code					
	Scope of Work (Check All That Apply)										
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renoval Demoliti			×	Mini-Enclosur Glovebag Pro				e	
		Is Location	Control of the contro							ement	ė į
	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Normall Used Sole Maintenar Custodial S (12)	ly by nce/ Staff?	Asbestos Cont (i.e. thermal surfa		faterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Vec No	N/A				1			100	1

In Facility (13)	Cus	todial (12)	Staff?	S	urfacing, VAT, o ner miscellaneou	r	SF or LF)	emoval	Repair	apsulate	closure
	Yes	No	N/A					-		ite	Ф
1st FI Studio		х			Mastic		207 SF	x			
Name of Registered Waste Hauler	333	JDEP Was	15.7	ubic Yards	Name of	Registered Landfi	II				
All Stages Abatement	- 635	Hauler ID No 1036592	200	Waste YD	Grand	Central Sanita	ry Lar	ndfill			
City, State Saddle Brook, NJ			1,930	isposal Date BD	City, Stat	gyl, PA					
Completed by Richard Cristofol	ident			Signature -			ate 2/19/	19			

State of New Jersey Check # 26039

Inv-110951				OE ASB					,						
Date of Notification (1) 12/20/2019			Name o	f Building	Owner/O	perator			10	E	C			<u> </u>	
Agencies Notified Type Notification			Street A	ddress					1117						11.0
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DEP Amended DOL Amendmen	#		City, Sta	ate, Zip Co		ensac	k. NJ	07601	The second secon						
Emergency justification		- H	Name o	f Contact	- Mariana de la companya della companya della companya de la companya de la companya della compa		.,		Tele	ephone	Numt	er C	ONT	ROL	R
DCA Cancellation			Jo	sh Cohe	en				L					900	-
Name of Facility Where Abatement is Takin	n Place /	3)	FACI	LITY INFO	ORMATI	ON	Typo	of Facility	(4)						
Residential	ig i lace (,	**					School (K-	100						
Street Address					-		П	Subchapte	r 8 (Othe						
								Other (i.e. etc.)	private &	comm	ercial	build	lings,	home	es,
City (5) Hackensack, NJ 07601							0.55	ire Feet 600	# of	Floors 2		BI	100	ge) +/-	
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Name of Monitoring Firm Hired by Building MECS	Owner (8)		ASCN	ЛNo.				atement Co nvironme			s, In	c.			
Street Address PO Box 341						Street PO E	Addre Box 3	55/					I EL SO		
City, State, Zip Code Crosswicks, NJ 08515				11				ip Code , NJ 0850	01						
Project Manager for Monitoring Firm Bill Weisgarber			Telepho 609 29	ne No. 98-4070		Teleph 609	none N 259-9			Licens 00493					
Start Date (10) 12/30/2019	Schedul		npletion I	Date (11)		Name MEC		HA Monitor							
Occupancy Status During Abatement (Che-	k Only Or	ne)				Street	Addre	ss							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 8 am to 4 pm	Period of a	Abatem / Hours	nent		_	City, S		41 ip Code eld, NJ 08	8515						
Scope of Work (Check All That Apply)						01100	5101110	714, 140 00	,010						
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	intenar todial S (12)	nce/ Staff?		tos Conta thermal surfac other m	systems ing, VA	s insula T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A	Th	ormal [Dina Is	· alat	ion	-	00.15	-	7.5			
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Dasement	-	^				VAT			/(00 sf		Х			\vdash
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic `	Yards	_	Name of	Registe	red Lan	dfill				
Stevens Environmental		1100	lauler ID 18292	No.	of Was			Fairles							
City, State Allentown, NJ					C. C. C. C. C. C. C. C. C. C. C. C. C. C	al Date 1/2020		City, Stat Morrisv	Secretary International	A					
Completed by Mahlon E. Stevens	Title Proje	ct Ma	anager		Si	gnature		1			Date 12		201	9	

