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

Chk#3515

Date of Notification (1)		-	_	Nam	e of Buildir	ng Owner/Operator ((2)					
2 / 13 /	13 / 19 V					mmunications	,2)	EG		M		
☑ EPA☑ DOLWD☑ Amende	d			15	et Address East Mo State, Zip	ntgomery Street	i i i i i i i i i i i i i i i i i i i	FEB	1 9	201	9	A CONTRACTOR OF THE PERSON OF
☑ DOH Amendn	_		-			PA 15212		7		-0.		1 445
DCA Emerger (NJAC 5:23-8)		cludin	g		e of Contac			Tologia and No.				<u>.</u>
Cancella				1	thony Po			Telephone Numb 412-633-402				
								412-633-402		and the second	sac ye	
Name of Facility Where Abatement is	Takina	Disa	- (2)	FA	CILITY	NFORMATION	1-					
Verizon Bridgeton C.O.	raking	Place	e (3)				Type of Facility ☐ School (K-12					
Street Address							☐ Subchapter	8 (Other than K-12)				
76-90 North Pearl Street							homes, etc.)	rivate and commer	cial b	uilding	js,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Bridgeton							25,287	2		+-50		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Cumberland							Verizon					
Name of Monitoring Firm Hired by Buil	ding O	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
USA Environmental						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						
8436 Enterprise Ave						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Philadelphia, PA 19153						BRISTOL, PA	19007					
Project Manager for Monitoring Firm			Te	lephone	No.	Telephone No.		License No.				
Mark Jenkins				215 365		215-788-6040		00509				
				letion Da		Name of OSHA M						
3 / 4 / 19				20/	19		VIRONMENTA	L, INC				
Occupancy Status During Abatement (Street Address						
☐ Facility Closed/Vacated During Enti ☐ Abatement Performed Outside of N					ariba	1123 BEAVER						
Time of Abatement:AM	PM	/ <u>5:00</u>	PM-	2:00AM	SCIDE	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all that apply)				V. 10								
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ Re □ De					Procedure	n-Friable Procedure	9			
_			Loca						T	atem	ent T	vpe
Location of Asbestos-Containing Material (ACN			Norm	ally lely by		Description of			R	R	Е	m
TO BE ABATED	1)	Ma	inten	ance/		stos Containing Ma		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cust	todia (12	Staff?	,	surfacing, VAT,	or	SF or LF)	oval	=	nso	Sur
(13)		Yes	No	1	1	other miscellane	ous)				ate	(D
Basement Diesel Oil Storage Ro	om				Pipe Fit	ttings		8 LF			П	
BSMT Diesel Engine Room & Ha	11			\boxtimes	VAT & I	Mastic		420 SF				
Basement Diesel Engine Room					Pipe Fit	ttings		35 LF				
Basement Boiler Room			П	\boxtimes	VAT & I	Vlastic		200 SF			П	
Name of Registered Waste Hauler				NJDEP		Cubic Yards of	Name of Regis				Ц	Ш
	RVICE TRANSPORT GROUP, INC. Hauler ID No. 20990					Waste	MINERVA I					
City, State				Disposal Date	City, State							
YARDLEY, PA				TBD	WAYNESB	URG, OH						
Completed By (Print or Type) Title				Signature		Date	9					
Dillan DeCaro Estimator					DeCaro			3 -	19			

Pg. 2

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) FEB 1 9 2019							111	
	13 /	19			30		nmunications		14 FEB 18	ZU	3	ļ.	
Agencies Notified	Type Notifica	ation			Street	Address					14		-
					15	East Mon	tgomery Street				1. 4.	257	
□ DOLWD	☐ Amended	i				State, Zip C			- 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17	- 1.00 / 20			-
□ DOH	Amendme	400000000000000000000000000000000000000					PA 15212						
DCA	☐ Emergen		cluding	l		of Contact			Talanhana Missah		-		
(NJAC 5:23-8)	justification				250000000000000000000000000000000000000	thony Po	A4		Telephone Numb 412-633-402				
							FORMATION					1	
Name of Facility Where A	Abatement is 7	Γakino	Place	(3)				Type of Facility (4)		·	- 7	
Verizon Bridgeton				1-/				School (K-12)	(54757)				
Street Address								☐ Subchapter 8	(Other than K-12)				
76-90 North Pearl S	treet							Other (i.e., pr homes, etc.)	ivate and commer	cial bu	ilding	s,	
City (5)								Square Feet	# of Floors	Ble	dg. A	ge	
Bridgeton								25,287	2		+-50		
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Cumberland								Verizon					
Name of Monitoring Firm	Hired by Build	ding C	wner ((8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
USA Environmenta	1						BRISTOL EN	VIRONMENTAL	., INC.				
Street Address							Street Address						
8436 Enterprise Ave	е						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip C						
Philadelphia, PA 19	153						BRISTOL, PA						
Project Manager for Moni				Tele	phone	No.	Telephone No.		License No.				
Mark Jenkins	9				5 365		215-788-6040)	00509				
Start Date (10)		Sched	uled C			te (11)	Name of OSHA N		00000			-	
3 / 4 /				58		19	DODGE VERSION STREET	VIRONMENTAL	., INC				
Occupancy Status During	Abatement (Check	only o	ne)	H-00-7/F		Street Address						
☐ Facility Closed/Vacate	ed During Entir	re Per	iod of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed						cribe	City, State, Zip C	ode					
Time of Abatement: _	AM	PN	1/ <u>5:00</u>	PM- <u>2</u>	MA <u>00</u>		BRISTOL, PA						
Scope of Work (Check all	that apply)											1117-170	
≥3 sf or ≥3 lf			⊠ Re	novoti	on			tainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			□ De					g Procedure					
									n-Friable Procedur	е			
				Locat						Ab	atem	ent T	ype
Location		n\		Norma d Sole		A-h-	Description of		A	R	R	ш	m
Asbestos-Containing I TO BE ABA		1)	Ma	intena	nce/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	cap	Clo
IN Facilit	ty		Cust		Staff?		surfacing, VAT	, or	SF or LF)	val	~	Encapsulate	Enclosure
(13)			Yes	(12) No	N/A	-	other miscellane	ous)				ate	"
Basement Boiler Roo	om		Tes	INO	N/A	Pipe Fit	tinas		75 LF		П	П	\vdash
Basement Boiler Roo	m		$\frac{\Box}{\Box}$			-	Insulation		12 LF				H
Date Month Done 1 100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_				Ticadei	msulation		12 L1	-			믐
				H	H								믐
Name of Registered Wast	to Haular		ш			0/	Cubia Vanda af	Name of Desire			Ш	Ш	
SERVICE TRANSPO		P, INC) .	10000	JDEP \	O No.	Cubic Yards of Waste	Name of Regist					
City, State					,	Disposal Date	City, State						
YARDLEY, PA	YARDLEY, PA				TBD	WAYNESB	URG, OH						
Completed By (Print or Ty	ype)	Title	G:				Signature	4	Da	te			7.27
Dillan DeCaro		E	stimat	tor			Dillan	n DeCarn	1 m =	2-1	3-	19	

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

CNR#3514

Date of Notification (1)			-	Name	of Buildin	g Owner/Operator (2)	7.0	= n	n c		
	13 /	19		Pri	nceton U	niversity-Office	of Design and	Construction	E	M		
Agencies Notified ☐ EPA ☑ DOLWD	Type Notifica ⊠ Initial □ Amended			200	Address Elm Dr.	Do do	4 (1)	FEB	19	201	9	A Michael Common Co.
⊠ DHSS	Amendme	ent #	20		State, Zip (Ĭ.					-
⊠ DCA	☐ Emergend		g		of Contac	NJ 08544		Talantana Nation			t ===	4
(NJAC 5:23-8)	justification Cancellat							Telephone Numb	1	1.3		**************************************
	- Cancellat	1011			pert Orte			609-258-184	No.	. HERE THE P	,,,,,,,	
				FA	CILITY IN	IFORMATION						
Name of Facility Where A Princeton Universi			e (3)				Type of Facility ☐ School (K-12					
Street Address	.,,						Subchapter	8 (Other than K-12)				
Washington Rd							Other (i.e., p homes, etc.)	rivate and commer	cial bu	uilding	ıs,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Princeton							2)	4		70		
County (6)				Cour	ty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
MERCER						ļ	Office/Class	srooms				
Name of Monitoring Firm	이번 남자 10 10 10 10 10 10 10 10 10 10 10 10 10	ding Owner	(8)	ASCM		Name of Abateme						
TTI Environmental	Inc			0000)3	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						
1253 North Church	Rd					1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Moorestown, NJ 08	3057					BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm		Tele	ephone	No.	Telephone No.		License No.				
Michael Keehn			6	09-386	-8800	215-788-6040)	00509				
Start Date (10)		Scheduled (Name of OSHA M	1onitor		-volume	31199377		
3 / _1_ /	19	3	/ _1	5_/	19	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During	g Abatement (0	Check only	one)			Street Address						
☐ Facility Closed/Vacate						1123 BEAVE	R STREET					
Abatement Performed Time of Abatement: 7					cribe	City, State, Zip Co	ode					
Time of Abatement. 1	.00AIVI-3.30P	- IVI/F	-IVI	Aivi		BRISTOL, PA	19007					
Scope of Work (Check a	II that apply)					N 5.11 0.21				-		
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-Enc ☐ Gloveba	g Procedure	gative Pressure on-Friable Procedur	re			
			s Loca	79:30 S					_	atem	ent T	уре
Location			Norma ed Sol			Description of			R	D	Ш	Ш
Asbestos-Containing TO BE ABA			ainten			estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facil		Cu		Staff?	(".0	surfacing, VAT		SF or LF)	oval	=	nsc	Sur
(13)			(12)	1	-	other miscellane	ous)				ate	(D
Lab 303		Yes	No 🖂	N/A	Floor ti	le and mastic		260 SF				
Lab 329		$\dashv \vdash$		1-		le and mastic		260 SF 560 SF				
			1	-			100					닏
Lab 323 & 323A		-			Floor ti	le and mastic		1,900 SF				닏
						Y		(6-2-1-2-1)				
Name of Registered Was BRISTOL ENVIRON		IC.	22	AJDEP I	O No.	Cubic Yards of Waste	Name of Regis	stered Landfill NORTH LAND	FILL			
City, State	7,57			18706)	Disposal Date	City, State		2,000,000	-chi		
BRISTOL, PA 1900	7					_ icpossi bato		LLE, PA 19067				
Completed By (Print or T	ype)	Title				Signature	-	Da				
Brian Scafiro		Estima	ator			Raina	Castin	10ne -	1 -1	12 -	19	

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

CLECK # 0059

Date of Notification ((1)				Name of I	Building Owner / Ope	rator (2)		-72 - 1 - 3 A V III C	Called to Judge 1870		
06 / 07	/18					Mondelez International						
/ /					Street Ad			817 11		15 U	W L I	
Agencies Notified	Type of No				_	te 208 North			THE PARTY OF THE PARTY OF THE	***************************************	711	
☐ EPA		Initia				e, Zip Code					1	
☐ DEP	V		nded			New Jersey, 07410		111 111	EED	100	010	
☑ DOH ☑ DOL			ndment #		Name of 0			Telephor		er' ~ ~	010	
DOL	l H		cellation	/ justification	PETER VI	ILLANU		201-794-4	4000		į.	
		Ouric	Jonation	F	ACILITY IN	FORMATION		70		1-11	and a second	
					AOILITT III	ORMATION			1.00	1.5	3	
Name of Facility Whe	ere Abatem	ent is	Taking F	Place (3)		Type of Facility (4)				William Control		
Mondelez Internationa	al		177.0								9	
						School (F						
Street Address							ter 8 (Other					
2211 Route 208							., private &	cmmercia	ıl			
City (5)	County (6)	1		County Code	(7)	Square Feet	# Of Floor		Duitalia			
Fairlawn	Bergen	,		County Code ((1)	1,000,000	# OI F1001	S }	Building	g Age		
- amawn	Doigon					Current Use (Prior in	heing dem	olished)	ŀ	40 +		
						Bakery	being dem	olisticaj		40 .		
Name of Monitoring	Firm Hired	by B	ldg. Owne	er (8)	ASCM NO							
				1 (5)							12	
AET			72-3			NORTHSTAR CONT	RACTING G	ROUP, IN	C.			
Street Address						Street Address						
907 Doolittle Drive												
City, State, Zip Code						32 Williams Parkway						
Bridgewater, NJ 0880						City, State, Zip Code	9					
Project Mngr. For Mo Eric Houseknecth	onitoring F	irm		Telephone Nu	mber	F411	200					
Sheduled Start Date	(40)	Cabo	d Comp	908-218-1108 letetion Date (1	4)	East Hanover, NJ 079 Telephone Number	336	II iaawaa I	Vicina la air			
06 / 25	/ 18	Sche	06 O	24	19	relephone Number		License I	number			
1 -50 // -50 /	/	-	 /	/		973-884-8682			0	0860		
Occupancy Status D	uring Abate	emen	t (Check	Only 1)		Name of OSHA Mon	itor					
				ire Period of		NORTHSTAR CONT	RACTING G	ROUP, IN	C.			
Abatemen	_					Street Address						
				ormal Facility								
	escribe:			21.4		32 Williams Parkway						
☑ Other - De	escribe:	7:00/	AM - 3;301	-M		City, State, Zip Code East Hanover, NJ 079						
Scope of Work (Chec	ck All That	Annlı	1			Last Hallovel, NJ 07	930			-		
ocope of Work (one)	ok All Illat	~hhi)	"									
☐ Demolition	n		V	Renovation	7	Full Containment wi	th Negative	Pressure)			
	lf					Mini - Enclosure	_					
	≥260 If				V	Glovebag Procedure	9					
						Non-Exempted (*) as	nd Non-Fria	ble Proce	dure			
Location of	f		Ic		Descript	ion of		Abote	nt Torre			
Asbestos Conta		10	ls ocation	۸۰	Descript	on of Containing		Abateme R	III Type	ĮΕ	ΙE	
	9	120000	ormally	, As	Material		Amount	E	R	N	N	
TO BE ABAT	ED	1000000	Used	(1.	e., therma		(Specify	M	E	C	c	
in Facility		8	Solely	insu	lation, sur	facing, VAT,	SF or LF)	0	P	A	L	
(13)			/ Main-	or	other misc	ellaneous)		V	Α	P	0	
		1,1985	nance/					A	1	S	S	
		1000000	stodial					L	R	U	U	
			aff (12) NO N/A				-			L	R	
2ND FLOOR OVEN#7	7		V U	ROLLER GASI	KETS		80 SF	7			-	
2ND FLOOR OVEN#7		H	7 0	TRANSITE			100 SF	7	 	+ +	+ +	
2ND FLOOR OVEN#7		H		GASKET			4,000 SF	7	 	1 +	1 -	
2ND FLOOR BAKE S		Ī		PIPE & FITTIN	IG		60 LF	V	H	1 7	1 1	
Name of Registered				NJDEP Waste	CONTRACTOR OF STREET	Name of Registered						
NEWARK CARTING				Hauler ID No.	300	GROWS						
NORTHSTAR CONTR	RACTING G	ROU	P, INC.	4509	of Waste							
City, State					Disposal	City. State	a74					
NEWARK, NJ					Date	Morrisville, PA 1906	7					
EAST HANOVER, NJ Completed by (Print or Type) Title Signature					7		To :					
Signature Signature					11.0	\supset	Date					
Steve Stiles				Project Manage	er	XX	en s	-	/	02	2/15/19	
ASB-41				,			-	Parket and The		02	110/10	

Location of Asbestos Containing 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)	Abateme R E M O V A L	R E P A I	E N C A P S U L	E N C L O S U R
	YES NO N/A				+	+	+
MEZZANINE		PIPE & FITTING	4 LF	V			
DC WAREHOUSE		PIPE & FITTING	6 LF	V		1 7	1 1
1ST FLOOR BAKERY		PIPE & FITTING	5 SF			1 7	
BOILER ROOM		BOILER JACKET	10 SF	V	1 1	1 1	1 1
DC CHARGING AREA		PIPE & FITTING	15 LF	V	1 1	1 h	1 1
BOILER ROOM		PIPE & FITTING	4 LF	V	1 1	1 1	1 H
					In	1 1	1 1
						1 1	
					T	1 1	



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 22 Millennial Partners LLC Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 2 Riverside Drive Suite 500 **⊠** DOLWD City, State, Zip Code **⊠** DOH Amendment #2 Camden NJ 08103 ☐ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation 1 800 971-6773 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Victor Bldg ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 201 N. Front Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Camden 90,000 7 100 + County (6) Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) Camden Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni DELTA/BJDS, INC Street Address Street Address 515 Grove Street, Suite 1B 1345 INDUSTRIAL BLVD. City, State, Zip Code City, State, Zip Code Haddon Heights, NJ 08035 **SOUTHAMPTON PA 18966** Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Alan Lloyd 856-656-2875 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2 / 1 / 19 __3__ / __31__ / __19 Criterion Labs Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 Street Road Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-4PM/____PM-__ Bensalem Pa 19020 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf □ Renovation Mini-Enclosure Demolition Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Asbestos-Containing Material (ACM) Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st Floor Office П Ø П Pipe insulation 160 LF X П 1st Floor П M П Radiator Insulation 75 SF X П Basement X Pipe Ins. above Plaster Ceiling 600 LF X Basement X

20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE WAYNESBURG, OHIO Completed By (Print or Type) Signature

ASST. ADMINISTRATOR

П

NJDEP Waste

Hauler ID No.

П

Date

Name of Registered Landfill

MINERVA LANDFILL

12,000 SF

 \boxtimes

Name of Registered Waste Hauler

CHRISTINE DEL VISCIO

SERVICE TRANSPORT GROUP

Contaminated Plaster Ceiling

Cubic Yards of

Waste

1370-03

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

Date of Notification (1)			Nar	ne of Buildi	ng Owner/Operator	(2)		ÌΡ	11	# 1	**
	19				Partners LLC	(2)	Log Town				
Agencies Notified ☐ Type Noti ☐ EPA ☐ Initial ☐ DOLWD			1000	eet Address Riverside	Drive Suite 500		FEB	1	9 20	19	1
	iment#1		City	, State, Zip	Code		Pissens			201	-
	ency (inclu	fina	C	amden N.	J 08103	455	America.				
(NJAC 5:23-8) justific		g	Nan	ne of Conta	ct		Telephone Num	nher	1.4	es no	
☐ Cancel	lation		1				1 800 971-6				
			F	ACILITY II	NFORMATION						
Name of Facility Where Abatement is	s Taking Pla	ace (3)	5000		Orangerion	Type of Facility ((4)		-		
The Victor Bldg						School (K-12					
Street Address						Subchapter 8	(Other than K-12	2)			
201 N. Front Street		20				Other (i.e., pr homes, etc.)	ivate and comme	ercial b	uildin	js,	
City (5)						Square Feet	# of Floors	TE	Bldg. A	00	
Camden						90.000	7	-	100	-	
County (6)			Cot	unty Code (7	7)(STATE USE ONLY)	Current Use (Prid		shed)			
Camden						()	a a boning deritor.	3nca)			
Name of Monitoring Firm Hired by Bu	ilding Owne	er (8)	ASCN	I No.	Name of Abateme	ent Contractor (9)					-
Vertex					DELTA/BJDS						
Street Address					Street Address	•					
700 Turner Way Suite 105			9		1345 INDUST	RIAL BLVD.					
City, State, Zip Code					City, State, Zip Co						_
Aston Pa 19014					SOUTHAMPT	ON PA 18966					
Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone No.		License No.				_
David Brown				8-8902	215 322-2900		00783				
Start Date (10)	Scheduled				Name of OSHA M	onitor					
//			1_/	19	Criterion Labs	S					
Occupancy Status During Abatement					Street Address						-
Facility Closed/Vacated During Ent	ire Period o	of Abate	ment	2000	400 Street Ro	ad					
☐ Abatement Performed Outside of N Time of Abatement: <u>7AM-4PM/</u>	lomal Faci	ity Hou	rs - De	scribe	City, State, Zip Co	de	10				
					Bensalem Pa	19020					1
Scope of Work (Check all that apply)				300	B						-
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	1	enovati emolitic	100000								
		s Locat				iptod () dila itoli	Thable Procedur	1		-4 T.	
Location of Asbestos-Containing Material (ACN	. 116	Norma ed Sole			Description of				ateme		
TO BE ABATED	M	aintena	nce/	Asbes	stos Containing Mate , thermal systems in	erial (ACM)	Amount	Removal	Repair	nc	Enclosure
IN Facility	Cu	stodial ((12)	Staff?	(1.0.	surfacing, VAT,	or	(Specify SF or LF)	lova	air	apsı	uso
(13)	Yes		N/A		other miscellaneo	us)	,	=		Encapsulate	9
1 st Floor Office		×		Pipe ins	ulation		160 LF			_	\exists
st Floor							#75%F~↓		=	\equiv	
							0/001		_		
											Ш
Name of Registered Waste Hauler		1	JDEP V	Masta I	Cubic Vordo of	No			Ш		
SERVICE TRANSPORT GROUP	,	Ha	auler II 20990	No.	Cubic Yards of Waste	Name of Register MINERVA LA					
City, State			20330		Disposal Date	City, State					_
58 PYLES LANE NEW CASTLE DE						WAYNESBU	RG. OHIO				
Completed By (Print or Type) Title					Signaturje		/				_
CHRISTINE DEL VISCIO ASST. ADMINISTRA				ATOR	Ch	maDli	Los Date		6-2	.010	9

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

1370-63			,,,	(P			AC 8:60 and 5:1				U	\$					
Date of Notification (1)					Nam	e of Buildir	ng Owner/Operator	(2)		-	2000	-	- 11				
	22 /	19	9		- 13333		Partners LLC		FEB	19	20	19	1				
Agencies Notified	Type Notifi	cation			Stree	et Address		-	Enances			Vertical Control					
☑ EPA ☑ DOLWD	☐ Initial				2 F	Riverside	Drive Suite 500	10	A	- 1		1					
☑ DOH	Amenda Amenda		1		City,	State, Zip	Code		Street Carry C. N.	5 m e e e e		27.96.00	6 3 7				
□ DCA	☐ Emerge			- 10	Ca	mden NJ	08103										
(NJAC 5:23-8)	justifica	tion)		5	Nam	e of Contac	ct	T.	Telephone Num	ber							
	☐ Cancella	ation	-					1 800 971-6773									
					FA	CILITY IN	VFORMATION										
Name of Facility Where A	Abatement is	Taking	g Plac	e (3)				Type of Facility	70.77								
The Victor Bldg								School (K-12) 3 (Other than K-12	٠,							
Street Address									ivate and comme		uildin	gs,					
201 N. Front Street	11	-						homes, etc.)		100000000							
City (5)								Square Feet	# of Floors	В	Bldg. A						
Camden	ADVIOLITATION.							90,000	7		100	+					
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)							
Camden		1.11		(0)	ASCM												
Vertex	ame of Monitoring Firm Hired by Building Owner (8)					No.	Name of Abateme										
Street Address							Street Address	, INC									
700 Turner Way Sui	te 105						1345 INDUST	RIAI BIVD									
City, State, Zip Code							City, State, Zip Co				-						
Aston Pa 19014								MPTON PA 18966									
Project Manager for Monit	toring Firm			Tele	ephone	No.	Telephone No.	License No.									
David Brown				6	10-558	-8902	215 322-2900		00783								
Start Date (10)		Sched	luled C	omple	tion Da	te (11)	Name of OSHA M	lonitor									
_2 / _1 /	19	_3	3/	3′	/	19_	Criterion Lab	s					98				
Occupancy Status During	Abatement (Check	only	one)			Street Address						-				
☐ Facility Closed/Vacate						7	400 Street Ro	ad									
Abatement Performed Time of Abatement: 7/					rs - Des	cribe	City, State, Zip Co	ode									
		FIV	/I	Aivi			Bensalem Pa	19020				*					
Scope of Work (Check all	that apply)						M Full Cont	ainment with Nega	ativo Decours								
≥3 sf or ≥3 if				novati			☐ Mini-End	osure	auve Pressure								
≥160 sf or ≥260 lf			☐ De	molitic	n		☐ Glovebag	Procedure npted (*) and Non	Edable December								
			Is	Locat	ion	Γ	□ NOI-Exel	inpled () and Non	-Friable Procedur	1							
Location	of		î	Vorma	lly		Description of	f I			oateme		T				
Asbestos-Containing N		1)		ed Sole intena			stos Containing Mat	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure				
TO BE ABAT				todial		(i.e.	 thermal systems in surfacing, VAT, 		(Specify SF or LF)	SAOL	air	apsı	OSL				
(13) (12) other miscellaneo							J. J /	-		ulate	10						
Yes No N/A										_		9					
1 st Floor Office						Pipe ins	sulation		160 LF								
		1															
												П	П				
				П						П			П				
Name of Registered Waste	e Hauler		_		JDEP V	Vaste I	Cubic Yards of	Name of Registe	ered Landfill			Ц					
SERVICE TRANSPO		•		Н	auler ID		Waste	MINERVA L									
City, State					20990		Disposal Date	City, State									
58 PYLES LANE NEV	V CASTLE	DE					Lorenza Management (1995)	WAYNESBU	IRG, OHIO								
Completed By (Print or Typ	pe)	Title					Signaturé	\$1977 62A-SEA	/ Dat	e							
CHRISTINE DEL VISCIO ASST. ADMINISTRATOR					10	0/41/1	_	2-2	7 6	,Q							
22							II / VW	sine 1	1/125/1	L	(01					

