262299	the same	58	NOT	TIFIC (F	Pursua	ant to NJ	AC.	STOS ABA 8 60 and 5 1	(kal)		FE	В -	- 3	2020	)
Date of Notification (1)	(2) 				Nan	ne of Buildin	ig O	wner/Operator	(2)	-					
01 /	30 /	2020			Jin	n Quinla	in			AS	BES	rne	001	ITD	negon 1 =
Agencies Notified	Type Notific	cation			Stre	et Address				1		ICE			-11
☑ EPA ☑ DOLWD	☑ Initial	3									AMERICANA	PRO-L-HUMBER	HUNDROWN,	en e	diameter.
☑ DOH	☐ Amender Amendm				1 2000	, State, Zip (									
□ DCA	☐ Emerger	ncy (in	cludin	g	Gle	en Rock	, N.	J 07452							
(NJAC 5:23-8)	justificati					ne of Contac				Telephone	Numb	er			
	☐ Cancella	ition			Jim	Quinlan	1			l.*,					
					F	ACILITY IN	NFO	RMATION							
Name of Facility When	e Abatement is	Taking	Place	e (3)					Type of Facilit	y (4)					_
Residence									School (K-	12)					
Street Address									Subchapte	r 8 (Other than private and co	K-12)	nial h	uildin	~~	
									homes, etc		milef	Jai D	unum	ys,	
City (5)									Square Feet	# of Floor	s	В	ldg. A	ge	_
Glen Rock									2,100SF	2		9			
County (6)							7) <i>(ST.</i>	ATE USE ONLY)	Current Use (F	Prior if being de	molisl	ned)	-1-15		
Bergen County					02	22			Residence						
Name of Monitoring Fir	rm Hired by Build	wner	(8)	ASCN		Na	ame of Abatem	ent Contractor (	9)					_	
N/A					N/A	9	A	cme Profe	ssional Se	rvices Cor	гр				
Street Address							_	reet Address							_
N/A				170000				50 Rifle Car							
City, State, Zip Code							100000	ty, State, Zip C							_
N/A									ark NJ 0742	4					
Project Manager for Mo	onitoring Firm			4-0992	lephone	No.		lephone No.		License N	0.				
N/A				N/				73-938-526		02003					
Start Date (10)						ate (11)	Na	me of OSHA M	lonitor						
	/ 2020	02			/	2020		rsenije Ada	amov						
Occupancy Status Duri								eet Address							
Facility Closed/Vaca	ated During Entir	re Peri	od of	Abate	ement			0 Rifle Car							
☐ Abatement Perform Time of Abatement:	ed Outside of No AM-	ormal l PM	racilit	y Hou	urs - De 1-	scribe	1	y, State, Zip Co							_
					72.00		W	oodland F	ark NJ 074	124					
Scope of Work (Check	all that apply)	ì	☑ Re	nova	tion			☐ Full Cont	tainment with Ne	egative Pressur	re				
≥160 sf or ≥260 lf		Ì		molit				☐ Glovebac	g Procedure						
		T	92	,					mpted (*) and N	on-Friable Prod	cedure	_			
Locatio	on of			Loca Norm				Description o	.f				1	ent T	Ť.
Asbestos-Containin	g Material (ACM	1)	Use	d So	lely by			Containing Ma	terial (ACM)	Amount		Ren	Repair	Enc	10000
TO BE AF					ance/ Staff?		., the	ermal systems	insulation,	(Specify		Removal	air	aps	
(13)			20000	(12				surfacing, VAT, her miscellane		SF or LF	)	<u>a</u>		Encapsulate	1
<u> </u>			Yes	No	N/A		0.0000		second €1					O	
Basement					X	ACM T	ile	& Mastic		350SF		X			]
Basement					X	ACM P	Pipe	and fitting	insulation	75LF		X			
				П									П	П	Г
		_										-		1	-
Name of Registered Wa	aste Hauler			Ц,	NJDEP	Masto	C	nio Vardo of	Name of De-	stored Leader			Ш	Ш	L
The second second		Com		1	Hauler I	D No.	Was	oic Yards of ste	The second of the second of the second	stered Landfill					
Acme Profession City, State	al Services	Corp	,	0	0038176	5 +	3.5	2000	Fairless La	andill					
	11						Sec.	posal Date	City, State						
Voodland Park N							02-	-13-2020	Morrisville	PA					
Completed By (Print or		Title	12/12/2	80				Signature			Date				
Arsenije Adamov		Pres	side	nt				Arson	iso Ada	mou	1-3	0-20	020		

MILAD					OF ASE						, ,					
Date of Notification (1)					of Building	L		,		5	16:	牛		THE P		M
1/29/2020	1774	0		Sahw	nteeha l		, operator	. (-/		Ur	3 9					
Agencies Notified Ty	pe Notification			Street A	\ddress						FEB	-	3 2	2020		凹
DEP DOL	Amended Amendment #	ŧ			ate, Zip Cork, NJ 0							us shiers				
× DOH				N. Valle 3	of Contact	7 100	0-1-				SBEST ephone				L &	
DCA D	Cancellation			(11200000000000000000000000000000000000	nteeha l								T.	production	educivicado aon	AND RESIDENCE
Name of Facility Where Abat	tement is Taking	Place (	3)	FAC	ILITY INF	ORMA	TION	Туре	of Facility	(4)		7				
Residential Property									School (K-							
Street Address								×	Subchapte Other (i.e.					dings,	home	es,
City (5)			-					Squa	etc.) re Feet	200	Floors	_		ldg. A	ge	-
Newark County (6)				County	Code (7)			3,99		2		-11-1-		932		
Essex					USE ONLY	)		Curre	ent Use (Pr	ior ii bei	ng aemo	olisne	ea)			
Name of Monitoring Firm Hire	ed by Building O	wner (8)	)	ASC	M No.				tement Co ontracting		(9)					
Street Address								Addres	ss 5th St.							
City, State, Zip Code			7				City, S	State, Z	ip Code NJ 0720	16						
Project Manager for Monitoring	ng Firm		Т	Telepho	ne No.			hone N		70	Licens	e No		V-100		
Start Date (10)		Cabadul	-4 0		Date (11)		-	906-4	123 HA Monitor		01355	5			0	
02/01/2020		02/03/2		npietion	Date (11)				nmental		atories	, Inc	<b>)</b> .			
Occupancy Status During Ab	atement (Check	Only Or	ne)				- 10 MARKET AT 10 M	Addres	ss te 22 We	ot						
Facility Closed/Vacated Abatement Performed C Other – Describe: OCC	Outside of Norma						City, S	State, Zi	ip Code	:51	11					
Scope of Work (Check All Th							Unio	in, ivj	07083							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Min Glo	I Containm ni-Enclosur ovebag Pro n-Exempte	e cedure					е	
		1000	Locati											Abate Ty		
Location of Asbestos-Containing Mate	erial (ACM)	Use	Normal d Sole	ly by	Asbes		escription		(ACM)	l A	mount			.,		
TO BE ABATEI In Facility (13)	D		intenar todial S (12)		(i.e.	surf	al systems acing, VA miscellar	T, or	ation,		pecify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A		00.0.	moodia	.0000)					/al	7	late	лге
Basement				X		Pip	e Insula	ition		25	0 LF		Х			
Name of Registered Waste H	auler		10,232	IJDEP W		100000000000000000000000000000000000000	c Yards		Name of	Registe	red Land	dfill				
Danvic Contracting LLC			1.000	lauler ID 7574	INO.	of W			Fairless		fill			2211222		
City, State Elizabeth, New Jersey					2.1	Dispo TBD	osal Date		City, Stat Morrisv		Ą					
Completed by Jeymy Donneys		Title Owne	er				Signature	1	9			Date	9/20	20	anet-E	
25jiiij Bolilloyo		OVVIII	J.					-	10 10 10			112	0/20	20		

State of New Jersey

Ch3134		NOTIF	ICATIO	N OF ASE to NUAC	ESTOS	ABATE	MENT	chec	川配	][[	J. F	G		$\mathbb{V}$	E
Date of Notification (1) 01/29/2020	4	0		of Building Igh of W			r·(2)	- d)			FEB	_	3 :	2020	**************************************
Agencies Notified Type Notification			Street A	Address Imboldt (	Street				T						
EPA Initial Amended		-		ate, Zip Co						ASI	DEST	08	CON	TRO	1. &
DOL Amendment Emergency				-Ridge,		ersey (	07075	i	- Interpretation		L!	CEN	ISIN	G	NA Parancia de la constantina de la co
DOH justification)		΄ Γ		of Contact hris Eile	+		3-2		378.63	ephone					
DCA Cancellation				ILITY INF		ION			(20	01) 93	9-020	)			
Name of Facility Where Abatement is Takin	g Place (	3)	.,,,		OT CHILD'S		Туре	of Facility (	4)						
Former Gas Station Building Street Address								School (K-1		th	IZ 40\				
305 Hackensack Street							×	Subchapter Other (i.e. p				build	dings,	home	es,
City (5)							Squa	etc.) re Feet	# 0	f Floors		В	ldg. A	\ge	
Wood-Ridge				0 1 /7			1,25		1			1 33	0		
County (6) Bergen				Code (7) USE ONLY	)			ent Use (Prioner Gas S				d)			
Name of Monitoring Firm Hired by Building (TBD	Owner (8	)	ASC	M No.				tement Con acting, LL		(9)	3				
Street Address							Addre: Valle	ss ey Road, s	Suite	K					
City, State, Zip Code			-X					ip Code ew Jersey	, 074	70					
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	none N ) 928-	0.	07.1	Licens					
Start Date (10) 02/08/2020	Schedul 03/08/		npletion	Date (11)		Name	of OSI	HA Monitor acting, LL							
Occupancy Status During Abatement (Chec			-			100	Addres	27777							
Facility Closed/Vacated During Entire F	eriod of	Abatem	ent					y Road, S	Suite	K					
Abatement Performed Outside of Norm Other – Describe:	al Facility	y Hours						ip Code ew Jersey	074	70					
Scope of Work (Check All That Apply)			- 100001	MI-35						1.3					
≥3 sf or ≥3 lf  x  ≥160 sf or ≥260 lf		Renova Demoliti					Mir Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	edure					e	
	Is	Locati	on										Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall ed Solel iintenar todial S (12)	y by nce/		tos Cont thermal surfa	scription taining M systems cing, VA niscellar	Material s insula T, or		(S	mount Specify or LF)		Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A											te	(D
Office		Х		١	/inyl S	heet Fl	loorin	g	13	30 SF		x			
Office		Х			ı	Mastic			13	30 SF		x			
Office		Х		Ext	erior V	Vindow	Caul	king	15	50 LF		x			
Exterior		×				Wall (	Caulk			00 SF		x			
Name of Registered Waste Hauler Service Transport Group, Inc.		Н	JDEP W auler ID )990		of Was			Name of F Minerva	Ente			2			
City, State New Castle, Delaware					Dispos TBD	sal Date		City, State Waynes		Ohio					
Completed by Ljiljana Sekularac	Title Office	e Assi	stant		S	ignature		1	>		Date 01/2	9/2	2020		

CKTBlegnon X

								2)		th V	0120	1 1	3	1	1/ 17	3 15
Date of Notification (1) 1/29/20	117/08	$\wedge$			Building C					U		9) [	3 1			
Agencies Notified	Type Notification	<i></i>		Street A	ddress		22/2/2017/2017			m	Ge :		_	200	00	-11
□	П										F	EB :	- 3	20	ZU	14
EPA DEP	Initial Amended		- 1	City. Sta	te, Zip Coo	de				-	-		-			+
DOL.	Amendment	#		0.001	boro NJ				-				- 01	S & COS	1.7 \( \) 1	0
	Emergency (	including	_		Contact					I Tel	ASRE					CL
DOH DCA	justification) Cancellation		1	Mabel					<u>L</u>	- 10.	opnono	. AFIG.		11.4 (24	Nava de la compansión de	-
<u> </u>	Las Cariociadori				LITY INFO	DMAT	TION									
Name of Facility Where	Abatement is Taking	Place (3	)	PAGI	LITT INFO	TUMPL	IION	Type	of Facility (4	)						$\neg$
Mabel E McClain F								_		2						
Street Address		-		-			-		School (K-12 Subchapter 8		er than k	(-12)				
0.100171441000									Other (i.e. pr				uildi	ngs,	home	s,
City (E)								е е	tc.)	T 44	·		DI	J _ A		_
City (5)	MC								e Feet	E 2000	Floors		13.5	ig. A	je	
Willingboro NJ 080	<i></i>							1000		2			0.0275	)+		
County (6)				County C	Code (7) ISE ONLY)				nt Use (Prio	r if bei	ng demo	olished	)			
Burlington								Hou								
Name of Monitoring Firm	n Hired by Building (	Owner (8)		ASCM	No.				ement Cont	ractor	(9)					
N/A					5.5	7. 3	1	naco Ir								
Street Address			241212				Street	Addres	s							
							PO	Box 32	29							
City, State, Zip Code							City, S	State, Zi	p Code				*****			
							Wes	st Berli	n NJ 080	91						1
Project Manager for Mo	nitoring Firm		т.	Telephor	ne No.	-	Telepl	hone No	).		Licens	e No.				
							856-	-753-9	800		0072	7				
Start Date (10)		Schedule	ed Com	pletion [	Date (11)		Name	of OSH	A Monitor						-	$\neg$
1/30/20		2/1/12		• 01000 00000			Sam	ne								
Occupancy Status Durir	ng Abatement (Chec	k Only On	e)				Street	Addres	s							$\neg$
	70 T															
	cated During Entire F ned Outside of Norm						City, S	State, Zi	p Code	q						-
Other – Describe:				27025-12		_	0,,	,	p							
Scope of Work (Check /	All That Apply)												-	77		-
	чи тнастррну)	<b>I</b>					Г	٦				-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Distriction 1	Renova Remolit				-		Containme i-Enclosure		i Negati	ve Pre	ssur	Э		
≥160 sf or ≥260 lf			remond	IOII					vebag Proc							
							2	Nor Nor	n-Exempted	(*) an	d Non-F	riable	Proc	edure	3	
		Is	Locati	on									1		ment	
Locatio	n of	l N	Normal	ly		D	escription	n of				-		Ту	pe	
Asbestos-Containing			d Sole intenar			os Co	ntaining I	Material			mount		_		ш	m
TO BE A			todial S		(i.e.		al system		ition,		Specify		립	Re	ncal	ncl
In Fac			(12)				facing, VA miscella		- 1	31	F or LF)		Removal	Repair	Encapsulate	Enclosure
(10.	,	1.		1		17000000							<u>=</u>	_	ate	6
		Yes	No	N/A						5						-
Bathro	oom			х		Floor	Tile &	Mastic	:	3	5 SF		x			
		+		-						-		-	-			
										****						$\overline{}$
Name of Registered Wa	ste Hauler	-	1000	JDEP W		100000000000000000000000000000000000000	ic Yards		Name of F	Regist	ered Lar	ndfill				
United Containers			1000	lauler ID	No.	all solutions	aste		G.R.O.	W.S.						
			2	2459		1										
City, State						M9.9335	osal Date	9	City, State		8 400	07				
Elm NJ			V			2/3			Morrisv	ille P	A 190					
Completed by		Title	3 60				Signatur	e /	5-30-00	-	-	Date				
Anthony T Perna		Pres	ident				/	115				1/2	9/20	)		

