Thurt 1370 State of New Jers

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

Charlet 331

GAC 696-2020 Date of Notification (1) Name of Building Owner/Operator (2) January 10, 2020 MR. ROBERT PALINO Agencies Notified Notification Type Street Address ☐ EPA ☑Initial Notification DCA ☐ Amended Certification # City, State, Zip Code X DOL ■ Emergency (including) HACKENSACK, NEW JERSEY 07601 X DEP- No Longer REQUIRED justification) Name of Contact Telephone Number X DOH MR. ROBERT PALINO Cancelled **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PALINO RESIDENCE ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years City (5) County (6) County Code (7) HACKENSACK BERGEN (State Use Only) Current Use (prior if being demolished): RESIDENCE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ENVIROVISION, INC. 00079 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 20-21 WARGARAW ROAD 511 MAIN STREET City, State, Zip Code City State, ZipCode FAIRLAWN, NJ BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number FRED LARSON 973-636-9145 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01/20/2020 01/21/2020 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code X Facility Occupied / Work Area Vacated During Entire Period of Abatement SHIFT HOURS 8AM - 5PM (24 Hours as needed) FAIRLAWN, NJ Source of Work (Check all that apply) Full Containment with Negative Pressure X > 3 sf or > 3 lf X Renovation Mini-Enclosure □≥ 160 sf or ≥ 260 lf Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA Basement Boiler Area X PIPE INSULATION 20 LF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 5 CY Name of Registered Landfill Newark Carting, Inc. NJ DEP # 4509 G.R.O.W.S. North Landfill Newark, NJ 04509 Disposal Date City, State Notes: None 100 New Ford Mill Rd. 01/21/2020 Morrisville, Pa 19067 215-736-1700 Completed by (Print or Type) Signature RAYMOND C. PEDALINO SENIOR PROJECT January 10, 2020 MANAGER Raymond 6. Ledalino

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Date of Notification (1) 1/09/20		- 1		Building O			(2)							2
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DOH Emergency (in justification)	cluding			Contact					200000	ephone Nu				
DCA Cancellation				Vagner					55	1-42781	17			
Name of Facility Where Abatement is Taking I	Place (3)		FACIL	LITY INFO	RMATI	ON	Tym	e of Facility (4	4)					
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Street Address		- 1133	-		1-0-50		H	School (K-1: Subchapter		er than K-1	2)			
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Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.		Name		batement Con	tractor	(9)				-
Sky Enviromental Inc						DYV	Ent	terprises LL	_C					
Street Address						Street								
140 Boulevard						28 L								
City, State, Zip Code Mountain Lake NJ 07046						The state of the s		Zip Code Park NJ 07	035					
Project Manager for Monitoring Firm		17	Telephon	ne No.		Teleph	THE REAL PROPERTY.		-	License N	No.			
Leonid Sheresski				96946				6924		01129				
The state of the s	Scheduled 2-18-20	Com	pletion [Date (11)		Name	of O	SHA Monitor						
Occupancy Status During Abatement (Check	Only One).				Street	Addr	ress						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: Exterior abatement	riod of Ab I Facility H	atem	ent			City, S	state,	Zip Code						
Scope of Work (Check All That Apply)												V		
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Exterior oil tank # 203										00 SF	X			
Exterior oil tank # 203			Х		Diaci	wrap	bing	3	12	00 SF				
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City, State					0.5	sal Date		City, Stat		7105				
Lincoln Park NJ Completed by		2/25/			Newark	CNJC		oto						
Dorian Carpio	Title Manager					ilgnatur (I)	Tuc	al)			ate 1/09/20)		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1)	January 1	0 2020		Name	of Buildin	na Own	01/0	horator		Check #	2294, 2430	and	244	5	
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Name of Facility Where Warren Residential Co			lace (3)				Тур	e of Faci School							
Street Address							냶		pter 8 (Other tha	n K-12)					
509 Brass Castle Road	d						ΙĦ		(i.e., private &		rcial buildings.	hom	ie, et	c.)	
							-	are Feet				. Age			
City (5) Oxford								rent Use	(Prior if being de	molishe	d)		59		
County (6) Warren			unty Code	€ (7)											
Name of Monitoring Fire	m Hired by B	THE RESERVE THE PERSON NAMED IN	ner (8)		ASCM	No.		ne of Aba	atement Contract	tor (9)					
Street Address								et Addre	N (2)						
City, State & Zip Code							_	Radio R State &	Zip Code						
							Littl	e Egg H	arbor, NJ 0808	7					
Project Manager for Mo Scheduled Start Date (1		Scheduled		lephone l			609-	phone N -296-691			License Numb	er 0081	7		
January 15, 20	020		Marc	h 5, 202			Syn	atech, Ir	ıc.						
Occupancy Status Durin Facility Closed	Nacated Du	ring Entire	Period of		nt		829	et Addre Radio R	oad						
Abatement Per Other – Descri		side of Norn	nal Hours				2000		Zip Code arbor, NJ 0808	7					
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Scope of Work (Check a	all that apply)						_	1						
≥3 sf or ≥ 3 lf				Renovati	on				Full Containme Mini-Enclosure			ire			
≥160 sf or ≥260 l	f		=	Demolitic					Glovebag Proc		and Cut)				
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TO BE A	BATED	,		dial Staff				Material	(ACM)	1	or LF)			-32-620	
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									ellaneous)			Rem	Re	cap	nclo
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Name of Registered Wa	iste Hauler		NJDEP V	Vaste	Cubic	Yards of	F Was	te	Name of Regi	stered I	andfill			_	
Synatech, Inc.			Hauler ID		4	01			Fairless Hills						
City, State						al Date	11 = 7		City, State					-	
Little Egg Harbor, NJ					March	6, 2020			Morrisville, P	٨					
Completed By		Title			Signate			1 1		Date			-		
Diane Aloia		Executiv	e Admini	strator	1	lan	0	1 ac	p		January 10, 2	020			

Check # 2294 / 2430

Date of Notification (1) January 3, 2020 Name of Building Owner / Operator (2) November 6, 2019 New Jersey Division of Property Management and Construction Agencies Notified Type Notification Street Address EPA 33 West State Street DEP **DOL** Initial City, State & Zip Code Amended Trenton, NJ 08608 **DOH** Amendment # 1 DCA Cancellation Name of Contact Telephone Number Jim Stiles - TCI Construction 732-558-8967 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Warren Residential Community Home School (K-12) Street Address Subchapter 8 (Other than K-12) 509 Brass Castle Road Other (i.e., private & commercial buildings, home, etc.) Bldg. Age # of Floors Square Feet City (5) 59 Oxford Current Use (Prior if being demolished) Residence -County (6) County Code (7) Warren USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Synatech, Inc. Street Address Street Address 829 Radio Road City, State & Zip Code City, State & Zip Code Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ON HOLD March 5, 2020 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement (Not including work area) Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥ 3 lf Renovation Mini-Enclosure (Wrap and Cut) ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify SF TO BE ABATED Custodial Staff? (12) Material (ACM) or LF) IN Facility (i.e., thermal systems Encapsulate (13)insulation, surfacing, VAT Enclosure Remova Repair or other miscellaneous) N/A Yes No Former Bathroom Chases/Walls X Pipe and Fitting Insulation 125 LF X Former Kitchen Area X Pipe and Fitting Insulation 160 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 Fairless Hills City, State Disposal Date City, State Little Egg Harbor, NJ March 6, 2020 Morrisville, PA Completed By Title Signature Date January 3, 2020 Nane Diane Aloia **Executive Administrator** November 6, 2019

Date of Notification (() Inner 0 00							/12 - 14 ±9/10/10	Check #	2294 /	243	0	**
Date of Notification (ovember 6, 2019	20	Nar Nev	ne of Build v Jersev I	ding Owr	ner / Operat	tor (2) ly Manageme	nt and Cone		ll Vi	150	11	1
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Name of Facility When	o Abetomant in T	Li Di (O)		ACILITY	INFO	RMATIO	200	***************************************					
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Street Address							chapter 8 (Oth	er than K-12	1				
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City (5) Oxford										lug. / igc	59		
						Current Us Residence	se (Prior if bei	ng demolishe	ed)				
County (6) Warren		County Co	de (7)				1.						
Name of Monitoring Fi	rm Hired by Buildin	g Owner (8)		ASCM	No.	Name of A	batement Co	ntractor (9)					
Street Address						Synatech, Street Add							_
City, State & Zip Code						829 Radio				111777			
Project Manager for Me						Little Egg	Harbor, NJ	08087					
			elephone			Telephone 609-296-69			License Nu	mber 0081	7		
Scheduled Start Date (January 6, 20	020	duled Comple Ma	tion Date			Name of O Synatech,	SHA Monitor Inc.		***************************************				
Occupancy Status Duri	ing Abatement (Ch d/ <u>Vacated</u> During E	eck only one)	Ahateme	ent		Street Add 829 Radio	ress		911				
Abatement Pe	rformed Outside of	Normal Hour	'S		- 1		& Zip Code						
Other – Descr							Harbor, NJ (08087					
Facility Occup	ied During Abatem	ent (Not inclu	ding wor	k area)									
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le Egg Harbor, NJ				March 6	6, 2020		Morrisvill	e, PA					
ompleted By	Title			Signatu	re .	Dn		Date		3-6-80-59.E			
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Name of Facility Where Warren Residential C	e Abateme ommunity	nt is Taking Home	g Place (3)					Facility (4) nool (K-12)							
Street Address								ochapter 8 (Oth	er than l	(-12)					
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City (5)										5573	l l	g. / tgc	59		
Oxford							Current l	Jse (Prior if bei	ng demo	olished)					
County (6)		1	County Cod	e (7)	13/12/		Resider	ice -							
Warren			USE ONLY	- (.)											
Name of Monitoring Fir	m Hired by	Building C	Owner (8)		ASCN		Name of	Abatement Cor	ntractor	(9)					
Street Address							Synateci Street Ad								
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City, State & Zip Code								e & Zip Code	7457770 (102574).						
Project Manager for Mo	nitorina Fir	m	Te	lenhone	Number		Little Eg	g Harbor, NJ (e Number	08087	II ioono	a Musas	h			
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Scheduled Start Date (* November 20, 2	10)	Schedul	ed Completi	on Date	(11)			OSHA Monitor							
Occupancy Status Durin		ent (Check	only one)	ber 19, 2	2019		Synatech Street Ad								_
Facility Closed	/Vacated D	Ouring Entir	e Period of	Abateme	nt		829 Radi								
Abatement Per	rformed Ou	itside of No	ormal Hours			Ī	City, State	e & Zip Code							
Other – Descri						- 1	Little Egg	g Harbor, NJ 0	8087						
Facility Occupi			(Not include	ing wor	k area)										
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iane Aloia	pia Executive Administrator								No	vember 6, 2	019				- 1