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

K1922 PA		(Pi	CATION ursuant	ate of New OF ASBE to NJAC 8	STOS 3:60 an	ABATEI d 12:120	0)	8		E	C	E		V	
Date of Notification (1) 2/15/19				Building (Culbret		Operator	(2)		174		FEB	1	9 /	2019	
Agencies Notified Type Notification	n		Street A	ddress	STE.					lane.					
EPA Initial			C:t. Ct-	4. 7i. 0.	4-					Prome.	1.71	. : :	•	7-1	Ž.
□ DEP □ Amended □ DOL Amendment	nt#		2.700	te, Zip Coo City, N.)4			98 6	5 5 33	1,44				
	y (including	_ -		Contact					Tel	ephone I	Numb	er			
DCA Justilicatio			Donna	Culbret	h				1						
Name of Facility Where Abatement is Tal	ring Place /2	,	FACI	LITY INFO	RMATI	ION	Tuno	of English	(4)						
Residential Home	any Flace (5)					_	of Facility							
Street Address							П	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth				1250		es,
City (5) Jersey City							197		2	f Floors		6	ldg. A 5 +/-	-	
County (6) Union			County (Code (7) JSE ONLY)	-	_		ent Use (Pri sidential H		ing demo	olishe	d)			
Name of Monitoring Firm Hired by Buildin Project Manager	g Owner (8)		ASCM	l No.				atement Co s Abatem		(9)					
Street Address						Street 280		ss idland Av	e.						
City, State, Zip Code								Zip Code rook, NJ	07663						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 201-				License 0130					
Start Date (10) 2/18/19	Schedule 2/20/19		npletion (Date (11)		Name	of OS	HA Monitor							
Occupancy Status During Abatement (Ch	eck Only On	e)				Street	Addre	ess						7,445	
Facility Closed/Vacated During Entir Abatement Performed Outside of No × Other – Describe: 8 A.M to 4 P.M						City, S	tate, Z	Zip Code							
Scope of Work (Check All That Apply)					_										
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova emolit				×	Mi Gl	III Containm ni-Enclosur ovebag Pro on-Exempte	e cedure					e	
	Is	Locati	on											ement	0.50
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	lormal d Sole intenar odial S (12)	ly by nce/		os Con thermal surfa	escription taining M I systems icing, VA miscellar	Materia s insul T, or	ation,	(5	mount Specify F or LF)		Remova	Repair	e Encapsulate	Enclosure	
	Yes	No	N/A	0								=		ate	6
Basement		X			Pipe Wrap 31 LF			;	×						
Basement		Х			Wrap	oped B	oiler		2	22 SF	,	X			
Name of Registered Waste Hauler All Stages Abatement		Н	JDEP W lauler ID 036592	No.	Cubic of Wa 2 yd	Yards iste		Name of Grand		ered Lan al Sani		Lan	dfill		
City, State Saddle Brook, NJ					Dispo	sal Date		City, Sta Pen Ar		A					
Completed by Richard Cristofol	Title Presi	dent			8	Signature			=	>	Date 2/1		9		

		rm	

X 921	PAI	D		CATION	ate of Nev I OF ASBI to NJAC	ESTOS	ABATE		NT) [5		M		Particular
Date of Notification (1) 2/15/19				Name o Judith	f Building (Burd	Owner/0	Operator	(2)			FE	B 1	9	2019)	
Agencies Notified X EPA	Type Notification			Street A	ddress				*	l.		7 3		,31,3		
DEP DOL	Amended Amendment				ate, Zip Co sburg, N		65		-	- 3		1,000		40 ¹		
DOH DCA	Emergency (i justification) Cancellation	ncluding		Name o Judith	f Contact Burd				-	Te	lephone	Num	ber		,	
				FACI	LITY INFO	DRMAT	ION									
Name of Facility Where Residential Home	Abatement is Taking	Place (3)					Ty	ype of Facility School (K-	12)						
Street Address								×	Subchapte Other (i.e. etc.)					dings,	home	es,
City (5) Phillipsburg								5333	quare Feet 900	# 0	f Floors		2.00	ldg. A 5 +/-	-	
County (6) Warren					Code (7) USE ONLY)				urrent Use (Pr Residential		ing demo	olishe	ed)			
Name of Monitoring Firm Project Manager	m Hired by Building C	wner (8)	ASCN	/I No.				Abatement Co		(9)					
Street Address				1			Street	Add								
City, State, Zip Code	-								e, Zip Code Brook, NJ	07663						
Project Manager for Mo	nitoring Firm		1	Telepho	ne No.		Teleph	hone			Licens 0130					
Start Date (10) 2/16/19		Schedul 2/18/1		pletion	Date (11)		Name	of (OSHA Monitor	•8						
Occupancy Status Durin	ng Abatement (Check	Only O	ne)				Street	Add	dress						-	
Facility Closed/Vac Abatement Perforn Other – Describe:	cated During Entire P ned Outside of Norma 8 A.M to 4 P.M	eriod of al Facilit	Abatem y Hours	ent		_	City, S	State	e, Zip Code							
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		-	Renova Demoliti				×	-	Full Containn Mini-Enclosus Glovebag Pro Non-Exempte	re ocedure					e	
		Is	Location	on										Abate		
Locatio			Normall ed Solel				scription					}	_	Ту	pe	
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	BATED	Cus	ice/ staff?		thermal surfa		s ins		(3	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A				_								
Kitch	en		X				VAT			1	81 SF	-	X			
Name of Declaration	ata Harday		1	IDES.								10		france of the second		
Name of Registered Wa All Stages Abateme			H	JDEP W auler ID)36592	No.	of Was 2 yd	Yards ste		Name of Grand		ered Lan al Sani		Lan	dfill		
City, State Saddle Brook, NJ						_	sal Date		City, Sta		A					
Completed by	V-1	Title				S	Signature	/	11/1/	,		Date	;		11.7	
Richard Cristofol	President						M	10			>	2/1	5/19	9		

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01	1007	DATE
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W. 4557 PAU	D	NOTIF (F	CATIOI Pursuant	tate of Ne N OF ASE to NJAC	ESTOS 8:60 an	ABATE d 12:12	0)	n .		G FER	FI	20	ML nia	P	int F
Date of Notification (1) 02/14/2019			Name of McWi	of Building illiams F	Owner/orge C	Operator Compar	(2) 1y	-				(V13		44.05
Agencies Notified Type Notification EPA Initial			Street A 387 F	ddress ranklin	Ave.				7	12.					
DEP Amended Amendment				ate, Zip Co away, N		6									
DOH Emergency (justification) Cancellation	including			f Contact m Hunn			-			lephone 1 73-627-					
Name of Facility Where Abatement is Taking	Diam (3)	FAC	ILITY INF	ORMAT	ION	-								
McWilliams Forge Company Cafet	eria	٥)					I y	pe of Facility School (K-	70.000 C						
Street Address 387 Franklin Ave.							×	Subchapte Other (i.e. etc.)	8 (Oth	er than K & comme	(-12) ercial b	uild	ings,	hom	es,
City (5) Rockaway					5			uare Feet 0,000	#0	f Floors	OH AND		dg. A 0+	ge	
County (6) Morris				Code (7) USE ONLY)			rrent Use (Pri afeteria	or if be	ing demo	lished)			
Name of Monitoring Firm Hired by Building (RK Occupational & Environmental	Owner (8) Inc.)	ASCN 0009					batement Co			n, In	 C.			
Street Address 401 St. James Ave.					**********	Street	Add								
City, State, Zip Code Phillipsburg, NJ 08865						City, S	tate,	Zip Code NJ 07512							
Project Manager for Monitoring Firm Jon Gilbert			Telepho	ne No. 34-6316	······	Teleph	one			License 0666	e No.				
Start Date (10) 02/26/2019	Schedul 03/08/		npletion I	Date (11)		Name	of O	SHA Monitor	9 Do	L	n Ind				
Occupancy Status During Abatement (Check			Street Address								11, 1116				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Limited Occupancy	eriod of all Facility	Abaten / Houn	ement 265A Route 46 Si urs City, State, Zip Code												
Scope of Work (Check All That Apply)						1010	wa,	NJ 07512							
≥3 sf or ≥3 If ≥160 sf or ≥260 If	percentage	Renova Demoli			Mini-Enclosure Blovebag Prod	Containment with Negative Pressure i-Enclosure vebag Procedure i-Exempted (*) and Non-Friable Procedure									
Logotion of		Locat												ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intena todial ((12)	ly by nce/	Asbes (i.e.	tos Cont thermal surfac	aining M systems cing, VA	otion of ng Material (ACM) Atterns insulation, I, VAT, or sellaneous) ACM				Dellove	00000	Repair	Encapsulate	Enclosure
	Yes	No	N/A								1 11			ate	ГӨ
Cafeteria	X			Wind	dow Ca	aulk		14 V	Vindows	S X					
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Paradonia (Paradonia)	-	-			
No. (D.											The second second	1			
Name of Registered Waste Hauler Bako Construction & Restoration, In	c.	H	IJDEP W lauler ID 0889		Cubic of Was 20			Name of Fairles		red Land dfill/ Wa		lar	nage	mer	nt
City. State Totowa, NJ			**************************************			sal Date 3/2019		City, State Morrisv		Α			HAVEL		
Completed by Damir Valjevac	Title Proje	ect Ma	anager		S	ignature	lu	- Kis	gr_		Date 02/14	4/2	019		

Print Form

										E			M	Pr	int Fo			
W 781	PAI	D		ICATIO	tate of Ne N OF ASB to NJAC	ESTOS	ABATE		IT		ren 1		2010	1				
Date of Notification (1) 02/15/2019				Name o	of Building asa Don	Owner/0 Pedro	Operator	r (2)			TED	9 2	2019	1	44.5			
Agencies Notified	Type Notification	1		Street A	Address Roseville	Avenu	ie) names			7.1					
× EPA × DEP × DOL	Initial Amended Amendmen	ıt #			ate, Zip Co ark,NJ,07							-						
DOH DCA	Emergency justification Cancellation)			f Contact Pagan						ephone No 73-485-0							
					ILITY INFO	ORMATI	ON	-										
Name of Facility Where A Private House	Abatement is Takir	ng Place (3)					Тур	oe of Facility (20 4 2007								
Street Address								×	School (K-1 Subchapter Other (i.e. p	8 (Oth			dings	, hom	es,			
City (5) Irvington								Sqt N/	etc.) uare Feet 'A	# o N/	f Floors A		Bldg. A	Age				
County (6) Essex					Code (7) USE ONLY	,	_	Cui	rrent Use (Priorivate Hous	or if bei	ing demolis	shed)						
Name of Monitoring Firm N/A	Hired by Building	Owner (8))	ASC	M No.		Name EHV	of A	batement Con BATEMENT	tractor	(9)							
Street Address							Street 89 F		ress NKLIN STF	REET								
City, State, Zip Code				1					Zip Code SON,NJ,075	524								
Project Manager for Mon	itoring Firm		Telepho	ne No.		Teleph 973-		No. 3-5144		License 01274	No.							
Start Date (10) 02/18/2019	30 30	Schedul 02/19/			Date (11)				SHA Monitor BATEMENT	LLC								
Occupancy Status During	g Abatement (Che	ck Only Or	ne)	Street Address						-								
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norr	Period of a	Abaten / Hours	### 89 FRANKLIN STREET City, State, Zip Code														
Scope of Work (Check A	Il That Apply)				WANT SEELEN WITH				2011,110,071									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	N	full Containme Mini-Enclosure Blovebag Proc Ion-Exempted	edure				· 6				
Location	of		Locati			Doc	ariation		VOII EXCITIFICA	() am	u Woll-i ila	DICTIO	Abate	emen vpe	t			
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Ma	ed Sole intena todial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems sing, VA niscellar	Materi s insu T, or		ACM) Amount					Enclosure			
Pageme	ant.	Yes	No X	N/A		DIDE II	10111 4	TIO						ate	ге			
Daseme	Basement						ISULA	VIIO	N	9	0 LF	X						
Name of Registered Was EHW ABTEMENT L			H	JDEP W	No.	Cubic of Was	7.77				red Landfi							
City, State			0	03709	5	N/A	al Date		Gity, State		RANSF	CH			_			
PATERSON,NJ		1				TBD			Bronx,N									
Completed by Victor Espiritu		Title Proje	ect Ma	anager		S	ignature	Da	/ 1A	NA		ate 02/15/2019						

.L 77(0	A 3754		CATION	ate of New Jerse	ABATE		r , , , , , , , , , , , , , , , , , , ,	EC	E		Pr	int Fo
Date of Notification (1) 02/11/2019	ALL) (P	Name o	to NJAC 8:60 and f Building Owner/ Don Pedro				FEB	1 9	201	9	i i
Agencies Notified Type Notification			Street A		e		· · · · · · · · · · · · · · · · · · ·	Course II				-
X EPA Initial X DEP Amended X DOL Amendmen	t #	1	City, Sta	ate, Zip Code rk,NJ,07107					*			- 1
Emergency justification DCA Cancellation	(including		Name o	f Contact Pagan				Telephone N 973-485-0				
- Carrollation				LITY INFORMAT	ION	0.550						
Name of Facility Where Abatement is Takin Private House	ng Place (3	3)				Тур	e of Facility (4)					
Street Address		<u> </u>				X) (Other than K- vate & commer		ildings	, hom	es,
City (5) Orange				Σ.			etc.) are Feet A	# of Floors N/A		Bldg. /	Age	
County (6) Essex				Code (7)		Cun	07.17	if being demoli	1			_
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCA		Name	of Ab	patement Contra BATEMENT	actor (9)				
Street Address	*****		1		Stree	t Addr						
City, State, Zip Code			-		City, S	State,	Zip Code					
Project Manager for Monitoring Firm			Telepho	ne No.		hone I	ON,NJ,075 No.	24 License	No.			
Start Date (10)	Schedule	ed Cor	moletion	Date (11)	973-333-5144 01274 Name of OSHA Monitor							
02/12/2019	02/13/	1019		Date (11)	EH	N AB	ATEMENT	LLC				
Occupancy Status During Abatement (Che		0.00 #2	200			Addre	ess IKLIN STRE	ET				
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: OCCUPIE	Period of A	Abaten Houn	nent s				Zip Code SON,NJ,075	24				
Scope of Work (Check All That Apply)		-										dia a
≥3 sf or ≥3 if ≥160 sf or ≥260 if	attended a	Renova Demoli			2	M G	lini-Enclosure lovebag Proce	it with Negative dure (*) and Non-Fria				
		Locat				1/20	OII-EXEMPLE) and Non-ric	able F1	Abat	emen ype	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena todial ((12)	ely by ince/ Staff?	Asbestos Con (i.e. thermal surfa	scription taining I system cing, VA niscella	n of				Encapsulate	Enclosure	
DACEMENT	Yes	No	N/A	DIDE II	VOLU			1015			ate	e
BASEMENT		Х	X PIPE INSULATION 10 LF X									
Name of Registered Waste Hauler		100	NJDEP W		Yards	-	Name of R	egistered Landi	AU .			
EHW ABATEMENT LLC			Hauler ID 003709		ste			Transfer				
ity, State ATERSON,NJ				Dispo TBD	sal Date	/	City, State Bronx, N	Y				
Completed by Victor Espiritu	Title Proie	ect M	anager	18	Signatur	e	11/1		Date 02/11	/2019)	

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

IS		15 1	NA TO SAN
=	. (1.7 	15.1	Print Form

Date of Notification (1)					NJAC 8:60			, i	l Lij	FEB	10	20	119		
02/05/2019			l N	Casio Bu	iilding Own Jilders LL	er/Operat .C	or (2)								
Agencies Notified Type Notificat EPA Initial Amendet DDL	d		5	treet Addr 552 Vern ty, State,	on RD					7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
X Emergen	cy (inch	ıding	- [ireenvill	e ,PA										
DCA Cancellai	tion		S	ame of Co teven K	urelko				Telephon 917-51	e Num 0-327	ber				
Name of Facility Where Abatement is Ta Private House	king Pla	ce (3)		FACILITY	INFORMA	TION									
Street Address							-	of Facility (4							
Otteet Address							H	School (K-12 Subchapter 8) (Other then	K 400					
City (5) Paramus NJ								etc.)	vate & comr	nercial	buildi	ngs, h	omes		
County (6)			10				Squa N/A	re Feet	# of Floors N/A	3	Bld N/	g. Age A	9		
Name of Monitoring Circulation			(ST)	Inty Code ATE USE O	(7) NLY)		Curre	ent Use (Prior rate House	if being dem	olished	1)				
Name of Monitoring Firm Hired by Building	g Owner	(8)	A	SCM No.		Name	of Aha	tement Contra							
Street Address		one North				Street	Addres								
City, State, Zip Code						City, St	ate. 7i	n Code	-						
Project Manager for Monitoring Firm	pject Manager for Monitoring Firm							N,NJ,0752							
Start Date (10) 02/06/2019	O/NE/ON4 A							144	Licens 0127						
Occupancy Status During Abatement (Chec	1 02/0	//201	9		.,	EHW	ABA	A Monitor FEMENT L	LC						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	-		ement ers				ANK	LIN STREE	T						
Scope of Work (Check All That Apply)				City, State, Zip Code PATERSON,NJ,07524											
≥3 sf or ≥3 If ≥160 sf or ≥260 If	×	Renov Demoi				×	Glove	ebao Procedu	ontainment with Negative Pressure nclosure pag Procedure kempted (*) and Non-Friable Procedure						
Location of	1	s Local	tion				110111	-xempted (*)	and Non-Fria	able Pro		re emen	+		
Asbestos-Containing Material (ACM) TO BE ABATED	Us	Norma ed Sole aintena	elv by	Asbe	Desc stos Conta	cription of	arial /A	CAO		_	77.50.00	ype	1		
In Facility (13)	Cus	todial (12)	Staff?	(i.€	s. mermar s surfaci	ystems in ng. VAT. d	ining Material (ACM) sitems insulation, g, VAT, or cellaneous) Amount (Specify SF or LF)					Encapsulate	Enclosure		
EXTIRIOR	Yes	No	N/A							/al	=	ilate	line		
GARAGE		X		-		AN UP DING			TBD	X	-				
	X							2	50 SF	Х					
Pmo of Posist								-							
ame of Registered Waste Hauler HW ABATEMENT LLC	IDEP Waller ID	No	Cubic Ya		Na	ame of Regist	ered Landfill				-				
y, State ATERSON,NJ			N/A Disposal TBD	Disposal Date City State											
76 500	ompleted by Title ctor Espiritu Project Mar							RONX, NY					1		

										riaración e		- Common	ettoni		_P	int l		
147569254	ID		ICATION	tate of New N OF ASBE to NJAC 8	STOS	ABATE		IT					2 2 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		<u>W</u>	E		
Date of Notification (1) 02/05/2019				of Building O asa Don F			r (2)				FE	В	1 9	20)19			
Agencies Notified Type Notification EPA Initial	n		Street A	Address Roseville <i>A</i>	Avenu	ie				l.	m			341				
X DEP Amended Amendme	nt # y (including	_		ate, Zip Cod ark,NJ,071						90 St G	H (1) I	- Yart		4.5	F .~ (· +			
DOH justification Cancellation	1)			f Contact Pagan						elepho 973-4								
Name of Facility Where Abatement is Tak	ing Place (3))	FAC	ILITY INFO	RMAT	ION	Tv	pe of Facility	(4)				-					
Private House Street Address								School (K	-12)									
							×	Subchapt Other (i.e etc.)	er 8 (Ot . private	ther the	an K- mmei	-12) rcial t	uildi	ngs,	hom	es,		
City (5) East Orange							Sq N/	uare Feet 'A		of Flo	ors		Blo N	ig. A /A	ge			
County (6) Essex				Code (7) USE ONLY)			Cu	rrent Use (P rivate	rior if b	eing d	emol	ished)					
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	/ No.		Name EHV	of A	batement C BATEMEN	ontracto	or (9)								
Street Address						Street 89 F		ress NKLIN ST	REET	Γ								
City, State, Zip Code								Zip Code SON,NJ,0	7524									
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-		No. 3-5244			ense 274				-			
Start Date (10) 02/07/2019	Scheduled 02/08/2			Date (11)				SHA Monito								-		
Occupancy Status During Abatement (Che	55	377	0.00			Street		ress NKLIN ST	DEET									
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Occupie	Period of Al mal Facility	baten Hours	nent S		_	City, S	State,	Zip Code										
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nolition X Mini-Enclo						nment with Negative Pressure sure									
Location of	No	ocati	ly		Dog	scription									men	t		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair Custo	itenai	ely by ance/ Staff? Asbestos Co (i.e. therms surf			aining M	Materi s insu T, or	ulation,	(ACM) Amount (Specify SF or LF			Comove	Bamou	Repair	Encapsulate	Enclosure		
BASEMENT	Yes	No N/A				NI.	ļ.,	20.1.5				_	late	re				
or received			X PIPE INSULATION							30 LF		X	+	+				
Name of Registered Waste Hauler EHW ABTEMENT LLC		Н	JDEP W auler ID 037095	No.	Cubic of Was N/A			Name of TRI S						1				
City, State PATERSON,NJ					Dispos TBD	al Date	/	City, Sta BRON	te IX,NX		-		100.000					
Completed by Victor Espiritu	Title Projec	et Ma	anager	\	S	ignature		1110	///	- 1		Date 02/05/2019						

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

EC	F	rint Form
FEB	1 9 2019	To control of the con
Telephone Nur 201-224-63	mber 500	
(4) 12) or 8 (Other than K-12 private & commerci	2) al buildings, ho	mes,
# of Floors N/A	Bidg. Age N/A	
rior if being demolisi	hed)	

Date of Notification (1) 02/12/2019		Name of Building Owner/Operator (2) 1266 Apartment Corp															
Agencies Notified Type Notification			street Ad 5 Horiz						13								
EPA Initial Amended Amendment:		_	ity, Stat Fort Le	e, Zip Cod ee,NJ,07	e 024												
X DOH justification) Cancellation	including		lame of Michae	Contact al Manag	ger					ephone Nun 1-224-63							
			FACIL	ITY INFO	RMATIO	N	T	of Cooling (4	,					-			
Name of Facility Where Abatement is Takin Building Apartment	g Place (3)					_		of Facility (4 School (K-12 Subchapter (2)	er than K-12	2)						
Street Address Horizon Rd				1		}	國	Other (i.e. pr etc.)	ivate &	commercia	al buildi	ngs, r	omes	3,			
City (5) Fort Lee				·			Squar N/A	re Feet	N/		N	ig. Ag /A	e				
County (6) Bergen			County C	ode (7) ISE ONLY)			Con	nt Use (Prio nmercial	r if bei	ng demolish	ned)						
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.				tement Cont									
Street Address							Addre	ss KLIN STR	EET								
City, State, Zip Code					\neg	City, S	state, Z ERSC	ip Code DN,NJ,075	524								
Project Manager for Monitoring Firm		T	Telephor	ne No.	\dashv		hone N -333-			License N 01274	lo.			7			
Start Date (10) 02/14/2019	Scheduler 02/17/2		pletion (Date (11)	\dashv	Name	of OSI	HA Monitor ATEMENT	LLC					\neg			
Occupancy Status During Abatement (Chec							Addre						-	\neg			
Facility Closed/Vacated During Entire			ent					KLIN STR	REET								
Abatement Performed Outside of Norr Other – Describe: OCCUPIE	nal Facility	Hours			_ [ip Code ON,NJ ,07	7524								
Scope of Work (Check All That Apply)					ent with Negative Pressure												
≥3 sf or ≥3 if ≥160 sf or ≥260 if		enova emolit					K G	ni-Enclosure ovebag Prod	e cedure	i							
		-		T		E	_l No	n-Exempted	1 (-) ar	10 NON-FIIA	-	17 11 11 11 11 11 11	ment				
Accordance con Const		Locati Iormal			D.,	criptio	5	1					pe				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	d Sole ntena odial S (12)	ly by nce/		tos Conta	aining i system ang, V	Materia ns insul AT, or	lation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A							4515	1_	_	CD	Щ			
BASEMENT RM #10		Х			PIPE IN	2.00		N		15 LF	X			\square			
BASEMENT RM #10		Х				EAN				TBD							
BASEMENT RM#2		Х			PIPE IN					40 LF	X	_		\sqcup			
BASEMENT RM #6	BASEMENT RM #6						ATIO			40 LF	Х						
Name of Registered Waste Hauler EHW ABATEMENT LLC	1	NJDEP V Hauler ID 003709	No.	of Was			Name of Tri Sta		tered Landf Insfer	184							
City, State BRONX,NY		Disposal Date City, State Bronx,NY															
Completed by Victor Espiritu	ect M	lanage	r	S	Signatu	re	N	14	Date 02/12/2019								

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to MIAC 2002)

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1		15 1	11//
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(LOA80) HALL		(P	ursua	nt to NJA	AC 8:60 and 5:1	6)	A Marie I			in.	7				
Date of Notification (1)	1020/20		500000		g Owner/Operator (•	FEB / Job #1902-2	1 0	20	110					
/13/ .	19		Ra	mblewoo	d 73 Associates	LLC	/ Job #1902-2	403	Chi	#52	283				
Agencies Notified Type Notific	ation		Stree	t Address			- Lung	(489)		0.0					
⊠ EPA	20		PC	Box 391			, P. C. (1)	4			7.1				
☑ DOLWD ☐ Amende ☐ Amendm			City,	State, Zip (Code				-7 -1100	417.6					
☑ DHSS Amendm ☐ DCA ☐ Emerger		-	De	al, NJ 07	723										
(NJAC 5:23-8) justificati		ig	Name	e of Contac	t		Telephone Numb	per	- 191						
☐ Cancella	tion		Ma	rc Matut			732-485-685								
			FA	CILITY IN	IFORMATION		-								
Name of Facility Where Abatement is						Type of Facility	(4)								
Ramblewood Shopping Cente	r Suite 9	<u>%</u> 10				School (K-12									
Street Address						Subchapter	8 (Other than K-12) rivate and commen	cial h	uildin	70					
1155 Rt. 73						homes, etc.))	ciai bi	anding	,,,					
City (5)						Square Feet	# of Floors	В	dg. A	ge					
Mount Laurel						27,000	2		40 y	ears					
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)							
Burlington						Shopping C	enter								
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)									
Finog Enviromental					Asbestos and	d Mold Service	es, Corp.								
Street Address					Street Address				7.41						
617 Stokes Road					3859 Sylon B	oulevard									
City, State, Zip Code					City, State, Zip Co	ode									
Medford, NJ 08055					Hainesport, N										
Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone No.		License No.				\dashv				
Rebecca Rubnitz		8	88-715	-2211	609-702-0400		00862				- 1				
Start Date (10)	Scheduled	Comple	etion Da	ite (11)	Name of OSHA M	lonitor									
2 /26 /19		- 00		19	EMSL Analyti	es viscen									
Occupancy Status During Abatement (100			Street Address										
☑ Facility Closed/Vacated During Enti			ment		200 U.S. Rout	to 120 North									
☐ Abatement Performed Outside of No	ormal Facil	ty Hou	rs - Des	scribe	City, State, Zip Co										
Time of Abatement:AM	PM/	PM		AM	Cinnaminson										
Scope of Work (Check all that apply)					Cililatiiiisoii	, NJ 00077		-			_				
TOTAL CONTROL OF THE					☐ Full Cont	ainment with Neg	ative Pressure								
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		enovat			☐ Mini-Encl	osure									
≥ 100 si 0i ≥200 li	Цυ	emoliti	on		☐ Glovebag		n-Friable Procedure	•							
		s Loca	tion	1	Z HON EXC	mpted () and 140	11-1 Hable I Tocedule	1	-4	ant T					
Location of		Norma	lly		Description of	f			_	ent Ty					
Asbestos-Containing Material (ACM		ed Sole aintena			stos Containing Mat	terial (ACM)	Amount	Ren	Repair	Enc	Enc				
TO BE ABATED IN Facility		stodial		(i.e.	 thermal systems i surfacing, VAT, 		(Specify	Remova	a:	aps	Enclosure				
(13)		(12)			other miscellane		SF or LF)	<u>m</u>		Encapsulate	le				
	Yes	No	N/A							Ф					
Throughout				Floor til	e/Mastic		1,800 SF	Ø							
Walls Throughout				Mastic			1,000 SF								
Shower Stall				Mastic			100 SF	×							
									П	П					
Name of Registered Waste Hauler		I	IJDEP \	Naste	Cubic Yards of	Name of Regis	tered Landfill	_			-				
Waste Management		H	lauler II 17273	G-110 COLON	Waste 5	Grand Central									
City, State			11210		Disposal Date	City, State					\neg				
Lafayette, NJ					3/6/19	100	Penn Argyle, PA								
Completed By (Print or Type)	Title				Signature		Dat	e							
Kaysi Gruner	Office	Assis	tant		WILLA	(/ AIX /	Date 213/19								

K 5282	PAI	D	NOT		OITA	OF AS	BESTOS ABAT AC 8:60 and 5:10				and	M			
Date of Notification (1) 2 /	13 /	19	ı			of Buildin	g Owner/Operator (FE 902-2407 Chk	B 1 (-)19	T. C.		
Agencies Notified EPA DOLWD DHSS DCA	Type Notin	ded dment #			City,	t Address State, Zip (Code PA 18938				- 1. - 1.	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	- T		
(NJAC 5:23-8)	justifica	ation)	i Oi a a ii i	ð	100000000000000000000000000000000000000	of Contac	1.30.0		Telephone Nun	nber					
							NFORMATION			-57					
Name of Facility Where A Residential Proper		s Taking	g Place	(3)	1.0	OILITT II	TORMATION	Type of Facility (☐ School (K-12)						
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr homes, etc.)	(Other than K-1) rivate and comme	2) ercial bu	uilding	gs,			
City (5) Normandy Beach								Square Feet 2165	# of Floors		dg. A 60 y	-			
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli		-				
Ocean							2	Residential		1000 m					
Name of Monitoring Firm	Hired by Bu	uilding C	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
NA							Asbestos and	Mold Service	s, Corp.						
Street Address							Street Address								
							3859 Sylon B	oulevard							
City, State, Zip Code							City, State, Zip Co	ode							
							Hainesport, N	IJ 08036							
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.						
							609-702-0400		00862						
Start Date (10)				200		te (11)	Name of OSHA M	onitor							
2 /25 /	19		2 /	26	_ / _	19	EMSL Analyti	cal, Inc.							
Occupancy Status During							Street Address								
☐ Facility Closed/Vacate							200 U.S. Rout	e 130 North							
☐ Abatement Performed Time of Abatement: _	Outside of	Normal	Facility	/ Hours	s - Des		City, State, Zip Co	de							
		PIV	/u	_PIVI-		AM	Cinnaminson	, NJ 08077							
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)			novatio molitio			☐ Mini-Encl	ntainment with Negative Pressure							
F				Locati Iormal			(4)			Ab	atem	ent T	уре		
Location Asbestos-Containing I TO BE ABA IN Facilit (13)	Material (AC TED	CM)	Use Ma	d Sole intenar odial S (12)	ly by nce/	Asbe: (i.e	Description of stos Containing Mat ,, thermal systems in surfacing, VAT, other miscellaned	Amount Specify (Specify T, or SF or LF)					Enclosure		
Exterior						562 SF ⊠ □ □									
						Siding			302 SF						
			=					-		무		브	닏		
										屵					
Name of Registered Wast	e Hauler		Ц		JDEP V	Naste	Cubic Yards of	Name of Desire	orod Landell		Ш	Ш	Ш		
Waste Management				Ha	uler IE 17273	No.	Waste 5	Name of Regist Grand Cent							
City, State							Disposal Date	City, State							
Lafayette, NJ							2/26/19	Penn Arayla	o DA						

