CK 3297		NO	OTIFICATI (Pursua	State of New Jo ON OF AS BES ant to NJAC 8:60	DS AFAT	EMENT 20)	B-	E C	B		y H	Pri
Date of Notification (1) 1-5-2020  Agencies Notified Type Notification	102 tion		New	e of Building Owne  1992 LLC C/0  t Address	er/Operat O Dunk	or (2) in's Donuts		JAN	1.0	20	20	
EPA X Initial			545	Chancellor Av	enue		AS	BEST	OS CO	TMC	ROL	&
X DOL Amenda	nent #		City, S	State, Zip Code gton, NJ 0711	1		Unidentification described as	Feed \	16-140	ING	Magazintaght	
Justificat		ding		of Contact	1		1=					
DCA Cancella				er Petrianek			1-7	ephone 732-72	Numb 5-887	er 77		
Name of Facility Where Abatement is Ta Residential	aking Plac	ce (3)	FA	CILITY INFORMA	TION	Tuna of E. V						
Street Address						Type of Facil School of Subchal	(K-12) oter 8 (Othe	er than K	(-12)			
City (5) Maplewood, NJ 07040						etc.) Square Feet	e. private 8	Floors	ercial b			
County (6)			Too			4000	2			75+	. Age	ŧ
Essex			(STATE	Code (7) USE ONLY)		Current Use (	Prior if bein	ng demo	lished)			
Name of Monitoring Firm Hired by Buildir Street Address	ng Owner	(8)	ASC	M No.	Name Gree	of Abatement ( n Environme	Contractor (	(9) vices I	10			
					Street	Address		*1000, 1		-		
City, State, Zip Code						/irginia Aver tate, Zip Code	nue					
Project Manager for Monitoring Firm			Tolopho	N	Jerse	y City, NJ 0	7304					
-			Telepho			one No. 33-8855		License	No.			
Start Date (10) 1-15-2020	Sched 1-22-	uled Co	ompletion	Date (11)	Name o	of OSHA Monito	or	01174		1		
Occupancy Status During Abatement (Che	eck Only (	2020 One)			Green	n Environme	ntal Serv	rices, L	LC			
Facility Closed/Vacated During Entire     Abatement Performed Outside of Nor     Other – Describe:	Doded		ment rs			Address irginia Aven ate, Zip Code	ue	42				
Scope of Work (Check All That Apply)					Jerse	y City, NJ 07	304					
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	×	Renov Demol	ation ition		××××	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	nent with No				re	
Location of		s Locat Norma	lly							Abat	emen	it
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	M	ed Sole aintena stodial ( (12)	nce/	Asbestos Conta (i.e. thermal s surfaci	cription o aining Mai systems in ing, VAT, iscellaned	terial (ACM) nsulation, or	Amor (Spec SF or	cify	Removal	Repair	e Encapsulate	Enclosure
F. 4	Yes	No	N/A			880			val	=	ulate	ure
Exterior  1st & 2nd Floor		Х		Shing	le sidin	g	4000	SF	x			
1st Floor	-	Х		Wall	Plaster		1012		x			
Basement	-	X		\	/AT		295 5	SF	x			
Name of Registered Waste Hauler		X	JDEP Was	The state of the s	nsulatio		15 L		х	-		
Green Environmental Services		H	auler ID No 34889	o. Cubic Ya of Waste 10		Name of I	Registered Landfill	Landfill				
lersey City, NJ				Disposal 1-22-20		City, State						
Completed by	Title				nature	Morrisvi	lle, PA					
- CETAILO	Office	Mana	ager		ucel	DILEKKOR	(8)	Date 1-5	-202	0		

in Facility

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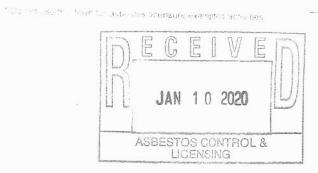
Description of Ascestos Containing Material (ACM) Concernal systems inquist per

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PAGE#2 1994 Springfiel Avenue, Maplewood, NJ