Date of Notification Agencies Notified □ EPA □ DEP □ DOL □ DOH □ DCA	(1) 12/18/201 Type Noti	(P u		Na Ri St 20 Ci La Na	ame der reet 083 L ty, S	of B Univ Add awr State acevil	uilding ersity ress	Owner / Operato	12:12	20)	ASBESTO	2 4 201	OL &		er
Name of Facility Wh	nere Abate	ment is Taking Pla	ace	(3)	FA	CILI	TY INF	ORMATION Type of Facil	itv (4)						
Rider University-Gill Street Address 2083 Lawrenceville City (5)	l Memorial				nty C	Code	(7)	☐ School (K-12) oter 8 (e. priva		ercial buildi	ngs, hom Bldg. Ag		c.)	
Lawrenceville, NJ		Mercer						Current Use Campus Build		f being dem	iolished)				
Name of Monitoring Pennoni & Associat Street Address 515 Grove Street, S City, State & Zip Co	es Suite 1B	d by Building Own	ier (8	3)		AS	CM No	Name of Aba Resource Ma Street Addres 2115 Hamilto City, State &	itement anagem ss on Ave, Zip Co	nent Group, Suite 202					
Haddonfield, NJ 080 Project Manager for		g Firm	Tele	eph	one	Num	ber	Trenton, NJ (License	Number			
Mr. Brian Clark Scheduled Start Da	0.000	Scheduled Con	856	-54	7-05	505		609-977-6159 Name of OSH	9	nitor		0118	5		
1-2-2020)	1-31-202	20		Dat	e (11	'/	J&S Environr			es, Inc.				
Abatement Describe:	sed/Vacate Performed 7AM-5PM	d During Entire P During 1st Shift			Aba	iteme	ent	Street Address 2333 Route 2 City, State & Union, NJ 07	22 Wes Zip Co						
Scope of Work (Che	eck all that f 0 If				Den	ovat				Mini-Enclo Glove Bag	inment with sure Procedure: pted and N	s/Cut & W	/rap		re
	ocation of tos-Contain	nina			ocati ally l	on Jsed		Description Asbestos-Con			Amount (Specify	Aba	ateme	ent T	ype
Mat TO E	erial (ACM BE ABATE n Facility (13))	Ма	Sol- inte stoc	ely b		?	Material (A (i.e., thermal s insulation, surfac or other miscell	CM) systems cing, V	s AT	SF or LF)	Removal	Repair	Encapsulate	Enclosure
Back Hall and Roo						\boxtimes		Joint Comp			2000 SF				
Office areas in bas	sement lev	vel						Joint Comp	ound		800 SF				
Name of Registered	d Waste Ha	auler			1000		Waste ID No.	Cubic Yards of Waste	Nam	e of Registe	ered Landfil	l	ر ب		
Resource Managem	nent Group	, LLC			40000000	3521		TBD		s Landfill					
City, State Trenton, NJ								Disposal Date TBD		State sville, PA					
Completed By (Prin Mr. Brian J. Haney	t or Type)				Pre	e eside	ent	Signature		Vonos	1	Date 12/18	3/201	9	

State of New Jersey
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) 12/18/2019 Rider University Agencies Notified Type Notification Street Address ASBESTOS CONTROL & \boxtimes **EPA** 2083 Lawrenceville Road DEP Initial City, State & Zip Code \boxtimes DOL Amended Lawrenceville, NJ 08648 X Emergency DOH Name of Contact Telephone Number DCA Cancellation Mr. Walter Eddy 609-896-5000 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Rider University-Gill Memorial Chapel School (K-12) Street Address Subchapter 8 (Other than K-12) 2083 Lawrenceville Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 4.000 55+ Lawrenceville, NJ Mercer Current Use (Prior if being demolished) Campus Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni & Associates Resource Management Group, LLC Street Address Street Address 515 Grove Street, Suite 1B 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Haddonfield, NJ 08035 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Brian Clark 856-547-0505 609-977-6159 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1-2-2020 1-30-2020 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 Abatement Performed During 1st Shift City, State & Zip Code Describe: 7AM-5PM Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation X Mini-Enclosure X ≥160 sf ≥260 lf Demolition Glove Bag Procedures/Cut & Wrap X Non-Exempted and Non-Friable Procedure Location of Is Location Abatement Type Description of Amount Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) Encapsulate SF or LF) Remova Enclosure Repair TO BE ABATED Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT or other miscellaneous) (13)(12)Yes N/A No Exterior of Building Exterior Window Glazing 600 LF Exterior of Building **Exterior Building Caulk** 200 LF Basement Hall Interior Door Caulk 400 LF Basement Interior Expansion Caulk 100 LF 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 TBD Morrisville, PA Completed By (Print or Type) Signature Title Date Mr. Brian J. Haney President 12/18/2019