ASB-41 MAY 11

Completed By (Print or Type)

Kaysi Gruner

Title

Office Assistant

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

Signature

State of NJ

Notification of Asbestos Abatement D&S Proj. #: 19-30 (Pursuant to NJAC 8:60 and 12:120) PAM Date of Notification (1) Name of Building Owner/Operator (2) 0 2 / 1 3 / 1 9 Carolina Thompson Agencies Notified Type Notification Street Address ☐ EPA Initial Amended DEP City, State, Zip Code Amendment #: DOL M Emergency BERNARDSVILLE, NJ 07924 (including DOH. Name of Contact Telephone Number justification) DCA Cancellation Carolina Thompson **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Carolina Thompson Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) BERNARDSVILLE somerset Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 02/14/19 02/28/19 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 If □ Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of Ε by maintenance/custodial e asbestos-containing n Amount Description of asbestos-containing staff(12) m n p material (acm) to be (Specify SF or C material (ACM) C 0 abated in facility (13) a a LF) Yes No N/A 1 V p BASEMENT boiler insulation 34 sq ft M Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds. TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State PATERSON, NJ 07503 02/15/19 TULLYTOWN, PA Completed by (Print or Type) Signature Title **BOGDAN JOLDZIC** PRESIDENT 02/13/19

CL283 PAID	N		CATION	te of New OF ASBE to NJAC 8	STOS	ABATE					F		Ŋ,			
Date of Notification (1) 2/14/2019				Building (Varma/				LC .		rrn	1 0	20	10	And the second s	-	
Agencies Notified Type Notification			Street Ad 181 Mt	ldress t Bethel	Road			3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TEB-	1 9	20	119	4	-	
EPA Initial Amended Amendment	#		City, Stat Warrer	te, Zip Coo n NJ	de				1	4.19			1	161		
Emergency (justification) DCA Cancellation	including	T	Name of Rocco	Contact Varma						ephone 1 2-540-		٢	- 11.			
			FACIL	ITY INFO	RMATI	ON			1							
Name of Facility Where Abatement is Taking N/A	Place (3))						f Facility (4 chool (K-1)								
Street Address 181 Mt Bethel Road							S X	ubchapter ther (i.e. p	8 (Oth			uildi	ngs, l	nome	s,	
City (5) Warren							Square 3,500		# of 3	Floors			dg. Ag 29	je		
County (6) Somerset			County C (STATE U	ode (7) ISE ONLY)			Curren	t Use (Prio cupied	r if bei	ng demo	olished)				
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	No.				ement Con K Industr		(9)						
Street Address							Address Norgan	717								
City, State, Zip Code							itate, Zip rta NJ	Code 07871								
Project Manager for Monitoring Firm			Telephon	e No.			one No 570-20			License 0133						
Start Date (10) 2/27/2019	Scheduled Completion Date (11) Name 3/14/2019 Che															
Occupancy Status During Abatement (Check	2.0001020	20. 4 .01					Address				10.000.0					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours	ement									100				
Scope of Work (Check All That Apply)			WE - 1000 - 11													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×××	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	ls	Locati	ion						()				Single Service	ment	Š.	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormal d Sole intena odial S (12)	ely by nce/		os Con thermal surfa	systems cing, VA	ption of ing Material (ACM) Amount					Repair	Encapsulate	Enclosure		
100,000 000,000	Yes	No	N/A									<u> </u>		ate	œ	
Roof		Χ			roo	f mate	rial		2,5	545 SF	2	K				
Siding		Χ				Siding			1,8	325 SF	7	X				
Indoor Flooring		Χ			floc	r mate	rial		5	60 SF	2	X				
Attic	Attic						ition		6	0 LF	2	X				
Name of Registered Waste Hauler Atlantic Carting		100	NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 30 Waste Management													
City, State Wayne NJ	165				Dispo	sal Date		City, State Tulleyto	e own F	PA						
Completed by Corey Stankovic	Title CEO					Signature Date 2/14/20							019			

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

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Date of Notification (1)					IN	ame of Build	ing Owner/Operator	(2)	Cryc	/).	- (
	_15/		19		1"		ommunications	(2)	i ie n	PI	N /7	M
Agencies Notified	Type Not	ificatio	n		S	treet Address	3	1) 1 5 () 2	EC	15	W	
☐ EPA ☑ DOLWD						15 East Mo	ontgomery St				85375	
☑ DOLWD	Amend Amend		щ		С	ity, State, Zip		4.7.1 k	FEB	10	2010	- 111
□ DCA	☐ Emerg			ling	1		, PA 15212		ILU	19	2019	1 42
(NJAC 5:23-8)	justific	cation)		iiig		ame of Conta			Felephone	Number	,	
	☐ Cance	llation	ľ			Anthony P	orta		412-633	The second		1
						FACILITY I	INFORMATION		- /3	-12 - 1 - 1	. Fac. July 1	
Name of Facility Where	Abatement i	is Tak	ing Pla	ice (3)				Type of Facility	(4)			
Verizon Middletown Street Address	n Central	Offic	е					School (K-12	2)			
1009 NJ-35 North								Subchapter (i.e., p	8 (Other than	K-12)	l buildi.	
City (5)								homes, etc.)	invate and col	IIIIeicia	ii buildii	igs,
Middletown, NJ 077	740							Square Feet	# of Floors	3	Bldg.	Age
County (6)	40							+-20,000	2		+-7	5
Monmouth					C	ounty Code	(7)(STATE USE ONLY)	Current Use (Pri	ior if being de	molishe	d)	
Name of Monitoring Firm	Hirod b. D	uilal:		- (0)				Verizon				
TTI Environmental,		ullaing	Owne	er (8)	ASC	CM No.		ent Contractor (9)				
Street Address	IIIC							VIRONMENTAI	L, INC.			
1253 North Church	Street						Street Address					
City, State, Zip Code	State, Zip Code						1123 BEAVE					
							City, State, Zip Co					
	oorestown, NJ 08057 ect Manager for Monitoring Firm					ne Ne	BRISTOL, PA	19007				
Kris Smith	tornig i iiiii			11		ne No. 13-8218	Telephone No.		License No	D.		
Start Date (10)		Sche	duled			Date (11)	215-788-6040		00509			
_3 / _4 /	19	-				/ 19	Name of OSHA M	ionitor VIRONMENTAL	INC			
Occupancy Status During	Abatement	(Che					Street Address	VINORVILLIVIAL	-, INC			
☐ Facility Closed/Vacated	d During En	tire P	eriod o	f Abat	emen	t	1123 BEAVER	STREET				
	Outside of I	Norma	al Facil	ity Ho	urs - F)escribe	City, State, Zip Co					
Time of Abatement:		F	M/ <u>5:0</u>	<u>0</u> PM-2	2:00A	M	BRISTOL, PA					
Scope of Work (Check all	that apply)											
≥3 sf or ≥3 If			⊠ R	enova	tion		□ Full Conta □ Mini-Encl □ Mi	ainment with Nega	ative Pressure	9		
_ ≥160 sf or ≥260 lf				emolit			☐ Glovebag					
			Т.				☐ Non-Exer	mpted (*) and Non	-Friable Proc	edure		
Location of	nf			s Loca Norma						A	Abatem	ent Ty
Asbestos-Containing M	laterial (ACI	M)	Us	ed So	lely by	Ashe	Description of stos Containing Mat	erial (ACM)	Amount	2	D ZD	Encapsula
TO BE ABAT IN Facility				ainten stodial		l (ie	., thermal systems in	nsulation,	(Specify	Kelliova	Repair	cap
(13)			- Ou	(12)	CONTRACTOR AND		surfacing, VAT, other miscellaneo	or	SF or LF)	a s	5 7	Encapsulate
			Yes	No	N/A	A	other miscellaneo	lus)				ate
st Floor Frame Area						VAT/Ma	stic		19 SF			
st Floor Entranceway		-375-2				VAT/Ma	stic		15 SF			
							100		10 01			
					1						1	
				1		21//0	0.11.37					
ame of Registered Waste	Hauler			12.22	ANDER	Waste	Cubic Yards of Waste	Name of Registe				
		P. IN	2	1	Hauler	ID NO.	vvasie					
SERVICE TRANSPOR		P, IN	С.	F	dauler 2099	499		MINERVA LA	ANDFILL			
SERVICE TRANSPOR		P, IN	C			499	Disposal Date	City, State				
SERVICE TRANSPOR ity, State YARDLEY, PA	RT GROUI			- 1		499	Disposal Date TBD					
ame of Registered Waste SERVICE TRANSPOR ity, State YARDLEY, PA completed By (Print or Typ) Dillan DeCaro	RT GROUI	Title				499	Disposal Date	City, State WAYNESBU		Date	15-	

B & G proj. #:



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

-							Check	# 9142				_
Date of Notification (1)	11	Name of Bu	ildina Ow	ner/Operator (2	2)		107.11					
0 12 1/1 14 1/11 19 1		Kara Ce		non operator (E	.,		i E	CE	П	N/I	**************************************	*******
Agencies Notified Type Notifica	ition	Street Addre			-			r ty for	<u>I</u>	Viii.	- /-	
EPA Initial		ou out ridan	300									hil
DEP DEP	11	City, State,	7in Code					FEB 1	9	2010		
DOL Amend			ck, NJ 0	7463						-0:0		a-cord
₩ DOH	l f	Name of Co	ntact				Telephor	ne Number		· (-	-	
DCA Cancel	lation	Kara C	entineo				-1 -			(+.jt	14.	
			FAC	ILITY INFORM	MATIO	N			-		144	
Name of facility where abatement	is taking p	lace (3)					Type of Facility	(4)			-	
Kara Centineo							School	ol (K - 12)				
Street Address							1000000	napter 8 (Oth (Private/Cor			-12)	
							Bldgs.	/Homes, etc).			
City (5)	Cou	inty (6)			I Co	unty Code (7)	Square Feet	# of Floors		BI	dg. A	Age
Waldwick, NJ 07643		ergen			1	ate use only)	Current Use (P	rior if being	dem	olish	ed)	
Name of Monitoring Firm Hired by					L,		residential					
warne of Morntoning Firm Filled by	biag. Owi	ier (o)		ASCM No.		Name of Abatement						
Street Address					_	B & G Restorat	ion, Inc.		_		_	
						105 Ryerson F	Road					
City, State, Zip Code					_	City, State, Zip Code						
						Lincoln Park,	NJ 07035					
Project Manager for Monitoring Firm	n	Ph	one Numb	er		Telephone Number (973)696-686	9	License N		er		
Scheduled Start Date (10)	ISche	d. Completic	n Data /1	1\	_	Name of OSHA Mon		1	70	_	-	
02/26/2019	1	a. Completic 28/2019	III Date (I	1)		B & G Restorat	ion, Inc.					
530 (531 CAR SEE WHEN THE TO						Street Address	(20)					
Occupancy Status During Abateme X Facility closed/vacated during			mont			105 Ryerson R	oad					
Abatement performed outside	of normal	facility hour	S-			City, State, Zip Code						
Describe:Other-Describe:					-	Lincoln Park, N	J 07035					
Scope of Work (check all that appl	y)				-	wrap & cut					_	1.4
☐ Demolition 🔀	Renovati	on			-	Full Containment w/neg	ative pressure	Gloveba	ם מני	ncedi	ire	
>3 sf or >3 lf	≥160 sf or	≥260 If			_	Mini-enclosure	Γ	Non-frial				
Location of		n normally u		/			-T		R	R	Е	1-
asbestos-containing material to be	by maint staff(12)	enance/cust	odial			asbestos-containing	Amount	- 1	e m	e p	n	E n
abated in facility (13)	Yes	No	N/A	material (ACM)		(Specify S LF)	For	0	a	c a	C
lower level			×	VAT (no m	nactio	2)	400.05		e	Ė	р	-
3,				VAT (IIOTI	iasu	-	488 SF		X	붜	븜	#
					_				╡┼	ㅐ	片	片
									Ħ	H	Ħ	情
									Ħ	計	Ī	T
Registered Waste Hauler B & G Restoration, Inc.		EP Hauler II 19563	O# C	ubic Yards of V 6	Vaste	Name of Registered Grand Central			- 1			-
City, State Lincoln Park, NJ			Disposal D	ate 2/28/2019		City, State	Landin				-	
Completed by (Print or Type)	Title			Signature		Pen Argyl, PA		T. C.		_	,	
Gordana Luna		ry/Treasu	rer	Oignatule	9	Gordana Luna		Date 02/14/2	2019	9		
								1				

B & G proj. #:

2019-35

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

Manager and the second	7							Check	# 9141			_
Date of Notification	(1)	11	Name of F	Building Own	ner/Operator (2	2)		E	CEI	M	77	(+1)
10 12 1/11 14	1/11 19 1	- 11		Vinston	non-operator (2	-)					122	
Agencies Notified		tion	Street Add								-	44
☐ EPA	Initial	11	ou cet mad	11033					FEB 10	2019		
DEP	Notified Type Notification Typ		City State	, Zip Code								yester à
X DOL	Amend				, NJ 08816			Lauren				
X DOH		1	lame of C	ontact		-		Telephon	e Number		-	
☐ DCA	Cancell	ation	Dara \	Winston								
				FAC	ILITY INFORM	MATIO	N					
Name of facility wh	ere abatement	is taking pl	ace (3)					Type of Facility (
Dara Winston									l (K - 12)			
Street Address									apter 8 (Othe (Private/Com		(-12)	
									Homes, etc.	nerciai		
0:: (5)								Square Feet	# of Floors	В	ldg. A	ge
City (5)		Cou	nty (6)				unty Code (7) ate use only)					
7			ddlesex			(50		Current Use (P residential	rior if being d	emolish	ed)	
Name of Monitoring	g Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement	Contractor (9)				35
				3			B & G Restorati	on, Inc.				
Street Address							Street Address 105 Ryerson R	oad				
City, State, Zip Code)						City, State, Zip Code	**************************************				-
27-7	SNotified Type Notification EPA Initial DEP Initial DOL Amendment DOH Cancellation DOA Cancellation DOA Cancellation DOA DOCA Cancellation DOA DOCA Cancellation DOA DOCA Cancellation DOA DOCA Cancellation DOCA Cancellation DOCA Cancellation DOCA DOCA DOCA DOCA DOCA DOCA DOCA DOCA						Lincoln Park, I	NJ 07035				
Project Manager for	Monitoring Firm	1	F	hone Numb	per		Telephone Number	2	License Nu			
pr-							(973)696-6869		0037	8		
Scheduled Start Dat	e (10)	Sched	d. Comple	tion Date (1	1)		Name of OSHA Monit					
02/25/2019		02/	27/2019				Street Address				-	
							105 Ryerson Ro	oad				
							City, State, Zip Code					
Describe:		ornormal	tacility no	urs-		_	1: 15 1 1					
Other-Describ						-	LincolnPark, NJ	107035				1 .
		3.5				=	vrap & cut					
		Renovation					full Containment w/neg	ative pressure	Glovebag			
		≥160 sf or			4	X N	Mini-enclosure		Non-friabl	e proce	dure	
Location of	oining		n normally enance/cu	used solely stodial	1				R	R	E n	E
material to be		staff(12)			Description material (sbestos-containing	Amount (Specify S	For m	р	С	n
abated in facil	ity (13)	Yes	No	N/A		,		LF)	· o o	i	a p	L
family room, laund	Iry room			X	transite pi	ре		44 LF	e 🗶	111	П	In
bathroom & office)										同	T
Registered Waste Ha B & G Restoration			EP Hauler 19563		ubic Yards of V 2	/Vaste	Name of Registered Grand Central					
City, State Lincoln Park, N	J			Disposal D	ate 02/27/2019		City, State Pen Argyl, PA					
Completed by (Print	or Type)		W-44	1	Signature				Date		,	
Gordana Luna		Secreta	ry/Treas	urer			Gordana Luna		02/14/20)19		

State of NJ

B & G proj. #: 2019-37

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

	12	10. A. 10.40	and the same					Check	# 9143	-	and v. y.		
Date of Notification	(1)	111	Name of I	Building Ow	ner/Operator (2	2)		AT E	C E	1	W	E /	1
10 12 1/11 14	1/11 19 1	- 11		neconstitue s success	operator (2	-/			MER 1978 Promision (2. 20)		<u></u>		
Agencies Notified	Initial DEP Initial City, State, Zip Code Maplewood, N. Name of Contact Leo Nardone FAI Initial DEP I			-	7,179,33				+	1 111			
☐ EPA	X Initial								FEB 19	21	019	Total B	1
Dep					1	1							
X DOL	And the property of the proper			07040			in the second				Č.	- 1	
X DOH	Amendment Maplewood, Name of Contact Leo Nardon		ontact				Telepho	ne Number		71.11.			
☐ DCA	Cancell	ation	Leo N	lardone									
					NI ITY INFORM	44710	N.						
Name of the life out		- 4-1:1	(0)	FAC	JILITY INFORM	MATIO	N T	T- 45 33	40	000000000000000000000000000000000000000			
	ere abatement	s taking pi	ace (3)					Type of Facility Scho	(4) ol (K - 12)				
Leo Nardone								1 =	hapter 8 (Ot	her t	han K	-12)	
Street Address									(Private/Co		rcial	170	
								Square Feet	./Homes, et # of Floors		BI	dg. A	ae
City (5)	Cancellation Leo Na If facility where abatement is taking place (3) Idardone Address County (6) Essex If Monitoring Firm Hired by Bldg. Owner (8) Iddress Id				Co	unty Code (7)						•	
Maplewood, N	NJ 07040	Es	sex			(St	ate use only)	Current Use (F	Prior if being	den	nolish	ed)	
7.00	SERVICE DESCRIPTIONS	Bldg Own	er (8)		ASCM No.		Name of Abatement	residential			_		
. tame of Montering	,	Diag. Own	01 (0)		ASCIVI NO.		1	83 (5)					
Street Address						-		ion, inc.				_	
								Road					
City, State, Zip Code	9					_		*****	-				
								NJ 07035					
Project Manager for	Monitoring Firm	1		Phone Numi	ber			9	License I	Numb 378	per		
		- 10 -							1 00.	3/0	_		
	e (10)				1)		H () [[[[[[[[[[[[[[[[[[2.4
	anager for Monitoring Firm d Start Date (10) 7/2019 Sched. Com 02/28/20 cy Status During Abatement (Check only on)							W		
and the second s	te, Zip Code Manager for Monitoring Firm ed Start Date (10) Sched. 27/2019 02/28 Icy Status During Abatement (Check on cility closed/vacated during entire periodatement performed outside of normal fa												822
	Manager for Monitoring Firm ed Start Date (10) Sched. Co 27/2019 02/28/2 ncy Status During Abatement (Check only of acility closed/vacated during entire period of patement performed outside of normal facility						City, State, Zip Code						
	е.					-	Lincoln Park, N	IJ 07035					
		/)				-	wran & cut						-
	<u> </u>		on			=	3456 10 1 # 0 1 0 1 1 0 0 0 0 0 0 0 0 0 0 0	gative pressure	✓ Gloveba	ag pr	ocedi	ıre	
>3 sf or >3 if		>160 sf or	>260 If					S-111.0	Non-fri	T. Ye			
				y used sole!	yl					R	R	E	T_
asbestos-cont	•		enance/cu	ıstodial	Descripti	on of a	asbestos-containing	Amount		e m	e p	n	E n
			No	N/A	material	(ACM)		(Specify :	SF or	0 V	a	а	C
			110							е	r	р	-
basement				×	pipe insul	ation		33 LF		X	닏	片	#
				_	1					井	片	片	ዙ
				-		- Complete				Η	片	片	H
				#						片	H	H	計
				r ID#		Waste							1-
	on, Inc.		19563	Dieposal	<u> </u>		And the second designation of the second second second second	Landfill		-			
	J												
	or Type)				Signature		1		Date				
Gordana Luna		Secreta	ry/Treas	surer			Gordana Luna		02/14	/201	9		

0K 2434	PAID	NOTIFICAT (Pursu	State of Net ION OF ASB ant to NJAC	ECTOC AN	ATEMENT			; F	1 W	(<u>. </u>
Date of Notification (1)	18		of Building O				FF	R i	0 2010	411
Agencies Notified Type !	Notification	Street	Address	Phi	LLC			C.	4013	į
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nitial mended		Oc Tate, Zip Code	Box	69		caste,			-1 A
	mendmenr#_ nergency (including		ocuell /	Vī	08040					
i so:	stification) ncellation	Name o	f Contact	/	0 00, 40	Telen	hone Numb			
Name of Facility Where Abatement is		FACI	GOS S LITY INFOR	MATION					494	2
L', 15-	Laking Place (3)		%	ALTION	Time of Fa	cility (4)				
Street Address					Subch	ol (K-12) napter 8 (Other than	n K-12)			
City (5)	A 11				Square Feet	(i.e. private & con)
County (6) All	City -	County Co	do (7)			011100		Bldg	Age	
Name of Monitoring Firm Hired by Bui	County	(STATE US:	E ONLY		Current Use	(Prior if being dem	olished)			7
	iding Owner (8)	ASCM	Vo.	Name o	F Abatement C	Contractor (9)		71		-
Street Address				Street A	· /ごご /ddress	The lenent	Laur	11/27	ri 14	7
City, State, Zip Code				1212	Lowell	MIKIN	Mr.	_		
Project Manager for Monitoring Firm			12	17/6	e, Zip Code	· 711 T	ÉsO.	1/		
0 10		Telephone N	0.	reseption	e No.	Licen	se No.			
Start Date (10) 2 / 24/19	Scheduled Com	pletion Date (1	1)		SHA Monitor		107	P		
Occupancy Status During Abatement (Cher	k Only One)/	19		S						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of Abatement	,		Street Addi	ress					
				City, State.	Zip Code					
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 If										
.⊡ ≥160 sf or ≥260 if	Penovation Demolities	on on		□ G	lovebas Proce	dure				
	Is Location			□ N	on-Exempted	(*) and Non-Friabl	1			
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Normally Used Solely i Maintenance	har I	Deser bestos Contain	iption of			A	batemen Type	ı.	
In Facility (13)	Custodial Staf	i.e. ti	nermal systems	insulation, s T. or	(ACM) aufacine	Amount (Specify	= -	. Bu		
	75 1 1	N/A		ellaneous)		SF or LF)	Removal	Enenpsulate	Enclosure	
9 foir Will Star Leads &		NA	10				LV	ale	5	
landing 2nd Floor Lift Sile		1 1/	XIV Gre	on Floor	HIC	790 SF				
Kithitenethe Fre Florense	Harll		W-							
Vame of Registered Waste Hauler	French Soth	Tex 13:	caus lin	Olium F	Torres 5	7.70	X		_	
All JE U.C.	Hauler	Waste / D No.	Cubic Yards of Waste			Stered Landfill	/		_	
Try, State	208	47	Disposal Date	.	LLM o	£ KA			l	
Impleted by 1 - 1 11	Tide		1.图)	Tity, State, 15 [[4]	town P)			
-boph 1 Hill.	K Resident		Signatur	e	- 7	Date	Julio	2/	7	
5-1 (R-06-08)						1 //	114/18			

CK+ 4748 PAID

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

FEB 1 9 2019

Date of Notification (1)	11.19			Name of Build	ling Owner/Operato	or (2)	0		64 (1)		
Ananaiaa Natificad				(STATE	DREDGIN		t termine		
Agencies Notified	Type Notification Initial			Street Addres		RMON 1	10				
□ DEP	Type Notification Amended			City, State, Zip		JACAU I			-200		_
DOL DOL			nc.		LERMON	17 N.	580 7	lb			
M DOH	justification	j	'a -	Name of Conta			Telephone Num		-	1.3	
□ DCA	☐ Cancellation		-	الل	M						
	<u></u>			FACILITY IN	FORMATION						
			ce (3)			Type of Facil	ity (4)				
	KESIOTAL	CE_				School (K					
Street Address					-		er 8 (Other than K-1 , private & commerc		ildina	9	
City (E)						homes, et	tc.)				
City (5)	APE IN IN	U				Square Feet	# of Floors	1	3ldg.	(S)	
County (6)	AIC MA			County Code	(7) (STATE	1200	Prior if being demol		50	1	_
CAP	E MAY			USE ONLY)	(I) (SIAIL		ACAUT	isnea)		
				SCM No.	Name of Abaten	nent Contractor	(9)	_		_	_
(8) W	ILA					EMCO J	WC				
Street Address					Street Address						
					369	S. SP	RICE ALE				
City, State, Zip Code					City, State, Zip C			,			
					WAF	TE SHI	Apt W.J	05	05	_	
Project Manager for Mon	itoring Firm		Teleph	ione No.	Telephone No.	19-047	License No.	71			
Start Date (10)	Sche	duled C	Completio	n Date (11)	Name of OSHA		2 _0,0	* A_	_	_	_
2-21-19	1 2	1-3	1-1	9		WI	7				
Occupancy Status During	Abatement (Che	ck only	one)		Street Address						
				ent							
☐ Abatement Performed ☐ Other - Describe:	Outside of Norma	I Facilit	y Hours		City, State, Zip C	ode	4				
	#-1						-				
Scope of Work (Check all	тыт арруу)				☐ Full Con	tainment with Ne	egative Pressure	*			
≥3 sf or ≥3 lf					Mini-End		* N S DATEST				
≥160 sf or ≥260 lf		ix ne	HOUGON			g Procedure empted (*) and N	on-Friable Procedu	re			
								7	Abate		
Location of				,	Description of				Тут	ж	
Asbestos-Containing Ma		Main	tenance/	Asbest	os Containing Mate		Amount			П	_
TO BE ABATE IN Facility	D			(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Rer	Re	ncal	ncl
(13)		((12)		other miscellaneo		0, 0, 2,	Removal	Repair	Encapsulate	Enclosure
		Yes	No N	/A				=		ate	9
SIDING		-	-	/ .	RAUSITE	_	125050	V		-	
JIVING		-+		+	LICAM III		160001-	1		-	-
			\rightarrow					-	\vdash	\dashv	-
		+	+	_				-	H	\dashv	-
Name of Registered Waste	Hauler		T NJDE	P Waste	Cubic Yards	Name of Regi	stered Landfill				-
KLTMCO.	~ .				of Waste		u (IU I)	IΛ			
City, State	INC		111	104	Disposal Date	City, State	M.C.M.D.	H	_	-	=
	ANT NI	T			Doposal Date	the same of the sa	DRINE	MI.	T		
	Title				Signature	- wa	Date	1			
Completed By MICHAEL LO		SUPE	ENIS	DR.	Ju.	lo m	_ [_2-	11-	-19		

