NOTIFICATION OF ASBESTOS AATEMENT (Pursuant to NAIGE 480 and 12:120)  Date of Notification (1) 01/15/20  Name of Building Owner(Operator (2) MATTS CONSTRUCTION  Agencies Notified  Type Notification: Street Address  DOL   Initial Amended	FUML	1170	0					F	V E P	E	fi V		Print f
Agencies Notified Type Notification.  Agencies Notified Type Notification.  Agencies Notified Type Notification.  BPA   Street Address   Stree	4393	PA	O NO	TIFICAT (Pursua	ION OF ASBEST	OS ARAT	EMENT 20)	The state of the s		<u>E</u>	11	y <del>-</del> (	
Street Address	01/15/20	)		Nam MA	e of Building Own TTS CONSTR	er/Operato	or (2)		JAN	1	7 20	20	
Amendment # Emergency (including pusification)   Name of Contact   Name of Facility Where Abatement is Taking Place (3)   Name of Contact   Name of Facility Where Abatement is Taking Place (3)   Name of Contact   Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (K-12)   Subchapter 8 (Other than K-12)   Other (is. private & commercial buildings, homes. etc.)   Other (is. private & com	EPA	[	on					1				<u>-</u>	1. d
Name of Contact   Name of Contact   Telephone Number   732-905-4494	DOL	Amendme	nt #	City, LAK	State, Zip Code (EWOOD NJ 0	8701			The same tracklands				Add and the second
Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)	DOH DCA	justification	n)	MAT	TS CONSTRU								
Street Address  City (5)  Lakewood  County (6)  Cocan  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  Cocupancy Status During Abatement Abatement  City, State, Zip Code  Cocupancy Status During Abatement  City, State, Zip Code  Cocupancy Status During Abatement  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State,	Name of Facility Where	e Abatement is Tak	ing Place (3)	FA	CILITY INFORMA	NOITA							
Square Feet	Street Address						School Subch	ol (K-12) napter 8	(Other than K	(-12)	uildin	as ho	omes
Ocean  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  ASCM No.  ASCM No.  ANAMERY ADJUSTED ONLY  ANAMERY ADJUSTED ONLY  ANAMERY ADJUSTED ONLY  Name of Abatement Contractor (9)  AAA LEAD PROFESSIONALS  Street Address  6 WHITE DOVE COURT  City, State, Zip Code  LAKEWOOD, NJ 08701  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Telephone No.  1200  Name of OSHA Monitor  AAA LEAD PROFESSIONALS  Street Address  6 WHITE DOVE COURT  City, State, Zip Code  LAKEWOOD, NJ 08701  Telephone No.	Lakewood						etc.)						
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS  Street Address 6 WHITE DOVE COURT  City, State, Zip Code  City, State, Zip Code  LAKEWOOD, NJ 08701  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Tolephone No.  Tolephone No.  Tolephone No.  Street Address 6 WHITE DOVE COURT  City, State, Zip Code LAKEWOOD, NJ 08701  Name of OSHA Monitor AAA LEAD PROFESSIONALS  Street Address 6 WHITE DOVE COURT  Name of OSHA Monitor AAA LEAD PROFESSIONALS  Street Address 6 WHITE DOVE COURT  City, State, Zip Code LAKEWOOD, NJ 08701  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code LAKEWOOD, NJ 08701  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Asbestos-Containing Material (ACM) TO BE ABATED  ASSUMPTION OF ASSUMPTION	Ocean			Count (STATE	y Code (7) E USE ONLY)		Current Use	e (Prior i	f being demol	ished)			
Street Address 6 WHITE DOVE COURT  City, State, Zip Code  City, State, Zip Code  LAKEWOOD, NJ 08701  Telephone No. Telephone No. Telephone No. Talephone No		n Hired by Building	Owner (8)	ASC	CM No.	Name AAA	of Abatemen	t Contra	ictor (9)				
City, State, Zip Code LAKEWOOD, NJ 08701  Telephone No. T	Street Address								SIONALS				
City, State, Zip Code LAKEWOOD, NJ 08701  Telephone No.  Telephone No.  Start Date (10) 01/27/2020  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Cope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  TO BE ABATED  Telephone No.  Table No.  To Be Abatement Type  Abatement Type  Abatement Type  Abatement Type  Assestos Containing Material (ACM)  Amount  To Be Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type	City, State 7 in Code					6 WH	HITE DOVE	COU	RT				
Telephone No. T					15.55	City, St	tate, Zip Code WOOD, N	e IJ 0870	01				
Scheduled Completion Date (11) 01/27/2020  Scheduled Completion Date (11) 01/28/20  Name of OSHA Monitor AAA LEAD PROFESSIONALS  Street Address 6 WHITE DOVE COURT  City. State, Zip Code LAKEWOOD, NJ 08701  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Location of Asbestos-Containing Material (ACM) TO BE ABATED  Scheduled Completion Date (11) Name of OSHA Monitor AAA LEAD PROFESSIONALS  Street Address 6 WHITE DOVE COURT  City. State, Zip Code LAKEWOOD, NJ 08701  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Asbestos Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation		nitoring Firm				Teleph	one No.		License	No.			
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Other – Describe:  City, State, Zip Code  LAKEWOOD, NJ 08701  City, State, Zip Code  LAKEWOOD, NJ 08701  Full Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Location of  Asbestos-Containing Material (ACM)  TO BE ABATED  City, State, Zip Code  LAKEWOOD, NJ 08701  Full Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement  Type  Asbestos Containing Material (ACM)  Asbestos Containing Material (ACM)  TO BE ABATED  City, State, Zip Code  LAKEWOOD, NJ 08701  Full Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement  Type  Asbestos Containing Material (ACM)  Amount	Facility Closed/Vac	ated During Entire (	Dorind of Abel	ment		Street A	Address						
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Location of Asbestos-Containing Material (ACM)		Locat Normal ed Sole	lly	*2000	Description of					Abate Ty	emen	it
TO BE ABATED In Facility (13)	Ma	intena todial 3 (12)	nce/	Asb (i.	estos Containing Mate e. thermal systems in surfacing, VAT, other miscellaneo	sulation, or	Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
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INTERIOR	-				SIDING		2500SF	- 2	<			
WILKOR	-				TILE		100SF					
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Name of Registered Waste Hauler		1 51										
NEWARK CARTING		Ha	IDEP Wa auler ID N 509		Cubic Yards of Waste 12	Name of I	Registered La	ndfill				
City, State NEWARK, NJ					Disposal Date 01/28/20	City, State						
Completed by JOSEPH PERLSTEIN	Title OWNI	ER			Signature	DETALE	EHEM PA	Date 01/1	5/20	)		