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 12/16/2019 Cedar knolls LLC Agencies Notified Type Notification Street Address DEC 24 2019 80 S Jefferson Rd Suite 202 EPA Initial City, State, Zip Code DEP Amended X DOL Amendment # Whippany NJ 07981 ASBESTOS CONTROL & Emergency (including Name of Contact DOH Telephone NumberNSING justification) DCA Cancellation Aaron Guy 804-815-1141 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private Property School (K-12) Street Address Subchapter 8 (Other than K-12) × Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Morristown NJ 2200 +50 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Morris County Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A ACM Solutions Services LLC Street Address Street Address N/A 1435 51st Street City, State, Zip Code City, State, Zip Code North Bergen NJ 07047 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. N/A 201-552-9685 01384 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/18/2019 12/22/2019 Iris Environmental Laboratories Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: 7:00 AM to 4:00 PM City, State, Zip Code Union NJ 07803 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED =ncapsulate (i.e. thermal systems insulation, (Specify Removal Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A First floor stair/basement X floor tile 200SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting Inc. ISES Bethlehem Rd Landfill 04509

Disposal Date

Signatur

Title

Principal

City, State

Po Box 5670

Completed by

Galo Zumba

ethlehem PA

12/16/2019

City, State

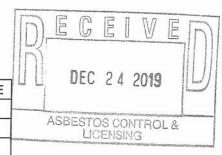
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Newark Carting, Inc. Hauler ID No. 04509 Of Waste TBD G.R.O.W.S. North Landfill				-		V <u>2020</u> 00						F	Print
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12-12-19	Date of Notification/(12	71 ~		السطا	4 7	-			EHECK 1	268	34	E	
Agencies Notified Carbon		(d)		PR II	/ GAR Tremle	y Prop	erty Three Ur	ban R	enewal,	LLC			
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Street Address Stre			g	100000000						Det	1 .77		and system to
Street Address Stre	DCA Cancellation	n		Marc	Boumann			(7	732) 427	-4573			
Street Address 4000 Road to Grasselli City (5) City (6) Cliy of Linden, NJ 07036 County (60) Union County (60) Union Callagher Bassett Services, Inc. Street Address County (6) County (60) Coun	Name of Facility Where Abatement is Tak	na Place	/3)	FAC	ILITY INFORMA	TION	Tone of Feeling	- (1)					
Street Address County (6) County (6) County (7) County (8) County (9)	reality where Abatement is Tak	ing Flace	(3)				I	3 803					
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Union Name of Nontioring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pinnacle Environmental Corp.	City of Linden, NJ 07036										Bldg.	Age	
Name of Monitoring Firm Hired by Building Owner (8) Gallagher Bassett Services, Inc. Street Address 2850 Golf Road City, State, Zip Code City, State, Zip Code Corposition (212) 631-9000 Start Date (10) 11-12-20 Cocupanory Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Other – Describe: Scope of Work (Check All That Apply) 23 sf or 23 if Asbestos-Containing Material (ACM) 10 BE ABATED In Facility (13) Exterior: Holding Tank Asbestos-Containing Material (ACM) (13) Exterior: Holding Tank Name of Registered Waste Hauler Numer of Registered Waste Hauler Newark, Nu 7/105 Name of Registered Waste Hauler Newark, Nu 7/105 Name of Registered Waste Hauler Numer (S) Steed Address 200 Broad Street City, State, Zip Code Carlstated, Nu 7/07/2 Telephone No. (212) 631-9000 (201-639-6556) Corposition Date (11) Telephone No. (212) 631-9000 (201-639-6556) Corposition Date (11) Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101 Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101 Facility (13) Full Containment with Negative Pressure Mini-Enclosure City State, Zip Code Long Island City, NY 11101 Abatement Type Abatement Type Abatement Cortical Staff? (13) Abatement To Description of Abatement Type Abatement To Description of Abatement Type Abatement To State All That Apply) Specify (13) Full Containment with Negative Pressure Mini-Enclosure City State Non-Exempted (*) and Non-Friable Procedure Abatement To Description of Abatement Type Abatement To State All That Apply (13) Abatement Type Abatement To State All That Apply (13) Abatement Type Abatement To State All That Apply (13) Abatement Type Abatement To State All That Apply (14) Abatement Type Abatement To State All That Apply (15) Abatement Type Abatement To State All That Apply (15) Abatement Type Abatement Type Abatement To State All That Apply (15) Abatement Type Abatement To Abatement To Abatement Type Abate	Union						Current Use (F Old Storage	Prior if be Tank	eing demol	ished)			