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Amount (Specify

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CHOW	7-1	10	NOTE	FICATIO	State of Me	Jerser ESTOS AB 8:60 and 12	ATEMENT		9		)_[	C	5	
Date of Notification (1)	/				7.				0			9 A A	1 1 0	2020
1/6/20	70			Name of		wer/Operat	tor (2)	-1		111	1	JAN	1 0	ZUZU
	e Notification		1	Cream A	1743	4 3	Davis	Inc		o naliare a speaky			teesareniii	
1,	Initial			Street Ac	Ze/	11-0.					-ASI		<u>:OS CI</u> IGENS	ONTRO
EPA DEP	Amended			-	3 Zip Code	1700p	4 AV	. !	SWA	5	1	etanorte e troi	est school of	remanus exchision emplos
17 10	Amendment in Emergency (in		-	3.5	Toms	40.00		- 0	8 753		634-50			
DOH DOA	justification) Cancellation	noracing	N	Vame of (	Contact			0	Teleph	one hi				
					Pat				1 7	50	under	3 6:1	, 60	, -//
Name of Facility Where Abateme	nt is Taking Pla	ice (3)		FACILI	TY INFOR	MATION	I Day of	7- 7	1 (				Ų	
Street Address	<u> </u>						1_	Facility (4						
Salat Addies				7 <u>.</u>			☐ Suit	hool (K–12 ochapter 8	Other than	K-12)	1			1
City (5)							Oth Del	er (i.e. pri	vate & com	mercia	d build	în <u>s</u> s, i	omes, e	(c.)
lans Ri	us 8						Square Fe	et	# of Floo	IS .	1	Bldg .	100	
County (5)			Con	inty Code	: (7)		Current Li	se (Prior if	bein <u>e</u> dem	olished	j)			
Nama of Monitoring Firm Hired by	Building Owne	r(S)	1	SCM No										
Street Address			1			Name of	of Abatemen	/11 /	1	1		1	1/	
Sueet Address		-37,23				Street A	ddress	1	encent	<u>LC</u>	lu7	11/27	<u>:/(</u>	4
City, State, Zip Code							2 1002		ic:n		2			
						1 -1	ite. Zip Code	_	17-	<u> </u>				
Project Meneger for Monitoring Firm		I	Telepi	none No.		Telephon	ICHE IE No.	<u>0 1</u>	Licens	[ 13 ] - 13 ]	0)	ك		_
Start Date (10)	1 Cat	1				1	-394-	0910	- Licens	/ C	75	,		Ì
1/11/20	I	Z///	20	Date (11)		Name of	OSHA Moni	itor			_			-
Occupancy Status During Abatement (C		2) /	20			Street Add	race							]
Facility Closed/Vacated During E. Abstement Performed Outside of Control Provider	nite Period of	Abatement												
Other – Describe:	voina racing	Hours				City, State,	Zip Cotia							İ
cope of Work (Check All That Apply)														
≥3 sf or ≥3 lf	رت	_ Renovatio	n			Ω E	5-II C							
≥160 sfor≥260 if		Demolition					Full Contains Vini-Enclose	ure	Negative Pr	255016	•			
				Works -			Blovebag Pro Ion-Exemple	ocedure ed (*) and	Non-Frishle	a Denc	erium.			
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Lecation of Asbestos-Containing Material (ACM TO BE ABATED	,   [	ised Solely b Maintenance	y	Asba	stos Contai	ription of ning Material	(ACM)	A.	המטחב	-	1	] 	$\Box$	
in Facility		ustodial Staff (12)		(i.≥ the	rmal system	insulation, AT, or	entacin <del>a</del>	(S	ecify or LF)	130	=	Bneupsulate	Enc	
(13)		(:=)	_		other mi	scellaneous)		J SF	u Lr)	Removal	Repair	huse	Enclosure	
	Yes	No 1	VA							-	/	lle	6	
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of Registered Waste Hauler		NJDEF Hauler ZoS	D No.		Cubic Yard of Waste	is	Name of R	egistered I	andfill					
tate	<u> </u>			-	Disposal Di		City, State	u:	1	7			-	
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\* Do not use this form for asbestos licensure exempted activities

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Ch 2508	9	NOTIF (P	ursuam	OF ASE to NJAC	ESTOS 8:60 an	ABATÉ d 12:12	0)	7		J	AN 1	0 8	2020	Part (part)
Date of Notification (1) 1/7/20 T V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8			of Building Martin			(2)		Densi .					
Agencies Notified Type Notification			Street A		N33001	alco	_			ASBE				L &
				orris Av	e. Bld	g 1			Lucianos		LICE	45IN	G	nacimity (St., Advan
DEP Amended Amendment	4			ate, Zip Co										
Emergency (i		-		nit, NJ 0	7901				I Tol	onhono Ni	unah ar			
DOH justification)  DCA Cancellation			Jim S							ephone No 3-229-5				
Nome of Facility When Abstract is Tali	D		FAC	ILITY INF	ORMAT	ION	-							
Name of Facility Where Abatement is Taking Apartment Complex	Place (	3)					Тур	oe of Facility						
Street Address							H	School (K-1 Subchapter		er than K-	12)			
390 Morris Ave. Bldg 1							×	Other (i.e. petc.)	orivate a	& commer	cial buil	dings	home	es,
City (5) Summit							1000	uare Feet 00	# of	Floors	100	Bldg. A	-	
County (6)			County	Code (7)	_		100	rrent Use (Pri		na demolis	1	55+/-		
Union				USE ONLY	)			partment C			J.1.00)			
Name of Monitoring Firm Hired by Building O Project Manager	wner (8)		ASCN	ИNo.				batement Cor es Abatem		(9)				
Street Address						Street								
								/lidland Av	€.					
City, State, Zip Code								Zip Code Brook, NJ (	7663					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				License	No.			
Chat Data (40)						-		-3184		01305				
Start Date (10) 1/10/20	1/14/2		npletion	Date (11)		Name	of O	SHA Monitor						
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addı	ress						
Facility Closed/Vacated During Entire Pe	eriod of	Abatem	ent				2)			33				
Abatement Performed Outside of Norma  Other – Describe: 8 A.M to 4 P.M	ii Facility	Hours			_	City, S	tate,	Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				×	N C	full Containme Mini-Enclosure Blovebag Prod	e cedure	ŭ				
	ls	Locati	on					Ion-Exempted	. and	I NOII-FIIA	ble Plo		e ement	
Location of	1	Normall d Sole	y		Des	scription	of					Ту	ре	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	intenar	rce/			aining M systems		ial (ACM) ulation.		mount pecify	l R	_	Enc	П
In Facility (13)	Cus	todial S (12)	ιαπ?		surfac	cing, VA niscellan	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure
V/	Yes	No	N/A		outer it	oociiai i	COUC	,			val	=	ılate	ure
1st FI Unit		X			Pip	oe Wra	р		7	1 LF	x			
Name of Registered Waste Hauler All Stages Abatement		H	JDEP W auler ID	No.	Cubic of Was			100 50 500		red Landfi Il Sanita		dfill		
City, State		00	036592		1 YD Dispos	al Date		City, State		Jailla	y Lai	iuiili		
Saddle Brook, NJ					TBD			Pen Arg		Ą				
Completed by Richard Cristofol	Title Presi	dent			S	ignature			-ffirms		ate /7/20			