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Date of Notification (1) 01/15/20	29				of Building ella Den		Operator (2	2)		JAN	2	:020	15	1.17
Agencies Notified  EPA	Type Notification				Address eforest A	Ave.			7-1-1		Vigen (2)		. 1	
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DOH DCA	Emergency justification Cancellation		9	Name o	of Contact	t		-		ephone N				
	Caricellation				ILITY INF		TON		97.	3 884-4	900			
Name of Facility Where	Abatement is Takir	ng Place (	(3)	1 40	LITT IN	OKWA		ype of Facility (						
Street Address							×	Subchapter	8 (Othe			ildings	s, hom	nes,
City (5) Carlstadt							S	quare Feet	# of	Floors		Bldg.	Age	
County (6) Bergen				County (STATE	Code (7) USE ONL	y)	C	urrent Use (Prid	or if beir	ng demol	ished)			
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASC	M No.			Abatement Con EAD PROFE						
Street Address							Street Ad 6 WHIT	dress E DOVE CO	DURT					
City, State, Zip Code								e, Zip Code VOOD, NJ 08	3701			-		
Project Manager for Mon	itoring Firm	-		Telepho	ne No.		Telephon 732-66	e No.		License 1200	No.			
Start Date (10) 01/28/20		Schedul 02/11/		mpletion	Date (11)			OSHA Monitor EAD PROFE	10122					
Occupancy Status During							Street Add	dress E DOVE CC	LIRT					
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norn	al Facility	Abaten y Hours	nent S	8		City, State	e, Zip Code /OOD, NJ 08						
Scope of Work (Check A	l That Apply)						LAKEV	IOOD, NJ UC	5/01					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure	077				
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INTERN						SEE	ATTACHE	ED			X			
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NEWARK CARTING			Н	auler ID 1509		100 March 100 Ma	of Waste							
City, State NEWARK, NJ						1	Disposal Date City, State 02/11/20 BETHLEHEM PA							
Completed by JOSEPH PERLSTEII	N	Title OWN	IER			S	ignature				ate 1/15/2	20		

### **ASBESTOS**

CARLSTADT, NJ

Exterior (1st and 2nd Floor): 7 Window Glazing 11SF

Exterior (1st and 2nd Floor): 21 5x3 Window Caulk 30SF

1st Floor Office: 12" floor tile and mastic 754SF

Basement, Right Storage: 9: Floor tile and mastic 280SF

Garage, Roof: Asphalt Roof Shingles, Bottom and Top Layer 374SF

Main Building, Front Canopy: Tar Coat on Metal 189SF

Main Building Roof: Roofing 952SF

Roof Parapet: Roof Flashing 210SF

Angled Roof: Asphalt Roof Shingles 140SF

TMH1743 NOTIFICATION

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

JAN 1 7 2020

Date of Notification (1)				Nam	e of Building	g Owner/Operator (	2)			- 1	1 )	
	14 /	20		Do	on Gray		4	France VII. 15 A	) (	II.	EO	
Agencies Notified	Type Notification	on		Stree	et Address		1900	- 10 - 17 a 17 a 18 a 18 a 18 a 18 a 18 a 18 a		*****		7
⊠ EPA ⊠ DOLWD	☐ Initial								o a urea.			
⊠ DOH	Amended Amendmen	t #		- 1 St.	State, Zip 0							
□ DCA	☐ Emergency		g	Re	eading, M	A 01867		VACANTA CONTRACTOR OF THE CONT				
(NJAC 5:23-8)	justification	)		1000000	e of Contac	t		Telephone Number	er			
	☐ Cancellation	n 		Do	on Gray							
			(8)	FA	ACILITY IN	IFORMATION						
Name of Facility Where A Residence	Abatement is Tal	king Place	e (3)				Type of Facility  ☐ School (K-12	0.001				
Street Address							Subchapter 8	(Other than K-12)				
Officer Address							Other (i.e., p homes, etc.)	rivate and commerc	ial bu	ilding	s,	
City (5)	little grant and a second						Square Feet	# of Floors	Blo	dg. Ag	ne.	
Lavallette							1200	1		70	,-	
County (6)				Cou	unty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ed)			
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Name of Monitoring Firm	Hired by Buildin	ng Owner	(8)	ASC	ЛNo.	Name of Abateme	ent Contractor (9)				0.70	
N/A						Guardian Co	ntracting, Inc.					
Street Address						Street Address						
						1889 Route 9		**	2000			
City, State, Zip Code						City, State, Zip C						
			1-				New Jersey 08					
Project Manager for Moni	itoring Firm		le	ephon	e No.	Telephone No.		License No.				
Start Date (10)	180	heduled (	Compl	otion [	)ato (11)	732-349-9932 Name of OSHA N		00624	_			
					20	E.M.S.L. Ana				**		
Occupancy Status During						Street Address	yuou.					
☐ Facility Closed/Vacate				ement		1056 Stelton						
☐ Abatement Performed					escribe	City, State, Zip C						7
Time of Abatement: _	AM	_PM/	PN	1	_AM		New Jersey 08	854				
Scope of Work (Check al	I that apply)						0.00 00 000 120	700 1				
☐ ≥3 sf or ≥3 lf		Пв	enova	tion		☐ Full Con	tainment with Neg	gative Pressure				
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		T ,	- 1	-4:		⊠ Non-Exe	empted (*) and No	on-Friable Procedure	_			70202
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Name of Registered Was	te Hauler			NJDE	P Waste	Cubic Yards of	Name of Regi	stered Landfill				
Guardian Contracti				Hauler	ID No.	Waste	T.R.R.F.					
City, State				202	23	3 Disposal Date	City, State		- 111111			
Toms River, New Je	ersey					01/27/20	7	, Pennsylvania				
Completed By (Print or T		Title			100	Signature	1	Da	te	1		
Nicholas Fernicola		Projec	t Ma	nager			1 +_		110	1.	20	
ASR-41						*	1. F	1 (	117	1		

No No

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

MENT 8260 -7)

