C/Ca467PAII		NOT	IFICATIO	State of N ON OF AS nt to NJA	BESTOS	ABATE	EMENT (0)	1	EC		1	7	
Date of Notification (1) January 31, 2019			Name 134 F	of Buildin Bay Stre	g Owner	Operato	r (2)		ГГ	n	1 00:	10	2 - 1 - 1 - 1
Agencies Notified Type Notification			Street	Address	- 10 N			14.	FE FE	D 4	20	9	11.
X EPA X Initial				hristoph		ımbos l	Drive		L	- New York (4-1)		eq 17 mm	1
DEP Amended DOL Amendment	#			State, Zip (00			Personal			****	1
Emergency		g		of Contac		02		-				· · · ·	osa,
DCA justification) Cancellation				ph Maur	S				Telephone 201-217-		r		
Nome of Facility Add.			FAC	CILITY IN	FORMAT	ION							
Name of Facility Where Abatement is Takin Former Manischevitz Warehouse/F	g Place	(3)					Type of Facility	ty (4)					
Street Address	dotory						School (I		Other than 1	< 40\			
134 Bay Street							Other (i.e	e. priva	Other than I	<-12) ercial b	uilding	s, hon	nes,
City (5)							etc.) Square Feet		# of Floors		Bldg.	Age	
Jersey City, NJ							74,352		6		50+	rige	
County (6) Hudson				Code (7)	y)		Current Use (I	Prior if	being demo	olished)			
Name of Monitoring Firm Hired by Building (Owner (8	3)	ASC	M No.		Name	of Abatement C		ctor (9)	-			
Vertex Environmental Street Address						Yanr	nuzzi Enviror	nmen	tal Servic	es, In			
3322 Us Route 22					×		Address Kinnelon Roa	ad Su	uite 102				
City, State, Zip Code Branchburg, NJ 08874							tate, Zip Code elon, NJ 074	05					
Project Manager for Monitoring Firm TBD			Telepho 732-4	one No. 14-2226	3		none No. 218-0880	-	License 01228			- 1-2 (
Start Date (10) 02/14/2019			mpletion	Date (11)		Name	of OSHA Monito						
Occupancy Status During Abatement (Check	03/25/						uzzi Environ	men	tal Service	es, Ind	;.		
Facility Closed/Vacated During Entire P		1000000	ment			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	^{Address} Kinnelon Roa	ad Su	ite 102				
Abatement Performed Outside of Normal Other – Describe:	al Facilit	y Hour	'S			City, St	tate, Zip Code						
Scope of Work (Check All That Apply)						ranno	51011, 140 07-41						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoli				×	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedu	ire			_	
	ls	Locat	tion						una mon m	abic i i	7.447	emen	1
Location of		Norma ed Sole				scription				-	Ty	ре	_
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	intena todial	nce/	Asbes (i.e.	tos Conta thermal	aining Ma systems	aterial (ACM) insulation.		Amount (Specify	70		ᄪ	ш
In Facility (13)	Cus	(12)	Stall?		surfac	ing, VAT	Γ, or		SF or LF)	Remova	Repair	caps	Enclosure
	Yes	No	N/A		other ii	nscenare	eous)			val	air	Encapsulate	sure
Floors 1-6 & Roof										-	-		
See Attached Survery								-			+-		
										_			
					X					-	-		
Name of Registered Waste Hauler			J IJDEP W		Cubic \	Yards	Name of	f Regi	stered Land	fill			
Yannuzzi Group, Inc.		H	lauler ID 17467	No.	of Was 300 C	10/15/8	Fairles						
City, State Kinnelon, NJ					Dispos: 03/26/	al Date 2019	City, Sta Morris		PA				
Completed by John Mucha	Title AHE	RA Pr	oject N	lgr.		gnature	11 / 1	1.	/ [Date 01/31/	2019		

ASBESTOS CONTAINING MATERIALS TABLE

FEB 4 2019

Space/Area	88	1		év. 11. 11. 11.	
Space/Area	Material Description	Estimated	Friable	Condition	Debris
1st floor, throughout	Dino insulation (fine)	Quantity	(Y/N)	(G/F/P)	(Y/N)
1 st floor, men's	1	225 LF	Υ	F	N
restroom	9" tan floor tile	200 SF	N	G	N
1 st floor, area	9" green floor tile/mastic	120 SF	N	G	NI
outside restrooms			14	9	N
1 st floor, main shaft	Pipe insulation/debris	60 CF	Υ	Р	
1st floor, throughout	Window glazing	T/O	N	G	Y
2 nd floor,	Pipe insulation/fittings	225 LF	Y	F	N
throughout		223 [1		F	N
2 nd floor, medical	Fume hood (assumed)	125 SF	N	G	
office area	,	1233.	14	6	Ν
2 nd floor,	Window glazing	T/O	N	G	
throughout		1,70	1/4	G	N
3 rd floor, throughout	Pipe insulation/fittings	350 LF	Y		
3 rd floor, throughout	Window glazing	T/O	N	F	N
4th floor, throughout	Pipe insulation/fittings	550 LF	Y		Υ
4 th floor, perimeter	Residual 9" floor	200 SF	N	F	N
areas	tile/mastic	200 31	IN	G	N
4 th floor, locker	9"x9" floor tile/mastic	800 SF	N		
room	,	800 31	N	G	N
4 th floor, throughout	Window glazing	T/O	N	F	21
5 th floor, east side	Duct insulation	1,800 SF	Y	P	N
5 th floor, east side	Pipe insulation/fittings	700 LF	Y		Υ
5 th floor, east side	Oven insulation	6,000 SF	Y	P	Υ
5 th floor, east side	Exhaust breeching stacks	1,000 SF	Y	P	Y
5 th floor, east side	Floor debris	9,000 SF	Y	Р	Υ
5 th floor, restroom	9" floor tile/mastic	350 SF		Р	Υ
and machine shop	,	330 31	N	F	Υ
5 th floor, office area	12" blue and white floor	850 SF	NI		
	tile	03U 3F	N	G	N
5 th floor, office area	12" wood pattern floor	200 SF	- N		
	tile (top layer)	200 SF	N	G	N
5 th floor, west side	Electrical wiring	200 LF	Y		
5 th floor, throughout	Window glazing			F	Υ
th floor, over	Drywall partition	T/O 600 SF	N	F	Υ
nechanical	, partition	000 SF	N	G	N
quipment, east					
ide					

					GE
Space/Area	Material Description	Estimated	Friable	Condition	FEB 4 Debris
6th floor the land		Quantity	(Y/N)	(G/F/P)	(Y/N)
6 th floor, throughout	, 8	530 LF	Υ	F	N.
6 th floor, SE corner	Duct insulation	100 SF	Υ	F	N
6 th floor, restroom	9" gray floor tile/mastic	220 SF	N	G	N
6 th floor, elevator lobby	9" black and brown floor tile/mastic	100 SF	N	G	N
6 th floor, locker room	Mastic as/w 12" tan floor tile	200 SF	N	G	N
6 th floor, throughout	Window glazing	T/O	N	G	N
Main shaft	Pipe insulation	360 LF	Y	Р	Y
Roof - elevator mechanical room south side	Roof field (bottom layer)	220 SF	N	G	N
Roof – center, north and west penthouses	Roof field (middle and bottom layers)	1,900 SF	N	G	N
Roof – center elevator penthouse	Roof field	140 SF	N	G	N
Roof – center elevator penthouse	Tar sealer	T/O	N	G	N
Roof – center elevator penthouse (exposed and within shaft)	Transite exhaust stack	50 LF	N	G	N
Roof – southwest	Roof field (bottom layer)	600 SF	N	G	N
Roof – southwest	Perimeter flashing (bottom layer)	200 SF	N	G	N
Roof – southwest (parapet wall)	Capping stone tar	100 LF	N	G	N
Roof – northwest	Roof field (middle and bottom layers)	3,000 SF	N	G	N
Roof – northwest	Perimeter flashing (bottom layer)	900 SF	N	G	N
Roof – northwest	West stairwell exterior mastic/sealer (on brick)	900 SF	N	G	N
Roof – east	Roof field (top and middle layers)	8,500 SF	N	G	N
Roof – east	Perimeter flashing	1,500 SF	N	G	N
Roof – east	Parapet wall sealer	1,000 SF	N	G	N
On conduit, penetrations,	Tar sealer	T/O	N	G	N

Space/Area	Material Description	Estimated Quantity	Friable (Y/N)	Condition (G/F/P)	EB 4 201 Debris (Y/N)
mounts, corrugated panels, etc.					
Roof	Door caulk	T/O	N	G	N
Exterior, rear wall	Tar sealer	150 SF	N	G	N
Exterior, lower roof	Roof field (assumed)	600 SF	N	G	N
Exterior, lower roof	Roof tar sealer (assumed)	100 SF	N	G	N

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MI SALA	34.		1,000		1

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Date of Notification (1)				Nam	e of Buildin	g Owner/Operator	(2)	+ FE	34	201	9	i i hai
02 / 01	/ 2019			FEI	DERAL	REALTY IN	VESTMEN	TRUST				
	otification	n			et Address		VECTIVIEI	1 113001	1.1%	 	· · · · · · · · · · · · · · · · · · ·	4
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☑ DOLWD ☐ Ame	nded ndment :	#			State, Zip (THE THE		534.51.01534500			
☑ DCA ☐ Eme			ıa	RO	CKVILL	E, MD 20852	2					
(NJAC 5:23-8) justif	ication)	roidaii	9		e of Contac			Telephone I	Number			
☐ Cano	ellation			RIC	100W	DIE		301-998				
				FA	CILITY IN	FORMATION			020	_		
Name of Facility Where Abatemen	t is Takir	ng Plac	e (3)				Type of Facility	/ (4)				
ELLISBURG CIRCLE S	HOP	PING	CE	NTE	R		School (K-1	2)				
Street Address		- Harrison -					Subchapter	8 (Other than I	K-12)			
22 NJ RT 70							Other (i.e.,)	private and con .)	nmercia	i buildi	ngs,	
City (5)							Square Feet	# of Floors		Bldg.	Age	
CHERRY HILL							20,000	1		+/-	ä	
County (6)				Cou	nty Code (7	()(STATE USE ONLY)	Current Use (P	rior if being der	nolishe	d)		
CAMDEN												
Name of Monitoring Firm Hired by I	Building	Owner	(8)	ASCM	No.	Name of Abateme				-77454		
VERTEX COMPANIES Street Address						PEPPER EI	NVIRONME	ENTAL SE	RVIC	ES,	INC	
700 TURNER INDUSTR	2141	A/A \/				Street Address			12 12 12 12 12 12 12 12 12 12 12 12 12 1	Innovertic conservation	258	
City, State, Zip Code	KIAL	VVAY				2251 FRALI	EY STREE	T, PHILA,	PA 1	913	7	
ASTON, PA 19014						City, State, Zip Co						
Project Manager for Monitoring Firm			T-1-			PHILADELF	PHIA, PA 19					
DON HEIM	1			phone	No. 7-0402	Telephone No.		License No).			
Start Date (10)	Sche	duled C			r-0402	215-533-515 Name of OSHA M		01166			1047 CHA	
02 / 11 / 2019	02		15	19	2019							
Occupancy Status During Abateme	100		3			VERTEX CO	DMPANIES					
☐ Facility Closed/Vacated During B				ment			DINDLICT	DIAL MAAN	,			
☐ Abatement Performed Outside o	f Norma	I Facilit	v Hour	s - Des	cribe	700 TURNE City, State, Zip Co		RIAL WAY				
Time of Abatement:AM-	P	M/	_PM-		AM	ASTON, PA						
Scope of Work (Check all that apply	r)					AOTON, FA	19014					
☐ ≥3 sf or ≥3 lf		[7] D-				☑ Full Conta	ainment with Ne	gative Pressure	9			
☑ ≥160 sf or ≥260 lf			novati			☐ Mini-Encl						
por chevalle Protess Parkings				40.00		☐ Non-Exer	mpted (*) and No	n-Friable Proce	edure			
I washes of			Locat			WWW 499-25				Abater	nent T	уре
Location of Asbestos-Containing Material (A	CM)	Use	d Sole	ly by	Ashes	Description of stos Containing Mat	f	A 1		D Z	ш	ш
TO BE ABATED	/		intena todial S		(i.e.	, thermal systems in	nsulation.	Amount (Specify	}	Repair	ncap	ıclo
IN Facility (13)		Cusi	(12)	olan!		surfacing, VAT, other miscellaned	or Vis	SF or LF)	2	5 7	Encapsulate	Enclosure
(-7)		Yes	No	N/A	1	other miscellaned	ous)				ate	
SPACE 29		П		Ø	MASTI	C		3,000.	·	1	10	
		=	100-00		1000			3,000/2005	. ,		Ш	Ш
									Г	П	П	П
Name of Registered Waste Hauler			1000000	JDEP V		Cubic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPORT	GRC	UP	H	auler IE	No.	Waste	MINERVA					
City, State						Disposal Date	City, State	.0				
NEW CASTLE, DE							LIBSON,	ЭН				
Completed By (Print or Type)	Title	9				Signature	\sim		Date		=5/3	
JENNIFER NIVEN	DII	R OF	OP	ERA	TIONS	Ho		_	2-1-1	9		
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Data of Natification (4)					1				1 2 3 4					1 =	111
Date of Notification (1) 01 /	31 /	19				e of Buildir rizon	ng O	wner/Operator	(2)		4	20	10	-	
Agencies Notified	Type Notific		_			natio catal					11.5	20	13	16	-4
⊠ EPA	I ppe Notific	alion			935,000	t Address /erizon W				Land Street					
□ DOLWD	☐ Amende	d				State, Zip	•	9		- 6.1		124		1	
DHSS	Amendm		ay Saa		A Second	sking Ric				**** ****	e verdage s	- M		8 0	
☐ DCA (NJAC 5:23-8)			luding	3		of Contac	-	, 140		Telephone I	Number				
(10/10 0.20 0)	☐ Cancella				2000000-00	seph Har	3.55			301-802-					
							_	RMATION		001-002-	3112	_			
Name of Facility Where A	batement is	Taking	Place	(3)	17	CILITI	NFO	KIVIATION	Type of Facility (4)			-		
Verizon				(0)					School (K-12)						
Street Address									☐ Subchapter 8	(Other than I					
773 Summit Avenue	9								Other (i.e., pr homes, etc.)	ivate and con	nmercia	l bu	ilding	S,	
City (5)									Square Feet	# of Floors		Blo	dg. Ag	10	
Jersey City, NJ 070	37								10,000	3		- 0	50		
County (6)					Cour	nty Code (7	7)(ST	ATE USE ONLY)	Current Use (Pric		molishe				
Hudson						3 * (3.63.54)		,		or it boiling don	TIONOTIO	۵)			
Name of Monitoring Firm	Hired by Buil	ding O	wner ((8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)						
USA Environmental	Managaen	nent Ir	nc.				1	JVN Restora							
Street Address							St	reet Address							_
8436 Enterprise Ave	enue						4	47 Foster Ro	ad						
City, State, Zip Code							Cit	ty, State, Zip Co	ode						
Philadelphia, PA 19							1	Staten Island	NY 10309						
Project Manager for Monit	toring Firm			Tele	ephone	No.	Te	lephone No.		License No	٥.				
Mark Jenkins				12.00	15-365		1 7	718-605-6256	i	00774					
Start Date (10)				11.7	etion Da		Na	me of OSHA M	lonitor						
//					3_/	19	7	Testor Tech							
Occupancy Status During							Str	reet Address							
Facility Closed/Vacated	d During Enti	re Perio	od of	Abate	ment	100	1	10 59 Jackso	n Avenue						
Abatement Performed Time of Abatement:	Outside of No	ormal F	acility	/ Hou DM-1	rs - Des ∙30∆M	cribe	Cit	y, State, Zip Co	ode						
			0.00		.00/11/1		I	LIC NY 11101							
Scope of Work (Check all	that apply)							□ Eull Cont	- i ith N						
≥3 sf or ≥3 If			⊠ Rei	novat	ion			☐ Full Cont	ainment with Nega losure	ative Pressure	9				
≥160 sf or ≥260 lf] Dei	moliti	on			☐ Glovebag	g Procedure		VEDATA (1.00.00.00.00.00.00.00.00.00.00.00.00.00				
		-	Is	Loca	tion			☐ Non-Exe	mpted (*) and Non	-Friable Proc			-		
Location of	of		N	Iorma	lly			Description o	f				teme		_
Asbestos-Containing N		1)		d Sole intena	ely by			Containing Ma	terial (ACM)	Amount		Ren	Repair	Encapsulate	Enclosure
TO BE ABAT				odial	Staff?	(i.e		ermal systems i surfacing, VAT,		(Specify SF or LF)		Removal	ar.	apsı	losu
(13)				(12)	1	-		ther miscellane		01 01 11)	1.	-		ulate	Ге
n .		-	Yes	No	N/A									(D	
Basement		-				Pipe Fi	ittin	gs		4 LF	0	X			
2 nd Floor						Pipe Ins	sula	tion and Fitti	ings	70 LF		X			
]									1				
]]				
Name of Registered Waste	e Hauler			1960	JDEP V		0.0000	bic Yards of	Name of Registe	ered Landfill					
Newark Carting					lauler IE NJ-56	23 24 6 M W.	Wa 5	iste	G.R.O.W.S.,	Inc.					
City, State				- 1				posal Date	City, State						
Hackettstown, NJ							0	2/10/19	Morrisville,	PA					
Completed By (Print or Typ	oe)	Title						Signature	1//		Date				
Ralph Barnhardt		Pre	oject	Man	ager			11/11/1	Many)	01-	-3	1	20	19

FEB 4 2019

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

Date of Notification (1)				I reg	ame of Bull	ding Owner/Operato	5 (2)	TO COMPANY OF THE PARTY OF THE		_		700	
1		the Real Property lies, the Person lies,	•		Varizon		,-,		1(11	15.5	1	- 1
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	encellatio	n			lessph H			Telepho	ne Numi	w	-	11.1	-
M.						INFORMATION	·	301-8	02-611	2			
Name of Facility Where Abstern Verizon	nent la Tal	king Pi	ecs (3	}	MAIFILL	INFORMATION	Type of Facilities	BL (4)					
Street Address			-			0	Den of recil	PBY (4)					
773 Bummit Avenue							Schoel (K Subchapt Other (i.e.	e (2) Br & (Other th)	an K 45.				
City (6)							2 Other (i.e.	private and	commerc	iel	build	nos	
Jersey City, NJ 07037	4 600						Square Fast					ruga,	
County (8)							45 454					Age	
Hudaon	17			Co	unty Code	(7)(STATE USE ONLY)	10,000	3			60		
Name of Monitoring Firm Hirad I	5 8					//	Current USO (Prior if baing	demolish	(bal			
USA Environmental Mana	oh aniiqidi	OWN	ar (8)	ÁSC	M Na.	Name of Abstom	BER Confere	(6)					
Street Address	agaomer	nt inc.				JVN Restora	era curkrector ((4)					
8436 Enterprise Avenue						Street Address	TOU NIC		and the same of the				
City, State, Zip Code						47 Foster Ro	a ad						
						City, State, Zip Co							
Philadelphia, PA 19183						Staten Island							
reject Manager for Monitoring F Mark Jenkins	irm		Te	lephon	No.	Telephone No.	MY 10309						
WELV NOUNIUM						- amplique No		111	NI-	_	_		
Sam Pala tam			1 3	215-36	G-5810			Licanae					
	Sone	duled	Comp	215-36 letion D	ala /141	718-805-6258		00774					
02 / 01 / 19		0.2	Comp	letion D	ala /141	718-805-8258 Name of OSHA M				_			
02 / 01 / 19		OZ_	Comp	lation D	6-5910 ale (11) 	718-805-8258 Name of OGHA M Testor Tech				_			
DZ / D1 / 19 Coupancy Status During Abaten	heni (Che	ok only	Comp / _C	letion D	ale (11) 19	718-805-6258 Name of OGHA M Teator Teah Street Address	onitor			_	_		
DZ / D1 / 19 Coupancy Status During Abatem Facility Closed/Vacated During Abatement Parformed Outline	neni (Cher	ok only	Comp one) Abst	letion D)3 /	ale (11) 19	716-805-8258 Name of OGHA M Teator Teah Street Address 10 55 Jackson	onitor			_			_
DZ / D1 / 19 Coupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside Time of Abatement:AA	nent (Chec Entire Print of Norma	ok only	Comp one) Abst	letion D)3 /	ale (11) 19	716-805-8258 Name of OS:IA M Testor Tesh Street Address 10 55 Jackson City, State, Zip Co.	onitor			_			
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DZ / D1 / 19 Pocupancy Status During Abatem Facility Cipead/Vacated During Abatement Performed Outside Time of Abatement:	nent (Chec Entire Print of Norma	OZ Ok only Oriod o If Facility M/6:0	composite of Abstract of Abstr	letion D 33 / Pittent 1/6 - De 1:30 AM tition	ale (11) 19	716-605-6256 Name of OGHA M Teator Teah Street Address 10 59 Jackson City, State, Zip Co	Avenue de	00774	ire				
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ASS-43 (R-06-08)

BEST REMOVAL INC

PAGE 82/84

CK4954 Shem of New Jermy HOTUPICATION OF ASSESTED AMATEMENT (Pursuant to NJAC 8:46 and 12:120) Name of Building Owngri Operator (2) The of Notification (1) 5 PO ONER AS BEVERLY 1/30/19 Spect Address Type Notification Agencies Hoston histal City, State, Zip Code N2 030 25 EPA Amended WEST OKMIGE! D DEP Amendment 8 Teleplane Number DOL Emergency (encheding justification) Mamo of Contact jastification)

Campellation NS. SPOONER EOU E D DCA Type of Pecility (4) Name of Facility Where Abstrance to Taking Place (3) School (K-12)

Subchapter 5 (Other than K-12)

Other (Le. private & communical buildings, horses, etc.) MS. SPOONER . Bide Age Square Foot 1750 City (5) 2000 WEST ORANGE Current Use (Prior if being describing) COUNTY CODE (7) RESIDENCE County (6) ESSEX Name of Absormant Contractor (9) ASCM No. Name of Municipa Firm Hired by Building Owner (6) Roat Removel Inc Street Address 450 South River Street City, State, Zip Code City, Steen, Zip Code Hackensack, NJ 07601 Telephone No. Tetophone No. Project Manager for Monitoring Fiora 00388 Name of OSHA Monitor 800x Dec (19) 31)19 Scheduled Completion Date (11) Omega Environmental 2/1/19 Occupantly Steams During Abstracts (Creek Only One) 280 Kuyler Street D Facility Closed/Vacated During Entire Period of Abs Abstraction Performed Outside of Normal Facility Flows City, Starr, Zip Code South Hackensack, NJ 07606 Scope of Work (Chack All That Apply) D Publi Containment with Negative Presetts
of Mini-Procedure
Cleveling Procedure
Nee-Enterpled (*) and Negative Procedure Renovation Demoision >160 목록 5250 대 등160 목록 5250 대 Type Is Lecation Description of
Asberon Costolering Material (ACM)
(j.e. thermal systems insulation, springle) Mormally Used Solely by Location of TO BE ARATED (Specify SF or LF) Ministra Custodial Staff? VAT, or In Pacificy (12) other misoetteneous) (13) Yes No 3856 MIRCHUR I N'SU LATIO N BUSEMENT Name of Registered Landfill Cubic Yards Name of Registered Wants Hauser Hauder ID No. 20-Minerva Enterprises, LLC 17109 Best Removal Inc Diesotti Dep 2/0/19 Wavneaburg Hackensack, M. 07601 Raiorous 1/30/19. Tale Estimator J. Maiorano * Do not use this form for asbeetos licerative exempted activities.