TN-17040

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

Check # 9828

Date of Notification (1)    0   1   /   0   8   /   2   0    Agencies Notified	DECEIVED  JAN 10 2020
Agencies Notified Type Notification  EPA DEP  DEP  DOL Amendment  DOH  County of Morris  Street Address P.O. Box 900  City, State, Zip Code Morristown, NJ 07960  Name of Contact	
Agencies Notified Type Notification  EPA DEP Initial  City, State, Zip Code Morristown, NJ 07960  Name of Contact	JAN 10 2020
P.O. Box 900  City, State, Zip Code Morristown, NJ 07960  Name of Contact	JAN 10 2020 11
DEP  Amendment  City, State, Zip Code Morristown, NJ 07960  Name of Contact	JAN IU ZUGU II-/
Morristown, NJ 07960  Name of Contact	
Cancellation	Telephone Numbersing
DCA Cancellation Dave Endly	973-285-2895
FACILITY INFORMATION	370-200-2000
Name of facility where abatement is taking place (3)	Type of Facility (4)
Model 0 1 1 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5	School (K - 12)
County Building	Subchapter 8 (Other than K-12)
Street Address	Other (Private/Commercial
550 West Hanover Avenue	Bldgs./Homes, etc.  Square Feet  # of Floors  Bldg. Age
City (5)   County (6)   County Code (7)	=
(State use only)	Current Use (Prior if being demolished)
Morris Township, NJ Morris	County Building
Name of Monitoring Firm Hired by Bldg. Owner (8)  ASCM No. Name of Abatem	nent Contractor (9)
B & G Resto	oration, Inc.
Street Address Street Address	an Dood
105 Ryerso	
City, State, Zip Code City, State, Zip C	
	ber   License Number
Project Manager for Monitoring Firm Phone Number Telephone Number (973)696-	
Scheduled Start Date (10)   Sched. Completion Date (11)   Name of OSHA	Monitor
04/40/2020 B & G Rest	oration, Inc.
Street Address	
Occupancy Status During Abatement (Check only one) 105 Ryerso	
Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours-	Code
Describe:   Lincoln Par	rk, NJ 07035
Other-Describe:	,
Scope of Work (check all that apply)	
	w/negative pressure Glovebag procedure
>3 sf or >3 lf       ≥ 160 sf or ≥260 lf       Mini-enclosure	Non-friable procedure
Location of Is location normally used solely by maintenance/custodial	Amount R R E E
asbestos-containing material to be    Description of asbestos-containing material (ACM)	(Specify SF or
abated in facility (13)  Yes  No  N/A	LF)   v   i   p   L
corridor & 2 adjacent rooms VAT (no mastic)	400 sf <b>X D D</b>
Registered Waste Hauler   NJDEP Hauler ID#   Cubic Yards of Waste   Name of Registered Waste   Name of	tered Landfill
B & G Restoration, Inc. 19563 4 Grand Cen	trai Landiii
City, State Disposal Date City, State Uncoln Park N.I Disposal Date O1/20/2020 Pen Argyl.	PA
LINCOIN PARK N.I. I UTZUZUZU I PEN AROVI.	
Lincoln Park, NJ  Completed by (Print or Type)  Gordana Luna  Secretary/Treasurer  Gordana Luna  Gordana Luna	Date

