Proj. #: 20-17

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

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Date of Notification (1)	Name of Buil	ding Owne	er/Operator (2)	)			U	AN 2 :	202	.U	:3 i	
0 1 /1 5 /12 0	Gladys Ra	ımsey				1						-
Agencies Notified   Type Notificat	ion Street Addres	SS					Lane	a faltiga			1	
DEP Amended								1 11 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			200	ari
Amendment #:	City, State, Z	ip Code										
	Hillside,	NJ 07205	5									
DOH (including justification)	Name of Cont	tact					Telepho	ne Number				
DCA Cancellation	Gladys R	amsey					<b>u</b>					
		FACI	LITY INFORM	IATION								
Name of facility where abatement is	s taking place (3)					Туре о	f Facility Scho	(4) ol (K - 12)				
Residential						1 7	=	hapter 8 (O	ther th	an K-	12)	
Street Address							Other	(Private/Co	omme			
					1			./Homes, e		DI	1- A	
	1.0						e Feet	# of Floor 02	S	100	ig. A	ge
City (5)	County (6)				nty Code (7) te use only)	1,600		Prior if being	n dom	_		
Hillside	Union			(Otat	disc citiy)		dential	Tior ii bein	y ucili	Ullolle	,u)	
Name of Monitoring Firm Hired by I			ASCM No.	-п	Name of Abatemen							
N/A					KLOMAX, LLO	С						
Street Address				=	Street Address							
					309 W. End Av	e						
City, State, Zip Code					City, State, Zip Code	Э	- MI - 1111					
					Hopatcong, NJ							
Project Manager for Monitoring Firm	Pho	ne Numbe	er.		Telephone Number			License	Numb	er		
					833-455-6629			02007	_	_		
Start Date (10)	Sched. Completion	n Date (11	)		Name of OSHA Mon KLOMAX, LLO							
01/17/2020	01/18/2020			1	Street Address	C			-			
Occupancy Status During Abatemen				-	309 W. End Av	/e						
Facility closed/vacated during		nent.			City, State, Zip Code							
Abatement performed outside	of normal facility hours	S-										
Describe: NORMAL H	OURS			_	Hopatcong, NJ	07843						
Scope of Work (check all that apply						Full Cont	ainment	w/negative	press	ure		
	Renovation					Mini-enc						
≥160 sf or ≥260 lf	Demolition				×			ure ) and Non-	friahlo	proce	dure	
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asbestos-containing	by maintenance/custo staff(12)	odial	Descripti	on of as	sbestos-containing	- 1	Amount		e m	e	n	n
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abated in facility (10)	Yes No	N/A							v e	l r	р	_
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City, State		Disposal D	and the second second second second		City, State	,						
Hopatcong, NJ 07843		TBD			TULLYTOWN	N, PA				<u> </u>		
Completed by (Print or Type)	Title	7.4	Signature					Date				
Paige Boylan	Owner		1	_				01/15/	2020			
ACR-41	Do not use this form f	or aspesto	sucensure ex	cempted	activities.							