Street Address 2850 Golf Road 2850 Golf Road 200 Broad Street 200 Broad St		Owner (8	3)	ASC	M No.								
City, State, Zip Code Rolling Meadows, IL 60008 Project Manager for Monitoring Firm Michael Garambone Telephone No. (212) 631-9000 201-939-6565 D0756 Start Date (10) 12-23-19 Scheduled Completion Date (11) 12-23-19						Street	Address					76-2-1	- 4
Project Manager for Monitoring Firm Michael Garambone Telephone No. (212) 631-9000 201-939-6565 00756 00756						City, S	State, Zip Code	70					
Start Date (10) 12-23-19 Scheduled Completion Date (11) 01-12-20 Name of Registered Waste Hauler Newark Carting, Inc. Scheduled Completion Date (11) 01-12-20 Scheduled Completion Date (11) 01-12-20 Name of Registered Waste Hauler Newark Carting, Inc. Scheduled Completion Date (11) 01-12-20 Scheduled Completion Date (11) 01-12-20 Scheduled Completion Date (11) 01-12-20 Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101 Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mini-Enclosure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable	Project Manager for Monitoring Firm			100		Teleph	none No.	12		No.			
12-23-19		10-1-11							00756	\ 			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code	12-23-19	01-12-	-20	mpletion	Date (11)	or							
Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) 23 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Exterior: Holding Tank Name of Registered Waste Hauler Newark Carting, Inc. Name of Registered Waste Hauler Newark, NJ 07105 City, State Newark, NJ 07105 City, State City, State, Zip Code Long Island City, NY 11101 City, State, Zip Code Long Island City, NY 11101 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*)													
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≥3 sf or ≥3 lf						Long	Island City, I	NY 111	101	3.473			
≥ 160 sf or ≥ 260 lf		F. 7				_	7						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Exterior: Holding Tank Name of Registered Waste Hauler Newark Carting, Inc. Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Dolly Registered Waste Hauler Name of Registered Waste Hauler Newark Carting, Inc. Name of Registered Waste Hauler Newark, NJ 07105 Disposal Date Title Signature Date	≥3 st or ≥3 if ≥160 sf or ≥260 if					Ė	Mini-Enclosu Glovebag Pro	re		Pressu	ıre		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Exterior: Holding Tank Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Exterior: Holding Tank X Tar Paper Nound (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Name of Registered Waste Hauler Newark Carting, Inc. NJDEP Waste Hauler ID No. 04509 Name of Registered Landfill G.R.O.W.S. North Landfill Disposal Date TBD Type T			-			×	Non-Exempte	ed (*) an	d Non-Fria	ble Pro			
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) In Facility (13) Yes No N/A Exterior: Holding Tank Name of Registered Waste Hauler Newark Carting, Inc. Name of Registered Waste Hauler Newark Carting, Inc. Name of Registered Waste Hauler Newark NJ 07105 Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 04509 Disposal Date Title Signature Date		100											t
TO BE ABATED In Facility (13)		Use	ed Sole	elý by							Τ,	İ	Г
Exterior: Holding Tank X Tar Paper Name of Registered Waste Hauler Newark Carting, Inc. City, State Newark, NJ 07105 Name of Registered Landfill NJDEP Waste Hauler ID No. 04509 Disposal Date TBD City, State Newark, NJ 07105 Title Signature Date	TO BE ABATED	1100 2000 00			(i.e. therma	systems	insulation.	1,010		Z.	71	Enc	I III
Exterior: Holding Tank X Tar Paper Name of Registered Waste Hauler Newark Carting, Inc. City, State Newark, NJ 07105 Name of Registered Landfill NJDEP Waste Hauler ID No. 04509 Disposal Date TBD City, State Newark, NJ 07105 Title Signature Date				otan,				SF	or LF)	ome	epa	apsı	clos
Name of Registered Waste Hauler Newark Carting, Inc. City, State Newark, NJ 07105 Name of Registered Landfill Cubic Yards of Waste Hauler ID No. 04509 TBD City, State Disposal Date TBD Morrisville, PA 19067 Title Signature Date	0.40-009	Yes	No	N/A		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0000)			val	=	ılate	ure
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Newark Carting, Inc. Hauler ID No. 0f Waste TBD G.R.O.W.S. North Landfill													
Newark Carting, Inc. Hauler ID No. 0f Waste TBD G.R.O.W.S. North Landfill	Name of Registered Waste Hauler		N	JDEP W	aste Cubic	Yards	Name of	Registe	red Landfil			,	
Newark, NJ 07105 TBD Morrisville, PA 19067 Completed by Title Signature Date	Newark Carting, Inc.		H	lauler ID	No. of Was		1 0000000000000000000000000000000000000						
Date Date	City, State Newark, NJ 07105					sal Date			A 19067				
The state of the s	Completed by Joseph Patrick	E 2000 2000	ct Ma	anager	S	ignature	1	_	1233		19		