CV4114180 PATTO

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

(1000	0	MILLU						4	*** * **			£
Date of Notification (1) 1/23/19					Name of Build Paulsboro Re		r/Operator (2)	5-1-50-2	FFR	4		11111
Agencies Notified		Notification	Type		Street Addres	s	1		LD	4 2	0i9	144
() EPA () DEP (X) DOL (X) DOH		(X) Initial N () Amended () Cancelle	d Certificati ed	ion	800 Billingspo City, State, Zi Paulsboro, N.	p Code		Const.			- 1 - 49	
() DCA		() Emerger	ıcy		Name of Cont	act		Tel. N	lumber	W	Partition of the second	
	-			FACILITY IN	NFORMATION			000-2	24-444	4		
Name of Facility Where Abate Paulsboro Refining Company	ement is T	aking Place (3)	77101211111	Type of Facilit	12)	W WWW 808870					
Street Address 800 Billingsport Rd					() Subchapte (X) Other (i.e	er 8 (other t private &	than K-12) commercial blo	dgs., hor	mes, et	C.		
					Sq. Feet N/A		# of Floor	rsN//	A	_		
	ounty (6) loucester		County ((State U		Bldg. Age N	/A orior if bein	g demolished)	Oil Re	efinery			
Name of Monitoring Firm Hire	ed by Bldg.	Owner (8)	ASCM N	lo.			Name of Co	ntractor	(9)			
Street Address					Street Addres	<u> </u>	Mansfield In	ndustrial,	, Inc.			
	-				26 Colonial Av City State, Zip		-					
Project Manager for Monitorin	- Ci I	Television	VI		Woodbury NJ	08096						
Project Manager for Monitorin	<u>ig Firm</u>	Telephone I	Number		<u>Telephone Nu</u> 856-224-4392	The state of the s		<u>Licens</u> 00857	se Numi	<u>ber</u>		
Scheduled Start Date (10) 2/5/19		Scheduled (2/8/19	Completion	Date (11)	Name of OSH Mansfield Indu							
Occupancy Status During Aba () Facility Closed/Vacated Di () Abatement Performed Out	uring Entir	e Period of A	batement		Street Address 26 Colonial Av	3						
(X) Other – Describe – Removarea	val of ACN	1 within restric	cted work a	area in outside	City, State, Zin Woodbury NJ							
Source of Work (Check all that	it apply)											
() Demolition (X) Renovation (2) Large Proj. (160 SF or >26 (2) Full Containment with Negation (160 SF)	0 LF ACM ative Press	sure () Mir	ni-Enclosur	re (X) Glove	bag Procedure	linor Proj.	(<25 SF or <10	LF AC	M)			
Location of Asbestos- Containing Material (ACM) in	Solely I	tion Normally by Maint./Cus		Description of thermal system	ns insulation,	Amount	(Specify SF or	LF)	Abate	ment T	<u>rpe</u>	
Facility (13)	Staff? (12) NO	NA	surfacing, VAT misc.)					Rem.	Rep.	Encap	Enclose
Pipe Insulation Steam Lines TBA Warehouse		X		TSI – Gloveba	ag	~20 LF			Х			
	-											
											_	+
Name of Reg. Waste Hauler Waste Management, Inc.		NJDEP Was 17273	te Hauler I	<u>D#</u>	Cubic Yards of <3 CY	Waste				Landfill ounty La		
City, State South Harrison, NJ							<u>Disp. Date</u> Various			City, Sta South H	<u>ite</u> arrison,	NJ
Completed by (Print or Type)		<u>Title</u>			Signature			Date				
ANDREW GREEN		MANAGER -	– Mansfield	d Industrial, Inc	Site o	perations S	Supervisor	1-23-19	9			
							1			- Controlled -		

Mail to: NJDEP-DSHW-BRRTP

401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

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Date of Notification (1)					- 11	Name of Bu	uilding	Ownerlone	rator (2)		in It	n	110
1 / 30	/19				Ľ	IACKENSA	ICK U	NIVERSITY I	MEDICAL CENTE	R			
Agencies Notified Typ	pe Notifi	catio	n	_		Street Addre	ess	PER VISION	1111		- D		
EPA	Initial					0 PROSPE			1 1 C.,	FE	: 8	4	2019
DEP	Amen	ded	Notifi	on Ication	. #5	ity, State, Z	Zip Cod	de					
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Name of Facility Where Abate	mont !-				FACILITY	/ INFORMA	TION		551-996-37	78			
, and the state of	ment is	так	ing P	lace	(3)			Type of Fa	acility (4)				
HACKENSACK UNIVERSITY M	/EDICAL	CF	NTE	5				Scho	ol (K-12)				
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30 PROSPECT AVENUE								The Course	HE. DIIVATE & CON	an K-	12) bldac	ham	
City (5)										rs	Diugs.	Bldg.	es, e
HACKENGAON	County	(6)			Cor	unty Code	/7\	200,00	0 5			80	
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			AL			99		IL YU FINAIL	CONMENTAL COL	ctor (9	9)		
300 KIMBALL DRIVE City, State, Zip Code								Inter Addi	ess	TOH	AHOI	V	
	20.44.04							313 SPOOK	ROCK ROAD				
PARSIP Project Manager for Monitoring Fi	PANY,	NEW	JER	SEY	07054			City, State,	Zip Code				
VIJAY PATEL	A111		T	eleph	one Number			Telephone N	NEW YORK 1090				
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12 / 13 /	/18	100	inea.	5 /	pletion Date			Name of OS	HA Monitor	101			
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X >160 SF OR 260 LF					1	Glove	ebag F	rocedure					
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Asbestos-containing		noi	mally	alion / used	, D	escription of	f Ashe	etoc	Tiviap &		A I 1		
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domity (13)		V	Staff (1 0	other misc	ellane	VAI,	SF or LF)	REMOVAL	AIR	₽	15
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				Х	VAT & MAS	TIC			0.000	+	+	1	R
. JOHNS BUILDING BASEMENT				X	VAT & MAS				2,100 SF	X			
. JOHNS BUILDING BASEMENT							C	OMPLETE	4,000 SF	x			
DITION TO SCOPE:				X	GLUE & CE	LING TILE	CC	OMPLETE	740 SF	Х			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) HACKENSACK UNIVERSITY MEDICAL CENTER /19 Street Address Agencies Notified Type Notification 30 PROSPECT AVENUE **EPA** FEE Initial Notification City, State, Zip Code DEP Amended Notification #4 HACKENSACK, NEW JERSEY 07601 DOL Cancellation DOH On Hold Name of Contact DCA **EMERGENCY NOTIFICATION** Telephone Number DONALD FARRELL 551-996-3778 Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) HACKENSACK UNIVERSITY MEDICAL CENTER School (K-12) Subchapter 8 (Other than K-12) Street Address Other (ie. private & commcl. bldgs., homes, etc.) 30 PROSPECT AVENUE Square Feet # of Floors Bldg. Age City (5) 200,000 County (6) 80 County Code (7) HACKENSACK Current Use (Prior if being demolished) BERGEN Name of Monitoring Firm Hired by Building Owner (8) (STATE USE ONLY) HOSPITAL LANGAN ENGINEERING & ENVIRONMENTAL ASCM No. Name of Abatement Contractor (9) Street Address PAR ENVIRONMENTAL CORPORATION 300 KIMBALL DRIVE Street Address City, State, Zip Code 313 SPOOK ROCK ROAD PARSIPPANY, NEW JERSEY 07054 City, State, Zip Code Project Manager for Monitoring Firm SUFFERN, NEW YORK 10901 Telephone Number Telephone Number VIJAY PATEL License Number 973-560-4983 Expected State Date (10) 845-369-7500 Sched. Completion Date (11) 12 / Name of OSHA Monitor 13 /18 5 / 30 Month /19 QUALITY ENVIRONMENTAL Year Month Occupancy Status During Abatement (Check only one) Day Year Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 1376 ROUTE 9 Other - Describe: MONDAY -SATURDAY 8AM-4:30PM City, State, Zip Code Scope of Work (Check all that apply) WAPPINGER FALLS, NY 12590 Full Containment with Negative Pressure Demolition Renovation Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing normally used Abatement Type Containing Material (ACM) Material (ACM) Amount solely by REMOVAL (ie. Thermal systems REPAIR ENCAPSUL ENCLOSUR TO BE ABATED Maint/Custodial (Specify insulation, surfacing, VAT, in Facility (13) SF or LF) Staff (12) or other miscellaneous) Yes No N/A 3RD FLOOR MAIN BUILDING VAT & MASTIC 2,100 SF ST. JOHNS BUILDING RASEMENT X X VAT & MASTIC COMPLETE 4.000 SF X ST. JUHINS BUILDING BASEMENT GLUE & CEILING TILE COMPLETE 740 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste NEWARK CARTING Name of Registered Landfill Hauler ID No. 369 RAYMOND BLVD GRAND CENTRAL SANITARY LANDFILL City, State Disposal Date NEWARK, NEW JERSEY 07105 City, State Completed by (Print or Type) 12/13-5/30/19

Signature

DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

PLANDELD TOWNSHIP, PA

Date

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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) HACKENSACK UNIVERSITY MEDICAL CENTER 12 /18 Street Address Agencies Notified Type Notification 30 PROSPECT AVENUE FPA Initial Notification City, State, Zip Code DEP Amended Notification #2 HACKENSACK, NEW JERSEY 07601 DOL Cancellation 1. DOH On Hold Name of Contact DCA Telephone Number **EMERGENCY NOTIFICATION** DONALD FARRELL 551-996-3778 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) HACKENSACK UNIVERSITY MEDICAL CENTER Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address 30 PROSPECT AVENUE Square Feet # of Floors Bldg. Age 200,000 City (5) 5 80 County (6) County Code (7) Current Use (Prior if being demolished) HACKENSACK BERGEN (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) HOSPITAL ASCM No. LANGAN ENGINEERING & ENVIRONMENTAL Name of Abatement Contractor (9) 99 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 300 KIMBALL DRIVE City, State, Zip Code 313 SPOOK ROCK ROAD City, State, Zip Code PARSIPPANY, NEW JERSEY 07054 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number VIJAY PATEL License Number 973-560-4983 845-369-7500 Expected State Date (10) 1101 Sched. Completion Date (11) Name of OSHA Monitor 12 / 13 /18 5 / 30 /19 QUALITY ENVIRONMENTAL Month Day Year Month Day Occupancy Status During Abatement (Check only one) Year Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 1376 ROUTE 9 Other - Describe: MONDAY -FRIDAY, 4 PM-12 AM City, State, Zip Code SATURDAY 4PM-12AM WAPPINGER FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing Abatement Type normally used Containing Material (ACM) Amount Material (ACM) REMOVAL REPAIR ENCAPSUL solely by ENCLOSUR (ie. Thermal systems TO BE ABATED (Specify Maint/Custodial insulation, surfacing, VAT, in Facility (13) SF or LF) Staff (12) or other miscellaneous) Yes No N/A 3RD FLOOR MAIN BUILDING VAT & MASTIC 2,100 SF X ST. JOHNS BUILDING BASEMENT X VAT & MASTIC 4,000 SF X ST. JOHNS BUILDING BASEMENT GLUE & CEILING TILE 740 SF X Name of Registered Waste Hauler

Cubic Yards of Waste

Signature

Disposal Date

12/13-5/30/19

Name of Registered Landfill

PLAKIFIELD TOWNSHIP, PA

GRAND CENTRAL SANITARY LANDFILL

Date,

NJDEP Waste

DIRECTOR OF OPERATIONS

Hauler ID No.

NEWARK CARTING

City, State

369 RAYMOND BLVD.

BENJAMIN SANCHEZ

NEWARK, NEW JERSEY 07105

Completed by (Print or Type)

Date of Notification (1)					Name	8:60-7 and of Building	na O	wner/Operato	r (2)	, 3		1	7 7
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Street Address 901 Mattison Avenue							X	School (K-1 Subchapter Other (i.e. p	8 (Oth	er than	K-12)	build	dinas	hom	29
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Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	I No.		Name	of Ab	atement Cor D PROFE	tractor	(9)					- 200
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Desired Manager 1						LAKE	EWO	OD, NJ 08	8701						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 732-6				Licens 1200		98			
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Agencies Notified Type Notification		Street Ad	dress			- FEB	4	20	9	
☐ EPA ☐ Initial ☐ Amended		City, Stat	e, Zip Code	And the same	ợe.	-				+
DOL Amendment #_			SOUTH ORA	WGE	. NJ	07079		1.1	1	
DOH Emergency (in justification)	cluding	Name of	Contact	800		Telephone Number	x	10 to		
☐ DCA justification ☐ Cancellation		Ma	3. SOHEY	RS		1-				
			ITY INFORMATION	ON						
Name of Facility Where Abatement is Taking Pla					Type of Facility (4)				
MS. MARIE Street Address	SOME	R S			☐ School (K-12 ☐ Subchapter 8	(Other than K-12)	iblino	e hom	ec etc	•)
					Other (1.e. pr	ivate & commercial b)
City (5)		•			Square Feet	# of Floors		1g. Ag 93		
South oran	1 Cos			1.	,2000	, Z		73		
County (6)		County C				if being demolished)				
ESSEY		STATE	ISE ONLY)			05NCE				
Name of Monitoring Firm Hired by Building Ow	mer (8)	ASCM	1 No.	Name of	Abatement Contra	actor (9)				
				Best Street Ac	Removal	Inc.				
Street Address	W				and the state of t	ver Stree	+			
					te, Zip Code	ver stree	L			
City, State, Zip Code			1.		5-05-11-110 - 7-5-11-15-5-5-15	NJ 07601_				
		Telephon		Telephon	the same of the sa	License No.	·			
Project Manager for Monitoring Firm		Telephon	l			0038	Q			
G D (10)	Scheduled C	ompletion Da	ate (11)	Name of	329-7444 OSHA Monitor	1 0036	0			
Start Date (10) 2/12/19		2/13/1	_	Omog	a Enviro	nmental				
Occupancy Status During Abatement (Check On		110/1	-	Street A		J. Hill C. L. C. C. C.	71111111			
		ent		280	Huyler S	treet				
	Panility Laure				te, Zip Code	`				
Other - Describe: 8:22 AM To	5:55	SV 7 t.		Sout	h Hacken	sack, NJ	076	06		
Scope of Work (Check All That Apply)					-					
≥3 sf or ≥3 lf	/-				Full Containme	nt with Negative Pres	sure			
		ovation								
☐ ≥160 sf or ≥260 lf		ovation nolition		1	Mini-Enclosure	edure				
□ ≥160 sf or ≥260 lf				1	Mini-Enclosure					
□ ≥160 sf or ≥260 lf	□ Den	nolition		10	Mini-Enclosure	edure		Abate		
□ ≥160 sf or ≥260 lf	Is Le	nolition ocation rmally	Des	Scription o	Mini-Enclosure Glovebag Proce Non-Exempted	edure (*) and Non-Friable				
□ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM)	Is L. Noi Used	nolition	Ashestos Conta	scription of	Mini-Enclosure Glovebag Proce Non-Exempted of terial (ACM)	edure (*) and Non-Friable	Procedi	Abate Ty	pe	En
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is L No Used Main Custox	ocation mally Solely by tenance/ tial Staff? (12)	Asbestos Conta (i.e. thermal syste	escription of aining Ma erns insula VAT, or miscellane	Mini-Enclosure Glovebag Proce Non-Exempted of terial (ACM) tion, surfacing, cous)	dure (*) and Non-Friable Amount (Specify	Removal	Abate Ty	pe	Enclosure
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Date of Notification (1) 02/01/19				Name of	f Building	Owner/0	Operator	(2)			F	EB		1 2	019	18.44
□ EPA 🗵 Ini	otification itial mended			Street A	ddress	ode									019	1
DOL Ar	mendment # mergency (in stification) ancellation		-	Rahwa Name of			ue Ow	ners L	LC		ohone -359-	Numb	er	. 1, 1, 2 - 1, 21		2018 11
Name of Facility Where Abatements Street Address	nt is Taking	Place (3)	FACI	LITY INFO	ORMAT	ION		of Facility (4 School (K-1: Subchapter Other (i.e. p	2) 8 (Other	than k	K-12)	build	ings,	home	es,
City (5) Rahway								- 6	e Feet	# of I	loors		BI	dg. A	.ge	
County (6) Union				County (Code (7) JSE ONLY)	L		Currei	nt Use (Prio	or if bein	g demo	olished	i)			
Name of Monitoring Firm Hired by	/ Building Ov	vner (8)		ASCN	l No.				ement Con PROFE							
Street Address							6 WI	alesconic de la constantina della constantina de	OOVE CC	OURT						
- 150 W 18	r, State, Zip Code ject Manager for Monitoring Firm						LÁKI		D, NJ 08	3701						
							732-	none No 668-90	078	100	Licenso 1200	e No.				
Start Date (10) 02/11/19	()2/14/1	9	npletion [Date (11)		20,000		A Monitor PROFE	SSION	IALS					
Occupancy Status During Abatem Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe:	ng Entire Pe	riod of A	baten	nent		_	6 Wł	State, Zi	OVE CC							
Scope of Work (Check All That Ap	oply)	1225						_	<i>,</i> 140 00							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit				<u> </u>	Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure					e	
Location of			Locati			D.	scription							Abate	ment pe	
Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM)	Mai Cust	d Sole ntenar odial S (12)	nce/ Staff?		tos Con thermal surfa	taining N system cing, VA miscellar	Material s insula T, or		(Sp	ount ecify or LF)		Removal	Repair	Encapsulate	Enclosure
Interior		Yes	No	N/A			Piping			90)LF	>				
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Name of Registered Waste Haule	e of Registered Waste Hauler						Yards		Name of F	Register	ed Lan	dfill				
NEWARK CARTING			13230	auler ID 4509	No.	of Wa 5	Maria Maria		IESI							
City, State NEWARK, NJ						02/14	-33		City, State BETHLE		PA		19			
Completed by JOSEPH PERLSTEIN		Title OWN	ER			8	Signature	9	Y			Date 02/0	1/1	9		

A		125	1		CLINEI	IL UA	11744	ฮบ เ	LLU.		^				
	Type Notification Initial	1 10	- (1.00	t Address 5 PATER	RSON	PANK F	RD, 2	2nd.FLOC)R	TO THE	8	5 [M	7
DEP DOL	Amended Amendmer Emergency				State, Zip C CAUCUS		7094			1 (3)	7		1 200	***	400 000
☑ DOH DCA	justification Cancellatio)	g		of Contac					100000000000000000000000000000000000000	phone N		4	201	9
				1			71011			20	1-562-2	411			
Name of Facility Where Al	patement is Taki	ng Place	(3)	FA	CILITY IN	FORMA	TION	Typ	e of Facility	(4)	(10.00	2-, 1-			2 "
PRIVATE Street Address									School (K- Subchapte Other (i.e. etc.)	12) er 8 (Othe	er than K-	12)	ilding		nes,
City (5) WEST NEW YORK I	NJ. 07093								are Feet 000	# of	Floors	100	Bldg. 90	Age	
County (6) HUDSON				County (STATE	Code (7)	n			rent Use (Pr	ior if bein	g demolis	- 1			-
Name of Monitoring Firm F EMPIRE ENVIRONM	lired by Building	Owner (8)	ASC	CM No.			of Ab	atement Co			1 11			
Street Address							Street			VIRUN	IVIEN I A	L LL	U		
435 MAIN, RD. #200							4		RGENLIN	E AVE					
City, State, Zip Code TOWACO NJ. 07082									Zip Code EW YORK	< NJ. 0	7093		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Project Manager for Monito MIKE	ring Firm				one No.		Teleph				License N	lo.			
Start Date (10)		0-1-1	- 10		34-5641		201-7				1300				
02 /04 / 2019		02/12	/ 201	mpletion 19	Date (11)		1		HA Monitor ENVIRON	MENT	AL LTE)			
Occupancy Status During A Facility Closed/Vacate	d During Entire F	Period of	Ahater	nent			Street A 435 N	1000							
Abatement Performed Other – Describe:		al Facility	Hour	S			City, St		ip Code						
Scope of Work (Check All T	hat Apply)											-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Parties and Partie	Renova Demoli				XXX	Min	II Containme ni-Enclosure ovebag Prod n-Exempted	edure				e	
	1	Is	Locat	ion									Abat	emen	t
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)	aterial (ACM)	Use Mai Cust	lormal d Sole intena odial s (12)	ly by nce/	Asbesi (i.e.	tos Conta thermal surfac	scription of aining Ma systems cing, VAT niscellane	aterial insula , or	(ACM)	(Spe	ount ecify r LF)	Removal	Repair	e Encapsulate	Enclosure
DAOFMEN		Yes	No	N/A										te	
BASEMEN		-	X		F	PIPE IN	ISULA-	TION	1	437	LF	Х			
BASEMEN	Г		X		VA	T. FLC	OR TIL	LE 9.	X9	6,550). SF	Х			
Name of Registered Waste I	Hauler	1		JDEP W		Cubic \			Name of R	Registered	d Landfill				
TRI STATE			1 80	auler ID 9951	No.	of Was	70.700		MINER			SE IN	IC.		
City, State BRONX NY.						Disposa			City, State WAYNE		G OHIO				
Completed by		Title					gnature	1)	- 1	100	Dat		3-2-7-11	7-10-2	
CARLOS ESQUIVEL		SAFE	TY N	IANAG	SER		X	1	ungun	y sel	2	/25/2	019		į