INV# 17710

State of New Jersey

Check#3552	AID	NOI					and 5:16	STATE OF THE PROPERTY OF THE P	I C	E	1 1/4		3
Date of Notification (1)	S 62 SHAPPERS			Name	of Building	Owner/	Operator (2	()		-1	H + 1 1 1 1 1 1 1		11
01	30 /	20			Mrs. Steve		alterates to	f	ren	- 9	201	10	
Agencies Notified	Type Notifica	ation			Address	en Mer	anus		FEB.	0	202	U	-71-
<b>⊠</b> EPA	☐ Initial								<u>i</u>				
⊠ DOLWD	Amended			City, S	State, Zip C	ode						6.54	
DHSS DCA	Amendme		-	Monto	lair, NJ 0	7042				L. C	11/11/25		
(NJAC 5:23-8)	justification		9	10000	of Contact				Telephone Numb	er	-		
	☐ Cancellat	ion		Gary 1	Toriello				1				
				FA	CILITY IN	FORM	ATION						
Name of Facility Where A	batement is T	aking Place	(3)					Type of Facility	(4)				
Private house								School (K-12					
Street Address									(Other than K-1 2) rivate and commerc		ilding	S.	
								homes, etc.)					
City (5)								Square Feet	# of Floors	Blo	dg. Ag	je	
Montclair, NJ 07042				T .									
County (6)				Coun	ty Code (7) (	STATE	ISE ONLY)	Current Use (Pri	or if being demolis	ned)			
Essex Name of Monitoring Firm	Hirad by Ruils	ting Owner	/8\ T	ASCM	No	None	- F A h - +	-1 C1(0)					
75	- 5	ang Owner	(0)	ASCIVI	INO.	1500065		nt Contractor (9)					
ABS Environmental Se Street Address	rvices LLC					Gr Tec	Address						
PO Box 483								202					
City, State, Zip Code							alley Rd #2 tate, Zip Co						
Glenwood, NJ 07418							, NJ 0747						
Project Manager for Moni	toring Firm		Tele	phone	No.		one No.		License No.				
Scott Higgins			877-	434-6	041	973-35	6-3511		01127				
Start Date (10)		Scheduled (				Name	of OSHA M	onitor		-			
01 / 15 /		03	/	/		Enviro	vision Cor	nsultants,Inc					
Occupancy Status During						Street	Address						
Facility Closed/Vacate								Road, Bldg .# :	35E				
Abatement Performed Time of Abatement: _	AM-	ormai Facili PM/	ty Hou PM	's - Des	AM	City, S	tate, Zip Co	de					
						Fair La	wn, NJ 07						
Scope of Work (Check all	that apply)					A			ation with negative gative Pressure		sure		
>3 sf or >3 If > 160 sf or >260 If			enovat				Mini-Encl	osure					
<u>⊠</u> ≥ 150 St or ≥250 If			emoliti	on		Н	Glovebag Non-Exer	Procedure npted (*) and No	Tent with Negative n-Friable Procedur	e	ure		
			s Loca	ion						-	ateme	ent T	уре
Location		n He	Norma ed Sol				escription of			R	D	m	m
Asbestos-Containing I TO BE ABA		7	aintena				itaining Mat al systems ii	erial (ACM)	Amount (Specify	Removal	Repair	псар	nclo
IN Facili		Cu	stodial (12)	Staff?		surfa	acing, VAT,	or	SIF or LF)	ova	=	Encapsulate	Enclosure
(13)			T	T	-	other	miscellaneo	ous)		0.00		ate	
		Yes	No	N/A			•			NZI.	-		
1st floor-living room		ᆜᆜ	1	X	Walls&c	eiling p	olaster		1,093 SF				ᆜ
1st floor-TV room			Ш	×	Walls pl	aster			225 SF		Ш		Ш
1st floor-hall and closet				×	Walls&c	eiling p	olaster		600 SF				
Basement-stairwell				×	Walls&c	eiling r	olaster		257 SF	X			
Name of Registered Was	te Hauler		NJ	DEP Waste				Name of Regis	itered Landfill				
Gr Tech LLC				003378	35	TB	D	T.R.R.F. Inc					
City, State						-	al Date	City, State					
Wayne, NJ 07470						ТВ	D	Tullytown, P.	A				
Completed By (Print or Ty	/pe)	Title					ignature	1	Da	te			
N.Jevtic		Owner					H	who wena	0 01/	30/20	)		
ACD 44		4					1/8	wena	or I				

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

chk # 1191

-1114	- And Charles and Charles	5							Ch	K 7	7 II	71			
Date of Notification (1) 1/29/2020					f Building d Lee J		Operato	r (2)		Control of the Contro		F	ii //		1 P 2 P 4
Agencies Notified	Type Notification			Street A	ddress		pominy greo					lad 	0 1		
☐ EPA	× Initial			0:: 0:			000000000000000000000000000000000000000								
DEP × DOL	Amended Amendment	#			ite, Zip Co n, NJ 07						FE	B - 3	20	20	11.
	Emergency	(including	_		f Contact					Tele	phone N	lumher			
DOH DCA	justification) Cancellation				d Lee J	r.				100	priorie i		( 1.1		alk J
				FACI	LITY INFO	ORMAT	ION					atain.	11/2	and the	
Name of Facility Where A Residential Property		ig Place (3	3)					Тур	pe of Facility						
Street Address	•							łΗ	School (K- Subchapter		r than K	-12)			
								×	Other (i.e. ) etc.)	private 8	comme	rcial bu	ldings	, home	es,
City (5)								100000	uare Feet	100000000000000000000000000000000000000	Floors		Bldg.		
Linden				~	0 1 (7)			94		2			1927		
County (6) Union				(STATÉ I	Code (7) USE ONLY	)		Cu	rrent Use (Pri	or it beir	ng aemoi	isnea)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.				batement Co Contracting		(9)				
Street Address							Stree 240		ress ith 5th St.						
City, State, Zip Code									, Zip Code						_
							Eliza	abet	h, NJ 0720	6					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Telep 908		No. -4123		License 01355			1101	
Start Date (10)				mpletion	Date (11)		200000000000000000000000000000000000000		SHA Monitor						
02/08/2020		02/10/2						-02501000	ronmental	Labora	itories,	Inc.			
Occupancy Status During							Stree 233		ress oute 22 wes	st					
Facility Closed/Vaca Abatement Perform	ed Outside of Norn								, Zip Code		10000			-11	
Other – Describe:	OCCUPIED						Unio	on, N	NJ 07083						
Scope of Work (Check A	II That Apply)						-	_							
≥3 sf or ≥3 lf		-	Renova						Full Containm Mini-Enclosur		Negative	e Press	ure		
≥160 sf or ≥260 lf		П	Demoli	liori				$\times$	Glovebag Pro	cedure					
							L		Non-Exempte	d (*) and	Non-Fri	able Pr	111010	re emen	
		9.5	Locat Norma											ype	
Location Asbestos-Containing		Use	ed Sole	ely by	Asbes		scriptio taining		rial (ACM)	Ar	nount			П	_
TO BE ABA	ATED		intena todial :		(i.e.	therma	system				pecify or LF)	Remova	Re	Encapsulate	Enclosure
(13)	ity		(12)				miscella	0.000			0. 1. /	nova	Repair	sula	nusc
		Yes	No	N/A										ite	Ф
Baseme	ent			Х		Pipe	Insul	atior	1	8	0 LF	Х			
											A Life to the Total				
Name of Registered Was	te Hauler			NJDEP W		242122000	Yards		Name of	Registe	red Land	fill			
Danvic Contracting L	LC		14 12	lauler ID 7574	NO.	of Wa	ste		Fairles	s Land	fill				
City, State Elizabeth, New Jerse	ev					Dispo	sal Date	е	City, Star		A				
Completed by	-,	Title					Signatui	re	- 00	,		Date			
Jeymy Donneys		Own	er				•	(-				1/29/2	2020		

Inv# 171279	ALL	NOT I)	IFICA Pursua	TION OF A	SBES	STOS ABA	TEMENT 120-7)	CK	3	51	C	)
Date of Notification (1)				Nam	ne of l	Building C	wner/Operator	(2) NY OF AMERIC	Ä. ((			W
1 / 30 /202				0.0000000000000000000000000000000000000	et Add							
Agencies Notified Type Not	ification			213	WASI	HINGTON	STREET		y			non
DEP X Ame	al Notifica ended No cellation		n	NEV	VARK		RSEY 07102		<del>     </del>	Ь		
	Hold ERGENC	V NOT	IEICAT			Contact		Telephone Nun				
EIMI	INGENO	TINOT	ii osseomos		South Respondent	RETT		973-802-2175		. dt.d.	M DAR	Colo
Name of Facility Where Abatement	is Takin	g Place	(3)	FACILITY II	NFUR	INATION	Type of Facilit	ty (4)				
PRUDENTIAL PLAZA			. ,				School (K Subchapt		K-12)	is ho	mes i	etc )
Street Address							Square Feet		T	Bld	g. Age	510.)
751 BROAD STREET							785,000	27			59	
City (5) Cou NEWARK ESS	inty (6) SEX					de (7) E ONLY)	Current Use (P COMMERCIAL	rior if being demo	olished	l) Pha	rm. La	ıb.
Name of Monitoring Firm Hired by TIGER ENVIRONMENTAL INC.		Owner	(8)	(0.7,1.		SCM No.	Name of Abate	ement Contracto		ION		
Street Address					-		Street Address		01011	1011		
256A JEFFERSON COURT City, State, Zip Code							313 SPOOK RO				amua.c.	
LAKEWOO	D, NEW	JERSE	Y 087	01			City, State, Zip SUFFERN, NE	W YORK 10901				
Project Manager for Monitoring Firm		Tele	phone	Number			Telephone Nun		ense N	Numbe	er	
KELLY WALTON		1,000,000	-948-9	STREET,			845-369-7500	110	)1			
Expected State Date (10) 2 / 03/ 20	S		omple 2 /	etion Date		/20	Name of OSHA	Monitor				
Month Day Year		Month		Day		Year	QUALITY					
Occupancy Status During Abatement Facility Closed/Vacated Du Abatement Performed Out X Other - Describe: MON	uring Enti side of N	re Perio	od of A	batement Hours - De			Street Address 1376 ROUTE 9 City, State, Zip					*
							WAPPIN	GERS FALLS, N	EW Y	ORK 1	2590	
Scope of Work (Check all that apply)  Demolition	X Re	enovatio	nn		X	Full Conta Mini-Enclo						
>3SF OR LF X >160 SF OR 260 LF	<u>~</u>	Ji To Valle				Glovebag	Procedure le Procedure					
Location of		Is Loca	tion			ption of As			ΙΔ	hatem	ent Ty	me
Asbestos-containing		ormally				ing Materia		Amount				
Material (ACM)	ļ.,	solely	- C. C C.			hermal sys		(Specify	REMOV	REPAIR	ζ.	ĮČ
TO BE ABATED in Facility (13)	IN	aint/Cus Staff (				on, surfacir er miscella		SF or LF)	I S	=	ENCAPSUL	ENCLOSUR
	Ye	es No	N/A	· ·	or our	er miscella	neous)		AL.		F	H
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23RD FLOOR -ENTIRE			X	VAT & MA	STIC			21,000 SF	x			
									T			
-	-+	+-	$\vdash$						+-	-	-	-
	_	_	$\vdash$					<del> </del>	+	+	-	$\vdash\vdash$
Name of Registered Waste Hauler NEWARK CARTING		IDEP Wauler ID 913	No.	Cubic Yard	ds of V 200	Waste	(/	ered Landfill RAL SANITARY				
City, State NEWARK , NEW JERSEY				Disposal D		20 /	City, State	DIAMAIOLUS SA		1	4	
Completed by (Print or Type)	Title			02/02/20-1	2/30/2 Signa		PLAINFIELD TO	DWNSHIP, PA	e /	121	1/-	10
BENJAMIN SANCHEZ	DIRECT	OR OF	OPE	RATIONS	0.53	W	1 XC		11	1	1/2	1

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

35036

Date of Notification (1)			Nan	ne of Building	Owner/C	Operator	(2)		P 1	- II	Wil
er en					JRANCE	COMPA	NY OF AMERIC	A	la l		
1 / 13 /2020 Agencies Notified Type Notificat	ion	-		et Address WASHINGTON	LOTOFF						
	tification			State, Zip Cod		-		E	ED.	- 1	วกวก
DEP Amende	d Notificati	on		VARK, NEW JE		7102	1	1	<b>L</b>		fra M. East M.
X DOL Cancella X DOH On Hold						A SIGNAR		mant.		4.0.	
On noid	ENCY NOT	IFICA		ne of Contact BARRETT			Telephone Nur 973-802-2175	nber.			i i ii -
				NFORMATION			070 002-2175		4 - 1 - 4 - 1		entertaine
Name of Facility Where Abatement is Ta	aking Plac	e (3)			Туре	of Facilit	y (4)				
PRUDENTIAL PLAZA						School (K					
Character A. I. I.					X	oubcnapt Other (ie.	er 8 (Other than private & comm	K-12)	as h	omes	etc \
Street Address 751 BROAD STREET					Squa	are Feet	# of Floors	1		lg. Ag	
City (5)   County (	(6)	-	Cour	ty Code (7)		5,000	27			59	
NEWARK ESSEX	1000			USE ONLY)	COMN	It Use (PI IERCIAL	rior if being demo	olishe	d) Pha	arm. L	ab.
Name of Monitoring Firm Hired by Build TIGER ENVIRONMENTAL INC.	ling Owne	r (8)		ASCM No.	Name	of Abate	ment Contracto	r (9)			
Street Address					PAR E	NVIRON Address	MENTAL CORP	ORAT	TION		
256A JEFFERSON COURT							OCK ROAD				
City, State, Zip Code  LAKEWOOD, NI	EW IERSE	V 007	'01		City, S	tate, Zip	Code				- 100
Project Manager for Monitoring Firm			e Number			one Num	W YORK 10901	onco	Numb		
KELLY WALTON	732	-948-9	9458		845-36		110		Numb	ei	
Expected State Date (10)  2 / 02/ 20		ompl	etion Date (			of OSHA					
Month Day Year	Month		30 Day	/20 Year	QUALI	TY					
Occupancy Status During Abatement (Che	ck only one	)	4			Address			7.		
Facility Closed/Vacated During Abatement Performed Outside (	Entire Perion	od of A acility	Abatement Hours - Des	scribe:	1376 R	OUTE 9					
X Other - Describe: MONDAY	-SUNDAY	7AM-	3:30 PM	onbe.	City, St	ate, Zip (	Code				
Scope of Work (Check all that apply)			г	7 Trul C+-	V	VAPPING	GERS FALLS, N	EW Y	ORK	12590	
Demolition	Renovation	on	ŀ	x Full Conta Mini-Enclo	unment ) ,						
>3SF OR LF X >160 SF OR 260 LF			[	Glovebag	Procedu	ire					
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Material (ACM) TO BE ABATED	solely		1	(ie. Thermal sys	stems		(Specify	E	REPAIR	NC	NC
in Facility (13)	Maint/Cus Staff (			ulation, surfacir r other miscella	ng, VAT,		SF or LF)	REMOVAL	An	ENCAPSUL	ENCLOSUR
	Yes No			Tourer Triiscella	rieous)			1=		IL.	SUR I
4TH FLOOR -ENTIRE		X	VAT & MAS	STIC			33,000 SF	X			
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Name of Registered Waste Hauler NEWARK CARTING	NJDEP W	200	Cubic Yards		Name o	f Registe	red Landfill	_			
	Hauler ID 913	NO.		200	GRAND	CENTRA	AL SANITARY				
City, State			Disposal Da		City, Sta	坡/7					_
NEWARK , NEW JERSEY Completed by (Print or Type)   Title			02/02/20-12	/30/20 Signature	PLAINE	ELO TO	WNSHIP, PA			/	
	CTOR OF	OPEF	RATIONS	ngnature /	1		Date	1/	13	120	
			-	7	11	make a second		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) 1/29/20 AN&P Homes, LLC Agencies Notified Type Notification Street Address 762 Trumbull Street EPA Initial City, State, Zip Code DEP Amended × DOL Amendment # Elizabeth, NJ 07201 Emergency (including Name of Contact Telephone Number DOH justification) Paul Arroz DCA Cancellation 732-964-2407 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) home 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 Elizabeth 1900 78 County (6) Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2/7/20 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Custodial Staff? Remova Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A basement X 20 elbows & air cells 74 LF X kitchen linoleum floor X 200 SF x entire house X plaster 3,500 SF X

N# 1710 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) 1/29/20 William L. Wilson Agencies Notified Type Notification Street Address **EPA** Initial DEP City, State, Zip Code Amended × DOL Amendment # Somerville, NJ 08876 Emergency (including Name of Contact Telephone Number DOH justification) DCA William Wilson Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) home 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 Somerville 1800 2 83 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Somerset Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2/1/20 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: basement Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A basement X pipe insulation around boiler 45 LF x basement 90 LF X pipe insulation Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting Grand Central Sanitary Landfill 04509 TBD City, State Disposal Date City, State Newark, NJ TBD Pen Argyl, PA