Other than K-rate & commer # of Floors 1.5 f being demoli t Contractor (9 nt Services, e Road ode ip, NJ 08831	12) cial buildin shed)	Telephone Nu 973-390-289	mber 7
Other than K- ate & commer # of Floors 1.5 f being demoli t Contractor (9 nt Services, e Road ode ip, NJ 08831	12) cial buildin shed)	Telephone Nu 973-390-289 ngs, homes, et Bldg. Age	mber 7
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	e Road ode ip, NJ 08831 stainment with closure ag Procedure Clean up (Square) AT s) 20 aste Nam Fair City,	nitor nt Services, LLC  e Road ode ip, NJ 08831  Itainment with Negative closure ag Procedure Clean up  Amount (Specify Square Feet o Linear Feet) AT s)  20,800 SF  aste Name of Regis Fairless Lan City, State Fairless Hills	nitor Int Services, LLC  Re Road Ide Ip, NJ 08831  Itainment with Negative Pressure Ideosure

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Date of Notification (1)  1 2-16 1 19				Building Owner/O				CATES	1.6	3 ,		
Agencies Notified Type Notification											-	_
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TO DOL Amendment #		_	uity, ato	te, Zip Code ST ONAN								
Emergency (Ir	: ICITAIUA			Contact CEW	**********		1	Telephone Num	ber	117	00	
DCA Cancellation			, .	LITY INFORMAT	ION			917-74	-ر	71	07	
Name of Facility Where Abstement is Taking		3)		and a state of state of the	-	Type	of Facility (4)			- CANADA		
Street Address	11100						School (K-12)	(Other than K-12)				
790 BROAD STREE	7					×	Other (I.e. priv	ate & commercia	l bulli	dings,	home	es,
City (5) VEWARK					•	Squa	re Feet	# of Floors	8	ldg. A		
County (6)	ma service.	T	County (	Code (7)			nt Use (Prior I	f being demolishe	(he	10	10	
ESSEY				Code (7) USE ONLY)		VA	CANT	AND 7-EL	EV	EU	13	T Feat
Name of Monitoring Firm Hired by Building Ox	wner (8)		ASCN	l No.			tement Contro					
Street Address					1	Addre	and Ave.		-			
City, State, Zip Code							ip Code	49	-			
Project Menager for Monitoring Firm			Telephoi	ne No.	1	ing P	ark, NJ 074 o.	License No	),	description		
			-			262-5	5 10	00156				
Start Date (10) 19 19	Schedul   	GOT G-1		Date (11)	37.3500.0000.0000		ia Monitor Vironmenta	al Servicer Inc				
Occupancy Status During Abatement (Check	950					Addres				Marin Spiriter		
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	ried of <i>i</i> I Facility	Abatem / Hours	ent		1	-	r Street ip Code		errouser.	-Cardina areas	Providence	
Other - Describe:	*****				Haci	censa	ck, NJ 0760	)6				
Scope of Work (Check All That Apply)	[7] e	30000	ut		F	9		*** ** ** **				
23 of or 23 if 2160 of or 2260 if		Renoval Demoliti				d Mir	n-Enclosure Ivebas Proced	with Negative Pr lure				
	Γ.					1 No	n-Exempted (*	) and Non-Friable	e Pro	Abate		_
Location of		Locati Normali	У	De	scription	ากร์			-		pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	id Solel Intenar	ice/	Asbestos Con (i.e. therma	teining A	Aaterial	(ACM)	Amount (Specify	73	_	F	0
In Facility (13)	Cus	todial & (12)	itaff?	surfa	cing, VA niscellar	T, or	1616613	SF or LF)	Removal	Repair	Encapsulate	Endostre
(19)	Yes	No	N/A	outer	1110661161	ienne)		: #8			date	The last
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BASEMENT			X	PIPE				370LF	X			
1 ST FLOOR .			X	PLAST	EN			920	X			
		1	Market F.		34. 1		1 01 - 25					
Name of Registered Waste Hauter Newark Carting Inc.		H	JDEP Wauler ID	No. of Wa			,	gistered Landfill Intral Sanitary	l ar	าสติแ		
City, State		104	1509		cal Date	9	City, State	anta Samely	taGH	restill.		
Newark, NJ 07105				124	19/19	low		I, PA 08072			1	•
Completed by R. McDonald	Title Pres	ident			Signatun	1	Mey	Date Date	e 2-/	6	19	