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) 01/31/2019 Wendy Demas Agencies Notified Type Notification Street Address EPA Initial DEP Amended City, State, Zip Code × DOL Amendment # Union, NJ 07083 Emergency (including DOH Name of Contact justification) Telephone Number DCA Cancellation Wendy FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private home School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, X City (5) Square Feet # of Floors Bldg. Age Union County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Removal Safety LLC Street Address Street Address 8 Crosby Ave City, State, Zip Code City, State, Zip Code Paterson, NJ 07502 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-400-8711 01332 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/11/2019 02/14/2019 same as (9) 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: 8:00 - 16:30 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 Is Location Abatement Normally Location of Type Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Amount TO BE ABATED (i.e. thermal systems insulation, Encapsulate Enclosure Custodial Staff? (Specify Remova In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X Pipe insulation 25 LF X Y Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Removal Safety LLC **GROWS North** 0037007 2 City, State Disposal Date City, State

TBD

Signature

Title

President

Paterson, NJ

Lasko Veskov

Completed by

Date

01/31/2019

Morrisville, PA

ASB-41 (R-06-08)

EPA DEP			NOTIF (F	Name The F Street 70 Br	Address ewster l tate, Zip C	BESTOS C 8:60 and g Owner/hority o	ABATE d 12:12	0)	& New J	ersey	EC	F	4 20	019	rint F
DOL DOH DCA DCA	Amendment : Emergency (i justification) Cancellation		_	Name	of Contact ael DaC	t					lephone No		-5	ce no	
Name of Facility Where Aba Newark Airport Street Address 350 Scargo Earhart D	355	Place (3)	FAC	ILITY INF	ORMAT	ION	Туре	school (K- Subchapte Other (i.e.	(4) -12) er 8 (Oth	ner than K-	(2)	ldings	, hom	es,
City (5) Newark								Squa N/A	etc.) are Feet	# o	of Floors A	100	Bldg. /	Age	
County (6) Union					Code (7) USE ONL	n	_	Curre	ent Use (Pi lerground	rior if be	ing demolis Piping	hed)			
Name of Monitoring Firm Hi Matrix New World Eng Street Address	gineering	wner (8)	ASCI	M No.		Bran Street	denb Addre	SS	strial S	(9) Service C	ompa	ny		
26 Columbia Turnpike City, State, Zip Code Florham Park, NJ 079							City, S	tate, Z	man Driv ip Code n, PA 18						
Project Manager for Monitor	ring Firm			Telepho 973-2	ne No. 40-1800)	Teleph 610-6	one N	0.		License N	10.			
Start Date (10) 02/11/2019	1	04/12/	2019	npletion	Date (11)		Name of Brand		HA Monitor urg	• 6					
Occupancy Status During Al X Facility Closed/Vacated Abatement Performed	d During Entire Pe Outside of Norma	eriod of	Abatem	nent				Spill	ss man Driv ip Code	/e					
Scope of Work (Check All Th		utdoors							PA 180	15					
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Distriction of the last of the	Renova Demoliti				×	Mir Glo	ni-Enclosur ovebag Pro	e cedure	n Negative I			е	
Location of Asbestos-Containing Ma	terial (ACM)	Use	Location Normalled Sole	y y by	Ashes	Des	cription	of					Abate	ment pe	
TO BE ABATE In Facility (13)		200	intenar todial S (12) No		(i.e.	thermal surfac	systems sing, VAT iscelland	insula r, or	ation,	(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Underground Fue	l Piping	103	INO	X	Bla	ack Tar	Mastic	c/Par	er	40	00 LF	Х			
W.								•		3.52					
Name of Registered Waste F Brandenburg Industrial			Ha	IDEP Wauler ID 838		Cubic Yof Was			Name of Minerva		red Landfill fill				
City, State Bethlehem, PA						Dispos: 2/12/1	al Date 9-4/28	/19	City, Stat Waynes		ОН			- 8-	

Title Environmental Manager

Signature

Completed by

Stephen Carne

Date

01/31/2019

K1546 P	AU	NC	TIFI(CATIC Pursu	ON OF A	SB	w Jersey ESTOS ABA 38:60 and 5:	TEMENT	E	CE		Ŋ.	
Date of Notification (1) O1 / 31	1	19			ne of Build		Owner/Operator	(2)	(di sul	EB	4 20)19	Service of the service of
☑ EPA ☑ Initi ☑ DOLWD ☐ Am					eet Addres		de		As				.41
□ DCA □ Em	ergency		ing	W	/estwood	i, N.							
(NJAC 5:23-8) just	ification)		3		ne of Cont				Telephone	Number			_
Car	cellation				rank Pint				- 1				
Name of Facility Where Abateme	nt ie Taki	na Dla	22 (2)	F	ACILITY	INF	ORMATION						
Residential	III IS I AKI	ing Fla	ce (3)					Type of Facilit					
Street Address								School (K-Subchapte Other (i.e.,	r 8 (Other than private and co	ı K-12) mmercia	l buildir	ngs,	
City (5) Oradell								Square Feet	# of Floor	rs	Bldg.	Age	
County (6)				Cou	inty Codo	/7\/0	TATE USE ONLY						
Bergen				000	unity Code	(1)(5	TATE USE ONLY)	Current Use (F	Prior if being de	emolishe	d)		
Name of Monitoring Firm Hired by	Building	Owner	r (8)	ASCN	/ No.	N	lame of Abateme	ent Contractor (3)				
Bio Terra Solutions						10000		NAGEMENT					
Street Address			-015			S	treet Address						
P.O. Box 1224 City, State, Zip Code				12.0-1-0			27 Outwater	Lane					
Union, NJ							ity, State, Zip Co						
Project Manager for Monitoring Fir	m		1= 1			_	Garfield, NJ	07026					
Rick Eustaquio			0.000000	ephone	No. 4-3762		elephone No.		License N	lo.			
Start Date (10)	Sche	duled (ate (11)		973-928-4888 ame of OSHA M		1188				
02 / 09 / 19	_	02_	/ _2				ALL PRO MA		LC				
Occupancy Status During Abateme Facility Closed/Vacated During	ent (Chec Entire Pa	ck only	one)	mont			reet Address						
	of Norma	I Facili	ty Hou	rs - De	scribe		27 Outwater I						
Time of Abatement:AM-	P	M/	PM		_AM		ty, State, Zip Co Garfield, NJ(
Scope of Work (Check all that appl ≥3 sf or >3 If	y)		775	79			☐ Full Conta	ainment with Ne	gative Pressur	re			
\(\triangle \geq \) \(\frac{1}{2}\) \(\frac{1}\) \(\frac{1}{2}\) \(\frac{1}{2		□ De	enovat	on			☐ Glovebag	osure					
Location of			S Loca Norma				2000 50 500 5				Abatem	ent T	vpe
Asbestos-Containing Material (A	ACM)	Use	ed Sole	ely by	Asbe	stos	Description of Containing Mat		Amount		30.1	T	-
TO BE ABATED IN Facility		Cus	intena todial	ince/ Staff?	(i.∈	e., the	ermal systems in	nsulation,	(Specify	, =	Repair	псар	Enclosure
(13)			(12)	T	-	of	surfacing, VAT, ther miscellaned	or ous)	SF or LF) \(\frac{\delta}{2} \)	-	Encapsulate	sure
Basement Crawl Space		Yes	No	N/A								te	
Basement Crawl Space	_				Pipe In		tion		75 LF				
Daving Orawi Space					Elbows				8 Elbows	s 🗵			
] 🗆		
Name of Registered Waste Hauler				IDEDI	1	10							
Century Waste, LLC				JDEP \ auler I[bic Yards of ste	Name of Regis					
City, State				32797		Α	s Needed		orth Landfill	/ Fairles	ss Lar	ndfill	
Elizabeth, NJ						\$	posal Date BD	City, State					
Completed By (Print or Type)	Title					_ '		Morrisville	, PA				
Allen Monchik		roject	Mana	ger			Signature	2.1	,	Date	000000000000000000000000000000000000000		
6B-41		-,		901			Allen ,	Monchik	2	1/31/	19		

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 19-17	PA	AID	(Purs	uant to NJA(C 8:6	60 and 12:120)		EC			G.	7	
Date of Notification (1) O 11 / 2 8 / 1 9 Agencies Notified Type Notific		Name of B		ner/Operator (2)	2		FE FE	B 4	2019)]	
☐ EPA ☐ Initial ☐ DEP ☐ Amended		Street Addr	37.5					Acres 125	ros co	ATT.	i. A		
DOL Amendment		City, State, verona,	Zip Code nj 0704	4				•					
DOH (including justification Cancellation)) [[Name of Co kim ma	ntact					Telephor	ne Numb	er			
			FAC	CILITY INFORM	ATIO	N		,					
Name of facility where abatement	is taking p	lace (3)						Type of Facility	(4) ol (K - 12	١			
kim maris								=	apter 8 (han I	(-12)	
Street Address								Other	(Private/0/Homes,	Commo		/	
City (5)	Cou	inty (6)				unty Code (7)	-	Square Feet	# of Floo	ors	В	ldg. A	\ge
verona	ess	sex			(Sta	ate use only)		Current Use (P	rior if bei	ng den	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Owr	ier (8)		ASCM No.	\neg	Name of Abaten	nent C	ontractor (9)					_
Street Address					_	D & S REST	ORA	TION, INC.					
oli oct / tudioss						Street Address 20 Californi	α Δνα						
City, State, Zip Code					-	City, State, Zip C					-		
Project Manager for Mary 11 1 1						Paterson, N.		03	7				
Project Manager for Monitoring Firm	1	Ph	one Numb	er		Telephone Numb			License (Numb 1169	per		
Start Date (10)	Sche	d. Completio	on Date (1	1)	_	Name of OSHA							
01/30/19	02/1					D & S Resto	ration	n, Inc.					
Occupancy Status During Abateme			20010			20 California	Ave	nue					
Facility closed/vacated during Abatement performed outside Describe:	of normal	od of abate facility hour	ment. s-		l	City, State, Zip C	ode						
Other-Describe: NORMAL I					-	Paterson, NJ	0750)3					
Scope of Work (check all that apply >3 sf or >3 lf							Fu	Il Containment w	/negative	press	ure		_
≥ 160 sf or ≥260 lf	Renovation						☑ GI	ni-enclosure ovebag procedur on-Exempted (*)		friable	proc	edure	
Location of asbestos-containing		n normally u enance/cust			200	25 45 25 2000000				R	R	Е	E
material (acm) to be abated in facility (13)	staff(12)		Г—	Description material (A		sbestos-containing	g	Amount (Specify Si	F or	m o	р	n c	n
abated in facility (13)	Yes	No	N/A					LF)		v e	i	a p	L
basement				PIPE INSUL				311ft		×			
basement crawl space		LX		PIPE INSUL	_			151ft		X			
basement		X		bare heating	pipes	3		60 l ft					
										H	屵	H	-
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	P Hauler ID	- 1	ubic Yards of W yd	aste	Name of Registe		Indfill ESOURCE RE	COMER	<u> </u>		Ц	Ш
City, State PATERSON, NJ 07503			Disposal Da 01/31/19	ate		City, State			COVER	I			
Completed by (Print or Type) BOGDAN JOLDZIC	Title	L	2.73.17.17	Signature		TULLYTOW	N, P	A	Date		-		_
DOGDAN JOLDZIC	PRESID	ENI							01/28/	19			

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 19-18	_ P	AII	(Purs	uant to NJA	2 8:6	os Abatement 60 and 12:120)		EGF		7	-		
Date of Notification (1) 0 11 1/2 8 1/1 9 Agencies Notified Type Notification	tion	eric rose	n	ner/Operator (2)			FEB	4 20	19			
EPA Initial DEP Amended		Street Addr					•	k			****		
DOL Amendment # DOH Emergency (including	$-\parallel$		l, nj 070	16			-	Total Service Service	The State of the S				
□ DCA □ Cancellation) [[eric rose						Telephor	e Numbe	er			
			FAC	ILITY INFORM	ATIO	N							
Name of facility where abatement	is taking pl	ace (3)					П	Type of Facility (
eric rosen								=	I (K - 12)		han k	112)	
Street Address							11		apter 8 (0 (Private/0			(-12)	
							11		Homes, e		B	ldg. A	ne.
City (5)	Cou	nty (6)				unty Code (7) ate use only)		Current Use (P	100.				
cranford	uni				•	,,		Current Ose (F	nor ii beli	ig deri	1011511	eu)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abateme		torson constitutions and analysis					
Street Address					_	D & S RESTO)RA	TION, INC.					
0.0007.1000						20 California	Δνο						
City, State, Zip Code					-	City, State, Zip Co							
						Paterson, NJ	0750	03					
Project Manager for Monitoring Firm	1	Ph	one Numb	er		Telephone Number 973-345-802			License	Numb	er		
Start Date (10)	Isched	. Completic	on Date /1:	1)	_	Name of OSHA M	_	r		1109			
02/02/19	02/18		on Date (1	1)		D & S Restor	ation	n, Inc.					
Occupancy Status During Abatemen	nt (Check o	nly one)			-	20 California	Δvei	nue					
Facility closed/vacated during Abatement performed outside						City, State, Zip Co		nac					
Describe: NORMAL H	OURS				-	Paterson, NJ	0750	03					
Scope of Work (check all that apply	()					Γ		Il Containment w	/negative	press	ure		_
\boxtimes >3 sf or >3 lf \boxtimes ≥160 sf or ≥260 lf	Renovation Demolition						Mi Gl	ni-enclosure ovebag procedur	е				
Location of	Is location	n normally i	used solely				No	on-Exempted (*)	and Non-	friable TR	proc	edure E	$\overline{}$
asbestos-containing	by mainte staff(12)	nance/cust	todial	Descriptio	n of a	sbestos-containing		Amount		e m	e	n	E n
material (acm) to be abated in facility (13)	Yes	No	N/A	material (A	ACM)	-		(Specify S LF)	For	o v	a i	c a p	c L
basement 3 locations		X		PIPE INSUI	LATI	ON		90 1 ft		e			
					The second								
Registered Waste Hauler	NJDE	P Hauler II	D# Ci	ubic Yards of W	aste	Name of Register	ed La	andfill			Ш	Ш	Ш
D & S RESTORATION, INC.	135	06	1	yd		TULLYTOWN			COVER	Y			
City, State PATERSON, NJ 07503			Disposal D 02/04/19			City, State							
Completed by (Print or Type)	Title		02/04/1	Signature	_	TULLYTOW	N, P.	A	Date				
BOGDAN JOLDZIC	PRESIDI	ENT							01/28/	19			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NOCK	ı		CATION	ate of Nev OF ASBI to NJAC	ESTOS	ABATE	0.5 0.000 0.00	r	E	(a) 	IG.	Į į	7		
Date of Notification (1)				Building				'a 5,					00-120		
01/30/19				lewark -	Town (Center	LLC)		FEB	4	20	119	1	ا د کر اخت
Agencies Notified Type Notification		.	Street A										e (e e	,	-
EPA Initial		L		assaic A					1,				100		. 18
DEP X Amended Amendment	4 1			ite, Zip Co					8 75	4 1					
Emergency (i		-		rk, New	Jersey				T = -		* 1	H-SECT.		55.00	
DOH justification) DCA Cancellation	-		Name of	Contact					Tele	ephone	Numi	per			
DOM Carlottation			FACI	LITY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking	Place (3	3)					Тур	e of Facility	4)						
Building # 54							П	School (K-1	2)						
Street Address								Subchapter	8 (Othe				•		W-03
900 Passaic Ave							×	Other (i.e. petc.)	orivate &	comm	ercial	build	ings,	home	s,
City (5)								uare Feet		Floors		5000	dg. A	ge	
East Newark								,000	3			7.1	0+		
County (6) Essex				Code (7) USE ONLY			1	rent Use (Pri			olishe	d)			
Name of Monitoring Firm Hired by Building C	humar (0)		ASCN		-			ommercial patement Cor							
n/a	wilei (o)		n/a	i NO.				y Contract							
Street Address			1114			Street			ing inc					-	
n/a						360	Pali	sade Ave							
City, State, Zip Code					-	City, S	State,	Zip Code							
n/a						Garl	field	, NJ 07026	i						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				Licens	2000				
n/a			n/a					6026		0125	5				
Start Date (10) 12/14/18			npletion l	Date (11)		500000000000000000000000000000000000000		SHA Monitor	•						
Occupancy Status During Abatement (Check	03/31/	100				Street	_	y Contract	ing Inc	;					
		(0)						sade Ave							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of a	Abater / Hour	nent s					Zip Code							
Other - Describe: Scheduled for Demo					_	. 856		, NJ 07026	3						
Scope of Work (Check All That Apply)	2 1919	-100									***				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova				E		Full Containm		Negati	ve Pr	essur	e		
_	-						-	Slovebag Pro				_			
	Τ.	1 0					21 N	lon-Exempte	d (*) and	Non-F	riable			e ement	3
Location of	1	Locat Norma	5.5550										11 con 12 de 20	ре	1
Asbestos-Containing Material (ACM)		d Sole		Asbes		scriptior taining N		ial (ACM)	Α	mount				т	
TO BE ABATED In Facility		todial		(i.e.	thermal					pecity		Rei	æ	nca	Enc
(13)		(12)				cing, VA niscellar			51	or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									<u>B</u>	•	ate	re
Facade		х			Windo	ow Cai	ulkin	ıa		SF					
								9							
Name of Registered Waste Hauler	1		JDEP W			Yards		Name of	Registe	red Lar	ndfill				
Rovic Transport		- F	lauler ID	No.	of Wa			ISEI L	andfill						
City, State Riverdale, NJ						sal Date	2	City, Sta		٦.۸					
Completed by	Title	-			TBD			Bethle	nem, l	A		200			
E. Cirovic		retary	,		18	Signatur		ur			Dat	e /30/	10		
	000	J.cui y				U	un	un			UI	30/	13		

Date of Notification (1)					Building (F	EB	-	1 2	019	11
01/30/19					lewark 7	Town (Center	LLC	<u> </u>							
Agencies Notified	Type Notification			Street A								6 75				- 4
☐ EPA	Initial				assaic A						fra 12	1. 6		-1 '-	# 1	
DEP	× Amended				te, Zip Co						¥ 115	5	*	11.5	This are	-
X DOL	Amendment Emergency		- L		rk, New	Jersey	/									
X DOH	justification)			Name of	Contact					Tele	ephone	Num	ber			
☐ DCA	Cancellation															
Name of Facility Where	Ahatement is Takir	n Place (3)		FACI	LITY INFO	PRMATI	ON	Tyr	oe of Facility (4	1						
Building # 39	/ IDOLONIONE ID TORII	9 1 1400 (0)						1 7								
Street Address			-					H	School (K-12 Subchapter		er than l	K-12				
900 Passaic Ave								×	Other (i.e. pr	rivate 8	comm	ercia	build	ings,	home	es,
City (5)								Sa	etc.) uare Feet	1 # 06	Floors	_	D	dg. A	~	
East Newark									5,000	3	FIUUIS		1 133	uy. A 0+	ge	
County (6)			Т	County (Code (7)				rrent Use (Prio		na demi	oliehe		0+		
Essex					JSE ONLY)				ommercial S		100	Jugi 10	,,			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	1 No.		Name		batement Cont							
n/a	,	, ,		n/a			1		y Contractin		*					
Street Address	t Address						Street	Add	ress							
n/a							360	Pal	isade Ave							
City, State, Zip Code							City, S	State,	, Zip Code							
n/a							Garl	field	, NJ 07026							
Project Manager for Mo	nitoring Firm			Telepho	ne No.		Teleph	hone	No.		Licens	se No				10
n/a				n/a			973	460.	.6026		0125	5				
Start Date (10)		Scheduled		npletion l	Date (11)				SHA Monitor	17.2						
11/26/18		03/31/19		7.000					y Contractin	ng Inc	;		1000			9
Occupancy Status Durir	5						Street									
Facility Closed/Vac	cated During Entire ned Outside of Norr	Period of Ab	atem	nent					isade Ave							
	Scheduled for Demo	nai racility n	iours	•					Zip Code							
Scope of Work (Check /	All That Apply)			62.114.11			Gar	ileio	l, NJ 07026					-		
	rui mac Appiy)						г	٦.		01 120	0.00	121				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	nova molit						Full Containme Mini-Enclosure	nt with	Negati	ve Pr	essu	e		
		Securit							Glovebag Proc							
		T-					Ľ	24 1	Non-Exempted	(*) and	d Non-F	riable	0.1	and on		
		(E. 200-100)	ocati rmal	100000											ement rpe	
Locatio Asbestos-Containing		Used			Achor	De	scription	n of	rial (ACM)		mount					
TO BE AE		Main: Custo			(i.e.	thermal	system	viatei is ins	ulation,		specify		R	-71	Enc	<u>m</u>
In Fac			(12)	Juli :			cing, VA niscellar			SF	or LF)		Remova	Repair	aps	Enclosure
(15)	,			Τ		outer i	iliscella	neou	5)				val	Ħ.	Encapsulate	ure
		Yes	No	N/A											u	
2nd Fl	loor		X			F	loor Ti	le		30	00 SF		K			
4th FI	oor		X			F	loor Ti	le		17	70 SF	///20	K			
								V		Seattle of the				7.00		
		1					-	-	-							
Name of Registered Wa	aste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of F	Registe	red I ar	ndfill				
Rovic Transport				lauler ID		of Wa	ste		ISEI La		. ou Eul					
						TBD										
City, State Riverdale, NJ							sal Date	9	City, State		24					
Completed by		Tie'-				TBD		200	Bethleh	iem, i	A	-				
E. Cirovic		Title Secre	an,			Ĉ	Signatur					Dat		10		
OIIOVIC		Secre	ary				_ le	res	ir			UT	/30/	19		