Completed by

A. Scott Higgins

Title

President

Date

1/29/20

Signature

Tov# 1700 PAI				N OF ASB t to NJAC				Ţ.	4	1024	19	η8	77	
Date of Notification (1) 1/30/20				of Building well Bank		r/Operator	r (2)	1		ECI	E	W		F
Agencies Notified Type Notification				Address North Ave	enue	West			7-		3,000			di d
EPA  DEP  Mended  Amendment	#		City, St	tate, Zip Co field, NJ	ode				1	FEE	- 4	2020	) !	(let)
Emergency (i		_		of Contact	070	90			To	lephone Nu			أرجمها	
DOH justification)  DCA Cancellation				ara Lang						08-403-69			tu ta	
				ILITY INFO		TION								
Name of Facility Where Abatement is Taking home	Place (	3)					Туре	of Facility School (K-	2007					
Street Address							×	Subchapte Other (i.e. etc.)	r 8 (Oth			dings	, hom	es,
City (5) Scotch Plains							Squa 260	are Feet	# 0	f Floors		3ldg. <i>i</i> 78	Age	
County (6) Union				Code (7) USE ONLY)	)		Curr	ent Use (Pr	ior if bei	ing demolis	hed)			
Name of Monitoring Firm Hired by Building C	wner (8	)	ASCI	M No.			of Ab	atement Co				721721		
Street Address						ABS Street		ironmenta	al Serv	vices, LL0	C			
								83, 4 E G	Sate D	rive				
City, State, Zip Code								Zip Code d, NJ 074	118					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 973-	none N			License N	Vo.			
Start Date (10) 2/8/20			npletion	Date (11)			2000	HA Monitor		100				
Occupancy Status During Abatement (Check	2/17/2 Only O	-				Street	Addre	SS						
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal	eriod of	Abaten	nent											
Other – Describe: basement & third floo	r	y i louis	<b>%</b>		_	City, S	iale, z	ip Code						
Scope of Work (Check All That Apply)							_							
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf	Description 1	Renova Demolit	77777 TO 100			×	Mi Gle	II Containm ni-Enclosure ovebag Prod on-Exempted	e cedure				e	
	Is	Locati	on						7		T	Abate	ement	t
Location of		Normal ed Sole				escription						Ty	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	intenar todial S (12)	nce/		therma surf	ntaining M al systems acing, VA miscellan	s insula T, or		(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										ie	
basement Third floor badra are/leathers are			Х			e insulat				10 LF	Х			
Third floor bedroom/bathroom			X		0	floor tile			20	00 SF	Х			
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubi	c Yards	-	Name of	Registe	red Landfill				
Newark Carting			auler ID 4509	No.	of Wa			Grand	Centra	al Sanitar	y Lar	ndfill		
City, State Newark, NJ					Dispo	osal Date		City, State Pen Arg		Ą				
Completed by A. Scott Higgins	Title Pres	ident				Signature		h	_	Da	ite 30/20	)	<del>- 13</del>	

State of New Jersey

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Date of Notification (1) 01/29/20					of Building Iship of N			r (2)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C	5		<u>W</u> /	11.5 11.5 11.5 11.5
EPA X	Initial Amended	· #		375 N	Address Millburn A tate, Zip C urn, NJ 0	ode	)				F	ER		7	2020	
DOH DCA	Emergency justification)	(including	g	Name of	of Contact cott Nels	son					ephone N 2-583-0			1 1		2 Z
Name of Equility Massa Abate	mantin Talda	- Di	(0)	FAC	ILITY INF	ORMAT	ION									
Millburn Police Departm Street Address		ig Place	(3)						School (K-1 Subchapter	2) 8 (Oth						
435 Essex Street								×	Other (i.e. p etc.)	rivate	& comme	rcial b	uildi	ngs,	home	es,
City (5) Millburn								222223	uare Feet ,000 +	# o 2	f Floors			ig. A	ge	
County (6) Essex					Code (7) USE ONLY	)		Cur	rent Use (Prid	or if bei	ng demo	lished	)			
Name of Monitoring Firm Hire RJB Environmental, Inc		Owner (8	3)	ASCI	M No.				patement Con stracting & I			al Co	nsı	ıltin	g, In	C.
Street Address 615 Prospect Avenue							Street 1141		ess ute 23							
City, State, Zip Code Morrisville, PA 19067									Zip Code NJ 07470							
Project Manager for Monitoring Richard J. Beach	g Firm			Telepho 267-9	one No. 91-9212		Teleph (973		No. 8-9200		License 00408					
Start Date (10) 02/10/20	B Environmental, Inc.  It Address Prospect Avenue  State, Zip Code risville, PA 19067  It Manager for Monitoring Firm hard J. Beach  Date (10)  Date (10)  Date (10)  Sched 04/30  Pancy Status During Abatement (Check Only Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facil								SHA Monitor tracting & E	Enviro	nmenta	al Co	nsu	ltin	g, In	c.
1 <u></u>							Street 1141		ess ute 23							
Facility Closed/Vacated I Abatement Performed Ou Other – Describe:	utside of Norm	nal Facilit	y Hours	ient S			5 To 77 C 7 II		Zip Code NJ 07470							
Scope of Work (Check All Tha ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	t Apply)	-	Renova Demolit	27-1			X	F N G	Vrap and C ull Containme lini-Enclosure slovebag Proc lon-Exempted	ent with	Negative				e	
Location of			s Locati Normal	ly		Des	scription	of		4			Α	bate	ment pe	
Asbestos-Containing Mate		Ma	ed Sole aintena stodial s (12)	nce/ Staff?	Asbes (i.e.	tos Cont thermal surfac	aining M	Materi s insu T, or		(S	mount Specify or LF)	Kellioval	Domonia	Repair	Encapsulate	Enclosure
# 0 15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Yes	No	N/A									1		Ф	
1st Floor				X	Therma	al Syste	em Fitt	ing I	nsulation	28	Each	Х	+			
Name of Registered Waste Ha			1 11	JDEP V		Cubic of Was			Name of F	Registe	red Land	fill				
J.R. Contracting & Enviro	EPA DEP DOL DOH DOH DOCA    Amended Amendment # Emergency (inclusivatification)   Cancellation					20	50.000		Grand C	(0)01 = 03	l Landf	ill				
Wayne, New Jersey	DOH DOH DOCA    Initial   Amended   Amended   Amendment #   Emergency (including justification)   Cancellation						al Date		City, State Pen Arg	/ /	ennsylva	ania				
Completed by Jerry Bijelonic	Type Notification  EPA DEP DOL DOH DOH DOCA DOCA DOCA DOCA DOCA DOCA DOCA DOCA					S	ignature	<				Date 01/29	9/20	)		

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Date of Notification	(1) <b>01/30/2020</b>						Owner / Operato						- 17	
	Type Notific				n <b>shi</b> t Add		arsippany-Tro	y Hills		FER	- 2	020		-
⊠ EPA	(50)			1001	Pars	sippar	ny Boulevard							
□ DEP □ DOL	☐ Initia 図 Ame	l nded (method-V				& Zip (	Code I <b>07054</b>		-	L. A.S. Lie			, G,	
	Wrap	)		i ais	ippa	iiy, ivo	07054	0		. j. j.	ivaliyka		de .	717.0
□ DOH □ DCA		rgency cellation				ontact	v			1.00	elepho			er
		enation				arone				9	73-26	3-70	15	
Name of Facility Wh	ere Ahatama	ent is Taking Dia	00 (2	FA	CILIT	TY INF	ORMATION	· . / / \						
Residential-Baser	ment	TILLS TAKING FIE	ice (3	)			Type of Facil School (							
Street Address							☐ Subchap	oter 8 (Other						
	119							e. private & d					tc.)	
City (5)		County (6)	Co	untv	Code	(7)	Square Feet 2,500		Floors	Bi	dg. Age	e 195		
Parsippany		Morris				(.)	Current Use		g demolis	shed)		133		-
Name of Name in the							Residential							
Name of Monitoring Health & Safety S	Firm Hired b Services	y Building Owne	er (8)		AS	CM No	. Name of Aba Resource N							
Street Address	0.11000			-			Street Address		iit Giou	p, LLG.				
P.O. Box 365	40						2115 Hamil		e, Suite	202				
City, State & Zip Coo Berlin, NJ 08009	ue .						City, State & Trenton, N.							
Project Manager for	Monitoring F	ALTO CONT.			Num	ber	Telephone No	umber	1	License Nu	ımber			
Jim Proctor Scheduled Start Date	o (10)			839-2		,	609-914-427				0118	5		
01/30/202		Scheduled Com 0:		on Da 2020		)	Name of OSI- J&S Enviro		aborato	ries Inc				
Occupancy Status D	uring Abater	ment (Check onl	y one	∍)			Street Addres	SS	220.210	1100, 1110.				
		During Entire Pe perating hours					2333 Route						-	
Describe:	erioritied. O	perating nours	- 1.3	ovani	to sh	HII	City, State & :	Contract of the second						
Facility Occu								,,,,,,,						
Scope of Work (Che	ck all that ap	ply)							Containm	ont with No	active	Dese		
≥3 sf or ≥3 lf			$\boxtimes$	Rer	ovati	on			Enclosure	ent with Ne	gauve	ries	sure	
≥160 sf ≥260	) If			Der	nolitio	on				ocedures				
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Asbesto	os-Containin	g	Norn	nally I	Used		Asbestos-Con	taining	(	Specify	Aba	terne	1111	ype
	erial (ACM) E ABATED			olely l	by ce or		Material (A0 (i.e., thermal sy		S	F or LF)	R	77	Enc	En
	Facility			odial S	Staff?	1	insulation, surfac	ing, VAT			Remova	Repair	Encapsulate	Enclosure
	(13)	-	Yes	(12) No	N/A	-	or other miscella	aneous)			<u>a</u>	=	llate	лге
Basement				П			Pipe Insula	rtion	1 2	250 LF				П
Basement				T	X		Pipe Insula			Elbows		H	H	H
							7							
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			H	Н	H				-		냶	ዘ	뉘	H
Name of Registered	Waste Haule	er		1000000		Waste	Cubic Yards	Name of Re	egistered	Landfill				
Resource Manage	ement Grou	up. LLC			uler II 3521	D No. 8	of Waste	Grows La	ndfill					
City, State							Disposal Date	City, State				on ni		
Trenton, NJ 08619							TBD,	Morrisvill	e, PA					
Completed By (Print				Titl	e eside	2014	Signature	XL.	- a 30 /		Date	010	200	
Mr. Brian Hane	y			-	colue	FIIL	1/11/11	IMO	Mu		01/3	U/2(	120	

## State of New Jersey Intral Organal

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	(1)			Name	a of Buildi	ina Ou			ii ii.	<u> </u>		¥.		
	01/08/2020			Tow	e oi builai nshin of	ing Ov	vner / Oper sippany-T	ator (2)	1. 1					
Agencies Notified	Type Notific	cation	THE REAL PROPERTY.	Stree	t Address	1 013	ippany-1	roy Hill	S	gar per pr		near		
│ 図 EPA □ DEP	G	20		1001	Parsipp	oany	Boulevar	ri		red T	- 4	UZU		-
⊠ DOL	│ │ │ │ │ │ │ Ame	al ended		City,	State & Zi	ip Cod	e	<u> </u>					- 1	
⊠ DOH				Pars	ippany,	NJ 07	7054			Same Port 11	no exact	17.7.	44.	
DCA	Can	ergency cellation		Name	of Conta	ect			1.00	1,(1)	Telep	hone	Mein	nha
	l di				Jannaro						973-2	263-7	015	ibei
Name of Facility Wi	nere Abatem	ent is Taking	Place (	FA	CILITY II		RMATION				1			
rteside:illai-base	ment	io i ditting	i lace (	3)		21119999	Type of Fa	cility (4) of (K-12)						
Street Address						9			Other than k	(40)				
		===				CONTRACTOR	Other	(i.e. priva	ate & comme	(-12) Arcial buildi	inas be	22.500	20 12	
City (5)		1-				physeus	Square Fee	et	# of Floors	iciai bullul	Ings, no	mes,	etc.)	
		County (6)	C	ounty (	Code (7)		2,50		2		Bldg. A			
Parsippany		Morris				S. Carrier			f being demo	lichod)		19	5	
Name of Monitorina						Medical	Residenti	al	. soing define	nisneu)				
Name of Monitoring Health & Safety S	Firm Hired b	y Building Ov	vner (8)	)	ASCM N	Vo.	Name of At	patemen	t Contractor	(9)	-			
Street Address	ervices					PROJECT OF THE PROJEC	Resource	Manag	ement Gro	up. Li C				
Р.О. Вох 365						1	Street Addr	ess						
City, State & Zip Coo	de					32	2115 Ham	ilton A	venue, Sui	te 202				
Berlin, NJ 08009						1	City, State &	& Zip Co	de					
Project Manager for	Monitoring F	irm	Teler	phone i	Number	1	Frenton, N	NJ 0861	9					
IIM Proctor			856-	839-2	432		Telephone I			License				
Scheduled Start Date	(10)	Scheduled Co	mpletic	on Date	(11)	ASSESSMENT NAME OF PERSONS	lame of OS				011	85		
01/30/202	U		noing	2020	( , , )	0	ISS Envir	ODENOR	litor tal Laborat					
Occupancy Status D	uring Abaten	nent (Check o	nly one	e)		is	Street Addre	0111110111	tai Lauorat	ories, inc	<u>c.</u>			
racinty Close	o/vacated L	Juring Entire P	Period (	of Ahat	ement		333 Rout		est					
Abatement P  Describe:	епогтеd: O	perating hou	rs-7:3	0am to	o 5pm	C	ity, State 8	Zip Coo	de					
Facility Occu	nind During	A !					Inion, NJ	07083						
Scope of Work (Ched	k all that an	oly)				The state of the s								
- <u>-</u> -		37							Eull Contain			1 887		
≥3 sf or ≥3 lf	86		$\times$	Reno	vation			H :	Full Containn Viini-Enclosu	nent with P	Vegative	Pre	ssure	)
≥160 sf ≥260	lf .			Demo	olition			N C	Glove Bag Pi	rocedures				
1 -								F I	Von-Exempte	ed and No	n_Eriahl	o Dro	oo di	
Ashesto	ation of s-Containing			ocatio			Descriptio	n of		Amount		atem		
Mater	ial (ACM)		Norm	ally Us dely by	sed	As	bestos-Cor	ntaining	1	(Specify	-	T	211( 1	Ahe
TO BE	ABATED		Maint	enance	e or		Material (A		8	SF or LF)	1 -		四四	-
	acility		Custo	dial St	aff?	insula	ation, surfa	cina VA:	-		Removal	Repair	Encapsulate	2
	(13)			(12)		or o	ther miscel	laneous)			Jova	pair	Insc	Enclosure
			Yes	No 1	WA						=		ate	6
asement					X	P	ipe Insula	ation		250 LF	107			
asement					X		ipe Insula			Elbows		H	井	
									70	LIDOWS		H	井	H
											᠆├	H	븜	
											᠆┼┼	H	님	-
ame of Registered V	/a-i- 11- 1											H	H	H
and of Negistered V	vaste Hauler				P Waste		c Yards	Name o	of Registered	Landfill				
esource Manager	nent Groui	n.IIG		100000000000000000000000000000000000000	er ID No.				2 ) 10 (10 (10 <del>  1</del> )) 10 (10 (10 (10 (10 (10 (10 (10 (10 (10					
ty, State		-, -10		0035	410	TBD		1	Landfill					
enton, NJ 08619							osal Date	City, St						
empleted By (Print or	Type			Tin		TBD		Worris	ville, PA					
r. Brian Haney	1700			Title	ident	Signa		1			Date			
10						1 3	*// All	- / W			01/0	8/20	20	
				1		1	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	30E 390E	And the second second		1			