Date of Notification (1)		LF		Name	d Dale	8:60 and 12:	(2)		3 11 1	7	
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Street Address				8 8		Street Address		_			
City, State, Zip Code		-				City. State. Zip	th River	St			_
O.J., O, 24 O							ack, N.J	07601			
Project Manager for Mor	itoring Firm	Te	elepho	ne No.		Telephone No.		License No.		-	
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Start Date (10)	Scheduled C	2 S		tte (11)		Name of OSHA					
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1	7.						uyler St				
☐ Facility Closed/Vacate ☐ Abatement Performed	Outside of Normal Fac	重w Ho	UTS			City, State, Zip				N	
☐ Other - Describe: 8		5	عد.'	PR.		S. Ha	ckensack	,N.J. 0	7606		
Scope of Work (Check a	il that apply)					D Full	Containment with	Negative Pressi	ne		
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Project Manager for Mon						Hackensa	ack, N.J	. 07601				
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Date of Notification (1) January 15, 2020				Name of NJIT	Building (	Owner/C	perator	(2)	ż	-				<del>oco</del>	- 1	- 35
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DOH _ j	Emergency (ir ustification) Cancellation	iciuaing		Name of Cheryl	Contact Caterin	0					ephone 3-249-					
				FACII	LITY INFO	RMATI	ON									
Name of Facility Where Abatem NJIT Weston Hall	ent is Taking	Place (3	)						of Facility (4 School (K-1)	2)						
Street Address 346-366 Martin Luther Kil	ng Jr Blvd							×	Subchapter Other (i.e. po etc.)				build	ings,	home	es,
City (5) Newark									re Feet	# of	Floors		BI	dg. A	ge	
County (6) Essex				County C	Code (7) JSE ONLY)			Curre	ent Use (Pric	r if bei	ng dem	olishe	d)	1/2		
Name of Monitoring Firm Hired I OMEGA Environmental S				ASCM	1 No.		Name Osiyo		tement Con	tractor	(9)					
Street Address 280 Huyler Street							Street 292 I		ss Street, #2	61						
City, State, Zip Code South Hackensack, NJ 07	7606								ip Code le, PA 194	138						
Project Manager for Monitoring Gary Mellor	Firm			Telephor 201-48	ne No. 39-8700		Teleph 610-				Licens					
Start Date (10) 01/13/2020		Schedule 01/29/2		npletion [	Date (11)				HA Monitor Laborato	ries G	Blobal	Inc				
Occupancy Status During Abate	ment (Check	Only On	e)				Street	Addre	SS					_		
Facility Closed/Vacated Du Abatement Performed Outs	ring Entire Pe	eriod of A	baten						t Cary Str	eet						
Other – Describe:						-	Rich	mond	i, VA 2322	20						
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City, State Harleysville, PA 19438						Dispos	sal Date		City, State	)				7.20		
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Date of Notification (1)		N	ame of	Building Owner/C	Operator	(2)	JAN 2	1 2	020	1.1	
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DCA Cancellation		F	REL	O CR151	1/4/	ic .	N				
			FACIL	ITY INFORMAT	ION						
Name of Facility Where Abatement is Taking	Place (3)					Type of Facility	(4)				
RESIDENTAL						School (K-1		Λ.			
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Occupancy Status During Abatement (Check					Street	. Address					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Al al Facility	bateme Hours	ent		City, S	State, Zip Code					
Scope of Work (Check All That Apply)		_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Security of the last of the la	enovati emolitio				Mini-Enclosus Glovebag Pro	cedure				
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In Facility	Custo	odial Si (12)	taff?	surf	acing, VA	AT, or	SF or LF)	Remova	Repair	aps	Enclosure
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BEST REMOVAL INC CU 9/13 01/15/2020 01:48PM 2013297440 02/04 DOL - 10 DAY State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120) JAN WAGNER MS. SUSIE 11,5 14 0 11 E DOL City, Stone, Tip Code TINTON FACES. NJ 07024 DE DOA Number of Cornect MS. WAGNER FACILITY INFORMATION Name of Feolity Vibrere Abstraction in Taking Place (3) Type of PeoBly (& MS. SUSIE WAGNER Q School (K-12) D Scholegebr & (Other Sun K-12) St Ciper (Le. private & communications, etc.) TINTON FALLS 1915 2000 . 2 County Code (7) (STATE USE ONLY) Current Use (Fror II being demoli Columby (%) MITCON HOOM RESIDENCE Harm of Mordering Forn Hired by Building Owner Norma of Alagorypout Contractor (9) Best Removal Inc Shipet Address. 450 South River St Chy. Stells. Zp Code City, State, Zip Code Hackensack, N.J. 07601 Project Manager for Monitoring Piren 201-329-7444 00388 Scheduled Cognossion Date (11) Marrie of OSHA Mardins 1/16/20 1/11/20 Omega Environmental Gurert Address 280 Huyler St Chy, State, 29 Code procupit Performed Cetable of Hornal Fuelly House her - Decather 8: 40 AM TO 5: 40 PM S. Hackensack , N.J. 07606 Boope of Wark (Chack all that apply) E Pall.Containment with Hogastive Processes