Date of Notification (1) 01/30/19	-		Name of Building Owner/Operator (2) East Newark Town Center LLC FFR 4 2010														
Agencies Notified	Type Notification		-	Street A		IOWII	Jenler	LLC	11.	FEB	4	2019		11.59			
					assaic A	WO.			i				į				
EPA DEP	Initial Amended		-		te, Zip Co				1 - 		44 27		- 4				
X DOL	Amendment		_		rk, New		,					List	918				
X DOH	Emergency (including	-	CAN THE STATE OF T	Contact	00.00	7		Tel	ephone	Number	4.50					
DOH DCA	justification) Cancellation								100	epriorie	Multiper						
				FACI	LITY INFO	RMATI	ON					_					
Name of Facility Where	Abatement is Takin	Place (3)						Type of Facili	ty (4)								
Building # 21								School (K-12)								
Street Address								Section 2	Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,								
900 Passaic Ave								Other (i. etc.)	e. private	& comme	ercial bu	laings	, home	es,			
City (5)								Square Feet	# 0	f Floors		Bldg. Age					
East Newark								50,000			50+						
County (6)				County C	Code (7) ISE ONLY)			Current Use (70	olished)						
Essex								Commerci									
Name of Monitoring Firm n/a	Hired by Building (Owner (8)		ASCM	No.			of Abatement									
Street Address				n/a				nony Contra	acting In	C							
n/a								^{Address} Palisade Av						1			
City, State, Zip Code									е				-100				
n/a							/, State, Zip Code arfield, NJ 07026										
Project Manager for Mon	itoring Firm		T	Telephor	ne No.		Telephone No. License No.										
n/a								73460.6026 01255									
Start Date (10)		Schedule	d Cor	npletion [Date (11)		Name	of OSHA Moni	tor								
11/8/18		03/31/1	-				Harn	nony Contra	cting In	С							
Occupancy Status During	g Abatement (Chec	k Only One	∍)					Address									
Facility Closed/Vac	ated During Entire F	eriod of A	baten	nent			360	e									
Abatement Perform Other – Describe:	ed Outside of Norm Un-occupied Building	al Facility for Renovati	Hours on	S				, State, Zip Code arfield N.I 07026									
Scope of Work (Check A	II That Apply)						Garfield, NJ 07026										
	іі тпас Арріу)						П										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova				Full Containment with Negative Pressure Mini-Enclosure										
North 8		land.					×	Glovebag Procedure									
		T				1150-1007		Non-Exemp	oted (*) an	d Non-F	riable Pr	W-015 79	ON THE PARTY OF TH				
	-	U. 100 (100 (100 (100 (100 (100 (100 (100	Locat orma										emen ype				
Location Asbestos-Containing		74 74 66 66 66		ely by	Achaet		scription	of laterial (ACM)	١,	mount		1					
TO BE AB	ATED		ntena	nce/ Staff?		thermal	systems	insulation,		Specify	72	71	Enc	四			
In Facil (13)	ity		(12)				cing, VA niscellan		SI	or LF)	Remova	Repair	apsı	Enclosure			
		Yes	No	N/A		00.0.					la la	=	Encapsulate	ure			
1 at Ela		165		INA			\/A.T					-	-				
1st Flo			X				VAT		_	00 SF	Κ.	-		\square			
2nd Flo	X	-			VAT			60 SF	Κ.	-							
3rd Flo	X				VAT		4	00 SF	Κ.								
5th Flo	X				VAT			50 SF	Κ.								
Name of Registered Was		IJDEP W		Cubic of Was		Name	of Registe	ered Lan	dfill								
Hovic Transport					Hauler ID No. of Waste TBD				1 10011								
City, State						Disposal Date City, State											
Riverdale, NJ						TBD Bethlehem, PA											
Completed by E. Cirovic		Title	Signature						Date								
L. OITOVIC		Secre	ary			16	2 Cura 01/30/19										

Date of Notification (1)		Т	Name	of Building	Owner	Operator ((2)					4		1 1			
01/30/19			East Newark Town Center LLC FEB 4 2019														
Agencies Notified Type Notificat	ion			Address				-	LLD	4	/1	119	- 13				
EPA Initial				Passaic									- 5	1.			
DEP X Amender X DOL Amendm				ate, Zip C			17										
_ Emerger	ent #_1 cy (including	- [ark, Nev		ey .				188	1000						
DOH justificati DCA Cancella	on)			of Contact				Te	lephone	Num	ber						
Name of Facility Where Abatement is Ta	king Place (2)		FAC	ILITY INF	ORMAT	TION											
Building # 64	iking r lace (5)						Type of Facility										
Street Address							School (K Subchapt	(-12)		14.40							
900 Passaic Ave							Other (i.e	. private	& comm	nercia	l buil	dings	, hom	ies.			
City (5)							etc.) Square Feet					4500					
East Newark							25,000	3	of Floors			3ldg. <i>i</i> 50+	Age				
County (6)		T	County	Code (7)			Current Use (F		ina dom	aliaha	-	+00					
Essex			(STATÉ	USE ONLY	1		Commercia			Olishe	:0)						
	Monitoring Firm Hired by Building Owner (8)						f Abatement C				_						
n/a			n/a			10 1000	ony Contrac										
Street Address						Fil											
n/a		2000	360 Palisade Ave)								
City, State, Zip Code						and the second second	ate, Zip Code										
Project Manager for Monitoring Firm							eld, NJ 0702	26									
n/a			Telepho n/a	ne No.		Telepho			Licens		33						
Start Date (10)	Scheduled	1 Cor		Deta (44)			60.6026		0125	55							
12/19/18	04/30/1	9	ipieuon	Date (11)			f OSHA Monito		_								
Occupancy Status During Abatement (Cl			Street					ung in	<u> </u>								
Facility Closed/Vacated During Enti	re Period of Ah	atem	ent				alisade Ave										
Abatement Performed Outside of N	ormal Facility F	Hours	GIIL				ite, Zip Code					-					
	10						eld, NJ 0702	26									
Scope of Work (Check All That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of the sa	novat					Full Contains	nent with	Negativ	ve Pre	essui	re					
2 100 SI 01 2200 II	× De	moliti	on			H	Mini-Enclosu	re									
						×	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		ocatio										Abate	-A-030108	t			
Location of	No Used	rmall			De	scription o	f					Ту	ре				
Asbestos-Containing Material (ACM) TO BE ABATED	Maint	tenan	ice/	Asbes	tos Cont	taining Ma systems i	terial (ACM)		mount		_		ш	m			
In Facility (13)	Custo	dial S (12)	taff?	(surfa	cing, VAT,	or		pecify or LF)		Rem	Repair	ıcap	inclo			
(13)		,,		ř.	other n	niscellane	ous)		0 × 100 n 0× 0 € 10		Remova	pair	Encapsulate	Enclosure			
	Yes	No	N/A										te	0			
1st Floor		X			Pipe	Insulation	on	3	7 LF		(
2nd Floor		х			Flo	oor Tile			80 SF		117			\vdash			
					10.11			70	0 01	-+	2			\vdash			
										-							
Name of Registered Waste Hauler		N	IDEP W	aste	Cubic	Vardo	Ma	Destin		10::							
Rovic Transport			auler ID		of Was			Registe	red Lan	dfill							
	TBD				ISEI Landfill												
City, State Riverdale, NJ						Disposal Date											
Completed by	TBD				Bethlehem, PA												
E. Cirovic	Signature C C A C L C					Date											
	ary	ry (2)				E Cirova 01/30/19											

Date of Notification (1) 01/30/19			Name of Building Owner/Operator (2)												
A- 1 N 115			East Newark Town Center LLC								2010				
Agencies Notified Type Notificat	ion		Stre	et Address	s		er some ste				4	2019			
EPA Initial) Passa											
DEP X Amended			City,	State, Zip	Code										
Fmergen	ent # <u>1</u> cy (includi		Ne	wark, No	ew Jerse	ev									
iustification	on)	ng		e of Conta				T-1-				F. F. S.			
DCA Cancella	ion							relep	hone N	\umbe	er				
Name of Facility Where Abatement is Ta	king Place	(3)	F/	ACILITY I	NFORMA	TION	-								
Building # 18		5.4					Type of Facilit	ty (4)							
Street Address							School (F	<-12)							
900 Passaic Ave							Subchape Other (i.e.	ter 8 (Other t	than K-	-12)					
City (5)							Other (i.e. private & commercial buildings, hometc.)								
East Newark							Square Feet		Bldg. Age						
County (6)			10				25,000	3			50+				
Essex			(STAT	ty Code (7	7) // Y)		Current Use (F	Prior if being	demoli	shed)					
Name of Monitoring Firm Hired by Buildin	a O	01			/	_	Commercia	al Space		-/					
n/a	g Owner (0)	ASI n/a	CM No.		Name	of Abatement C	ontractor (9)	W				-		
Street Address	reet Address						ony Contrac	cting Inc							
n/a						Street /	Address								
City, State, Zip Code							Palisade Ave								
n/a							ate, Zip Code						_		
Project Manager for Monitoring Firm							eld, NJ 0702	6							
n/a				one No.		Telepho	phone No. License No.								
Start Date (10)	T		n/a				3460.6026 01255								
11/24/18	Schedu	led Co	mpletion	Date (11	1)	Name o	e of OSHA Monitor								
Occupancy Status During Abatement (Che	04/30	/19					mony Contracting Inc								
						Street A	ddress	30							
Facility Closed/Vacated During Entire	Period of	Abate	ment			360 P	alisade Ave								
Abatement Performed Outside of Nor Other – Describe: Scheduled for Demo		y Hour	S				te, Zip Code								
Scope of Work (Check All That Apply)							eld, NJ 07026	6							
							, 0, 020					-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova					Full Contain	ont. 24							
30 5i 5i =250 ii	×	Demoli	tion				Full Containm Mini-Enclosure	e	ative F	Pressi	ure				
						×	Glovebag Pro	cedure							
	l.	Locat	ion				Non-Exempte	d (*) and Nor	n-Friab	le Pro	ocedu	re			
Location of		Vorma	lv								Abat	emen	t		
Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Achor	Des	cription of				-	1)	уре	,		
TO BE ABATED In Facility	Cus	intena todial S	nce/	(i.e	thermal s	ilning Mat systems ir	erial (ACM)	Amour		1_		ш			
(13)	000	(12)	otan r	8880	surfaci	ing, VAT.	or	(Specif SF or L		Rer	Re	nca	Enc		
	Yes	No	NIA		other m	iscellaneo	us)	J. 0. L.	. ,	Remova	Repair	Encapsulate	Enclosure		
2nd Floor	168		N/A									ate	e		
3rd Floor		X				or Tile		370 S	F	ĸ					
4th Floor	X					or Tile		4,540 S	SF	<					
	Х			Flo	or Tile		40 SF		<						
me of Registered Waste Hauler		N	JDEP W	aste	Cubin	end.									
ovic Transport	auler ID	No.	Oubic You		100000000000000000000000000000000000000	Registered La	andfill								
y, State	TBD			ISEI Landfill											
verdale, NJ		Disposal Date													
mpleted by	TBD			Bethlehem, PA											
Cirovic	Signature			ature Date											
	Secretary						elow 01/30/19								

K1380 PAI	D NO.	TIFICATION	ets of New . OF ASBES OF NJAC 8:	Jersey ITOS ABATEM 80 and 12:120)		FEB 4								
Date of Notification (1) 01/30/2019		Name o	Building One	/ner/Operator (2)	Check# 138	11	7	16					
Agencies Notified Type Notification □ EPA □ Initial		Street A 515 VV	ddress est End Ave	eune ,		s)	Version 2		· va.u.				
☑ DEP ☐ Amended Amendment #_ ☑ Emergency (inc	udlan	City, Sta New Yo	ite, Zip Code ork, New Yo	ork 10024	1 L	150 1000			_					
D DCA [ustification]	en in	Hame of Harry L	Contact Vegi		1 1777	Telephone Nu 917-913-532	mber							
Name of Facility Where Abatement is Taking RJM Regity LLC	Place (3)	FACI	LITY INFOR		TION Type of Facility (4)									
Street Address 846 Bergan Avenua				□ Sul	noot (K-12) ochapter & (Othe lot (i.e. private &	er than K-12) commercial build	12) Stal buildings, homes, atc.)							
City (5) Jersey City, New Jersey 07306		_		Squere 40,000	Feet	# of Floors 3	50	dg. Ag	ė					
County (6) Hudson		County (Code (7) ISE ONLY)	Curtent	Current Use (Prior if being demolished) Residential Unite									
Name of Monitoring Firm Hired by Building O Detail Associates, Inc	emer (8)	ASCN	No.		Abstament Con orporation	iractor (9)								
Street Address 300 Grand Ave				Street A 806 Mc	ddraes Bride Ave									
City, State, Zip Code Englewood, NJ 07631				City, Sta Woodis	ts, Zip Code and Park, New	Jersey								
Project Manager for Monitoring Firm Anthony Valentine		Telepho: 201-669		Telepho 973-22		License N 01104	io.							
Start Date (10) 02/04/2019	Scheduled C 02/07/2018	ompletten	Data (11)		OSHA Monitor Frontental Lat	boratories, LLC								
Occupancy Status During Abatement (Check Facility Clessed/Vacated During Entire)		Phone a mi		Street A 2333 R	ddress oute 22 West									
☐ Facility Clesed/Vacated During Entire i ☐ Abstement Performed Outside of Norm ☐ Other – Describe: <u>Occupied</u>				City, Str Union	ts, Zip Code 1, NJ 07063									
Scope of Work (Check All That Apply)														
図 23 mfor≥2360 kf □ ≥160 mfor≥2390 kf		oston oston			Mini-Enclosum Glovebag Pro	with Negative Fre ecedute / Limited C d (1) and Non-Fris	ontains	ment67	Fent					
		cation					1	Abater Typ						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custodi	lolely by anance/ ist Staff?	(i.e. th	Description (Containing Mannel systems Containing Mannel systems Containing VAT Containing VAT Containing VAT	sterial (AGM) insulation, , or	Amount (Specify SF or LF)	Rentoval	Repair	Encapsatate	Enclosure				
	Yes B	do N/A							8	12				
Basement	X	+	Thermal S	lystem Pipe	Insulation	10 LF	X		-					
Name of Registered Waste Hauler Lilich Corporation		NJDEP V Heater ID 18724	No.	Cubic Yards of Waste 2	Fairless									
City, State Woodland Park, New Jersey				Disposal Date 02/07/2019	City, Sta Morrise	te lle, PA								
Completed by Addisos Olejarova	Title	dent		Signature	100	A .	01/30/	2019						

ASS-41 (R-08-08)

01/30/2019

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Donot use this form for asbestos licensure exempted activities,

page 1

State of New Jersey NOTIFICATION OF ASSESTOS ASATEMENT FFR 2019 (Pursuant to NJAC 5:50 and 12:120) Name of Building Owner/Operator (2) RJM Realty Group Date of Notification (1) Checks 1385 01/30/2019 Type Notification Street Address Agencies Notified 515 West End Avenue I EPA Inidal Chy, State, Zip Code New York, New York 10024 Amended E DEP Amendmen! # E DOL Emergency (including 917-915-5328 Name of Contact luatification) DOH Harry Uvegi Cancellation D DCA FACILITY INFORMATION Name of Facility Where Absternant is Taking Place (3) RJM Realty LLC Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Street Address E Other (i.e. private & commercial buildings, homes, etc.) 841 Bergen Avenus # of Floors Bidg. Aga Equare Feet 500 40,000 Jersey City, New Jersey 07306 Current Use (Prior if being demolished) County Code (7) County (6) Residential Units Hudson Name of Abatement Contractor (6) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Lilich Corporation Detail Associates, inc Street Address Street Address 606 McBride Ave 300 Grand Ave City, State, Zp Code Woodland Park, New Jersey City, State, Zip Code Englewood, NJ 07631 Talaphone No. Project Manager for Monitoring Firm Anthony Valentine Telephone No 973-225-8400 01104 201-589-8078 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 02/04/2019 Iris Environmental Laboratories, LLC 02/07/2019 Street Address Occupancy Status During Abatement (Check Only One) 2333 Route 22 West Facility Closed/Vacated During Enlire Period of Abatament Abstract Performed Outside of Normal Pacifity Hours
Other - Describe: Occupied City, State, Zip Cade Union, NJ 07083 Scope of Work (Check All That Apply) EFull Containment with Nagetiva Pressure Renovation 23 af or ≥3 ti □ ≥180 of or ≥260 ti Mini-Enclosure Demolition Glovebag Procedure / Limited Containment&Tent Non-Exempted (") and Non-Frisble Procedure Abatement noiteso I al Type Normally Description of Location of Used Solely by Amount Asbastos Containing Motorial (ACM) Asbestos-Containing Material (ACM) Enclosure Maintenance/ (Specify Removal (l.e. thermal systems insulation, Repair TO BE ABATED Custodial Staff? surfacing, VAT, or In Fecility (12) other miscellaneous) (13)N/A Yes No X Thermal System Pipe Insulation 15 LF X Basement 120 SF Duct Insulation X Basement Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Wasts Hauler of Waste Hauler ID No. Fortess Landfill 18724 Lilich Corporation Diaposal Date City, State City, State Morrisville, PA 02/07/2019

President

Completed by Adriana Olejarovs

Woodland Park, New Jersey

CK 307-	PAID	NOT	FICATION	ON OF AS ont to NJA	BESTO	SABATE	EMENT (0)		- G		V_i	T.		
Date of Notification (1)			Name	of Building	g Owner	Operato	r (2)	1	ren.		0010			
Agencies Notified Ty	pe Notification		Street	t Address 1 BACHA					FEB	4	2019)	1	
EPA DEP DOL	Amended Amendment #		City, S	State, Zip C ANTIC C	ode		1	- l	۰۰ بو ۱ ۱۲ -			- Ha	j.	
▼ DOH DCA	Emergency (included justification) Cancellation	ding	Name	of Contact		3 0040	.1.	110	lephone No	ımber			* 8	
	•			CILITY INF		TON		60	9-347-5	390				
Name of Facility Where Aba	tement is Taking Place	ce (3)	FA	CILITYINI	ORIVIA	ION	Type of Facility	v (4)						
PRIVATE RESIDENCE	<u> </u>				Η -		School (K					-		
Street Address							Subchapt	ter 8 (Oth	er than K-1 & commerc	l2) cial bu	ildings	, hon	nes,	
City (5) ATLANTIC CITY	- 2072						Square Feet		f Floors		Bldg.	Age	n C	
County (6) ATLANTIC			County (STATE	Code (7) USE ONLY)		Current Use (P PRIVATE R	rior if bei	ng demolis	hed)	11	1 7	K3.	
A. SEINE LIGHTHOUS	ed by Building Owner SE SOLUTIONS	(8)	ASC	CM No.		Name BRIN	of Abatement Co	ontractor	(9)					
Street Address PO BOX 354	PO BOX 354 ity, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079					Street	reet Address 256 LIBERTY AVE							
SOUTH ORANGE, NE		9				City, St	tate, Zip Code SIDE, NJ 072							
Project Manager for Monitorin SARAH CALANDRA	ng Firm			one No. 49-2666		Teleph	one No	.	License N 01316	lo.				
Start Date (10)	Scheo	duled Cor	mpletion	Date (11)		Name o	of OSHA Monito			ONIC				
Occupancy Status During Aba	atement (Check Only	One)					Address	IOOOL	SOULT	ONS				
Facility Closed/Vacated	During Entire Period	of Abaten	nent				OX 354							
Abatement Performed O Other – Describe:		ility Hours	5		_		ate, Zip Code TH ORANGE	. NJ 07	0798					
Scope of Work (Check All Tha	at Apply)									-			_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	x	Renova Demolit				×	Glovehag Procedure							
		Is Locati	on				14011-EXEMPLE	u () and	Non-Friab		Abate			
Location of		Normal sed Sole			Des	cription o	of				Ту			
Asbestos-Containing Mate TO BE ABATED In Facility (13)	nai (ACIVI)	Maintenar ustodial S (12)	nce/	Asbest (i.e.	thermal surfac	aining Ma systems ing, VAT iscellane	aterial (ACM) insulation, , or eous)	(S _l	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure	
DEDDOOM	Yes		N/A							_		ate	e,	
BEDROOM #		Х				5307	e floor tile	160 sf	x2 layer	х				
BEDROOM #2	2	X				ottled fl		80	SF	х				
ROOF		X		Black	middle	e layer	of roofing	510) SF	x				
Name of Registered Waste Ha	uler	I N	JDEP W	/asta I	0.11.5									
NEWARK CARTING	alo.	Ha	auler ID 509		Cubic Y of Wast				ed Landfill AGEMEN	IT LA	NDF	ILL		
City, State EAST ORANGE, NEW JE	ERSEY				Disposa	al Date	City, State		E PA					
Completed by ALISON LAMERS	Title OFF	FICE M	ANAGI	ER	Sig	nature	MO18		Date	e W/-	\A	10		
						- 1 10 1 /1	1		1 1	24 8 4	1-1-1	1-1	1	