PAJU

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

FEB 1 9 2019

Date of Notification (1)	11-19			ding Owner/Operato RAW SCOM		I FMT		enc ieu	1	
Agencies Notified	Type Notificat	ion	Street Addre	SS						=
D BPA	X Initial				LLARKSI	MUDING	RI)		=
DEP DEP	Amended Amendmen		City, State, Zi	EGG HAR	NA	AL T	\circ	82	18	
⊠ DOH	Emergency justification		Name of Con		-0015	Telephone Num		20	10	_
DCA	Cancellatio	n		TOM		609-9	65-	74	98	
			FACELITY I	NFORMATION						
Name of Facility Where	Abatement is Ta	king Place (3)			Type of Facilit	100 D			C. S.	
	esiden(<u>t </u>				r 8 (Other than K-1)				
Street Address			3 30.00		Other (i.e., homes, etc	private & commerci	al buil	dings	i.	
City (5)					Square Feet	# of Floors	В	ldg. A		
	EAN! C	ITY		77. 767.175	1200	Prior if being demoli	1-	20	_	_
County (6)	MAY		USE ONLY)	(7) (STATE		CAWT	snea)			
Name of Monitoring Firm		Owner	ASCM No.	Name of Abaten	nent Contractor (
(8)	I/A				MCO]	LNC.				
Street Address	1			Stree: Address	S. Spri	ICE AUE				
City, State, Zip Code				City State, Zip C	Code		٨٥			
50.55 S. 10.55 S. 10					LE SHA		00	303	1	_
Project Manager for Mon			phone No.		9-0472	License No.	37]_		_
Start Date (10)	Sch	eduled Complet	ion Date (11)	Name of OSHA	Monitor					
2-21-19		2-31-1	1	Street Address	N P					_
Occupancy Status During Facility Closed/Vacate	g Abatement (Ch	eck only one; Period of Abater	nen!	300017301033	К	ia				
Abatement Performed	Outside of Norm	al Facility Hour	5	City, State, Zip C	ode	1. 1.				
Other - Describe:				L						_
Scope of Work (Check al	I that apply)			☐ Full Cor	ntainment with Ne	egative Pressure				
		Renovation		Mini-End	closure ag Procedure					
≥160 sf or ≥260 H		Demotition	1	Non-Exe	empted (*) and N	on-Friable Procedu				
		Is Location	1			Parent State Control of the Control	A	bater Typ		
Location o	f	Normally Used Solely		Description of		Amount				
Asbestos-Containing M.	aterial (ACM)	Maintenand Custodial	e/ Asbe (i.e	stos Containing Mat thermal systems in	nsulation.	(Specify	Re	R	nca	Enc
TO BE ABATI	Ξħ.	Staff? (12)		surfacing, VAT, other miscellaneo	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		-		•••••			a		ate	.0
		Yes No	N/A	== 1 1517	.,-	toco S.C.	X	-		
510 IW	7		X	TRAWSIT		1000 SE	1	-	-	
							\vdash	-		
							+	-		
		INI	DEP Waste	Cubic Yards	Name of Reg	istered Landfill	11			
Name of Registered Wast			5984	of Waste	A	CUA	-			
KLEMCO	INC		1909	Disposal Date	City, Sale,				_	
City, State MAPLE S	LAIDE	W. J.	- <u> </u>		PLEM	SANITUIZLI		١١٨.	7	_
Completed By	Tith	3		Signature	-1001-	Date	11-	19		9
MICHAEZ KLO	mu C	SUPERL	NOR	- Mue	1010					=

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

V 36027	AI	NOT		ATION		BES	STOS ABAT 3:60 and 5:1		FEE	1 1 9	2010	3	
Date of Notification (1)				Name	of Building	п Ом	vner/Operator ((2)			201.	,	har
02 / 13	/ 19	9		An order party	A Demo			(2)	Fame.	7 7 73			16
						,				103	1	+ 92	Š
	otification			1000000000	t Address				10: 20.00	A-42.			
☑ DOLWD ☐ Ame					6 Campla								
	ndment #	ŧ		5.0	State, Zip C								
[10.000 PM 10.000 PM 10.00	rgency (i			Hill	sborougl	h, N	IJ 08844						
	fication)		5	Name	of Contact	t			Telephone Nu	mber			
☐ Can	cellation			Ant	tonio Dim	nuzi	o		732-713-4	496			
				FA	CILITY IN	IFO	RMATION						
Name of Facility Where Abatemer	t is Takin	g Place	(3)					Type of Facility					
Residence								School (K-12					
Street Address	9							Other (i.e., p			uilding	gs,	
City (5)								homes, etc.)		1.5		/	
Wantage								Square Feet	# of Floors	B	ldg. A	ge	
			-	10				2500 sf	2		80		
County (6)				Cour	nty Code (7))(STA	ATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
SUSSEX								Residence					
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					
						(Guardian Co	ntracting, Inc.					
Street Address						Str	reet Address						
						1	1889 Route 9	, Unit 61					
City, State, Zip Code						Cit	y, State, Zip Co	ode					
						1	Toms River,	New Jersey 08	755				
Project Manager for Monitoring Fir	m		Tele	ephone	No.	Tel	lephone No.		License No.				
						7	732-349-9932	!	00624				
Start Date (10)	Sche	duled C	omple	etion Da	te (11)	Na	me of OSHA N	lonitor					
02 /14 /19		02_ /	1	5_/_	19	E	E.M.S.L. Ana	lytical					
Occupancy Status During Abatem	ent (Chec	k only	one)			Str	reet Address				-		
□ Facility Closed/Vacated During	Entire Pe	eriod of	Abate	ment		1	1056 Stelton						
☐ Abatement Performed Outside						Cit	y, State, Zip Co	ode					
Time of Abatement:AM	P	M/	PM		AM			New Jersey 08	R54				
Scope of Work (Check all that app	y)						isoataway, i	vew bersey ou			-		
□ • 0 • f • • • 0 • f	5.0			20000				ainment with Neg	ative Pressure				
≥3 sf or ≥3 if≥160 sf or >260 if		∐ Re ⊠ De	novat				☐ Mini-Enc	losure Procedure					
<u></u>			inonth	JII				mpted (*) and No	n-Friable Proced	dure			
		Is	Loca	tion							atem	ent T	vpe
Location of			Norma				Description o	f		1000	-		T
Asbestos-Containing Material (ACM)	110000000000000000000000000000000000000	ed Sole				Containing Ma		Amount	Removal	Repair	nca	Enclosure
TO BE ABATED IN Facility		1 22 7		Staff?	(i.e.		ermal systems		(Specify	NOV	a-	aps	ost
(13)			(12)				surfacing, VAT, ther miscellane		SF or LF)	<u>m</u>		Encapsulate	ıге
. *		Yes	No	N/A								е	
exterior					asbesto	s s	iding		2400 sf				
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Name of Posistered Wests Hauler			Ц.	LIDERY	0/	0.1	hi- V- I- f					Ш	
Name of Registered Waste Hauler Guardian Contracting, Inc.				IJDEP I lauler II			bic Yards of aste	Name of Regis	tered Landfill				
				20223	220-2000	4		T.R.R.F.					
City, State Toms River, New Jersey							posal Date 12/15/19	City, State Tullytown.	Pennsylvania	9			
Completed By (Print or Type)	Title	0						1 3.17	- 1		7		
Nicholas Fernicola		_e Project	Man	ager			Signature		1	Date /	3/1	4	

				State of New	. lower.				CE		N	Print
Date of Notification (1)		NOT	ΠFICAT (Pursu	TON OF ASBE	STOS ARAT	TEMEN (20)	IT .				had 197 year year	The state of the s
02/07/2019 Check # 33			Nam Hol	ne of Building C y Spirit Sch	Owner/Operat	or (2)			FEB 1	Q	2019	
- ypo rround	ation			et Address			-	bana .				ys ale
EPA Initial Amend	ed			Suburban I State, Zip Cod				** *	1 1	11	ili merusa	
Amend	ment #_ ency (includ	ing	Unio	on, NJ, 0708	e 33							
DOH justifica	tion)	ii ig	Name	e of Contact				Teleph	one Num	ber		
				Armand ACILITY INFOR	OR ATION				68-785			
Name of Facility Where Abatement is Holy Spirit School (Pre-K Build	aking Place	e (3)		COLLITT INFOR	MOTATION	Тур	e of Facility	(4)				
Street Address	119)					×	School (K-	12)				
984 Suburban Rd							Subchapte Other (i.e.	er 8 (Other the private & con	an K-12)	huild	nae h	omoo
City (5) Union						Squa	etc.) are Feet	# of Flor			igs, n	
County (6)			Count	y Code (7)		20,0	000÷	1	410.7700	50		8
Union			(STAT	E USE ONLY)		Sch	ent Use (Pri	ior if being de	emolishe	d)		
Name of Monitoring Firm Hired by Build N/A	ng Owner ((8)	ASC N/A	CM No.	Name FA S	l	atement Cor	ntractor (9)				
Street Address N/A					Street	Addre	ss					
City, State, Zip Code N/A						69th	ip Code					
Project Manager for Monitoring Firm			Talast		Jerse	ey Cit	y, NJ, 07	093				
N/A			N/A	one No.	Teleph 201-2	one N 295-1	o. 700	Lice 010	nse No.			
Start Date (10) 02/09/19	02/11	/19	mpletion	Date (11)			HA Monitor	1010	174			
Occupancy Status During Abatement (Ci					Street	Addres	ss					
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe: 11am	e Period of ormal Facili	Abaten ty Hours	nent		N/A		p Code					
Scope of Work (Check All That Apply)					N/A		p oodc					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				Glo	I-Enclosure vebaq Proce	edure				
	Is	s Location	on			Non	-Exempted	(*) and Non-	Friable F	10.00		
Location of Asbestos-Containing Material (ACM)		Normali ed Solel	у		Description of	of				Au	ateme Type	rit
TO BE ABATED In Facility	Ma	aintenan todial S	ice/	(i.e. theri	Containing Ma mal systems	insulat	(ACM)	Amount (Specify	10 107	,	Ē.	
(13)		(12)	wan.	SL	urfacing, VAT er miscellane	. or		SF or LF		Medan	Encapsulate	Enclosure
	Yes	No	N/A	0.0000		/			g	i =	ulate	sure
Basement Boiler Room	Х			ACM	Pipe Insu	lation		8 LF	X		+	
	-											
ame of Registered Waste Hauler		1074000	DEP W		oic Yards		Name of Re	egistered Lar	ndfill			
-State Transfer Associates			uler ID 551	No. of V	Vaste D	452		Entreprise				
y, State onx, NY				Dis _i	posal Date		City, State Waynesb	ura OLI				
mpleted by chael Fajardo	Title	Clark	Č.	1.0	Signature	-1	an V	uig, OH	Date			
and a sparato	Office	Clerk				1	NX		02/07	/19		

NOCK

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

FEB 1 9 2019

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Date of Notification 2/12/19	(1)					g Owner/Operator (2) Ownship Board of E	ducati	ion	i					í
Agencies Notified	Type Notifica	tion			Address	Wilship Board Of E	ducati	1011		* ***		- 1		
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□ DEP		nended			ate, Zip Co					1000	6-12	- 1	27111	
⊠ DOL	(1) Table 1	nendment #1				J 07042								
- 502		ergency (including	-		of Contact		-		Telephone Number					
⊠ DOH	N 20 0	tification)			o D'An				973-509-4000					
☑ DCA	1	ncelation							373 303 4000					
					FA	ACILITY INFORMAT	ION							
Name of Facility Who							Type	of Facility (4)						
Watchung Elen	nentary Sch	nool						School (K-12	2)					
Street Address							×		8 (Other than K-1	12)				
14 Garden Stre	et									rcial buildings, ho	mes, e	etc.)		
City (5)							Square	e Feet	# of Floors	Bldg. Age				
Montclair, NJ 0	7042						40,0	00 SF	2	55+				
County (6)					County	Code (7)	Currer	nt Use (Prior if be	ing demolished)	1				
Essex					(STATE	USE ONLY)	Elem	nentary School	ol					
Name of Monitoring	Firm Hired by	Building Owner (8)			-	ASCM No.	Name	of Abatement Co	intractor (9)					
Detail Associate	es, Inc.							orn Contract	Successive of the Superior					
Street Address			9-25/71					Address	8 00.151				_	
300 Grand Ave								Villow Way						
City, State, Zip Code							1	tate, Zip Code						
Englewood, NJ								dland Park, I	NI 07424					
Project Manager for I		m			Telepho	na No		none No.	NJ 07424	I commente		100		
Stephen Jaracze		11			1	569-6708		333-9176		License No.				
Start Date (10)	EWSKI			Cab and al	1		-			01331				
4/19/19				4/24/		etion Date (11)	1	of OSHA Monitor						
Occupancy Status Du	iring Abateme	nt (Check Only One)		4/24/	15			rovision Cons	suitants, inc.			-	-	
Transaction of the control of the co			d of Ab	otomor			1 5 7 7 7 7	Address	א פולי פר ב					
		ed During Entire Perio			it.				Rd., Bldg. 35-E					
		d Outside of Normal I	-acility	Hours				tate, Zip Code	***					
Other - De		vi					Fair	Lawn, NJ 074	410				110000	
		11.			_									
≥3 sf or ≥3				\boxtimes	Renova				ment with Negati	ve Pressure				
≥160 sf or	r ≥260 lt				Demol	ition	\boxtimes	Mini-Enclosu	200 E0					
							×	Glovebag Pro						
								Non-Exempt	ed (*) and Non-F	riable Procedure				
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	In Facility		Cu	stodial St	aff?			ing, VAT, or		SF or LF)	20		nca	E
	(13)			(12)	T		other m	iscellaneous)			Removal	Repair	Encapsulate	Enclosure
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Annex	x Area - Cra	awi Space	X				Pipe I	nsulation		300 LF	X	_	_	
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				-							-		_	-
Name of Registered V					Vaste Hau	ler ID No.		ards of Waste		Name of Regustered		II		
Unicorn Contrac	cting Corp.		******	00358	44		3+			Fairless Hills La	ndfill			
City, State							Disposi	al Date	9*	City, State				
Woodland Park,	, New Jerse	ey					TBD	γ	171	Morrisville, PA				
Completed by			Title					Signature	/// X		Date			
Dimo Golcev			Gener	al Man	ager			/	/n/V	/	2/1	2/19)	
								1	/ - / 7					

Check# 3210

PAID

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

GAC Project # 060-18 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ February 13, 2019 Notification Type Street Address Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT (RE)(S) ☑Initial Notification ☐ EPA 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS □Amended Notification # ☐ DCA ☐ Emergency (including City, State, Zip Code X DOL PISCATAWAY, NJ 08854 iustification) DEP- No Longer REQUIRED Telephone Number Name of Contact □Cancelled X DOH MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) STANLEY BERGEN BLDG, BLDG# 7252 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) RBHS NEWARK CAMPUS # of Floors: 15 Bldg. Age: 80+ years Sq. Feet: N/A County (6) County Code (7) City (5) Current Use (prior if being demolished): ACADEMIC (State Use Only) **NEWARK ESSEX** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) 00098 ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **511 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 00840 973-492-0477 Scheduled Completion Date (11) Scheduled Start Date (10) Name of OSHA Monitor ENVIROVISION, INC. 02/23/2019 02/25/19 Occupancy Status During Abatement (Check only one) Street Address 20-21 WARGARAW ROAD, BLDG# 35E ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure **X**Renovation ■ Mini-Enclosure ≥ 3 sf or >3 lf ■ Demolition ☐ Glove bag Procedure / Wrap & Cut $\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$ Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material Amount Location of Asbestos-Containing Is Location Normally Used (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose Staff? (12) or LF) VAT, or other miscell.) NO NA YES X GB-15 Corridor X WALL TILE MASTIC 80 SF Name of Registered Landfill NJDEP Waste Hauler ID # Name of Reg. Waste Hauler 5 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 02/25/2019 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) February 13, 2019 SENIOR PROJECT Raymond E. Pedalino RAYMOND C. PEDALINO MANAGER

CK 1151 PA	ND	NOTI		TION	OF ASE	BESTOS ABAT C 8:60 and 5:16	5)	EG	E	I N	7	7
Date of Notification (1)	7 / 19				an de la company	Owner/Operator (2 Turnpike Author		FEB	1 9	2019	n	
Agencies Notified EPA DOLWD DOH	Type Notification Initial Amended Amendment #_ Emergency (inc	- Judina	-	Street 1 Tu	Address Irnpike P tate, Zip C	laza			* 9	201	9	1 2 10
☐ DCA (NJAC 5:23-8)	justification)	Juding	İ	Name	of Contact			Telephone Numb				
)	☐ Cancellation			Mat	thew J. C)'Hara		732-336-9722	2			
				FAC	ILITY IN	FORMATION						
Name of Facility Where A Maintenance Distric Street Address Mile Post 80, NJ Tu	ct 4 Mile Post 80		- testin				Type of Facility (☐ School (K-12) ☐ Subchapter 8 ☐ Other (i.e., pr homes, etc.)		cial bu	ilding	s,	
City (5)							Square Feet	# of Floors	Blo	lg. Ag	ge	
Milltown							7,500	1		-50 \	ear/	s
County (6) Middlesex				Coun	ty Code (7)	(STATE USE ONLY)	Office/Garag	or if being demolisi ge	ned)			
Name of Monitoring Firm	Hired by Building C	wner (8) /	ASCMI	No.	Name of Abateme	ent Contractor (9)				334.20.	
Environmental Con	npliance Monitor	ing, lı	nc.	N/A		Tricon Enter	orises, Inc.					
Street Address						Street Address	, A8					
349 Route 206						322 Beers St						
City, State, Zip Code						City, State, Zip Co						
Hillborough, NJ 08			T = 1			Keyport, NJ (0//35	Ti				
Project Manager for Mon Keith Conlin	itoring Firm			phone I 8-625		Telephone No. 732-739-1200	1	License No. 1095				
Start Date (10)	Sched	uled C		ion Dat		Name of OSHA M		1033				
2/25/		3/	15	_ / _		N/A	ionitoi					
Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement:	ed During Entire Per d Outside of Normal	riod of	Abater / Hour	s - Des		N/A City, State, Zip Co	ode					
Scope of Work (Check al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ll that apply)	□ Re	novati molitic			☐ Mini-End ☐ Gloveba	g Procedure	ative Pressure	e			
		~~	Locat						Ab	atem	ent T	уре
Location Asbestos-Containing TO BE ABA IN Facil (13)	Material (ACM) ATED	Use Ma	Norma d Sole intena todial ((12)	ly by nce/		Description of stos Containing Ma ., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Bunk Room				\boxtimes	12x12 V	White Floor Tile		370 SF				
Break Room					12x12 V	Vhite Floor Tile		499 SF				
Locker Room					12x12 V	Vhite Floor Tile		382 SF				
Hallway "A"				\boxtimes	12x12 V	White Floor Tile		448 SF				
Name of Registered Was Freehold Cartage,			1,1750	JDEP \ auler II	O No.	Cubic Yards of Waste 40	056903000000000	stered Landfill nd County Land	fill			
City, State Freehold, NJ						Disposal Date 3/15/19	City, State Newbugh,	PA				
Completed By (Print or T	ype) Title	9				Signature	7/	Da	te /	7		

ASB-41 JAN 13

Thomas Camarda

Sr. Project Manager

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

DOL Ashestos Notification ash-41-unprotected State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Continuation Sheet

FFR 1 0 2010

Name of Facility Where Abatement is Taking Place (3)
Maintenance District 4 Mile Post 80 (TMD5)

						Ab	atem	ent T	ype
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)	Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A						L
Office #1			Х	12x12 White Floor Tile	132 SF	Х			
Office #2			Х	12x12 White Floor Tile	132 SF	X			
Office #3			Х	12x12 White Floor Tile	132 SF	Х			
Janitors Closet			Х	12x12 White Floor Tile	20 SF	Х			
Garage			Х	Compressed Paper Pipe Insulation	30 LF	X			
Garage			Х	Aircell Pipe Insulation	20 LF	X			
Garage			Х	White Block Pipe Insulation	120 LF	Х			
Bunk Room #2			Х	White Block Pipe Insulation	16 LF	Х			
Supply Office			Х	White Block Pipe Insulation	25 LF	Х			
Main Bathroom			Х	Aircell Pipe Insulation	20 LF	X			
Exterior			Х	Grey Cementious Window Caulking	TBD	Х			
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Date of Notification (1)	18.7				Nar	ne of Build	Ing I	Owner/Operator	(2)	-				7		
02/13/19					C	Name of Building Owner/Operator (2) Calvin Cunningham										
Agencies Notified Type Notification						Street Address										
⊠ EPA	M Initial				(SALE	Street Address										
Ø DOLWD	☐ Amen				-	City, State, Zip Code										
₩ DOH	Amen								** · · · · · · · · · · · · · · · · · ·		- 1	• • • • •		7		
☐ DCA (NJAC 6:23-8)	⊠ Emerg	ancy (includi	ng	P	ennsauk	en,	01180 LM				٠			400	
(MANC 0:23-8)	Justific	setion)				ne of Canti				Telep	hone Au	SARP	-	netorito.	_	
	☐ Cance	ation			C	alvin Çur	nIn	gham		1	tion on their	410.35				
								ORMATION	·	-			-		_	
Name of Facility Where A	batement i	S Taki	ng Ple	ca (3)				PARTICION I DATA	Tues - 2 5- 180	140						
Cunningham Reside	ence					Type of Facility (4)										
Street Address		-					_		Subcel (K-12) Subchapter 8 (Other than K-12)							
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City (e)		of the latest death death of the latest death de							homes, etc	r)	so colitati	RICHIT	PURIL	ıge,		
Pennsauken							3.7	Occidence Colored and American	Square Feet	1 to 4	Floors	-11	Slog. r	Acre	-	
County (6)									1,440	2		1	104			
					Co	unity Code	(7)(S	TATE USE ONLY								
Camden							5.55		Residence							
Varne of Monitoring Firm !	Hired by Bu	aliding	Owner	(a)	ASCI	ANA	TA	Indian of Shada	ont Contractor (
Management & Envi	ro, Cons	ultino	Sen	laas	- 144		1"	AL I PERMIT	iont Gentractor (B)							
veet Address		ar 4-148	1 6-01 4	1000		Shade Environmental, LLC										
PO Box 341						Street Address								-	HOME	
ity, State, Zip Code				-	-	623 Cutler Avenue										
Chesterfield, NJ 085							C	lty, State, Zip C	ode			Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, w			_	
Cap Cal Colour agents	10							Maple Shade	, NJ 08052							
roject Manager for Monit	oring Arm			Tel	sphone	hone No. Telephone No.				Lican	sa No.		_			
Bill Weisgarbar 60				09-29	8-4070		956-755-0099	y .	100000000000000000000000000000000000000	342						
Start Date (10) Scheduled Complete			etion D	ale (91)	4	ame of OSHA N		000	945	are-game	-		_			
02 / 18 /	19					_19										
Coupancy Status During	Shakamani	Ichae	de Ambre				-	EMSL Analyt	ical, inc.							
Facility Closed/Vecated	During Co.	Janes	a only	one)			1 3	lfäël Address							_	
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Time of Abatement:	AM.	ACM IZ (F)	i Pagu M	Bry British	rs - Da	AAR DOG GEORGE CONTRACTOR						_				
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cope of Work (Check all t	hal apply)												-	-		
2 ≥3 sf or ≥3 ff 2 ≥160 sf or ≥260 ff				ingvet imoliti	ien >n			☐ Mini-Eng	isinment with Ne lesure I Procedure Impled (*) and Ne		STISTED STATES					
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Asbestos-Containing Material (ACM) Used So TO SE ABAYED Mainten			Normally Used Solely by				Description p	f			-	mets		71		
				Asbestos Containing M.				terbit (ACSA)	Am	Amount		2	5	ı		
			Custodial Staff? (I.e.,				ermal systems i	nsulation,	(Specify		Resnoval	Repair	Encapsulate	1		
(13)				(12)]	a	surfacing, VAT, ther miscellanes	ot.	\$F €	r LP)	旦		SE SE	-	
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Freehold Cartago	naular				JDEP L			bic Yards of	Name of Regis	tered Lan	dia	1	- Control	_	ث	
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y, State	- Company of the last				1-0-00		Tile	possi Date					and the same of	-		
reshold, NJ						,		5000.05.8 P. C. R. R. R. T. T. C.	City, State			or to see of				
mpleted By (Print or Type	1	Title	-				Ų	2/20/2019	Morrisville,	PA						
Inristing Lynch	4	1						Signature			Dat	9			-	
	Christins Lynch Vice Prosident of C					peration	ions (13-79									
		_	-	-	The second			ANDLAD			1 2	12	JA23			

							<u>2</u>								
h360	40	NO	TIFIC	ATIO	NOF AS	New Jersey BBESTOS ABA AC 8:60 and 5:1	TEMENT 6)	E G FEB	19	<u> </u>					
Date of Notification (1)	0			Nam	ne of Buildi	ng Owner/Operator	(2)	110	1 0	LU	10	- 2			
	14 /	19				anagement, LLC	(-)		2	1	1-6-0				
Agencies Notified	Type Notific	cation			et Address			ASSEST	000	EO:	10	£			
⊠ EPA	☐ Initial	Jation							eretteka		. 42				
□ DOLWD	☐ Amende	ed				tt Mills Road, #11	133		1	-					
☑ DOH	Amenda				City, State, Zip Code										
DCA	☐ Emerger	ncy (includi	ng		Jackson, NJ 08527 Name of Contact Telephone Number										
(NJAC 5:23-8)	justificat Cancella	500		25000				Telephone Number							
	L Cancella	ation		Ya	akov We	eiss		732-995-26	06						
				FA	CILITY	NFORMATION									
Name of Facility Where	Abatement is	Taking Pla	ce (3)				Type of Facility	(4)							
Residence							School (K-12	• • • •							
Street Address							☐ Subchapter	r 8 (Other than K-12)							
							☑ Other (i.e., p	rivate and comme	ercial b	ouildin	ıgs,				
City (5)		-					homes, etc.) Square Feet		15						
Hamilton							2500	# of Floors	В	Bldg. A	Age				
County (6)				Cou	nty Code (7)(STATE USE ONLY)		2		80					
Mercer				000	my code (I JOSE ONLY)	The state of the s	or if being demoli	shed)						
Name of Monitoring Fin	m Hired by Build	ding Owne	- (9)	ASCM	I NIa	IN COL	Residence								
Guardian Contrac		ding Owne	(0)	ASCIV	I INO.	Name of Abateme									
Street Address						Guardian Contracting, Inc.									
						Street Address									
1889 Rte. 9, Unit 61 City, State, Zip Code					54	1889 Route 9, Unit 61									
•						City, State, Zip Code									
Toms River, New						Toms River, I	New Jersey 08	755							
Project Manager for Mo			1000	ephone		Telephone No.		License No.							
				0.000 500 100	9932	732-349-9932		00624							
Start Date (10)	8	Scheduled (0.0000000000000000000000000000000000000	Name of OSHA M	onitor								
02 /25 /		02		<u> </u>	19	E.M.S.L. Anal	ytical								
Occupancy Status Durin	g Abatement (0	Check only	one)			Street Address									
□ Facility Closed/Vacat	ed During Entir	e Period of	Abate	ment		1056 Stelton									
Abatement Performe	d Outside of No	ormal Facili	ty Hou	rs - Des	scribe	City, State, Zip Co	do								
Time of Abatement:	AM	PM/	PM-		AM		ue lew Jersey 088								
Scope of Work (Check a	Il that apply)					riscalaway, N	iew Jersey 088	54							
≥3 sf or ≥3 if ≥160 sf or ≥260 if			enovati			∐ Mini-Encl ⊠ Glovebag	ainment with Negrosure Procedure npted (*) and Nor		ro						
		Is	Locat	ion			, , , , , , , , , , , , , , , , , , , ,		1			-			
Location	Noma			Description of				atem	1	-					
Asbestos-Containing Material (ACM) Used So TO BE ABATED Used So					Asbe	stos Containing Mat	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure			
IN Facility Custodial					(i.e	, thermal systems insulation, surfacing, VAT, or		(Specify		air.	aps	lost			
(13)			(12)			other miscellaneo		SF or LF)	<u>n</u>		ula	ire			
		Yes	No	N/A			Ø.				é				
pasement					asbesto	s pipe insulation	1	100 If				-			
										<u> </u>		1			

Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Guardian Contracting, Inc. Hauler ID No. Waste T.R.R.F. 20223 3 City, State Disposal Date City, State Toms River, New Jersey 2/27/19 Tullytown, Pennsylvania Completed By (Print or Type) Title Signature Date Nicholas Fernicola Project Manager ASB-41