Check # 2426 / 2444 Name of Building Owner / Operator (2) January 10, 2020 December 24, 2019 Bank of America Type Notification Agencies Notified Street Address EPA 2284 West County Line Road 2020 DEP DOL Initial City, State & Zip Code X Amended Jackson, NJ 08527 **MDOH** Amendment # 1 DCA Cancellation Name of Contact Telephone Number Tom Ashman 607-624-9548 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bank of America School (K-12) Street Address Subchapter 8 (Other than K-12) 2284 West County Line Road Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 12,000 2 + Basement Jackson Current Use (Prior if being demolished) Bank County (6) County Code (7) Ocean USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Arcadis US, Inc. Synatech, Inc. Street Address Street Address 35 Columbia Road 829 Radio Road City, State & Zip Code City, State & Zip Code Branchburg, NJ 08876 Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 908-526-1000 609-296-6916 00817 Scheduled Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) January 11, 2020 March 20, 2020 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road X Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or > 50 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify SF TO BE ABATED Custodial Staff? (12) Material (ACM) or LF) IN Facility (i.e., thermal systems (13)Encapsulate insulation, surfacing, VAT Enclosure Removal Repair or other miscellaneous) N/A Yes No Basement Office X Joint Compound 60 SF X First Floor Bathroom and Adjacent Office Х Joint Compound 60 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 Fairless Hills City, State Disposal Date City, State Little Egg Harbor, NJ 08087 March 21, 2020 Morrisville, PA Completed By Title Signature Date January 10, 2020 Diane Aloia **Executive Administrator** December 24, 2019

Check # 2426

Date of Notification (1)	January 2,	2020					er / Opera	tor (2)	Park a sys			e unqui,	/t.,h+	
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Name of Facility Where	e Abatement is	s Taking Pi	lace (3)				Type of I								_
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Inv. 17352 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 1/9/20 Agencies Notified Type Notification Street Address 69 Day Ave. EPA Initial City, State, Zip Code DEP Amended × DOL Amendment #_ Bloomfield NJ Emergency (including Name of Contact Telephone Number DOH justification) DCA Luis Amengual 201-456-5726 Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 69 Day Ave. etc. City (5) oonfiel Square Feet # of Floors Bldg. Age Madison County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) LEM Construction Street Address Street Address 440 Lincoln Ave City, State, Zip Code City, State, Zip Code Cliffside Park NJ 07010 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-456-5726 02004 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/20/20 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amoun' Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement TSI 100LF × Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting TBD 4509 TBD City, State Disposal Date City, State Completed by Title Date Signature Edwin Montoya Owner 1/9/20

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Patrick Giordano

Director of Campus Facilities

January 13, 2020

New Jersey Department of Labor Asbestos Control & Licensing I John Fitch Plaza, 3rd Floor PO Box 949 Trenton, NJ 08625

Attn: Asbestos Coordinator

To Whom It May Concern,

I am requesting a waiver of the 10-day notice requirements for a minor asbestos abatement project for the following work:

Building: Virtua Willingboro Hospital

Location: Patient rooms and Dining Area

Scope of Work: Asbestos containing materials:

- 1. Double layer tile/mastic in Rooms 104,105,106 (@25SF in each area)
- 2. Tile/mastic below cabinets in Dining Room (@100SF)

State Date: January 15, 2020

Reason for Request: The material was uncovered during the demolition phase of the minor cosmetic renovation of the Mental Health unit. Since this was discovered in an active patient care area, we need to proceed with this removal ASAP.

Thank you for your consideration.

Patrick Giordano

Sincerely,

Director, Campus facilities Facilities Development

Proj. #: <u>26-13</u>		9	Noi (Pur	distation of A	e of ! sbesi .C 8:	NJ Os Abatement 30 and 12:120)			10	DI	Ϋ́	7/
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Completed by R. McDoneld

City, State

Newark, NJ 07108

TILO

President

City, State Pen Argyl, PA 08072

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Date of Notification (1)		X.75X.753.	di.		Name	of Building	Owi	ner/Operator (, I) UAN	7	LUZU		1
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I STATE OF THE STA	ype Notifica	tion			Street	Address			1	TJGk:	经期限	ù		
	⊠ Initial				363	0 Peacht	ree	Road NE Su	ite 1500					36.74
☑ DOLWD [Amended Amendme				City, S	tate, Zip C	ode							
	☐ Emergend		7.00		Atla	nta, GA	3032	26						
(NJAC 5:23-8)	justificatio		adding		Name	of Contact				Telephone Numb	er			
	Cancellati	on			Joe	Sanchez	2			732-556-814	6			
					FAC	CILITY IN	FOR	RMATION					5000	
Name of Facility Where Aba	atement is T	akina	Place	(3)			-		Type of Facility	(4)				
Residence		S		(5)					☐ School (K-12	`				
Street Address										8 (Other than K-12)				
oticet Address										rivate and commer	cial bu	ilding	s,	
C:t-, (5)									homes, etc.)					
City (5)									Square Feet	# of Floors		dg. Ag	je	
Perth Amboy									2000 sf	2		30		
County (6)					Cour	ty Code (7)(STA	TE USE ONLY)		ior if being demolis	hed)			
Middlesex									Residence					
Name of Monitoring Firm H	ired by Build	ing O	wner (8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)					
Guardian Contracting	g, Inc.						G	uardian Co	ntracting, Inc.					
Street Address							Stre	eet Address						
1889 Rte. 9, Unit 61							1	889 Route 9	, Unit 61					
City, State, Zip Code							City	, State, Zip Co	ode					
Toms River, New Jers	sey 08755						Т	oms River,	New Jersey 08	755				
Project Manager for Monito	ring Firm			Tel	ephone	No.	Tele	ephone No.		License No.				
Nicholas Fernicola				7	32-349	-9932	7	32-349-9932		00624				
Start Date (10)	S	chedu	uled C	omple	etion Da	te (11)	Nar	me of OSHA N	Ionitor					-
01 / 20 /					1 /		1000	.M.S.L. Ana						
Occupancy Status During A								eet Address	.,					
☐ Facility Closed/Vacated				000.000	mont		0700000							
☐ Abatement Performed O						crihe		056 Stelton						
Time of Abatement:								, State, Zip Co						
	THE CHARLES						Р	iscataway, I	New Jersey 08	854				
Scope of Work (Check all the	nat apply)							☐ Full Cont	ainment with Ne	native Pressure				
≥3 sf or ≥3 lf			⊠ Re					☐ Mini-Enc	losure	gative r ressure				
☐ ≥160 sf or ≥260 lf			☐ De	moliti	on			⊠ Gloveba	g Procedure					
			1-		4			☐ Non-Exe	mpted (*) and No	n-Friable Procedu	-			
I applies of				Loca				D			Ab	atem	ent T	уре
Location of Asbestos-Containing Ma)			ely by	Asbe	stos	Description of Containing Ma		Amount	Re	Re	En	En
TO BE ABATE		·			ance/		., the	rmal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility			Gusi	(12)	Staff?			surfacing, VAT		SF or LF)	la la		Encapsulate	ure
(13)		ŀ	Yes	No	N/A	1	Oti	ner miscellane	ous)				te	
					+						-			
basement						asbesto	os pi	ipe insulatio	n	80 If		Ш	Ш	Ш
			П								П	П	П	П
						-					+=			
Name of Registered Waste	Hauler		Ц	_	NJDEP I	Maata	C	oio Varda -f	Nors of De	stored Landen		Ш	Ш	
Marian 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12				199	Hauler II		Wa	oic Yards of ste	Name of Regi	stered Landfill				
Guardian Contracting	y, 1110.				20223		3		T.R.R.F.					
City, State							1 - 100	posal Date	City, State	2				
Toms River, New Jers	sey						0	1/21/20	Tullytown	, Pennsylvania				
Completed By (Print or Type	e)	Title			22 250003		W."	Signature		Da	te /	i		
Nicholas Fernicola		Pr	oject	Mar	ager			1	1.+		11	01	20	
								1/	3 -	Carrier Commence	2	7 1 5		