CK3008	PA	M	NOTIF (P	ICATIO	N OF ASBESTO t to NJAC 8:60 a	SABATE	EMENT (0)		EG	E		7				
Date of Notification (1)	9				of Building Owne OF ATLANTI				FEB	4	201	0				
Agencies Notified X EPA	Type Notification X Initial				Address BACHARACH	H BLVD		Ĺ		7	- 201	9				
DEP DOL	Amended Amendment				ate, Zip Code NTIC CITY, N	J 0840	1			N Alexander			T+1			
▼ DOH DCA	Emergency (i justification) Cancellation	ncludin			of Contact ANDERSON			Telephone Number 609-347-5390								
				FAC	ILITY INFORMA	TION	27			34/14						
Name of Facility Where A	Abatement is Taking	Place ((3)			7	Type of Facility School (K									
Street Address							Subchapt	er 8 (Oth	er than K- & commerc	12) cial buil	dings	hom	es,			
City (5) ATLANTIC CITY							Square Feet	# 0	f Floors	E	Bldg. A	Age G	100			
County (6) ATLANTIC					Code (7) USE ONLY)		Current Use (P PRIVATE R	rior if be ESIDE	ing demolis	shed)	€ 8	I V	man.			
Name of Monitoring Firm A. SEINE LIGHTHO	Hired by Building C OUSE SOLUTIO	wner (8 NS)	ASCI	M No.		of Abatement Co NKS TANK SE									
Street Address PO BOX 354						14/20/2004	Street Address 1256 LIBERTY AVE									
City, State, Zip Code SOUTH ORANGE,	NEW JERSEY (07079					City, State, Zip Code HILLSIDE, NJ 07205									
Project Manager for Mon SARAH CALANDRA				Telepho 201-3	one No. 49-2666	1 200 A C C C C C C C C C C C C C C C C C C	hone No. 462-7465		License t	No.						
Start Date (10)	9	Schedu	led Con	npletion	Date (11)	100000	of OSHA Monito		SOULT	IONS						
Occupancy Status During		8	15	W III		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Address									
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire Pe ed Outside of Norma	eriod of al Facilit	Abatem y Hours	ent		City, S	3OX 354 State, Zip Code	A X45 57		-8-0177-295						
Scope of Work (Check Al	I That Apply)					SOL	JTH ORANGE	, NJ 0	70798							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	, таструу	-	Renova Demoliti			×	Glovehag Pro	re ocedure	.			е				
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		Yes	No	N/A						-		te	Ф			
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Name of Docistored W.	to Llaule -			IDEE:												
Name of Registered Was NEWARK CARTING			H	JDEP W auler ID 1509		c Yards aste			red Landfil IAGEME		ANDI	FILL				
City, State EAST ORANGE, NE	W JERSEY				Dispo	osal Date			LE, PA							
Completed by ALISON LAMERS	3 (* 18)	Title OFF	ICE M	ANAG		Sighature	- 0			ate	3 9	119				

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CK 3029 PA	ID	NOTII (I	FICATIO	State of New Jerse N OF ASBESTOS nt to NJAC 8:60 ar	ABATE	EMENT		C E		M.			
Date of Notification (1)			Name CITY	of Building Owner/ OF ATLANTIC	Operato	r (2)		FEB	4 2	019			
Agencies Notified Type Notification EPA DEP Initial Amended	n			Address BACHARACH	BLVD		F		- sa . = -a.		2		
X DOL Amendme				tate, Zip Code NTIC CITY, N	J 0840	1	=	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		t terress, re-	-		
DCA justificatio	n)	9		of Contact ANDERSON				phone Nu 347-53					
Name of Facility Where Abatement is Tak	ing Place	(3)	FAC	ILITY INFORMAT	ION	Type of Facility	(4)						
PRIVATE RESIDENCE Street Address		10.5		-		School (K		r than K-1 commerc	2) ial bui	ldings,	home	es,	
City (5) ATLANTIC CITY						Square Feet	# of l	Floors		Bldg. A			
County (6) ATLANTIC				Code (7) USE ONLY)		Current Use (P PRIVATE R							
Name of Monitoring Firm Hired by Building A. SEINE LIGHTHOUSE SOLUT	Owner (8 IONS	3)	ASC	M No.	Name BRIN	ame of Abatement Contractor (9) BRINKS TANK SERVICES, INC							
Street Address PO BOX 354	3.00 				1 7 7 7 7 7	Street Address 1256 LIBERTY AVE							
City, State, Zip Code SOUTH ORANGE, NEW JERSE	Y 07079					State, Zip Code SIDE, NJ 072	205						
Project Manager for Monitoring Firm SARAH CALANDRA	455		Telepho 201-3	one No. 49-2666		none No. 462-7465	123	License N 01316	0.				
Start Date (10) 07/08/19	02	7/1	mpletion	Date (11)		of OSHA Monito EINE LIGHTH		SOULTIO	ONS				
Occupancy Status During Abatement (Che			- /			Address BOX 354							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	mal Facilit	Abaten y Hours	nent s		City, S	tate, Zip Code TH ORANGE	: N1070	700					
Scope of Work (Check All That Apply)					000	THORANGE	., 145 070	77 90				_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×	Gloveban Pro	re ocedure						
	- 4	Locati Normal						101111111111111111111111111111111111111		Abate	ment		
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ROOF	Yes	No X	N/A	BLACK ROO	E MIDI	NELAVER	E12 CF	مريما در			le l		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				BLACK NOO	r WIIDL	DLE LATER	512 SF	x2 laye	х				
Name of Registered Waste Hauler		N	JDEP W	/aste Cubic	Yards	Name of	Registere	d Landfill					
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City, State EAST ORANGE, NEW JERSEY			:	Dispos	al Date	City, Sta PENN	te ARGYLI	Ξ, PA					
Completed by ALISON LAMERS	Title OFFI	CE M	ANAG	ER C	ignature //	NUA		Dat	- 1	911	9		

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) CITY OF ATLANTIC CITY Agencies Notified Type Notification Street Address 1301 BACHARACH BLVD × **EPA** Initial DEP Amended City, State, Zip Code × DOL Amendment # ATLANTIC CITY, NJ 08401 Emergency (including Name of Contact DOH iustification) Telephone Number DCA Cancellation LOIS ANDERSON 609-347-5390 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PRIVATE RESIDENCE 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 ATLANTIC CITY 0.10 119 YRS County (6) County Code (7) Current Use (Prior if being demolished) ATLANTIC (STATE USE ONLY) PRIVATE RESIDENCE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) A. SEINE LIGHTHOUSE SOLUTIONS BRINKS TANK SERVICES, INC Street Address Street Address PO BOX 354 1256 LIBERTY AVE City, State, Zip Code City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079 HILLSIDE, NJ 07205 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. SARAH CALANDRA 201-349-2666 844-462-7465 01316 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor A. SEINE LIGHTHOUSE SOULTIONS Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement PO BOX 354 Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: SOUTH ORANGE, NJ 070798 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 Is Location Abatement Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, Enclosure Custodial Staff? (Specify Remova In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A KITCHEN X GRAY FLUE PACKING 144 SF x ROOF X BLACK ROOF FLASHING 96 LF X ROOF X BLACK FELT PAPER 144 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste NEWARK CARTING WASTE MANAGEMENT LANDFILL 04509 City, State Disposal Date City, State EAST ORANGE, NEW JERSEY PENN ARGYLE, PA Completed by Signature Date ALISON LAMERS OFFICE MANAGER

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K3031	PAUD) NO		CATION	te of New OF ASBES o NJAC 8:	STOS A	BATEN					3	W		1		
Date of Notification (1)	19				Building O F ATLA			(2)	1		FEB	4	2019		. J		
Agencies Notified	Type Notification			Street Ad 1301 B	ldress ACHAR	ACH E	BLVD			l		10					
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DOH DCA	justification) Cancellation	niolading		Name of LOIS A	Contact NDERS	ON			Telephone Number 609-347-5390								
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Name of Facility Where PRIVATE RESIDE		g Place (3)		,					of Facility (4 School (K-1)	ž.			-				
Street Address				f					Subchapter	8 (Othe	er than K-12) & commercia	l build	ings, h	ome	s,		
City (5) ATLANTIC CITY								Squar	e Feet	# of	Floors		dg. Ag 19 YF				
County (6)				County C	Code (7)			Currer			ng demolishe	ed)					
ATLANTIC Name of Monitoring Firm				ASCM				of Abat	ement Con	tractor	(9)			74 20			
A. SEINE LIGHTH	OUSE SOLUTIO	ONS					A STATE OF THE PARTY OF THE PAR	Addres	ANK SEF	RVICE	es, inc						
PO BOX 354							353371,7555		RTY AVE								
City, State, Zip Code SOUTH ORANGE,	NEW JERSEY	07079					City, State, Zip Code HILLSIDE, NJ 07205										
Project Manager for Mo SARAH CALANDR				Telephor 201-34	ne No. 9-2666		Telephone No. License No. 01316).					
Start Date (10)		Schedule	ed Cor	mpletion [Date (11)				A Monitor	DUSE	SOULTIC	NS					
Occupancy Status Durin	ng Abatement (Chec	ck Only On	e)	1011			Street	Addres	SS								
Abatement Perform	cated During Entire ned Outside of Norr						City, S	State, Zi	ip Code								
Other – Describe: Scope of Work (Check)							SOL	ЛНО	RANGE,	NJ 0	70798						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	чі ттас Арріу)		Renova Demoli))	Mir Glo	ni-Enclosure	e cedure	n Negative P						
		8.70	Loca										Abate Ty				
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City, State EAST ORANGE, N	IEW JERSEY					Dispo	osal Date	е	City, Sta		YLE, PA						
Completed by ALISON LAMERS		Title OFF	ICE	MANAG	SER		Signatur	re /	XQX	1000	Da	ite	9911	9			

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Date of Notification (1) 1/31/19 PAGE 2				Building Ow				Inc.	700	P A		n n	חח	NA THE	
Agencies Notified Type Notification		1	treet Ad 30 Abe	_{dress} el Road						E .V	124	!!	- 13		
EPA Initial Amended Amendment #		10-00		e, Zip Code e, NJ 088				j.,		FE	В	4	2019		
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding	711735	lame of Charles	Contact Mullen						ephone N 2-713-4			· · · ·	, compa	7-4-1
			FACIL	ITY INFOR	RMATI			1		**+***			1 + 27 / 10	1, 4	
Name of Facility Where Abatement is Taking home Street Address	Place (3)						Sc St X	f Facility (4 chool (K-12 ubchapter ther (i.e. p	2) 8 (Othe	er than K	-12)			omes	5,
City (5) Lawrence Township					-110		Square 2000	c.) Feet	# of	Floors		Blo 68	lg. Ag	е	
County (6) Mercer			County C	ode (7) SE ONLY)			Curren	t Use (Pric	or if bei	ng demo	lished	1)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.				ement Con onmenta			LC				
Street Address						(C. 2 (C. 10) (C. 10)	Address Box 48	3, 4 E G	ate D	rive					
City, State, Zip Code						10000	tate, Zip wood,	Code NJ 074	18						
Project Manager for Monitoring Firm		Т	Γelephor	ne No.			one No 764-22			License 703	e No.				
Start Date (10) 2/11/19	Schedule 3/11/19		pletion [Date (11)		Name	of OSH	A Monitor							
Occupancy Status During Abatement (Check	Only On	e)				Street	Address	S							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	batem Hours	ent			City, S	tate, Zip	Code					1500		
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200 200 (349)		Locati			_								Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normally Used Solely by Maintenance/ Custodial Staff? (12)			Asbestos Containi (i.e. thermal sys surfacing other misc				(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
exterior right side & partial rear			Х			siding			8	00 SF		х			
Name of Registered Waste Hauler			IJDEP V lauler ID	7.512.407.5777		ic Yards /aste		Name of		ered Lar I Landf					
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City, State Freehold NJ	10			TBI			City, Sta		A						
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Date of Notification (1)				Name	of Building (Owner	Operator	- (2)	CN	THE STATE OF THE PARTY OF THE P	1	10	00			
1/31/19					ance Res				ts. Inc.		F	0	G	0	D.A	73%
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Name of Facility Where	Abatement is Taking	Place (3	3)	FAC	ILITY INFO	RMAI	ION	Type	of Facility (4	1)			Z vo	-1100	×	
home								П	School (K-1							
Street Address							27.		Subchapter	8 (Oth						
								×	Other (i.e. pi etc.)	rivate	& comr	nercia	al buil	dings	hom	es,
City (5)								Squa	re Feet	# 0	f Floors	S	В	ldg. A	\ge	
Lawrence Township	0							200	0	2			6	8		
County (6) Mercer					Code (7) USE ONLY)				ent Use (Prio	r if bei	ng den	nolish	ed)			
Name of Monitoring Firm	Hirad by Building C	hupor (0)						hon	. •							
rvanie or worldoning rimi	rified by Building C	wner (8)		ASCI	M No.		1		tement Con ronmental			110				
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City, State, Zip Code									ip Code							
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Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph				Licen	se No).			-
Start Data (40)	T.							764-2			703					
Start Date (10) 2/11/19		3/11/19		npletion	Date (11)		Name	of OSI	HA Monitor		1000					
Occupancy Status During	Abatement (Check	Only On	e)	1=1			Street	Addre	ss							
× Facility Closed/Vaca	ited During Entire P	eriod of A	baten	nent												
Abatement Performe Other – Describe:	Hours				City, S	tate, Z	ip Code									
Scope of Work (Check Al	I I hat Apply)	-					[-	-								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enova emolit				×	7 . ~	I Containme	nt with	Negat	ive Pr	essu	re		
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Location Asbestos-Containing	of Material (ACM)	Used	d Sole	ly by	Ashaeta		scription taining M		(ACM)	^				.,		
TO BE ABA	TED	33,000	ntenar odial S		(i.e. t	herma	systems	insula	ation,		mount pecify		Re	77	Enc	m
In Facili (13)	ty		(12)				cing, VA miscellan			SF	or LF)		Removal	Repair	Encapsulate	Enclosure
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main stair		X			v wall p				4 SF		Х					
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Freehold Cartage					No.	of Wa			Valoritation of the second							
City, State						TBD				erland Landfill						
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Completed by		Title				0.00	Signature		/	117		Date	9	3-12-5		_
A. Scott Higgins		Presid	dent						12-				1/19)		
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Date of Notification (1) 1/31/19			100	Name of B Paul To	Building Ov gno	vner/O	perator	(2)			EC	E		M	7,00 1,00 1,00 1,00	
Agencies Notified	Type Notification		S	Street Add	dress											
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DOH DCA	justification) Cancellation			Paul To					,	-	A	1 X		the -	2. 1	:
DCA	Caricolation		_		ITY INFOR	RMATI	ON			1		100	e e e			-
Name of Facility Where home	Abatement is Taking	Place (3)						Тур	oe of Facility (4 School (K-1	2)						
Street Address								×	Subchapter Other (i.e. p etc.)	8 (Otherivate 8	er than K-1 & commerc	12) cial bu	ildin	ıgs, h	omes	r
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County (6) Morris				County Co	ode (7) SE ONLY)			ho	rrent Use (Prio			shed)				
Name of Monitoring Fire	m Hired by Building C	wner (8)		ASCM	No.				batement Con vironmenta			.C				
Street Address							Street		ress 483, 4 E G	ate D	rive					
City, State, Zip Code									, Zip Code od, NJ 074	18						
Project Manager for Mo	onitoring Firm			Telephon	e No.		Telep 973		No. 4-2276		License 703	No.				
Start Date (10) 2/13/19		Schedule 2/20/19		npletion D	Date (11)		Name	of C	SHA Monitor							
Occupancy Status Duri	ing Abatement (Chec	k Only On	e)				Stree	t Add	dress							
Facility Closed/Va Abatement Perfor Other – Describe:	acated During Entire F rmed Outside of Norm	Period of A nal Facility	Abaten Hours	nent S		_	City,	State	e, Zip Code							
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli					×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					ė	
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0.00	ng Material (ACM)	Use Ma Cus	ed Sole iintena todial (12)	ely by ance/ Staff?	Asbest (i.e.	escription ntaining al syster acing, V miscella	Mate ns in 'AT,			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
**		Yes	No	N/A			e insul	otic	n		105 LF	2				
base	ment	-		X		bib	e insui	latio	or i		103 LI		`			
Name of Registered V	Nasta Hauler			NJDEP W	Vaste	Cubi	ic Yards	;	Name o	f Regis	tered Lan	dfill				
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City, State Freehold, NJ						Disp TB[osal Da D	ite	City, Sta Newb		A	A				
Completed by A. Scott Higgins		Title Pres	siden	t			Signati	ure	1			Date 1/3		9		

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Charles IV	1000

Date of Notification (1) 1/30/19			T		of Building (e Wilder	Owner/0	Operator	(2)			E		n ::	1	VI	
Agencies Notified	Type Notification			Street A	Address			-1141			1					
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DOH DCA	justification) Cancellation				f Contact es Mullin					Tel	ephone	Numbe	r .		+ -	
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Name of Facility Where	Abatement is Takin	g Place (3	3)	170	iziri ilil	IXMAI	ioit	Туре	of Facility (4	1)						
home									School (K-12							
Street Address									Subchapter of Other (i.e. pr				uildi	nas.	home	es.
City (5)									etc.)		7					
Trenton								220	ire Feet Ω	2	f Floors		65	lg. A	ge	
County (6)				County	Code (7)				ent Use (Prio		na dem	olished'				
Mercer				(STATE	USE ONLY)			hom			Ü					
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	Л No.				atement Cont ronmental			LC				
Street Address							Street PO F		ss 83, 4 E Ga	ate D	rive					
City, State, Zip Code									ip Code	110 D	1140					
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Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 973-	none N 764-2			Licens 703	e No.				
Start Date (10) 1/31/19		Schedule 2/11/19		pletion	Date (11)		Name	of OSI	HA Monitor							
Occupancy Status During	g Abatement (Chec	k Only Or	ie)	- 11 L V V V V V V V V V V V V V V V V V			Street	Addre	SS							
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Name of Registered Was			N.I	JDEP W	lasta		walls		No. (5		00 SF	X				
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City, State Freehold, NJ						Dispos TBD	sal Date		City, State Newburg							
Completed by A. Scott Higgins		Title Presi	dent			S	ignature	6	2	_		Date 1/30	19			

Project #					BESTOS / C 8:60 and			Ch	neck # 4	535			
Date of Notification (1)					g Owner/O			1. 7.	E (5	2	7	77
01/22/2019			Schlingsconner			perator (2)			2		į į	y i
Agencies Notified Type Notificatio	n			han Pry Address	yor			111		_			
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DCA Cancellation			Jonath	han Pry	or/			1			+1	- V -	1000
					FORMATIO	ON						*******	<u> </u>
Name of Facility Where Abatement is Tak	ing Place	(3)					Type of Facility	y (4)					
Residence							School (K						
Street Address									er than K-1 & commerc		ildings	hom	200
City (E)							etc.)	. private t	x commerc	ai bu	liuliiga	, 11011	ies,
City (5) Caldwell, NJ							Square Feet	# of	Floors		Bldg.	Age	
County (6) Essex				Code (7)		1	Current Use (P	rior if bei	ng demolisi	ned)			
Name of Monitoring Firm Hired by Building	Owner (9		o fotos respons	M No.									
Traine of Morntoring Firm Fined by Building	Owner (o	,,	ASC	IVI NO.			f Abatement C		(9)				
Street Address						Street A	estoration I	LLC		31 11			
						China and Control	okside Rd						
City, State, Zip Code		7-1-1-6					ate, Zip Code						
							lph, NJ 078	260					
Project Manager for Monitoring Firm		T	Telepho	one No.		Telepho		1	License N	0.		-	
					19	973933	3-2550	-	01358				
Start Date (10)	Schedu	led Cor	mpletion	Date (11)		OSHA Monito		0.000	-	-		-
01/24/2019	01/25/				- 1	IRIS							
Occupancy Status During Abatement (Che	ck Only O	ne)				Street A	ddress						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	Abaten	nent		1	2333 R	t 22 West						
Abatement Performed Outside of Nor Other – Describe: 3pm	mal Facilit	y Hours	S		- 1		te, Zip Code		100210				
Scope of Work (Check All That Apply)						Union ,	NJ 07083						
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolif					Full Containr Mini-Enclosu		Negative F	ressu	ire		
	ш.	Detrion	uon			1	Glovebag Pro	ocedure					
				1			Non-Exempte	ed (*) and	Non-Friab	le Pro	cedur	re	
NV Bestin erd		Locat										emen /pe	t
Location of Asbestos-Containing Material (ACM)		Normal ed Sole			Desc	cription o	f			-	T ')	T	
TO BE ABATED	Ma	aintena	nce/	Asbes (i.e	stos Conta . thermal s	iining Mat svstems ii	terial (ACM)		nount pecify	72		E	0
In Facility (13)	Cus	todial 8 (12)	starr?		surfaci	ng, VAT,	or		or LF)	Remova	Repair	aps	Enclosure
(10)	Yes	No	N/A	1	other mi	iscellaneo	ous)			laval	air I	Encapsulate	sure
Laundry Room		×		TSI				6LF		×			
Crawl space		×		TSI				34 LF		×			
Name of Registered Waste Hauler			JDEP Wauler ID		Cubic Y of Waste		Name of	Register	ed Landfill				
Nick Restoration LLC			03378		TBD	е	G.R.O.	W.S					
City, State					Disposa	I Date	City, Sta						
Randolph, NJ					TBD		Tullyton						
Completed by Nikica Mrda	Title Presid				Sig	nature	uei	1 1	Dat	e			

State of New Jersey

CK 1651+	I FLI				STOS ABATEMENT -7 and 12:120-7					
Date of Notification	n (1)	(Fulsi	Name of Bu	ilding	Owner/Operator	r (2)	EG		- 1/7	
1/31/2019			Nathan			1	A Proposition		9-2) as a s	700
Agencies Notified	Type Notif	fication	Street Ad			7	1111 550	-	9.	
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[X]DOL	[]Amend	ed fication	Fotr Le				A	03.12		
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Namo of Engility Who	2b	/- m 1:			INFORMATION					
Name of Facility Whe residence	re Abateme	nt is Taki	ng Place (3)		Type of Faci	lity (4)			
						[]School	(K-12) pter 8 (Othe		77 101	
Street Address						[X]Other	(i.e., priva	te & c	ommer-	
							buildings, h			
City		County	4	Cot	inty Code (7)	Square Feet	# of Floo	rs B	ldg. Ag	re
Demarest		Berge	n		TATE USE ONLY)	Current Use	(Prior if be	ing de	molish	201
n=u						00110110 050	(IIIOI II De	ing de	MOLLSIN	=u)
Name of Monitoring F. Owner (8)	irm hired l	y Buildin	g ASCM No.		Name of Abate	ment Contracto	or (9)			
N/A					AZTECH M	anagement	d, Inc.			
Street Address					Street Address			-7-2		
- ANN					86 Chris	topher St	: •			
City, State, Zip Code	е				City, State, 2					
					Montclai	r, NJ 070	142			
Project Manager for N	Monitoring	moscomo British	lephone Numb	per	Telephone Numb		L		Number	-
		N/			(973)744			0037	1	
Scheduled Start Date 2-9-19	(10) Sc	2-12-	letion Date	(11)	Name of OSHA N	Monitor				
Month Day Ye	ar		ay Year		N/A					
Occupancy Status Duri [X]Facility Clos	ing Abateme	nt (Check	only one)		Street Address	1				
of Abatement										
[]Abatement Per Hours - Descr				ty	City, State, Z	ip Code				
[]other - Descr	ibe: «Other	Occupancy	Descript»							
Scope of Work (Check	all that a	pply)			П					
[X]>3 sf or 3	>3 lf	r]Renovation	,		Containment wi Enclosure	th Negative	Press	ire	
[]>160 sf or		70	K]Demolition		17 117000000000000000000000000000000000	pag Procedure				
			Is		[X]Non-Fr	riable Procedu	ire	Tab.	+	m
Location			ocation ormally		Description				tement	E
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TO BE ABA	FED	By	y Main- enance/		(i.e., thermal	systems	SF or	M	P A P	0
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		Yes	No N/A			TELLEMEN.		L	L	R
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Name of Desistence 77	-1 7									
Name of Registered Wa AZTECH MANAGE			DEP Waste uler ID No.	0.0000	oic Yards Waste 4.0	Name of Regi		ill		
			7040				cate			
Montclair, NJ	07042				posal Date -13-19	City, State	NTV 1047	Λ		
NO	010-22			2	_13_13	Bronx,	NY, 1047	4		
Completed By (Print o		itle			Signature		1/.	Date		
Constantine Vi	vian F	reside	nt		1 (to	a langue,	Wilson	1/31/	2019	
							1000			