State of New Jersey
NOTIFICATION OF ASSESTOS ARA

UK 050	of Lan	U	(Pursua	nt to NJA	C 8:60 a	nd 12:12	MENI 0)	E 6	L	I W		-	
Date of Notification (1) 1/28/2020	01 1 1 2 2 2 2			of Buildir									
Agencies Notified	Check# 3538		_	Lady of	Grace	& St Jo	seph 📗	FEE	3 - 3	202	0		
Prop.	Type Notification			t Address Willow	Λιαριιο							1 100	
EPA DEP	Initial Amended		1	State, Zip					m materials	. (4		į.	į
Ø DOL	Amendment #			oken, N		)			una ta Karivu		ia a fin	ī.	4.
□ DOH	Emergency (included justification)	ding	_	of Contac			27.7	*	hone N	- TANKS	San and all and		****
☐ DCA	Cancellation		Rev	Alexand	der San	tora		- CONTRACTOR	-659-0				
Name of Facility Where	Abatement is Taking Place	(0)	FA	CILITY IN	FORMAT	ION							
Boiler Building	Abatement is Taking Plac	e (3)					Type of Facilit	y (4)					
Street Address							School (K	(-12)		272-27			
400 Willow Avenue							Other (i.e	ter 8 (Other . private & o	than K-	12) cial bu	ildina	s. hon	nes.
City (5)			A COLUMN TO THE PARTY OF THE PA				etc.) Square Feet	# of F				0.000-11741500	M.772.6
Hoboken							1,200	2	loors	10.	Bldg. 50+	Age	
County (6)			County	Code (7)			Current Use (P	rior if being	demolis			_	
HUDSON	11. 11. 5		0.000	USE ONL	y)	-	Boiler Build	ing		•			
N/A	Hired by Building Owner	(8)	ASC	M No.		Name	of Abatement C	ontractor (9	)				
Street Address							ervices Corp	oration					
							Address 9th Street						
City, State, Zip Code							ate, Zip Code						
							nburg, NJ 07	7093					
Project Manager for Mon	itoring Firm		Teleph	one No.		Telepho			icense N	No.			
Start Date (10)	10-1-					2007/48/2010/00/20	95-1700		1074				
2/3/2020		duled Co. 2020	mpletion	Date (11)			f OSHA Monito	r					
Occupancy Status During						Street A	as above						
Facility Closed/Vaca	ted During Entire Period	of Ahater	ment			Sueer	luuress						
Abatement Performe  Other – Describe: S	ed Outside of Normal Fac	ility Hour	S			City, Sta	ite, Zip Code						
Scope of Work (Check All	That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova				F	Full Containm	nent with Ne	gative F	ressu	re		
		OCITION	11011				Mini-Enclosur Glovebag Pro	e cedure					
		45 W 5X				X	Non-Exempte	d (*) and N	on-Friab	le Pro	cedur	e	
Location	of	Is Locati Normal					200					ement rpe	t
Asbestos-Containing N	Material (ACM)	sed Sole	ly by	Asbes		cription o	f terial (ACM)	Amou	ınt		.,		
TO BE ABA		Maintenar ustodial S		(i.e.	thermal s	systems i	nsulation,	(Spec	ify	Re	ת	Encapsulate	Ē
(13)		(12)				ing, VAT, iscellane		SF or	LF)	Removal	Repair	apsı	Enclosure
	Yes	No	N/A							al	5	late	ıre
Boiler Build	ding	х		ВІ	ack Adl	nesive I	Mastic	540 5	SF.	x			
Boiler Build	ding	X		9x9 ; 1	2x12 F	loor Tile	e & Mastic	540 \$	Services -	х			
								0100	,	Λ			
Name of Registered Waste	Hauler	100	JDEP W	500	Cubic Y		Name of	Registered	Landfill				
EA Services Corporat	ion		auler ID	No.	of Wast	е	595755	a Enterpri		c			
City, State		10	1210		tbd Disposa	l Date	City, State		303 111				
Suttenberg, NJ					tbd	, Date		e sburg, Ol	-				
Completed by	Title		1175		Sig	nature /	8//	// 3, 31	Dat	e		-	
Gina Betances	Offi	ce Man	ager			1/2	Varla	/	Makedia	20120	20		

Inv# 17676

State of New Jersey

CK 3539 1	AID			N OF ASI								210.011	The state of the s
Date of Notification (1) 01/28/2020 Check #	3539			of Building ady of L				d Academ	FEB y	3	202	0	
Agencies Notified Type Not	ification		Street A	Address alley W	av					i (i	w: 175		i. š
	al ended endment #		City, St	ate, Zip C Orange	ode	7052	-		1.10				·-
Eme	ergency (including fication)	_		of Contact		002		Te	lephone Nu	mber			
	cellation		Fr. Fe	erry				1 2.50	73-325-44				
Name of Facility Where Abatement	is Taking Place (	3)	FAC	ILITY INF	ORMAT	ION	Type of Fa	oility (4)					
Mt Carmel Guild Academy	is runing riace (	J)					_	0.500.00					
Street Address 100 Valley Way							Subc	ol (K-12) hapter 8 (Oti r (i.e. private			dings,	hom	ies,
City (5) West Orange							Square Fe 3,000+	et # 0	of Floors	11.4	Bldg. A	ge	200
County (6)				Code (7)				se (Prior if be	ing demolish				1/
Essex	Quilding Owner (0)			USE ONLY	o		School						
Name of Monitoring Firm Hired by E N/A	Building Owner (8)		ASCI N/A	vi No.			of Abateme Services	nt Contracto	r (9)				
Street Address N/A							Address 69th st						
City, State, Zip Code N/A							State, Zip Co enberg, N						
Project Manager for Monitoring Firm N/A	1		Telepho N/A	ne No.		100000000000000000000000000000000000000	none No. 295-1700		License N 01074	0.			
Start Date (10) 02/08/20	Schedule 02/10/2		npletion	Date (11)			of OSHA M	onitor					
Occupancy Status During Abatemen	nt (Check Only Or	ne)				Street	Address						
Facility Closed/Vacated During	Entire Period of	Abatem	nent			N/A							
Abatement Performed Outside  Other – Describe: 12pm	of Normal Facility	Hours				City, S N/A	State, Zip Co	de					
Scope of Work (Check All That Appl	ly)					14// (							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Pemolit				×	Mini-End Gloveba	tainment with closure g Procedure empted (*) an				e	
	Is	Locati	on					7.5			Abate	ement	t
Location of	Lloo	lormall d Sole				scription				-	Ту	ре	
Asbestos-Containing Material (A <u>TO BE ABATED</u>	Ma Ma	intenar	rce/				Material (ACM s insulation,		mount Specify	R	77	Enc	ш
In Facility (13)	Cusi	(12)	nan :	3.00-0.0		cing, VA			or LF)	Remova	Repair	Encapsulate	Enclosure
**************************************	Yes	No	N/A				.0000,			/al	=	ilate	ure
Room 226		Х		(	9x9 AC	M Floo	or Tiles		2 SF		X		
2nd Floor Room 222C		Х		9	9x9 AC	M Floo	or Tiles		1 SF		X		
Bsmt Room 13		X		9	9x9 AC	M Floo	or Tiles		1 SF		X		
Room 102 Corridor		X		9	9x9 ACI	M Floo	r Tiles		0 SF		X		
Name of Registered Waste Hauler		N.	JDEP W	aste /	Cubic	Yards	Nan	ne of Registe					-
EA Services			auler ID 0278	No.	of Was	te	The seasons	nerva Ente					
City, State Guttenberg, NJ					Dispos TBD	al Date		, State synesburg,	ОН				
Completed by	Title				S	gnature			Dat	e			

Office Clerk

Michael Fajardo

01/28/20

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NOCK				N OF ASE t to NJAC							7 16	2	\\/	ila ila	
Date of Notification (1) 12/26/2019			Name o	of Building			- 20 - 20	Associat	tion	FE	Β.	- 3	2020	)	
Agencies Notified  Type Notification  Initial  Amended  Amendment	#02	\		Address ate, Zip C	ode	Buckir			-	7	100	er Lijasa Wijin	il il	1,3	
X DOH Emergency justification)	including			of Contact		ewood	I, INJ (	78701	Tel	ephone			20		
DCA Cancellation				ILITY INF		1011				(732	36	17-06	30		
Name of Facility Where Abatement is Takin Dorchester Hall	g Place (	3)	FAC	ILII I INF	ORIVIAT	ION		of Facility	200						
Street Address Dorchester Drive Leisure Ville	age							Subchapte Other (i.e.   tc.)	r 8 (Oth				dings,	hom	es,
City (5) Lakewood, NJ 08701								e Feet	# 01	f Floors 1		В	ldg. A		
County (6) Ocean				Code (7) USE ONLY	)		Currer	nt Use (Pri	or if bei	ng dem	nolish	ed)			
Name of Monitoring Firm Hired by Building (	Owner (8	)	ASC	M No.				ement Con nvironme			es, I	nc.			
Street Address PO Box 341							Address Box 32								
City, State, Zip Code Crosswicks, NJ 08515							tate, Zir town,	Code NJ 0850	01						
Project Manager for Monitoring Firm Bill Weisgarber			Telepho 609 29	ne No. 98-4070			one No 259-96			Licens 0049		٥.			
Start Date (10) 1/9/2020	Schedu		npletion 0/2020	Date (11)	\	Name MEC		A Monitor							
Occupancy Status During Abatement (Chec	<-Only-Q	ne)			)		Address								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of al Facilit	Abatem y Hours	nent			City, S	ox 34 tate, Zip	Code							
Other – Describe:						Ches	sterfield	d, NJ 08	3515						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demolit				×	Mini- Glov	Containmone Enclosure ebag Prod Exempted	e cedure					•	
2017	1000	Locati										3	Abate Ty		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma Cus	Normall ed Sole iintenar todial S (12)	ly by nce/ staff?		tos Cont thermal surfa	scription taining M systems cing, VA niscellan	laterial ( insulati T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Dilliarda Dans	Yes	No	N/A		3.74	<b>T</b> (1 4 )									
Billiards Room		X			VA	T/Mast	iic		33	50 sf		Х			
Name of Registered Waste Hauler		l NI	JDEP W	lasto	Cubic	Vorda	Т	Nom C	Dan'-1		2511	SSHIFT SO			
Stevens Environmental			auler ID 18292	No.	of Was			Name of I			IGTIII				
City, State Allentown, NJ						al Date 10/2020		City, State		4					
Completed by Mahlon E. Stevens	Title Proje	ct Ma	nager		S	ignature	1	/_	/		Dat	e /22/2	020		

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

Check # 26045

Date of Notification (1) 12/26/2019			Name	e of Buildi				11 + 2	EC	E		<u>W</u>	
Agencies Notified Type Notificati	on		Stree	t Address			llage Assoca	ition	FEE	} -	3 20	020	The state of the s
DEP Amended Amended Amended Emergen	ent #_ cy (includir	ng		State, Zip	Code Lak		NJ 08701						1
DCA justification Cancellat			1	Tom Cla	us			Ţ	(732)				Any A
Name of Facility Where Abatement is Ta Dorchester Hall	king Place	(3)	FA	CILITY IN	FORMA	TION	Type of Facilit	y (4)					
Street Address  Dorchester Drive Leisure	/illage						X Other (i.e	ter 8 (Otl	ner than K & comme	-12) rcial bu	uilding	ıs, ho	mes
City (5) Lakewood, NJ 08701							etc.) Square Feet 20000		of Floors		Bldg		
County (6) Ocean			County (STATE	y Code (7) E USE ONL	Y)		Current Use (P	Prior if be		ished)		0 17-	
Name of Monitoring Firm Hired by Buildin MECS	g Owner (8	3)	ASC	M No.		Name Steve	of Abatement C ens Environm	ontractor	r (9) Services	Inc			
Street Address PO Box 341						Street	Address Ox 322			, 1110.			
City, State, Zip Code Crosswicks, NJ 08515						City, S	tate, Zip Code town, NJ 085	501				-	
Project Manager for Monitoring Firm Bill Weisgarber			Telepho 609 2	one No. 98-4070	)	Teleph	one No. 259-9688		License 00493	No.			
Start Date (10) 1/9/2019	Schedu			Date (11)			of OSHA Monito	r	00433				
Occupancy Status During Abatement (Che X Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	Ahatar	ment			Street A	Address ox 341						
Other – Describe:  Scope of Work (Check All That Apply)		y Hour	S				ate, Zip Code terfield, NJ 08	8515					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Renova Demoli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
Location of	1	Locat Normal ed Sole	ly		Des	cription o	of -	u ( ) and	INOII-FIIA	Sie Pro	Abat	re emen /pe	t
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma Cusi	intena todial S (12)	nce/	Asbes (i.e.	tos Conta thermal: surfac	aining Ma	iterial (ACM) insulation, or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Billiards Room	Yes	No X	N/A		\/AT	/Masti						ate	e
				VAI	/iviasti	С	33:	50 sf	X				
ame of Registered Waste Hauler		- I NI	JDEP Wa						-	-			
evens Environmental			auler ID 1 18292	No.	Cubic Y of Wast		Fairless		ed Landfi.l ill				-
ty, State lentown, NJ					Disposa		City/ State	e					
empleted by ahlon E. Stevens	Title Projec	ct Ma	nager			nature	(		Da	te 2/30/	2019	3	

Inv# [777]

<u>un 140</u>	1 8 2 3		1)	ursuant	to NJAC	8:60 an	id 12:12	0)		a, a	and a second of the					And the second s
Date of Notification (1) 01/30/20					of Building om Gre		Operator	(2)		F	EB -	3	2020	)		]
Agencies Notified	Type Notification			Street A	Address				1					duitte	1	
EPA DEP DOL	Initial Amended Amendment				ate. Zip Co		1		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	šibš NGE	LÚ NGC				- 1
X DOH DCA	Emergency justification) Cancellation		J		of Contact om Gree					Tel	ephone	Num	nber			
Name of Facility Where	Abatement is Takir	n Place (	3)	FACI	ILITY INF	ORMAT	ION	Tur	o of Equilibra	(4)						
Traine of Facility vinere	Abatement is rakii	ig i lace (	3)					Typ	e of Facility							
Street Address								×	School (K- Subchapter Other (i.e. petc.)	8 (Oth				dings	, hom	es,
City (5) Lakewood								Squ	uare Feet	# 0	f Floors		В	ldg. A	\ge	
County (8) Ocean					Code (7) USE ONLY	"		Cur	rent Use (Pri me	or it bei	ng dem	olish	eá)			
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASCN	Л No.				oatement Cor AD PROFE							
Street Address						*:	Street 6 Wh		ess DOVE C	DURT						
City, State, Zip Code							100000000000000000000000000000000000000		Zip Code DOD, NJ 0	8701						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph 732-		No. -9078		Licens 1200		).			
Start Date (10) 02/10/20		Schedul 02/11/		mpletion	Date (11)				SHA Monitor AD PROFE	SSIO	NALS					
Occupancy Status Durin	g Abatement (Chec	k Only O	ne)				Street									
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norn	Period of nal Facility	Abater y Hour	ment s			City, S	tate,	Zip Code DOD, NJ 0							
Scope of Work (Check A	II That Apply)						LAIN		JOD, NJ 0	0/01						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7777	The second secon	Renova Demoli				×	N G	ull Containm lini-Enclosure llovebag Prod on-Exempted	e cedure					e	
Location	o of		Locat Norma			De								Abate	ement pe	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED ity	Ma Cus	ed Sole aintena todial (12)	nce/ Staff?		tos Con thermal surfa	scription taining M systems cing, VA miscellar	Materi s insu T, or		(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
EVTER	100	Yes	No	N/A											(D	
EXTER	IOR						SIDING	i 		20	00SF		х			
Name of Registered Was	ste Hauler		I N	JDEP W	/aste	Cubic	Yards		Name of	Registe	red I an	dfill				
NEWARK CARTING				Hauler ID 4509		of Wa	ste		IESI	, logiste	.ou Earl	will				
City, State NEWARK, NJ						Dispo: 02/11	sal Date /20		City, State BETHL		1 PA					
Completed by JOSEPH PERLSTE	N	Title OWN	IER			S	Signature					Date 01/	e 30/2	0		

IN CONJUNCTION WITH ANNUAL

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

CHECK# 1793

NOTIFICATION CHECK 1.	/68						,	01		11/11	1/5	0		
Date of Notification (1) 01/28/2020			Name MAF	of Buildin PLEWO	g Owner/ OD III L	Operato LC	r (2)			EC		II W		
Agencies Notified Type Notification  EPA Initial				Address MAPL	EWOOI	D DRIV	/E				1	000	10	
DEP Amended Amendmen			City, S MAP	State, Zip ( PLE SHA	Code ADE NJ	08052	!			— FEL		_20;	<u> </u>	7 52 5
DOH Emergency justification Cancellation		g		of Contac RIE BAI				4	Te 85	ephone 1 6-482	Numbe 6680	ruli ( ) Nos		
N. C. W. C.			FAC	CILITY IN	FORMAT	ION	4							
Name of Facility Where Abatement is Takin PARK CROSSING APARTMENT	ng Place HOME	<sup>(3)</sup> S						f Facility						
Street Address 2000 MAPLEWOOD DRIVE							St Of	ubchapte	r 8 (Oth	er than K & comme	(-12) ercial bu	ilding	s, hon	nes,
City (5) MAPLE SHADE							Square 1150		# o	f Floors		Bldg. 50+	Age	
County (6) CAMDEN				Code (7)			Current	Use (Pr DENTI	ior if bei	ng demo ARTME	lished)			
Name of Monitoring Firm Hired by Building ACER ASSOC.	Owner (8	3)	ASC	M No.		Name ASS	of Abate	ment Co ENVIR	ntractor ONME	(9) ENTAL	SERV	ICES	SINC	 ).
Street Address 1012 INDUSTRIAL DRIVE						Street	Address CLEMS							
City, State, Zip Code WEST BERLIN NJ 08091							tate, Zip LICA F		08062	)				
Project Manager for Monitoring Firm MATT DEPALMA			Telepho 856-8	one No. 309-120	2	Teleph	one No. 304-46			License 01145				
Start Date (10) 01/29/2020	Schedu 01/30	led Cor /2020	mpletion	Date (11)	)	56AG-11.59-65G	of OSHA	5 - 75 <del>5 1</del> 1		01110				
Occupancy Status During Abatement (Chec						Street	Address	NODI						-
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: UNIT IS VACANT D	Period of pal Facilit PURING	Abaten y Hours ABATE	nent s MENT			City, S	RT. 130 tate, Zip	Code		7				
Scope of Work (Check All That Apply)											1123			
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Do you use this form for asbestos iconsure exempted activities.