SOTIEICATIO	State of New	310011-10071	NT T) E G	ELVEN						
NOTIFICATION (Pursuant		STOS ABATEM 0-7 and 12:120-7) of Building Owner/ ENTIAL FINANCIAL	OP-	FEB	1 9 2019						
10			[-								
ite of Notification (1)	Street	Street Address 751 BROAD STREET ASBESTOS COLL									
2 / 13 /15			107400	AODIO	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						
gencies Number	NEW A	state, Zip Code ARK, NEW JERSE	70/102	one Number							
EPA Amended Notification in		of Contact	Telepho 973-80	2-4072							
DEP Cancellation On Hold	ION LIASO	N MCCAULE	970 00								
X DOH EMERGENCY NOTH TO A	ACILITY IN	IFORMATION T	ype of Facility (4)								
DCA	Acia			her than K-12)	, and otc)						
Name of Facility Where Abatement is Taking Place (3)					dgs., homes, etc.) Bldg. Age						
		X	Causero Feet "		30						
PRUDENTIAL BUILDING			785,000 Current Use (Prior if b	oing demolish	ed) Pharm. Lab.						
Street Address		inty Code (7)	Current Use (Prior II L	leling do.							
Street Address 751 BROAD STREET - 6TH FLOOR County (6)	(STA	TE USE ONLY)	COMMERCIAL Name of Abatement	Contractor (S	ATION						
City (5) ESSEX		ASCM No.	PAR ENVIRONMENT	TAL CONFOR							
NEWARK Name of Monitoring Firm Hired by Building Owner (8) ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC	·		Street Address 313 SPOOK ROCK	ROAD							
ACCREDITED EITH			City, State, Zip Code								
Street Address 28 NORTH PENNELL ROAD			TOTIELERY MEN	Tit or	nse Number						
City, State, Zip Code MEDIA, PA 19063	Numbe	er -	Telephone Number 845-369-7500	1							
Manitoring Firm	none Numbe		Name of OSHA Mo	nitor							
Project Manager for Monitoring Firm 610-8 RONALD KHACHADOURIAN Sched. Co	mpletion D	ate (11)	QUALITY								
Ctate Date (10)) Da		Tetrant Address								
10 / Voar			1376 ROUTE 9								
Month Day Year Month Occupancy Status During Abatement (Check only one Facility Closed/Vacated During Entire Perior Facility Closed/Vacated Outside of Normal Facility Closed/Vacated Outside of Normal Facility Closed	d of Abatem	nent - Describe:	City, State, Zip Co	ode	IEW YORK 12590						
Occupancy Status During Abatement (Check Only) Occupancy Status During Abatement (Check Only) Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal FACILITY Abatement Check Only)	acility Hours	5- 500-	WAPPING	ERS FALLS, N	NEW YORK 12590						
Abatement Performed Outside of Normal Particles of Normal Particle	J 1 11. –		ontainment								
		Mini-E	nclo , bag Procedure								
Scope of Work (Check all that apply) X Renovation	OH	Non-F	riable Procedure		Abatement Type						
Nase OR LF			of Ashestos-	Amount	ENCLOS REPAIR REPAIR						
>160 SF OR 200 LI IS LO	ation	o -toining Wi	alena ((Specify	NCLOSUR NCAPSUL REPAIR REMOVAL						
Achestos-containing sole	ly used ly by	01	al systems urfacing, VAT,	SF or LF	DVAL DVAL						
Material (ACM) Maint/(Custodial	or other mis	scellaneous)								
TO BE ABATED Sta	ff (12)			18,000 SF	X						
in Facility (13) Yes N	lo N/A X F	LOOR TILE & MAS	STIC COMPLETE								
THOOR ENTIRE											
6TH FLOOR -ENTIRE	++		- IN ETE	12 LF	X						
TO SCOPE:	-++	PIPE INSULATION	COMPLETE	- 112	-+++						
ADDITION TO SCOPE:	-++	TH E									
BASEMENT TUNNEL	H										
			INIomo of Re	gistered Landf	ill L						
	EP Waste	Cubic Yards of Wa	GRAND CE	NTRAL SANIT	Ant						
Name of Registered Waste Hauler Hau	iler ID No.	120	1	111							
Name of Registered NEWARK CARTING	913	Disposal Date	City, State	D TOWNSHIE	Date 2 / 13 19						
		10/15-03/30/19 Signa			11511						
City, State NEWARK, NEW JERSEY Title NEWARK TO Type) Title	22	ERATIONS Signa	1//	100							
	OR OF OP	ERATIONS			/ /						
BENJAMIN SANCHEZ											

							12				1
			Stat	e of New Jerse OF ASBESTO	ey S ABATEN	MENT T		PI	7		古
	NOTIF	ICAI	t to N				JE C	- E 	1 1		
	(FU	isuai	10 10 1	Name of Buil	ding Owr	lellOherator (-)	1)/	Name and Address of the Owner, where the Owner, which is the Ow			
				PRUDENTIAL	FINANC	IAL	16				
e of Notification (1)							FE FE	B 19	20	119	
4 /10				Street Addres	STOCET	1	14 16	ם ו ט		110	1
2				751 BROAD							
encies Notified Type Notification	ion			City, State, Z	ip Code				0.1	4-2-1	C T
le ' ' le	ification	#6		NEWARK, N	EW JERS	EY 07102	ASBES	STOSC	OI .	1. 1	
Cancellation	mounor						Telephone Nu	mber	Lawrence Co.	25-23	
A DOL On Hold				Name of Cor	ntact	Ţ	973-802-4072		7 2		
IN DOI!	Y NOTI	FICA	TION	JASON MCC			370 002 11		-		
DCA LIEWERGENO	************		FACIL	ITY INFORM	ATION		(4)				
. in Taking	a Place					Type of Facility	(4)				
ame of Facility Where Abatement is Taking	y r lacc	(0)			1	School (K-	r 8 (Other tha	n K-12)			1
					1	Subchapte	orivate & com	mcl blda	s h	omes,	etc.)
RUDENTIAL BUILDING						X Other (ie. I	# of Floor	5	Blo	dg. Age	9
			1110000			Square Feet	27			58	
treet Address						785,000 Current Use (Pr	if heing do	molisher	() Ph	arm. L	ab.
51 BROAD STREET - 6TH FLOOR			T	County Coo	le (7)	Current Use (Pr	ior ii beirig de	Monorio	4 11		
County (6)				(STATE USE	ONLY)	COMMERCIAL Name of Abate	mont Contra	ctor (9)			
EWARK ESSEX	Owne	r (8)		AS	CM No.	PAR ENVIRON	MENTAL CO	RPORAT	ION		T1=15+10+14
IEWARK Iame of Monitoring Firm Hired by Building CCREDITED ENVIRONMENTAL TECHNOL	OGIES	INC				PAR ENVIRON	WILLIAM TO THE				
CCREDITED ENVIRONMENTAL TEST ITS						Street Address 313 SPOOK R	OCK ROAD				
Street Address						City, State, Zip	Code				
28 NORTH PENNELL ROAD						SUFFERN, NE	W YORK 109	01			
City, State, Zip Code MEDIA, P.	A 1906	3				Telephone Nur	mber	License	Num	iber	
	TTe	lepho	one N	umber			(100)	1101			
Project Manager for Monitoring Firm	61	0-89	1-011	4	100000000000000000000000000000000000000	845-369-7500	A Monitor	1101			
RONALD KHACHADOURIAN	Sched	Com	pleti	on Date (11)		Name of OSH	A MONITO				
Expected State Date (10)	Juliuu.	3 /	•	30	/19	QUALITY					
10 / 16/18	Mont	h		Day	Year	Street Addres	S				
Month	k only c	ne)		70-10 10 10-10-10		1376 ROUTE	9				
Occupancy Status During Abatement (Chec Facility Closed/Vacated During E	ntire Pe	eriod	of Ab	atement		107011001					
					e.	City, State, Zi	p Code			21/ 125	:00
Abatement Performed Guiside S. X Other - Describe: MONDAY	The state of	,Y 6 F	M-2	AIVI		WAPPI	NGERS FALL	S, NEW	YUR	JV 120	130
	w. *			Īx.	Trull Con	tainment					
Scope of Work (Check all that apply)	Renov	otion			Mini-En	clo,					
Demolition	THenov	allon			Gloveba	ag Procedure					
>3SF OR LF						able Procedure		T	Λh	ateme	nt Type
X >160 SF OR 260 LF	T 1-1	ocati	on T	Desc	cription of	Asbestos-	1 1	unt		T	т п
Location of	norm	ally	ised	Conta	aining Mate	erial (ACM)	Amor	oifu	Θ l	REPAIR	8 8
Asbestos-containing		lely b		(ie	. Thermal	systems	(Spe	Sily	ò	Ž	¥ 18
Material (ACM)	Maint			insula	ation, surfa	acing, VAT,	SF or	LF)	REMOVAL	B	ENCAPSUL
TO BE ABATED		aff (1		or c	ther misce	ellaneous)		1	-		7 3
			N/A		meteoria lie secciona					1	
in Facility (13)	Wac I	140		FLOOR TILE	& MASTI	G	18,000 S	F	X	1	-
	Yes			IFLOOR HE	& IVIAGITI			4			
in Facility (13)	Yes		X								
	Yes		X								1
in Facility (13)	Yes		X						-	1	
in Facility (13) 6TH FLOOR -ENTIRE	Yes		X		ATION		12 LF		х		1
in Facility (13) 6TH FLOOR -ENTIRE ADDITION TO SCOPE:	Yes		X	PIPE INSUL	ATION		12 LF		х		
in Facility (13) 6TH FLOOR -ENTIRE	Yes		X		ATION		12 LF		x		
in Facility (13) 6TH FLOOR -ENTIRE ADDITION TO SCOPE:	Yes		X		ATION		12 LF		X		
in Facility (13) 6TH FLOOR -ENTIRE ADDITION TO SCOPE:	Yes				ATION		12 LF		X		
in Facility (13) 6TH FLOOR -ENTIRE ADDITION TO SCOPE:	Yes		X	PIPE INSUL		Memo of D		dfill	X	-	
in Facility (13) 6TH FLOOR -ENTIRE ADDITION TO SCOPE: BASEMENT TUNNEL	NJC	DEP V	Vaste	PIPE INSUL	of Waste	Name of R	egistered Lan	dfill IITARY	X		
in Facility (13) 6TH FLOOR -ENTIRE ADDITION TO SCOPE: BASEMENT TUNNEL Name of Registered Waste Hauler	NJC	DEP Viler ID	Vaste	PIPE INSUL		Name of R GRAND C		dfill IITARY	X		
in Facility (13) 6TH FLOOR -ENTIRE ADDITION TO SCOPE: BASEMENT TUNNEL	NJC	DEP Vuler IE	Vaste) No.	PIPE INSUL Cubic Yards	of Waste	GRAND C	egistered Lan	IIIAHT	X		
in Facility (13) 6TH FLOOR -ENTIRE ADDITION TO SCOPE: BASEMENT TUNNEL Name of Registered Waste Hauler NEWARK CARTING	NJC	ıler ID	Vaste) No.	PIPE INSUL Cubic Yards	of Waste	GRAND C	egistered Lan	IIIAHT	X		
in Facility (13) 6TH FLOOR -ENTIRE ADDITION TO SCOPE: BASEMENT TUNNEL Name of Registered Waste Hauler NEWARK CARTING City State	NJC	ıler ID	Vaste) No.	PIPE INSUL Cubic Yards Disposal Da 10/15-03/30	of Waste 120 ate 0/19	GRAND C	egistered Lan	IIIAHT			-
in Facility (13) 6TH FLOOR -ENTIRE ADDITION TO SCOPE: BASEMENT TUNNEL Name of Registered Waste Hauler NEWARK CARTING City, State NEWARK, NEW JERSEY	NJE Hau	iler IE 91	Vaste) No.	PIPE INSUL Cubic Yards Disposal Da 10/15-03/30	of Waste	GRAND C	egistered Lan	IP, PA			<i>‡</i> -1

	NOTIF (Pu	ICATI rsuan	ONIC	OF ASB	W Jersey ESTOS A 50-7 and 1			perator (2)	AD.		E		V E	
				PRUDE	ENTIAL FI	NANC	IAL	уролите (-	1
te of Notification (1)					Address					FE	B 1	9 2	019	
1 / 23 /19				751 BF	ROAD STE	REET			1-1 1-1					1
encies Notified Type Notification	Carriery			City S	tate 7in C	code						uetm-	· · · · · · · · · · · · · · · · · · ·	1
EPA Initial Notifica	ation Hification	#5		NEWA	RK, NEW	JERS	EY (7102	A	SBES	TCS (201		1
Cancellation				NITE	of Contac	+	_		Telephone Nu	mber	NO COMMODITION	turn of the		-
Con Hold	NA NOTE	EICAT	ION	JASO	N MCCAU	ILEY			973-802-4072	2		×2-4		4
DCA EMERGENC	Y NOTIF	TICAT	ACII		ORMATI	ON								\dashv
ame of Facility Where Abatement is Takir	ng Place		AOI				Туре	of Facility School (K-	(4)					1
ame of Facility Where Abatement is Tall	.5					1		10 behant	- 9 (Other tha	n K-1	2)			
RUDENTIAL BUILDING							X	Other (ie.	private & com	mcl. b	lags., I	dg. A	s, etc.)	4
								uare Feet	# of Floor 27	S	Di	58	.go	
Street Address 51 BROAD STREET - 6TH FLOOR								785,000	rior if being de	molisi	ned) Pl	narm.	Lab.	\neg
(6)		540	T	Coun	ty Code (7 USE ON	() [Y)	100	MAFRCIAL						\dashv
City (5) NEWARK ESSEX	a Owno	r (8)	_	(STATE	ASCM	No.	101-	of Abate	ment Contra	ctor (9) RATION	J		
NEWARK Name of Monitoring Firm Hired by Buildir ACCREDITED ENVIRONMENTAL TECHNO	LOGIES	INC			48/00/200		PA	eet Address	MENTAL CO	ni Oi	I/(III)	-		
ACCREDITED ENVIRONMENTAL TEORING Street Address							313	SPOOK R	OCK ROAD					-
28 NORTH PENNELL ROAD			_				City	/ State, Zin	Code	001				
City, State, Zip Code MEDIA, I	PA 19063	3					SU	FFERN, NE ephone Nu	W YORK 109	Licer	se Nur	nber		
Project Manager for Monitoring Firm	Te	lepho		umber				epnone Nu 5-369-7500		1101				
RONALD KHACHADOURIAN	61	0-891	-011	4	(44)		Na Na	me of OSH	A Monitor					
Expected State Date (10)	Sched.	Comp 3 /	pletic	on Date) /19	9	QU	JALITY						
10 / 16/18 Vear	Monti	ר		Day		Year	IC+	reet Addres	S					
Monun	ok only o	ne)	s Abo	tomont			13	76 ROUTE	. 9					
Occupancy Status During Abatement (Cite Facility Closed/Vacated During Abatement Performed Outside to	Entire Pe	riod c	itv H	ours - D	escribe:			0: 1: 7	- Codo					
	-FRIDA	Y 6 P	M-2 /	MΑ			C	ty, State, Z WAPP	INGERS FALL	S, NE	EW YO	RK 1	2590	
A Cursi Car	6				X F	ull Con	tainr							
Scope of Work (Check all that apply)	Renov	ation			M	lini-End	clo,	acadura						
Demolition >3SF OR LF					H _N	loveba	ig Pr able	ocedure Procedure						
X >160 SF OR 260 LF		1.7			Descript							atem	ent Ty	/pe
Location of	ls L	ocatio ally us	n sed		Containin	g Mate	erial	(ACM)	Amoi (Spe		REMO	REPAI	ENCAPSUL	ENCLO
Asbestos-containing Material (ACM)		lely by			(ie. Th	ermal	syste	ems	SF or	LF)	Ì	AIR	AP	100
TO BE ABATED	Maint	/Custo	odial		insulation or other	n, suma	acing	eous)			VAL	-	SUL S	SUR
in Facility (13)	Yes	aff (12	N/A		Of Other	1111000					+	+	1	-
	165		X	FLOOF	RTILE & N	MASTI	0		18,000 S	F	X	+-	+-	+
6TH FLOOR -ENTIRE	+		^	1 200						4		+	+	+
	-	-		-								1	1	+
ADDITION TO SCOPE:			-		NOUL ATI	ON			12 LF		X	-	+	+
BASEMENT TUNNEL				PIPE	NSULATION	OIN					-	+	-	+
	-										+	+	+	+
											-	1		I
			L	I Contain	Yards of '	Waste		Name of F	Registered Lan	dfill	ji .			L
Name of Registered Waste Hauler	NJD	EP W ler ID	aste	Cubic	120	,, 4313		GRAND C	ENTRAL SAN	IITAR	Y			
NEWARK CARTING	Hau	913						Oity Chat	1			,		
City, State				Dispo	sal Date		,	PLAINFIE	LD TOWNSH	IP, PA	1	_/_		1
NEWARK NEW JERSEY	Etal a			110/15	-03/30/19 Sign	ature	1				Date /	/ '	221	11
Completed by (Print or Type)	Title DIRECTO	OR OF	OP	ERATIC	NS S	1		1) 1)				1	1	t
BENJAMIN SANCHEZ	JITLUIT													

Nothier	ros abatement	FOF	2 E	7 1	W E	t F
(Pursuant to N.IAC 8:60-7	and 12:120-7)	11) 5	9 5		A FE	11
Name of B	uilding Owner/Operator (2)	1 2				
ate of Notification (1)	IAL FINANCIAL			2 2	010	-
Street Add		TI U FE	:8 1	9 21	019	
gencies Notified Type Notification 751 BROA	D STREET					-
City State	, Zip Code	- warmanana	versesses	navatabass		+
DEP x Amended Notification #4 NEWARK	NEW JERSEY 07102	ASBE	STOS	CO		1
X DOL Cancellation Name of C	Sentant IT	elephone Number	no:semme		-16-2	-
On Hold Name of C	Milaot	73-802-4072		2.071		
DCA EMERGENCY NOTIFICATION JASON M						
	Type of Facility (4)				
Name of Facility Where Abatement is Taking Place (3)	School (K-1	2)				
	Subchapter	8 (Other than K-1	2)	homos	otc \	
PRUDENTIAL BUILDING	X Other (ie. pr	ivate & commcl. b	olags., I	Idg. Ag	ge	-
Street Address	Square Feet 785,000	# 01 F1001S		58	5-	
754 BROAD STREET - 6TH FLOOR			hed) P	harm.	Lab.	\neg
City (5) County (6) County C	E ONLY) COMMERCIAL					
NEWARK IESSEX	CCM No. Name of Abatem	nent Contractor ((9)	92		
Manitoring Firm Hired by Building Owner (8)	PAR ENVIRONM	MENTAL CORPOR	RATION	1		\dashv
ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC	Street Address					
Street Address 28 NORTH PENNELL ROAD	313 SPOOK RO	CK ROAD		-		\dashv
City, State, Zip Code	City, State, Zip C SUFFERN, NEW	Ode 1 VORK 10901				
MEDIA, PA 19063	Telephone Numi	her Licer	nse Nur	mber		
Project Manager for Monitoring Firm Telephone Number	845-369-7500	1101				
1610-891-0114			7.1			
Expected State Date (10) Sched. Completion Date (11)	/19 QUALITY					
10 / 16/18 Month Day	Year					-
Month Day Fear (Check only one)	Street Address 1376 ROUTE 9					1
Abatement Performed Outside of Normal Facility Hours - Descri	City, State, Zip	Code				
X Other - Describe: MONDAY -FRIDAY 6 PM-2 AM	WAPPIN	GERS FALLS, NE	W YO	RK 12	590	- 1
Scope of Work (Check all that apply)	Full Containment					- 1
Demolition X Renovation	Mini-Enclo,					- 1
>3SF OR LF	Glovebag Procedure Non-Friable Procedure					
X >160 SF OR 260 LF	scription of Asbestos-			ateme	ent Typ	
Location of	taining Material (ACM)	Amount	REMOV	REPAIR	ENCAPSUL	ENCLOSUR
Aspestos-containing solely by (i	e. Thermal systems	(Specify	M	PA	CA	5
Material (ACM) Maint/Custodial insu	lation, surfacing, VAT,	SF or LF)	IŠ	E	PS	180
in Facility (13) Staff (12) or	other miscellaneous)		A		-	Ħ
Yes No NA			1			
6TH FLOOR -ENTIRE X FLOOR TILE	E & MASTIC	18,000 SF	X	+-		
STH PLOOR -ENTITLE		4	-	+		_
				1_		-
ADDITION TO SCOPE:	ATION	12 LF	X			
BASEMENT TUNNEL PIPE INSU	LATION					-
				-	-	-
			-	+-	+-	-
		16:11			1	-
Name of Begistered Waste Hauler NJDEP Waste Cubic Yard		istered Landiiii TRAI SANITARY	,			
Name of Registered Waste Hauler NEWARK CARTING Hauler ID No.	s of Waste Name of Regi 120 GRAND CEN	istered Landfill TRAL SANITARY	′			
Name of Registered Waste Hauler NEWARK CARTING Hauler ID No. 913	120 GRAND CEN	TRAL SANITARY				,
Name of Registered Waste Hauler NEWARK CARTING Hauler ID No. 913 Disposal D	120 GRAND CEN ate City, State	TRAL SANITARY TOWNSHIP, PA		<u></u>	/	
Name of Registered Waste Hauler NEWARK CARTING Hauler ID No. 913	120 GRAND CEN ate City, State	TRAL SANITARY TOWNSHIP, PA	ate /	120	2/1	70

	NOTIFICATION	NIAC 8-6	STOS ABATE 0-7 and 12:12	0-11		TA E	G	E	7	W E	M
		Name o	of Building Ow NTIAL FINANC	vner/O	perator (2	, 13/L			-	- Alternative Control	A STATE OF THE PARTY OF T
Date of Notification (1)		Street A	Address				FEB	1	9 2	019	
11 / 8 /18 Agencies Notified Type Notification		751 BR	OAD STREET	8		- 1	1 44	1	0 6	010	
Agendide treatment	ation	City, St	ate, Zip Code								J
	otification #3	NEWA	RK, NEW JER	SEY 0	7102	A	SBEST	03	201	1.1	9
DEP X Amended No Cancellation			of Contact	_		Telephone N	umber	Luxert ext.]
On Hold	NOTIFICATIO		MCCAULEY			973-802-407			1201		
DCAEMERGENO	CY NOTIFICATIO	Action Control of the	ORMATION								-
Ab atomost is Taki		JILIT IIVI	Of the Control	Туре	of Facility	(4)					
Name of Facility Where Abatement is Takin	ing i lade (e)			-	School (K-	12) r 8 (Other tha	n K-12)			
PRUDENTIAL BUILDING				X	Other (ie	private & com	mcl. bl	dgs.,	home	s, etc.)	
PRODENTIAL BOILDING				Sau	uare Feet	# of Floor	rs	В	lag. F	\ge	
Street Address				7	85 000	27			58	Lab	-
751 BROAD STREET - 6TH FLOOR	Т	County	Code (7)	Curre	ent Use (Pr	ior if being de	emolish	ed) P	harm	. Lab.	
City (5)		(STATE	USE ONLY)	CON	MERCIAL	ment Contra	ctor (9)			7
NEWARK	ng Owner (8)		ASCM No.	Nam	ENVIRON	MENTAL CO	RPOR	ATIO	N		_
ACCREDITED ENVIRONMENTAL TECHNO	LOGIES INC			Stre	et Address						
Street Address				313	SPOOK R	OCK ROAD					\dashv
28 NORTH PENNELL ROAD				City	State, Zip	Code W YORK 109	201				
City, State, Zip Code MEDIA, F	PA 19063			Tole	phone Nur	nher	Licens	se Nu	mber		
Project Manager for Monitoring Firm	Telephone				-369-7500		1101				
RONALD KHACHADOURIAN	610-891-01 Sched. Comple	14	11)	Nan	ne of OSH	A Monitor					
Expected State Date (10)	Sched. Comple	30	/19		ALITY						1
10 / 16/18 Month Day Year	Month	Day	Year	Chris	eet Address	,					
World D. in Abstament (Cher	ck only one)	tant		137	6 ROUTE	9					
Facility Closed/Vacated During I	Entire Period of A	batement Hours - De	scribe:								\dashv
- " MONITAV	- HHILLAN D FIVE	- CIVI		City	y, State, Zi	o Code NGERS FALL	S NEV	N YO	RK 12	2590	
Other - Describe: MONDAT SATURD	AY & SUNDAY 7	AM-12AM	x Full Con	tainm		VOLITO I MES					
Scope of Work (Check all that apply)	Renovation		Mini-End	clo,							
Demolition	_Heriovation		Gloveba	ag Pro	cedure						
>3SF OR LF X >160 SF OR 260 LF					rocedure	1		At	atem	ent Typ	e
Location of	Is Location		Description of a containing Mate	Asbes	tos- \CM\	Amou	ınt	-	R		
Asbestos-containing	normally used		ie. Thermal	svsten	ns	(Spec		REMOV	REPAIR	ENCAPSUL	ENCLOSUR
Material (ACM)	solely by	ıl ir	nsulation, surfa	acing,	VAT,	SF or	LF)	15	R	PS	SS
TO BE ABATED	Maint/Custodia Staff (12)	Ί "	or other misce	ellanec	ous)			AL		=	두
in Facility (13)	Yes No N/A							1			
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6TH FLOOR -ENTIRE							4	-	-	+	\dashv
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Name of Registered Waste Hauler	NJDEP Waste		ards of Waste 120	lo co	RAND CE	NTRAL SANI	TARY				200
NEWARK CARTING	Hauler ID No. 913										
	313	Disposa	I Date	C	City, State	TOWNSHI	DΡΔ			/	1
City, State NEWARK , NEW JERSEY		10/15-0	3/30/19	<u> </u>	PLAINFIEL	U TOWNSHI	Da	te /	1	10	1/10
Completed by (Print or Type)	itle IRECTOR OF OF	ERATION	Signature		$\times \times$	\times		/	/_	10	118
BENJAMIN SANCHEZ D	INECTOR OF OF	LIMITON	- (11	0				/	/	

	NOITA	OF AS	ew Jersey BESTOS 3:60-7 and	ARA	TEME	ENT											
				ruisu	ant to					/Operato	- (2)	1	F	P	E	V/ II	
Date of Notification (1)						PRUD	ENTIAL F	FINAL	NCIAL	- -	r (2)			<u>U</u>	<u>L</u>	∏ /Ā	ᆜ╢
10 / 19 /18						Street	Address					1	1				
Agencies Notified Type No	tificatio	n				751 B	ROAD ST	REE	T					FEB	1 9	20	19
	tial Noti					City, S	State, Zip	Code			-	in! be	4				-
X DOL Ca	nended ncellati	Notifi ion	icatio	n #2		NEWA	ARK, NEV	V JEF	RSEY	07102			ASE	EST	23 G	C! 'II	1 0
	Hold						of Contac				Te	elephor					
DCA EN	1ERGE	NCY	NOT				N MCCAL					73-802-		arthropic sta	A SUDMICE.	and the second	
Name of Facility Where Abatemen	t in To	lein a	Dia	(0)	FACIL	ITY INF	ORMATI	ON									
The of Facility Where Abatemen	it is ia	King	Piace	3 (3)					Тур	e of Facil	ity (4	1)					
PRUDENTIAL BUILDING										School (Subchar	oter 8	Other	r than I	K-12)			
Street Address									X	Other (ie	e. priv	/ate &	commo	ol. bldg			
751 BROAD STREET - 6TH FLOOR										uare Feet 785,000		# of F			Blo	lg. Ag 58	9
	unty (6 SEX	5)			19	County	Code (7)	Curr	ent Use (F	Prior	if being	demo	olished	d) Pha	arm. L	ab.
Name of Monitoring Firm Hired by	Buildi	ng O	wner	(8)	1 (0	T	ASCM N			e of Abat		nt Cor	tracto	r (0)			
ACCREDITED ENVIRONMENTAL T	ECHN	OLO	SIES	INC				0575.5	PAR	ENVIRO	NME	NTAL	CORP	ORAT	ION		
Street Address 28 NORTH PENNELL ROAD									Stree	et Address	S						
City, State, Zip Code	ity, State, Zip Code									SPOOK R)				
M					SUF	State, Zip FERN, NE		de OPK 1	0001								
Project Manager for Monitoring Firm			Tele	phone	e Numi	ber				phone Nu				ense N	Jumh	er	
RONALD KHACHADOURIAN				-891-0						369-7500			1110		4 GITID	CI.	
Expected State Date (10)	p = 10	Sch			etion E	Date (1				e of OSH		nitor	1110				-
10 / 16/18 Month Day Year		Mc	onth	3 /	D	30	/19		QUA	LITY							
Occupancy Status During Abatement	t (Chec	k onl	v one	()	Da		Ye	ar	Stree	et Address							
Facility Closed/Vacated D	urina E	ntire	Perio	d of A	batem	ent				ROUTE							
Abatement Performed Ou X Other - Describe: MO	tside of	Norr	nal F	acility	Hours	- Desc	ribe:		3355105								
	NDAY - FURDA	-FRIL V 足 の	DAY 6	5 PM-2	2 AM	0 / 1 / 1			City,	State, Zip	Cod	le			ngrad chapter strong a tro	J. J. O. J. A. W C.	
Scope of Work (Check all that apply)	ONDA		POINE	// 1 /	AIVI-12	X	Full C	ontai	nmen	WAPPIN	IGEF	RS FAL	LS, NE	EW Y	ORK 1	2590	
Demolition	Χ	Rend	vatio	n			Mini-E										
>3SF OR LF X >160 SF OR 260 LF						L	Glove										
Location of		le	Locat	tion						cedure	_						
Asbestos-containing			nally			Conf	scription of taining Ma	t Ast	estos	ξ- \Λ\		Amou	.m.t			ent T	
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TO BE ABATED				todial			ation, sur			Τ,		SF or		Ò	A	Ą	
in Facility (13)	-	Yes	taff (1	2) N/A			other misc							REMOVAL	72	ENCAPSUL	OSUR
6TH FLOOR -ENTIRE		165	INU	X	FLOO	DTUE	9 MAACT!				+			-	-	_	Z
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Name of Beginters 1144											1						
Name of Registered Waste Hauler NEWARK CARTING		NJDE			Cubic		of Waste			of Regist				-			
	1	Haule	913	vo.		12	20	1	GRAN	ID CENT	RAL	SANIT	ARY			00	
City, State Disn)	-	City, S	State 7					_		1
NEWARK , NEW JERSEY Completed by (Print or Type)	I					03/30/1	9	_/1	PLAIR	FEED TO	OWN	ISHIP.	PA		1	^	1.0
BENJAMIN SANCHEZ	Title DIREC	CTOF	ROF	OPER	MOITAS	NS Sig	gnature	11	X	X			Date	10	//	91	7X