10000) 周代	風風		(1	ursua	nt to NJ/	AC 8:60 and 5:1	6)	FEB	4	2019	1	
Date of Notification (1)	153						ng Owner/Operator ((2)	i		4013		3 :
/	30 /	19			Ja	cobs Der	nolition		1	550	13	, 3	
Agencies Notified	Type Notific	cation			Stree	et Address						- Special	
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☑ DOLWD ☑ DOH	☐ Amende Amendn				City,	State, Zip	Code						
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(NJAC 5:23-8)	justificat		oluum	9	Nam	e of Contac	ot		Telephone Nur	mber			
	☐ Cancella	ation			Lit	nda			732-528-38				
					FA	CILITY IN	NFORMATION						
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility (4)				
Residence								School (K-12))				
Street Address								Subchapter 8 Other (i.e., pr	(Other than K-1 ivate and comm	2) ercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	P	Ida A	70	
Belmar								2800 sf	2		ldg. A 65	ge	
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Prid			00		
Monmouth						,	///	Residence	or it being derilor	isricu)			
Name of Monitoring Firm	Hired by Buil	ding C	wner	(8)	ASCN	No.	Name of Abateme						
								ntracting, Inc.					
Street Address							Street Address	3,					
							1889 Route 9	, Unit 61					
City, State, Zip Code							City, State, Zip Co	ode					
							Toms River, I	New Jersey 087	755				
Project Manager for Monit	oring Firm			Tel	ephone	No.	Telephone No.		License No.				
							732-349-9932	!	00624				
Start Date (10)				3.5		ate (11)	Name of OSHA M	1onitor					
/					5_/	19	E.M.S.L. Anal	lytical					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacated	During Enti	re Per	iod of	Abate	ement		1056 Stelton						
Abatement Performed Time of Abatement:	Outside of N AM-	omal PN	Facility //	y Hou	rs - De	scribe AM	City, State, Zip Co						
	Piscataway, New Jersey 08854												
Scope of Work (Check all	that apply)						□ Full Cont						
≥3 sf or ≥3 lf							☐ Mini-Encl	ainment with Nega losure	ative Pressure				
⊠ ≥160 sf or ≥260 lf			□ De	moliti	on		☐ Glovebag	Procedure					
			Is	Loca	tion		☑ Non-Exer	mpted (*) and Non	-Friable Procedi				
Location of	of		١	Norma	ally		Description of	f		100000	atem		
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TO BE ABAT				odial	Staff?	(I.e	., thermal systems i surfacing, VAT,	insulation,	(Specify SF or LF)	SVOL	ar.	aps	losu
(13)		-		(12)	T		other miscellaned		SF OI LF)	<u> </u>		Encapsulate	re
			Yes	No	N/A							Œ	
exterior-house & 2 she	eds					asbesto	s siding		3600 sf				
											П	П	П
		- 0			П								
Name of Registered Waste	Hauler				JDEP	Waste	Cubic Yards of	Name of Registe	ered Landfill			Ц	
Guardian Contractin				172	lauler I	D No.	Waste	T.R.R.F.	Ju Lunuilli				
City, State					20223	5	4 Disposal Date	City, State					
Toms River, New Jer	sey						02/15/19		Pennsylvania				
Completed By (Print or Typ	oe)	Title					Signature	7)		ate /			
Nicholas Fernicola	- settle	Pr	oject	Man	ager			111			10)	19	



2012												Pr	rint F
CL 33809 PA		NOTII	FICATION	tate of New Jerse N OF ASBESTOS to NJAC 8:60 ar	ABATE	MENT 0)		Ē		3	1.7	*	
Date of Notification (1) 1/30/2019				of Building Owner			V COLL	ECE	FEB	4	กกรก		
Agencies Notified Type Notification			Street A		COM	VIOINII	1 COLL	EGE	1 LU	4	2019		15.4
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DEP Amended Amendment Emergency		_		ate, Zip Code RSON, NJ 07	505			* 1	. 13.			12.	n
X DOH X DCA Justification Cancellation	,			f Contact N EGAN				100	phone Nui 3-684-59				
Name of Facility Where Abatement is Takir	a Place (3)	FAC	ILITY INFORMAT	TION	Tunn	f Facility	(4)					
FORMER FIREHOUSE	g riace (3)					of Facility	3 80					
Street Address 113-119 COLLEGE BLVD.						X S	ther (i.e.	r 8 (Othe	er than K-12 commerci		dings	hom	es,
City (5) PATERSON						Square	tc.) e Feet	# of	Floors	E	Bldg. A	Age	
County (6) PASSAIC				Code (7) USE ONLY)		Currer	t Use (Pri	or if bein	ng demolish	ned)			
Name of Monitoring Firm Hired by Building BRINKERHOFF ENVIRONMENTA			ASCN 5 0010				ement Co		(9) RACTIN	G IN	10		
Street Address 1805 ATLANTIC AVENUE		V.O.E.	- 0010		Street	Address			IVACTIN	G, IIV	Ю.		
City, State, Zip Code MANASQUAN, NJ 08736	-10-10-10-10-10-10-10-10-10-10-10-10-10-			12	City, S	state, Zip							
Project Manager for Monitoring Firm GARY W. FLEMING			Telepho	ne No. 23-2225	Teleph	one No	in Constant	12	License N	0.			
Start Date (10)	Schedul	ed Co		Date (11)	100000000000000000000000000000000000000		A Monitor	7	00494				
2/11/2019	4/12/20	5-9/20					(9) ABC	VE					
Occupancy Status During Abatement (Chec	58	8			Street	Address	i						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of Anal Facility	Abater y Hour	ment s		City, S	tate, Zip	Code						
Scope of Work (Check All That Apply)			mps.										
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoli			×	Mini Glov	Enclosure ebag Pro	e cedure	Negative P			۵	
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena todial (12)	nce/ Staff?			s insulat T, or		(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		N	JDEP W	aste Cubic	Yards		Name of	Register	ed Landfill				
TWO BROTHERS CONTRACTING		H	lauler ID 8743		ste			•	AGEME		R.C).W.	S.
City, State TOTOWA, NJ	500			No. 25 (2007)	sal Date		City, Stat MORR		E, PA				
Completed by VIVECA RAMOS	Title PRO	JEC1	COOF	RDINATOR	Signature	11 0 B	. (2))	Da 1/3	te 30/20)19		

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Date al Notification (1) Jan 30 2	019		Name of	Building Ox	men/Oper		Tanut		FEB	4	20)19
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D DCA D Carnoellatten				LITY INFO	am	on.+		1				4
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City (6) A I	7//		. 21			Squa	etc.) Ye Feet	# of Figure	T E	ilda A	20	
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Scope of Work (Check All That Apply)								•				
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EPC Technologies	<u> </u>		nuter ID	No.	at Waste	< 1	Was	te. Manage		ful	F	A
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SHENE SCUENTIAN	Flac	210	en i		-	ALL	-CA	A Property land		74	: 1	-

Tom voorhees, NJ DOL State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 1 29 19 St Francis Medical Center Agencies Notified Type Notification Street Address ☐ EPA 601 Hamilton Ave **⊠** DOLWD FEB ☐ Amended 2019 City, State, Zip Code □ DHSS Amendment # ☐ DCA Emergency (including Trenton, NJ 08629 (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Rita Gelli 609-599-5000 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) St Francis Medical Center School (K-12) Street Address Subchapter 8 (Other than K-12) 601 Hamilton Ave Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet Trenton # of Floors Bldg. Age 70,000 County (6) 3 60+ County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Mercer Name of Monitoring Firm Hired by Building Owner (8) Hospital ASCM No. Name of Abatement Contractor (9) **Environmental Connection** BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 120 N Warren Street 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Trenton, NJ 08010 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. Rollie Jones License No. 609-392-4200 215-788-6040 Start Date (10) 00509 Scheduled Completion Date (11) Name of OSHA Monitor __1__/__30__/__19 1 / 30 / 19 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe 1123 BEAVER STREET Time of Abatement: 8:00AM-4:00PM/___ City, State, Zip Code PM-___AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or > 3 If □ Renovation ≥160 sf or ≥260 lf ☐ Mini-Enclosure ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Normally Location of Abatement Type Asbestos-Containing Material (ACM) Description of Used Solely by Asbestos Containing Material (ACM) Repair Encapsulate Remova TO BE ABATED Enclosure Maintenance/ Amount (i.e., thermal systems insulation, Custodial Staff? IN Facility (Specify surfacing, VAT, or (13)(12)SF or LF) other miscellaneous) Yes No N/A Nursing School Boiler Room X Pipe Insulation 10 LF X X П Debris 25 SF X

Nursing School Boiler Room П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill BRISTOL ENVIRONMENTAL, INC. Hauler ID No. Waste FAIRLESS LANDFILL 18706 City, State 1 Cu Yd Disposal Date City, State BRISTOL, PA 19007 1/30/19 FAIRLESS HILLS, PA Completed By (Print or Type) Title Signature Gino Pizzigoni Estimator 1-29-19 * Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 2019 1/28/2019 ckeck #0130 MOH PERSAUD Agencies Notified Type Notification Street Address 6. **EPA** Initial DEP Amended City, State, Zip Code × DOL Amendment # LINDEN, NJ07036 Emergency (including Name of Contact DOH justification) Telephone Number DCA Cancellation MOH PERSAUD **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 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 LINDEN, NJ07036 100X50 2 50 YEARS County (6) County Code (7) Current Use (Prior if being demolished) UNION (STATE USE ONLY) **EMPTY** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING Street Address Street Address 24 CHURCH ST City, State, Zip Code City, State, Zip Code ELMWOOD PARK NJ 07407 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-873 9418 01301 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/08/2019 02/09/2019 ALL SOLUTIONS CONTRACTING Occupancy Status During Abatement (Check Only One) Street Address 24 CHURCH ST Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: EMPTY HOUSE City, State, Zip Code X ELMWOOD PARK NJ 07407 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 Is Location Abatement Normally Type Location of Description of

Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	ice/	stos Containing Materia thermal systems insu surfacing, VAT, or other miscellaneous	lation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				1 =		ate	ē
BASEMENT			Х	PIPE INSULATIO	N	60LF	X	1		
OUT SIDE AROUND THE HOUSE			Х	SIDING TRANSIT	E	2000SF	Х			
Name of Registered Waste Hauler ATLANTIC CARTING		10000	JDEP Wa	Cubic Yards of Waste TDB		Registered Lan				
City, State PEN ARGYL PA				Disposal Date TDB	City, Stat	e RGYL PA				
Completed by LUIS ARCILA	Title PRES	SIDEN	JT .	Signature	1		Date 1/28/2	019		

V 10-107		N	OTIFIC	CATION	OF ASBE	ESTOS A	ABATE	MENT			7.1111 8.5		
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Date of Notification (1)		B.R.B.	1	Name o	f Building (Owner/O	perator	(2)) 4	201	9	#4
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DOH DCA	justification) Cancellation			Name of	f Contact	. /-			Telephone N		0 ~		
	Caricellation			,	LITY INFO	1-50v			609-3	51.	73	70	
Name of Facility Where	Abatement is Taking	Place (3)		, FACI	LITTINFC	KWATI	JN	Type of Facili	ity (4)	-			
GIRL SCOU	TS 0/= C	EWIA	84/	1	J. T.			School (
Street Address	11 1	121	,,,					Subchar	oter 8 (Other than K-	12)			
71 Powe	-11 PLACE	RI	Э.					Other (i. etc.)	e. private & comme	cial buil	dings,	home	es,
City (5)	. / _							Square Feet	# of Floors	E	Bldg. A	ge	-
TABERA	MCIC A	しひ			380			2000	/		M	4	
County (6)			19	County (Code (7) USE ONLY)			Current Use (Prior if being demol	ished)			
Name of Manitorina Firm			'				_	CAM/)				
Name of Monitoring Firm				ASCN	I No.			of Abatement	70.52				
Street Address	W. INSPE	6/10	145					MAR C	ON-STRUCT	100	1	NC	,
PO BOX 110	145							Address Box /	11527				
City, State, Zip Code	, , ,							tate, Zip Code	1587			Section 1	_
PHIA PA	19116						P/4	//+ /	PA 10116				
Project Manager for Mon			17	Telepho	ne No.		Teleph	none No.	License	No.			
JA500			2	167.7	74-46	33	267-	784-41	14 012	71			
Start Date (10)		Schedule	d Com				Name	of OSHA Moni		10			
1-3/-/9		2.	-1-	19			67	RAIM	20/1				
Occupancy Status Dufin				,			Street	Address	20.11	2/			
Facility Closed/Vac	ated During Entire Poled Outside of Norma	eriod of Al	batem	ent			2/	7 /TED,	ENIX O	1			
Other – Describe:	ed Outside of Norma	al Facility	Hours				City, S	tate, Zip Code	2				
Scope of Work (Check A	II That Apply)		,				PI	(IA P	17/16		-		
≥3 sf or ≥3 lf	MacAppiy)	177					Г	2					
≥160 sf or ≥260 lf			enovat emoliti				É	Full Contai Mini-Enclos	nment with Negative	Pressu	re		
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(13)	,		(12)			other m	ing, VA niscellar		SF or LF)	Remova	Repair	Encapsulate	Enclosure
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Dir.ia.i 1				-/		1		-			-		
UNING RO	0011			6	CELL	110	- 1	115	1500 5	CV			
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FRYMAR (ON-STAUCE	T1	Ha	auler ID	NO.	of Was	te 1		~	1 -1)		
City, State	1	lu		03	0127	Dispos	al Date		STORE /	BERK	3	C	
PHOLA 1	MA					2.5		C Bu	RDSBORI		0/1		
Completed by	0	Title	/	7 0			gnature	1		Date	11		-
C-KAIM	NOH	W.	11	RE	5		6	Lam	den	1-21	7/	Ç	
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DOH justificat	ion)			e of Contact			Teleph	none Nu	mbe	г		
				y Hickey								
Name of Facility Where Abatement is T House	aking Plac	e (3)		ACILITY INFORMA	ATION	Type of Facility	. (4)					
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Street Address						School (K Subchapte	er 8 (Other ti	nan K-12	2)			
City (5)						Other (i.e. etc.)	private & co	mmerci	al bu	ıilding	js, ho	mes,
Hackensack						Square Feet	# of Flo	ors	T	Blda	. Age	
County (6)						N/A	N/A	::::::::::::::::::::::::::::::::::::::		N/A		200
Bergen			(STAT	y Code (7) E USE ONLY)		Current Use (Pr	rior if being o	lemolish	ed)		-	
Name of Monitoring Firm Hired by Buildi	ng Owner	(8)		CM No.		House	500					
N/A	3	(0)	730	SIVI NO.	Name D&S	of Abatement Co Abatement, I	ontractor (9)					
Street Address						Address	nc.					
City City Ti						osengren Ave	nue					
City, State, Zip Code						tate, Zip Code						
Project Manager for Monitoring Firm					Totov	va, NJ 07512						
- 1996 Manager for Monitoring Firm			Teleph	one No.		one No.	Lio	ense No			-0,	
Start Date (10)	School	ulod C	omminti.	Date (11)		345-8685	01:	311				
02/08/2019	02/09	3/2019) Jubienou	Date (11)	Name o	of OSHA Monitor						
Occupancy Status During Abatement (Ch	eck Only (One)			Street A	Abatement, In	IC.					
Facility Closed/Vacated During Entire	e Period o	f Abate	ment			sengren Aver	nue					
Abatement Performed Outside of No Other – Describe: Occupied	rmal Facil	ity Hou	rs			ate, Zip Code						
Scope of Work (Check All That Apply)					Totow	/a, NJ 07512						
≥3 sf or ≥3 If												
≥160 sf or ≥260 lf	×	Renov Demol			×	Full Containme Mini-Enclosure Glovebag Proc	edure					
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Location of Asbestos-Containing Material (ACM)		Norma ed Sole		De:	scription o	f					emen pe	ι
TO BE ABATED	M	aintena	ince/	Asbestos Cont	aining Ma	terial (ACM)	Amount	. [m	Г
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									+			
Name of Registered Waste Hauler									+			
D&S Abatement, Inc.		N	JDEP Wa	No. Cubic \ of Was			egistered La	ndfill				
City, State			996	TBD		Fairless I	Landfill					
Totowa, NJ				Disposa TBD	al Date	City, State						
Completed by	Title				nature	Morissvill	le, PA					
Ned Joksimovic	Proje	ct Ma	nager	Siç	gnature	Thi		Date 01/29)/20)19		

Date of Notification (1)				79		,	l				
1/30/2019				of Building Owner/			2 1 2 1			Y and a	.!
Agencies Notified Type Notification			Street	'Address	عن ک	NIER UK	BAN RENE	MA	_ C	3	72
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□ DEP □ Amended			City,	State, Zip Code							-
DOL Amendment Emergency (LIND	EN.	NJ.	07036				
DOH justification)		5		of Contact			Telephone Nu	mber			
☐ DCA ☐ Cancellation			17/4	JOSEPH 101	eio		908-4	69	-2	901	0
Name of Facility Where Abatement is Taking I	Place (3)			CILITY INFORMA	TION	Type of Facility	v (4)				
SPRINGFIELD CENTER	URBA	N	ENE	WAL CO		☐ School (K					
Succi Address						☐ Subchapte	8 (Other than K-12)			
275 MORCIS AVE, BLOG	Je 76	ا عاد	Lor	412		Other (i.e.	private & commercia	al build	lings, l	iomes,	etc.)
				<i>i</i>		Square Feet	# of Floors	T	Bldg.		-
SPRINGFIELD County (6) UNION			Count	C-1-(T)		7600			84	4	LS
World				Code (7) USE ONLY		Current Use (Pr	ior if being demolished	:d)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASC	CM No.	Name o	of Abatement Cor	Transcer (0)				
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Street Address	3				Street A	Address					
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City, State, Zip Code				***		ate, Zip Code					
Project Manager for Monitoring Firm			T-1. 1		HAC	MENSAC	K. NJ. O		21		
			Telepho	one No.	Telepho		License N	70.0	0 6		
Start Date (10)	Schedul	ed Com	pletion I	Date (11)	Name or	329 -74 FOSHA Monitor	44 0	0 3	8 8	=	
2/25/19		3/1.		9			11 RODHEN	TA	e		
Occupancy Status During Abatement (Check On	y One)				Street A	ddress			_	-	
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal F	od of Ab	atement		20	58	so fluy	un st		***		
Other - Describe: 700 66	M H	ours			0.8	te, Zip Code					
Scope of Work (Check All That Apply)						SO HAG	HENSKEIC.	NJ	0	760	16
□ _≥3 sfor≥3 lf		Renovat	ion		П	Full Cont.					
≥160 sf or ≥260 lf		Demolit	2000			Mini-Enclosur	ent with Negative Pre e	ssure			
							edure (*) and Non-Friable	D	lia		
	T.	s Locati	on.			Non-Exemples	(*) and Non-Phable	PTOCE		ement	
Location of	1	Normal	y .	Day	scription o	e		L		ре	
Asbestos-Containing Material (ACM) TO BE ABATED		ed Solel		Asbestos Conta	ining Mat	erial (ACM)	Amount			Ŧ	
In Facility	Cus	todial S	taff?	(i.e. thermal syste	ms insulat VAT, or	ion, surfacing,	(Specify SF or LF)	Ren	Re	inca	Encl
(13)		(12)	,		niscellaneo	ous)	D. 0. D.)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							te	6
-1200F			1	1200FIN	-	PATRIAL	4000 SF	1			
				1000411		ALGIUM	-100-31	1		_	-
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	-						•	-		_	_
Name of Registered Waste Hauler		1 37	DEP W	note Cit	71						
14 150 ENGINEER STATE	98	H	auler ID	No. of Wast	e	1	Registered Landfill			13.5	.
NEWARK CARTING		ļ	450		40 C	1 1	SI BETHLE	HEN	1 A	NOF	ile
· · · · · · · ·	71			Disposa		. City, State	,) ,			
Completed by	7/05 Title	<u> </u>			3-19	BETH	ILEHEM, K	A			
J. MAIOKANO		IMA	TOR		gnature	oronom	2 Dat	- 1	11	0	
	031	. , .,			11/	الرائية		13	0/	1	