2020 04:17PM NJ Asbestos Cont TNV# 17492 CKOO1562	JU	OTIFIC	Sta ATION	la of New . Of ASBES IO NJAC 8:1	Jaraay ITOS A	BATEMENT		E C	下3	20	20
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E DOH justification)     DCA □ Cancellation	uding			Contact chmann		1-		- Telephone Nun 973-508-4044	nedr		
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City, State, Zip Code Englewood Cliffs, NJ 07632						City, State, Zip Totowa, New	Code	7612			
Project Manager for Monitoring Firm Anthony Valentine			relephor 201-569			Telephone No. 973-225-840		License N 01104	e.		
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Agencies Notified Type Notification			Street A 22 Val	Address ley Road				2020	,	<del>- 1</del> 			
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	luding			of Contact Schmann				Telephone 973-509-40		ber			(4
			FAC	ILITY INFO	RMAT	ION							
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Project Manager for Monitoring Firm Anthony Valentine			Telepho 201-56			Telephone N 973-225-84		Licens 01104					
	Schedule 01/29/20		npletion	Date (11)		Name of OS Iris Enviror		oratories, LL	С				
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City, State Totowa, New Jersey			. [5,5]		Dispos 01/29/	sal Date 2020	City, State Morrisville						
Completed by Adriana Olejarova	Title Pres	siden	t		S	ignature	1 as	1	Date 01		2020		

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Agencies Notified	Type Notification			Street A	Address ers Stree	t		8	200	Sick Co Licinsti		1 12		
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☑ DOH □ DCA	Emergency (in justification)				of Contact n Zweiad	her	7772			ephone Nur 2-264-271				
LI DOA	Li Cancellation			F40	II ITX INC	ODMAT	1011							
Name of Facility Where Oyster Bay Apartmen	Abatement is Takin	g Place (3	3)	FAC	ILITY INF	ORIVIA	Туре	of Facility (4)						
Street Address 50 Beers Street							□ St	thool (K-12) ubchapter 8 (Oth her (i.e. private			ngs, h	omes	etc.)	
City (5) Keyport, New Jersey	07735						Square 100,0		# of 10	Floors		3ldg. <i>F</i> 50+	\ge	
County (6) Monmouth					Code (7) USE ONLY	,	Curren	t Use (Prior if be Apa	eing dem artment E					
Name of Monitoring Firm Lis Consulting Service	n Hired by Building es, LLC	Owner (8)	)	ASCI	M No.		Name of Lilich (	of Abatement Co Corporation	ontractor	(9)				
Street Address 134 Bennington Pkwy	1					9		Address nion Boulevard	d	8				
City, State, Zip Code Franklin Park, New Je	ersey 08823					1.1		ate, Zip Code a, New Jersey	07512					
Project Manager for Mor Krzysztof Lis	nitoring Firm			Telepho 732-94			Telepho 973-22	one No. 25-8400		License N 01104	0.			
Start Date (10) 02/06/2020		Schedul 02/06/2		mpletion	Date (11)			of OSHA Monito vironmental La		ies, LLC				
Occupancy Status Durin	g Abatement (Chec	k Only O	ne)				Street A		W					
☐ Facility Closed/Vac ☐ Abatement Perform							City, St	Route 22 West ate, Zip Code						
☐ Other – Describe: _							Union,	NJ 07083						
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City, State Totowa, New Jersey						Dispo	sal Date	City, Sta Morris	ite ville, PA					
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×	DCA [	Cancellation			FACU	ITV INC	DOMAT	ION								
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Str	eet Address			<u> </u>				Street	Addres	SS		,				
Cit	y, State, Zip Code							City, S	State, Z	DOVE CO						
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1200000	y, State EWARK, NJ						2/11/	sal Date /20	•	City, Stat BETHL		И РА				
	mpleted by	٧	Title	IER			1	Signatur	е	1			Date 01/31/	20		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1/31/20 Hubert King Agencies Notified Type Notification Street Address **EPA** × Initial DEP City, State, Zip Code Amended × DOL Amendment # Flemington, NJ 08822 Emergency (including Name of Contact DOH Telephone Number. iustification) DCA Cancellation **Hubert King FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) home 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 Flemington 2100 2 79 County (6) County Code (7) Current Use (Prior if being demolished) Hunterdon (STATE USE ONLY) home Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2/4/20 2/14/20 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: laundry room 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 Maintenance/ Encapsulate TO BE ABATED Enclosure (i.e. thermal systems insulation, (Specify Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A laundry room X linoleum flooring 185 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting Grand Central Sanitary Landfill 04509 TBD City, State Disposal Date City, State Newark, NJ TBD Pen Argyl, PA Completed by Title Signature Date A. Scott Higgins President 1/31/20

State of New Jersey

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Date of Notification (1)			-	Name	of Building	Owner	/Operato	r (2)	Ulle	1 17		1 YU	<b></b>	100	_
1/31/20					r Restor				7 (***). P*		E		W	15	
Agencies Notified	Type Notification	1	$\neg$	Street	Address					151-1-	L than	- 11	+ 1		1 10
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DOH	justification	)	Ī		of Contact					Telephor			2 0 17	* *	
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Name of Facility Where	Abatement is Takir	no Place (3)	_	FAC	ILITY INF	ORMAT	TION	Type	of Facility (4	1					
home	is atomorrio i ann	19 1 1400 (0)						Type	70000						
Street Address									School (K-12 Subchapter 8		n K-11	2)			
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City (5)			-					Saua	etc.) are Feet	# of Floor	rs	F	Bldg. /	Age	
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County (6)					Code (7)			Curre	ent Use (Prio	r if being der	molish	ied)			
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Street Address							Street								
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Project Manager for Mon	itorina Firm		-	Telepho	ne No		Teleph				nse N				
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A. Scott Higgins		Preside	ent			3	ngriature	/	1/1		Dat	e 31/20	)		
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### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1/31/20 Carteret Housing Authority Agencies Notified Type Notification Street Address 96 Roosevelt Avenue **EPA** Initial DEP City, State, Zip Code Amended × DOL Amendment # Carteret, NJ 07008 Emergency (including Name of Contact DOH Telephone Number justification) DCA Joe Aglia Cancellation 732-259-0885 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) home 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 Carteret 1900 83 County (6) County Code (7) Current Use (Prior if being demolished) Middlesex (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2/10/20 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: basement Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Enclosure Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A basement X pipe insulation 150 LF x Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting Grand Central Sanitary Landfill 04509 TBD City, State Disposal Date City, State Newark, NJ TBD Pen Argyl, PA Completed by Title Signature Date A. Scott Higgins President 1/31/20

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) 1/31/20 Martin Mackin Agencies Notified Type Notification Street Address **EPA** Initial City, State, Zip Code DEP Amended × DOL Amendment # Rockaway, NJ 07866 Emergency (including Name of Contact Telephone Number DOH justification) DCA Cancellation Martin Mackin **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) home 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 Rockaway 1900 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3/30/20 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: attic 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 Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A attic X vermiculite 1600 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting Grand Central Sanitary Landfill 04509 TBD City, State Disposal Date City, State Newark, NJ TBD Pen Argyl, PA Completed by Title Signature Date A. Scott Higgins President 1/31/20

State of New Jersey

INV#1753

Proj. #: 20-32

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

Allow

Jame of Building Owner/Operator (2)

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Date of Notification (1)		Name of	Building Ow	ner/Operator (2	2)			FEB	d.	2020	1	
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DEP Amended	.   -	City Sto	e, Zip Code				120					
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Cancellatio	on []	I aak								_		
Name of facility of any distance of		. (0)	FAC	CILITY INFORM	MATIO	N	T (F 10)	(4)				
Name of facility where abatement	is taking p	lace (3)					Type of Facility (	(4) ol (K - 12)				
Residential							Subch	apter 8 (O	ther to	nan K	-12)	
Street Address				<i>F</i>				(Private/Co /Homes, e		rcial		
						l		# of Floor		Ble	dg. Ag	ge
City (5)	Cor	inty (6)			1 2000	unty Code (7)	2,400 SF	02		75		
Passaic	D-	ssaic			(St	ate use only)	Current Use (P	rior if being	g dem	olishe	ed)	
Name of Monitoring Firm Hired by				ASCM No.		Name of Abatement C	Residential			_	_	
N/A	J	,		7,00,111,0.		KLOMAX, LLC						
Street Address					-	Street Address						
						309 W. End Ave						
City, State, Zip Code						City, State, Zip Code						
5					_	Hopatcong, NJ 07	7843					
Project Manager for Monitoring Firm	n		Phone Numi	ber		Telephone Number 833-455-6629		License 02007	Numb	er		
Start Date (10)	ICabo	d Compl	etion Date (1	1\	_	Name of OSHA Monito	or	02001			_	
			stion Date (1	1)		KLOMAX, LLC						
02/11/2020 Occupancy Status During Abateme		7/2020			Pillania.	Street Address						
Facility closed/vacated during						309 W. End Ave City, State, Zip Code					_	
Abatement performed outside						Oity, State, Zip Gode						
Describe: Normal F	iours				_	Hopatcong, NJ 07	1843					
Scope of Work (check all that appl	у)					□ F	ull Containment w	/negative	press	ure		
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asbestos-containing material (acm) to be	staff(12)	J. 10070		Descripti material		asbestos-containing	Amount (Specify S	F or	m o	р	С	n
abated in facility (13)	Yes	No	N/A		(* 1011)		LF)		v	i	a p	L
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First floor closet		X		Pipe Insula			18 LF		X			厅
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Poglatored Waste Havier	Livia		10# 17	Subic Yards of	Magta	INone of Desister 11	and fill					
Registered Waste Hauler KLOMAX, LLC		EP Haule 38241		l yds.	vrasie	Name of Registered L TULLYTOWN, R		COVER	Y			
City, State			Disposal I			City, State						-
Hopatcong, NJ 07843			TBD	I Classic		TULLYTOWN, I	PA					
Completed by (Print or Type) Paige Boylan	Title Owner			Signature				Date 01/29/2	2020			
1 alge Boylan		o this for	m for achaet	ne limeneurs av	omnto	nd activities		01/25/2	2020			

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Date of Notification (1) 01/28/2020				Building C wold Fir				2	FFF	i - i	2020	1 7		
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DOH justification Cancellat				у МсМа					190	315-33	309			
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Street Address	And San Development				- 10110			Subchapter 8 Other (i.e. pr	(Othe			dinas	home	10
801 Scott Avenue,							×	etc.)						.5,
City (5) Lindenwold							11 83	uare Feet 500	# of	Floors	- 1	ldg. A -/-50	ge	
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Camden				ISE ONLY)		_	100	re House						
Name of Monitoring Firm Hired by Buildin			ASCM	No.				batement Cont		(9)				
Coastal Environmental Complia	nce, LLC		<u> </u>					nvironmenta	i inc					
Street Address P.O. BOX 167						Street 150		ress nwood Dr						
City, State, Zip Code								, Zip Code						
HAMMONTON, NEW JERSEY								gton Crossin	g, PA	A 18977			-1400	
Project Manager for Monitoring Firm		2.1	Telephor			Telepl				License I	No.			
Cathy Ledden	101.11		RESERVED TO SERVED TO SERV	20.9312				3-7427 OSHA Monitor		01225				
Start Date (10) 2/10/2020	Schedule 2	/13/20		Jate (11)		sam		JOHA MOHILOI						
Occupancy Status During Abatement (C	heck Only On	ie)				Street	Add	Iress						
Facility Closed/Vacated During Ent	ire Period of A	Abatem	ent											
Abatement Performed Outside of N Other – Describe:	lormal Facility	Hours			_	City, S	State	, Zip Code						
Scope of Work (Check All That Apply)							_							
× ≥3 sf or ≥3 lf		Renova				-		Full Containme Mini-Enclosure	nt with	Negative	Pressu	ire		
\[ \geq \geq 160 \text{ sf or ≥260 lf}		emolit	1011					Glovebag Proce	edure	:	D		_	
							_	Non-Exempted	(*) an	d Non-Fria	able Pro		e ement	
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DOH DCA	Emergency justification) Cancellation			Name of Robert	Contact a Rabin					Tel	ephone	Num	ber			
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City (5) Millburn								Square N/A		N/			N	ldg. A /A	ge	
County (6) Essex				County C (STATE U	ode (7) ISE ONLY)		_	Currer	nt Use (Pric	or if be	ing den	nolish	ed)			
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCM	No.				ement Con ment, In		(9)					
Street Address								Addres	s ren Aver	nue						
City, State, Zip Code	***************************************							State, Zip	Code J 07512							
Project Manager for Mor	nitoring Firm			Telephor	ne No.			hone No 345868			Licen 013	ise No	).			
Start Date (10) 02/07/2020		Schedule		npletion [	Date (11)				A Monitor ment, In	с.						
Occupancy Status Durin							Street	Addres								
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr					_	City, S	State, Zip		140						
Scope of Work (Check A	All That Apply)		50 1111									V-1				
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Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Mai	ntena					is insula AT, or		(	Amount Specify F or LF		Remova	Repair	Encapsulate	Enclosure
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RECEIVED 01/28/2020 05:10PM 9736381778 Jan 28 2020 04:16PM NJ Asbestos Control 609.633.0664 page 1 01/28/2020 10:30AM 9736381778 PAGE (03/04 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#3546 (Pursuant to NJAC 8:80 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 01 28 20 Joseph Kahaly Agencies Notified Type Notification Street Address ☐ EPA 60 Initial DOLWD Amended M DHSS Amendment # DCA Emergency (including Westfield, NJ 07090 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Joseph Kahaly 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, atc.) City (5) Square Feet # of Floors Bidg. Age Westfield, NJ 07090 County (S) County Code (7) (STATE USE ONLY) Current Use (Prior if being demoilshed) Union Name of Monitoding 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 Mo. Telephone No. Lipense No. 973-356-3511 01127 Start Date (10) Scheduled Completter Date (11) Nama of OSHA Monitor 01 / 29 / 20 01 / 30 Envirovision Consultants.Inc Occupancy Status During Absternant (Check only one) Street Address Facility Closedf/acated During Entire Pariod of Abotement 20-21 Wagaraw Road, Bldg # 35E City, State, Zip Code Abatement Parformed Outside of Normal Facility Hours - Describe
Time of Abatement: AM- PM PM AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decentemination with negative pressure X Full Containment with Negative Pressure ≥ 23 sf or >3 if ≥ 160 sf or ≥250 if Renovation Demostion Mini-Enclosure Glovebag Procedure Trant with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure is Location Abatement Type Location of Normally Description of Used Solely by Asbesics-Containing Material (ACM) Aspestos Conteining Material (AGM) REYNOVAL Encapsulate Enclosure TO BE ABATED Amount Maintenance/ (i.e., thermal systems insulation. (Specify Custodial Staff? N Facility suffecing, VAT, or SIF OF LE (13)(12)other miscellaneous) Yez No NVA Basement X Duct insulation 1 SF X 1 st floor X Duct insulation 60 SF Name of Registered Waste Heuler NUDER Wade Hader ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TED T.R.R.F. Inc City, State Disposal Date City, States

\* Do not use this form for osbestos licensure exempled activities.