In+171 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

K1179	PAJ		(P		to NJAC				ch	k-	- 11	19	arter s	er in messen	D-Action	
Date of Notification (1) 1/7/2020	- Consideration				f Building outh 14						Ē	1 'W			Commence of the contract of th	
Agencies Notified	Type Notification			Street A	ddress outh 141	th St				1.4	at 1	4 000	^	11/4	Trans.	
EPA DEP DOL	Initial Amended Amendmen Emergency			City, Sta Newar	te, Zip Co k, NJ 0	ode				JA	*					
DOH DCA	justification Cancellation			Name of Marc C	Contact Sobeil				i .		lephone 0-400					
Name of Facility Where	Abote ment in Table	- DI\$ (0)		FACI	LITY INF	ORMATI	ION	-		1						
Name of Facility Where Former Reuther Er								Ту	pe of Facility (4 School (K-1	100						
Street Address 126 South 14th St.								×	Subchapter Other (i.e. p	8 (Oth	er than & comm	K-12) ercial b	uildi	ngs,	home	es,
City (5) Newark								2000	uare Feet 0,500	# 0	f Floors			dg. A	ge	
County (6) Essex	et e			County C	Code (7) JSE ONLY)		Cu	rrent Use (Prid	or if be	ing dem	olished)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				batement Con Contracting							
Street Address							Street 240		ress oth 5th St.							
City, State, Zip Code									, Zip Code th, NJ 07206	3						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph 908-		No. 6-4123		Licens 0135	se No. 5				
Start Date (10) 01/18/2020		Scheduled 01/20/2		npletion [Date (11)				SHA Monitor ronmental L	.abor	atories	s, Inc.				
Occupancy Status Durin	ng Abatement (Che	ck Only One	:)				Street								Consult.	
Facility Closed/Vac Abatement Perform Other – Describe:							City, S	State	oute 22 Wes , Zip Code NJ 07083							
Scope of Work (Check A	All That Apply)														7-53.7	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		and the same of th	enova emolit				×		Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure					3	
		le I	ocati	ion			-		Non-Exempled	() all	IG INOTI-I	TIADIE I		Abate	ment	
Locatio Asbestos-Containing <u>TO BE AB</u> In Faci (13)	g Material (ACM) ATED lity	Used Mair Custo	ormal Sole ntenar	ly ly by nce/		tos Cont thermal surfa		/late s ins \T, o	ir	(3	Amount Specify F or LF)		Remova	Ty Repair	e Encapsulate	Enclosure
		Yes	No	N/A				83							te	(D
2nd Floor-Fr				X			VAT			2	40 SF	_	X			
Front S	tairs			X			VAT				20		X			_
												-	-			
Name of Registered Wa	ste Hauler		l N	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Lar	ndfill				
Danvic Contracting				lauler ID 7574	No.	of Wa 4	ste		Fairless	Land						
City, State Elizabeth, New Jers	sey					Dispo TBD	sal Date		City, State Morrisv		PA					
Completed by Jeymy Donneys		Title Owne	r				Signature		Dane	w		Date 1/7/2	202	0		
ASB-41 (R-06-08)							1///	7	se this form for	asbes	stos licer	nsure e	xem	pted	activi	ities.

TW	TPAI		NOTIF	ICATIO	N OF ASB t to NJAC	ESTOS	ABATE	MENT 0)			E. ((0 6	Ī		(
Date of Notification (1) 01/03/2020	32 082 8				of Building Reforme				on Plains	In		* *****			
Agencies Notified	Type Notification			Street A	Address Vewark T				P	1 5,	- JA	MI I	1 20)20	111
X EPA X DEP X DOL	Initial Amended Amendment			City, St	ate, Zip Co	ode		ev 074	142		Alan E	() (,,			1 1(+)
DOH DCA	Emergency justification) Cancellation		g	Name o	of Contact	36		-,			ephone N 73) 769-		ri-,C.		
				FAC	ILITY INF	ORMATI	ON			10	0,100		-	-	
Name of Facility Where A First Reformed Chu	Abatement is Takir irch of Pomptoi	g Place (n Plains	(3)		115011			-	of Facility (4						
Street Address 529 Newark Turnpik	ке								Subchapter of Other (i.e. projetc.)	8 (Oth	er than K- & commer	12) cial buil	dings	, hom	es,
City (5) Pompton Plains									re Feet	# o	Floors		3ldg. /	\ge	
County (6) Morris					Code (7) USE ONLY)		Curre	nt Use (Prio rch	r if bei	ng demoli	shed)			
Name of Monitoring Firm McCabe Environme	Hired by Building ntal Services, I	Owner (8 L.C.	3)	ASCI 0011	M No. 18				tement Cont acting, LL		(9)				
Street Address 464 Valley Brook Av	/enue							Addres	ss y Road, S	Suite	K				
City, State, Zip Code Lyndhurst, New Jers	sey 07071	117					City, S	state, Zi	p Code ew Jersey		II nayaran				
Project Manager for Moni John H. Chiaviello	toring Firm			Telepho (201)	ne No. 438-483	9	Teleph	none No) 928-).		License 00874	No.			
Start Date (10) 01/13/2020		Schedul 01/31/		npletion	Date (11)		Name	of OSH	IA Monitor acting, LL(C					
Occupancy Status During	Abatement (Chec	k Only O	ne)				1200	Addres							
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire F ed Outside of Norm	Period of nal Facility	Abaten y Hours	nent			City, S	tate, Zi	y Road, S				8		
Scope of Work (Check All	That Apply)						Wayı	ne, Ne	ew Jersey	0747	70				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ттас другу)	Separate Annual Control of the Contr	Renova Demolit				×	Min Glo	Containmer i-Enclosure vebag Proce i-Exempted	edure				e	
		10	Locati Normal	700									Abate		
Location Asbestos-Containing N TO BE ABA In Facilit (13)	Material (ACM) TED	Use Ma Cus	ed Sole aintenar todial S (12)	ly by nce/ staff?	Asbest (i.e.	tos Conta thermal surfac	scription aining M systems sing, VA niscellan	laterial s insula T, or	(ACM) tion,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Food Par	ntry	Yes	No	N/A	Tout		-:I: (0 .						Ф	
Keator Pa			X			ured C					0 SF	X			
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Name of Registered Waste	a Haular		I NI	JDEP W	(0.1:)	, .								
Service Transport Gro			Н	auler ID 1990	0.000	of Was TBD			Name of Ro Minerva						
City, State New Castle, Delaware	е					Disposa TBD	al Date	7000	City, State Waynesh	ourg,	Ohio				
Completed by _jiljana Sekularac		Title Office	e Assi	stant		Si	gnature	-	2		D	ate 1/03/2	2020		