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K 100329	. 4	NOTIFI (P	GATION ursuant P	ate of New NOF ASBE to NJAC-8 AL Job#	S#ØS / ₩ 60 and	ABATE d 12:12 3 Add	MENT 0) Material Please	see addi	EC 2	4 20	119 7 she	et 📙	
Date of Notification (1) 12/17/2019			Mame o	f Building (Whar/C	narator	- (2)					- 1	
Agencies Notified Type Notification		_	Street A	Address	i ilisui	ance	Company of A	Melde	STOS C	SING	ROL	&	_
				/ashingto	n Stre	et	Entranse			uradivinuini	NO PURE PURE PURE PURE PURE PURE PURE PURE	wanteress.	Spenior
DEP X Amended Amendment				ate, Zip Coo rk, NJ 07					100				
Emergency justification) DCA Cancellation	N. 107.		Name o Bill Ba	f Contact arrett				1 Control 2014 (2014)	hone Nun 802-217				
Name of Facility Where Abatement is Takin	a Place /	2/	FAC	ILITY INFO	RMATI	ON	Tuna of Facility	(4)					
Wash Building	ig Place ()					Type of Facility School (K-	-X:::E'					
Street Address 213 Washington Street 11th, 12th,	13 & 14	4th Flo	oor				Subchapte Other (i.e.	r 8 (Other			dings,	home	es,
City (5)							etc.) Square Feet	# of F	loors	В	ldg. A	ge	
Newark							400,000	21		0.550	0+		
County (6) Essex				Code (7) USE ONLY)	-		Current Use (Pr Commercial			ned)			
Name of Monitoring Firm Hired by Building Tiger Environmental Inc	Owner (8)		ASC	M No.			of Abatement Co Environmenta)/B/A	PAL	_Env	vire
Street Address 256A Jefferson Court							Address 2 Queens Pla	za South					37
City, State, Zip Code						1	State, Zip Code	Za South					_
Lakewood, NJ 08701							Island City, N	NY 11101	1				
Project Manager for Monitoring Firm Kelly Walton			Telepho 732-94	ne No. 48-9458	*4		hone No. 349-0900	100	icense No 10853	0.			
Start Date (10) 11/25/2019	Schedul 01/25/2		npletion	Date (11)			of OSHA Monitor ciech Kowalcz		147				
Occupancy Status During Abatement (Chec	ck Only Or	ne)					Address Beach 98th St	root					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm						City, S	State, Zip Code	******					
Other – Describe:						Rock	kaway Park, N	Y 11694					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Full Containn Mini-Enclosu		egative P	ressu	re		
		200				F	Glovebag Pro	cedure	lon Friehl	la Dra		_	
	le	Locati	cn.				1 Non-Exemple	d () and r	NOII-FIIADI		Abate		t
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Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	ed Sole iintenar	nce/				Material (ACM) s insulation,	Amo (Spe		D D		Ē	п
In Facility	Cus	todial S (12)	Staff?		surfac	cing, VA	T, or	SF or		Removal	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		other ii	niscellar	leous)			val	#	ulate	l e
11th Floor		X		Floor Til	le, Ma	stic &	Duct Insulatic	21,00	0 SF	Х			
12th Floor		X					Duct Insulatic	21,00		Х			
13th Floor		X			300		Duct Insulation	21,00		X			
14th Floor		X			- 52		Duct Insulatic	21,00		X			
Name of Registered Waste Hauler		N	JDEP W	Vaste	Cubic '	Yards	in the	Registere					
ATC			auler ID 4310		of Was	ırds		a Enterp	rises				
City, State Shirley, NY 11967					Dispos 11/27	al Date /2019		te sburg, C)H 4468	38			
Completed by	Title	_ I! -		1	S	ignature	A		Dat		2015		
Ann A. Ali	Com	pliand	e Adm	111.]			41		12	/1//2	2019		

