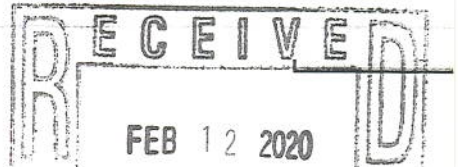


Inv# 17941
CK1017 PAID

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



Date of Notification (1) 02/07/20		Name of Building Owner/Operator (2) HYRS ORANGE PARK PRESERVATION URBAN RENEWAL	
Agencies Notified	Type Notification	Street Address 300 OAKWOOD AVE	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ORANGE, NJ, 07050	
		Name of Contact SPANDAN DUPRE	Telephone Number 717-701-7826

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) ORANGE PARK APARTMENTS		Type of Facility (4)	
Street Address 300 OAKWOOD AVE, ORANGE, NJ		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) ORANGE		Square Feet	# of Floors
County (6) ESSEX		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) HSS		ASCM No.	Name of Abatement Contractor (9) ARIAI	
Street Address P.O. BOX 365		Street Address 144 MILL ST		
City, State, Zip Code BERLIN, NJ		City, State, Zip Code PATERSON NJ 07501		
Project Manager for Monitoring Firm JAMES PROCTOR		Telephone No.	Telephone No. 9736539652	License No. 1257

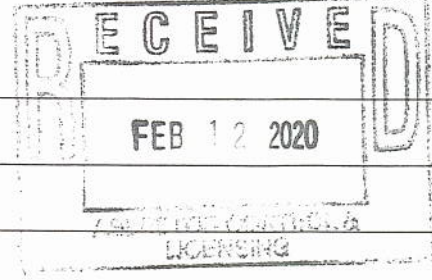
Start Date (10) 02/08/20	Scheduled Completion Date (11) 02/09/20	Name of OSHA Monitor GORAN IGEV	
Occupancy Status During Abatement (Check Only One)		Street Address 11 CLINTON ST.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: BOILER ROOM		City, State, Zip Code NEWARK, NJ, 07102	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM	✓			TSI	40 LF	✓			
					340 SF	✓			

Name of Registered Waste Hauler ARIAI		NJDEP Waste Hauler ID No. 36031	Cubic Yards of Waste 10 YD ³	Name of Registered Landfill G.R.O.W.S	
City, State PATERSON NJ		Disposal Date TBD	City, State NORRISVILLE, PA		
Completed by GORAN IGEV		Title CEO	Signature 		Date 02/06/20

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



Date of Notification (1) 02/10/2020		Name of Building Owner/Operator (2) Newark Public Schools		FEB 12 2020					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 190 Muhammad Ali Ave City, State, Zip Code Newark, NJ 07108 Name of Contact Benjamin Olagadeyo Telephone Number 973-938-7544					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Vocational High School				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 301 W Kinney Street				Square Feet 24,500					
City (5) Newark, NJ 07103				# of Floors 3					
County (6) Essex				Bldg. Age 85					
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCN No.		Name of Abatement Contractor (9) Smac Corp.					
Street Address 1253 North Church Street		Street Address 431 North Midland Ave.		City, State, Zip Code Saddle Brook, NJ 07663					
City, State, Zip Code Moorestown, NJ 08057		Telephone No. 856-840-8800		License No. 01110					
Project Manager for Monitoring Firm James Guilardi		Telephone No. 201-791-677		Name of OSHA Monitor EMSL Analytical, Inc.					
Start Date (10) 02/24/2020		Scheduled Completion Date (11) 02/28/2020		Street Address 1056 Shelton Ave.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Facility Occupied during Abatement				City, State, Zip Code Piscataway, NJ 08854					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
Storage Room 093,092,091		X		Pipe/Fitting Insulation	Approx.230 lf	X			
Name of Registered Waste Hauler Smac Corp.		NJDEP Waste Hauler ID No. 18590		Cubic Yards of Waste 10	Name of Registered Landfill Grows Landfill				
City, State Saddle Brook, NJ 07663				Disposal Date 02/28/2020	City, State Morrisville, PA				
Completed by Borce Gjorsoski		Title President		Signature <i>Borce Gjorsoski</i>		Date 02/10/2020			

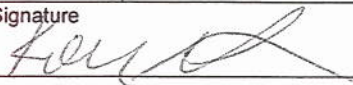
Inv# 18075

RECEIVED

FEB 12 2020

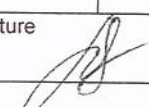
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