X24107 IX	PAID		ICATION	ate of Nev OF ASBI to NJAC	ESTOS	ABATE		F		. C		Programmer (W	A U U	The second secon
Date of Notification (1) 01-10-2020				f Building (ella Dem		-	(2)	Section and		I A A!	1		กวก	1	A Target Age
	otification		Street A					1	* ***	JAN	4	4 2	UZU	- ; ;	
I DEP A	tial nended	-		ite, Zip Co					<u>!-</u>		(J.5.1	4 11s	100		
E DOL An	nendment #			lanover		936			e 6-1 60		Visid	SH(C		n' dans es	
DOH jus	nergency (includino stification) ancellation			Contact	a					ephone 73) 884			V-12-2-7		
			FACI	LITY INFO	ORMATI	ON									
Name of Facility Where Abatement Private Home	nt is Taking Place	(3)					Тур	e of Facility (
Street Address							r	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth				ings,	home	s,
City (5) Orange						7.	Squ	are Feet	# 01	Floors		BI	dg. A	ge	
County (6) Essex			County (Code (7) USE ONLY			Curr	rent Use (Pri	or if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by N/A	Building Owner (8	3)	ASCN	1 No.		\$100 m 100 m		atement Con		(9)					
Street Address						Street 1119		ess st Grand S	st.						
City, State, Zip Code						2000		Zip Code , NJ 0720	1						
Project Manager for Monitoring Fi	rm		Telepho	ne No.		Telepi 201		No. 9603		Licens 01206					
Start Date (10) 01-13-20	Schedu 01-16		mpletion I	Date (11)		2.77533.0776		SHA Monitor ntracting L						2200000	
Occupancy Status During Abatem	M A A A A A A A A A A A A A A A A A A A					Street 1119		ess st Grand S	st.						
Facility Closed/Vacated Duri Abatement Performed Outsid Other – Describe:						City, S	State,	Zip Code n, NJ 0720							
Scope of Work (Check All That Ap	oply)											==,=,===		1,2-0	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	<u> </u>	Renov Demol					M G	ull Containm lini-Enclosur llovebag Pro on-Exempte	e cedure					۵	
		s Loca	tion			-		On Exemple	u () uii	0 110111	TIGOR		Abate	ment	
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACIVI) M	Norma sed Sola aintena stodial (12)	ely by ance/ Staff?		tos Con thermal surfa	scription taining N I system icing, VA miscellar	Materi s insu AT, or		(\$	mount Specify or LF)		Removal	Repair	e Encapsulate	Enclosure
· · · ·	Yes	No	N/A					,				a	7	ate	ге
Entire Property		х		Dem	olition	Asbes	stos I	Debris				X			
8															
		-					- 100 100								
Name of Registered Waste Haule	r	- 1	NJDEP W Hauler ID		Cubic of Wa	Yards		Name of	name P	ered Lan	dfill				
Caravella Demolition Inc			356			200			ESI						
City, State E. Hanover, NJ 07936					Dispo 01-14	sal Date 4-20	:	City, Stat Bethlet		А					
Completed by Jaime Delgado	Title Proj	. Man	ager.		5	Signatur	e	H.			Date 01-	e ·10-2	20		
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CKAHO	3 PAII			ICATION	ate of New I OF ASB to NJAC	ESTO	S ABAT		ENT (A FE	C [W	(6	The same of the sa	Townson the second
Date of Notification (1) 01-10-2020					f Building Cecilia F			or (2	2)		JAN	14 2	202	0		
Agencies Notified	Type Notification			Street A											1 1 243	
EPA DEB	Initial			KEGHODOO.	Demare ite, Zip Co		ve.			(4)	100			مآك	a! h	-
DEP DOL	Amended Amendment				wood, N		531		- 10 -		13 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ely Sibili	2.			20 I
DOH	Emergency justification)				f Contact	n					ephone					
DCA	Cancellation				Anderso	200	TION	VV		(0.	30) 327	-1300	,			
Name of Facility Where		g Place (3	3)	1 701			TION	Т	ype of Facility (4)						
Commercial Buildin	g							_ [School (K-1		or than l	< 12\				
55 W Demarest Ave	э.							Ē	Other (i.e. p	rivate	& comme					es,
City (5) Englewood								S	Square Feet	# 0	f Floors		Ble	dg. A	ge	
County (6) Bergen				County (Code (7) USE ONLY)		C	Current Use (Pri	or if be	ng demo	olished)				
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.		100000000000000000000000000000000000000		Abatement Cor Contracting L		(9)					
Street Address							100000000000000000000000000000000000000		ddress East Grand S	t.						
City, State, Zip Code							2.00		te, Zip Code eth, NJ 0720	1						
Project Manager for Mon	itoring Firm			Telepho	ne No.				ne No. 6-9603		Licens 01206					
Start Date (10) 01-20-2020		Schedule 01-28-			Date (11)				OSHA Monitor Contracting L	LC			77-20			
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Stree	et Ac	ddress							
Facility Closed/Vaca Abatement Perform Other – Describe: 7	ed Outside of Norm					_	City,	Stat	East Grand S te, Zip Code eth, NJ 0720							-
Scope of Work (Check A	II That Apply)						L112		011, 140 0720	1				-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renov Demol					E E E	Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure	7.0				e	
			Loca	70.7							70-70-8		/	Abate Ty	ment ne	
Location Asbestos-Containing		Use	Norma ed Sole intena	ely by	Asbes		Description		f terial (ACM)	А	mount			-,		
TO BE ABA			todial	Staff?	(i.e.		nal system facing, V		nsulation, or		Specify F or LF)	0.00		Repair	Encapsulate	Enclosure
(13)	51 2 77)		(12)	_		othe	r miscell	anec	ous)		1001010-017 * 0	2		oair	sulat	sure
		Yes	No	N/A) / A T						4		Ф	
Baseme		-	X	-		D:-	VAT	<u> </u>			50 SF	X	4			
Baseme 1st Flo	8808	X			PI	e Insu VAT		on		'5 LF 44 SF	X	+				
2nd Flo		-	X	-		-	VAT				88 SF	x	\dashv			
Name of Registered Was				NJDEP W	/aste	Cub	ic Yards		Name of				_			
Delfa Contracting LL			1	Hauler ID 3524		248, 10	/aste 10		Tullytov	vn Re			ve	ry F	acilit	y
City, State Elizabeth, NJ						1000000000	osal Dat -25-20	te	City, Stat Tullytov		A					
Completed by Jaime Delgado		Title Proje	ect M	anager			Signatu	ire /	M			Date 01-1)-2	0		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 01-10-2020 DCR Development Corp. Street Address Agencies Notified Type Notification 1214 Anderson Ave. **EPA** Initial City, State, Zip Code DEP Amended AsialaDisHS (Addisold Lin DOL Fort Lee, NJ 07204 Amendment #_ Emergency (including Name of Contact Telephone Number DOH iustification) Dave Lorenzo (551) 486-0560 Cancellation DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private Home School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Square Feet # of Floors Bldg. Age City (5) Palisades Park County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Bergen Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. N/A Delfa Contracting LLC. Street Address Street Address 1119 East Grand St. City, State, Zip Code City, State, Zip Code Elizabeth, NJ 07201 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201 216-9603 01206 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 01-13-20 01-15-20 Delfa Contracting LLC Street Address Occupancy Status During Abatement (Check Only One) 1119 East Grand St Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Elizabeth, NJ 07201 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify Removal TO BE ABATED Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Nο N/A Yes Siding 1000 SF X Garage X NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste Tullytown Resource Recovery Facility Delfa Contracting LLC 35240 10 Disposal Date City, State City, State 01-15-20 Tullytown, PA Elizabeth, NJ Date Completed by Signature 01-10-20 Project Manager Jaime Delgado

N/ ~ 0010	, Thi	/TT N	OTIF		ate of Nev			MENT	process with	居 (GE	1 \//		- Contraction		7.4.4
UCO 54	J DA	M	(P		to NJAC						7.1.2.2.2.2.	Parker.	1	Tues -	Charles and the contract of th	Ì
Date of Notification (1) 01/06/2020 CHECK	#0342	0.	1		Building AEL WIL		Operator	(2)		J	AN I	202)	1		1
	Type Notification			Street A	ddress						ar green					1
DEP	Initial Amended	,,	ľ		te, Zip Co				-2	-	19.4.90				10/13	1
DOH DOH	Amendment Emergency justification)	(including	-	Name of	Contact	066				Te	elephone N	lumber		-		
DCA I	Cancellation				EL WIL					V		• • • •				
Name of Facility Where Al	batement is Takir	ng Place (3)		FACII	LITY INFO	DRMAT	ION	Туре	e of Facility ((4)						
Street Address								×	School (K-1 Subchapter Other (i.e. petc.)	8 (Ot			ildin	js, t	nome	s,
City (5) CLARK NJ 07066								Squa 50X	are Feet	10000000	of Floors FL		Bldg 50+	. Ag	je	
County (6) UNION				County C	Code (7) ISE ONLY)				ent Use (Pri CUPAID	or if be	eing demo	lished)				
Name of Monitoring Firm I	Hired by Building	Owner (8)		ASCM	l No.				atement Cor UTIONS (NG				
Street Address							Street 24 C		ess RCH ST							
City, State, Zip Code									Zip Code DD PARK	NJ 0	7407					
Project Manager for Monit	oring Firm			Telephor	ne No.		Teleph 201	none N 873 9			License 01301					Direct.
Start Date (10) 01/08/20		Schedule 01/09/2		npletion [Date (11)				SHA Monitor UTIONS (CONT	TRACTII	VG				
Occupancy Status During Facility Closed/Vacat				nont			Street 24 C		ess CH ST		th					M
Abatement Performer Other – Describe: 7:	d Outside of Norn	nal Facility							Zip Code DD PARK	NJ 0	7407					
Scope of Work (Check All	That Apply)				41-41-41				771.74					1-20-		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emoli				×	Mi	ull Containm ini-Enclosure lovebag Pro	e cedure						
		Is	ocat	ion			t	1100	on-Exempte	u () ai	na Non-Fi	able Pi		ater	nent	
Location of Asbestos-Containing National TO BE ABA	Material (ACM) TED	Used Mair	ntena	ly by		tos Cont	system	/lateria s insul	al (ACM) lation,	(Amount (Specify	Re	T .	Тур		g g
In Facility (13)	У	Ousid	(12)	Jtan:		surfa other r	cing, VA niscellar	T, or neous))	S	F or LF)	Remova	Noball	noir l	Encapsulate	Enclosure
DAOGME	NIT	Yes	No	N/A		- FI C	200 7	–			10005		1	1	te	CD
BASEME	NI			X		FLC	OOR T	ILE			400SF	X	+	+		
								-		101		-	+	+		
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Name of Registered Waste ATLANTIC CARTING		/2000		IJDEP W lauler ID		Cubic of Wa TDB	Yards ste		Name of GRANI		tered Land NTRAL	Ifill				
City, State PEN ARGYL PA 1807	72					Dispos TDB	sal Date	1	City, Stat		_ PA 180	072				
Completed by LUIS ARCILA		Title PRES	IDE	NT		5	Signature			1	4	Date 01/06	/202	20		