C Mini-Englance

C Silvering Procedure MESSORESE - tal Removember G 2 160 ef or 2 260 F Demoition is Leastlen Housely Used Bolely by Maintenant Description of election Covinioning Meaning (ACM) (i.e., thermal systems translation, Combining Ministral (ACM) TO SE MATED SI FAMILY surjected MAT, or stick entropy 55-57 (13) 62 YES NO NA BASEMENT THEREMI SULGALIDE INSULATION Harris of Registered Winson Hitsler NUDET Weste Hauter Nutra of Residented LandFill Best Removal Inc D) He 2 1/2 CT CUMBERLAND COUNTY LANDEILL 17109 1/17/20 Hackenseck , N.J. 07601 17240 NEW BURGH QUOLDAL. J. MAIORANO Estimator Do not use this form for subsetos licenspie e

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) 1/15/20 Presbyterian Church in Westfield Agencies Notified Type Notification Street Address 140 Mountain Avenue **EPA** Initial City, State, Zip Code DEP Amended × DOL Amendment # Westfield, NJ 07090 Emergency (including Name of Contact Telephone Number DOH justification) 908-233-0301 x 26 Lou Ann Kaplonski DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Presbyterian Church in Westfield School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 140 Mountain Avenue etc.) City (5) Square Feet # of Floors Bldg. Age Westfield 3200 2 100 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Union church Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2/14/20 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) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A lower level - electrial closet X pipe insulation 30 LF X lower level - fish closet X pipe insulation 30 LF X lower level - youth storage Х pipe insulation 20 LF X lower level - youth storage hall pipe insulation 24 LF X NJDEP Waste Name of Registered Waste Hauler Name of Registered Landfill Cubic Yards Hauler ID No. of Waste

Disposal Date

Signature

Title

President

Completed by

A. Scott Higgins

City, State

Date

1/15/20

City, State

Prox 2				CATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE		( )	en.	ĺŁ	1917	47	)	
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## State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

(Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 20-16 Name of Building Owner/Operator (2) Date of Notification (1) 2020 0 11 / 1 10 / 12 10 city of elizabeth Type Notification Agencies Notified Street Address ☐ EPA Initial 50 winfield scott plaza Amended DEP City, State, Zip Code Amendment #: DOL M Emergency elizabeth, NJ 07201 (including Telephone Number DOH Name of Contact justification) DCA Cancellation anthony battitta FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) city of elizabeth - ground floor bathroom Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet 50 winfield scott plaza County (6) County Code (7) Current Use (Prior if being demolished) (State use only) elizabeth Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 01/13/2020 01/11/2020 Occupancy Status During Abatement (Check only one) 20 California Avenue ☑ Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Paterson, NJ 07503 Other-Describe: 1 SF Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure  $\times$  >3 sf or >3 lf Glovebag procedure Demolition ≥160 sf or ≥260 lf Non-Exempted (\*) and Non-friable procedure Is location normally used solely e Location of е n by maintenance/custodial Amount n asbestos-containing Description of asbestos-containing m p С staff(12) (Specify SF or material (ACM) C 0 material (acm) to be a LF) abated in facility (13) ٧ Yes No N/A PIPE INSULATION <10 ground floor bathroom Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY 13506 1 yd D & S RESTORATION, INC. Disposal Date City, State City, State TULLYTOWN, PA TBD PATERSON, NJ 07503 Signature Completed by (Print or Type) Title 01/10/2020 **BOGDAN JOLDZIC** PRESIDENT