213 WASHINGTON STREET - ADDITIONAL MATERIAL

L	LOCATION		TYPE OF MATERIAL	FOOTAG	GΕ
IT	JANITOR'S CLOSET	T	PIPE INSULATION	40 LF	
17	JANITOR'S CLOSET	T	PIPE INSULATION	40 LF	
17	JANITOR'S CLOSET	T	PIPE INSULATION	40 LF	
IT	JANITOR'S CLOSET	T	PIPE INSULATION	40 LF	9
) F	VATOR MACHINE ROOM	T	PIPE INSULATION	50 LF	
P	VATOR MACHINE ROOM	T	PIPE INSULATION	50 LF	
CC	COLUMN D2	T	PIPE INSULATION	36 LF	
CC	COLUMN D2	T	PIPE INSULATION	36 LF	
CC	COLUMN D2	T	PIPE INSULATION	36 LF	
CC	COLUMN D2	T	PIPE INSULATION	36 LF	





State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1912-5569 Check # 19 19 / 12 ASBESTOS CONTHOL & LICENSING Street Address Type Notification Agencies Notified 10 Legion Place-Building A ☐ Initial **⊠** EPA City, State, Zip Code **⊠** DOLWD Amendment #1 Morristown, NJ 07960 **⊠** DHSS ☐ Emergency (including Telephone Number T DCA Name of Contact justification) (NJAC 5:23-8) 215-221-9335 Matt Turner ☐ Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Valiant/JCP&L Pole ☑ Other (i.e., private and commercial buildings, Street Address homes, etc.) 44 South Wall Street Bldg. Age # of Floors Square Feet City (5) **Neptune City** Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Substation Monmouth Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00529 609-265-2107 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) **EMSL** Analytical 12 / 31 / 19 12 / 20 / 19 Street Address Occupancy Status During Abatement (Check only one) 200 Route 130 North ☐ Facility Closed/Vacated During Entire Period-of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Cinnaminson, NJ 08077 PM/ Time of Abatement: ____AM-__ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure □ Renovation >3 sf or ≥3 lf ☐ Demolition ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Repair Enclosure Encapsulate Normally Description of Removal Location of Amount Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Maintenance/ TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or IN Facility other miscellaneous) (12)(13)N/A Yes No X 16 LF Asbestos risers X П Exterior Utility Pole#JC165NC П П П Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Waste G.R.O.W.S. Landfill Hauler ID No. AbateTech, Inc. 18750 Disposal Date City, State City, State Tullytown, PA 12/31/19 Lumberton, NJ Date Signature 12-19-19 Completed By (Print or Type) Title **Operations Coordinator Gwen Trumbetti**