UKIGNUS PA	LD			to NJAC				(I)	ork	_ 1	95	149	3		
Date of Notification (1) 1/10/20				of Building na Rizzo		Operato	r (2)			C	E	11 1	<i>y</i> (n n	10,13
Agencies Notified Type Notification			Street A	Address										211	
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DEP Amended				ate, Zip Co				1.		JAN		- 20	ZU	il.	22 1
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	W		FAC	ILITY INFO	DRMAT	ION		9-1	the promise				4.004		N/N/A
Name of Facility Where Abatement is Takin building	ng Place (3)						of Facility							
Street Address						_	H	School (K- Subchapte	·12) er 8 (Oth	er than	K-12)			
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City (5)								etc.) re Feet	# 0	f Floors		T R	ldg. A	l ne	
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Name of Monitoring Firm Hired by Building	0				()		build	-							
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Street Address						Street	Addres	SS							
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City, State, Zip Code	, State, Zip Code							ip Code	440						
Project Manager for Monitoring Firm	ect Manager for Monitoring Firm						hone N	I, NJ 07	418						
respect manager to the monitoring time	oject Manager for Monitoring Firm							276		Licens 703	se IV	0.			
Start Date (10) 1/14/20	Schedul 2/14/2		pletion	Date (11)		Name	of OSH	HA Monitor	r						
Occupancy Status During Abatement (Chec						Street	Addres				-				
Facility Closed/Vacated During Entire	Period of	Abatem	ent						- 10					£)	4000
Abatement Performed Outside of Norr Other – Describe:	nal Facilit	y Hours			_	City, S	State, Zi	ip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoliti				2	Mir	l Containm ni-Enclosur ovebag Pro n-Exempte	re ocedure					Α.	
	lo	Location	on.					LAGINIPLE	, a () and	3 140111	Habi			ement	t
Location of		Normall	у		De	scription	of						Ту	ре	
Asbestos-Containing Material (ACM)		ed Solel intenar			os Cont	taining N	//aterial		А	mount				Ш	
TO BE ABATED In Facility		todial S		(i.e.		system: cing, VA		ition,		pecify or LF)		Remova	Re	Encapsulate	Enclosure
(13)		(12)				niscellar			0,	01 21)		SVOL	Repair	lusc	uso
	Yes	No	N/A									31		ate	e
1st floor - Coldwell Banker			х		cei	ling gl	ue		10	00 SF		х			
1st floor main hallway		×		fl	oor tile	9		45	0 SF		х				
3rd floor - staircase		х		ŀ	olaster			6	0 SF		х				
Name of Decisters d March 11															
Name of Registered Waste Hauler		10000	JDEP Wauler ID		Cubic of Was			Name of	Registe	red Lan	dfill				
Freehold Cartage		7.15950	5939		TBD			GROW		dfill					
City, State Freehold NJ					Dispos TBD	sal Date		City, Star Morris		4	1 - 1 - 1 - 1 - 1				
Completed by	Title				S	ignature	9	12			Dat	e			
A. Scott Higgins	Pres	ident					11	/ <u></u>				0/20)		

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Date of Notification (1)					100000000000000000000000000000000000000		-	vner/Operator (2)	JAN 1	4 2	าวก	1,000	
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□ DCA	☐ Emergen		uding			nden NJ of Contac		05		Training No.				
(NJAC 5:23-8)	justification Cancellat	500			Name	or Contac	ı			Telephone Numb 856 966-2000				
<u> </u>					FA	CILITY IN	IFOI	RMATION						
Name of Facility Where A	batement is T	Taking I	Place	(3)					Type of Facility	(4)				
Forest Hill Elementa	ary Sch								School (K-12					
Street Address										8 (Other than K-12) rivate and commerc		ildina	S	
1625 Wildwood Ave									homes, etc.)			9	-,	
City (5)									Square Feet	# of Floors	Blo	dg. Ag	e	-
Camden									>50,000	5		30+		
County (6)					Cour	ity Code (7)(STA	ATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			
Camden														
Name of Monitoring Firm I	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		vner (8)	ASCM	No.	100000		ent Contractor (9)					
Health and Safety S	ervices Inc							Delta/BJDS, I	nc					
Street Address PO Box 365							1	eet Address	al Divid					
City, State, Zip Code							- ·	1345 Industri y, State, Zip Co		4000				
Berlin NJ 08009							M 8	outhamptor						
Project Manager for Monit	oring Firm			Tele	phone	No	_	lephone No.	11 4 10000	License No.				
Jim Proctor					56 452			215 322-2900		00783				
Start Date (10)	S	Schedu	led Co	omple	tion Da	te (11)	Na	me of OSHA M	lonitor					
1/23/	Contraction of				_ / _		(Criterion						
Occupancy Status During	Abatement (0	Check of	only o	ne)			Str	eet Address					-	
□ Facility Closed/Vacated							4	100 Street Ro	ad					
Abatement Performed					rs - Des	cribe	City	y, State, Zip Co	ode					
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Scope of Work (Check all	that apply)							□ Full Cont	ninnant with No.	neti n Dranovino				
≥3 sf or ≥3 lf			☑ Rer	novat	ion			☐ Mini-Enc	ainment with Neglosure	gative Pressure				
≥160 sf or ≥260 lf] Der	noliti	on				g Procedure					
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Asbestos-Containing N		1)		d Sol ntena	ely by			Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT					Staff?	(i.e		ermal systems i surfacing, VAT,		(Specify SF or LF)	3401	람	apsı	uso
(13)	ris.	_		(12)	1		ot	her miscellane	ous)	Of Or Elly	=		ulate	re
			Yes	No	N/A		- 52						U	
Mechanical Space			\boxtimes			Flexible	e Du	ct Connecto	r	7 SF	\boxtimes			
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Name of Registered Waste	e Hauler			I	IJDEP \	Vaste	Cul	bic Yards of	Name of Regis	stered Landfill				-
Service Transport G				H	lauler II		Wa	iste	Minerva La					
City, State					20990		Dis	posal Date	City, State					
58 Pyles Lane New 0	Castle DE							32	Waynesbu	rg, Ohio				
Completed By (Print or Type	oe)	Title	- CONTE				L	Signature) Dat	<u> </u>			-
Christine Del Viscio	en e	100000000	st. A	dmir	istrato	r		Chr.	to T	2016	1-	13	20	551

4020-14 3 & G proj. #: 2020-14 Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 9834 Date of Notification (1) Name of Building Owner/Operator (2) 10 11 1/11 10 1/12 10 Alan Elsmore Agencies Notified Type Notification Street Address ☐ EPA JAN 14 2020 Initial ☐ DEP City, State, Zip Code Amendment DOL Kearney, NJ 07932 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Alan Elsmore **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Alan Elsmore Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Hudson Kearney, NJ residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched, Completion Date (11) B & G Restoration, Inc. 01/21/2020 01/24/2020 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) wrap & cut Demolition X Full Containment w/negative pressure X Renovation ☐ Glovebag procedure Mini-enclosure Non-friable procedure $\square > 3 \text{ sf or } > 3 \text{ if}$ ≥160 sf or ≥260 lf Is location normally used solely E I ocation of е by maintenance/custodial e Amount asbestos-containing Description of asbestos-containing n m p C staff(12) (Specify SF or material to be С material (ACM) 0 a a LF) abated in facility (13) Yes No N/A VAT & mastic 665 SF X Laundry rm & finished side bsmt Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# Grand Central Landfill 19563 B & G Restoration, Inc. Disposal Date City, State City, State 01/24/2020 Pen Argyl, PA Lincoln Park, NJ Signature Completed by (Print or Type) Gordana Luna 01/10/2020 Gordana Luna Secretary/Treasurer

Amend 42 OFF HOLD 3

EXTEND END DATE

NOCK		NC				BESTOS ABA AC 8:60 and 5:		EXTE		EN	D	DA
Date of Notification (1) 12 /	9 /	19			ne of Buildir	ng Owner/Operato Camden	r (2) Job N	umber: 1910-25				NA *
Agencies Notified	Type Notification	on		Stre	et Address		F 1	St. A. C.		*	1.47	111
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□ DOLWD					State, Zip		1::	JAN	4	2020		
☑ DHSS	Amendment	_	9	1	amden, N.		1	i				
☐ DCA (NJAC 5:23-8)	☐ Emergency justification)		ng	-	ne of Contac				-		i Marian y	
(110/10/3.25-0)	☐ Cancellation			I SANGER	hris Tassi		i i	Telephone Nur				
							(re)	609-670-19	29			4-96-A
Name of Facility Where	Abatement is Tak	ing Plac	ce (3)	Г/	ACILITY IN	FORMATION	Type of Facility	. (4)				
City Hall 6th Floor			30 (0)				Type of Facility ☐ School (K-1					
Street Address								8 (Other than K-1	2)			
530 Market Street							Other (i.e.,	private and comme	ercial b	uildir	ıgs,	
City (5)							homes, etc.					
Camden							Square Feet	# of Floors	E	Ildg. A	200	
County (6)				1000	under Coole (7	VOTATE 1/05 01/1 14	TBD	18		192	9	
Camden				Cot	inty Code (/)(STATE USE ONLY)		rior if being demol	ished)			
Name of Monitoring Firm	Hirod by Duilding	0	(0)	1001		1	Commercia					
Pennoni Associates		Owner	(0)	ASCN	I No.	Contraction of the contraction o	ent Contractor (9	50				
Street Address	•						nd Mold Service	es, Corp.				
515 Grove Street						Street Address						
City, State, Zip Code						1835 Underv						
Haddon Heights, N.	ı					City, State, Zip C						
Project Manager for Monit			1=.			Delran, NJ 0	8075					
Brian Clark	toring Firm		0.000	phone		Telephone No.	-	License No.				
Start Date (10)	Coho	م اد داد اد			7-0505	609-702-0400		00862				
	9398				ate (11)	Name of OSHA N						
			1-2	_ /	20	EMSL Analyt	tical, Inc.					
Occupancy Status During						Street Address						
☐ Facility Closed/Vacated	During Entire P	eriod of	Abate	ment		200 U.S. Rou	te 130 North					
Abatement Performed Time of Abatement:		n Facilit M/			AM	City, State, Zip C						
Weekend work	only	1417			Alvi	Cinnaminsor	n, NJ 08077					
Scope of Work (Check all ≥3 sf or ≥3 lf	that applý)	⊠ Re	enovati	on		☐ Full Con	tainment with Neg	gative Pressure		1		
≥160 sf or ≥260 if		☐ De	molitic	n		☐ Gloveba	g Procedure					
		1-	1 1		1		mpted (*) and No	n-Friable Procedu	re			
Location of	f		Locat Vorma			5			Ab	atem	ent T	уре
Asbestos-Containing M		Use	d Sole	ly by	Asbes	Description of tos Containing Ma		Amount	Re	Re	En	四
TO BE ABAT IN Facility		100	intena todial S			thermal systems	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
(13)		000	(12)	Mair:		surfacing, VAT, other miscellane		SF or LF)	/al		sula	ure
		Yes	No	N/A	1	other miscenarie	ous)	*			ite	
6 th Floor					Floor Til	e& Mastic / 1	-1191-12)	200 SF				
6 th Floor					Pipe Inst			180 LF			_	
						()	-18 4 1-19)	100 E1	+			
Name of Registered Waste	Hauler											
Waste Management	nauler		18785	IDEP V		Cubic Yards of Waste	Name of Regist					
				17273	There was a second	5	Grand Cen	tral				
City, State						Disposal Date	City, State					
Lafayette, NJ						1/31/2020	Penn Argyl	e, PA				
Completed By (Print or Typ	e) Title)				Signature		Da	te			
Kaysi Gruner	0	ffice A	ssist	ant			1		-8	-2	021	0
SR-41							V	1	U	13-13	N	