## TOV# 17487 PAID

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Date of Notification (1)							1		50	1 2	2	-
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Name of Monitoring Firm Hired by Buildin	g Owner (8)	AS	CM No.		Name	of Abatement Cor	ntractor	(9)				
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Street Address						Address						
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Project Manager for Monitoring Firm		Teler	hone No.	-		rson, NJ 0750	2					
		1010	nione ivo.			none No. 400-8711		License N 01332	10.			
Start Date (10)	Scheduled	Completio	on Date (11	)		of OSHA Monitor		01002				
01/27/2020	02/03/20	020	•			e as (9)						
Occupancy Status During Abatement (Che	eck Only One	)			Street	Address						
Facility Closed/Vacated During Entire	Period of Ab	atement				92			0			
Abatement Performed Outside of No Other – Describe: 8:00am - 4:30pm	mal Facility F	lours			City, S	tate, Zip Code						
Scope of Work (Check All That Apply)												
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

GL20-005 (Pursuant to NJAC 8:60 and 12:120) Check #1724 Date of Notification (1) Name of Building Owner/Operator (2) 1/17/2020 Fair Lawn BOE Agencies Notified Type Notification Street Address 37-01 Fair Lawn Ave **EPA** Initial City, State, Zip Code DEP Amended × DOL Amendment # Fair Lawn, NJ 07410 Emergency (including Name of Contact Telephone Number DOH justification) Thomas Senko 973-296-0456 DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Memorial Middle School School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 12-00 1st Street City (5) Bldg. Age Square Feet # of Floors Fair Lawn 30 000+ 2 20 +County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Bergen Educational Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Garden State Environmental GL Group Inc. Street Address Street Address 555 Broad Street 140 Hamburg Turnpike City, State, Zip Code City, State, Zip Code Glen Rock, NJ 07452 Bloomingdale, NJ 07403 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-652-1119 Bruce Wolf 210-710-9725 01084 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/18/2020 1/20/2020 GL Group Inc. Occupancy Status During Abatement (Check Only One) Street Address 140 Hamburg Turnpike Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Bloomingdale, NJ 07403 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 If 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 Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement Volt Room X Wrap and Cut 21FT х Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste GL Group Inc. GROWS North Landfill/Fairless Landfill 0033034 TBD City, State Disposal Date City, State Bloomingdale, NJ TBD Morrisville, PA Completed by Title Signature Date

President

Elena Solakov

1/17/2020

Flores Stuller

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

GL20-005		(P	ursuant	to NJAC	8:60 an	d 12:120	0)		Ch	eck #172	24日	Ϊİ	W	ila Ila	
Date of Notification (1) 1/17/2020				f Building awn BO		Operator	(2)								
Agencies Notified Type Notification  EPA Initial			Street A 37-01	ddress Fair Lav	wn Ave		Sano	1		JAN	2	2	2020		
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Name of Facility Where Abatement is Taking	Diago (2)		FACI	LITY INF	ORMATI	ON		(F10) (	4						
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Street Address 12-00 1st Street								Subchapter Other (i.e. p etc.)	8 (Oth			ildi	ngs, l	nome	is,
City (5) Fair Lawn								uare Feet 000+	# of 2	Floors		Blo 20	lg. Ag +	je	
County (6) Bergen				Code (7) USE ONLY	)			rrent Use (Prio lucational	r if bei	ng demol	ished)				
Name of Monitoring Firm Hired by Building O Garden State Environmental	wner (8)		ASCM	l No.				batement Con Ip Inc.	tractor	(9)					
Street Address 555 Broad Street						Street 140 l		ress nburg Turnp	ike						
City, State, Zip Code Glen Rock, NJ 07452	la							Zip Code gdale, NJ 0	7403					ž.	
Project Manager for Monitoring Firm Bruce Wolf		100	Telephor 201-65	ne No. 52-1119		Teleph 210-		No. -9725		License 01084	No.				
	Scheduled 1/20/202		pletion [	Date (11)				SHA Monitor p Inc.							
Occupancy Status During Abatement (Check	Only One	)		-		Street					-00-1	-			
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Al I Facility I	oatem Hours	ent			City, S	tate,	Diburg Turnp Zip Code gdale, NJ 0							
Scope of Work (Check All That Apply)			11/10 - 11/10/2	19.50-511				944.0, 110 0				- 0.111			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	enova emoliti				×	N C	Full Containme flini-Enclosure Blovebag Proc lon-Exempted	edure	-					
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Location of Asbestos-Containing Material (ACM)	Used		y by	Ashes		scription		ial (ACM)	٨٠	mount	-	Т	Тур	T	$\dashv$
TO BE ABATED In Facility (13)	Custo	(12)			thermal surface		s insu T, or	ulation,	(S	pecify or LF)	Removal		Repair	Encapsulate	Enclosure
December 17-16 December 1	Yes	No	N/A		107						_	1		0	
Basement Volt Room	Х		-		Wra	p and (	Cut		2	1FT	x	+	+	-	_
												1			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Varde		Name of R	onicto	rod Land	Fill				
GL Group Inc.		Ha	auler ID I 33034	No.	of Was			GROWS	Nort			irle	ss L	and	fill
City, State Bloomingdale, NJ					Dispos TBD	al Date		City, State Morrisvil		4					
Completed by Elena Solakov	Title Presid	ent			Si	ignature	8	leru Solv	lla	, 1	Date 1/17/2	202	0		