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) PRUDENTIAL FINANCIAL 10 12 /18 Street Address Agencies Notified Type Notification FEB 1 9 2019 751 BROAD STREET EPA Initial Notification City, State, Zip Code DEP Amended Notification #1 NEWARK, NEW JERSEY 07102 DOL Cancellation ASBESTOS CO DOH On Hold Name of Contact Telephone Number **EMERGENCY NOTIFICATION** DCA JASON MCCAULEY 973-802-4072 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) PRUDENTIAL BUILDING Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 751 BROAD STREET - 6TH FLOOR 785.000 27 58 City (5) County (6) County Code (7) Current Use (Prior if being demolished) Pharm. Lab. **NEWARK ESSEX** (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC PAR ENVIRONMENTAL CORPORATION Street Address Street Address 28 NORTH PENNELL ROAD 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MEDIA, PA 19063 \$UFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number RONALD KHACHADOURIAN 610-891-0114 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 10 / 16/18 3/ 30 /19 QUALITY Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 6 PM-2 AM City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590 Scope of Work (Check all that apply) Full Containment Demolition Renovation Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCAPSUL REPAIR **ENCLOSUR** REMOVAL Material (ACM) (ie. Thermal systems solely by (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 6TH FLOOR -ENTIRE FLOOR TILE & MASTIC 18,000 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. GRAND CENTRAL SANITARY 120 913 City, State Disposal Date City, State NEWARK , NEW JERSEY 10/15-03/30/19 TOWNSHIP, PA PLAMFIE Completed by (Print or Type) Title Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS (0)

State of New Jersey

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) PRUDENTIAL FINANCIAL 10 /18 Street Address Agencies Notified Type Notification 751 BROAD STREET EPA Initial Notification City, State, Zip Code DEP Amended Notification NEWARK, NEW JERSEY 07102 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA EMERGENCY NOTIFICATION JASON MCCAULEY 973-802-4072 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) PRUDENTIAL BUILDING Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 751 BROAD STREET - 6TH FLOOR 785,000 27 58 City (5) County (6) County Code (7) Current Use (Prior if being demolished) Pharm. Lab. **NEWARK ESSEX** (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC PAR ENVIRONMENTAL CORPORATION Street Address Street Address 28 NORTH PENNELL ROAD 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MEDIA, PA 19063 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number RONALD KHACHADOURIAN 610-891-0114 845-369-7500 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 10 / 3/ 30 /19 QUALITY Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9

Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 6 PM-2 AM City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590 Scope of Work (Check all that apply) Full Containment Demolition Renovation Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount Material (ACM) REMOVAL REPAIR ENCAPSUL ENCLOSUR solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 6TH FLOOR -ENTIRE FLOOR TILE & MASTIC 18,000 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. GRAND CENTRAL SANITARY 913 City, State Disposal Date City, State NEWARK , NEW JERSEY 10/15-03/30/19 PLAMFIELD TOWNSHIP, PA Completed by (Print or Type) Title Signature Date BÉNJAMIN SANCHEZ DIRECTOR OF OPERATIONS 10

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Data of Nation ii	140		11	j				11 000	1 0 2040	
Date of Notification	(1) 2-14-2019	N _P	lame o	of B	uilding	Owner / Operat	or (2)	L H LEC	1 9 2019	
Agencies Notified	Type Notification		avint of							-
⊠ EPA					Avenu	е		ASBEST	OS CONTROL &	7
☐ DEP ☐ DOL	☐ Initial(Courtesy) ☐ Amended				& Zip		Ĺ.	T.	CERCINO	
⊠ DOH	☐ Emergency				J 070 ontact	27			T= i	
☐ DCA	Cancellation	10.5322	rank E						Telephone Number 908-232-0871/654-	
									3026	
Name of Facility Wh	nere Abatement is Taking F	lace (2)	FAC	CILI	TY INF	ORMATION				
Ferraro's Restauran	t	lace (3)				Type of Faci				
Street Address						☐ Subcha	pter 8 (Other t	han K-12)		
18 Elm Street						○ Other (i.)	.e. private & co	ommercial buil	dings, homes, etc.)	
City (5)	County (6)	Cour	nty Co	- d -	(7)	Square Feet	# of FI	oors	Bldg. Age	
Westfield, NJ	Union	Cou	nty CC	Jue	(1)	1,820	(Prior if being	domolished)	99 yrs	
						Restaurant	(i not it being	demonstred)		
Name of Monitoring	Firm Hired by Building Ow	ner (8)		ASC	CM No		atement Contra	actor (9)		
Health and Safety S Street Address	ervices						anagement Gr	oup, LLC		
P.O. Box 365						Street Addre	ss on Ave, Suite 2	วกว		
City, State & Zip Coo	de			in the second		City, State &		202		-
Berlin, NJ 08009	M	T : :				Trenton, NJ	08619			
Project Manager for Mr. Jim Proctor	Worldoring Firm	Teleph 856-45			per	Telephone N 609-914-427	lumber	Licens	e Number	
Scheduled Start Dat	e (10) Scheduled Cor)	Name of OS	The state of the s		01185	_
2-27-2019	9	3-5-20	19				mental Labora	tories, Inc.		
Occupancy Status D	Puring Abatement (Check o	nly one)				Street Addre	ss	9):15-17 - 130:15-15-15-15-15-15-15-15-15-15-15-15-15-1		
☐ Facility Close ☐ Abatement F	ed/Vacated During Entire F Performed during Normal H	eriod of	Abate	eme	nt	2333 Route 2				
Describe:	8:30am-5:30pm	ours.				City, State & Union, NJ 07				
Facility Occu	pied During Abatement						-			
Scope of Work (Che	ck all that apply)									
≥3 sf or ≥3 lf		\boxtimes	Renov	vatio	n			intainment witi nclosure	h Negative Pressure	
≥160 sf ≥260) If	1	Demo					Bag Procedure	es	
		1000.00					A TOTAL DESCRIPTION OF THE PROPERTY OF THE PRO		Non-Friable Procedure	
	cation of os-Containing		cation			Description	n of	Amount	1	ре
	erial (ACM)	Norma Sole	ely by			Asbestos-Con Material (A		(Specify SF or LF		
TO B	E ABATED	Mainte	nance	or		(i.e., thermal s	ystems	31 01 11	Repair Removal	Enclosure
in	Facility	Custod		aff?		nsulation, surfac	cing, VAT		ncapsul Repair Remova	los
	(13)		12) No N	N/A		or other miscell	aneous)		Encapsulat Repair Removal	ure
Bathroom Shower					Dina			10.1.0		_
Datin Com Chower				\boxtimes	Pipe I	nsulation		40 LF		뷔
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Name of Decident	101									5
Name of Registered	vvaste Hauler		NJDE Haule	P V	Vaste	Cubic Yards of Waste	Name of Reg	gistered Landfi	il .	
Resource Manageme	ent Group, LLC		0035			TBD	Grows Landf	ill		
City, State						Disposal Date	City, State			-
Trenton, NJ 08619						TBD\	Morrisville, P	A		
Completed By (Print	or Type)		Title	705 715		Signature		10 11	Date	
Mr. Brian Haney			Presi	den	t ,	PMA.	17		2/14/2019	
						11/1/1	41	MIN		
						11	11	- 41		

STATE	FNEW JERSEY	DEPARTME	NT OF	LABOR NOTIFICATION OF AS	BESTOS ABATE	MENT			M
Date of Notification (1) 02/02/2019			F	Name of Building Owner/Operator Natalya Paykina	1 111	'D 4	0 004		
Agencies Notified () EPA	Type of Notific	Votification		Street Address		B	9 201	9	12/
(X) NJDEP (X) NJ DOL		dment#		City, State, Zip Code	ASBES	STOS	001		
(X)DOH ()DCA	justific		ding	Guttenberg, NJ 07093 Name of Contact	Tel. Num	ber			- Amount of a
N	() Cance		FACILIT	Natalya Paykina YINFORMATION					
Name of Facility Where Abatem Residential Property	nent is Taking Place	(3)		Type of Facility (4) () School (K-12)					
Street Address				() Subchapter 8 (other than K (X) Other (i.e. private & comm	ercial bldgs., home				
City (5) Guttenberg	County (6) HUDSON	County Cod (State Use		Entire Building: Sq. Feet: ~860, Condo unit (project location): Sq. F Current Use (if being demolished	eet: ~ 800 # of			ge <u>41</u>	
Name of Monitoring Firm Hired N/A	by Bldg. Owner (8)	ASCM No. N/A		Name of Contractor (9) Industrial Safety & Enviro		ione	Inc		
Street Address N/A				Street Address 3300 Hudson Avenue	omnemar sorut	10115,	mc.		
City, State, Zip Code N/A				City State, Zip Code Union City, NJ 07087					
Project Manager for Monitoring Firm	Telephone N	umbe <u>r</u>		Telephone Number (201)325-0055			icense N 1124		
N/A Scheduled Start Date (10)		ompletion Date	e (11)	Name of OSHA Monitor				! 	
02/12/2019 Occupancy Status During Abate () Facility Closed/Vacated D	ment (Check only uring Entire Period	ne)		ISES, Inc. Street Address					
() Abatement Performed Ou (X) Other - Describe:	tside of Normal Fac	ility Hours -		3300 Hudson Avenue City, State, Zip Code					
Work in unoccupied area Source of Work (Check all that a	(vlage) Demolition	n l	Union City, NJ 07087 (X) Renovation					
() Minor Project (< 25 S	F or < 10 LF ACI	۸)		(X) Full Containment w	vith Negative Press	sure			
() Small Project (>25 < (X) Large Project (>160 S	160 SF or >10 <2 SF or > 260 LF A0	30 LF ACM) CM		() Mini-Enclosure () Glove-bag Procedu			s b(=000mm)		
Location of Asbestos- Containing Material (ACM)	Is Location Nor Solely by Main		(i	(X) Non-Exempted (*) Description of ACM e. thermal systems insulation.	Amount (Specify SF or LF)		lure Abateme	nt Type	
To be Abated in Facility (13)	Custodial St	aff? (12)		ing, VAT, or other miscellaneous.)	Of Or Ery	Re	,	Enca	Enc
	YES NO	N/A				Removal	Repair	Encapsulate	Enclosure
Bedroom	X		wood	floor with mastic residue	~ 242 SQ FT	Х			
Name of Reg. Waste Hauler	NIDE	P Waste Haule	rID#	Cubic Yards of Waste	Name of Reg. Land	1611			
Newark Carting, Inc.	0450		10 #	20	Grand Central 1963 Pen Argy	Sanita			
City, State 369 Raymond Blvd., New	ark, NJ 07105		Disp.	Date 2/2019 1 /	City, State Pen Argyl, PA	18072	2		
Completed by (Print or Type)	Title		Signat		Date 02/02/2019				
David Camacho	Project Sup	ervisor	14	VI OI XIIVIXIVO					

	(.) (5 8	10	1		-				Check	c #	165	31
	PA	No	OTIFI	CATION	OF ASBE	STOS ABATEMENT			8				
Date of Notificatio	b (1)	I L	Na	me of	Building	-7 and 12:120- g Owner/Operato	7)			= 0			
2/13/2019				SUWA	NSIRI, SI	URACHIT & BOR	RIBOON		(())	<u> </u>	<u>L</u>	<u> </u>	V
Agencies Notified	Type Notific	cation			ddress				- 3				
[]EPA	[X]Initial Notifi				ossmoı				7	FEB	1 9	9 20)19
[]DEP	[]Amended		Ci		ate, Zip								
[X] DOL	Notifi					∍,NJ, 0710	9		A	SBEST	30	01	
[X] DOH	[]EMERGEN	ov			Contact			Telephor	ne Number		· · ·	7	
[]DCA	[]Cancella		K	Comit	Wong	Jsiri				- The Control of the	-		
				F	ACILITY	INFORMATION							
Name of Facility Whe SUWANSIRI, SURACH	ere Abatement IT & BORIBOC	is Ta	king 1	Place	(3)	THE OLD PLANTS		of Facil					
Street Address							[]	School	(K-12)			222	
45.33 C.33 C.75 (49.43 C.75 C.75 C.75 C.75 C.75 C.75 C.75 C.75							[x]	Other (ter 8 (Oth	er tha ate &	n K-	12)	
91 Rossmore Pi	L							cial b	uildings,	homes,	eto	.)	
City		County	7		Cou	inty Code (7)	Square	Feet	# of Flo	ors	Bldg	. Ag	e
Belleville					(ST	'ATE USE ONLY)	Curren	nt Use ()	Prior if b	eina d	emo?	icho	d)
Name of Monitoring F:		Esse		am.						Jane U	-m01	~2116	4)
Owner (8)	zed Dy	Pur I dI	.ng A	SCM No	o.	Name of Abate	ment Co	ntractor	(9)			D 70-FOLD	
Street Address						AZTECH M		EMENT,	Inc.				
						Street Address		200					-
City, State, Zip Code						86 Chris							
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Project Manager for M	fonitorine Ti					Montclai		7 0704	2				
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cheduled Start Date	(10)					(973) 744)		003	71		
02 22 19	(10) Sched	Comp	pletic 24		1	Name of OSHA M	Monitor						-
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[]Abatement Perf Hours - Descri	De: «OffHoure	Dogar	inte			City, State, Z	ip Code	1					
[]other - Descri	be: «Other Occ	cupancy	y Desc	cript»									
cope of Work (Check a	all that appl	y)											
[X]≥3 sf or ≥	3 lf	г	YlRen	ovatio		[]Full C	ontainm	ent with	n Negative	Press	ure		
[]≥160 sf or	≥260 lf			olitic		[X]Mini-E: [X]Gloveb:	nclosur	e					
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ame of Facility Where Abatement is Taking	Place	(3)				-	Гуре	Ischool (K-12)		IC 40\				1
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HACKENSACK Name of Monitoring Firm Hired by Building LANGAN ENGINEERING & ENVIRONMENT	AL	. (-)				99	Ctre	ant Address						
Street Address							101	SPOOK ROCK y, State, Zip Coo	de					
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Project Manager for Monitoring Firm	07	3-560	1-498	3	(11)		10.1-	THE OF OSHA M	onitor					1
Expected State Date (10)	Sched.	Com 5 /	pietic	اد	0	/19 Year	QI	UALITY ENVIRO	DIVIDITA					\dashv
1 / Day Year	Month	20)		Day		1601	St	treet Address 376 ROUTE 9						
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in Facility (13)	Yes	aff (1	2) N/A						70 LF		X			
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Name of Registered Waste Hauler	Hai	uler II) No.											
Name of Registered Waste Hauler NEWARK CARTING 269 RAYMOND BLVD.	Hai	uler IE) No.	Disp	osal Da	ate		City, State	TOWNSH	IP, PA		ŝ		1
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105	Hai	uler IE) No.	Disp	osal Da -5/30/1	ate 9 Signature	9	City, State PLAINFIELD	TOWNSH	IP, PA	ate -	1/	13	-

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					Mama	of Rui	Idina Ow	meri	Operator (2) TY MEDICAL	CENTE	REB	1 9	20	19	
Date of Notification (1)					Street										
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Name of Facility Where Abatemen	et is Taking	Place		-AC	ILIT IIN	Ortivi	1	Тур	e of Facility	(4)					
								<u></u>	School (K-1 Subchapter	8 (Other	than K-12	2)			
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Street Address									200,000	5			80		
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Project Manager for Monitoring Fir		97	3-560	-498	3			84	5-369-7500	Manitor	1101				\dashv
VIJAY PATEL Expected State Date (10)	S	ched.	Com	oleti	on Date	(11)	/19	Na	ame of OSHA JALITY ENVI	RONMEN	ITAL				
1 / 14 /	19	Month	5/		30 Day		Year							-	-
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Location of Asbestos-containing		norma	ally us	ed	(Contai	ning Mate	erial ((ACM)	1000	pecify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
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Name of Registered Waste Ha	uler	Haule	er ID i	No.		1			GRAND CEN	ITRAL S	ANTIAKY	LAND	, ,,,,,		
NEWARK CARTING 369 RAYMOND BLVD.					Dispos	al Date	9	-	City, Stafe	7			i	i	
City State	05				1/11-5/	30/19			PLAINFIELD	TOWNS	HIP, PA	ate /	1	1/1	9
NEWARK, NEW JERSEY 071 Completed by (Print or Type)		Э				Si	gnature		4			/	//	4//	/
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		(Pursu	ant to	Name	of B	and 12:12	vner/	Operator (2		E 6		U	W [i	
Date of Notification (1)				HACK	ENSA	CK UNIV	ERSI	TY MEDICA	L CENT	ER		Salvanes		
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X DCA EMERG	GENCY N	OTIFICA	TION	N DONA	ALD F	ARRELL			551-996-	3778				
				ILITY IN	FORM	MATION								
Name of Facility Where Abatement is	Taking P	lace (3)					Туре	e of Facility						
Name of Laboraty Translation	-							School (K-			4.00			
HACKENSACK UNIVERSITY MEDICAL	CENTER	3					X	Subchapte	er 8 (Othe	r than K-	·12)	horr	as at	(2)
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Street Address							2000000	uare Feet 200,000	WW. 67.83	5	1	8		
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HACKENSACK BERG		unar (0)		(STATE		CM No.	Nan	ne of Abate	ment Co	ntractor	(9)			
Name of Monitoring Firm Hired by Bu LANGAN ENGINEERING & ENVIRONM	Ilaing OV	vner (o)			AU	99	PAF	RENVIRON	MENTAL	CORPO	RATIO	NC		
	MENTAL						Stre	et Address						
Street Address 300 KIMBALL DRIVE								SPOOK RO		'D				_
City, State, Zip Code							City	, State, Zip	Code	12224				
PARSIPPANY	, NEW JE	RSEY 0	7054					FFERN, NE			NI			
Project Manager for Monitoring Firm		Telepho	ne N	umber				ephone Nun	nber		nse N	umbe		
VIJAY PATEL		973-560						-369-7500		110	1			-
Expected State Date (10)	Sche	ed. Com	oletic					ne of OSHA		IT A I				- 1
1 / 11 /19	- 1	5 /		30		/19	QU.	ALITY ENV	IHUNIVIEI	VIAL				
Month Day Year		onth		Day		Year	Stre	eet Address						
Occupancy Status During Abatement (C X Facility Closed/Vacated During	neck onl	y one) Pariod a	f Ahs	tement				6 ROUTE 9)					
Abatement Performed Outsi	de of Nor	mal Facil	itv H	ours - De	scribe	e:								
X Other - Describe: Monda	ay -Friday	7am -3:	30pm)			City	y, State, Zip	Code	-				
A Other Beschbe.	-1	e/"			200	50	1		PPINGE		5, NY	12590		- 1
Scope of Work (Check all that apply)								ent with Neg	gative Pre	ssure				- 1
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x >3SF OR LF					-	Non-Frial	-							
>160 SF OR 260 LF						ption of A			1		TA	batem	ent T	vpe
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in Facility (13)		No N	-		**************************************	TER CHEROSTON						_	-	7
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3RD FLOOR MAIN BUILDING	_	X							20 LF		Х			
BASEMENT -ST IOHN'S BLDG.		X	F	PIPE INS	ULAT	ION			20 LF		1^	+-	-	+
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Name of Registered Waste Hauler	NJI	DEP Was	ste	Cubic Ya	rds of	Waste	Na	ame of Regi	stered La	ndfill		-		
NEWARK CARTING		uler ID N	10110		10		GI	RAND CEN	TRAL SA	NHARY	LAND	ITILL		
369 RAYMOND BLVD.							10:	L 01-1-						
City, State				Disposal			Ci	ity, State	TOWNEL	HP PA	1	1	_	
NEWARK, NEW JERSEY 07105	-			1/11-5/30		natura	IPI	LANVEIE 419	DAVINO	Da	of a	1	9	
Completed by (Print or Type)	Title	OD OF (חבר	ATIONS		nature	/	1)	XI	1	//	/	
BENJAMIN SANCHEZ	DIRECT	OR OF C) TET	MILONS		-	/	// 1		11/	-	1	-	

7	NOTIFICA	TION OF A	New Jersey SBESTOS ABAT	EMENT	ED F	C I	F 1	W	厚				
	(Pursua	Nam	Name of Building Owner/Operator (2)										
Date of Notification (1)		HAC	KENSACK UNIV	ERSITY MEDIC	AL CENTER								
		Stro	et Address			EB	19	2019	7				
11 / 21 /18 Agencies Notified Type Notifi	cation		ROSPECT AVE	NUE	100 4	~ L	1 0	2011	´				
			State, Zip Code										
DEP Amer	Notification nded Notification	HAC	KENSACK, NEV	W JERSEY 0760	ASB	ASBESTOS COLTAGO							
	ellation	Nam	ne of Contact		Telephone Numb	per	things.		2				
	RGENCY NOTIFICA		NALD FARRELL		551-996-3778	- 12		2					
X DOX			NFORMATION										
Name of Facility Where Abatement i				Type of Facility									
valle of Faolity Time of Table	•			School (K									
HACKENSACK UNIVERSITY MEDICA	AL CENTER			★ Subchapte	er 8 (Other than K private & commcl	12)	hor	100 0	tc.)				
				Square Feet	# of Floors	T Diugs	Bldg.	Age	,				
Street Address 30 PROSPECT AVENUE				200,000	5			0					
City (5) Cour	nty (6)		nty Code (7)		rior if being demol	lished)							
HACKENSACK BER		(STAT	E USE ONLY)	HOSPITAL	ment Contractor	r (Q)		_	-				
Name of Monitoring Firm Hired by E	Building Owner (8)		ASCM No. 99	PAR ENVIRON	IMENTAL CORPO	DRATIC	NC						
LANGAN ENGINEERING & ENVIRON	NIVIENTAL		1 33	Street Address	NMENTAL CORPORATION								
Street Address 300 KIMBALL DRIVE				313 SPOOK RO	OCK ROAD								
City, State, Zip Code				City, State, Zip	Code								
PARSIPPAN	IY, NEW JERSEY 07	'054			W YORK 10901								
Project Manager for Monitoring Firm		ne Number		Telephone Nun	1.0.20								
VIJAY PATEL	973-560-			845-369-7500	1101 A Monitor								
Expected State Date (10)	Sched. Comp			Name of OSHA QUALITY ENV									
12 / 7 /18	5 / Month	Day	0 /19 Year	QUALITY LIV	II (O) (III) E			10.5					
Month Day Year Occupancy Status During Abatement	(Check only one)			Street Address									
V Encility Closed/Vacated Du	iring Entire Period of	Abatement	t	1376 ROUTE 9	9								
Abatement Performed Out	side of Normal Facili	ty Hours - L	escribe:	City, State, Zip	Code			-					
X Other - Describe: Mon	day -Friday 7am -3:3	0pm			APPINGER FALLS	S, NY 1	2590						
Scope of Work (Check all that apply)	A**		Full Conf	tainment with Neg									
Demolition	X Renovation		x Mini-End	:lo ,									
x >3SF OR LF			Gloveba	g Procedure									
>160 SF OR 260 LF				ble Procedure	T	Τ ,	hataw	nent T	una				
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Material (ACM)	solely by Maint/Custod	ial	insulation, surface	cina, VAT.	SF or LF)	Į	AF	P	5				
TO BE ABATED in Facility (13)	Staff (12)	iai	or other miscel			AL.	-	ENCAPSUL	ENCLOSUR				
in Facility (10)	Yes No N/	A					-	1	111				
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BASEMENT -ST JOHN'S BLDG.	x	PIPE IN	SULATION		20 LF \$	X	1	-	-				
DAGEMENT OF COUNTY DESCRI								_	_				
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Name of Registered Waste Hauler	NJDEP Was	te Cubic Y	ards of Waste	Name of Regi	stered Landfill	200 200 200	serve some						
NEWARK CARTING	Hauler ID No		10	GRAND CEN	TRAL SANITARY	LAND	FILL	t.					
369 RAYMOND BLVD. City, State		Disposa	al Date	City State /	TOWNSHIP, PA			1	1				
NEWARK, NEW JERSEY 07105		11/26-5	/30/19	PLAINFIERD	TOWNSHIP, PA	-t- f	1 1	(3) -	1 /				
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BENJAMIN SANCHEZ	DIRECTOR OF O	PERATION	S	1 1/1 8		11	1 4	1	11 6				

	(Pu	ırsua	ant to	Name of Building Ow	nor/Operator (2)	27.E	G	E	\mathbb{V}	E	F			
ate of Notification (1)				HACKENSACK UNIVE	RSITY MEDICAL	CENTER								
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		(0)	FAC	ILITY INFORMATION	Type of Facility (4)	100							
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Street Address					313 SPOOK RO	CK ROAD			-		\dashv			
300 KIMBALL DRIVE City, State, Zip Code					City, State, Zip C SUFFERN, NEW	iode / YORK 109	01							
PARSIPPANY, NEV	V JERS	EY ()7054	umber	Telephone Numi	per	Licens	e Nur	nber					
Project Manager for Monitoring Firm			0-498		845-369-7500		1101							
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X Other - Describe: Monday -Fi	riday 7a	m -3	:30pr	n	City, State, Zip WA	Code PPINGER F	ALLS,	NY 12	2590					
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TO BE ABATED in Facility (13)	Sta	ff (12	2)	or other misce	llaneous)					-	'n			
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NEWARK CARTING 369 RAYMOND BLVD.			2283500	Disposal Date	City, State					اد	,			
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City, State NEWARK, NEW JERSEY 07105	e			11/26-5/30/19 Signature	PLAKIFIELD	TOWNSHIP	Da	te//	/1_	5/	16			