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Date of Notification (1)	10 /	20					Owner/Operator (Corporation	2.14	JAN bb #1609-2116	1 4 2 CI	020 nk. #	2163	3
Agencies Notified EPA DOLWD DHSS	Type Notifica ☑ Initial ☐ Amended Amendment	i			336 City, S	State, Zip C		uite 200	7	idakk		to the second	
DCA (NJAC 5:23-8)	☐ Emergene justificatio	cy (incon)	luding	ı	Name	of Contact abeth Ma			Telephone Num 205-970-78				
					FAG	CILITY IN	FORMATION						
Name of Facility Where A HealthSouth Rehab Street Address 14 Hospital Drive								Type of Facility (- ☐ School (K-12) ☐ Subchapter 8 ☑ Other (i.e., pri homes, etc.)	(Other than K-12		ilding	s,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	ge	
Toms River								84,619	3	- 7	over	30	
County (6) Ocean					Cour	ity Code (7))(STATE USE ONLY)	Current Use (Prior Rehab Hosp	Marian I TAKKA MINA	shed)			
Name of Monitoring Firm Horizon	Hired by Build	ding O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9) d Mold Services	s, Corp.				
Street Address		ATT MASS					Street Address						
PO Box 316							1835 Underw	ood Blvd. Suite	e 1				
City, State, Zip Code Thorofare, NJ 08080	6						City, State, Zip Co Delran, NJ 08						
Project Manager for Moni				Tele	phone	No.	Telephone No.		License No.				
Dave or Steve Flani	gan			85	6-848	-0800	609-702-0400	<u> </u>	00862				
Start Date (10) / /	_20	Schedu 1	iled C	_	tion Da		Name of OSHA N EMSL Analyt	roman contractor					
Occupancy Status During Facility Closed/Vacate	10 00			50	ment		Street Address 200 U.S. Rou	te 130 North					
Abatement Performed Time of Abatement:	Outside of No	ormal I	Facility	/ Hour	s - Des		City, State, Zip Co	ode					
Scope of Work (Check all	that apply)			novati molitic			☐ Mini-Enc ☐ Gloveba	tainment with Nega losure g Procedure mpted (*) and Non		ıre			
				Locat			52			Ab	ateme	ent T	уре
Location Asbestos-Containing I TO BE ABA IN Facilii (13)	Material (ACM TED	1)	Use Ma	Norma d Sole intena todial	ely by nce/		Description of stos Containing Ma , thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Deam off Lables			Yes	No	N/A		0 111		444.05	57			
Room off Lobby						Popcor	n Ceiling		144 SF				
					1000000							片	
											片		
Name of Registered Was AMS, Corp.	te Hauler			10000	JDEP \	O No.	Cubic Yards of Waste	Name of Regist					ш
City, State Delran, NJ	18.5 - His				00356	,,,,	5 Disposal Date 1/24/20	City, State Penn Argyl	e, PA				
Completed By (Print or Ty	15(3	Title Of	fice (Coord	dinato	r	Signature		D	ate	1-7	D	

TWH 1300 State of NJ Notification of Asbestos Abatement

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Date of Notification (1)		e of Building Ow	ner/Operator ((2)		1 9 ,	Y.				10	
Agencies Notified Type Notificat		chael Pierre				1 2	JAN	1 4 20	20			
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☐ DEP ☐ Amended	City	State, Zip Code					- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			-		
DOL Amendment #:						100	1,45,71	11 11 11 11 11 11 11 11				
L_I Emergency	1	APLEWOOD	, NJ 07040					N 1		-		
justification)		of Contact					Telephon	e Number				
DCA Cancellation	<u>mi</u>	ichael Pierre										
			CILITY INFOR	MATION	I							
Name of facility where abatement is	s taking place (3)				T	ype of Facility (4) I (K - 12)				
Residential							Subcha	apter 8 (O	ther th	an K-	12)	
Street Address						11		Private/Co Homes, e		rcial		
	540					.		# of Floor		Blo	lg. Ag	je
City (5)	County (6	6)		1000000	inty Code (7)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	02		90		
MAPLEWOOD	Essex			(Sta	te use only)	1 2	Current Use (Pr Residential	rior if bein	g dem	olishe	ed)	
Name of Monitoring Firm Hired by I)	ASCM No.		Name of Abateme	1 1 -						
N/A					KLOMAX, L	LC						
Street Address					Street Address							
					309 W. End A				_			-
City, State, Zip Code					City, State, Zip Co Hopatcong, N		1/12					
Project Manager for Monitoring Firm		Phone Num	ber	_	Telephone Number		143	License	Numb	er		
. Tojout managor to mormoning t min			17.74.		833-455-662			02007				
Start Date (10)	Sched. Co	mpletion Date (11)		Name of OSHA N							
01/21/2020	01/22/20	20			KLOMAX, L Street Address	LC						
Occupancy Status During Abatemen					309 W. End A	\ve						
Facility closed/vacated during					City, State, Zip Co				-			
Abatement performed outside	of normal facili				ony, onaro, zip or	,,,,						
Other-Describe: NORMAL H	OURS				Hopatcong, N	JJ 078	343					
Scope of Work (check all that apply	1)					-	Containment w	//negative	press	ure		
≥ 3 sf or ≥ 3 If	Renovation						ni-enclosure evebag procedu	re				
≥160 sf or ≥260 lf	Demolition						n-Exempted (*)		friable	proc	edure	ģ.
Location of		rmally used sole	ely						R	R	Е	E
asbestos-containing	by maintenan staff(12)	ce/custodial			sbestos-containing	3	Amount	·	m	e p	n	n
material (acm) to be abated in facility (13)			- materia	I (ACM)			(Specify S	or or	0	a	a	C
abated in facility (13)	Yes	No N/A							v e	r	р	_
Garage attic		X	Pipe Insu	lation			15 LF		X			믺
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Registered Waste Hauler KLOMAX, LLC	NJDEP H 003824	iddict to:	Cubic Yards o 1 yds.	vvaste	Name of Registe TULLYTOW			ECOVER	RΥ			
City, State		Disposal			City, State						-	~ ~
Hopatcong, NJ 07843		TBD			TULLYTOW	VN, P	A					
Completed by (Print or Type)	Title		Signature	>				Date		- 11	100	
Paige Boylan	Owner	a familiar de la	- I	2	d activities			01/10/	2020			
ΔQR_//1	Do not use thi	s form for asbe	stos ligensure,	exempte	u activities.							