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

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) 18 / 19 12 JCP&L/FirstEnergy Company / Job #1912-5572 Check # Type Notification ASBESTOS CONTROL & Agencies Notified Street Address LICENSING **⊠** EPA ☐ Initial 10 Legion Place-Building A **⊠** DOLWD City, State, Zip Code Amendment #1 ☑ DHSS Morristown, NJ 07960 ☐ Emergency (including ☐ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Matt Turner 215-221-9335 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Valiant/JCP&L Pole School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 520 Main Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Allenhurst County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __12__ / __19__ / __19__ 12 / 31 / 19 **EMSL** Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/_ Cinnaminson, NJ 08077 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 Removal Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior Utility Pole#WR60234007 П X Asbestos risers 16 LF П П П П П

Lumberton, NJ
Completed By (Print or Type)

AbateTech, Inc.

Gwen Trumbetti

Name of Registered Waste Hauler

Title

Operations Coordinator

NJDEP Waste

Hauler ID No.

18750

12/31/19

Cubic Yards of

Disposal Date

Waste

Tullytown, PA

Name of Registered Landfill

G.R.O.W.S. Landfill

City, State

Signature Date 12-18-1

City, State

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Name of Facility Where Abatement is	s Takin	g Plac	ce (3)					Type of Facility	y (4)				
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Street Address								Subchapte	r 8 (Other than K-1 private and comm	2)	huildin	ac	
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Name of Monitoring Firm Hired by Bu	ilding (Owner	(8)	ASCN	l No.	Nar	me of Abateme	ent Contractor (9	9)				
USA Environmental						A	bateTech, I	nc.					
Street Address						Stre	eet Address						
344 West State Street						3	0 Maple Ave	e. PO Box 25					
City, State, Zip Code						City	, State, Zip Co	ode					
Trenton, NJ 08618						L	umberton, N	J 08048					
Project Manager for Monitoring Firm		and the same of th	Tel	ephone	No.	Tele	ephone No.	License No.					
William Weisgarber					6-8101 \	1	09-265-2107		00529				
Start Date (10)					ate (11)	1	ne of OSHA M						
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Name of Registered Waste Hauler AbateTech, Inc.			1.73	JDEP \ auler ID		Cubic	Yards of	Name of Regis					
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Gwendolyn Trumbetti	Op	erati	ons (oordi	nator			$\Lambda / ()$	1	2-	1-	10	1

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Date of Notification (1)				,	Na	ne of Build	ing (Owner/Operato	r (2)	III LL DE	0 2	4 [UIJ.	-			
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Name of Facility Where A	batement is	s Takii	ng Pla	ce (3)					Type of Facility	(4)							
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Street Address							Si	treet Address									
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Project Manager for Monito	oring Firm			Tel	ephone	No		elephone No.	110 000 70	License No.							
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Gwen Trumbetti	ANGELS VI. 0000 D. F. C. F.																
		Operations Coordinator									2	1 (6				

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NUAC 8:60 and 5:46)

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Street Address									☐ Subcha	pter 8 (0	Other than K-1 ate and comm	2) ercial b	uild	ings		
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Project Manager for Mor	nitorina Firm			Tele	phone I	No.	Telep	hone No.			License No.					
, rojour managomen	3						609-265-2107 00529									
Start Date (10)	Sc	chedule	ed Co	mple	tion Dat	te (11)	Name	e of OSHA M	lonitor			(100 May 1842)				
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Gwen Trumbetti	ions	Coord	linator			12-16-					C	¢				