## State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:69 and 12:120)

JAN 17 208eck # 23/9

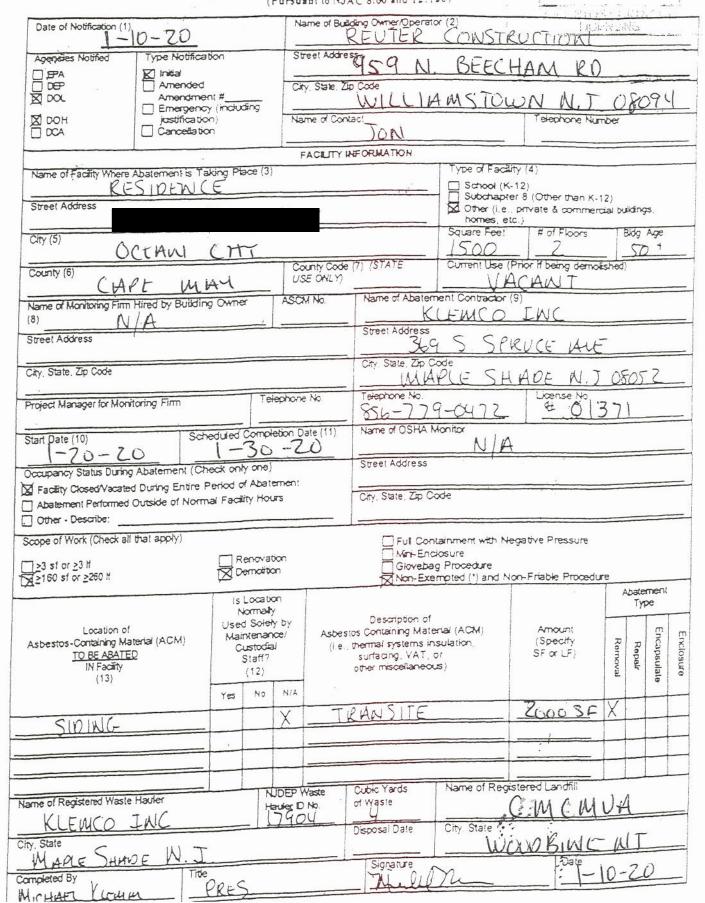
Date of Notification (1)		-	Name	of Building C	wner/Operate	or (2)	405					
Agencies Notified Type Notification	n	-	Street	Address	1 13616	WIN	UG ASSO	CIMIES,	11	C		
EPA Initial Amended Amendment	82		4		RITHFIL	ECV	AUE.	· · · · · · · · · · · · · · · · · · ·		Orania dada		
Emergency	(includir	ng	w	55T OR	GNOS;	N	15 07	052				
DOH justification Cancellation	i) : n		Aw	of Contact				Telephone Nu			180	9
Name of Facility Where Abstement is Taki	ng Place	(3)	FA	CILITY INFO	RMATION	I Tue	no =6 (7==100 - 74)					
KINNEY BUIL	LOINE					i yi	pe of Facility (4)					
Street Address	P						School (K-12) Subchapter 8	(Other than K-1	2)			
790 BRUAN STRE	61					×	Other (i.e. pri-	vate & commerc	ial bu	ilding	s, hoi	nes,
NEWARK							uare Feet	# of Floors	$\neg$	Bldg.	10 of 122 500cm	
County (6)			County	Code (7)			4,200			1	06	
ESSEY			(STATE	USE ONLY)		V.	rrent Use (Prior ACAルブ	AND 7-E	hed)	VER	1	87 FZ
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.	Name A. M	of Al	batement Contri Contracting Ir	actor (9)				
Street Address					Street 185		ress eland Ave.				-	
City, State, Zip Code		0					Zip Code Park, NJ 074	32				
Project Manager for Monitoring Firm		T	Telepho	one No.	Telepi	none l		License N 00156	lo.	-		
Start Date (10)	Schedu	led Cor	npletion 2-C	Date (11)	Name	of OS	SHA Monitor Environments			***************************************		
Occupancy Status During Abatement (Chec	k Only O		100	-	Street	-		ii Servicer in	C.	-		
Facility Closed/Vacated During Entire I Abatement Performed Outside of Nom Other – Describe:	Period of nal Facilit	Abaten y Hours	nent		280	Huyl	er Street Zip Code				-	
Other - Describe:  Scape of Work (Check All That Apply)							ack, NJ 0760	16				
3 sf or >3 if	<b>2</b> 1 ,	Dane	èlar		Ep. c	3				***************************************		
≥160 sf or ≥260 lf		Renova Demoliti			faci	GI	ull Containment ini-Enclosure lovebag Proced	ura				
	le	Locati		I	<u>Ł_</u>	I No	on-Exampted (*	and Non-Friab	e Pro			
Location of	1	Normall	У		Description	a.c				Abate Ty	emen pe	x
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ed Solei Intenar	ice/	Asbestos	Containing M	ateria	I (ACM)	Amount			m	
In Facility	Cus	todial S (12)	taff?	8	rmal systems urfacing, VA1	r, or		(Specify SF or LF)	Ren	Re	nca	End
(13)	Yes	No	N/A	oti	ner miscelland	eous)			Removal	Repair	Encapsulate	Enclosure
BASEMENT	1.00	140	X	012	STER	**************************************		0 411.5	9.71		Ø.	
BASEMENT		-	X	PIP	-			8,740	X			
				/ // /	alle.	Contraction of the Contraction o		320LF	X			
ame of Registered Waste Hauler		1 51	In the same									
ewark Carting Inc.		Ha	IDEP W Juler ID 509		iblc Yards Waste		1 .	istered Landfill tral Sanitary	Lan	dfill		
ity, State ewark, NJ 07105				Di	sposal Date		City, State					-
ompleted by	Title		Marine Common of the Common of	1/0	Signature	1	Pen Argyl,		9 /	-		_
. McDonald	Presi	dent					-, 111 Fm		2/	6/1	9	

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CK # 4975 IN+ 174

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

JAN 1 7 2020



IN# 17435

X 1/1010	W. A. M.J.		(F	ursuant	to NJAC	8:60 an	d 12:12	0)		1		e =11°1114			
Date of Notification (1) 1/14/20	3				f Building Janzer						JAN 1	- 2	020	1	
Agencies Notified Type	Notification			Street A	ddress						-			1	1 4.50
X EPA X	Initial										The Trans		-5-25		
DEP DOL	Amended Amendment #	<b>#</b>			ate, Zip Co hawkin I		105		1		1 (1 ) 45	Nudel			
	Emergency (injustification)				f Contact	10 000				Tel	ephone I	Number			
	Cancellation			Stacy						1					
Name of Facility Where Abater	most in Taking	Dines /	21	FACI	LITY INFO	DRMAT	ION	1 7.	F 104 - /	4)			_		
Stacy Janzer Private H		riace (c	)					П	pe of Facility (						
Street Address								X	School (K-1 Subchapter Other (i.e. p	8 (Oth			ilding	s, hor	nes,
City (5)			-					Sq	etc.) uare Feet	# o	f Floors		Blda.	Age	
Manahawkin NJ 08005								10	000 +	2			35+	-	
County (6) Ocean				County (	Code (7) USE ONLY)			1 3 3	irrent Use (Pri	or if bei	ng demo	lished)			
Name of Monitoring Firm Hired	by Building O	wner (8)		ASCM	No.		1		batement Cor	tractor	(9)				
N/A					(4)				o Inc.						
Street Address							Street		ress 329						
City, State, Zip Code									, Zip Code						
123 13 46							20000000		erlin NJ 080	91					
Project Manager for Monitoring	Firm			Telepho			Telepi				License				
Start Date (10)	Т	Cahadul	od Co		85-9984			market.	3-9800		00727	7			
1/23/20		1/29/2		npieuon i	Date (11)		Sam		SHA Monitor						
Occupancy Status During Abat	ement (Check	Only Or	ne)				Street	Add	Iress						-
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:	uring Entire Pe tside of Norma	eriod of all Facility	Abater / Hour	ment s		_	City, S	State	, Zip Code						
Scope of Work (Check All That	Apply)							_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Company of the Compan	Renova Demoli						Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e edure				IFO.	
		Is	Locat	fion				-	Ton Exemples	2 ( ) ( ) ( )	a Holl I	I		teme	nt
Location of	a	1 7	Norma ed Sole	lly		De	scription	of				_	_	Гуре	
Asbestos-Containing Mater <u>TO BE ABATED</u> In Facility (13)	ial (ACM)	Ma	intena todial (12)	staff?	Asbes (i.e.	therma surfa	taining N I system cing, VA miscellar	s ins		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									_		
Exterior Siding				X		Exte	erior Si	ding		12	00 SF	x	+	+	+
													1	1	
Name of Devistant March 11	-l			LIDED !!	/	0	V1		IN	D1-7	47	150			
Name of Registered Waste Hat United Roll Off	uier			NJDEP W Hauler ID	170000000	of Wa	Yards ste		Name of	1000 <del>7</del> 0000	ered Land	וווזכ			
			2	22459		3			G.R.O.	0.0000000000000000000000000000000000000					
City, State Elm NJ						Dispo	sal Date		City, State		A 1906	7			
Completed by		Title	VE VENT			- 68	Signature					Date		See 11 1 - (1-12	
Anthony T Perna		Pres	ident	t			(	2				1/14/	20		