Ch 1963			NOTIF (P	St ICATION ursuant	ate of Ne OF ASB to NJAC	w Jerse BESTOS 8/60 an	y ABATE d 12:120	VENT		D)EC		$\mathbb{V}$	E	M
Date of Notification (1) 1-9-2020	1-170	40		Namé o	f Building	Owner/0	Operator	(2)	:	] JAN	1 0	2020	C. CO. SECTION OF CO.	IJ
	Type Notification			Street A	ddress E. JEFF	ERSO	N STR	EET	į lei	id has	and the same of the same of			
× EPA × DEP × DOL	Initial Amended Amendment	#2		City, Sta	ate, Zip Co	ode			lance.	ASBESTO LIC	S COL		L&	
	Emergency justification)	(including	_	The state of the s	f Contact	WALLS CONT.	1052			Telephone N	umber	-	111111111	
X DOH	Cancellation				VOODIE					301-998-8				
Name of Facility Where Ab	atement is Takir	ng Place (3	3)	FAC	LITY INF	ORMAT	ION	Туре	e of Facility (	4)				-
BRICK PLAZA #26 (F	FORMER HA	LLOWE	EN S	TORE	)				School (K-1					
Street Address 100 CEDERBRIDGE	AVENUE							×		8 (Other than K- rivate & commer		ldings,	home	es,
City (5) BRICK								Squa 40,	are Feet	# of Floors		3ldg. <i>A</i> +/-50		
County (6) OCEAN					Code (7) USE ONLY	n	_		ent Use (Prid CANT	or if being demoli	shed)			
Name of Monitoring Firm H VERTEX COMPANIE		Owner (8)		ASCN	I No.				atement Con ENVIRON	tractor (9) NMENTAL SE	RVIC	ES		
Street Address 700 TURNER WAY							Street 2251		ess ALEY STR	REET	325			
City, State, Zip Code ASTON, PA 19014		V							Zip Code LPHIA, P.	A 19137				
Project Manager for Monito DON HEIM	ring Firm	100000000000000000000000000000000000000		Telepho 610-78	ne No. 37-0402	2	Teleph 215-		No. 5155	License 01166	No.			
Start Date (10) 1-13-2020		Schedul 2-28-2		npletion	Date (11)				HA Monitor COMPAN	IIES				
Occupancy Status During A			20				Street							
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire Outside of Norr	Period of a	Abaten / Hours	nent S			City, S	tate, 2	NER WAY					
Scope of Work (Check All T	That Apply)						AST	OIN,	PA 19014					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Company of the last of the las	Renova Demolit				×	M	ini-Enclosure ovebag Prod				- Δ	
		Is	Locati	ion					J. L. Zompto	( ) and non i in		Abate	ement	
Location of			Normaled Sole				scription				-	Ty	/pe	
Asbestos-Containing Ma <u>TO BE ABATI</u> In Facility (13)	ED	Ma	intena todial 3 (12)	nce/		thermal surfa		insu T, or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									te	
MAIN FLOO		-		X		N	ASTIC	;		40,000SF	Х			
MAIN FLOO	OR .			X			VAT			15,000SF	X			
	Hauler		18063	IJDEP W		Cubic of Was	Yards ste		5.000	Registered Land	fill			
Name of Registered Waste						1			MINER	VA				
SERVICE TRANSPOR				<u></u>		Dispos	sal Date		City, State					
SERVICE TRANSPOR		Title			TIONS	/	sal Date	7		N, OH	Date	9	20.	

Disposa Date

DIR. OF OPERATIONS

Signatur

City, State

LIBSON, OH

not use this form for asbestos licensure exempted sotivities.

A38-41 (R-08-08)

YARDLEY, PA

JENNIFER NIVEN

Completed by

CK 24104	1	(Pu	CATION Irsuant	ate of Nev OF ASBE to NJAC 8	STOS 3:60 ar	3 ABATE nd 12:120	))		D.	EC	0 [	<u> </u>	$\mathbb{V}$	E	
Date of Notification (1) 01-06-2020	2			f Building ( Santos	Owner/	Operator	(2)			JA	N	10	2020	)	
Agencies Notified  Type Notification  EPA DEP DOL  Initial Amended Amendment #				ddress ate, Zip Co wood, N		050				ASBES		S COI		DL &	
DOH justification Cancellation	cluding	100	Victor	f Contact Santos					Tele	ephone	Num	ber			
Name of Facility Where Abatement is Taking Private Home  Street Address	Place (3	3)	FACI	LITY INFO	RMAT	TION		of Facility ( School (K-1 Subchapter	2)	er than k	<-12	)			
City (5) Maplewood		7.000			<del></del>			Other (i.e. petc.) e Feet	orivate 8			l build	ings, dg. A		s,
County (6) Essex				Code (7) USE ONLY)			Currer	nt Use (Pri	or if bei	ng demo	olish	ed)			
Name of Monitoring Firm Hired by Building On N/A	wner (8)		ASCN	/I No.				ement Cor racting L		(9)					
Street Address							Addres East	s Grand S	it.						
City, State, Zip Code						955.40	360	p Code NJ 0720	1						
Project Manager for Monitoring Firm			Telepho			201 2	one No 216-96	603		Licens 01206		).			
01-15-20	01-17-	20	pletion	Date (11)		Delfa	Cont	IA Monitor racting L	.LC						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe	eriod of A	Abatem	nent			1119		Grand S	it.						
Abatement Performed Outside of Norma Other – Describe: 8:00am - 5:00pm	ii Facility	Hours			_		,	p Code NJ 0720	1						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Renova Demoliti				*	Min Glo	Containm i-Enclosur vebag Pro n-Exempte	e cedure					e	
Location of		Locati			D	escription	of						Abate Ty	ment pe	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	ed Sole intenar todial S (12)	nce/ Staff?		os Cor therma surf	ntaining N al systems facing, VA miscellan	faterial s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure	
Basement	No X	N/A		Pip	e Insula	tion		14	45 LF		x				
					ent to enter										
Name of Registered Waste Hauler	1	Н	JDEP W auler ID		Cubi of W	c Yards aste		Name of	920000			200:11	) n . [	acilii	fv
Delfa Contracting LLC City, State		;	35240		0.000	10 osal Date		Tullyto	te		- 146	SCOVE	ery F	acili	.y
Elizabeth, NJ Completed by	Title				- 2.2	-17-20 Signature	3	Tullyto	wn, PA	4	Da	te			20/00
Jaime Delgado		Mana	ager.			Jigitatule		19			-	-06-2	2020		