KISI PAID	N	ΙΟΤΙ				BESTOS ABAT C 8:60 and 5:10	The contract of the party of the contract of t		- American	\ <u>\</u>	15	The second secon
Date of Notification (1)  01 / 17 /	20	He s		800000		Owner/Operator (	2)	JAN 2	1 2	020	1	
Agencies Notified Type Notified SPA Initial					t Address 2 Corpor	rate Place		, 31 2 3 3 1 4 1 4		13.	- · · ·	
☑ DOLWD   ☐ Amende     ☑ DHSS   Amende					State, Zip C		50	Section 2015			ng Clark I	+(4)
☐ DCA ☐ Emerge		uding				n, MN 55317						
(NJAC 5:23-8) justificat				Volume Care	of Contact	8		Telephone Numb				
Cariodia	20011							(952) 401-262	23	_		
Name of Facility Where Abatement is	Taking P	Place	(3)	FA	CILITY IN	FORMATION	Type of Facility	(4)				
Former Life Time Fitness Buil		lacc	(5)				School (K-12					
Street Address	5						☐ Subchapter 8	(Other than K-12)				
230 Half Mile Road							Other (i.e., p     homes, etc.)	rivate and commerc	cial bui	ldings	s,	
City (5)							Square Feet	# of Floors	Bld	lg. Ag	ie.	
Middletown							25,000	3	-15	0		
County (6)	7.11			Cour	nty Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demolisl	ned)			
Monmouth							Vacant					
Name of Monitoring Firm Hired by Bui	_	ner (8	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Health and Safety Services, In	С			0011	17	SAI Environn	nental Services	s, LLC				
Street Address						Street Address						
PO Box 365						The state of the s	Road, Suite 10	2			9407600	
City, State, Zip Code						City, State, Zip Co						
Berlin, NJ 08009			T-1-		N	Fairfield, NJ (	07004					
Project Manager for Monitoring Firm  Jim Proctor			100	phone 56-452	3788 san	Telephone No.	4	License No.				
	Schedule	ed Co		STORY STORY	MITHELD STR.	(973) 852-344 Name of OSHA M		01349				
_01_/ 27 / 20				) /	TO 50	special territories and	nental Services	LIC				
Occupancy Status During Abatement						Street Address	icintal oct vice.	, LLO .				
☐ Facility Closed/Vacated During Ent		T		ment			Road, Suite 10	2				
☐ Abatement Performed Outside of N	ormal Fa	acility	Hour	s - Des		City, State, Zip Co						
Time of Abatement:AM	PM/_		_PM-		AM	Fairfield, NJ 0						
Scope of Work (Check all that apply)						, , , , , , , , , , , , , , , , , , , ,						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			novati nolitic			☐ Mini-Encl	Procedure	native Pressure				
		Isl	Locat	ion	1	M MOII-EXE	inpled ( ) and No	n-i nable i locedule	1	iteme	nt T	vno
Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	.,	Used	ntena	ly by		Description of stos Containing Mat , thermal systems i surfacing, VAT, other miscellaneo	rerial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal		Encapsulate	Enclosure
Throughout Building Staircases				N/A	Floor Ti	le		1,000 SF				
Space 22					Floor Ti	le		290 SF		П	П	П
Permiter of Roof Levels					Edge Ta	ır		900 SF		=		
		7	П						П	П	П	П
Name of Registered Waste Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill				
Service Transport Group, Inc				auler ID SW21		Waste <b>2.500</b>	Minerva La					
City, State				34421		Disposal Date	City, State				0.72	
Yardley, PA						01-30-2020	Waynesbu	rgh, OH				
Completed By (Print or Type)	Title					Signature	11	Date	é	1	_	
Mary Petrovski ASB-41	Pres	sider	nt			19my	Puller	) 11	17	16	20.	70
MAY 11	* Do	not u	se th	is form	for asbesto	os licensure exempl	ted activities.	/		,		