Inv#17436

State of New Jersey

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Date of Notification (1)			and white		Nam	e of Build	ling (	Owner/Operator (	2)				11	()
1 /	13 /	20			Es	ther Wil	Ison	1	10 17	JAN 17	2020	)	٠.,٠	
	Type Notific	cation			Stree	et Address	s					-		
The state of the s										rand Crease	No. 2			
	☐ Amende				City,	State, Zip	o Co	de	-	- Augustia			-	-
⊠ DOH □ DCA	Amendm				BI	oomfield	d NJ	07003			-	······································	41	
(NJAC 5:23-8)	☐ Emerger justificat		Ciuaini	g	Nam	e of Conta	act			Telephone Nu	mber			
	Cancella C	100000			1000	ther Wil		i		1	11001			
					FA	CILITY	INF	ORMATION						
Name of Facility Where Ab	patement is	Taking	Place	(3)					Type of Facility	(4)				
Same									School (K-1)	2)				
Street Address				3390000					☐ Subchapter ☑ Other (i.e., p homes, etc.	8 (Other than K-1 private and comm )	2) ercial bi	uilding	gs,	
City (5)									Square Feet	# of Floors	В	dg. A	ge	
									1541	1		57		
County (6)					Cou	inty Code	(7)(S	STATE USE ONLY)	Current Use (Pr	rior if being demo	ished)		-	
Somerset								**	Residential					
Name of Monitoring Firm H	lired by Buil	ding O	wner	(8)	ASCN	No.	I	Name of Abateme	ent Contractor (9)	)				
A.E.S.L					002	1		CPR Environ	mental Servic	е				
Street Address							8	Street Address					-	
2200 PATTERSON P	LANK UNI	T 7						8421 Hegerm	an St					
City, State, Zip Code			-				C	City, State, Zip Co	ode			-		
NORTH BERGEN NJ	07047							Philadelphia	PA 19136					
Project Manager for Monito	ring Firm			Te	lephone	No.	T	elephone No.		License No.		-		
CARMELO ALTAMO	NTE			1	201647			215 333-5117		01328				
Start Date (10)1 /24 /		Schedu 1		573		ate (11)	N	lame of OSHA M	onitor		10			
Occupancy Status During A	Abatement (	Check	only o	one)			S	Street Address				-		
☐ Facility Closed/Vacated					ement			Same						
☐ Abatement Performed C	Outside of No	ormal l	Facility	у Ног	ırs - Des	scribe	C	City, State, Zip Co	de					
Time of Abatement:	AM	PM	1/	_PN	1	_AM		Same	-					
Scope of Work (Check all the	hat apply)							72-0						
≥3 sf or ≥3 If			⊠ Re	nova	tion			☐ Full Conta	ainment with Neg	gative Pressure				
☐ ≥160 sf or ≥260 lf				molit					Procedure					
								☐ Non-Exer	npted (*) and No	n-Friable Proced	ure			
				Loca							Ab	ateme	ent T	уре
Location of Asbestos-Containing Ma		1)			lely by	Ach	esto	Description of s Containing Mat	orial (ACM)	Amount	R	Re	щ	m
TO BE ABATI		3		C-1511111	ance/	(i.	e., tl	hermal systems in	nsulation,	(Specify	Removal	Repair	cap	clos
IN Facility (13)			Cust	(12	Staff?			surfacing, VAT,		SF or LF)	\sigma		Encapsulate	Enclosure
(13)		ŀ	Yes	No	1		(	other miscellaned	ous)				ate	
Basement	*					VAT				930sf				
				$\boxtimes$									П	
					-									-
		_				-						Ш	Ц	Ш
Name of Decister (110)						<u> </u>								
Name of Registered Waste ASBESTOSTRANSPO		CON	IPAN	13	NJDEP N Hauler II S243	D No.	1,29,100	ubic Yards of /aste	Name of Regis	tered Landfill ENTERPRISES	LLC			
City, State							Di	isposal Date	City, State		-1-00 lb/			
YAPHANK NY									WAYNESB	URG OH				
Completed By (Print or Type	e)	Title			-			Signature	1.0	l D	ate			
ANTHONY JONES	700	PR	OJE	CTN	MANAG	ER		An	Hiour Th	Pices		13.	20	<i>)</i>

CK# 25194 PAID



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Date of Notification (1)				f Building Democi			(2)	21		JAN	1 7	20	)20	1	Lary.
Agencies Notified Type Notification		-	Street A							San City				•	
X EPA X Initial Amended Amendment	#			ite, Zip Co		7				1.00		. 14.6	-	-	
DOH justification) DCA Cancellation	including		Name of Greg \	f Contact Young	-					ephone N 0-804-2		r	<u> </u>		
Non- of Facility May and the second second	DI (0)		FACI	LITY INFO	ORMATI	ON	-								
Name of Facility Where Abatement is Takin Vancant Property	g Place (3)							of Facility (4 School (K-1)	2)						
Street Address 442 South Democrat Road							×	Subchapter Other (i.e. p etc.)	8 (Oth rivate 8	er than K & comme	-12) rcial b	ildi	ngs,	home	es,
City (5) Gibbstown								re Feet	# o	f Floors		Blo 45	ig. A	ge	
County (6) Gloucester				Code (7) USE ONLY				ent Use (Prio idential	r if bei	ng demo	lished)				
Name of Monitoring Firm Hired by Building (Finog Environmental Inc.	Owner (8)		ASCIV	1 No.				itement Con Huntbach			n Cor	o.			
Street Address 617 Stokes Road, Suite 4-318						Street 500 l		ss erne Stre	et, Ur	nid D					
City, State, Zip Code Meford, NJ 08055					-			ip Code nia, PA 19	124						
Project Manager for Monitoring Firm Rebecca Rubnitz		7.000	elephor	ne No. 5-2211		Teleph 215-	none N 739-8			License 00646	100000000000000000000000000000000000000				
Start Date (10) 1/28/2020	Scheduled 1/31/220							HA Monitor							
Occupancy Status During Abatement (Chec	Only One	)				Street	Addre	ss ·					54		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Ab al Facility H	ateme	ment S City, State, Zip Code												
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	lel	ocatio	n				1 140	II-Exempled	( ) and	I NOTE II	able I			ment	
Location of	No	rmally	,		Des	scription	of				-		Тур	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custoo	tenand	ce/	Asbesi (i.e.		aining M systems cing, VA niscellan	s insula T, or	(ACM) ation,	(8	mount Specify or LF)	Kemoval		Repair	Encapsulate	Enclosure
	Yes	No	N/A											'n	
Kitchen			Х		Yellov	v Linol	eum		65	50 SF	Х	+	-		
1												+	+		
Name of Registered Waste Hauler			DEP W		Cubic of Was			Name of F							
Diamond Huntbach Construction Co	rp.		36777		5			Western		Comm	nunity	La	ındfi	11	
City, State Philadelphia, PA					Dispos as ne	al Date eded		City, State Birdsbor		19608	3				
Completed by Wayne Huntbach	Title Project	Mar	nager	***************************************	S	ignature ルンノ	1			- 1	Date 1/14/	20			