Proj. #: 20-15	1730		ication of As		s Abatement and 12:120)	50 c		BEI	1 \//	ß	render o	. 7
CKIDUR	PAI)			,	1 to		y E	1 19	<u>5</u>	100 mm	
Date of Notification (1)	11	of Building Ow	ner/Operator (2	?)			JA	N 14	2020)		
Agencies Notified Type Notificati		iel Sledgeski				•					iaur.	
☐ EPA ☐ Initial	Street	Address					i silaide	COS (Z.)	Tenna Tennan ya			1
DEP Amended Amendment #:	City S	state, Zip Code						I()elebas		-/4-i		-
DOL Emergency		e falls, nj 074	124									
DOH (including	1	of Contact	+24				Telepho	ne Numbe	r			-
☐ DCA justification) ☐ Cancellation	Da	niel Sledgesk	i									
			CILITY INFORM	MATION								
Name of facility where abatement is	s taking place (3	3)				TT	pe of Facility	(4)				
53	,	7						oi (K - 12)				
Residential						4		hapter 8 (0			12)	
Street Address								(Private/C		rciai		
						1 1	quare Feet	# of Floo	rs		lg. Ag	je
City (5)	County (6)			nty Code (7)		,300 SF	02	_	80	"	
little falls	Passaic			(Stat	te use only)		Current Use (F Residential	Prior if beir	ng dem	olishe	d)	
Name of Monitoring Firm Hired by E	Bldg. Owner (8)		ASCM No.	1	Name of Abateme							
N/A					KLOMAX, LI	LC						
Street Address					Street Address							
					309 W. End A	the same of the last					-	
City, State, Zip Code					City, State, Zip Co		40					
Project Manager for Monitoring Firm		Phone Num	hor		Hopatcong, N Telephone Number		43	License	Numb	er		
Project Manager for Monitoring Firm		Filone Num	bei		833-455-662			02007				
Start Date (10)	Sched, Cor	npletion Date (1	11)		Name of OSHA M	lonitor						
01/22/2020	01/23/202		•		KLOMAX, LI	LC_						
Occupancy Status During Abatemen	A CONTRACTOR OF THE PARTY OF	THE RESERVE THE PERSON NAMED IN			309 W. End A	VA						
Facility closed/vacated during	entire period of	abatement.		- 11	City, State, Zip Co							
Abatement performed outside Describe:	of norma! facilit	y hours-										
Other-Describe: NORMAL H	OURS			=	Hopatcong, N	J 0784	43					
Scope of Work (check all that apply)						Containment	w/negative	e press	sure		
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CK 3316

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

	一個周月						124									
Date of Notification (1) January	10 2	020			Name of Building Owner	er/Operator	(2)	ن الماد الماد الماد		0000						
Agencies Notified	10, 2	Notificatio	n Typo		RUTGERS, THE STATE UNIVERSITY OF NJ 2020 Street Address											
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			cation		PISCATAWAY, N.	J 08854		. Transfer	-							
DEP- No Longer REQUIRE	ED	□ Cance		,	Name of Contact		TTol	ephone I	Number							
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Name of Facility Where Abateme	ent is Tal	king Place (3)		PACILITY	Type of Facility (4)											
SMITH HALL, BLDG# 7	223				School (K-12)											
Street Address					Subchapter 8 (other th	nan K-12)										
NEWARK CAMPUS	Other (i.e. private & co	ommercial b	uildings, l	homes, et	ic.)											
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Project Manager for Monitoring Fi		Talanhaan			BUTLER, NJ 07405											
BRIAN R. KEARNEY	<u>IIIII</u>	Telephone I			Telephone Number License Number											
BRIAN IX. REARINE I		609-386	-8800		973-492-0477		000	140								
Scheduled Start Date (10)		Scheduled (Completio	on Date (11)	Name of OSHA Monitor		008	340								
01/31/2020			/2020	Dil Date (11)	ENVIROVISION, IN	C										
Occupancy Status During Abate	ement (Street Address	0.										
☐Facility Closed/Vacated Durin	na Entire	e Period of A	hatemer	nt	20-21 WARGARAW	POAD	I DC#	255								
☐Abatement Performed Outsid	de of No	rmal Facility	Hours -		20-21 WARGARAN	NOAD, I	DLDG#	33E								
Describe:		a. r dointy	riouro		City, State, Zip Code											
☒ Other- Describe: Schedule:	4PM -	- 5AM (24 H	IOURS	&	FAIRLAWN, NJ 074	10										
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□≥ 3 sf or >3 If				Renovation		Full Cont		with Neg	ative Pre	ssure						
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Leasting of Astron.						■Non-Exer	npted (*)	and Nor	n-Friable	Proced	lure					
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Name of Reg. Waste Hauler		NJDEP Was	te Hauler	· ID #	Cubic Yards of Waste:	30 CY	Name	e of Pogis	stered Lar	odfill						
See Hauler Below #1 & 2	Cubic Tarus of Waste.	30 01			North L		II									
Hauler #1) Greenwood Abatemen	it Consu	Itants. Inc	Butler N	N.I 07405		Disposal I					250					
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Hauler #2) Newark Carting, Inc.,	Newark	, NJ 04509				00/47/0	000		Rd. Morr							
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Completed by (Print or Type)		tle			Signature		Date									
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DCA Cancellation			Dave	ILITY INFO	RMATI	ION		ji E		1 11 11			1,4%	
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Street Address PO Box 316					Street PO I		dress (329							
City, State, Zip Code Thorofare NJ 08086		City, State, Zip Code West Berlin NJ 08									-			
Project Manager for Monitoring Firm Dave or Steve Flanigan	- 1	Telepho 856-8	ne No. 48-0800	1	Teleph 856-	one N 753-9		1	License 00727	No.	W/100 Share			
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State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

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	ne of Monitoring Firm	Hired by Building	Owner (8)		ASCN					atement Cor	tractor	(9)	200-01-0				
	et Address				1			Street	Addre	ss							
City	City, State, Zip Code City, State, Zip Code City, State, Zip Code West Berlin NJ 08091																
Proj	ect Manager for Mon	itoring Firm			Telephoi	ne No. 85-9984		Teleph 856-		lo. 9800		Licens					
	t Date (10) 21/20		Schedule 1/27/2		45.45.45.45.45.4	Date (11)			of OSI	HA Monitor		00.2					
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Name of Monitoring Firm I	Hired by Bui	ilding	Owner	(8)	AS	SCM	No.	N	ame of Abateme	ent Contractor (9))					
Management & Envi	iro. Consu	ılting	Serv	ices				1 3		onmental, LLC						
Street Address								St	treet Address							
PO Box 341									623 Cutler Av	/enue						
City, State, Zip Code								Ci	ity, State, Zip Co	ode						
Chesterfield, NJ 085									Maple Shade	, NJ 08052						
Project Manager for Monito	oring Firm			10000	eleph			Te	elephone No.		License N	No.				
Bill Weisgarber							4070		856-755-0099		00842					
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Facility Closed/Vacated	During Ent	ire Pe	riod of	Aba	teme	nt		1	200 Route 130	0 North						
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Christina Fay		Vi	ce Pr	esid	lent (of C	peration	s	OhrestaCt	lay/		11	9/	200	20	

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) 01 06 20 TPC Jasna Polana Agencies Notified Type Notification Street Address **⊠** EPA 8 Lawreenceville Rd **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment #_ Princeton, NJ 08540 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Glen Haggan 609-439-8510 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Office Building ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings. 4519 Province Line Rd. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Princeton, NJ 08106 10,000 2 1920 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Mercer Office Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC. Street Address Street Address 958 Jackson Rd City, State, Zip Code City, State, Zip Code Mays Landing, NJ 08330 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-561-1901 01158 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __01__ / __20__ / __20 02 / 15 / 20 Graham-Tech Environmental Services, LLC. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 958 Jackson Rd Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-11:30PM/ PM-Mays Landing, NJ 08330 Scope of Work (Check all that apply) $\boxtimes \ge 3$ sf or ≥ 3 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 Asbestos-Containing Material (ACM) Remova Repair Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ closure 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 Basement \boxtimes Asbestos Boiler Insulation 100SF \boxtimes Basement П \boxtimes Asbestos Gasket 40Lf X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Graham-Tech Environmental Service Pioneern Crossing 0034500 30

City, State

Completed By (Print or Type)

Vernice Graham

Title

President

Disposal Date

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Gloucester							Armory	_				
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Street Address						Street Address						
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Moorestown, NJ 080						Maple Shade,	NJ 08052					
Project Manager for Monito	oring Firm		Tele	ephone	No.	Telephone No.		License No.				
Jlm Guilardi			8	56-840	0088-0	856-755-0099		00842				
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Occupancy Status During						Street Address						
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Scope of Work (Check all to	hat apply)					57 - 4 -						
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Pipe Insulation/Fittings (Wrap&Cut) 300 LF \boxtimes Ground Floor Men's Latrine \boxtimes Pipe Insulation/Fittings (Wrap&Cut) 120 LF \boxtimes Ground & 2nd Floor Latrines \boxtimes Fire Doors & Stall Partitions 1,000 SF \boxtimes Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage Fairless Landfill 15939 40 City, State Disposal Date

Freehold, NJ

02/07/2020

Morrisville, PA Date

Completed By (Print or Type) Christina Fay

Vice President of Operations

Title

Signature

City, State

19/2020

Bilyana Kulakovska

ASB-41 JUN 95 1/9/20

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

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification Name of Building Owner/Operator (2) 01/09/2020 Arthur Burney Agencies Notified Type Notification Street Address **EPA** Initial × DEP Amended City, State, Zip Code DOL Amendment # Belleville, NJ 07109 Emergency (including Name of Contact DOH Telephone Number justification) Arthur Burney DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age Belleville N/A N/A N/A County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Essex House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A D&S Abatement, Inc. Street Address Street Address 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 9733458685 01311 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01/21/2020 01/22/2020 D&S Abatement, Inc. Occupancy Status During Abatement (Check Only One) Street Address 11 Rosengren Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Occupied Totowa, NJ 07512 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X Pipe Insulation 70 LF Χ Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Atlantic Carting Grand Central 26085 TBD City, State Disposal Date City, State Wayne, NJ TBD Pen Argyl, PA Completed by Signature Date Ned Joksimovic Project Manager 01/09/2020

Date of Notification (4)