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Date of Notification (1) 1/29/19					of Buildin					~			<i></i>			
Agencies Notified	Type Notification				nonds C	ontracti	ng, Inc			E	P	E I	N	7		
		1			Address Vare Ro	od						tha D	- 1	ie 1	7.	
EPA DEP					State, Zip					- 1					1	1 1
× DOL	Amendmer	nt #			er Sadd		N.I.O	7458		16	FEB	Δ	201	9	4000	J.I
× DOH	Emergency justification		g		of Contac		, 140 0	7400) Te	lanhan	15	200000			
DCA DCA	Cancellatio			Rob							elephone 01-538				- 2	
N 65 W				FA	CILITY IN	FORMAT	ION			1.5	01 000	3-000-			- 1	
Name of Facility Where A building	batement is Taki	ng Place	(3)					Туре	of Facility	(4)			Sale Sit	44 t		
Street Address									School (K-							
62-64 Main Street									Subchapte	r 8 (Oth	ner than	K-12)		•		
City (5)								×	Other (i.e. etc.)	private	& comr	nercial I	ouild	ings	, hon	ies,
Hackensack								100	re Feet	# 0	of Floors	3	BI	dg. A	Age	
County (6)				0 1				270	_	1			80	C		
Bergen					Code (7)				ent Use (Pr	ior if be	ing den	nolished	1)			
Name of Monitoring Firm H	lired by Building	Owner (8	8)		M No.			buil								
		Owner (c	'/	ASC	AVI INO.				tement Co							
Street Address								Addre	ronmenta	ai Ser	vices,	LLC				
									ss 83, 4 E G	Sata D	rivo					
City, State, Zip Code									ip Code	Jale L	/IIVE					
									l, NJ 074	118						
Project Manager for Monito	oring Firm			Teleph	one No.		Teleph		The state of the s		Licen	se No.		77.0		
							973-	764-2	276		703	00 110.				
Start Date (10) 2/9/19				mpletion	Date (11))	Name	of OSF	A Monitor					_		
100000000000000000000000000000000000000		2/28/1														
Occupancy Status During							Street	Addres	SS							
Facility Closed/Vacate Abatement Performed	ed During Entire	Period of	Abater	ment												
Other - Describe:	Cutside of North	iai Facilii	y Hour	S			City, S	tate, Zi	p Code			1.0				
Scope of Work (Check All 1	That Apply)															
≥3 sf or ≥3 lf	77.77	VI.	.					1								
× ≥160 sf or ≥260 lf			Renova Demoli					Full	Containme	ent with	Negati	ve Pres	sure			
		_					×	Glo	vebag Prod	edure						
		1			T		×	Nor	n-Exempted	i (*) and	d Non-F	riable F		-		
Location of	f		Locat Normal										А	bate. Tyl	men	
Asbestos-Containing Ma	aterial (ACM)	Use	ed Sole	ly by	Ashes	Des stos Conta	cription	of atorial	(ACM)	^				. ,,		
TO BE ABAT	ED		intena todial S		(i.e.	. thermal	systems	insula	tion,		mount pecify	2	0	_	Enc	Щ
(13)			(12)				ing, VAT				or LF)	Vellove		Repair	aps	Enclosure
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Doof		140	IN/A											a .		
Roof				Х		ro	of core			2,7	00 SF	x				
" "				Х		roof	flashir	ng		50	0 SF	x				
													+	\dashv		
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Name of Registered Waste	Hauler		N	JDEP W	/aste	Cubic	/ards		Name of F	Paniete	red I ac	4en				
Newark Carting			Н	auler ID		of Was								cu		
City, State			04	4509		TBD			Grand C		sanı	ary La	and	TIII		
Newark NJ						Disposa TBD	al Date		City, State							
Completed by		Title					anatura		Pen Arg	yı PA						
						010	gnature					Date				

A. Scott Higgins

> > President

Date

1/29/19

(K18520) PA				N OF ASB to NJAC					100	ii . Harren	1	8	5	-	()
Date of Notification (1) 1/29/19					of Building ate Build					nec		唐	1	4	7	
Agencies Notified X EPA	Type Notification			Street A	Address Ocean Av						FE	R	Δ	20	10	11000000
DEP X DOL	Amended Amendment				ate, Zip Co		1					U	4	20	U	1
⊠ DOH □ DCA	Emergency justification) Cancellation			Name o	of Contact Weinbe						sphone N 8.210.1			i de la comita del comita de la comita del la comita del la comita del la comita de la comita del la comita de la comita del l		4.5
L BON	Caricellation			and the second	ILITY INFO	-	ON			041	0.210.1	1000		1214.975	44-53	
Name of Facility Where A building (building 3)		g Place (3	3)	1710		ORMATI	OII		of Facility (0.00						
Street Address 309B West Elizabet	h Avenue							×	Subchapter Other (i.e. petc.)	8 (Othe	er than K k comme	-12) rcial bi	ıildi	ngs,	home	∋s,
City (5) Linden									re Feet	# of	Floors		Blo 73	dg. A	ge	
County (6) Union					Code (7) USE ONLY,				ent Use (Pri ding	or if beir	ng demol	lished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.				tement Cor ronmenta			LC		0.		
Street Address							120000000000000000000000000000000000000	Addres	ss 83, 4 E G	Sate Dr	rive					
City, State, Zip Code								ip Code I, NJ 074	118							
Project Manager for Moni	toring Firm		Telepho	ne No.		Teleph	none N 764-2	0.		License	No.					
Start Date (10) 2/11/19		Schedule 3/1/19		pletion	Date (11)		Name	of OSI	HA Monitor		1000000					
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Addres	SS							-
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire led Outside of Norn	Period of A	Abatem / Hours	ent			City, S	itate, Z	ip Code							
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)	property.	Renoval Demoliti			,	×	Mir	I Containm ni-Enclosure ovebag Prod n-Exempte	e cedure					•	
Location	of	1	Location	у		Des	scription	of					Α	bate Typ	ment oe	
Asbestos-Containing I TO BE ABA In Facilit (13)	TED	Ma	id Solel intenar todial S (12)	ice/		tos Conta thermal surfac	aining N	Material s insula T, or		(S	nount pecify or LF)	Kemoval		Repair	Encapsulate	Enclosure
Roof		163	140				مدادات				205	-	+	-		
" "				X			of duc				0 SF 0 SF	X	+	-		
11 11			х			of field				00 SF	x					
Name of Registered Wast	e Hauler		27335	JDEP W		Cubic '			Name of	Register	red Land	fill				
Newark Carting			11 1000/2003	auler ID 1509	NO.	of Was	ste		Grand	Centra	l Sanita	ary La	anc	lfill		
City, State Newark NJ							al Date		City, Stat							\neg
Completed by		Title				TBD	ignature		Pen Ar	gyi PA		Date			-01-101	_
A. Scott Higgins		Pres	ident				,	D		_		1/29/	19			

State of New Jersey

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Date of Notification (1)			Nan	ne of Buildin	~ 0	1	LOC	L 10	40	0	-(
1/29/19			Ac	curate Bui	g Owner/Opera ilders & Dev	tor (2)		(F) (G)		1 (1	\$1.77	ekono
Agencies Notified Type Notificati	on			et Address	idels & Dev	elopers		EO	2 6		$\widehat{R}_{\mathbf{h}}$	Ľ
× EPA × Initial				2 Ocean A	venue			1	• • • • • •		erie - 1543	4.45
DEP Amended			Lance Control	State, Zip C			- 27. }					
DOL Amendme	ent #			kewood, N				FE	R	4	2019	
iustification	ry (includ n)	ing		e of Contact			I To					
DCA Cancellati	on		Aar	on Weinb	erg			lephone N 48.210.1			r	
Name of Facility Where Abatement is Tal		725	F	ACILITY INF	ORMATION		0.		The state of the		A CONTRACTOR	
building (building 5) - warehouse	king Plac	e (3)				Type of Facil	ity (4)		1.00	% 1% - W	8. cm; 25.5	Series.
Street Address						School ((K-12)					
309 West Elizabeth Avenue						Subchar	oter 8 (Oth	er than K	-12)			
City (5)						Other (i. etc.)	e. private	& commer	rcial b	uilding	gs, ho	me
Linden						Square Feet	# 0	f Floors		Blda	. Age	
County (6)						14,000	1			73		
Union			(STAT	ty Code (7) E USE ONLY	1	Current Use (Prior if bei	ng demoli	shed)			-
Name of Monitoring Firm Hired by Building	Owner	0)	1			building						
o was ay sanding	Owner	(0)	ASI	CM No.	Nam	e of Abatement (Contractor	(9)				
Street Address		_				S Environmer	ntal Serv	rices, LL	C			
						t Address						
City, State, Zip Code						Box 483, 4 E	Gate Di	rive				
					City,	State, Zip Code	7446					
Project Manager for Monitoring Firm			Teleph	one No.		nwood, NJ 0	7418					
				10110 110.		hone No. -764-2276		License I	No.			
Start Date (10)	Schedi	led Co	mpletion	n Date (11)		of OSHA Monito		703				
2/11/19	3/1/1	9			rtame	OI OSHA MONIC	or					
Occupancy Status During Abatement (Che					Street	Address						
Facility Closed/Vacated During Entire	Period of	Abate	ment		133343							
Abatement Performed Outside of Norr Other – Describe:	nal Facili	ty Hou	rs		City, S	tate, Zip Code						
Scope of Work (Check All That Apply)					-	•						
					was a second							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renov				Full Containn	nent with I	Voqotive F				
- Commence of the second		Demoli	tion			iviini-Enclosu	re	vegative r	resst	ire		
					×	Glovebag Pro Non-Exempte	ocedure	Non Friel				
	l:	Locat	ion			ZXOMPIC	T and	NOII-FIIAD	le Pro			_
Location of Asbestos-Containing Material (ACM)		Norma ed Sole			Description	of					ement /pe	•
TO BE ABATED	Ma	intena	nce/	Asbesto	s Containing M	aterial (ACM)	Am	ount				
In Facility	Cus	todial S	Staff?	(i.e. th	nermal systems surfacing, VA	insulation	(Sp	ecify	Re	D D	Enc	1
(13)		(12)	_	C	other miscelland	eous)	SFO	or LF)	Removal	Repair	apsu	Eliciosure
	Yes	No	N/A			<i>8</i> 8			'al	=	Encapsulate	ure
Roof			X		roof field		411 =				, J	
и и							14,00	0 SF	X			
		-	X		roof flashin	ıg	1,800) SF	x			
me of Registered West 11					2.1.1.11							
			JDEP W		Cubic Yards	Name of	Registerer	Landfill				
wark Carting		Ha	auler ID	No. o	of Waste	Name of Grand			1	-16:11		
wark Carting y, State		Ha		No. o	of Waste BD	Grand	Central S		Lan	dfill		
wark Carting y, State wark NJ		Ha	auler ID	No. O	of Waste BD Disposal Date	Grand City, State	Central S		Lan	dfill		
ame of Registered Waste Hauler Ewark Carting Ty, State Ewark NJ mpleted by Scott Higgins	Title	Ha	auler ID	No. O	of Waste BD	Grand	Central S			dfill	<u> </u>	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#25131067830 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 01 30 / _ 19 FEB 2019 Robert Andersen Agencies Notified Type Notification Street Address □ EPA X Initial DOLWD. ☐ Amended City, State, Zip Code X DHSS Amendment # ☐ DCA Emergency (including Livingston, NJ 07039 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Robert Andersen FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Livingston, NJ 07039 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02 / 08 / 19 02 / 09 / 19 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If = 160 sf or >260 If Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Encapsulate Removal Enclosure Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, Custodial Staff? (Specify IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement \boxtimes Pipe insulation 85 LF \boxtimes П П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic ewic wenad Owner ASB-41 01/30/19

NOCK

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

Check No. N/A

Date of Notification (1)					Name	e of Buildi	ng Owner/Operato	r (2)	ER	PO	D.			
December 07, 2018					NJ.	Turnpik	e Authority	:	EG		W		5.	
Agency Notified	Type No	tification			Stree	t Address			- 1 4 - 1 7 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1	
□ EPA	☐ Initial				PO	Box 504	42	ė	FFR	,			1	
Not equired per Sate Reg. 10/2004	Amen				City,	State, Zip	Code		- Light FED	4	2019	7	1	1.3
⊠ DOL		ndment # 01 gency (includi	na		Woo	odbridg	e, NJ 07095		į				3	70000
⊠ DOH		cation)	ng		Name	of Conta	ct		Telephone Nu	mber			4	
□ DCA	☐ Cance	ellation			Mic	hael J. (Grzeskowiak,	PE	856-396-22	226	ar Ar	110-3		
				21172	FAC	ILITY INF	ORMATION							
Name of Facility Where Al	batement	is Taking Pla	ce (3))				Type of Facility	/ (4)					
New Jersey Turnpike	Intercl	nange 14B,	Toll	Plaza	Cano	py Repla	acement	☐ School (K-1	5 5:55 30 5					
Street Address								☐ Subchapter	8 (Other than K-1 rivate & commerc	2) ial buildir	igs,			
City (5)								Square Feet	# of Floors	Bldg	Age			
Jersey City								4,080	1	30 -				
County (6)					Count	v Code (7) (STATE USE		rlor if being demo	1				_
Hudson				1	ONLY		, ,	Toll Plaza	rior ii boing doine	ilollou)				
Name of Monitoring Firm F	Hired by E	Building Owne	r	ASCN	I No.		Name of Abatem		9)		-			_
Health & Safety Ser	vices.	Inc.		117			The second secon	toration Co.						
Street Address							Street Address	torution co.	, 1110.				_	-
PO Box 365							223 Randolp	nh Avenue						
City, State, Zip Code							City, State, Zip C						_	-
Berlin, NJ 08009							Clifton, NJ 0							
Project Manager for Monito	oring Firm	1	T	elepho	ne No.		Telephone No.		License No.					
Jim Proctor			6	09-8	39-24	32	973-478-468	1	100120					
Start Date (10)		Scheduled Co	mplet	tion Da	te (11)		Name of OSHA I	Monitor						
December 17, 2018		April 30, 2					McCabe Env	vironmental \$	Services, L.L.	C.				
Occupancy Status During A	Abateme	nt (Check only	one))			Street Address		,		55.57		7.7	
□ Facility Closed/Vacated	During F	ntire Period o	fΛha	tomont			464 Valley B	rook Avenue	9					
☐ Abatement Performed O	utside of	Normal Facili	ty Ho	urs	•		City, State, Zip C							
☐ Other - Describe:							Lyndhurst, N	NJ 07071						
Scope of Work (Check all the	hat apply)												
$\square \ge 3 \text{ sf or } \ge 3 \text{ If}$					☐ Ren	ovation	☐ Full C	Containment with Enclosure	Negative Pressu	re				
≥ 160 sf or ≥ 260 If					⊠ Dem	olition	☐ Glove	ebag Procedure						
					8		⊠ Non-I	exempted (*) and	d Non-Friable Pro	cedure	A	ater	mar	.+
		Į.		Locati Normal							Α,	Тур		
Location Asbestos-Containing		A CM)	Use	d Sole	ly by		Description							
TO BE ABA		AGM)		intena Custodi			tos Containing Ma , thermal systems i		Amount (Specify		Z	Repair	Enc	En
IN Facilit	ty			Staff?			surfacing, VAT	, or	SF or LF)		Removal	Repair	ane	Enclosure
(13)				(12)			other miscellane	ous)			val	air	1	ure
			Yes	No	N/A	1						1	9	
Canopy Roof			X	110	1077	Tar W	aterproofing on	metal deck	408	0 sq ft	V	+	+	\neg
							, , , ,		.00	4 10		+	+	\dashv
												+	-	\dashv
												+	+	\dashv
Name of Registered Waste	Hauler		NJ	DEP V	Vaste H	auler	Cubic Yards of	Name of Regis	tered I andfill					\dashv
B&N&K Restoration	No.			Waste	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
Tri-State Transfer As			12	2695	2A4	56	3	Minerva Enter	County Landfill or rprises, Inc.	П				
City, State		entropo					Disposal Date	City, State						-
Clifton, NJ 07011 / B	ronx, N	1Y					12/18/2018 - 04/30/2019	Newburg, F	A or Waynes	sburg,	ОН			
Completed by		itle					Signature	11/		Date		The second		
G. Roger Woodman	F	Project Ma	nag	er			1/1			1/29/2	2019	9		

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

Check No. 5508

Date of Notification (1)				Nom	s of Build	ing Owner/Operato	. (0)	田 @	C	1	1.7	17.1
December 07, 2018						ing Owner/Operato ke Authority	or (2)			11	¥3	127-
	Type Notification		-		t Address							
	46 2			Perkey Mann	Box 50	533		illi FE	R .	4 2	019	
	☑ Initial ☑ Amended				State, Zip					7 4	010	
⊠ DOL	Amendment #			1		ge, NJ 07095						
⊠ DOH	Emergency (inclu	ding			e of Conta			1-1/	1705			
	justification) I Cancellation						DE	Telephone Nur	111111111111111111111111111111111111111	2.74	i Francis	one.
						Grzeskowiak,	PE	856-396-22	26			
Name of Facility Where Aba	tomont in Takina D	11 /	2.5	FAC	CILITY IN	FORMATION						
				_	200		Type of Facility	(4)				
New Jersey Turnpike Street Address	interchange 14B	5, 1011	Plaza	Cano	py Repl	acement	☐ School (K-12					
							☐ Subchapter (i.e. pr Mother (i.e. pr homes, etc.)	8 (Other than K-12 ivate & commercia	2) al buildi	ngs,		
City (5)							Square Feet	# of Floors	Blda	. Age		
Jersey City							4,080	1	30			
County (6)				Count	tv Code (7	7) (STATE USE		for if being demol				
Hudson				ONLY)		Toll Plaza	Joning denilor	ioneuj			
Name of Monitoring Firm His	ed by Building Owr	ner	ASCI	/ No.		Name of Ahaten	nent Contractor (9	n				
Health & Safety Serv		3.230	117			1	storation Co.,	0)				
Street Address						Street Address	storation co.,	inc.				
PO Box 365						223 Randol	nh Arranica					
City, State, Zip Code						City, State, Zip (
Berlin, NJ 08009						Clifton, NJ						
Project Manager for Monitori	ng Firm	T	elepho	ne No.		Telephone No.	77011	License No.			_	
Jim Proctor				39-24	32	973-478-468	4	100120				
Start Date (10)	Scheduled C					Name of OSHA		100120				
December 17, 2018	April 30,			(, , , ,		The stronger and parties a control of the parties	CONTRACTOR OF THE CONTRACTOR O	ervices, L.L.0	-			
Occupancy Status During Ab	atement (Check on	ly one)			Street Address	VII OTHITICITE C	ervices, L.L.	<i>.</i>	_	-	
				3			Brook Avenue					
□ Facility Closed/Vacated December 1 □ Abatement Performed Out	Ifing Entire Period side of Normal Fac	of Aba	itemen ours	t		City, State, Zip C						
Other - Describe:						Lyndhurst, I						
Scope of Work (Check all tha	t apply)											
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\boxtimes \ge 160 \text{ sf or } \ge 260 \text{ lf}$					ovation nolition	☐ Mini- ☐ Glove	Enclosure ebag Procedure	Negative Pressure				
		1				⊠ Non-	Exempted (*) and	Non-Friable Proc	edure			
			s Locat							Ab	atem Type	
Location of			Normal ed Sole			Description of	of			П	.,,,,,	T
Asbestos-Containing Ma		Ma	aintena	nce/		stos Containing Ma , thermal systems		Amount		7	E	m
IN Facility			Custodi Staff?	37537	(1.e.	surfacing, VAT		(Specify SF or LF)		Removal	Encapsulate	Enclosure
(13)			(12)			other miscellane	eous)			ova	sula	Sur
			T							-	E	"
Canopy Roof		Yes	No	N/A	Tar W	aterproofing or	motal deals	4000			+	-
			-		I ELS WY	aterproofing of	i illetal deck	4000) sq ft	4	+	-
				-		144					+	-
											+	\perp
Name of Registered Waste H	anler	l N	IDED V	Vaste H	aules I	Cubic Yards of	Name of Device	and Law Jen				
B&N&K Restoration C	No.	rasie N	autol	Waste	Name of Registe	ered Landfill						
Tri-State Transfer Ass	2695	/ 2A4	56	3	Minerva En	terprises, Inc.						
City, State	,					Disposal Date	City, State		-		-	
Clifton, NJ 07011 / Bro	nx, NY					12/18/2018 - 04/30/2019	Waynesbur	α. DH				
Completed by	Title					Signature /	hallhal		Date			
G. Roger Woodman	Project Ma	anag	er			M1/11	W////Sel		12/7/2	2018		