Title

Owner

TBD

Signature

Tullytown, PA

eate Weman

Dots

01/28/20

Wayne, NJ 07470

Completed By (Print or Type)

Inv#M757

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

Print Form

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Date of Notification (1)			Name	of Buildir	ng Owner/	Operato	or (2)		-111-1	F	EB -	3 /	2020	- 1
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× EPA × Initial				. Box 19					- F	· Almana	Mari	it de		- المثالث
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Emergenc	y (includii	ng		mont, W	and the second	inia 26	3555	-1968						
DOH justification Cancellation			Name	of Contac	ct				Te	lephone N	Number			
Name of Facility Where Abatement is Tak	: DI	(0)	FA	CILITY IN	FORMAT	ION								
The Church of Jesus Christ of La	ing Piace itter-dav	(3) (Sain	te				Тур	e of Facility	/ (4)					
Street Address		Odin						School (K	-12)		40)			
47 Bassett Hwy							×	Subchapt Other (i.e.	er 8 (Otr . private	er than K & comme	-12) rcial bu	ilding	s, hor	nes,
City (5)								etc.)						
Dover								uare Feet ,450	2	f Floors		Bldg. 62+	Age	
County (6)			County	Code (7)	)			rent Use (P		ina demol	- 1	02.		
Morris			(STATE	E USE ONL	Y)		Ch	urch		ng demo	ionica			
Name of Monitoring Firm Hired by Building TBD	Owner (	8)	ASC	M No.				patement Co		(9)				
Street Address						Street		afety LLC	,					
7/								ess Lane						
City, State, Zip Code								Zip Code						
								Park, NJ (	7035					
Project Manager for Monitoring Firm			Teleph	one No.		Teleph				License	No.			
						973-	276-	-0099		01317				
Start Date (10) 02/10/2020				Date (11	)			SHA Monitor						
	100000000000000000000000000000000000000	/2020						afety LLC						
Occupancy Status During Abatement (Che						Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	mal Facili	Abater	nent			22 Ti								
Other - Describe: 7:00am - 3:30pm (Monda	ay - Friday)	ty moun	s 					Zip Code Park, NJ 0	7025					
Scope of Work (Check All That Apply)						LITTO	JIII I	ark, NO U	7035					
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Main Level & Basement		Х		V	Vaterpro	oofing l	Mas	tic	3,20	00 SF	X			
Boiler Room (Basement)		X			Boiler	Insula	tion		25	SF	X			
No. 15 de la										W-344-				
Name of Registered Waste Hauler		100000	JDEP Wauler ID		Cubic Y of Wast			Name of	Register	ed Landfil	1			
United Safety LLC			36820		TBD	.C		Fairless	Landi	īII				
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Street Address						-		-	School (K-1 Subchapter	12) - 8 (Othor	than V 1	21			
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Occupancy Status During	g Abatement (Chec	k Only One	2)					t Addres	3747						
Facility Closed/Vac	ated During Entire	Period of Al	batem	nent			282	Creek	Road						
Abatement Perform Other – Describe:	ed Outside of Norm	nal Facility	Hours			İ		State, Zi							
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Scope of Work (Check A	II That Apply)	87 - 72-72						•							
≥3 sf or ≥3 lf		☐ Re	enova	tion				] Full	Containme	ent with N	enative F	ressu	re		
× ≥160 sf or ≥260 lf		× De	emoliti	ion			-	Mini	-Enclosure	9	ogunio i	10000			
							Ė	- Glov	ebag Prod -Exempted	cedure (*) and N	lon-Friah	le Pro	cedur	Δ.	
		Isl	ocatio	on						1 / 3110 1	TOTT HED	1	77.075	emen	t
Location		No	ormall	У		Des	cription	n of						ре	5//.
Asbestos-Containing	Material (ACM)		Solel		Asbes	tos Conta	aining N	Vaterial (	(ACM)	Amo	ount			E	
TO BE ABA		Custo			(i.e.	thermal:	system sing, VA	s insulat	ion,	(Spe		Re	R	nca	Enc
(13)	-,		(12)			other m				SF o	r LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								2	_	late	Ire
													_		ļ
Interior		4		×		Pipe II	nsulat	tion		20	OLF	X			
			man in the latest in the lates												
		1 1										-			
Name of Registered Was	te Hauler		I N.	JDEP W	aste	Cubic	/ards	1	Name of F	Renistero	d Landell		L		
Ricco Construction (			Ha	auler ID		of Was				- 3	Lativiii				
	· P		28	8909		ТВ			Salem C						
City, State						Disposa		35	City, State	//	7 1				
Bellmawr, NJ Completed by		T				TBI			Alloway,	NJ //	011				
		Title				Sig	gnature	11/1/	10/	111	Dat	te			
Andrew Ricco		Owner					121	100	W.	111	1/ 1/2	28/20	20		

Proj. #: 20-28  Date of Notification (1)  O I1 I/I2 I7 I/ I2 I0 I  Agencies Notified	on s	Jessica W Utreet Address Otty, State, 2 Rahway, ame of Con Jessica V	(Pursual ding Owner ilson ss up Code · nj 0706. tact	ant to NJA(	C 8:60	s Abatement and 12:120)		Telepho	FEB		W/ 2020		
			FACII	LITY INFORM	MATION							155 056	
Name of facility where abatement is  Residential  Street Address	taking pla	ace (3)						Subd Othe	ool (K - 1 chapter 8 r (Private s./Homes	(Other to /Comme , etc.	rcial	12) ig. Ag	
City (5)	Cour	nty (6)			Cou	nty Code (7)		Square Feet 1,720 SF	# of Flo	oors	105	ig. Ag	,0
, (-)						te use only)	I	Current Use (	Prior if be	eing dem	olishe	ed)	
Rahway  Name of Monitoring Firm Hired by E	Uni			ASCM No.	<u>.L.,,</u>	Name of Abatemen	nt Co	Residential				-	
N/A	nag. Omi	J. (O)		AUDIVITIO.		KLOMAX, LL							
Street Address						Street Address	_						
						309 W. End Av	/e		-			-	
City, State, Zip Code						City, State, Zip Cod	е						
						Hopatcong, NJ		843		NI			
Project Manager for Monitoring Firm		Pho	one Numbe	er		Telephone Number 833-455-6629			Ucen 020	se Numb	oer		
						Name of OSHA Mo		r	020	-			
Start Date (10)	Sched	. Completio	n Date (11	)		KLOMAX, LL				25.00			
01/28/2020		)/2020				Street Address	-						
Occupancy Status During Abatemen			14			309 W. End Av							
Facility closed/vacated during  Abatement performed outside						City, State, Zip Cod	le						
Describe:Normal Ho						Hopatcong, NJ	I 07	843					
Scope of Work (check all that apply					$=$ $\bot$ $\bot$			ıll Containmen	t w/negat	ive press	sure		_
	Renovatio	n				×	=	ini-enclosure	<b>.</b>				
_ =	Demolition					₽		lovebag proced on-Exempted (		an friahle	nroc	adura	
	Is location	n normally u	ised solely	1			114	on-Exempled (	) and IV	IR	R	E	E
Location of asbestos-containing	by mainte staff(12)	enance/cust	odial	Descript	ion of a	sbestos-containing		Amount		e m	e p	n	n
material (acm) to be abated in facility (13)		No	I NI/A	material	(ACM)			(Specify LF)	SF or	0	a	а	C
	Yes	No	N/A							е	r	р	1-
basement		X		Pipe Insula	ation			8 LF			빆	H	牌
										႕뷰	님	#	卅
							-	-		井	H	H	计
				<del> </del>						=	H	H	
Registered Waste Hauler		EP Hauler II	D# C	ubic Yards of	Waste	Name of Registere							
KLOMAX, LLC	003	38241		yds.		TULLYTOWN	I, R	ESOURCE I	RECOV	ERY	-		
City, State			Disposal D TBD	ate		City, State TULLYTOW	NI I	ΡΔ					
Hopatcong, NJ 07843 Completed by (Print or Type)	Title		100	Signature		TOLLTOW	ν, Γ	A	Date	)			
Paige Boylan	Owner			6			_		01/2	27/2020	)		

Date of Notification (1)  [9   1   1/2   7   / 2   9    Agencies Notified Type Notification  EPA Similar  DEP Amended  Amended  Amended  Amended  Initial  DOL  Emergency  (Including Justification)	Jessics Street Add	(Purs	mer/Operator @	besto C 8:6	J es Abatement C and 12:120)	WAN;	OI -			+	2020
DCA Genoeliston	Jessica	Wilson			<del>-</del>				-		
No. (1)		FAC	CILITY INFORM	ATION	V						
Name of leasily where abetervent is to Residential Street Address						Do Other	pi (K - 12) hapter 8 (C (Private/C /Homes, I	Other i Commi pia.	MOR!	-12)	16
City (5)	County (6)				nty Code (7)	1,720 SF	02		103		
Rehway Name of Monitoring Firm Hired by Blog	Union			(608	(e use only)	Current Use (I Residential	rior if beir	g den	riellar	ad)	
N/A  Birret Actines  Ny, class, zip code  Toject Marager for Monitoring Firm  Start Date (10)  01/28/2020  Coupancy States During Absternant (C  Facility obsed/vacated during enti Absternant performed outside of in Describe:  X Other-Describe:  Normal Hours  Scope of Work (check all that apply)	Sched, Complete 01/39/2020 heok only one) re period of abeti comal facility hou	iment.	*****		Name of Abatement of RLOMAX, LLC SHeet Adorest 309 W. End Ave Oity, State, Zip Code Hopetcong, NJ 0 Telispiese Nishbar 533-455-6629 Name of OSHA Month KLOMAX, LLC Sitisat Address 309 W. End Ave Oity, State, Zip Code Hopetcong, NJ 0	7843 dv	License 02007				
23 >3 afor>3 if 23 Aas □ ≥180 afor≥230 if □ Dec	noveton nolition			-	⊠ A ≥ C	Mini-enclosure i lovebag procedu Mon-Exempled (*)	ine	friable		odure	
asbestos-containing by material (aom) to be	ogston nomally maintenance/cus #(12) /es No		Description material (	ACM)	sbestos-containing	Amount (Specify t	8F or	Recos	F B D G i C	Encap.	E a c L
28sement			Pipe Insulat	ion		8 LF					
egistered waste Hauler KLOMAX, LLC  Ny, State Hopetcone, NJ 07843  Zempleted by (Print or Type)	NJD Hause 0038241	- 100 E	public Valent of V 1 yds. Data Signadyre	(del)	Name of Repletered TULLYTOWN, I City, Sinle TULLYTOWN, I	resource r	ECOVEL I Date	Y			
Paige Boylan Ow	ACT : THE WHITE THE	for sebboli	1	mpter	eotivities.		01/27/	2020	gyakan		-

Date of Notification (1)		ame of Building	Owner / Operator	r (2)	FEB	2020
01-29-2020		alley National		(2)		
Agencies Notified Type Notification		treet Address	- CONTRACTOR OF THE CONTRACTOR			o talia in the
⊠ EPA		720 Route 23 I		8.		
☐ DEP ☐ Initial ☐ Amende	374	ity, State & Zip C		9.0	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	and the production of the second seco
		layne, NJ 0747	70			
☑   DOH   ☐   Emerger     ☐   DCA   ☐   Cancella		ame of Contact  Is. Janice Sloa	. 4			elephone Number
- Sort - Carleella					97	73-872-5505
		FACILITY INF				
Name of Facility Where Abatement i	s Taking Place (3)		Type of Facili			
Oritani Bank-Basement Street Address			School (F		-01 <u>-0</u>	
Street Address				ter 8 (Other than K-		
30 Sheridan Avenue				e. private & commer		
	ounty (6) Cour	nty Code (7)	Square Feet	# of Floors		lg. Age
City (5)	unity (6)	nty Code (7)	3,200	2 (including basement)	g Ap	prox 70
Ho-Ho-Kus	ergen		Current Use (	Prior if being demol	ished)	
			Commercia			
Name of Monitoring Firm Hired by Bu	uilding Owner (8)	ASCM No.	and the second s	ement Contractor (		
PT Consultants Street Address				lanagement Gro	up, LLC.	
560 Benigno Blvd. 2nd Fl.			Street Addres	s on Avenue, Suit	o 202	
City, State & Zip Code			City, State & 2		E 202	
Bellmawr, NJ 08031			Trenton, NJ			
Project Manager for Monitoring Firm Brian D. Havanki		one Number <b>51-9980</b>	Telephone Nu		License Nur	
	eduled Completion		609-914-427 Name of OSH			01185
02-11-2020	02-21-2	8-3-15-3-3-5-5-3-15-3-5-5-3-15-5-		nmental Laborat	ories, Inc.	
Occupancy Status During Abatemen			Street Addres			
Facility Closed/Vacated Durin		Abatement	2333 Route			
Abatement Performed During	g Normal Hours		City, State & 2			
Describe: 9am to 5pm Facility Occupied During Aba	-tt		Union, NJ 0	7083		
Facility Occupied During Aba Scope of Work (Check all that apply)		1001				
Coope of Work (Greek all that apply)	<u> </u>			☐ Full Contains	nent with Neo	gative Pressure
≥3 sf or ≥3 If	$\boxtimes$	Renovation		Mini-Enclosu		ganto i roccaro
≥160 sf ≥260 lf		Demolition		Glove Bag P	rocedures	
	107 <u>1117</u> 17				ed and Non-F	riable Procedure
Location of		ocation	Description	1 (4) (5)	Amount	Abatement Type
Asbestos-Containing Material (ACM)		ally Used ely by	Asbestos-Cont Material (AC		(Specify SF or LF)	
TO BE ABATED	0.72 (0.72	nance or	(i.e., thermal sy		SF OI LF)	R R E
in Facility			nsulation, surfac			Enclosure Encapsulat Repair Removal
(13)		12)	or other miscella			Enclosure Encapsulate Repair Removal
	Yes 1	No N/A				(D)
Basement			Pipe Insula		25 LF	
Basement			Fittings		15 Each	
Basement-File Room			Floor Tile & N	Mastic	1000 SF	
Name of Registered Waste Hauler		NJDEP Waste	Cubic Yards	Name of Desistens	d Landell	
Name of Negistered Waste Hauler			of Waste	Name of Registere	a Landiiii	
Resource Management Group,	LLC.	0035218	TBD	Grows Landfill		
City, State			Disposal Date	City, State		
Trenton, NJ 08619		1	7BD	Morrisville, PA		
Completed By (Print or Type)		Title President	Signature	XIODAL.		Date
Mr. Brian Haney		rresident	7/1/1/1	/\/\/\/\/\/		01-29-2020
			///////	1 111 11 71		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N		ON OF ASBESTOS			الملا	Ū		5 (2)	
(KIUST+ PAII)		(Pursua	int to NJAC 8:60 ar	1d 12:120)	i		F	11 11	inani. Fi l'É	remanders Se pre
Date of Notification (1)	,206	)/) Name	of Building Owner			71176	Ľ.	1	/ E	-71
Agencies Notified Type Notification	100		Princeto	n Des	19n (	ourld .				-11
□ EPA 🕱 Initial			// //	Reading	Blyo	/ FEB	-3	20	20	
DEP Amended Amendment	<b>#</b>	City,	State, Zip Code	M	N	J 0850	12		8 11	ii i
DOH Emergency (i		Name	Belle of Contact	110	- t ·	Telephone Nur				
☐ DCA ☐ Cancellation		K	evin W	1 lkes		908-90		4	591	
Name of Facility Where Abatement is Taking	Place (3)	FA	CILITY INFORMAT		of Facility	(A)				
Vancant Post Offi					School (K-					
Street Address	RUGR	J	ast	S	Subchapte	er 8 (Other than K-12 private & commerci	2) al buil	dings.	, home	es,
City (5) 0	LU YX	- 20			etc.) e Feet	# of Floors	E	Bldg. A	Age	
County (6) and	VJ	08	542					100	9+	-
Mercer			ty Code (7) E USE ONLY)	Currer	nt Use (Pr	ior if being demolish	ned)			
Name of Monitoring Firm Hired by Building O	wner (8)	AS	CM No.	Name of Abat	ement Co	0 1	201	E.	7	
Street Address	7		44 164	Street Addres	2 16	chnolog	16	3 ,	In	16
City, State, Zip Code	7			City, State, Zi	50x	33 1				
New Equat	N2	08	3533	New	Garage Co.	of NJ	0	85	53	3
Project Manager for Moniforing Firm	)		hone No.	Telephone No	A	License N	0.	10	u	
Start Date (10)	Schedule	d Completio	758-3365 n Date (11)	609 758 Name of OSH			16		1	
1-eb 10,2020	Mar		2020	EPC	- Tec	hnologies	$\mathcal{I}$	nc		
Occupancy Status During Abatement (Check	2000			Street Address		227				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	eriod of Al al Facility	batement Hours		City, State, Zip		337	24521110			
☐ Other – Describe:				New E		NJC	185	53	3	
Scope of Work (Check All That Apply)					011					
A ≥3 sf or ≥3 if ≥160 sf or ≥260 if		enovation emolition			Containm -Enclosur	ent with Negative P	ressu	re		
2 100 31 01 2200 11		SITIOILLIOIT	<b>3</b> 0	(A) Glov	vebag Pro	cedure				
	lal		T	Non Non	-Exempte	d (*) and Non-Friable	e Pro		e ement	
Location of	No	ocation ormally	De	scription of					ре	
Asbestos-Containing Material (ACM) TO BE ABATED		Solely by ntenance/	Asbestos Con	taining Material		Amount	-		<u>m</u>	Е
In Facility		dial Staff? (12)	surfa	systems insulat cing, VAT, or	uon,	(Specify SF or LF)	Remova	Repair	caps	Enclosure
(13)	-		-	miscellaneous)			oval	air	Encapsulate	sure
1300000	Yes	No N/A	FLOCAT	7122		CC. 45	v	-		
Basement 1st Floor	X			7 les		550 SF 3300 SF	X			
1st Floor		X		sulation	2	200 LF	X			
1 + Floor		* .		1 5		32 SF	X	-		
Name of Registered Waste Hauler		NJDEP		Yards		Registered Landfill	1/			
EPC Technologies	)	Hauler I	D No. of Wa	<sup>ste</sup> 24	Was	te Manager	neni	60	e f	A
City, State	VJ		Dispos	sal Date	City, Stat	te .	A		•	
Completed by	Title	14,	Vari	ignature	MORA	*				
Steve Schenker		sident		Steep	Sch	she J	an.	30,	20	20