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

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JAN 1 4 2020

Table 1A – Identified and Presumed Asbestos-Containing Materials 400 Building

2600 Mt. Ephraim Avenue

105 114 . 11		Approx.
HID and Material	Location	Quantity
4. 12"x12" Beige with Red Streaks Floor Tile and Mastic	Suite 415, Rear Storage	300 SI
	Total	300 SI
5M. Mastic associated with non-ACM 12"x12" Pink with Gray Streaks Floor Tile	Suite 415, Rear Hall	180 SF
	Total	180 SF
6M. Mastic (<i>Trace ACM</i>) associated with non-ACM 12"x12" Beige Marble Floor Tile	Suite 415, Bathroom – Women's	200 SF
	Suite 413, Lobby, Hall and Rear Office	700 SF
	Suite 411, Side Office	600 SF
	Suite 401, Rear Hallway	200 SF
	Total	1,700 SF
7. 12"x12" Grey Floor Tile and Mastic	Suite 415, under HID 04 in Rear Storage	300 SF
	Total	300 SF
14M. Mastic (<i>Trace ACM</i>) associated with non- ACM 12"x12" Off-White Marble Floor Tile with ACM Bottom Layer Gray Floor Tile and ACM Mastic	Suite 415, Bathroom – Men's	120 SF
15. Residual Mastic (Trace ACM) under Concrete	Suite 413, Rear Area under Concrete	220 SF
	Total	220 SF
21M. Mastic (<i>Trace ACM</i>) associated with non- ACM 12"x12" Red Floor Tile	Suite 411, Lobby Area	30 SF
	Total	30 SF
22. Mastic1 (ACM) and Mastic2 (<i>Trace ACM</i>) associated with non-ACM Grey Leveling Compound	Suite 411, Throughout Suite under Tile	5,000 SF
	Total	5,000 SF
23M. Mastic associated with non-ACM 12"x12" White with Grey Streaks Floor Tile	Suite 405A/B, under carpet throughout except for offices with red carpet	1,800 SF
	Suite 405A/B, under HID 06 in front lobby and office	1,200 SF
0	Suite 407, under carpet hall and offices	2,000 SF
	Total	5,000 SF

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Tov# 17346

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

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J. MAIORA	NO! Est	imat	cor			1/1/6			1/	J	0	ر

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

Proj. #: 26-04						s Abatement) and 12:120)		G.	GE		W		The state of the s
Date of Notification (1)		Name of B		ner/Operator (2)				JAN 1	4 20	020		
Agencies Notified EPA Initial DEP Amended Amendment #	:_1_	Street Add	ress					2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ist (On C Lieura	, Carrie	(*())	.d	1
DOH (including justification)		Eric W	ontact		0.000			Telepho	ne Numbe	r			<u> </u>
• • • • • • • • • • • • • • • • • • •			FAC	ILITY INFORM	ATION	l						1.177-3-37	
Name of facility where abatement	is taking pla	ace (3)		-			T	ype of Facility	(4)				
Residential Street Address	5.5.1 - 5							Subc	ol (K - 12) hapter 8 (C (Private/C	Other t		-12)	
							1	Bldgs	./Homes, e	etc.		da A	
City (5)	Cour	nty (6)			0.000	nty Code (7)		300 SF	# of Floo 02		75	dg. Ag	
Union	Uni	ion			(Sta	te use only)	1 1 2	Current Use (F Residential	Prior if bein	ig dem	olish	ed)	
Name of Monitoring Firm Hired by				ASCM No.		Name of Abateme	1 -						
N/A						KLOMAX, LI	LC.						
Street Address						Street Address							
						309 W. End A	_				-		
City, State, Zip Code						City, State, Zip Coo							
Project Manager for Monitoring Firm	1	l pi	hone Numb	er	-	Hopatcong, N Telephone Number		13	License	Numh	er	_	
roject Manager for Monitoring Firm			ione ivania			833-455-6629)		02007		,cı		
Start Date (10)	Sched	. Completi	on Date (1	1)		Name of OSHA M KLOMAX, LI							
01/17/2020	01/19	9/2020				Street Address					-	-	
Occupancy Status During Abatemen	nt (Check o	nly one)				309 W. End A	ve						
Facility closed/vacated during Abatement performed outside Describe:						City, State, Zip Co	de						
Other-Describe: NORMAL F	IOURS				-	Hopatcong, N	J 0784	13					
Scope of Work (check all that apply	Renovation					Z Z	Mini Glov	Containment -enclosure rebag procedu	ıre				
Location of	Is location	normally	used solely	,			Non	-Exempted (*	and Non-	TRADIE	Proc	E	
asbestos-containing material (acm) to be abated in facility (13)	by mainte staff(12) Yes	nance/cus	stodial N/A	Description material (sbestos-containing		Amount (Specify S LF)	SF or	e m o	e p a	n c a	E n c
	163	140	IN/A							e e	, ,	р	_
basement		<u>LX</u>		Duct Insula	tion			28 SF		X	님		片
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Registered Waste Hauler KLOMAX, LLC		P Hauler 8241	177.000 E. S.	ubic Yards of V yds.	Vaste	Name of Register TULLYTOW			ECOVER	XY			
City, State			Disposal D	ate		City, State							
Hopatcong, NJ 07843	Till-		TBD	Signatușe		TULLYTOW	N, PA		Tr _{ef}		-		_
Completed by (Print or Type) Paige Boylan	Title Owner			J.	10 m		_		Date 01/10/	2020		2.	
		e this form	for asbesto	s licersure exe	empted	activities			1			_	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 1/9/2020 COUNTY OF CAMDEN Agencies Notified Type Notification Street Address 520 MARKET STREET **EPA** Initial City, State, Zip Code DEP Amended LICHNSING × DOL Amendment # CAMDEN, NJ 08102 Emergency (including Name of Contact Telephone Number DOH justification) **KEVIN FITZSIMONS** 856-374-5188 DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **BUILDING 100** School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 2600 MOUNT EPHRAIM AVENUE etc.) City (5) Square Feet # of Floors Bldg. Age CAMDEN County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) CAMDEN Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PENNONI TWO BROTHERS CONTRACTING, INC. Street Address Street Address 515 GROVE STREET, SUITE 1B 11 VREELAND AVENUE City, State, Zip Code City, State, Zip Code HADDON HEIGHTS, NJ 08035 **TOTOWA, NJ 07512** Project Manager for Monitoring Firm Telephone No. Telephone No. License No. ALAN LLOYD 856-656-2875 973-956-8700 00494 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/21/2020 3/6/2020 SAME AS (9) ABOVE Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: VACANT Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e. thermal systems insulation, Enclosure TO BE ABATED (Specify Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A SEE ATTACHED Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. TWO BROTHERS CONTRACTING WASTE MANAGEMENT G.R.O.W.S. 500 +/-18743

City, State

Disposal Date

Signature

3/6/2020/

City, State

TOTOWA, NJ

VIVECA RAMOS

Completed by

Date

MORRISVILLE, PA

PROJECT COORDINATOR 1/9/2020

Table 1B – Identified Asbestos-Containing Materials 100 Building

2600 Mt. Ephraim Avenue Camden, New Jersey 08104

HID and Material	Location		Approx. Quantity
6. 12"x12" Beige Marble Floor Tile and Mastic	Suite 101/102, Kitchen	700 SF	
	Suite 104, Kitchen		150 SF
		Total	750 SF
8. Residual Black Mastic	Suite 101/102, Throughout		30,000 SF
	Suite 103, Throughout		13,000 SF
	Suite 105, Throughout		32,500 SF
		Total	75,500 SF
23M. Mastic associated with non-ACM 12"x12" White with Grey Streaks Floor Tile	Suite 103, Offices		2,000 SF
		Total	2,000 SF
27. Brown Linoleum Flooring and Mastic	Suite 101/102, Rear Hallways		200 SF
		Total	200 SF
35. Roof Core	Roof		80,000 SF
			80,000 SF
36. Roof Flashing	Roof		80,000 SF
			80,000 SF

State of NJ Notification of Asbestos Abatement Proj. #: 20-13 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 0 11 1/10 19 1/12 10 1 Tom Cassidy Agencies Notified Type Notification Street Address X Initiai AGUACTON OF PURCLIN **EPA** LiOwksidek Amended DEP City, State, Zip Code Amendment #: DOL M Emergency Westfield, nj 07090 DOH (including Name of Contact Telephone Number justification) DCA Tom Cassidy Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors County (6) 2,700 SF City (5) County Code (7) 100 (State use only) Current Use (Prior if being demolished) Westfield Union Residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. KLOMAX, LLC Street Address Street Address 309 W. End Ave City, State, Zip Code City, State, Zip Code Hopatcong, NJ 07843 Telephone Number Project Manager for Monitoring Firm License Number Phone Number 833-455-6629 02007 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) KLOMAX, LLC 01/11/2020 Street Address 01/13/2020 Occupancy Status During Abatement (Check only one) 309 W. End Ave Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Hopatcong, NJ 07843 Scope of Work (check all that apply) Full Containment w/negative pressure Mini-enclosure
Glovebag proce >3 sf or >3 If X Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of E е by maintenance/custodial е n asbestos-containing Description of asbestos-containing Amount n m staff(12) p C (Specify SF or material (acm) to be material (ACM) C 0 a abated in facility (13) Yes No N/A V Pipe Insulation 20 LF X basement Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# KLOMAX, LLC 0038241 TULLYTOWN, RESOURCE RECOVERY 1 yds. Disposal Date City, State City, State

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

Title

Hopatcong, NJ 07843

Paige Boylan

Completed by (Print or Type)

TBD

Signature

TULLYTOWN, PA

Date

01/09/2020