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ASB-41

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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Street Address			_			Street Address	s							
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Exton, PA 19341						Lumberto								
Project Manager for Monit	oring Firm		Te	elephon	e No.	Telephone No			License No.					
Exton, PA 19341				610-52	4-5525	609-265-2107 00529								
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12 /16 /	19	_12_	/ _:	20_/	_19_	EMSL Ana	lyti	ical						
Occupancy Status During	Abatement (C	Check only	one)			Street Address	s							
☐ Facility Closed/Vacated						200 Route 130 North								
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Time of Abatement:	AM	PM/	PI	VI	_AM	Cinnamins	son	, NJ 08077						
Scope of Work (Check all	that apply)								100 100					
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Agencies Notified ☑ EPA	Type Notif	icatio	n		10-70-0015	et Address		d 1 Blda 409	36 Livingston 6	ASBES	TOS			OL a	Ž.
☑ DOLWD	☐ Amend	ed				State, Zip			DO LIVINGSTON	ampus					
☑ DHSS	Amend			_		scataway									
☐ DCA (NJAC 5:23-8)			includir	ng		e of Conta		3 00034		Talanhana	Monada				
(NJAC 5.23-0)	☐ Cancell	000000000000000000000000000000000000000					Contact Telephone Number 848-445-2550								
										040-440	-2550			- 2111	
Name of Facility Where A	hatament is	Takir	an Dian	- (2)	F/	ACILITY	NFC	RMATION	1= .=						
			-	8.00	007.0	4455			Type of Facility						
Rutgers- Livingston	Campus-	· Bla	gs. 40	86, 4	J87 &	4155			School (K-1) Subchapter		K-12\				
Street Address									Other (i.e., p			ial bu	uildin	gs,	
27 Road #1									homes, etc.						
City (5)									Square Feet	# of Floors		10.	dg. A	ge	
Piscataway, NJ 088	54									4			60+		
County (6)					Cou	inty Code (7)(ST	ATE USE ONLY)	Processor of the second of the second	ior if being der	molish	ed)			
Middlesex									Academic						
Name of Monitoring Firm I		lding	Owner	(8)	ASCN		Na	ame of Abateme	ent Contractor (9)						
Health & Safety Sen	/ices				117			AbateTech, I	nc.						
Street Address							St	reet Address							
PO Box 365							:	30 Maple Ave	e. PO Box 25						
City, State, Zip Code							Cit	ty, State, Zip Co	ode						
Berlin, NJ 08009							1	Lumberton, N	NJ 08048						
Project Manager for Monito	oring Firm			Tel	ephone	No.	Telephone No. License No.								
James Proctor				8	56-452	2-1311	609-265-2107 00529						7		
Start Date (10)		Sched	duled C	omple	etion Da	ate (11)	Na	me of OSHA M	lonitor						
12 /13 / _	19		12_ /	1	3_/	19_	E	EMSL Analyti							
Occupancy Status During	Abatement (Chec	k only	one)			Str	eet Address					-		_
☐ Facility Closed/Vacated	During Enti	ire Pe	riod of	Abate	ment		2	200 Route 13	0 North						
Abatement Performed 0	Outside of N					scribe	Cit	y, State, Zip Co	ode						
Time of Abatement:	AM	PI	M/	PM		AM	1	Cinnaminson							
Scope of Work (Check all t	hat apply)								,						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			☐ Re	novat				☐ Mini-Encl ☐ Glovebag	ainment with Neg losure g Procedure mpted (*) and Nor						
			0.00	Loca								Aba	atem	ent T	уре
Location of		41		Norma				Description of		2 000000017000	Ì	300	_		
Asbestos-Containing Ma		1)		intena		Asbe	stos the	Containing Mat ermal systems in	terial (ACM)	Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial	Staff?	(1.0	5	surfacing, VAT,	or	SF or LF)		oval	7	nsd	Sur
(13)				(12)	Ι	1	ot	her miscellaned	ous)					late	Ф
Exterior			Yes	No 🖂	N/A	Anhanta	- / [7	hallalia a BA-4.	atata	400.00	-	F 7			
LACTION		_				Aspesto	05/6	Building Mate	riais	180 CY	_		Ц	Ш	Ш
				П									П	П	П
Name of Registered Waste	Hauler			IN	JDEP \	Naste I	Cul	oic Yards of	Name of Regist	ered I andfill		-			
Mazza Recycling Sen				138	auler II 00366	No.	Wa:	ste	Fairless La						
City, State								posal Date	City, State						
Tinton Falls, NJ							1	2/16/19	Tullytown,	PA					
Completed By (Print or Type	e)	Title						Signature	1		Date	_		,	7
Gwendolyn Trumbett		0	perati	ons (Coordi	nator			NAIX		T,	11	1 -	1	
100.44			oceanie.	-000 CM		2010044239107050						- 1	. 1	()	į.