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Ch	K	#		8	1

Data of Nationalia (4)		- 1						1K#	110	1				
Date of Notification (1) 01/13/2020				of Building ze Pere		Operator	(2)	1 - 10- 3	E C	E	The same of the sa	VI II	5	
Agencies Notified Type Notification			Street /	Address				11/12	1.4.11	estated to	VI 5.55		-14	
EPA Initial								11						
DEP Amended Amendment Emergency				ate, Zip C n, NJ 07					JA	N 1	7 20	20	11.	
DOH justification)  Cancellation	incidaling			of Contact ze Pere				Te	elephone N	lumber				
			FAC	ILITY INF	ORMAT	ION		(		1. 1 11	1 1		w	
Name of Facility Where Abatement is Takin Residential Property	g Place (3)						Type of Facil  School	man man						
Street Address	9,013						Subcha Other (i.	oter 8 (Oth	her than K- & comme		ldings	, hom	ies,	
City (5)		-					etc.) Square Feet	# (	of Floors		Bldg.	Age		
Linden							1,600	2	31110010		1942			
County (6) Union		1	County (STATE	Code (7) USE ONLY	)		Current Use	Prior if be	eing demol	ished)				
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCI	M No.		Name	of Abatement	Contracto	r (9)		_			
Street Address						Dan	vic Contracti							
Street Address						0.700	Address South 5th S	t.						
City, State, Zip Code							tate, Zip Code beth, NJ 07							
Project Manager for Monitoring Firm			Γelepho	ne No.			one No. 906-4123	500000000000000000000000000000000000000	License 01355	No.				
Start Date (10) 01/25/2020	Scheduled 01/27/20		pletion	Date (11)			of OSHA Moni nvironment		atories	Inc.				
Occupancy Status During Abatement (Check	Only One)					Street								
Facility Closed/Vacated During Entire P			ent				Route 22 V	Vest						
Abatement Performed Outside of Norm  Other – Describe: OCCUPIED	al Facility H	lours	City, State, Zip Code Union, NJ 07083											
Scope of Work (Check All That Apply)						011101	1, 110 01 000							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati				×	Mini-Enclos Glovebag F	ure rocedure						
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Location of	100000000000000000000000000000000000000	ocatio mally		,			- f					ре		
Asbestos-Containing Material (ACM)	Used 3			Asbes		scription aining M	aterial (ACM)	Α	mount			m		
TO BE ABATED In Facility	Custod		70.755 C	(i.e.		systems sing, VA	insulation,		Specify	Re	20	Encapsulate	Enclosure	
(13)	(	12)				niscellan		Si	or LF)	Remova	Repair	psu	losu	
10 V	Yes	No	N/A				60 miles (10 mil			<u>a</u>		ate	ē	
Basement			X		Pipe	Insulat	tion	1	5 LF	X				
¥					eci complete									
						-	-	-		-				
Name of Registered Waste Hauler		N.I	DEP W	aste	Cubic `	Yarde	Name	of Registe	ered Landfi	1				
Danvic Contrating LLC		На	uler ID 574		of Was		10.174 - 6040.5	ss Lanc						
City, State Elizabeth, New Jersey				Dispos TBD	al Date	City, S	tate sville, P	A						
Completed by					gnature				ate			-		
Jeymy Donneys	Title Owner								17000	1/13/2	2020			

3.01.2020 10:44 AM											Production and	y		11
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Agendies Notified   Type Notification			1 19	of Buildin	ATER	p m	1-101	giang	NA.			#		+
G EPA IN Initial	n		30	15	. 410	NNG	70	190	AW.	RAPP	( <del>(1)</del> )	21	}_	1
Amendment St. Emergence	( Peludia	- 1g	21		9.70 AJ	N.J.		0703	7				-	
B DOM Justification Connections	n		R	of Contact CH C	SHATT		-		10	Haphone No 73 - 3	imber Substitution	-2	500	- Contraction
Name of Facility Where Abetement is Talion MILPURA ESTATES	ng Place	(3)	200	FICE	Br.	JON -	Тур	e of Facility	3070-30-11					
Street Address 364 PALLER DR	ive					The state of the s		School (K Subshapt Other (I.e. etc.)	(=12) et 8 (04) . privale	her than 16-1 & politimero	2) del bu	iking	s, hos	nea,
County (8)							18	are Feet 2, CD D		Floors		Bldg.	Age	
SEALS Firm Hired by Building			100	Oede (7)	77		Qun	APT	Hor # be	ing demote	hed)	~	_	
Shapi Address	CRAMBP (	5)	ABC	W No.		Name A. Mi	of Ab	etement Ci On treatin	entracion g Inc.	(0)				***************************************
City. State, Zip Code						Street 186 \	Addn /ree	eve lend Aye						Perlamon
				N T SERVICE		City, B	tete.	Elp Code Bark, NJ			G.   Gallery on	-	-	
Project Manager for Monkoring Firm			Telepho	ens Ne.		Teleph 201-2	ORe F	lo.	OLARE.	License N	lQ,	-		
Start Date (10)   2-0		1/2	TIE ION ON	Date (11)		Name	of OB	HA Mente	F	arvicer in		-		telesene.
Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire	of Only C	Alanean	no-sa	-	a relation	Street /	Addre	es or Streat	PRIVEL S	atasôla ili	Ç,		and the same of	
Facility Closed/Vacated During Entire Abstament Parformed Outside of Nom Other - Describe:	nel Facili	A Hone	l librit		W- 100	City, St	ala, 2	o Code lek, NJ O	7000		Maria de la composição de			V2.61
Boops of Work (Check All That Apply)  R3 of or R3 If  2160 of or 2280 if		Rénove Demolit				DANA	Fu Mh	fi Containm	ient with	Negetive P			-	
Loonlien of	1	Locati Normal			A				ELCO. B76	Non-Fried		Abet	emeni Imeni	
TO BE ABATED In Facility (13)	Address Containing Meterial (ACM) TO BE ASATHO In Feelily Custed						Description of Containing Meterial (ACM) Immal systems insulation, Surfacing, VAT, or ther miscellaneous)  Amount (Specify SP or LF)					Repair	Enoug	Endowing
000 11 1000 1000	Yes	No	N/A		wangs ()	und Permeth And	iena)				i.	₽.		durant
METER RUUM REIGHTE	a Ru		×		PIPE	THE REAL PROPERTY.			- Salaranda	60 69	×			
					101 10					SOLA	×			
Name of Registered Weste Heuler		I N.	DEF W	date	Cuble Y	a pita								Malana
Vowark Carting Inc.	<del></del>	Mg	uler ID ( 509	No.	of West					ed Landilla San Itary	Lang	MI		
Vewark, NJ 07105					Disposi	il Uata		City, State	9					
R. McDenald	Title Presi	dent			B	enutane	1/c	me	19 6	Date	)	-	t de la constant de	
	-	-	-		or the force	- 6	7	ore Dr	Charles of the last					