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Date of Notification (1)	20 / _	20						ner/Operator ( Industrial P	5 4 4 4	JAN 2	1 21	120	Strategies TWN	The second second
Agencies Notified	Type Notifica	tion			Street	Address						J Karlaj	ŢĹ,	الخاصة
⊠ EPA					110	1 South	Fron	nt Street	į	1				-
☑ DOLWD	☐ Amended				City, S	State, Zip (	Code		į	Landie (Up to			u.	i
☑ DOH ☐ DCA	Amendme	-	ing		Car	nden NJ	081	03		ministra	1. Ca		<b></b>	
(NJAC 5:23-8)	justification		ing		Name	of Contac	ct			Telephone Numb	er			
	☐ Cancellati	on			Ber	Chantz				856-536-0725	j			
					FA	CII ITY IN	JEOF	RMATION						
Name of Facility Where	Abatement is T	aking Pla	ce (3)	0		0.2	0.		Type of Facility (	(4)			-	
Georgia Pacific									☐ School (K-12					
Street Address		12-175							☐ Subchapter 8	(Other than K-12)				
1101 South Front S	Street								Other (i.e., pr homes, etc.)	ivate and commerc	ial bu	uilding	js,	
City (5)									Square Feet	# of Floors	BI	dg. A	ge	
Camden														
County (6)					Cour	ty Code (7	7)(STA	ITE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Camden														
Name of Monitoring Firm	Hired by Build	ing Owne	er (8)	A	SCM	No.	Nai	me of Abateme	ent Contractor (9)					
AET Environmenta	I						E	elta/BJDS,	Inc					
Street Address			2970				Stre	eet Address						
28 N Pennell Road							1	345 Industri	ial Blvd					
City, State, Zip Code							City	y, State, Zip Co	ode					
Media Pa 19063							S	outhamptor	n Pa 18966					
Project Manager for Mon	itoring Firm		T	elep	hone	No.	Tel	ephone No.		License No.				
Eric Sutherland VP				610	0-891	-0114	2	15 322-2900		00783				
Start Date (10)	S	cheduled	Com	oleti	on Da	te (11)	Nar	me of OSHA N	lonitor					
1/30/	_20_	_ 2	/ _	17	_ / _	20	C	riterion					12	
Occupancy Status During	g Abatement (C	heck onl	y one)	)			Stre	eet Address						
☐ Facility Closed/Vacate	ed During Entire	e Period	of Aba	tem	ent		4	00 Street Ro	oad					
☐ Abatement Performed					- Des	cribe	City	, State, Zip Co	ode		-			
Time of Abatement: 7	AMPM	/P	M- <u>7</u> A	M				Bensalem Pa						
Scope of Work (Check al	I that apply)	(					_							
□ >2 of or >2 if				-4"-	123				tainment with Neg	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Renov Demol					☐ Mini-Enc	osure g Procedure					
								Non-Exe     Non-Exe	mpted (*) and Nor	n-Friable Procedure	9			
			Is Lo								Ab	atem	ent T	уре
Location		. L	Norr sed S			A -1	24	Description o			R	R	Ш	m
Asbestos-Containing TO BE ABA		'   N	/lainte	nan	ce/			Containing Ma rmal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facili	ty	C	ustodi	al S 2)	taff?		S	surfacing, VAT,	, or	SF or LF)	val	=	lusc	Sur
(13)		Ye		-	N/A		oth	her miscellane	ous)				ate	(U
Mechanical Room						Pipe In:	sula	tion		40 LF		П	П	П
			TE	7.5		9.0					П			
			1											
			+	1				<del></del>						H
Name of Registered Was	to Hauler			NII	<i>270</i>	Vaste	Cub	oic Yards of	Name of Regist	tered Landfill				
Service Transport (				На	uler II	No.	Wa		Minerva La					
City, State	-			2	20990		Die	posal Date	City, State					
58 Pyles Lane New	Castle DE						ואוט	pusai Dale	Waynesbur	rg, Ohio				
Completed By (Print or Ty		Title	_	-31-				Şignature		7 Dat	ρ			
Christine Del Viscio		Asst.	Adm	inis	strato	or		( MA.	ton			00	Jn:	24