OK 2284 PAID

Date of Notification (1) <u>2</u> / <u>10</u> / <u>20</u>		Name of Building Owner/Operator (2) Casa Nova Today LLC		Job Number: 2002-2548 Check#2284					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address PO Box 869 City, State, Zip Code Lakewood, NJ 08701 Name of Contact Sue Arroy					
				Telephone Number 732-363-2224 ex 302					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ebay Store & Commerical Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 212 & 208 Atlantic City Blvd									
City (5) Beachwood NJ			Square Feet 700sf/1400sf	# of Floors 1 fl/2fl	Bldg. Age 1940				
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commerical					
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 617 Stokes Road 4-318		Street Address 1835 Underwood Blvd							
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Delran, NJ 08075							
Project Manager for Monitoring Firm Rebecca Rubnitz		Telephone No. 856-596-9994		Telephone No. 609-702-0400	License No. 00862				
Start Date (10) <u>2</u> / <u>19</u> / <u>20</u>		Scheduled Completion Date (11) <u>2</u> / <u>24</u> / <u>20</u>		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <i>Enclosure</i> <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ebay Store-Main Floor Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	640 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commerical Prop	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Siding	1,425 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Asbestos and Mold Services		NJDEP Waste Hauler ID No. 0035680		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Delran, NJ				Disposal Date 2/24/20	City, State Penn Argyle, PA				
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature 		Date 2/10/20			

INV# 18076
OK 2481 PAID


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

Date of Notification (1) 02-06-2020		Name of Building Owner/Operator (2) D & R Orange Urban Renewal LLC		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 12 2020 </div>					
Agencies Notified	Type Notification	Street Address 215 State Highway 17 S.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wood- Ridge, NJ 07075							
		Name of Contact Nicholas Dinalo		Telephone Number (201) 293-9150					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property			Type of Facility (4)						
Street Address 377 Crane St.			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Orange			Square Feet	# of Floors	Bldg. Age				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Delfa Contracting LLC.					
Street Address				Street Address 1119 East Grand St.					
City, State, Zip Code				City, State, Zip Code Elizabeth, NJ 07201					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201 216-9603	License No. 01206				
Start Date (10) 02-17-20		Scheduled Completion Date (11) 04-17-20		Name of OSHA Monitor Delfa Contracting LLC					
Occupancy Status During Abatement (Check Only One)			Street Address 1119 East Grand St						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Elizabeth, NJ 07201						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg # 1 1st, 2nd & 3rd Floor		x		Pipe Insulation	780 LF	x			
Bldg # 1, 1st, 2nd & 3rd Floor		x		VAT	4,930 SF	x			
Bldg # 1, 2nd floor		x		Lab bench & Hook Transite	1150 SF	x			
Bldg #1, Roof		x		Roofing Materials	10,100 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 80	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Elizabeth, NJ				Disposal Date 02-30-2020	City, State Tullytown, PA				
Completed by Jaime Delgado		Title Project Manager		Signature 		Date 02-06-20			

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

Inv# 18076

Pg # 2

Date of Notification (1) 02-06-2020		Name of Building Owner/Operator (2) D & R Orange Urban Renewal LLC		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB 12 2020 </div>					
Agencies Notified	Type Notification	Street Address 215 State Highway 17 S.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wood- Ridge, NJ 07075							
		Name of Contact Nicholas Dinalo							
				Telephone Number (201) 293-9150					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property				Type of Facility (4)					
Street Address 377 Crane St.				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Orange				Square Feet	# of Floors				
County (6) Essex		County Code (7) (STATE USE ONLY)		Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Delfa Contracting LLC.					
Street Address				Street Address 1119 East Grand St.					
City, State, Zip Code				City, State, Zip Code Elizabeth, NJ 07201					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201 216-9603	License No. 01206				
Start Date (10) 02-17-20		Scheduled Completion Date (11) 04-17-20		Name of OSHA Monitor Delfa Contracting LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 1119 East Grand St					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Elizabeth, NJ 07201					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg # 1, Exterior		x		Window Caulk	350 LF	x			
Bldg # 2, 1st Floor		x		Pipe Insulation	4,930 SF	x			
Bldg # 2, 2nd floor		x		VAT	1800 SF	x			
Bldg #2, Roof		x		Roofing Materials	460 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 80	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Elizabeth, NJ				Disposal Date 02-30-2020	City, State Tullytown, PA				
Completed by Jaime Delgado		Title Project Manager		Signature 		Date 02-06-20			

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

Pg 3

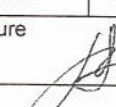
Date of Notification (1) 02-06-2020		Name of Building Owner/Operator (2) D & R Orange Urban Renewal LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 215 State Highway 17 S.	
		City, State, Zip Code Wood- Ridge, NJ 07075	
		Name of Contact Nicholas Dinalo	Telephone Number (201) 293-9150

FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 377 Crane St.		Square Feet	# of Floors						
City (5) Orange		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 1119 East Grand St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603						
			License No. 01206						
Start Date (10) 02-17-20	Scheduled Completion Date (11) 04-17-20	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1119 East Grand St							
		City, State, Zip Code Elizabeth, NJ 07201							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg # 3, Ground Floor		x		Pipe Insulation	270 LF	x			
Bldg # 3, Exterior		x		Window Caulk	60 LF	x			
Bldg # 3, Roof		x		Roof Flashing	550 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 80	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Elizabeth, NJ		Disposal Date 02-30-2020		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Project Manager		Signature 	Date 02-06-20				

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

Inv# 18076

Pg #4

Date of Notification (1) 02-06-2020		Name of Building Owner/Operator (2) D & R Orange Urban Renewal LLC		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB 12 2020 </div>					
Agencies Notified	Type Notification	Street Address 215 State Highway 17 S.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wood- Ridge, NJ 07075							
		Name of Contact Nicholas Dinalo							
				Telephone Number (201) 293-9150					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property			Type of Facility (4)						
Street Address 377 Crane St.			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Orange			Square Feet	# of Floors	Bldg. Age				
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 1119 East Grand St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603	License No. 01206					
Start Date (10) 02-17-20	Scheduled Completion Date (11) 04-17-20		Name of OSHA Monitor Delfa Contracting LLC						
Occupancy Status During Abatement (Check Only One)			Street Address 1119 East Grand St						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Elizabeth, NJ 07201						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg # 5, Exterior		x		Window Glaze	13 each	x			
Bldg # 5, Roof		x		Roof Flashing	650 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 80	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Elizabeth, NJ			Disposal Date 02-30-2020	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Project Manager	Signature 			Date 02-06-20			

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

Check # 3323

GAC Project # 060-2020

PAID

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DEPT. OF CONTROLS & LICENSING

Date of Notification (1) February 7, 2020 <i>Inv 18022</i>		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number 848-445-2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HORT FARM #3 DWELLING, BLDG# 6079		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address COOK CAMPUS <i>08901</i>		Sq. Feet: N/A # of Floors: 1 Bldg. Age: 60+ years	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		City, State, Zip Code BUTLER, NJ 07405	
Telephone Number 609-386-8800		Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 02/18/2020		Scheduled Completion Date (11) 02/24/2020	
Name of OSHA Monitor 1		Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 8:00 AM - 8:00 AM (24 HRS. & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure / Cut & Wrap <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
City, State, Zip Code FAIRLAWN, NJ		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) in Facility (13) Basement	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	Amount (Specify SF or LF) 320 LF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY
Name of Registered Landfill G.R.O.W.S. North Landfill		Disposal Date 02/24/2020	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date February 7, 2020

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check # 3324

GAC Project # 060-20

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Date of Notification (1) February 7, 2020		Inv-18023		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 - New Start Date <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
				City, State, Zip Code PISCATAWAY, NJ 08854	
				Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	
				Telephone Number 848-445-2550	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) SMITH HALL, BLDG# 7223			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address NEWARK CAMPUS			Sq. Feet: 139,628 SF # of Floors: 5 Bldg. Age: 60+ years		
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC		
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET			
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405			
Project Manager for Monitoring Firm BRIAN R. KEARNEY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840		
Scheduled Start Date (10) 02/14/2020	Scheduled Completion Date (11) 02/24/2020	Name of OSHA Monitor ENVIROVISION, INC.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: Schedule: 4PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)			Street Address 20-21 WARGARAW ROAD, BLDG# 35E		
			City, State, Zip Code FAIRLAWN, NJ 07410		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
Elevator Machine Room B010	<input checked="" type="checkbox"/>	SPRAY-ON FIREPROOFING (Surfacing)	350 SF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 30 CY	Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			Disposal Date 02/24/2020	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date February 7, 2020		

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

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

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GAC Project # 060-20

Date of Notification (1) January 31, 2020			Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 – New Start & Completion Dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
				City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY		Telephone Number 848-445-2550	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) SMITH HALL, BLDG# 7223			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address NEWARK CAMPUS			Sq. Feet: 139,628 SF # of Floors: 5 Bldg. Age: 60+ years		
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC		
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET			
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405			
Project Manager for Monitoring Firm BRIAN R. KEARNEY		Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840	
Scheduled Start Date (10) 02/07/2020		Scheduled Completion Date (11) 02/24/2020		Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: Schedule: 4PM – 5AM (24 HOURS & WEEKENDS AS NEEDED)			Street Address 20-21 WARGARAW ROAD, BLDG# 35E		
			City, State, Zip Code FAIRLAWN, NJ 07410		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
Elevator Machine Room B010	<input checked="" type="checkbox"/>	SPRAY-ON FIREPROOFING (Surfacing)	350 SF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 30 CY	Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			Disposal Date 02/24/2020	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date January 31, 2020		