CK 3297		٨	OTIFICA (Pursi	TION OF	of New Jers ASBESTO: IJAC 8:60 a	SAHAT	EMENT		) <u>E</u> C	) E		VH.	Print
Date of Notification (1) 1-5-2020	123		Nar Ne	ne of Bui w 1992	Iding Owner	/Operato	or (2) n's Donut	s	L JAI	N 1 (	) 2(	20	
Agencies Notified Type Notificat	tion	u	Stre	et Addre	SS			-	100000	TO 0 0	0.5 1440	201	
EPA   X Initial	a.				cellor Ave	nue			ASBES"	JOS G	SING	HUL	č
X DOL Amender			City	State, Z	ip Code NJ 07111			200 CONTRACTOR OF THE PARTY OF	Compression State of	Монтаптовыциц	en-minero	W/WORNERSON	NO PERSONAL PROPERTY.
DOH Emergen	icy (includ	ling		ne of Con									
DCA Cancella	tion		Les	ter Pet	rianek				Telephon 1-732-7				
Name of Facility Where Abatement is Ta	king Plac	e (3)	F.	ACILITY	INFORMAT	ION	Tunn of E	700					
Residential							Type of Fa	550000					
Street Address						-	School	ol (K-12	) (Other than	V 10)			
1.00.75							x   Otner	(i.e. pri	vate & comm	nercial I	buildir	igs, h	omes.
City (5) Maplewood, NJ 07040							etc.) Square Fe		# of Floors		III. a medical	g. Age	
County (6)							4000		2		75-		
Essex			Coun (STAT	ty Code	(7) NLY)		Current Us	e (Prior	if being dem	nolished	1)	-	
Name of Monitoring Firm Hired by Buildin	g Owner	(8)		CM No.									
	5	(0)	43	CIVI NO.		Name	of Abatemer	nt Contra	actor (9)				
Street Address		-					n Environi	nenta	Services	, LLC			
City State 75-0							Address /irginia Av	enue					
City, State, Zip Code							ate, Zip Cod						
roject Manager for Monitoring Firm						Jerse	y City, NJ	07304	4				
, and ager for Monitoring Firm			Telepi	none No.		Teleph			Licens	se No.			
Start Date (10)	Sched	uladı	Completio	- D - 1 - 11			33-8855		01174	4			
1-15-2020	1-22-	202	Completio 0	n Date (1	(1)		of OSHA Mor						
Occupancy Status During Abatement (Che	eck Only (	One)	<u> </u>			Street A	Environn	nental	Services,	LLC			
Facility Closed/Vacated During Entire	Pariod a	F A L.	tement				irginia Ave	anue					
Abatement Performed Outside of Nor Other – Describe:	mal Facili	ty Ho	ours		-		ate, Zip Code						
cope of Work (Check All That Apply)						Jerse	y City, NJ	07304					
≥3 sf or ≥3 if ≥160 sf or ≥260 if			ovation olition			× ×	Glovebag	sure Procedi	with Negativ				
	1	s Loc	cation				NON-EXEM	pred (-)	and Non-Fr	iable Pr			
Location of		Norn			Desc	ription o	f					temer ype	II
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ainter	nance/	Asbe	estos Contai	ning Ma	terial (ACM)		Amount		T	T	$\Box$
In Facility (13)	Cus	stodia (12	al Staff?	(1.	e. thermal si surfacir	ystems i 1g, VAT,	nsulation, or		(Specify	Re	R	Encapsulate	Enc
(13)		1			other mis	scellane	ous)		SF or LF)	Removal	Repair	nsqu	Enclosure
Fide	Yes	No	0 N/A							<u>a</u>	7	late	лге
Exterior		Х			Shing	le sidin	g		4000 SF	x		-	
1st & 2nd Floor		X			Wall	Plaste			1012 SF	x	-		-
1st Floor		X			V	ΆΤ		-	295 SF	x	-	-	$\vdash$
Basement		Х			Pipe in	sulatio	n		15 LF		-	-	
me of Registered Waste Hauler		NJDEP W		Cubic Ya	ırds	23.5	of Regis	stered Landf	X				
een Environmental Services	Hauler ID 0034889		of Waste		Chescol and rec-	ess La		.ul					
y. State sey City, NJ					Disposal		City, S	tate					
inpleted by	Title				1-22-20		Morri	sville,	PA				
ana Serrano	100000	е Ма	nager			ature	0.1	`		ate			
					u	ull	DIELL	1110	1 1	-5-202	20		