O1/30/20  Agencies Notified  Type Notification  Type Notification  Type Notification  Amended  DOL  Amendment #  West Creek, NJ 98092  Name of Cartact  Timster Trucking, Inc,  Type of Facility (Amended  DOL  Amended  Type Notification  Type of Facility (Amended)  Type of Facility	100	图 产发展户	2												1 1	
PAPE   PAPE	Date of Notification (1) 01/30/20								r (2)		FE	3 -	3 20	)20	71.	Ü
DOL	Part of the second seco	_0					venue					ri, et	Ž (		. 5 %	
Emergency (including)	DEP	Amended								- 1						
Size   Contract   C					Secretary of the second		4J 080	092								
Name of Facility Where Abatement is Taking Place (3)  Sitreet Address    Type of Facility (4)   School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (Other than K-12)   Other (Le private & commercial buildings, homes, etc.)    City (5)		justification)		'			ina In				100					
Street Address   Stre	L DCA	Cancellation	1								609-29	94-49	100			
Sitreet Address    Street Address   Square Feet   # of Floors   Bidg. Age	Name of Facility Where Aba	tement is Takir	ng Place (	3)	FAG	ILIT INC	JRIVIAI	ION	Тур	e of Facility (4	1)					
Sitreet Address    Street Address   Square Feet   # of Floors   Bidg. Age									П	School (K-12	2)					
County (8) County (9) Cocan County (9) Cocan County (9) Cocan County (9) Cocan Cocan County (9) Cocan	Street Address								×	Subchapter of Other (i.e. pr	8 (Other th			dings	, hom	es,
County (6) Ocean O									Squ		# of Floo	ors	E	Bldg. A	Age	
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)  AACL EAD PROFESSIONALS  Street Address  6 WH-ITE DOVE COURT  City, State, Zip Code  LAKEWOOD, NJ 08701  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Talephone No.					County	Code (7)			01.7	rent Hec (Pric	r if boing d	omolia	had)			
Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  City, State, Zip Code  LAKEWOOD, NJ 08701  Telephone No.  Telephon	Ocean				(STATE	USE ONLY)			11000		i ii being u	errions	ileu)			
City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  LAKEWOOD, NJ 08701  Telephone No.  732-668-9078  1200  Start Date (10)  02/10/2020  02/12/2020		ed by Building	Owner (8	)	ASCN	M No.						_S				
LAKEWOOD, NJ 08701	Street Address			1250	-4n2-00						URT					
Telephone No. 732-668-9078 License No. 732-668-9078 Name of CSHA Monitor AAA LEAD PROFESSIONALS  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)  Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance Countaining Material (ACM) (Specify City) State (Spec	City, State, Zip Code										701					
T32-668-9078 1200    Scheduled Completion Date (11)   Name of OSHA Monitor   AAA LEAD PROFESSIONALS	Project Manager for Monitori	ng Firm			Telepho	ne No.						ense N	In		-	-
02/10/2020  02/10/2020  02/10/2020  AAA LEAD PROFESSIONALS  Occupancy Status During Abatement (Check Only One)  Facility Closed/Acaded During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:    Street Address   6 WHITE DOVE COURT		3			7.7						1000000					
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code LAKEWOOD, NJ 08701  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  EXTERIOR  SIDING  SIDING  SIDING  SIDING  SIDING  SIDING  Amount (Specify SF or LF)  Signature  Name of Registered Landfill  IESI  City, State  If Cotty, State  Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Cotty State  SIDING	Start Date (10) 02/10/2020				mpletion	Date (11)		100000000000000000000000000000000000000			SSIONAL	.S				
Abatement Performed Outside of Normal Facility Hours  Other – Describe:  City, State, Zip Code LAKEWOOD, NJ 08701  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Fell Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exe	Occupancy Status During At	patement (Chec	k Only O	ne)				Street	Addre	ess						
EXTERIOR    Scope of Work (Check All That Apply)   Scope	Abatement Performed (	During Entire Outside of Norn	Period of an all Facility	Abaten / Hours	nent s			City, S	tate,	Zip Code					or and the	
Sa sf or ≥3 If ≥160 sf or ≥260 If Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure    Location of Asbestos-Containing Material (ACM)   In Facility (13)   Yes   No   N/A		nat ApplyA					_	LAKI	EWC	OD, NJ 08	701					
EXTERIOR    Secondarion of Asbestos Containing Material (ACM)   Seed Solely by Maintenance/Custodial Staff? (12)   Yes   No   N/A		iat Appiy)	П.						1 _							
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  EXTERIOR    Name of Registered Waste Hauler   Hauler ID No. 04509   Title   Disposal Date   02/12/2020   BETHLEHEM PA    Signature   Date   Da	H								M G	ini-Enclosure lovebag Proce	edure					
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  EXTERIOR  SIDING  S			1	Loopt	ion.			2.7	1 1/1	on-Exempled	( ) and Nor	n-Friad				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  EXTERIOR  Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12)  Yes No N/A  EXTERIOR  SIDING  SIDING  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  SF or LF)  Removal	Location of			Vormal	lly		De	scrintion	of					Ту	ре	
EXTERIOR  SIDING  SIDING  2500SF x  Name of Registered Waste Hauler  NAME of Registered Landfill  NEWARK CARTING  NEWARK CARTING  Name of Registered Landfill  Hauler ID No. Of Waste 10  Disposal Date 02/12/2020  Date	TO BE ABATE In Facility		Ma	intena todial S	nce/	Asbest (i.e.	os Cont thermal surfa	taining M systems cing, VA	fateria s insu T, or	lation,	(Specif	fy	Remova	Repair	Encapsula	Enclosure
Name of Registered Waste Hauler NEWARK CARTING  Disposal Date NEWARK, NJ  Disposal Date O2/12/2020  Disposal Date			Yes	No	N/A										te	ιυ
Hauler ID No.	EXTERIOR		-				S	SIDING			2500S	F	х			
Hauler ID No.																
Hauler ID No.	Name of Pagintared Waster	loulor		1.5	IDES.		0									
Disposal Date O2/12/2020 Disposal Date O2/12/2020 Disposal Date D3/12/2020 Date D3/12/2020 Date	NEWARK CARTING	auler		Н	lauler ID		of Was			100000000000000000000000000000000000000	egistered L	andfill.				
Completed by Title Signature Date	City, State NEWARK, NJ						Dispos				HEM PA					
	Completed by JOSEPH PERLSTEIN			IER								Da		20		

Tate of Notification (1)

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

CLECK# 3735

Data of New Co.	2							7114	: 1	PE	7 1	W	15
Date of Notification (1) 01/29/2020				of Building C ugh of Wo			(2)			(b) (l)	a II	. <u>u</u>	lla T
Agencies Notified Type Notification				Address umboldt S	treet				F	EB -	- 3	2020	
X EPA X Initial Amended Amendmen	+#			ate, Zip Coo I-Ridge, N		oreov (	7075						
Emergency	(including	<del>-</del>		of Contact	NCW Je	sisey c	77073	Tole		li imple e e			1
DOH justification)  DCA Cancellation				hris Eilert					ephone N 1) 939			<u> </u>	in their
Name of Facility Where Abatement is Takir	ng Place (	(3)	FAC	ILITY INFO	RMATI	ON	Type of Facility (	A)					
DPW Garage Buildings	ig i idoc (	9)					School (K-1						
Street Address 2 Concord Street							Subchapter Other (i.e. p	8 (Othe			ildings	, home	es.
City (5)							etc.) Square Feet	# of	Floors		Bldg. /	Age	
Wood-Ridge							6,000	1		- 1	85	.3-	
County (6) Bergen			County (STATE	Code (7) USE ONLY)			Current Use (Pric			lished)			
Name of Monitoring Firm Hired by Building TBD	Owner (8	)	ASC	M No.			of Abatement Cor Contracting, LL		(9)				
Street Address							Address Valley Road,	Suite l	<	-			
City, State, Zip Code							tate, Zip Code ne, New Jersey	v 0747	'O				
Project Manager for Monitoring Firm			Telepho	ne No.			one No.	T	License	No.			
						(973)	928-5040		00874				
Start Date (10) 02/08/2020	03/08/	2020	npletion	Date (11)			of OSHA Monitor Contracting, LL	.C					
Occupancy Status During Abatement (Chec	k Only O	ne)					Address		,				
Facility Closed/Vacated During Entire   Abatement Performed Outside of Norn Other – Describe:	Period of nal Facility	Abaten y Hours	nent		1	City, S	Valley Road, State, Zip Code						
Scope of Work (Check All That Apply)		-0-0-10-10-1				vvayı	ne, New Jersey	y 0/4/	0				
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	=	Renova Demolit	20,000,000			×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				re	
Location of		Locati Normal			Dos	cription					Abat	ement /pe	Š
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma Cus	ed Sole aintenar todial S (12)	nce/ Staff?	(i.e. th	s Conta nermal : surfac	aining M	aterial (ACM) insulation, Γ, or	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Day 1	Yes	No	N/A		۸/: ۱				0.15			(U	
Bay 1	X				w Cau			0 LF	х				
Bathroom	-	Х			Joint (	Compo	ound	21	0 SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		Н	JDEP Wauler ID	No.	Cubic Y		Name of F Minerva						
City, State		20	)990		TBD Disposa	al Date	City, State	}	77 88	LLC			
New Castle, Delaware  Completed by					TBD		Waynes	burg,			market T		
Ljiljana Sekularac	Title Office	e Assi	stant		Si	gnature	1: -	>	1	Date 01/29/.	2020		

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

CK#1335

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Date of Notification (1)					Name	of Building	g Owner/Operator (	(2)	The Contract of the Contract o	F	W	Via.	1				
01/	31 /	20			Bai	nk of Am	erica			153			41				
	Type Notifica	ation			Street	Address		FFD - 2000									
							44 South Broadway FEB 2020										
							City, State, Zip Code										
7.7	☐ Emergen		udina		White Plains, NY 10601												
(NJAC 5:23-8)	justification		uumg		Name of Contact Telephone Number												
	☐ Cancellat	ion			Din	o Nappi			516-972-8809								
					FA	CILITY IN	IFORMATION										
Name of Facility Where Ab	atement is T	aking P	Place	(3)			A CONTRACTOR OF THE CONTRACTOR	Type of Facility	(4)								
Bank of America								School (K-12									
Street Address								Subchapter			L						
400 Route 9 North							Other (i.e., p homes, etc.)	rivate and com	imerciai	bullain	gs,						
City (5)							Square Feet	# of Floors		Bldg. A	ae						
Howell, NJ 07731							5,000	1		45	3						
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being den	nolished							
Monmouth					10250000	,	, ,				<b>5</b> .:						
Name of Monitoring Firm H	lired by Build	ding Ow	ner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)									
ARCADIS U.S Inc.							JVN Restora	tion Inc									
Street Address							Street Address										
44 South Broadway							47 Foster Ro	ad									
City, State, Zip Code							City, State, Zip Co	ode									
White Plains, NY 106	601					Staten Island NY 10309											
Project Manager for Monitoring Firm Tele					phone No. Telephone No.				License No	1.							
Dino Nappi 51					6-972-8809 718-605-6256			5	00774								
Start Date (10) Scheduled Complete						te (11)	Name of OSHA N	lonitor									
02/10/	20	03	_ /	31	_ / .	20	Testor Tech										
Occupancy Status During A	Abatement (0	Check o	nly o	ne)			Street Address										
☐ Facility Closed/Vacated							10- 59 Jackso	on Avenue									
Abatement Performed C						cribe	City, State, Zip Co	ode									
Time of Abatement:	AIVI-5:00	JPIVI/1:	30 1	PIVI	AIVI		LIC NY 11101	l									
Scope of Work (Check all t	hat apply)					*	85										
		×	7 Rer	novati	on			tainment with Neg	gative Pressure	2							
☐ ≥160 sf or ≥260 lf		-		nolitio			☐ Glovebag	g Procedure									
								mpted (*) and No	n-Friable Proc	edure							
Location of	£			Locat ormal			Description			F	batem	ent T	уре				
Asbestos-Containing M		)	Used	d Sole	ly by	Asbe	Description o stos Containing Ma		Amount	2	Repair	E	En				
TO BE ABAT	ED			ntena	nce/ Staff?		., thermal systems	insulation,	(Specify SF or LF)	Kellova	pair	cap	Enclosure				
IN Facility (13)			Gust	(12)	otan:		surfacing, VAT, other miscellane	5000000	ă	<u> </u>	Encapsulate	ure					
(10)		Y	Yes	No	N/A	1	other miscellane	ous)				ite					
Exterior Windows						Caulkin	q		3 SF	D		П	П				
ATM Drive Up Room					Ī	Floor Ti	ile and Mastic		60 SF	Σ		П					
		-															
			5										H				
Name of Registered Waste	Hauler			_ N	JDEP \		Cubic Yards of	Name of Regis	tered Landfill		110						
Newark Carting	idaioi				auler II	O No.	Waste		itral Sanitary	Landf	ill						
City, State					NJ-56	ь	Disposal Date	City, State		nionese successive suc							
Newark, NJ							03/31/2020	Pen Argyl,	PA								
Completed By (Print or Typ	ne)	Title					Signature/	1		Date	-						
Ralph Barnhardt	-/	of the state of	iect	Mana	ager		1 IIIh	111	)	Di-	31-	2028	5				
			1000		-901		15/11/	Am Anna	0	UL	11 6	6-10	2000				