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	TI IAL. I	14 C	) IOTIF					MENT	1 4"	Jurg autory can					2.000
CK 19/1	PAI		(P	ursuant	to NJAC	8:60 an	d 12:120	0)			C		$\mathbb{W}$	(In	
Date of Notification (1)								(2)	11			*********	(1 m mm m m)		
	T = - 11 22 2					enzuela	3			1	I A M	1	2020	į	
	Auto and definition			Street A	Address				7		UAN	1 7	2020		12.20
X EPA	× Initial		F	City Sta	ate Zin Co	nde									
X DOL	Amendmen									1.7	12.76		Vire.	1.4.	
X DOH			1	Name of	f Contact					Telep	THE SHARE	-	1,144	and description	1907
DCA				Feder	ico Vale	enzuela	1			1					
				FACI	LITY INF	ORMAT	ION								
	Abatement is Takir	ng Place (3)	)					Type	of Facility (4	1)					
Street Address													ldings.	hom	es,
Date of Notification (1)   Date of Notification (1)   Date of Notification (1)   Name of Facility Where Abatement is Tolowa NJ 07512   Substance Contracting LLC   Double Private Dwelling   Double Private Dwelling   Street Address   Double Private Dwelling   Double Private Private Private   Double Private Private Private Private Private Private Private															
								P 8	16 1 661		10015			ige	
County (6)			T	County (	Code (7)			Curre	ent Use (Prio	r if being	demoli	shed)			
Passaic				(STATE U	USE ONLY	)			and the first of the first of the first of			**************************************			
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)	1				Nam	e of Buildir	ng Owner/Operato	or (2	2)						-25				
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⊠ EPA					67	Mott Stre	eet												
		POPE - 1/2 CONTRACTOR			City,	State, Zip	Code	_											
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(NJAC 5:23-8)			iciudiii	g	Name	e of Contac	t			Telephone N	Numb	er							
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1		lding C	Owner	(8)	ASCM	No.	Name of Abater	mer	nt Contractor (9)										
	al						Asbestos a	nd	nd Mold Services, Corp.										
							Street Address							====					
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\* Do not use this form for asbestos icensure exampted activities.

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JAV# 17438

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1 Name of Building Owner/Operator (2) 01 14 20 Debbie Hammell 2020 Agencies Notified Type Notification Street Address **⊠** EPA **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Delanco, NJ 08075 ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Debbie Hammell **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Hammell Residence School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Delanco 2,106 110 2 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Burlington Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Management & Enviro. Consulting Services Shade Environmental, LLC Street Address Street Address PO Box 341 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Chesterfield, NJ 08515 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Weisgarber 609-298-4070 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 29 / 20 01 / 31 / 20 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure  $\boxtimes \ge 3$  sf or  $\ge 3$  lf □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X . . Pipe Insulation 80 LF  $\boxtimes$ П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage Fairless Landfill 15939 City, State Disposal Date City, State Freehold, NJ 01/31/2020 Morrisville, PA Completed By (Print or Type) Title Signature Date

Christina Fay

14/2020

Vice President of Operations

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Date of Notification (1)  01 /	13 /	20	_					ner/Operator ( for Heroes	2)	JAN 1	7 20%	20				
Agencies Notified  EPA	☑ Initial					t Address 34 Austin	Воц	ulevard	į.	4.14.	72.01		1			
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Street Address									Subchapter 8							
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City (5)									Square Feet	# of Floors		Bldg. A	Age			
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							1000	eet Address								
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	itoring Firm			Tele	phone	No.	Tele	ephone No.		License No						
Bill Weisgarber				60	9-298	-4070	8	56-755-0099		00842						
Start Date (10)				250			Nar	me of OSHA M	lonitor							
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Completed By (Print or Ty	/pe)	Title						Signature			Date					
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DEP Amend Amend	ment #		City, Sta	ate, Zip Co	ode			1.2	- 17 Nov. Family	-/	1- (1.2)		9 1		
≥ DOH Emerge	ency (including		Name o	f Contact			77.5		Telepho	ne Nu	mber				
DCA Cancel			Eleme	ent Resp	onse	Team			973-5						
Name of Facility Where Abatement is	Table - Di (0		FACI	LITY INF	ORMAT	ION	_								
Name of Family where Abatement is	aking Place (3	)					Тур	e of Facility (4	.)						
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County (6) Essex				Code (7) USE ONLY	)		Cur	rent Use (Prio me	r if being d	emolisi	ned)				
Name of Monitoring Firm Hired by Buil	ding Owner (8)		ASCN	/I No.				atement Cont		_S					
Street Address						Street 6 Wh		ess DOVE CO	URT						
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						LAK	EWC	OD, NJ 08	701						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-		No. 9078	Lic 12	ense N 00	0.				
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Name of Registered Waste Hauler		500	JDEP W		PAGE 14 SECTION 1	Yards		Name of R	egistered l	andfill					
NEWARK CARTING		M 0000	dauler ID No. of Waste 4509 IESI												
City, State NEWARK, NJ		11,5			Dispo: 01/27	sal Date 7/20		City. State BETHLE	HEM PA	λ					
Completed by JOSEPH PERLSTEIN	Title OWN	ER			8	Signature	9		Date 01/14/20						