		1									- Pi	rint Form
Ch 3296	٨	IOTIF (F	LE ATION	tate of New Je N OF ASBESTO to NJAC 8:60	S ABATE	9)		RE	C E		~~~	
Date of Notification (1) 1-5-2020	00		Name of New 1	f Building Owne 1992 LLC C/0	er/Operator O Dunkir	r (2) n's	Donuts	-	JAN	()	2020	1
Agencies Notified Type Notification			Street A	ddress hancellor Av	enue			ASB	ESTOS			L &
EPA   X Initial   Amended   Amendment		ŀ	City, Sta	ate, Zip Code				AND AND AND AND AND AND AND AND AND AND	LICE	NSI	IG	
■ DOL Amendment     ■ Emergency (		-		on, NJ 0711 f Contact	1			Telephone	Number			
DCA Cancellation				Petrianek				1-732-72				
Name of Facility Where Abatement is Taking	Place (3)	)	FAC	LITY INFORMA	ATION	Ту	pe of Facility (4	)				
Commercial Street Address							School (K-12		Z 12\			
1994 Springfield Avenue						×		3 (Other than I ivate & comm		ilding	s, hom	es,
City (5) Maplewood, NJ 07040							quare Feet 200	# of Floors		Bldg. 75+	Age	
County (6) Essex				Code (7) USE ONLY)		Cı	urrent Use (Prio	r if being demo	olished)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCN	/ No.			Abatement Cont Environmenta		LLC			
Street Address					Street 235		<sub>dress</sub> ginia Avenue					
City, State, Zip Code					City, S	State	e, Zip Code City, NJ 0730					
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph 201-		e No. 3-8855	Licens 01174				
	Schedule 1-22-20		npletion	Date (11)			OSHA Monitor Environmenta	al Services	LLC			
Occupancy Status During Abatement (Check					Street	Add	dress					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	baten Hours	nent S		City, S	tate	ginia Avenue , Zip Code		-			
Scope of Work (Check All That Apply)					Jerse	еу (	City, NJ 0730	04				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit			×		Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure			ire	
	193925	ocat						( ) and 110111	Tubic i i	Aba	temen ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	ormal Sole ntena odial S (12)	ly by nce/	Asbestos Co (i.e. therm sur	Description ontaining Notal systems facing, VA r miscellan	Mate s ins T, o	sulation,	Amount (Specify SF or LF)	Remova	T	Encapsulate	Enclosure
	Yes	No	N/A								te	10
Exterior Roof		X			ningle sid	1,337		2000 SF	х	-	-	
KOOI		X		Roc	ofing Mat	teri	aı	1468 SF	Х	+	-	$\vdash$
				and the second s						+		
Name of Registered Waste Hauler		100	JDEP W auler ID	1000 PM	ic Yards /aste	21-2	1 10000 10000 1	egistered Lan	dfill			
Green Environmental Services	225.00	34889	10			Fairless	Landfill					
City, State Jersey City, NJ				0.5	osal Date 2-2020		City, State Morrisvil	le, PA	,			
Completed by Liliana Serrano  Title Office Manager  Signature 1-5-2020												

	1000								ſ							-
Inv-17	182		NOT		ATION		BES	TOS ABAT			) <u>EG</u>			<u> </u>		
Date of Notification (1)	16			(P		400	p Objet	60 and 5:10	. 1		JAN	10	20	20	And district section of	
	07 /	20			10000000	eri Skolo		men Operator (	2)	2.5000				7/		
	Type Notifica	270070			2073030	Address					ASBEST	Sek	XIT	HOL	2	-
	∏ Initial	ation			Street	Address			L		LIC	ENS	NG	entonsusts	neven men	
	 Amended				City 5	State, Zip	Code									
⊠ DOH	Amendme				1	st Orang										
☐ DCA (NJAC 5:23-8)	Emergeno justification		luding			of Contac	1000	0 01002			Telephone No	umher				
	☐ Cancellat				125010000000000000000000000000000000000	eri Skolo					To the state of th	umbo				
					FA	CILITY IN	NFOF	RMATION								
Name of Facility Where Ab	atement is T	aking	Place	(3)					Type of Facil							
Residence									School (K		(Other than K	12)				
Street Address									Other (i.e.	, priv	vate and comr	nercia	l bu	ildings	3,	
City (5)									homes, e	tc.)	1					
City (5) West Orange									Square Feet		# of Floors			lg. Ag	е	
County (6)		lle-			Cour	ati Cada /	7\/CTA	TE HEE ON! M	4000	/D ::-	2	P 1		00		
Essex					Cour	ity Code (	()(STA	TE USE ONLY)	Residence		r if being dem	olisne	a)			
Name of Monitoring Firm F	lired by Build	ling O	wner (	8)	ASCM	No	Na	me of Abateme		350						_
Guardian Contractin		mig O	wilei (	0,	ACCIVI	140.	111111111111111111111111111111111111111	Suardian Co								
Street Address	5,						-	eet Address	indacting, in	·-			-		_	
1889 Rte. 9, Unit 61							1 600	889 Route 9	Unit 61							
City, State, Zip Code								y, State, Zip Co		-						
Toms River, New Jer	sey 08755						1	oms River,		087	55					
Project Manager for Monito		-		Tel	ephone	No.		ephone No.		-	License No.	3				
Nicholas Fernicola				7	32-349	-9932		32-349-9932	!		00624					
Start Date (10)	S	chedu	ıled C	omple	etion Da	te (11)	Nar	me of OSHA N	Ionitor							-
01 /07 / _	20	0	1 /	_ 0	8 /	20	E	.M.S.L. Ana	lytical							
Occupancy Status During A	Abatement (C	Check	only o	ne)			Stre	eet Address								
□ Facility Closed/Vacated							1	056 Stelton								
Abatement Performed C	Outside of No	rmal I	acility			0.232	City	y, State, Zip Co	ode							
Time of Abatement:		PIVI		_РМ		AM	P	iscataway, I	New Jersey	088	54					
Scope of Work (Check all t	hat apply)							□ Full Cont	lainment with N		tive December	8				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			⊠ Re □ De	novat moliti				☐ Mini-Enc ☐ Glovebag	tainment with No losure g Procedure mpted (*) and							
				Loca						T			Aba	ateme	nt Ty	/ре
Location of		.		lorma d Sol	ally ely by		8	Description o				T				-
Asbestos-Containing M TO BE ABAT		,	Ma	inten	ance/	Asbe (i.e	stos the	Containing Ma ermal systems	iterial (ACM)		Amount (Specify		Removal	Repair	ncap	nclo
IN Facility			Cust		Staff?		S	surfacing, VAT,	, or		SF or LF)		val	7	Encapsulate	Enclosure
(13)		+	Yes	(12) No	N/A	+	ot	her miscellane	ous)						ate	W
basement		N <sub>0</sub>	IN/A	ashest	ns ni	ipe insulatio	n	+	130 If	+			П	П		
				uoboot	ООР	ipo modiado		+	100 11					-		
								+					ᆜ	<u></u>		
										-						<u> </u>
Name of Desisters 1987 to	11. 1.						Ια.		1				Ш	Ш	Ш	Ш
Name of Registered Waste Guardian Contracting				- 8	NJDEP N Hauler II	D No.	Wa	oic Yards of ste	Name of Re	-	ered Landfill					
City, State	J,				20223	3	3 Dist		CONTROL OF SERVICE							
Toms River, New Jer	sey							posal Date 1/08/20	City, State Tullytow	n. F	Pennsylvani	ia				
Completed By (Print or Typ		Title						Signature	1			Date	í	1		
Nicholas Fernicola	es e Maria	11.5500000	oject	Mar	ager							1	7	120	0	