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a all	State OTIFICATION (Pursuant to 1	OF ASB	manus (A)			
OCVI	(Pursuant to	Name HACK	60-7 and 12:120-1 of Building Own ENSACK UNIVER	er/Operator (2) RSITY MEDICAL CEN	FFR FFR	1 9 2019
ate of Notification (1)		Oi ve et	Address	-		2001
12 /19			OSPECT AVENU		ASBEST	rs coi.
gencies Notified Type Notification EPA Initial Notification X Amended Notification	n Sation #6	City, S	State, Zip Code (ENSACK, NEW .	JERSEY 07601	none Number	agente de la companya
Cancellation		Name	e of Contact	551-9	96-3778	
X DOL X On Hold	NOTIFICATION	NOOI N	ALD FARRELL			
DCA L	FAC	ILITY IN	NFORMATION	Type of Facility (4)		
Name of Facility Where Abatement is Taking	Place (3)			School (K-12) Subchapter 8 (C	other than K-12)	homes, etc.)
Name of Facility Where Assets	=B		*	Other (ie. privat	other than K-12) e & commcl. bldg of Floors	Bldg. Age
HACKENSACK UNIVERSITY MEDICAL CENT				Square Feet #	5	80
				Current Use (Prior if	being demolished	t)
Street Address 30 PROSPECT AVENUE [County (6)]		Cou	inty Code (7)	HOSPITAL	tunator (9)	
		(STA	TE USE ONLY) ASCM No.	Name of Abatement PAR ENVIRONMEN	TAL CORPORA	TION
HACKENSACK Building	Owner (8)		99			
Name of Monitoring Firm Hired by Bulleting LANGAN ENGINEERING & ENVIRONMENT	AL			1012 SPOOK HOUR	ROAD	
Otrost Address				City, State, Zip Coo SUFFERN, NEW Y		- hor
	. JEDSEV 070	54		Telephone Number		e Number
City, State, Zip Code PARSIPPANY, NEV			er	25.7500	110.	
Project Manager for Monitoring Firm	1	1083		Name of OSHA M QUALITY ENVIRO	ONMENTAL	
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Month Day Feding Abatement (Chec Chec Chec Chec Chec Chec Chec Chec	ntire Period of	ty Hours	- Describe:	City, State, Zip C	ode PINGER FALLS,	NY 12590
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X Other - Describe.			[Full C	Enclo,		
Scope of Work (Check all that apply)	Renovation			shan Procedure	x Wrap & C	out
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in Facility (13)	Yes No	N/A		COMPLETE	2,100 SF	X
		X VA	AT & MASTIC	COMPLETE	4,000 SF	X
3RD FLOOR MAIN BUILDING	++	x V	AT & MASTIC	TO THE	740 SF	X
ST JOHNS BUILDING BASEMENT	++-		LUE & CEILING	TILE COMPLETE	1740 01	
ST. JOHNS BUILDING BASEMENT		1-19			100 LF	X
ADDITION TO SCOPE:		1	PIPE FITTINGS		100 Et	
3RD FLOOR MAIN BUILDING	++	X F			-	
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	NJDEP \	Naste	Cubic Yards of W	aste Name of He	gistered Landfill NTRAL SANITAF	RY LANDFILL
Name of Registered Waste Hauler	Hauler II		80			
LICIAL AD LING	10000000		Disposal Date	City, State	D TOWNSHIP, P	A 12 16
369 RAYMOND BLVD.			12/13-5/30/19 Signa			Date 2/13/19
City, State NEWARK, NEW JERSEY 07105 NEWARK, NEW JERSEY 07105	Title	25 005	RATIONS			7 1
a sloted by (Pillit of 1) P	Title DIRECTOR (JF UPE	II/ATION -			
BENJAMIN SANCHEZ						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) HACKENSACK UNIVERSITY MEDICAL Date of Notification (1) Street Address /19 30 PROSPECT AVENUE 30 FEB 1 9 2019 Type Notification Agencies Notified City, State, Zip Code HACKENSACK, NEW JERSEY 07601 Initial Notification **EPA** Amended Notification #5 Telephone AUBIDETTOS CO DEP Cancellation Name of Contact DOL 551-996-3778 On Hold DONALD FARRELL EMERGENCY NOTIFICATION DOH DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) HACKENSACK UNIVERSITY MEDICAL CENTER Bldg. Age # of Floors Square Feet 80 200,000 Street Address Current Use (Prior if being demolished) 30 PROSPECT AVENUE County Code (7) HOSPITAL County (6) (STATE USE ONLY) Name of Abatement Contractor (9) City (5) BERGEN PAR ENVIRONMENTAL CORPORATION ASCM No. HACKENSACK Name of Monitoring Firm Hired by Building Owner (8) 99 LANGAN ENGINEERING & ENVIRONMENTAL Street Address 313 SPOOK ROCK ROAD Street Address City, State, Zip Code 300 KIMBALL DRIVE SUFFERN, NEW YORK 10901 City, State, Zip Code PARSIPPANY, NEW JERSEY 07054 License Number Telephone Number Telephone Number 1101 Project Manager for Monitoring Firm 845-369-7500 973-560-4983 Name of OSHA Monitor Sched. Completion Date (11) VIJAY PATEL QUALITY ENVIRONMENTAL Expected State Date (10) /19 30 5/ /18 Year 13 12 / Day Month Street Address Year Occupancy Status During Abatement (Check only one) Day 1376 ROUTE 9 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code MONDAY - FRIDAY 7AM-3A;30 PM WAPPINGER FALLS, NY 12590 Other - Describe: Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclo, Renovation Glovebag Procedure Demolition Wrap & Cut Non-Friable Procedure Abatement Type >3SF OR LF 260 LF >160 SF OR Description of Asbestos-REPAIR ENCL ENCAPSUL Amount Is Location REMOVAL Containing Material (ACM) Location of normally used (Specify LOSUR (ie. Thermal systems Asbestos-containing solely by SF or LF) insulation, surfacing, VAT, Material (ACM) Maint/Custodial or other miscellaneous) TO BE ABATED Staff (12) in Facility (13) Yes No N/A 2,100 SF COWER VAT & MASTIC X 3RD FLOOR MAIN BUILDING 4.000 SF * COMPLETE VAT & MASTIC X ST. JOHNS BUILDING BASEMENT 740 SF COMPLETE GLUE & CEILING TILE ST. JOHNS BUILDING BASEMENT X 100 LF ADDITION TO SCOPE: PIPE FITTINGS X 3RD FLOOR MAIN BUILDING Name of Registered Landfill Cubic Yards of Waste GRAND CENTRAL SANITARY LANDFILL

80

Signature

Disposal Date

12/13-5/30/19

PLAINFIELD TOWNSHIP, PA

Date

NJDEP Waste

Hauler ID No.

DIRECTOR OF OPERATIONS

Name of Registered Waste Hauler

NEWARK, NEW JERSEY 07105

Completed by (Print or Type)

NEWARK CARTING

City, State

369 RAYMOND BLVD

BENJAMIN SANCHEZ

/ N		UMC 0.00	-7 and 12:120-	IOnor	ator (2)	D) E	C [<u>E</u>	V	塱
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DUA L	NOTIFICATION FACI		TION	Type of	Facility (4)				
Name of Facility Where Abatement is Taking	Place (3)			So	hool (K-12	Other than	K-12)		mes,	etc.)
HACKENSACK UNIVERSITY MEDICAL CENT	ER			Squar	e Feet	# 01 F10015 5			g. Age 80	,
Street Address 30 PROSPECT AVENUE [County (6)]		County	/ Code (7) USE ONLY)	Current	Use (Prior	if being der				
City (5) HACKENSACK BERGEN BERGEN BUILDING by Building	Owner (8)	(STATE	ASCM No. 99	Name PAR E	of Abatem NVIRONM	ent Contrac ENTAL COF	RPORA	ATION		
Name of Monitoring Firm Hired by Daniel LANGAN ENGINEERING & ENVIRONMENTA Street Address 300 KIMBALL DRIVE				313 SI	OOK RO	ode YORK 109	01			
City, State, Zip Code PARSIPPANY, NEV	I elebilorio			Telep	none Numb 69-7500	per	Licens 1101	se Num	ber	
- I Chata Hate HUI	973-560-49 Sched. Complet	83 tion Date 30	1.1.4	Name	of OSHA	Monitor RONMENTA	L			
Month Occupancy Status During Abatement (Check X Facility Closed/Vacated During E Abatement Performed Outside of X Other - Describe: MONDAY Scope of Work (Check all that apply)	Month conly one) httre Period of A Normal Facility SATURDAY 8A	Day batement Hours - D M-4:30PN	Full Co	City, ontainme	nt with Neg cedure		ALLS, ure	NY 12	590	
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City, State		12/1	osal Date 3-5/30/19 Signatu		PLANNPIE	D TOWNSH	11P, P/	Date /	/3	111
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iii asiii y	Yes N							2,100 SF		X			_
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Street Address 300 KIMBALL DRIVE					City State Zi	p Code										
		-V.	70E4		SUFFERN, N	EW YORK 10901				\dashv						
PARSIPPANT, NET	N JERS	lanh	one N	umber	Telephone Nu	ımber Licen	se Nu	mber								
Project Manager for Monitoring Firm			0-498		845-369-7500	1101				-						
VIJAY PATEL	Schod	Con	nleti	on Date (11)	Name of OSI	HA Monitor										
Expected State Date (10)	Scheu.	5 /		30 /19		VIRONMENTAL			1 120-2							
Day Vear	Month	٦		Day Yea	Street Addres	SS			West in							
World Chan	k only o	nę)	r 41-	-temont	1376 ROUTE											
Occupancy Status During Abatement (Check X Facility Closed/Vacated During E	ntire Pe	riod	Of ADI	ours - Describe:												
Abatement Performed Outside of					City, State, Z	'ip Code VAPPINGER FALLS	NY 1	2590								
X Other - Describe: MONDAY SATURDA	Y 4PM	12A	M		V	legative Pressure										
Scope of Work (Check all that apply)				Hull Co	ntamment with it	logalito										
Demolition	Renov	ation		Glove	bag Procedure											
>3SF OR LF				X Non-F	riable Procedure		T 41	oatem	ont Ti	ma						
X >160 SF OR 260 LF	I le l	ocati	on T	Description o	f Asbestos-	Amount		T	EIIL I	m						
Location of	norma			Containing Ma	iterial (ACM)	Amount (Specify	REMOV	REPAIR	ENCAP	ENCLOSUR						
Asbestos-containing	so	lely b	y	(ie. Therma	l systems	SF or LF)	Ò	AF	P	0						
Material (ACM) TO BE ABATED	Maint	Cust	odial	insulation, su	facing, VA1,	3, 3, 2, 7	AL	الم	SUL	SU						
in Facility (13)		aff (1		or other mis	Jeliai leous)			_		Lu Lu						
,	Yes	No	N/A			2,100 SF	X									
3RD FLOOR MAIN BUILDING			X	VAT & MASTIC			1	1								
			X	VAT & MASTIC		4,000 SF *	X	+	+	+						
ST. JOHNS BUILDING BASEMENT	+-			GLUE & CEILING TIL	F	740 SF	X	-	-	+						
ST. JOHNS BUILDING BASEMENT			X	GLUE & CEILING TIL						1						
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	NUID	ED M	Vaste	Cubic Yards of Wast	e Name of F	Registered Landfill	LANIE)EII I								
Name of Registered Waste Hauler			No.	80	GRAND C	ENTRAL SANITARY	LANL): ILL								
NEWARK CARTING	liau	0, 10			Gity, State	\mathcal{L}		- 200								
369 RAYMOND BLVD. City, State				Disposal Date	PLAKELE	LD TOWNSHIP, PA			-							
				12/13-5/30/19	/	D	ate n		11.	-)(
NEWARK NEW JERSEY 07105		_	_	Signature	/ / /			-								
NEWARK, NEW JERSEY 07105	tle	NP O	E OPI	Signature Signature			12		1							

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 12 12 /18 Street Address Agencies Notified Type Notification 30 PROSPECT AVENUE FEB 1 9 2019 EPA Initial Notification City, State, Zip Code Amended Notification #1 DEP HACKENSACK, NEW JERSEY 07601 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **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 Square Feet # of Floors Bldg. Age 30 PROSPECT AVENUE 200,000 City (5) County (6) County Code (7) Current Use (Prior if being demolished) HACKENSACK BERGEN (STATE USE ONLY) HOSPITAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) LANGAN ENGINEERING & ENVIRONMENTAL PAR ENVIRONMENTAL CORPORATION Street Address Street Address 300 KIMBALL DRIVE 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code PARSIPPANY, NEW JERSEY 07054 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number VIJAY PATEL 973-560-4983 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 12 / 13 /18 5 / 30 /19 QUALITY ENVIRONMENTAL Day Month Year Month Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 4 PM-12 AM City, State, Zip Code SATURDAY 8AM-4PM 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-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVAL REPAIR ENCAPSUL **ENCLOSUR** Material (ACM) solely by (ie. Thermal systems (Specify Maint/Custodial TO BE ABATED insulation, surfacing, VAT. SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 3RD FLOOR MAIN BUILDING X VAT & MASTIC 2,100 SF ST. JOHNS BUILDING BASEMENT X VAT & MASTIC 4,000 SF X ST. JOHNS BUILDING BASEMENT GLUE & CEILING TILE 740 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. GRAND CENTRAL SANITARY LANDFILL 369 RAYMOND BLVD. City, State Disposal Date NEWARK, NEW JERSEY 07105 12/13-5/30/19 PLAINFIELD TOWNSHIP, PA Completed by (Print or Type) Title Signaturé

DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTE Date of Notification (1) /18 11 Street Address Type Notification 30 PROSPECT AVENUE Agencies Notified FEB 1 9 2019 FPA Initial Notification City, State, Zip Code DEP Amended Notification HACKENSACK, NEW JERSEY 07601 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **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 Square Feet # of Floors Bldg. Age 30 PROSPECT AVENUE 200,000 5 80 City (5) County (6) County Code (7) Current Use (Prior if being demolished) HACKENSACK BERGEN (STATE USE ONLY) HOSPITAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) LANGAN ENGINEERING & ENVIRONMENTAL 99 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 300 KIMBALL DRIVE 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code PARSIPPANY, NEW JERSEY 07054 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number VIJAY PATEL 973-560-4983 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11 / 26 /18 5 / 30 /19 QUALITY ENVIRONMENTAL Day Month Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: Monday -Friday 7am -3:30pm City, State, Zip Code 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-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount **ENCLOSUR** ENCAPSUL REMOVAL REPAIR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 3RD FLOOR MAIN BUILDING X VAT & MASTIC 2,100 SF X ST. JOHNS BUILDING BASEMENT X VAT & MASTIC 4,000 SF * X ST. JOHNS BUILDING BASEMENT GLUE & CEILING TILE X 740 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. GRAND CENTRAL SANITARY LANDFILL 369 RAYMOND BLVD. City, State Disposal Date NEWARK, NEW JERSEY 07105 11/26-5/30/19 KINDELD TOWNSHIP, PA Completed by (Print or Type) Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

Date of Notification (1)			Na	ame of	Building C)wner/	Operator	(2)	G		V	E			
779 88 92557 SWED			_	HACKENSACK UNIVERSITY MEDICAL CENTER											
Agencies Notified Type Notification	20			reet Ad				0		100 0000					
			1.000		SPECT AVE				EB	19	2019)			
EPA X Initial No					e, Zip Code SACK, NE		SEY 0760	01							
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X DOH On Hold DCA EMERGE	NCV N	OTIFICA			Contact FARRELL			Telephone Num		54	184 184				
	INCTIN	OTIFICA						551-996-3778	Service - Service		5:40	100.50 da			
Name of Facility Where Abatement is Ta	kina Pl	ace (3)	FACILITY	INFOR	RMATION	Type	of Facilit	by (4)			_				
•		(-)				1,460	School (K								
HACKENSACK UNIVERSITY MEDICAL C	ENTER					V	Subchapt	ter 8 (Other than I	K-12)						
Street Address						X	uare Feet	private & commo	l. bld		mes, g. Age				
30 PROSPECT AVENUE							200,000	5			y. Aye 80				
City (5) County (5)		Co	unty C	ode (7)	Curre	ent Use (P	rior if being demo	lished	1)	7.00				
HACKENSACK BERGEN				TE US	E ONLY)	HOS	PITAL			,					
Name of Monitoring Firm Hired by Build LANGAN ENGINEERING & ENVIRONME		ner (8)		A	SCM No.			ement Contracto							
Street Address	NIAL				99		ENVIRON t Address	MENTAL CORP	ORAT	ION					
300 KIMBALL DRIVE								OCK ROAD							
City, State, Zip Code						City,	State, Zip	Code							
PARSIPPANY, N Project Manager for Monitoring Firm								W YORK 10901							
VIJAY PATEL	- 1	i elepnor 973-560-	e Number				ohone Nur		ense l	Numbe	er				
Expected State Date (10)				845-369-7500 1101 Date (11) Name of OSHA Monitor											
11 / 26 /18	Conce	5 /		30	/19	100000000000000000000000000000000000000		IRONMENTAL							
Month Day Year	Mon	ith	Day		Year										
Occupancy Status During Abatement (Che X Facility Closed/Vacated During	ck only Entire D	one)	Abataman				t Address								
Abatement Performed Outside	of Norma	al Facilit	Hours - [n Describ	e:	13/6	ROUTE 9	1							
X Other - Describe: Monday -	Friday 7	am -3:30)pm			City,	State, Zip	Code							
Coope of West (Cheek all the teach)	*				7			PPINGER FALLS	S, NY	12590	É				
Scope of Work (Check all that apply) Demolition X	Renov	ation		-	Mini-Enclo		it with Neg	ative Pressure							
>3SF OR LF]	allon			Glovebag	Proc	edure								
X >160 SF OR 260 LF				X	Non-Friab	le Pro	cedure								
Location of	100000000000000000000000000000000000000	ocation			iption of As				А	baten	ent T	уре			
Asbestos-containing Material (ACM)		ally used ely by			ning Materia		M)	Amount	RE	REPAIR	E	E			
TO BE ABATED		Custodia	ıl .		Thermal sylion, surfacil		т	(Specify SF or LF)	REMOVAL	PAI	ENCAPSUL	ENCLOSUR			
in Facility (13)		ff (12)	"		ner miscella			0,0,5,	S	B	Sc	SC			
	Yes N	No N/A	1						1		-	'n			
3RD FLOOR MAIN BUILDING		X	VAT & N	MASTIC	;			2,100 SF	X						
ST. JOHNS BUILDING BASEMENT		X	VAT & N	MASTIC	;			4,000 SF *	Х						
ST. JOHNS BUILDING BASEMENT		X	GLUE &	CEILIN	NG TILE			740 SF	Х						
										_					
			-						-		_	_			
Name of Registered Waste Hauler	NUDE	P Waste	Cubic Ya	arda of	Masta	INIam	f D'-'	have all the addition							
NEWARK CARTING		· ID No.	Cubic Ya	ards of 80	vvasie			tered Landfill RAL SANITARY L	AND	=11.1					
369 RAYMOND BLVD.							111			166					
City, State NEWARK, NEW JERSEY 07105			Disposal 11/26-5/			effy.	State/	OWNSHIP, PA		1	/	1			
Completed by (Print or Type) Title				Sign	ature	1	XCLDI	Dat	à /	/	1	1 (
BENJAMIN SANCHEZ DIR	ECTOR	OF OPE	RATIONS	8	/	/),	1)		1//	15	1	1 /			



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Date of Notification (1)	ted teams	-	Name o	of Building ()wner/	Operator	(2)		\bigcirc	-	<i>N</i>	ci c	11	7
02/13/2019				a Walczy	MECEIVE									
Agencies Notified Type Notific	ation		Street /	Address					1		0	<u> </u>	<u> </u>	
	led ment #ency (including	_		ate, Zip Coo oeth, NJ 0			<u> </u>				FEB	19	2019)
DOH justifica	ation)			of Contact a Walczyl	k				Teler	hone !	Numbe			, ,
				ILITY INFO		ION			II.	inches un	Transport of the	PONAL	<u> </u>	×
Name of Facility Where Abatement is Residential Property LLC.	Taking Place (3	3)						of Facility (School (K-1	11.150 12.000		1877			
Street Address							□ ×	Subchapter Other (i.e. p	8 (Other			uildings	, hom	es,
City (5) Elizabeth								e Feet	# of F	loors		Bldg. 1920		
County (6) Union				Code (7) USE ONLY)	t Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Buil	ding Owner (8)		ASCM No. Name of Abatemen Danvic Contrac							9)				
Street Address			Street Address 240 South 5th											
City, State, Zip Code						City, State, Zip Code Elizabeth, NJ 07206								
Project Manager for Monitoring Firm			Telepho	ne No.		Telephone No. License No. 908-906-4123 01355								
Start Date (10) 02/23/2019	Schedule 02/28/2		npletion	Date (11)		The state of the s		A Monitor mental L	aborate	ories,	Inc.			
Occupancy Status During Abatement (Check Only On	e)				Street	Address	3						
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: OCCUPIED	ntire Period of A Normal Facility	batem	nent			City, St	tate, Zip						<u> </u>	
Scope of Work (Check All That Apply)					NJ 07083	3								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	parent and a second	enova emoliti				×						re.		
		Locati							7			Abat	ement /pe	
Location of Asbestos-Containing Material (ACM	Used	ormall Sole	ly by	Ashesto		scription aining M		ACM)	Amo	ount.	-	T .	1	
TO BE ABATED In Facility (13)	iviai	ntenar odial S (12) No		(i.e. th	nermal surfac	systems cing, VAT niscellan	insulat T, or	ion,	Amount (Specify SF or LF)		Kemovai	Repair	Encapsulate	Enclosure
Basement	100	110	X		Pipe	Insulat	tion		40	LF	X	+-		
Name of Registered Waste Hauler		100	JDEP Wauler ID	20000	Cubic of Was			Name of F			fill			
Danvic Contracting LLC.	2	2			Fairless		1							
City, State Elizabeth, New Jersey		TBD	al Date		City, State Morrisvi				1471					
Completed by Jeymy Donneys			S	ignature	T	4			Date 02/13	/2019				



		LON	FICATIO (Pursuar	ON OF ASBEST IN TO MAC 8:60	OS ABATE and 12:12	EMEN 20)	TI	(No	n l	1	107
Date of Notification (1) 02/13/2019				of Building Owr ela Montes	ner/Operato	r (2)		IN F	e e			
Agencies Notified Type Notification	1		Street	Address						<u> </u>	W [c	HIL
EPA X Initial Amended			City S	tate, Zip Code								
X DOL Amendmen				elle, NJ 0720	3			L L F	EB 1	9 2	019	11-4
□ Emergency justification □ DCA □ Cancellation)	g	10000	of Contact				Telephor	ne Numbe	er		
			1,04 7,02,000,000	ela Montes CILITY INFORM	ATION				13000		1	<u></u>
Name of Facility Where Abatement is Taki Residential Property	ng Place	(3)		SILIT IN ORIN	ATION	Тур	pe of Facility	(4)		esti keriji Ten	4	
Street Address							School (K-	-12) er 8 (Other tha	- 1/ 40)			
						×	Other (i.e.	private & com	mercial b	uildin	gs, ho	mes,
City (5)							etc.) uare Feet	# of Floor	rs	Bldg	g. Age	
Elizabeth County (6)			Country	C-d- (7)			561	2		192	24	
Union				Code (7)		Cur	rrent Use (Pr	rior if being de	molished)		
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.			batement Co Contracting		<u> </u>			
Street Address					Street							
City, State, Zip Code					City, S	State,	th 5th St.	.2.				
Project Manager for Monitoring Firm			Telepho	one No	Eliza		n, NJ 0720		N-			
					908-	906-	-4123	013	nse No. 55			
Start Date (10) 02/23/2019	02/28/			Date (11)			SHA Monitor	Laboratorie	e inc			
Occupancy Status During Abatement (Chec	k Only O	ne)			Street			Laboratoric	, IIIC.	-		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of nal Facilit	Abater y Hour	ment 's		City, S	tate,	ute 22 We Zip Code	est				
Scope of Work (Check All That Apply)					Unio	n, N	J 07083					
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli			×	M G	lini-Enclosur llovebag Pro	(7.0)			ure	
		Locat								Aba	atemer	nt
Location of Asbestos-Containing Material (ACM)	Use	Norma ed Sole	ely by	Asbestos C	Description	of lateri	al (ACM)	Amount		T	Туре	T
TO BE ABATED In Facility (13)		todial (12)	Staff?	(i.e. thern	nal systems rfacing, VA er miscellan	insu T, or	llation,	(Specify SF or LF	1 2	Repair	Encapsulate	Enclosure
	Yes	No	N/A							- -	ate	re
Basement			Х	Pi	oe Insula	tion		100 LF	Х			
Name of Registered Waste Hauler			JDEP W	laste CL	ic Yards		News	Dogistand	- 15"			
Danvic Contracting LLC.		H	lauler ID 7574		Vaste		Visit (200)	Registered La Landfill	natili			
City, State Elizabeth, New Jersey				Disp	osal Date		City, State					
Completed by Jeymy Donneys	Own	er			Signature	1)		Date 02/13	/201	9	

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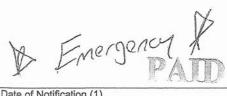
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Date of Notification (1) 2/12/19			Name of Building Owner/Operator (2) B&S Partners						F	EB	1.9	20	19		
Agencies Notified Type Notification X EPA Initial			27.55	Address Box 1517	10		(4)		ASBE	STO	S C(יוכ.	-		
× DEP Amended × DOL Amendment				tate, Zip C and NJ (-	- 1		
DOH justification) DCA Cancellation			21	of Contact					lephone			-			
Name of Facility Miles Abel and Art Till	51		FAC	ILITY INF	ORMA	TION					5),40				
Name of Facility Where Abatement is Takin 1601 Atlantic Avenue - Boiler Roor	g Place (3 m	3)					Type of Facility	(4) (5)							
Street Address 1601 Atlantic Avenue							School (K-Subchapte Other (i.e.	er 8 (Oth				dings	, hom	ies,	
City (5) Atlantic City							etc.) Square Feet 7900	# o 7	f Floors	\$	Bldg. Age 45+				
County (6) Atlantic				Code (7) USE ONLY)		Current Use (Pr Office Buildin	nt Use (Prior if being demolished) e Building							
Name of Monitoring Firm Hired by Building (Strategic Environmental Managem	Owner (8) ent, Inc.		ASC	M No.			of Abatement Co ond Huntbac			on C	orp.				
Street Address 1634 S Delaware Street					Address Luzerne Str	eet, Ur	nid D								
City, State, Zip Code Paulsboro, NJ 08066							ate, Zip Code								
Project Manager for Monitoring Firm Ed Keegan	roject Manager for Monitoring Firm Ed Keegan						Telephone No. License No. 215-739-8166 00646								
Start Date (10) 2/25/19	Schedule 3/22/19		npletion	Date (11)		1 12 11 11 11 11	f OSHA Monitor as above								
Occupancy Status During Abatement (Check	k Only On	e)				Street A	ddress								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Open and under full of	al Facility	Hours	3	1		City, Sta	ate, Zip Code								
Scope of Work (Check All That Apply)														-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	COLUMN TOWNS	enova emolit	ion Mini-Enclosur Glovebag Pro												
	le	Locati	on			Lund	Non-Exemple	u () and	парі	Abatement					
Location of	N	lormal	ly		De	scription o	of					Ту	ре		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai Custo	d Sole ntenar odial S (12)	rice/ Staff?	Asbes (i.e.	thermal surfa	taining Ma I systems i cing, VAT miscellane		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure	
Boiler Room	Yes	No	N/A										Ф		
Boiler Room	X						g insulation		5 SF		X				
Boiler Room	X		-	ex		boiler ins			0 SF	-	X				
Bollet Rootti	^				DO	iler rope		18	0 LF		X				
Name of Registered Waste Hauler		I N.	JDEP W	laste	Cubic	Yards	Name of	Pogietor	rod Lon	dell					
Services Transport Group	s Transport Group Hauler ID No. A901 20990					ste	Minerva			IGIIII					
City, State Yardley, PA 19067					Dispos as ne	sal Date eded	City, State Waynes		OH 4	4688	3				
Completed by Title Wayne Huntbach Project Manager					S	Signature									

Ch 1511	1	(P)	TSUANT	OF ASBE	ESTO 8 60 a	S ABATE and 12:120	0)		N.			4.0	204	<u> </u>	Parameter Co.
Date of Notification (1) 02/08/2019				Building (House					L	FE	ט	19	201	J	
Agencies Notified Type Notification			Street Ad	ddress						ASBES	STO	3 C O	1		
X EPA X Initial Amended Amendment #		_	Millingt	te, Zip Co ton, NJ (6									
DOH justification) Cancellation		1189		Contact Molino					Tele	ephone I	Num	ber			
Name of Facility Where Abatement is Taking	Place (3	1	FACIL	LITY INFO	RMA	TION	Type	of Facility	(4)						
Private Residence	, ,,,,,,	,						School (K-1							
Street Address							×	Subchapter Other (i.e. petc.)					ings,	home	s,
City (5) Millington							Squar 2200	re Feet)	# of 2	Floors		4 555	dg. A	ge	
County (6) Morris				Code (7) JSE ONLY)				nt Use (Pri dence	or if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)		ASCM	l No.				tement Contruction,		(9)					
Street Address						100000000000000000000000000000000000000	Addres eathe	ss r Stockin	g Path	1					
City, State, Zip Code								p Code rk, NJ 0	7035						
Project Manager for Monitoring Firm			Telephor	ne No.		100000000000000000000000000000000000000	none No 264-9			Licens 01306					
Start Date (10)	Schedule	ed Com	pletion [Date (11)		100000000000000000000000000000000000000		HA Monitor truction,							
Occupancy Status During Abatement (Check	Only Or	ne)	3.5				Addres	s r Stockin	a Path	,					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of A	Abatem Hours	ent			City, S	state, Zi	p Code							
Scope of Work (Check All That Apply)			Lincoln Park, NJ 07035												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti					Mir Glo	I Containm ni-Enclosur ovebag Pro n-Exempte	e cedure						
		Location							- ()				Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Solel intenar todial S (12)	y by ice/		tos Co therm sur		Type Type Amount					Enclosure			
	Yes I													е	
Basement		Х			VAT			40	00 SF		Х			X	
Name of Registered Waste Hauler Nari Construction, LLC	6	H	JDEP Wauler ID 37535	No.	2002000	ic Yards Vaste Y		Name of G.R.O.		ered Lan	dfill				
City, State Lincoln Park, NJ					Disp TBI	oosal Date O		City, Sta Morris		A					
Completed by Igor Jezdimirovic	Title P. Ma	anage	r			Signature	9		2		Dat 02		2019		