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CK 2810 PAI		OTIFI	CATION	ate of New Jerso OF ASBESTOS to NJAC 8:60 ar	ABATE				CE	1 1	11 11	2 1 1	The second contracts
Date of Notification (1) January 30, 2020				Building Owner		(2)	3 1	, day	-EB -	3 20	20		
Agencies Notified Type Notification  EPA Initial Amended				ddress Illivan Way te, Zip Code			- A	2 27		3 - 1: 		, l ,c	1
■ DOL     ■ Amendment     ■ Emergency     □ justification)     □ DCA     □ Cancellation	(including	-	55 S. Name of	Main Street, F					phone Nu 3-835-35				
_ BOA _ Cancellation				LITY INFORMAT									
Name of Facility Where Abatement is Takir Former Bank Street Address 55 Main Street	g Place (3	)					of Facility ( school (K-1 subchapter other (i.e. p tc.)	2) 8 (Othe			lings,	home	es,
City (5) Phillipsburg NJ 08865						Squar	e Feet t 2000	# of 2	Floors		ldg. A	ge	
County (6) Warren			County (	Code (7) JSE ONLY)		100000000000000000000000000000000000000	nt Use (Pri / office	or if beir	ng demolis	shed)			
Name of Monitoring Firm Hired by Building Sky Environmental	Owner (8)		ASCM	1 No.			ement Cor orporatio		(9)				
Street Address 140 Boulevard					77.77	Addres							
City, State, Zip Code Mountain Lakes, NJ 07046						State, Zi ington	Code NJ 070	57, 2n	d floor				
Project Manager for Monitoring Firm Leonid Shereshevsky	7		Telephor 973-58	ne No. 88-4821	- OHOUSE 1	hone No 809-1			License I 01361	No.			
Start Date (10) February 3, 2020	Schedule			Date (11)	Name tbd	of OSH	A Monitor						
Occupancy Status During Abatement (Chec	k Only On	e)			Street	Addres	S						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: building is unoccupi	nal Facility	Hours	3		City, S	State, Zi	p Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	denova Demolit				Min Glo	Containm i-Enclosurvebag Pro i-Exempte	e cedure	_			e	
	Is	Locati	ion								Abate	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Normal d Sole intena todial S (12)	ely by nce/	Asbestos Co (i.e. therm: surf	Description of s Containing Material (ACM) nermal systems insulation, surfacing, VAT, or			(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure	
(13)	Yes	No	N/A	other	miscella	neous)				val	<b>+</b>	ulate	ure
Main Room			х	VAT	and m	astic		1	,120	x			
					<u> </u>								
Name of Registered Waste Hauler Polmax Corporation		H	JDEP W lauler ID 038275	No. of W	c Yards aste		Fairles	s Land	red Landfi Ifill	ill		2-8-9	10 6-
City, State Wallington NJ 07057				Disp tbd	osal Date	9	City, Star Morrisv		19057				
Completed by Kielczewski Slawomir	Title CEO				Signatur		الا نسا	عرليه	1 2	ate Ianuar	y 30	, 202	20

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Date of Notification (1)					Building Owner/Ope			FE	B.	-1 jū	1.2
1 /	30 /	20	1	Balnt	Michael's Madica	rator (2)			-	-	7
Agencies Notified	Type Notifi	callon				I Center	<del></del>	, VI 00			1
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(600	Amenda	nent #	_	City, Steh	, Zip Code				1	V	
(NUAC 5:23-8)	Emerge Justifical	ncy (includi	ng L	Newar	k, NJ 07102						1.
	Canoelle	Man	1	Name of C			Telephone	Al	-		3"11
					n Murrell		(973) 87				
Name of Facility Where Ab	plaman is	Palela - Bre		FACILI	TY INFORMATIO	N	1 (6,0) 91	1-561	10		_
Saint Michael's Medi	cal Care	isking Piec	≥8 (3)			Type of Fedi	the (d)	-			500
Street Address	AES GELLIO		-			School (K	/b/(40) . 4명)				
111 Central Avenue						Subchapte Class	or 8 (Other than )	(-12) merc	al bu	ildina	a
Newark, NJ 07102						Square Fee!					
County (6)			-	30		70 000	# of Floars		Bid	g. Ag	0
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	-41					Hoapitel	nor if being dem	olishe	od)	-	Peogless
Vame of Monitoring Firm His Environmental Health	ed by Build	Ing Owner	(8) AS	CM No.	Name of ébat	ement Contractor (					
Bireel Address	investiga	tions, inc	. 2	9737	SAI Envir	onmental Servic	9)				Section 1
655 West Shore Trell				-	Street Address	PAINTENCEI BELAIC	ee, LLC				
ity, State, Zip Code		-				ld Road, Suite 1					
Sparts, NJ 07834				Delivery of the last	City, State, Zip	Code Today, autre 1	02				
roject Manager for Monitorin					Fairfield, A	LIATORA			The same of	******	
Bill Kerbel	ig Firm		Telepho	ne No.	Telephone No.	-01000	Wang.				
tort Date (10)			973-7	29-5649	/079) 070 c		License No.	- Concession	Name and Address of the Owner, where		-
2 / 01 / 2	n Sc	heduled Co	mpieton	Date (11)	Name of OSHA	Manitor	01349				
		02 /	_03_	/ _20	BAI Enviro	nmentel Service	- 110				Name of Street,
Coupancy Status During Abs	itement (Ch	eck only or	10)	The second second	Street Address	MINISTER DELAICE	e, LLC				
Facility Closed/Vacated Du Abstencent Performed Out Time of Abatement:	iring Entire   ilde of Nom .AM.	Period of A	batament Hours - O	escribe		d Road, Sulle 15	13				
ope of Work (Check all that	William Comment	, PNU	PM-	_AM	Fairfield, N.	07004					-
≥3 af or ≥3 H ≥160 af or ≥260 H		⊠ Rend □ Dem	olision ocation		S Gloveb	ntsinment with Neg Icksure 8g Procedure empted (*) and Nor					
Location of		Nos	melly	1		1	1100000	THE PERSON NAMED IN		-	
Asbestos-Containing Materi TO BE ABATED	al (ACM)	Used	Salely by erunce/	Ash	Description cestos Containing M	Stories (S.O.S.			beten	1	7-
IN Fecility (13)		Custod	ial Steff?	] "	e., thermal systems surfacing, VA7 other miscallane	insulation,	Amount (Specify SF or LF)	Revoluen	Repair	Encapsulate	Enclosure
g C 2nd Floor Mechanic	M Room		10	Pips in	evettion			L		18	
g B 6" Floor Electrical	Room	00		The same of the sa	evaltion		100 LF	B			D
		00	-	- Po III	- 3000001		76 LF	×			
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o of Registered Waste Hauls	) r		.   1	1					F	-	Design gents
rvice Transport Group,	Inc		NJDEP V	veste No	Cubic Yards of	Name of Register	ed Langan				
State			SWZ1	17	Wests 5	Minerva Lang	\$011)				
		-		- Charles - Co.	Disposal Data	City, State		-			
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w Castle, DE				1	2/03/2020	WEUPERLINE	m PALA				
W Castle, DE Dated By (Print or Type)	Tide					Wayneaburgi	h. OH				
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4 ,						ing Owner/Operator	(2)	200			
	30 /	20				nael's Medical Ce			2	020	
Agencies Notified	Type Notificat	ion		Stre	eet Address	3				J-0	: 1
□ EPA						al Avenue		Phonest.		-	
⊠ DOLWD	☐ Amended			-	, State, Zip	Section of the sectio		1 21 21 21			te.
☑ DHSS	Amendmer		_		ewark, N.		57 9	g (F) (f)	4 (114)	-	·
DCA (NJAC 5:23-8)		(includ	ling		ne of Conta			1-:-			
(1.67.10 0.20 0)	Cancellatio				tephen M			Telephone Nu			
						NFORMATION		(973) 877-	5418		
Name of Facility Where A	Abatement is Ta	king Pla	ice (3)	F)	ACILITY	INFORMATION	Tuno of Facility	(4)			
Saint Michael's Med	dical Center		(-)				Type of Facility (  School (K-12				
Street Address		-					Subchapter 8	) I (Other than K-	12)		
111 Central Avenue	}						Other (i.e., pr	ivate and comm	nercial l	building	gs,
City (5)							homes, etc.)				
Newark, NJ 07102							Square Feet	# of Floors	E	Bldg. A	ge
County (6)				Co	Inh. Cada	(7)(CTATE 1/25 01" : 5	70,000	7		81	
Essex				COL	unity Code	(7)(STATE USE ONLY)		or if being demo	lished)		
Name of Monitoring Firm	Hired by Ruildia	0 Ours	r (0)	ASCN	ANIe	IN CO.	Hospital				
Environmental Heal	th Investigati	ope *	(0)				ent Contractor (9)				
Street Address	iiivestiyati	ons, ii	iC.	297	5/		nental Services	, LLC			
655 West Shore Tra	il					Street Address					
City, State, Zip Code	11	110000					Road, Suite 102	2			
Sparta, NJ 07834						City, State, Zip Co					-
roject Manager for Monit	orina Fi		1-			Fairfield, NJ	07004				
Bill Kerbel	oring Firm			ephone		Telephone No.		License No.	200		
tart Date (10)	12				9-5649	(973) 852-344		01349			
2 /01 /	20 Sch				ate (11)	Name of OSHA M					
			/	<u> </u>	20	SAI Environn	nental Services	LIC			
Occupancy Status During	Abatomast (0)	-l						1			
Coupancy Status During	Abatement (Che	ck only	one)			Street Address					
Facility Closed/Vacated	During Entire F	eriod o	f Abate	ment	oosib e	Street Address 277 Fairfield	Road, Suite 102				
Facility Closed/Vacated Abatement Performed (	d During Entire F Outside of Norm	eriod o	f Abate	rs - Des	scribe AM	Street Address 277 Fairfield I City, State, Zip Co	Road, Suite 102 de				
Cocupancy Status During .  Facility Closed/Vacated Abatement Performed ( Time of Abatement:	During Entire F Outside of NormAM	eriod o	f Abate	rs - Des	scribe _AM	Street Address 277 Fairfield	Road, Suite 102 de				
Facility Closed/Vacated Abatement Performed ( Time of Abatement:	During Entire F Outside of NormAM	eriod o	f Abate	rs - Des	scribe _AM	Street Address 277 Fairfield I City, State, Zip Co Fairfield, NJ (	Road, Suite 102 de 17004				
Facility Closed/Vacated Abatement Performed ( Time of Abatement:  cope of Work (Check all to 1) 3 sf or >3 lf	During Entire F Outside of NormAM	Period o al Facil PM/	f Abate	rs - Des	scribe _AM	Street Address 277 Fairfield I City, State, Zip Co Fairfield, NJ (	Road, Suite 102 de 17004 ainment with Nega				
Facility Closed/Vacated Abatement Performed ( Time of Abatement:  cope of Work (Check all t	During Entire F Outside of NormAM	Period o al Facil PM/ R	f Abate ity Hou PM-	rs - Des	scribe _AM	Street Address 277 Fairfield   City, State, Zip Co Fairfield, NJ (  Full Conta Mini-Encl Glovebag	Road, Suite 102 de 17004 ainment with Nega osure Procedure	tive Pressure			
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Facility Closed/Vacated Abatement Performed ( Time of Abatement: cope of Work (Check all t  >3 sf or >3 lf >160 sf or >260 lf  Location of	d During Entire F Outside of NormAM that apply)	Period o	f Abate ity HouPM- enovati emolitic s Locat Norma	on ion ily	scribe _AM	Street Address 277 Fairfield   City, State, Zip Co Fairfield, NJ (  Full Cont:  Mini-Encl  Glovebag  Non-Exer	Road, Suite 102 de 17004 ainment with Nega osure Procedure npted (*) and Non-	tive Pressure		pateme	nt Ty
Facility Closed/Vacated Abatement Performed ( Time of Abatement:  cope of Work (Check all t  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Ma	d During Entire F Outside of NormAM that apply)  f aterial (ACM)	Period o al Facil PM/ I R D Us	f Abate ity HouPM- enovati emolitic s Locat Norma ed Sole	on ion lly ely by	Asbe	Street Address 277 Fairfield   City, State, Zip Co Fairfield, NJ (  Full Conta Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat	Road, Suite 102 de 17004 ainment with Nega osure Procedure npted (*) and Non-	tive Pressure	Ab	T	
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Facility Closed/Vacated Abatement Performed ( Time of Abatement: cope of Work (Check all t ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mator Security IN Facility (13)	d During Entire F Outside of NormAM that apply)  f aterial (ACM) ED	Period of all Facil PM/	f Abate ity Hou PM- enovati emolitic s Locat Norma ed Sole aintena	on ion illy by nce/	Asbe	Street Address 277 Fairfield   City, State, Zip Co Fairfield, NJ (  Full Conta Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat , thermal systems in	de 17004  ainment with Nega osure Procedure npted (*) and Non-erial (ACM) isulation, or	tive Pressure Friable Procedu  Amount (Specify	Ab	T	T
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Facility Closed/Vacated Abatement Performed ( Time of Abatement:  cope of Work (Check all t  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mator Facility (13)  dg C 2 <sup>nd</sup> Floor Mechal	d During Entire F Outside of NormAM that apply)  f aterial (ACM) ED	Period of all Facil PM/	f Abate f Abate f Abate enovati emolitic s Locat Norma ed Sole aintena stodial (12) No	ion lly lly by nce/ Staff?	Asbe (i.e	Street Address 277 Fairfield   City, State, Zip Co Fairfield, NJ (  Full Conta Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat , thermal systems ir surfacing, VAT, other miscellaneo	de 17004  ainment with Nega osure Procedure npted (*) and Non-erial (ACM) isulation, or	tive Pressure Friable Procedu  Amount (Specify SF or LF)	Removal	T	T
Facility Closed/Vacated Abatement Performed ( Time of Abatement:  cope of Work (Check all t  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mator Facility (13)  dg C 2 <sup>nd</sup> Floor Mechal	d During Entire F Outside of NormAM that apply)  f aterial (ACM) ED	Period of all Facil PM/	enovatiemolitics s Locat Norma ed Sole aintena stodial (12)	ion lion liy ly by nce/ Staff?	Asbe (i.e	Street Address 277 Fairfield   City, State, Zip Co Fairfield, NJ (  Full Conta Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat , thermal systems ir surfacing, VAT, other miscellaneo	de 17004  ainment with Nega osure Procedure npted (*) and Non-erial (ACM) isulation, or	tive Pressure Friable Procedu  Amount (Specify SF or LF)	Removal 🛛	T	T
Facility Closed/Vacated Abatement Performed ( Time of Abatement:  cope of Work (Check all to the cope of Work)  2 3 sf or 23 lf 2 160 sf or 260 lf  Location of Asbestos-Containing Matrix (13)  IN Facility (13)  dg C 2 <sup>nd</sup> Floor Mechal	d During Entire F Outside of NormAM that apply)  f aterial (ACM) ED	Period of all Facil PM/	enovati emolitic s Locat Norma ed Sole aintena stodial \$ (12) No	on ion lly by nce/ Staff?	Asbe (i.e	Street Address 277 Fairfield   City, State, Zip Co Fairfield, NJ (  Full Conta Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat , thermal systems ir surfacing, VAT, other miscellaneo	de 17004  ainment with Nega osure Procedure npted (*) and Non-erial (ACM) isulation, or	tive Pressure Friable Procedu  Amount (Specify SF or LF)	Ab Removal	T	
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Facility Closed/Vacated Abatement Performed ( Time of Abatement:  cope of Work (Check all t  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Manual State (In Facility)  IN Facility	d During Entire F Outside of NormAM that apply)  f aterial (ACM) ED  anical Room cal Room Hauler oup, Inc	Period of all Facil PM/	enovati emolitic s Locat Norma ed Sole aintena stodial S (12) No	on ion lly by noce/ Staff?	Asber (i.e  Pipe Ins  Pipe Ins	Street Address 277 Fairfield I City, State, Zip Co Fairfield, NJ (I Full Conta Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaneo  Cubic Yards of Waste S Disposal Date	Road, Suite 102 de 17004 ainment with Nega osure Procedure Interved (*) and Non- erial (ACM) Insulation, or us)  Name of Register Minerva Lane City, State	tive Pressure Friable Procedu  Amount (Specify SF or LF)  100 LF  75 LF	Removal	Repair	T