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PAGE 03/04

PA		A Milmo a .	State o	f New Jersey			FEB		4 2	2019
Check#3255	JUNE	Jiirig/ Pu	etion of a	ASBESTOS ABA LJAC 8:60 and 5:1	TEMENT		1 -	In	DΑ	V
Date of Notification (1)			Name of Bull	ding Owner/Operator	f2)	100	CH14	_		1.
01 / 29 /	19		Chris Mutek						4. 12	#*
Agencies Notified Type Notified	fication	-	Street Addre			<u> </u>			1	
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	ied Mant #		City, State, I	in Code			·	V		
☐ DCA St Freeze	ancy (includ	line :	Middlesex, 1		अर्थे स्टर्नी			•.		
(NUAG 5: 23-8) Justilia	Ston)	una .	Name of Con	taci	* # 17 17 17 18 1					
Cancel	Eation .	1	Chris Mutek			Telephone Nu	Lipsi			
				INFORMATION						
Name of Facility Where Abatement is	a Taking Pla	(3)	INGILII	INFORMATION	Type of Facility	7-10-				
rivete house				•	Schoo (K-1					
Street Address					Subchapter	& (Other than K.1	2)			
(2) \$20					Other (I.s., homes, etc.	tilväle and comm	arciel i	buildh	195.	
City (5)				****	Square Feet	# of Floors	***************************************			
Aiddlesex, NJ 08846 County (8)					1	A CIT FACILITY	1,	Sidg.	rga	
	545711		County Code (7) (STATE USE CALLY)	Current Use (P	nor if being demoi	in hunot's			
fieldlesex Name of Monitoring Film Hired by Bu	NEV-			e i oli	4161. S		101-001			
A WOUNTER BY THE LINES DA BR	motted Curate		SCM No.	Name of Abatem	ini Contractor (9)		-		_
Street Address			(ma)	GITTE LLC						
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City, State, Zip Code	Action 1		3 THE WAR		283	. 1				
1.19		;	· P. Cri.	City. State, Zip Ci						
roject Manager for Monitoring Firm		1=1	11 12.78	Wayne, NJ 0747	70	2007 a.				
ी रा श्त ्र		1 9130	hone No.	Telephone No.		Licerse No.	-	- 10		
Start Date (10)	Schadulad	Commen	on Data (11)	973 638-1777	and the second control of the second second	01127				
OI / 30 / 19	02	/ 03	_ / 19	Name of OSHA M		1				
Facility Closed/Vaceted During En Abatement Performed Outside of It Time of Abatement: AM- Cope of Work (Check all that apply)	Nonnal Facil	ia	_	20-21 Wagaraw City. State, Zip Co Fair Lawn, NJ 0	7410	35 <u>E</u>				_
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3 >3 af or >3 if 3 ≥ 160 af or ≥260 if	Z R	chavons	1 .	Mini-End	DEUTR					
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TO BE ABATED	M	alningen	Asso	colos Gentaling Mai Control eyesens I something, VAT,	enal (ACM)	Amount	Remova	Repair	Ericapeulate	Enclosura
IN Facility (13)	Cui	12) L	eff?	satisting, VAT,	Of:	SIF or LF)	198	100	100	100
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t floor-living room	Yes		EMPS.	the state of the s	73		_			
floor-living room		The Carlot	Popper	Looking 7		320 SF	図			
	<u> </u>		N VATO	cor tiles		320 SF	×	П	П	П
		I Dall	Z VATE	12	-	30 SF	×			- Consult
	لنا				11.11	130 PK	NO.		-	
floor-bedroom			1 1 1 1 1 1	and programme and a	I	*.				П
floor-bedroom		I INDEP		Cubic Variety of Mharks	and relain		0	Ш	141	
floor-beckroom me of Registered Weste Heules Tech LLC			Weste Heuler ID No	Gubic Yards of Waste	Name of Regis		0	Ш		
floor-bediroom Ime of Registered Weste Heules Tech LLC				Gubic Yerds of Waste TBD	Name of Regis		0		<u> </u>	
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CK 0137 PA	JD	NOTII	TICATIO	State of No ON OF ASI It to NJAC	BESTOS	ABATE	MENT 0)		E	, E		M.		
Date of Notification (1) 1/29//2019 check #0137				of Building		Operator	r (2)		F	-n		2010		1
Agencies Notified Type Notification			Street	Address					FE	B	4	2019	-	1.31
X EPA X Initial Amended													. j	
DEP Amended DOL Amendment	#			tate, Zip C LAWN,		10		g	1	11.4			358	
Emergency	includin	g		of Contact		10			+ 1 1	tew's	1. 1.	4 - 11 - 1	127	
DOH justification) DCA Cancellation				PIOMBIN					Telepho	ne Nur	nber			
			FAC	CILITY INF	ORMAT	ION								
Name of Facility Where Abatement is Takin	g Place	(3)					Type of Fac	ility (4)						
Street Address								apter 8 (Other that ate & con			dings, h	nome	es,
City (5) FAIR LAWN,NJ 07410							Square Feet 50X100	t	# of Floo 2	ors	1,35%	Bldg. Ag		3
County (6) BERGEN				Code (7)	n		Current Use	(Prior if	being de	emolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		Name ALL	of Abatement SOLUTION	Contra	ctor (9) NTRAC	TING	INC	;		
Street Address							Address HURCH ST	Г						
City, State, Zip Code							tate, Zip Code		,					
Project Manager for Monitoring Firm			Telepho	one No.			one No.			nse No).			-
						201 8	373-9418		013	801				
Start Date (10) 02/11/2019	02/12/	2019	npletion	Date (11)			of OSHA Mon SOLUTION		NTRAC	TING	INC	;		
Occupancy Status During Abatement (Check		100					Address	_						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of	Abaten	nent				HURCH ST							
Other – Describe: 7:00 TO 3:30 PM	ui i doille	y i louis	'				ate, Zip Code NOOD NJ,		•					
Scope of Work (Check All That Apply)			-											-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of	Renova Demolit				×	Full Contai Mini-Enclo Glovebag Non-Exem	sure Procedu	ıre					
	Is	Locati	on				THOIR EXCIT)	and Non	-i Habit		Abatem	ent	_
Location of		Normalled Sole				scription						Туре	- 1	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	aintenar todial S (12)	ice/		thermal surfac				Amount (Specify SF or LF	,	Removal	Repair	Encapsulate	Enclosure
DA OFINENE	Yes	No	N/A										œ	
BASEMENT		X		FLO	OR TIL	.E		350SF	:	X			_	
								+					-	\dashv
							The state of the s						1	\neg
Name of Registered Waste Hauler		0.000	JDEP W		Cubic \		Name	of Regi	istered La	andfill				\neg
ATLANTIC CARTING		113	JUICI ID	140.	of Was	ie	GRA	ND C	ENTRA	L				
City, State PEN ARGYL PA					Dispos	al Date	City, S	State ARGY	(LPA					
Completed by LUIS ARCILA	Title PRE	SIDEN	IT		Si	gnature	·	1		Date	9/20	19		

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 AND 12:120)

NY JUIES	P	AM	N	OTIFICATION C	F ASBESTOS A	BATEMENT			FEB	1 .	0010
(L001)	All.	人员直员			.J.A.C. 8:60 AND		1	1	LU	4 2	2019
Date of Notification (1)	1/2	29/19				Building Owner/Operator	(2)	1			
		-0710				dge Board of Educa		Âv.	4-17-5		
Agencies Notified		Notificat	on Type		Street Add		2001	-		177.53	
EPA DEP		X Initia	I			gewood Ave					
DOL			nded #_		City, State						
The second secon		Eme	rgency (in	cluding	Charles - Consul						300
X DOH □ DCA		☐ justifi	cation)			lge, NJ 07028					
BCA		Cano	ellation		Mr. Dami	an D.		I. Numb			
Name of Facility Where Abater	nent is	Taking Place	(3)	FACILIT	Y INFORMATION	l	1 97	3 653	6/89		
Glen Ridge Central Scho	ool	3 1 1400	(0)		Type of Fa	cility (4)					
Street Address					X School	ol (K-12)					
5 High St.							20				
City (E)	into (C)					apter 8 (Other than K-1:					
	inty (6)		Count	y Code (7) Use Only)	Other	(i.e., private & commerces, etc.)	cial buildir	ngs,			
			Colate	Use Only)	_ nome:	s, etc.)					
Name of Monitoring Firm Hired T&M Associates	by Bldg	g. Owner (8)	ASCN		Name of Cor	ntractor (9)					
			0014	-5		o Corporation					
Street Address					Street Addre						
11 Tindall Road						AcBride Ave					
City, State, Zip Code											
Middletown, NJ 07748					City State, Z						
Project Manager for Monitoring F	irm	Telephone	Number		_ Paterson,						
Kevin Burns		732 671 6			Telephone N		Lice	nse Nun	ber		
Scheduled Start Date (10)		-		on Date (11)	973-742-5		_ 008	09			
2/9/2019		2/13/2019		on Date (11)	Name of OSI						
Occupancy Status During Abater	nent //				- MIM Metr	o Corporation					
The state of the s	nent (C	neck only on	<u>e)</u>		Street Addres						
Facility Closed/Vacated Dur	ing En	tiro Dorind of	A L	~	135-137 M	lcBride Avenue					
				it	City, State, Zi	p Code					
Abatement Performed Outsi			y Hours			_					
X Other-Describe: occupied		er trades			Paterson, N	NJ 07501					
Source of Work (Check all that ap	ply)				-						
	X	Renovation		□ Fu	Il Containment wi	th Negative Pressure					
> 160 sf or > 260 lf	П	Demolition					4	lini-Enclo			
Location of Asbestos-	s l cont					Non-Friable Procedure	X GI	ovebag	Procedu	e	
Containing Material (ACM) in	Solely b	tion Normally by Maint./Cus	Used todial	Description of thermal syste	ACM (i.e.	Amount (Specify SF of	r LF)	Abate	ment Ty	oe.	
radiity (13)	Staff? (1	12)	.ou.u.	surfacing, VA	ms insulation, T, or other				, ,		
Ground floor former x-ray room	YES	NO	N/A	miscell.)				Rem.	Rep.	Encan	Enclose
			X	pipe insulation / wra	ap&cut method	120 LF	2.5	×			1
			E70-7								
Name of Reg. Waste Hauler		NJDEP Wast	A Haulas I	D#	T & 12-2-						
MTM Metro Corporation		26552	o riauler I	U#	Cubic Yards of	Waste	-	of Reg.	Landfill	423	-
City, State	-1-				3		Tullytow	n,PA			
Paterson, NJ 07501						Disp. Date		T	ity, State	9	
Completed by (Print or Type)		TIAL -				2/14/19		-	illytown,	-	
	-	Title			Signature		Date				_
Mike Damevski	Pr	oj. Manager			Mike Dam	nanchi					
	$-\vdash$, anager			The Dull	ievski	1/29/19				

	PAID		TCATTO	State of New Jersey DN OF ASBESTOS at to NJAC 8:60 and	ABATE	MENT-	CEIV	2	14	4	95		
EPA Z DEP DOL DOH	SPUNCE EUD CENTER URBAN RENEWAL CO Type Notification Street Address 711 COMMERCE RS												
Name of Facility Where Abateme SPANGED CEN Street Address 259 HORA'S AU	ent is Taking Place (3) UTER ULBAN		FACI EW&(LITY INFORMAT		Type of Facility School (K- Subchapter Other (i.e. p	(4) 12) 8 (Other than K-12) private & commercial	buildi	ngs, ho	omes, e			
County (6) County (6) Name of Monitoring Firm Hired b	٠		Square Feet										
Street Address City, State, Zip Code					Street Address 450 50 RAVER ST City, State, Zip Code								
Project Manager for Monitoring F	irm Schedule				HACKENSACK. NT. 07601 Telephone No. 201329-7444 Name of OSHA Monitor OMEGA ENVIRON MENTAL								
Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed Outside Other - Describe: 7.00	ing Entire Period of Aba	atement	() .		Street Address 280 HUK LER ST City, State, Zip Code SO HACKENSACK. NJ. 07606								
Scope of Work (Check All That Ap ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renovati Demoliti	on on	X	000	Full Containme Mini-Enclosure Glovebag Proce	ant with Negative Pres	sure	-20		3		
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	I (ACM) Us	s Location Normally ed Soleiny laintenant stodial Si (12)	y by cc/	Asbestos Conta (i.e. thermal syste	ining Ma ms insula VAT, or	iption of ing Material (ACM) Amount s insulation, surfacing, (Specify			Abate	pe Encapsulate	Enclosure		
POOF			1	ROOFING	- MA	Terial	6200SF	×					
		-						-		\vdash	\dashv		

in Facility (13)		(12)		VA1, or other miscellaneous)		SF or LF)	noval	pair	psulate	losure
50 500	Yes	No	N/A						6	G
ROOF			J 760	OFING MATE	rial	6200SF	×			
540										
. 3										
Name of Registered Waste Hauler		11 70	IJDEP Waste	Cubic Yards	Name of	Registered Landfill	200000			-
NEWARK CARTING			lauler ID No. D4SO 9	of Waste 40 CYS	IE	SI BETHLEH	EM L	ANJ	FIL	L
City, State				Disposal Date	City. Star	te	01		11.00	A CONTRACTOR OF THE PARTY OF TH
NEW LOK . NJ 071	05			3/27/19	38	THLEHEM	1 14	‡		
Completed by	Title			Signature	1)		ate ,	- 1	1	•
J. MALDRANO	25	SENA	SORDI	\ \rac{1}{\sigma}	(pion	ana	1/3	30/	19	

Do not use this form for asbestos licensure exempted activities.

26	Jan	2000	11:58PM	NJ	Asbestos	Control	609,633,06
	Odil	2000	11120111	INO	Wansa ma	Controt	002'022'00

page 1

n.28.2019 08:12 AM A.			2012620	321 <u>[</u>	C Fade.				
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1/2-5/19 Assess 10000 15000000		RALPH	MBYER						
	TYMETHE .	THE CHINESE	19 NJ 07	75	14. 14.				
Name of Palling Village Absorption at 1987		ALLE		y (5)					
MEYER	160		DI Below A		ĝ) Lil belgingo, horses,				
RIAGE WOOD	E Paris	W 77 '	1850		64				
TO BRUSH THE PARK BY BURNING IN		Code (7)	Name of Abstract of		install)				
Breit Assess		ng Ino.							
City, Walls, 29 Cods		155 Vreeland Ave. Ole: Birth, 25 Cost Midland Park, N.J.							
Project Manager Of Machinery Page		erw Ng,	Telephone No. 201-282-5541	à.					
1728/19 Congress and Crising Assessment (Crisis	2/4/19	Date (11)	Ornega Environm	k entsi Services in	o,				
Facility Ground/Vecated Suring States F Abeliament Performed Cutolide of North Office - Descript:			200 Huyler Street City, Mate, 2p Cate Hisokeneask, N.J.	- I to the second secon					
Booker to # Date of the Apply Date of the Ap	Renovation Demotion		Pult Contains	mort with Nagather					
Lecation of	la Locators Normally	De			Abstances Type				
Asbesion Containing Manutes (ACM) TO ME A SATEO In Padilly (18)	Harmety Lead Stably by Aldridation of Guidelia Staff7 (18)	Apheelee Con (i.e. therms ourfu other	emipten ef telning Meterial (ACM) I aythere matterson, cing, VAT, or Hossienceus)	Amount (Blacelly 8F or LF)					
BASEMBUT	Yes No N/A	P	116	TOLF	×				
Name of Registered Weeks Heider Newtork Carting, Inc.	N.COM V House to G4509	No. , of Wa		Registered Langue Corntral Sentitory	Larrette				
City, Side Newsrk, N.J. 07105	1	Claps	8/12 on Pen A		West Parkers				
Companied by R. McDonald	Promisers		MA		128/19				

Jan.28.2019 07:59 AM A. Mac Contracting C PAGE. ₩2/ 2012620321 NOTIFICATION OF ASSESTED ALASTEMENT (Pursuant to NJAC 2:00 and 42:120) L FEB 10 40 avig PAM 1/25/19 Marrie of Building Character (2) VICTOR Type Named and Agencies Notified ' Amended
Assurctions 6:
Emergency (Industing City, Minte, 25 Code 5 07093 None of Contact NEW YORK Telephone Named Roshens Taylor DOA Name of Facility Where Abelement is Taking Piege (2) 19,301. School (K-12)
Substanter & (Other than K-12)
Other (Le. privite & corremand buildings, hornes, LESIDENCE STREET ACTION que la Chy (B) & of Floore Eldo, Apo MEST YEM MOTE 1500 . +50 Current Use (Prior II be RESIDOUTIAL. HUDSON AUGUST HO. A.MAC Contracting Inc. Breet Address Street Actions 185 Visitiand Ave (a), (iii) (b) (iii) City, State, Zip Code Midland Park, NJ 07482 Franci Marager for Monkering Perm Telephone No. Leurano Mo. 201-262-5841 00158 Schoolshed Completion Date (11) Name of CEHA Monitor 18-8/19 3-/15/15 Omege Environmental Services Inc. Street Address Purelly Claused/Vecated During Entire Parted of Absternett
Abstract Performed Curistics of Normal Pacific, House
Cities - December 280 Huyler Street City, State, Zip Code Hadisənəşck, NJ 07606 Scope of Work (Check All That Apply) National Association in the second in the se Removation Demotities Full Complement with Hagadive Pressure Mini-Englance then Perilskells d (7) and Non-Frinite Procedure in Location Location of Containing Malariel (ACM) TO SELAMATED Descriptors of sheater (ACM) (i.e. district systems includes, surfacing, VAT, or other installers. Cambridge Staff? (12) (135 Yes NKA 3 ST FLOOL MANTE 600g Name of Registered Vitalia Hauter Name of Registered Landill House ID No. 04609 of Weste 5 Newark Carting Inc. Grand Control Sanitary Landilli Qity, Blate 11 City, Maria 1 20/15 on Newart, NJ 07105 Pen Argyl, PA 08702 Completed by R.M. BONALD President

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

CIL4955

Date of Notification (1)		П	Name of	Building Ow	mer/Oper	rator (2)				1 1 1 1 1 1	-	-11	IJ.	1:0			
1/30/2019				Name of Building Owner/Operator (2) SPRNGFIELD CENTER URBAN RENEWAL CO													
Agencies Notified Type Notification				711 COMMERCE RS FEB 4 2019													
EPA Initial		-	City, State, Zip Code														
DEP Amended Amendment#		1	City, State, Zip Code LINDEN, NJ. 07036											- 1			
□ Emergency (in		- L			750		01.				17-5						
DOH justification)		10.		Contact		100	١.			phone Numb							
□ DCA □ Cancellation				5050	-		10			708-2	167	- 6	n	20			
	(2)		FACI	LITY INFOI	RMATIC		T CT	72. (4								
Name of Facility Where Abatement is Taking Pla			<i>a</i> .		10210		Type of Fa	acility (4)								
SPRINGFIELD CENTER	ULBA	'N 6	CENE	WHE C	صب		☐ Scho	ol (K-1	2)	101 112L 2221							
Street Address		7/53	0.000 F220				Subc	hapter	8 (Other	than K-12) commercial b	mildin	os hos	nes e	te)			
265 MORNIS FUE BLOCK	706	lo	TH13	'	•				11vano co	COMMICCIAN C				/			
City (5)				i ·	•		Square Fe			Floors	10000	ldg. A		_			
SPRINGFIELD				128		1	1640					84	YK	3			
County (6)			County C				Current Us	se (Prio	r if being	demolished)	1	2677					
Mainn		6	STATE U	SE ONLY)		-	STEV	E	UA	CANT							
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM	I No.	1	Name of	Abatemer	nt Conti	actor (9)								
÷						Be	58E	22	MO	VAL 1	No	10					
Street Address			Part I service			Street Ad	ddress	•					Here excess				
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City, State, Zip Code														-			
City, State, Zip Cota						Llac	y, State, Zip Code HAEICENSALIC, NJ, 07601										
P. L. W. C. W. S. L. F.		17	Telephon	- No	- +-		ephone No. License No.										
Project Manager for Monitoring Firm		1,	elephon	e 140.		Zol 329-7444 00388											
				. /**>		Name of OSHA Monitor											
	Scheduled	- "	enon Da	m (11)		OMEGA ENGINON MENTAL											
2/13/19		3/	//	1		Street Address											
Occupancy Status During Abatement (Check Only One)									FA 5								
☐ Facility Closed/Vacated During Entire Perio	d of Abate	ment				280 HJY CEN ST City, State, Zip Code											
Abatement Performed Outside of Normal F. Other - Describe: 7. 00 AM TO G	cility Hou	rs			1						_	٠,	,				
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Scope of Work (Check All That Apply)																	
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Location of Asbestos-Containing Material (ACM)		Solely	Library De			ription o		ın.	Δ	mount							
TO BE ABATED		ntenan			aining Material (ACM) ems insulation, surfacing,			0.77	pecify	R	æ	Encapsulate	En				
In Facility	Custo	(12)	Starr?			AT, or	AT, or			or LF)	Remova	Repair	apsu	Enclosure			
(13)		()			other mi	scenane	ous)				/al	Α.	late	937			
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The state of the s			450	_		60 C	751	TF:	ST B	eth lette	ML	MA	FIL				
City, State					Disposal	_		ty, Stat		^	۸						
NEWARK NJ. 0	7105				3/	1/19	B	ETH	LEHE	M. P.	H						
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J. MALORANO			THE-	SOR		1/	An 34	مرد	na		1/	30	119)			
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ASB-41 (R-06-08)						()*]	Do not use	this for	m for as	bestos licensu	ire exe	mpted	activ	ities.			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1) 1/24/19			Name COL	of Building Ow JNTRY CLA	ner/Opera	itor (2) MONT	GOMERY	· []		S		1	W.	
Agencies Notified Type Notificat EPA Initial	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								.	FEB		4 21	019	
DEP Amende Amendm			City, S HILL	state, Zip Code SBOROUG	H, NJ08	844		1 4 2019						
DOH justificati	on)	ig		of Contact IINIQUE MA	RCHIE			Telephone Number 908-359-3276						
Name of Facility Where Abatement is Ta 10-RAILEDGE ROAD	king Place	(3)	FAC	CILITY INFORM	MATION	Тур	e of Facility	(4)						
Street Address 10-RAILEDGE ROAD	School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildietc.)								ldings	, hon	nes,			
City (5) HILLSBOROUGH, NJ						Squ 10	are Feet 0	# of 1	f Floors	S	Bldg. Age +50			
County (6) SOMERSET			County (STATE	Code (7) USE ONLY)	Curi	Current Use (Prior if being demolished) SHED								
Name of Monitoring Firm Hired by Buildi	ng Owner (8	3)	ASC	M No.	Nan DI	ne of Ab NAGO	e of Abatement Contractor (9) NAGO CORP.							
Street Address							et Address 9-LAFAYETTE STREET							
City, State, Zip Code				City, NE	State, I	State, Zip Code WARK, NJ 07105								
Project Manager for Monitoring Firm	Telephone No. Teleph 973-				No. 0877		Licen 012	se No 40	No.					
Start Date (10) 2/2/19	mpletion	Date (11)	Nam	ne of OS	HA Monitor									
Occupancy Status During Abatement (Ch	500			Stree	et Addre	ess		4-1-1-1-1						
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	nent		City,	State, 2	Zip Code									
Scope of Work (Check All That Apply)												7,7,1		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	tion ion			Mi Gl	II Containm ni-Enclosur ovebag Pro-	e cedure			ressure e Procedure					
		s Locati						7 / 2/13	110111	Tidbic	Abatement			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Normal Used Sole Maintena Custodial \$(12)				(i.e. there	otion of ng Material (ACM) tems insulation, , VAT, or ellaneous)			Amount (Specify SF or LF)		Removal	Repair	e Encapsulate	Enclosure	
SHED	Yes	No X	N/A	EYT	EDIOD	SIDINI	-	4.44	205				œ.	
SHED		X		LAT	EXTERIOR SI ROOF			0000000	140SF.		X			
								120			Х			
Name of Pogistored Wests Useds														
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City, State PO BOX 5760 , NEWARK, NJ				Dis	posal Date	Э	City, State		, PA					
Completed by CARLOS GOMES	Signature					Date 1/2	Date 1/24/19							