	60hornoution			04-4								-	
Data of N. V.C V.	P) NOT	Pursua	ON OF A	New Jers SEESTO AC 8:60 a	S ABATI and 12:12	20)	(he	NK:	#	0)4
Date of Notification (1) 02/05/2019	South	Bod	Name	of Build	ng Owner	r/Operato	or (2)			V1	1		
Agencies Notified Type Notification	n			t Address	150000			at 1	ME	C	5	V	E
EPA 🗵 Initial									3			- Carlon - Carlon	
DEP Amended Amendme	nt #			State, Zip nmit, NJ						FEB	19	201	0
DOH Emergency	(includir	ng		of Conta					-2 -1			CUI	J
DCA Cancellation				Riccia				ŀ	Telephone	Numbe	45000	17.	
Name of Facility Where Abatement is Tak	na Placo	(2)	FA	CILITY II	NFORMA"	TION			,,,,,			12	6 6
Residential Property	rig r lace	(3)					Type of Facili					3	
Street Address							X Other (i.e	ter 8 (C	Other than he	(-12) ercial bu	uilding	s, hor	mes,
City (5) Summit							etc.) Square Feet	#	of Floors		Bldg.	Age	
County (6)				<u> </u>			1740	2	_		192	Section The Control	
Union			(STATE	Code (7) Ly)		Current Use (I	Prior if b	peing demo	lished)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.			of Abatement C		or (9)				
Street Address							Address	-9					
City, State, Zip Code							South 5th St	reet					
Project Manager for Monitoring Firm							tate, Zip Code beth, NJ 072	206					
			Telepho	one No.			one No. 906-4123		License 01355				
Start Date (10) 02/14/2019	Schedu 02/21			Date (11)		of OSHA Monito					-0.4	
Occupancy Status During Abatement (Chec	k Only O	ne)					Address	Lapo	ratories				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nom	Period of nal Facilit	Abater y Hour	ment 's				Route 22 W ate, Zip Code	est					
Other – Describe: Scope of Work (Check All That Apply)							n, NJ 07083						
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	×	Renova Demoli	ation tion			×	Full Containr Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure	è			re.	
	7115	Locat	707.300					T		abic i ic		emen	t
Location of Asbestos-Containing Material (ACM)	Use	Normal d Sole	ly by	Aaba	Des	scription o	of			-	T	уре	
TO BE ABATED In Facility		intena		(i.e	. thermal	systems	aterial (ACM) insulation,		Amount Specify	R		Enc	四
(13)		(12)			other m	ing, VAT iscellane	, or ous)	S	F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u>a</u>	- T	late	ire
Basement			Х		Pipe	Insulati	on	2	00 LF	X			
Name of Registered Waste Hauler		I N.	JDEP W	aste	Cubic Y	/ordo	Name						
Danvic Contracting LLC		Ha	auler ID I 7574		of Wast		Fairles		ered Landfi dfill	ı			
City, State Elizabeth, NJ					Disposa	al Date	City, Stat		Δ				
Completed by	Title					nature				ate			_
Jeymy Donneys	Owne	r				70r	Jul)	~		2/05/2	2019		
ASB-41 (R-06-08)					*	Do not u	use this form for	asbest	os licensur	e exem	pted a	activiti	ies.

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V 11142 PAL		(Pui	suent to	NJAC 8:8	0 and	12:120)	1.00			1/11/2	1			
Date of Notification (1)		TN	eme of B	wO golbliu	ner/Og	parator	2)			The Court	par d P.	430	1	
				isher Sc							1			
February 11, 2019 Agencies Notified Type Notification			treat Add				-				1			
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EPA Initial				Zip Code			1	1		11/	7 55. 1			
DEP Amended Amendment	B	2		NC 2770		คก	1	1	1 m 1 k ⁽¹⁾					
Emergency (ncluding		Jame of C		,,				Telep	hone Num	ber		1.4	
DOH [ustification]		- 1					l	appoint to the	(073)	234-702	R			
DCA Cancellation		_ 12	roject M		5.4.4 Tr.	201			(013)	207102				
Name of Facility Where Abstement is Taking	Place (3)		FAGILI	TY INFOR	WAII	<i>1</i> 100	Type	f Facility (4)						
	(v)						-							
etheon Blologics, LLC								ichool (K-12) lubchapter 8	Other	than K-12)	,			
Street Address							X	ther (i.e. pri	veta &	commercia	l buildir	ngs, h	omas	4
201 College Road East								ta.) e Faet	# of F	isare	Rid	ig. Ag	6	
City (8)							adusi	e rust	19 01 1	10015	10.0	A #	-	
rinceton								- 10- / Date		ai a sa a tila b				_
County (6)			County Co	de (T) RONLTI			Curre	nt Use (Prior						
Mercer		1	(21 4 11: 619	1. 17/7 14 1						ogics Lat	3			
Name of Monitoring Firm Hirad by Building	Owner (8)		ASCM	No.		Name	of Abat	emant Cent	ractor (9)				
A.E.S.L.						The R	MACK	Group, LL	.C					
Street Address		*****				Stree	Addres	S						
2200 Paterson Plank rd # 7						1500	Kings	HWY N, S	STE 2	09				
The second secon	Industrial area - 1 to 40.0	gg/gran.ren						ip Code	·········					A SECOND
City, State, Zip Code								NJ 08034						
North Bergen, NJ 07047 Project Manager for Monitoring Firm			Telephon	n No	-11-11-11-11	Telep	hone N	0.	T	License N	0.			
		1	01-864			1	759 -		6	0781				
Carmello Altomonte	Cahadula		nplation D					IA Monitor			***************************************	-		
Start Date (10)	Guidane		3/12/19					Group, LL	C					
2/12/19	ac Oak Oa		3/12/10				1 Addre	****	w					
Occupancy Status During Abatement (Che						-		HWY N.	STF 2	ng.				
Facility Closed/Vacated During Entire	Period of A	bater	nent					ip Code	9112	00				
Abstement Performed Cutside of Non Other - Describe: 4pm start	THE PECIFIC	HOUR	u			250								
						Cher	ry mil.	NJ 08034	-					
Scope of Work (Check All That Apply)							124							
X ≥3 sl or ≥3 ff		lenovi					A	Il Containme	ent with	Nagative F	Pressur	4		
≥160 sf or ≥260 lf		lemoli	tion					ovebag Prod						
45.00 (100-100)						70 - V - One -	□ No	n-Exempted	(*) and	Non-Friank	Proces	dure		
	la la	Loca	llon										ment	1
	1 27	Norma	.16.			escripti	an of					1)	pe	
Asbestos-Conteining Material (ACM)			ely by	Aspest	OS CO	ntaining	Maioria	II (AGM)		mount			E	m
TO BE ABATED		inteni	Staff?	(l.e.	therm	al syste	ms insu	lation,		Specify For LF)	Remova	Repair	Encapsulah	Endosure
In Facility	1	(12)				acing. I		, 1	31	OI LIT	NO.	pa	30	USO
(13)	-			18	www						12	=	100	9
ę.	Yes	No	N/A							1	-	_	_	
Rooms #228-232		X			٧	AT/M	astic			TBD	X			1
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Name of Basinssad Wasta Haulan		1-	NJ DEP Y	Vaste	Cub	ic Yard	1	Name of	Regist	ered Landi	ill			
Name of Registered Wests Hauter			Hauler ID			Yaste								
Freehold Carting			159	939		TBI				rprises, L	LC			
City, State				***************************************	Dis	Dissoq	ite	City, Sta	te					
Freehold, NJ						3/12/		Waynes	sburg,	OH_				
Completed by	Title					Signa	ing.	11/17/10	-	1	Date		Valley Vall	VALUE OF THE PARTY
	Pres	dent								2	/11/18)		NAME OF THE OWNER, OWNER, OWNER, OWNER,
Mike Cooper	1,109	التناهد							- Mary Control					



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

CK7263

Date of Notification (1) 2/12/19					Building O					E	(7)	S		7	100	(1+0 ×2) (1 + 1)
Agencies Notified	Type Notification			Street A	ddress				j kr.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		-			711	11:
EPA DEP DOL	Initial Amended Amendment Emergency (te, Zip Coo						FEB	1 9	20	19		
DOH DCA	justification) Cancellation	morading	1	Name of Chris	Contact				807	Jel	ephone	Numb	ег		i	
Name of Facility Where	Abatement is Takin	n Diace (3	\	FACII	LITY INFO	RMAT	ION	Type	of Facility (4)	1000	-ta e	e- 2-	S)II		
Shirley Berry Priva		g r lace (o	,					_	School (K-1							
Street Address									Subchapter Other (i.e. p	8 (Oth			build	lings,	home	s,
City (5) Brick NJ 08723									e Feet	# 0	f Floors			dg. A 5+	ge	
County (6)		11		County C	Code (7)				nt Use (Pri		ng dem	olishe			====	
Ocean Name of Monitoring Firm	a Uirad by Duilding	Dumor (0)		ASCN			Nome	of Abot	ement Cor	trootor	(0)					
N/A	if filled by building (JWHer (6)		ASCIV	r NO.			aco Ir		iliacioi	(9)					
Street Address								Addres	57.0							
City, State, Zip Code							City, S	tate, Zi	p Code n NJ 080	101						
Project Manager for Mor	nitoring Firm		Τ.	Telephor	ne No.		Teleph	one No).		Licens		'n			
Start Date (10)		Schodule	od Com	nletion I	Date (11)			753-9	A Monitor		0072	.7				
2/13/19		2/19/19		piedon	Date (11)		Sam		IX WOULD							
Occupancy Status Durin	k Only On	e)				Street	Addres	s			DICK!					
Abatement Perform	cated During Entire In ned Outside of Norm HOME OWNER OCCUPI	nal Facility	Hours				City, S	tate, Zi	p Code							
Scope of Work (Check A	All That Apply)										5-12-1-1		he-s-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	÷		tenova emolit						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		Is	Locati	on										Abate	ment	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Use Ma Cust	Normal d Sole intenar todial S (12)	ly by nce/		tos Cor therma surfa	al systems acing, VA	iption of ing Material (ACM) Amount					Repair	e Encapsulate	Enclosure	
h	Yes						tile and	ti			000 sf	-	-			
basem		X	Г	1001	ille and	masu	C		000 81		Х					
		-		-										_		
		-		-								-				
Name of Registered Wa	ste Hauler		l N	JDEP W	/aste	Cubi	c Yards		Name of	Regist	ered Lar	ndfill				
United Roll Off	1	lauler ID 2459	No.	of W			G.R.O		5-12 (1-12-12)							
City, State Elm NJ					_	Dispe 2/19	osal Date 9/19		City, Stat		A 190	67				
Completed by		Title		Signatur												
Anthony T Perna		Pres	ident							-		2/1	2/19	9		

Date of Notification (1)	行及見過	UNO	(Pursua	ON OF A	AC 8:60 a	nd 12:12	20)		FF	B 1	0 0	2010	-
02/12/2019			St. \	e of Buildi Vladimir	ng Owner Church	/Operato	r (2)		- l-b-	U	9 4	.019	
Agencies Notified Type Notificati I EPA DEP Amended Amended	on		Stree	t Address Grier A				bana.	and the same				· ·
X DEP Amended Amendment Emergence	ent#			State, Zip abeth, N		2					er-	0.0 =	
DOH justification Cancellati	n)	ng		of Conta					hone N		r		
Name of Facility Where Abatement is Tal	ing Place	(3)	FA	CILITY IN	IFORMA"	TION	_			7020			
Church Street Address 309 Grier Avenue City (5)							Type of Facility School (K Subchapt Other (i.e etc.)		than Kommer	-12) rcial bu	iilding	ıs, ho	mes
Elizabeth							Square Feet N/A	# of FI N/A	loors		Bldg.	Age	
County (6) Union			County (STATE	y Code (7) EUSE ONL) .Y)		Current Use (P	rior if being	demoli	97	1.47.3		
Name of Monitoring Firm Hired by Building N/A) Owner (8)	ASC	CM No.		Name D&S	of Abatement Co Abatement, I	ontractor (9))				
Street Address						Street	Address Osengren Ave						
City, State, Zip Code						City, S	tate, Zip Code va, NJ 07512						
Project Manager for Monitoring Firm			Teleph	one No.		Teleph	one No. 345-8685	Li	cense	No.			_
Start Date (10) 02/25/2019	Schedu 03/08	led Co	mpletion	Date (11)	Name o	of OSHA Monitor		1011	-			
Occupancy Status During Abatement (Che						Street A	Abatement, In	nc.					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	Abate	ment				sengren Ave	nue					
Other - Describe: Occupied	mai i aciii	ty Flour	5				ate, Zip Code va, NJ 07512						
Scope of Work (Check All That Apply)	-												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov Demoli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
Location of		s Locat Norma	lly		Des	cription o		o () and rec	n-i nai	JIE FIL	Abat	emen /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial : (12)	nce/	Asbes (i.e.	tos Conta thermal surfac	aining Ma	terial (ACM) nsulation, or	Amou (Speci SF or L	ify	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							al		ilate	Jre
Crawl Space		X		e 155	Pipe	Insulation	on	120 LF X					
										21			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic Y	ards.							
D&S Abatement, Inc.		Н	auler ID 1		of Wast		Fairless	Registered L Landfill	_andfill				
City, State Totowa, NJ					Disposa TBD	I Date	City, State Morrisvi						
Completed by Ned Joksimovic	Title Proje	ct Ma	nager		Sig	ınature	FIL	/	Dat	te /12/2	0.10		

State of New Jersey

02/12/2019

77 Print Form

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Date of Notification (1	1)			IN	- (D. 11	" 0			Check #	11	10)	-11
	ebruary 13, 2	2019		Nam CGN	e of Build I W Man a	ding Own agement	er / Operato LLC	r (2)	VE 6		пп	7	
Agencies Notified	Type Notific	ation	22361-7502		t Addres					, <u>E</u>	# 1	4 :	j.,
ПЕРА									1.527				j.,
DEP				1 Inte	ernation	al Boule	vard, Ste. 4	00	EE	n 1 ^	0.0		
DOL	Initi	al		City	State & 7	Zip Code	-		FEI FEI	B 1 g	20	19	1 10
⊠рон		ended			vah, NJ								
DCA		endment #	#			2.00			Fire State of the	7 7 4		(
LIDCA	Car	cellation			e of Cont				e & _t	Telepho	ne N	umbe	er
				Geor	ge @ Ett	tlinger D	evelopers			201-788	3-879	2	
				FA	CILITY	Y INFO	RMATION	1					
Name of Facility When Residence	re Abatement	t is Taking	Place (3)				Type of Fa	cility (4) ol (K-12)					
Street Address								napter 8 (Other t	than K 12)				
							-		& commercial buildir	ac ho	ma /	oto \	
							Square Fee			Bldg. Ag	A	elG.)	1
City (5)							1,5	00	2		40 ye	ars	
Ship Bottom								e (Prior if being	demolished)				
County (6)		I	County Cod	e (7)			Residence	9					
Ocean		L	JSE ONLY										
Name of Monitoring Fi	rm Hired by E	Building O	wner (8)		ASCN	И No.	Name of Ab	atement Contra	actor (9)				
Street Address							Synatech, Street Addr						
a: a:							829 Radio						
City, State & Zip Code							City, State						
Project Manager for Mo	onitoring Firm	1	Te	elephone	Number		Telephone I	Harbor, NJ 080	License Nu				
0.1.11.10							609-296-69	16	License No	0081	17		
Scheduled Start Date (February 25, 2	(10) 2019	Schedule	ed Complet	on Date				SHA Monitor	`				
Occupancy Status Duri	ing Abateme	nt (Check	only one)				Street Addre						
Facility Closed	d/ <u>Vacated</u> Du	iring Entire	e Period of		nt		829 Radio I	51.F(5)					
Abatement Pe		side of No	rmal Hours	5			City, State 8	& Zip Code					
Other – Descr							Little Egg F	larbor, NJ 080	87				
Facility Occup Scope of Work (Check													
oopo oi woik (oileek	an that apply	9						7					
$\ge 3 \text{ sf or } \ge 3 \text{ If}$			П	Renovati	on		F	☐ Full Containm	nent with Negative Pre	ssure			
≥160 sf or ≥260	If			Demolitic	n		F	Mini-Enclosur Glovebag Pro					
									ed(*) and Non-Friable l	Drocedu	re		
	tion of			on Norma			Descrip		July and Hon Thable I	_	atem	ent T	vpe
Asbestos-Containi TO BE	ing Material (ABATED	ACM)		y Mainter dial Staff		1	Asbestos-0 Material		Amount (Specify				
IN Fa	acility				1	1	(i.e., therma		SF or LF)	-			
(1	3)							rfacing, VAT		Į "		Enc	Щ
						1	or other mis	cellaneous)		Remova	Repair	aps	clos
			Yes	No	N/A					oval	air	Encapsulate	Enclosure
Residence			_		Х	-	Sidi	na	1,400 SF		_	Ф	_
							Siding 1,400 SF X						

Name of Registered Wa	aste Hauler		NJDEP V Hauler ID		Cubic \	Yards of	Waste	Name of Reg	istered Landfill				_
Synatech, Inc.	No. 429	12			Fairless Hills	8							
City, State		Disposal Date City, State						-					
ittle Egg Harbor, NJ		March 26, 2019 Morrisville, PA											
Completed By Title						26, 2019 ure		Morrisville, I	Date				
Ruthetta Roots		Evacua	10 A	. /	1	U. U. Ook							
THE PROPERTY OF THE PROPERTY O		Executiv	ve Assista	nt \	18 11	71000	61 11	101	February 13, 2019				

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			B.	(i uisi	Jani to	NJAC 6.	60 and 1	2:120)	Check #	170	75	5		
Date of Notification (1)	bruary 13, 2	019		Nam	ne of Build	ding Owner	/ Operator	(2)	OHOOK #	///		<u> </u>		
Agencies Notified	Type Notific				et Addres	agement Li	_C		ER	FI	TIP.	1	4	
□EPA □DEP				1 Int	ternation	al Bouleva	rd, Ste. 40	0		la U	w-*			
DOL	☐ Initia	al		City	State 8	Zip Code			FEB	19	2019			
⊠рон		ended			wah, NJ					0	_0,0	13		
DDCA		endment	#						lame			- 3		
	☐ Can	cellation			e of Cont				Professional	Telepho				
						tlinger Dev				201-788	-8792	2		
Name of Facility Miles				F	ACILITY	Y INFOR	MATION							
Name of Facility Where Residence	e Abatement	is Taking	g Place (3)			Ţ	ype of Faci School							
Street Address	_							pter 8 (Other than	ı K-12)					
									ommercial buildi	nas hoi	me e	etc)		
City (E)						1.5	quare Feet			Bldg. Age			_	
City (5) Ship Bottom							980		1		IO yea	ars		
- Doctorii							urrent Use Residence	(Prior if being den	nolished)					
County (6) Ocean			County Cod	le (7)			toolaciloc							
Name of Monitoring Fire	m Hired by E	Building O	USE ONLY Owner (8)		ASCN	/ No N	ame of Aha	atement Contracto	r (0)				_	
Street Address					710011	The second secon	ynatech, In	ic.	ir (9)					
Street Address							treet Addres 29 Radio R							
City, State & Zip Code						С	ity, State &	Zip Code						
Project Manager for Mo	nitoring Firm		Te	elephone	Number	Li	ttle Egg Ha	arbor, NJ 08087	It i M	1				
						The second second	9-296-691		License No	umber 0081	7			
Scheduled Start Date (1 February 25, 20	019		ed Complet	ion Date h 25, 20			ame of OSI natech, In							
Occupancy Status Durin Facility Closed	ng Abatemer Wacated Du	nt (Check	only one)			St	reet Addres	ss						
Abatement Per					, iii		ty, State &							
Other - Describ						1		arbor, NJ 08087						
Facility Occupie														
Scope of Work (Check a	all that apply)					4							
≥3 sf or ≥ 3 lf				Renovat	ion		H		t with Negative Pre	ssure				
≥160 sf or ≥260 lf	f		=	Demolitic			H	Mini-Enclosure Glovebag Proces	1					
			_				X		oure ') and Non-Friable	Drocodu				
Location					ally Used		Descripti) und Non-i nable			ent Typ	oe .	
Asbestos-Containir TO BE A		ACM)		y Mainte dial Stafi	nance or	P	sbestos-Co Material (Amount (Specif			,,		
IN Fac					(.2)		e., thermal	systems	SF or LF)			$\overline{}$	-	
(13	5)					insu	lation, surfa other misce	acing, VAT		Z Z	71	Enc	1	
							other misce	ellarieous)		Removal	Repair	Enclosure		
			Yes	No	N/A					val	Ħ.	Enclosure		
Residence					Х		Sidin	a	900 SF	X			\dashv	
								J		¬^				
Name of Registered Was	ste Hauler		NJDEP V	Vaste	Cubic	Yards of W	aste	Name of Basist	rod Le-JEII					
50.75 (Res 20) = 749.5 (19)			Hauler ID	No.		Taids of VV	asie	Name of Registe	ered Landfill					
Synatech, Inc. Dity, State			27	429	8 Dispos	al Date		Fairless Hills						
32 D								City, State						
						26, 2019		Morrisville, PA						
					Signatu	(//-	11. 6	00 x. P	ate					
Ruthetta Roots		Executi	ve Assista	nt	11/11	The Hear Rook February 13, 2019								

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) January 30, 2019 Township of Old Bridge Agencies Notified Type Notification Street Address One Old Bridge Plaza EPA Initial DEP City, State, Zip Code Amended × DOL Amendment # Old Bridge, NJ 08857 Emergency (including Name of Contact DOH justification) Telephone Number DCA Patrick Reardon Cancellation 732-721-5600 x2480 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LH Senior Center School (K-12) Street Address Subchapter 8 (Other than K-12) 200 Laurence Parkway Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Laurence Harbor 6000 1 80 County (6) County Code (7) Current Use (Prior if being demolished) Middlesex (STATE USE ONLY) Senior Center Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Iris Environmental Laboratories Unipro Environmental LLC Street Address Street Address 2333 US Highway 22 West 2744 Hylan Blvd #200 City, State, Zip Code City, State, Zip Code Union, NJ 07083 Staten Island, NY 10306 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Thomas Mcwatters 908-206-0073 718-273-1122 01324 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2/20/2019 3/4/2019 Unipro Environmental LLC Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 2744 Hylan Blvd #200 Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Staten Island, NY 10306 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 Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, (Specify Enclosure Custodial Staff? Removal Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement & 1st Floor X VAT & Mastic 5400 X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. ATC of Waste Minerva Enterprises SW2105 40 City, State Disposal Date City, State Shirley, NY 11967 3/5/2019 Waynesburg, OH 44688 Completed by Signature Date Raymond Blum Operations Manager

State of New Jersey

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Date of Notification (1) 02/12/2019			Name	e of Build e Gros	ling Owner	r/Operato	or (2)	12 7	FEI	3 1	9 21	019	1	
Agencies Notified Type Notification Initial Amended Amendment			Stree City, S	t Address	S	79		1	· · · · · · · · · · · · · · · · · · ·	7 0 7	· · · · ·	2 V		
▼ DOH Emergence □ DCA justificatio □ Cancellati	y (includi n)	ng	Name Bette	of Conta Grost	act man			Te	elephone N	Numbe	ŧΓ			
Name of Facility Where Abatement is Tall House Street Address	king Place	9 (3)	FA	CILITY II	NFORMA'	TION	Type of Facility School (K Subchapte Other (i.e.	-12) er 8 (Oth	ner than K & comme	-12) rcial b	uilding	s, ho	mes,	
Short Hills							Square Feet N/A	# c	of Floors A		Bldg.	Age		
County (6) Essex			County (STATE	Code (7	7) 'LY)		Current Use (Pr House	rior if be	ing demol	ished)				
Name of Monitoring Firm Hired by Building N/A	g Owner (8)	ASC	M No.		Name D&S	of Abatement Co Abatement, I	ntractor	(9)					
Street Address City, State, Zip Code							Address osengren Ave	nue						
Project Manager for Monitoring Firm						City, S Toto	tate, Zip Code va, NJ 07512							
Start Date (10)	T			one No.			one No. 345-8685		License 01311	No.				
02/22/2019	02/23	/2019	mpletion	Date (11	1)		of OSHA Monitor Abatement, Ir							
Facility Closed/Vacated During Entire Abatement Performed Outside of North							Address osengren Ave	nue						
Other – Describe: Scope of Work (Check All That Apply)	Train doin	ty i loui	3				ate, Zip Code va, NJ 07512							
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Location of Asbestos-Containing Material (ACM)		s Locat Norma ed Sole	lly		Des	cription o	nf				Abate		t	
TO BE ABATED In Facility (13)	Ma	aintena stodial s (12)	nce/	Asbe (i.e	thermal: surfac	aining Ma systems ing, VAT iscellane	Material (ACM) Amount					Encapsulate	Enclosure	
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D&S Abatement, Inc. City, State			auler ID 1 0996	or ID No. of Waste TBD Fairles				ss Landfill						
Totowa, NJ Completed by	Title				Disposal Date City, State Morrisville, I									
Ned Joksimovic	ct Ma	anager Signature							Date 02/12/2019					

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Date of Notification (1) 02/13/19					of Building		Operator	r (2)			1	e staney, i a	age organic	p-1	II.
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DOH DCA	justification Cancellatio				or Contact ert Came					Te	lephone N	umber			
	Caricellatio	"													
Name of Facility Where	Abatement is Taki	ng Place (3)	FAC	ILITY INF	URMAI	ION	Type	e of Facility	(4)					
Private House			,					Гурс							
Street Address								H	School (K- Subchapte		er than K	12)			
								X	Other (i.e.	private	& commer	cial bu	ildings	s, hom	ies,
City (5)								Saus	etc.) are Feet	1 # 6	of Floors		Dida	A ===	
Pompton Lakes								Oque	are reet	# 0	i Floors		Bldg.	Age	
County (6)			T	County	Code (7)			Curr	ent Use (Pr	ior if he	ina domoli	shod)			
Passaic				(STATE	USE ONLY)		ou.,,	000 (11	ioi ii be	ing demon	sileuj			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.		Name	of Aba	atement Co	ntracto	(9)		_		
Competent Superv	isor								Constru						
Street Address							Street								
							205	Rout	e 46 Suite	e 14					
City, State, Zip Code							City, S	tate, Z	Zip Code						-
							Toto	wa N	IJ 07512						
Project Manager for Mon	itoring Firm			Telepho	one No.		Teleph	one N	lo.		License	Vo.			
01 15 1							973	832 4	1244		01379				
Start Date (10) 02/24/19				npletion	Date (11)		Name	of OSI	HA Monitor						
		03/03/1	_				Sam	e as	above						
Occupancy Status During							Street	Addre	ss						
Facility Closed/Vaca	ated During Entire	Period of A	oaten	nent				-1.72							
Abatement Performe Other – Describe:	ed Outside of Norn	nal Facility	Hours	S			City, St	ate, Z	ip Code						
Scope of Work (Check Al	That Apply														
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Academy Construction	on Inc		1.3333	auler ID 34422	NO.	of Was	te		Fairless	Lanc	lfill				
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