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

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	IAN	1	n	2020		

11000				(Pu	rsuan	t to NJA	C 8:60 and 5:16	5)	JAN 10	202	0	IIL	//
Date of Notification (1)					Name	of Building	Owner/Operator (	2)				1	+
	02 /	20	_		ULA	4 211 Pro	perties, LLC	05.0	Laborated and	-	110		
Agencies Notified	Type Notifica	ation			Street	Address		9119	ASBESTØSGØ LICENSII		JL &		+
⊠ EPA	☐ Initial				106	9 East 9 <sup>t</sup>	h Street	Anantomous	THE THE THE PARTY OF THE PARTY	3	90	7.	5
⊠ DOLWD					City, S	state, Zip C	ode	· · · · · · · · · · · · · · · · · · ·		1			
☑ DOH ☐ DCA	Amendme		ıdina		Bro	klyn, NY	11230						
(NJAC 5:23-8)	justification	on)	aing		Name	of Contac			Telephone Number	er			
	☐ Cancellat				Avi				646-946-2748				
					FAC	CILITY IN	FORMATION						
Name of Facility Where A	Abatement is T	aking F	Place (	3)				Type of Facility (	(4)				
Residence								School (K-12					
Street Address									3 (Other than K-12) rivate and commerc	ial bu	ilding	S,	
								homes, etc.)					
City (5)								Square Feet	# of Floors	1	lg. Ag	ge	
Bradley Beach					T			4000	2	1	70		
County (6)  Monmouth					Coun	ty Code (7	)(STATE USE ONLY)		or if being demolish	ed)			
	Libert St. D. St.		/0		10011		1	Residence					
Name of Monitoring Firm N/A	Hired by Bullo	ing Ow	ner (8	)   '	ASCM	No.	Name of Abateme	70.7					
Street Address								ntracting, Inc.		00 0.11			
Officer Address							Street Address 1889 Route 9	Unit 61					
City, State, Zip Code				-			City, State, Zip Co						
Oily, Glato, Zip Gode								New Jersey 08	755				
Project Manager for Moni	itorina Firm			Tele	phone I	No	Telephone No.	itew dersey oo	License No.				
	.comig i iiii			1010	phone		732-349-9932		00624				
Start Date (10)	S	chedul	ed Cor	mplei	tion Dat	te (11)	Name of OSHA M		00024		_		
_01 / 09 /				2.70	/	950 550	E.M.S.L. Ana	-po-cyr Mevc					
Occupancy Status During					_	· · · · · · · · · · · · · · · · · · ·	Street Address						
☐ Facility Closed/Vacate					ment		1056 Stelton						
☐ Abatement Performed	Outside of No	rmal F	acility I	Hour	s - Des		City, State, Zip Co	ode					
Time of Abatement: _	AM	PM/		PM-		AM	1	New Jersey 088	854				
Scope of Work (Check all	I that apply)								0000000				
≥3 sf or ≥3 lf		Г	7 Ren	ovati	OII		☐ Full Cont	tainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			Dem				☐ Glovebag	g Procedure					
						1		mpted (*) and No	n-Friable Procedure	_			
Location	of			ocat ormal			Description of			Ab		ent Ty	_
Asbestos-Containing		)	Used	Sole	ly by	Asbe	stos Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE ABA			Main			(i.e	., thermal systems		(Specify	Removal	air	aps	Enclosure
IN Facilit (13)	ıy			(12)			surfacing, VAT other miscellane		SF or LF)	<u>B</u>		Encapsulate	Гe
		,	Yes	No	N/A							Ф	
exterior		[		$\boxtimes$		asbesto	s roofing		4150 sf				
		[					1000						
		[											
		]	<b>5</b>					8		П			
Name of Registered Was	te Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill	_			
Guardian Contracti	ng, Inc.			Н	auler IE 20223		Waste 10	T.R.R.F.					
City, State					LULLO		Disposal Date	City, State					
Toms River, New Je	ersey						01/17/20	Tullytown,	Pennsylvania				
Completed By (Print or Ty	ype)	Title					Signature		Dat	ej	l		
Nicholas Fernicola		Pro	ject I	/lana	ager			\.'-1 _		121	20		
ASB-41							V	( /		101			_