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

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

GAC Project # 060-20

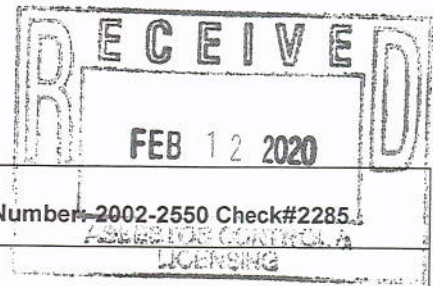
<u>Date of Notification (1)</u> January 10, 2020			<u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ								
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		<u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS							
				<u>City, State, Zip Code</u> PISCATAWAY, NJ 08854							
		<u>Name of Contact</u> MICHAEL F. SMITH, ENV. HEALTH & SAFETY		<u>Telephone Number</u> 848-445-2550							
FACILITY INFORMATION											
<u>Name of Facility Where Abatement is Taking Place (3)</u> SMITH HALL, BLDG# 7223			<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) <u>Sq. Feet:</u> 139,628 SF <u># of Floors:</u> 5 <u>Bldg. Age:</u> 60+ years								
<u>Street Address</u> NEWARK CAMPUS											
<u>City (5)</u> NEWARK	<u>County (6)</u> ESSEX	<u>County Code (7)</u> <small>(State Use Only)</small>	<u>Current Use (prior if being demolished):</u> ACADEMIC								
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC		<u>ASCM No.</u> 00098	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.								
<u>Street Address</u> 3 TERRI LANE		<u>Street Address</u> 511 MAIN STREET									
<u>City, State, Zip Code</u> BURLINGTON, NJ 08016		<u>City, State, Zip Code</u> BUTLER, NJ 07405									
<u>Project Manager for Monitoring Firm</u> BRIAN R. KEARNEY		<u>Telephone Number</u> 609-386-8800	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840							
<u>Scheduled Start Date (10)</u> 01/31/2020		<u>Scheduled Completion Date (11)</u> 02/17/2020									
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: Schedule: 4PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)			<u>Name of OSHA Monitor</u> ENVIROVISION, INC.								
			<u>Street Address</u> 20-21 WARGARAW ROAD, BLDG# 35E								
			<u>City, State, Zip Code</u> FAIRLAWN, NJ 07410								
<u>Scope of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>											
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> Elevator Machine Room B010	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA <input checked="" type="checkbox"/> YES	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> SPRAY-ON FIREPROOFING (Surfacing)	<u>Amount (Specify SF or LF)</u> 350 SF	<u>Abatement Type</u> Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>See Hauler Below #1 & 2</td> <td>See Below</td> <td>30 CY</td> <td colspan="3">G.R.O.W.S. North Landfill</td> </tr> </table>						See Hauler Below #1 & 2	See Below	30 CY	G.R.O.W.S. North Landfill		
See Hauler Below #1 & 2	See Below	30 CY	G.R.O.W.S. North Landfill								
<u>Name of Reg. Waste Hauler</u> Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		<u>NJDEP Waste Hauler ID #</u> See Below		<u>Disposal Date</u> 02/17/2020	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700						
<u>Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509</u>											
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Raymond C. Pedalino</i>		<u>Date</u> January 10, 2020							

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

Inv# 18074

OK 2285 PAID

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



Date of Notification (1) 2 / 10 / 20		Name of Building Owner/Operator (2) Jerry Ragonese		Job Number-2002-2550 Check#2285	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Point Pleasant, NJ 08742 Name of Contact Jerry Ragonese Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 1886 SF		
City (5) Point Pleasant			# of Floors 2		Bldg. Age 1948
County (6) Ocean		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCN No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 617 Stokes Road #4-318		Street Address 1835 Underwood Blvd		City, State, Zip Code Delran, NJ 08075	
City, State, Zip Code Medford, NJ 08055		Telephone No. 856-596-9994		License No. 00862	
Project Manager for Monitoring Firm Rebecca Rubnitz		Telephone No. 856-596-9994		Name of OSHA Monitor EMSL Analytical, Inc.	
Start Date (10) 2 / 20 / 20		Scheduled Completion Date (11) 2 / 24 / 20		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Enclosure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Throughout		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Double Layer Floor Tile	
Throughout		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Floor tile	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Name of Registered Waste Hauler Asbestos and Mold Services		NJDEP Waste Hauler ID No. 0035680		Cubic Yards of Waste 5	
City, State Delran, NJ		Disposal Date 2/24/20		Name of Registered Landfill Grand Central	
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature [Signature] Date 2/10/20	