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DEP Amended Amendment #_				, Zip Code GA 3030				1.0		·			A	4					
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DOH justification) Cancellation		F	Resipro						044	4-004-018		-		_					
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Mercer  Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.	N	Name o	of Ab	atement Co	ntractor	(9) NALS									
Street Address					5	Street A	Addr												
City, State, Zip Code								Zip Code OOD, NJ 0	8701	3									
Project Manager for Monitoring Firm			Telephon	e No.		Teleph 732-6		No. -9078		License N 1200	No.	277-29							
Otali Dato (10)	Schedule 01/27/2		pletion D	)ate (11)				SHA Monitor AD PROFI		ONALS									
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Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	al Facility	Hours City, State, Zip Code  LAKEWOOD, NJ 08701																	
Scope of Work (Check All That Apply)						perch	-												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	enova emolit					Full Containment with Negative Pressure  Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20) Date of Notification (1): Name of Building Owner/Operator (2): 1/10/20 JUSTIN LUCAS Agencies Type Notification Street Address Notified ABBBETOS CONTROLLA () Initial Notification City, State, Zip Code: () EPA ( ) Amendment (X) DEP WESTFIELD, NJ Notification (X) DOL Name of Contact: Telephone Numb (X) Emergency JUSTIN ( ) Cancellation (X) DOH ()DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3): RESIDENTAL/ Type of Facility (4): ( ) School (K-12) ( ) Subchapter 8 (Other than K-12) Street Address: (X) Other (i.e., private & commercial buildings, homes, etc.) City & State (5): WESTFIELD, NJ Square Feet: NA # of Floors: 2 Bldg. Age: NA County (6): County Code (7) Current Use (Prior if being demolished): UNION (STATE USE ONLY) RESIDENTAL Name of Monitoring Firm Hired by Building Name of Abatement Contractor (9): ASCM No .: Owner:(8) BRIGGS ASSOCIATES NA GUILIANO ENVIRNMENTAL, LLC Street Address: 3 CROSSWICKS STREET Street Address: PO BOX 1124 City, State, Zip Code: City, State, Zip Code: BORDENTOWN, NJ 08505 SAYREVILLE, NJ 08871 Project Manager for Monitoring Firm: Telephone No.: Telephone No.: License No.: MICHEAL 609-298-5520 (732) 238-7400 01342 Start Date (10): Scheduled Completion Date (11): Name of OSHA Monitor: 1-11-20 1-12-20 GUILIANO ENVIRNMENTAL, LLC Occupancy Status During Abatement (Check only one) Street Address: (X) Facility Closed/vacated During Entire Period of Abatement P.O. Box 1124 ( ) Abatement Performed Outside of Normal Facility Hours City, State, Zip Code: ( ) Other - Describe: SAYREVILLE, NJ 08871 Scope of Work (Check all that apply): Full Containment with Negative Pressure  $(X) \ge 3 \text{ sf or } \ge 3 \text{ lf}$ ( )  $\ge 160 \text{ sf or } \ge 260 \text{ lf}$ (X) Renovation () Demolition Mini Enclosure Glovebag Procedure Non-Friable Procedure Is Location Abatement Location of Normally Description of Type Asbestos Containing Material (ACM) Asbestos-Containing Material Used Solely by (i.e., thermal systems insulation, Maintenance/ (ACM) Encapsula Enclosure Remova surfacing, VAT, or Amount Repair TO BE ABATED Custodial/ other miscellaneous) Staff? (Specify IN Facility (12)SF or LF) (13)Yes N/A No X PIPE INSULATION 40 LF BASDEMENT X Name of Registered Waste Hauler: NJDEP Waste Cubic Yards Name of Registered landfill: NEWARK CARTING, INC Hauler ID No .: of Waste: GRAND CENTRAL LANDFILL 04509 City, State: Disposal Date: City, State: NEWARK, NJ 9/30/19 PEN ARGLY, PA Completed By: Title: Signature: Date: Ad 1/10/20

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Date of Notification (1) 01-10-2020			Name o	of Building	Owner	Operator	r (2	) 1111	*	1 4 4 1	8		222	3	The second secon
Agencies Notified Type Notification  EPA Initial		- 1	Street A	Address Hadley F	Rd.		-0-17			JAN		2	020	7	led j med
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Emergency (ii justification)  DCA  Emergency (ii justification)  Cancellation	ncluding			of Contact a Lautz						ephone 3-303	Nun	ber	the second		Fre 2
			FAC	ILITY INFO	ORMAT	TON									
Name of Facility Where Abatement is Taking PSE&G Greenville Substation	Place (	3)					E	ype of Facility ( School (K-1	8.6						
Street Address 45 Garfield Ave							×	Subchapter Other (i.e. p etc.)					dings,	home	es,
City (5) Jersey City								Square Feet I/A	# o N//	f Floors		853	ldg. A	ge	
County (6) Hudson				Code (7) USE ONLY	)			Current Use (Pric		ng dem	olish	ed)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)	)	ASCN N/A	Λ No.				Abatement Cor Environmenta			Inc.				
Street Address N/A	100000					Street	Ad			•					
City, State, Zip Code N/A						City, S	Stat	e, Zip Code nk, NY 1198							
Project Manager for Monitoring Firm N/A			Telepho N/A	ne No.		Teleph	hon			Licens 0113		).			
Start Date (10) 01-21-2020	Schedul 03-21-	ed Com	d Completion Date (11) Name of OSHA I						l Son						
Occupancy Status During Abatement (Check			Street Address						11 001	vices,	IIIC.				
Facility Closed/Vacated During Entire Pe	eriod of	Abatem	tement 17 Old Dock F						8,					15	
Abatement Performed Outside of Normal  Other – Describe: Electrical Cabinet	I Facility	y Hours				500000000000000000000000000000000000000		e, Zip Code nk NY 11980	)						
Scope of Work (Check All That Apply)													- 10		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Distance of the last of the la	Renova Demoliti				×	<	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure					a	
	ls	Location	on										Abate	ment	
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Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	intenar todial S (12)	ice/		therma surfa		s in		(5	mount Specify For LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											е	
Control Room			X		Δ	гс Таре	е			36 If		х			
Name of Registered Waste Hauler		I Nº	JDEP W	lasta	Colt	Vasi		I NI			15				
Veolia ES Technical Solution LLC		H	auler ID		of Wa	Yards ste rds		Name of I	1972						
City, State Flanders, NJ					Dispo	sal Date	Y .	City, State Bellevill							
Completed by Raymond Tutiven	Title Supe	rvisor				Signature		Raymond Ø	. Tutii	ven	Date 01-	e -10-2	2020	-	