State of New Jersey NOTIFICATION OF ASBESTOS ABA (Pursuant to N.J.A.C. 8:60 and 12:120)

Check#2597

NOTIFICATION OF ASBESTOS ABATEMENT Check#2													259	7		
Inv 1/	229	(P	ant	nt to <u>N.J.A.C.</u> 8:60 and 12:120)						CELVED						
Date of Notification (1)					e of Bu	ildina	Owner / Operato	wner / Operator (2)				3 11 14	邑	#	11	
						80 <del></del>	n Build LLC	1 2240								
Agencies Notified Type Notification					t Addre		gir in ordina in an o				JAN 1	0 202	n		H	
1					River		The second secon		la.		yenn 1	0 202		Industrial	4	
☐ DEP ☐ Initial ☐ Amended					State 8						SERVICE TRANSPORTE					
☐ DOH ☐ Emergency					anporte of Co		)//5/	757			ASBESTOS CONTROL & LICE Telephone Number					
DCA Cancellation					n Cal		r	Los S.				732-413-5435				
	ORMATION			-		752-41	0-0-7									
Name of Facility Wh		Type of Facility (4)														
Residence							School (									
Street Address					A Company			Subchapter 8 (Other than K-12)								
					)/)		Record	Other (i.e. private & commercial buildings, homes, etc.)								
City (E)				0-1-(2)			Square Feet	Solita				Bldg. Age				
The state of the s				County Code (7)			2000	(Dries if heins demalished)					50+			
Bradley Beach Monmouth							Current Use	Use (Prior if being demolished)  Residence								
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.							Name of Aha	Name of Abatement Contractor (9)								
ASOM No.								Alpha Environmental LLC								
Street Address							Street Address									
								PO Box 8297								
City, State & Zip Code								City, State & Zip Code Trenton NJ								
Project Manager for Monitoring Firm Telephone Number							Telephone Number License Number									
relephone Number						Ci	609-847-2956 01222									
Scheduled Start Date (10) Scheduled Completion Date (11)							Name of OSH	Name of OSHA Monitor								
01/11/2020 01/13/2020								EMSL Analytical								
Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement							Street Addres	Street Address 200 Route 130 North								
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours – 7am to 3pm								City, State & Zip Code								
Describe:					rani to	opin		Cinnaminson NJ 08077								
Facility Occupied During Abatement								JII 110 1								
Scope of Work (Che								-								
N 20-6-20-6									Full Cont		it with I	Vegative	Pres	sure		
≥3 sf or ≥3 lf  ≥160 sf ≥260 lf				Renovation Demolition				Mini-Enclosure Glove Bag Procedures								
2100 31 2200 11					HOHUOI	•										
Location of Is Location							Dogarintian	Recommend	Non-Exe							
Asbestos-Containing Norma								Description of Asbestos-Containing			Amount (Specify			Abatement Type		
Material (ACM)				olely	by		Material (ACM)				or LF)	1 70		E	ш	
TO BE ABATED in Facility					ce or Staff?			(i.e., thermal systems				Remova	Repair	cap	ncls	
(13)				(12)	Stall?	,		sulation, surfacing, VAT or other miscellaneous)				ova	air	Encapsulate	Enclsoure	
			Yes	No	N/A				<b>'</b>			-		ē	ω.	
1st and 2nd Floor							Duct (Wrap ar	uct (Wrap and Cut)		120ft (	(wrap					
								T	á	and C	ut)					
Name of Registered Waste Hauler							Cubic Yards of Waste	Name	me of Registered Landfill							
ALPHA ENVIRONMENTAL					03333		1	Grows Landfill								
City, State							Disposal Date	City, State								
Trenton, NJ							various				244-0 M298					
Completed By (Print or Type)					le		Signature						Date			
Rod Richardson					oject		Rod Richardson					01/02/2020				
					anade	r	Date Declebringhabite	man Little Galder Stanfache				0110212020				