IN# 17 478

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

JAN 2 1 2020

1 100,											JAN	7	21	IZU	51	
Date of Notification (1)  01 /	15 /	20		3.000		of Building		ner/Operator (2	2)	1	)		1 7	21		
			_		V	-	eet,	LLC		22		181	13	6	f <sub>e</sub> ,	
Agencies Notified  EPA	Type Notifica	tion				Address 8 North (	Gate	Road		11 83	· · · · · · · · · · · · · · · · · · ·	04" (C.43)				194
⊠ DOLWD	☐ Amended				City, S	tate, Zip C	ode							-		-
⊠ DOH	Amendme	_			Contraction of the second	tch Plair		J 07076								
DCA (NJAC 5:23-8)	☐ Emergeno justificatio		luaing			of Contact					Telephone Nu	ımber				
,	☐ Cancellati	on			Kat	hy Jenkii	ns									
					FAC	CILITY IN	FOR	MATION								
Name of Facility Where A	Abatement is T	aking	Place	(3)					Туре	of Facility (4	4)					
Residence										nool (K-12)	(Other than K-	12\				
Street Address											ivate and comm		bui	lding	S,	
										mes, etc.)						
City (5)									Square		# of Floors			g. Ag	je	
Scotch Plains										0 sf	2			5		
County (6)					Cour	ty Code (7	)(STA	TE USE ONLY)	1		or if being dem	olished	d)			
Union			,	e)	10011				William.	idence						
Name of Monitoring Firm		ing O	wner (	8)	ASCM	No.		ne of Abateme								
Guardian Contracti Street Address	ng, inc.							uardian Co	ntracti	ng, inc.			_			
1889 Route 9, Unit	61						1000000	eet Address 889 Route 9	l linit i	24						
City, State, Zip Code	01	- 120 10 1	Či					, State, Zip Co	•	01				1		
Toms River, NJ 087	755						-00.5	oms River,		EE						
Project Manager for Mon				Tol	phone	No		ephone No.	NJ 007	33	License No.					
Nicholas Fernicola				0100	32-349		0.000	32-349-9932	)		00624					
Start Date (10)	4	chedi	ıled C	1 33	tion Da		0.50	ne of OSHA M	20		00024		_			
_01 / 27 /					3 /			.M.S.L. Ana				27				
Occupancy Status During								eet Address	,							
☐ Facility Closed/Vacate					ment		0.000	056 Stelton								
☐ Abatement Performed						cribe	0	, State, Zip Co	nde							
Time of Abatement: _	AM	PM	1/	_PM		AM		iscataway, I		ersev 088	354					
Scope of Work (Check al	I that apply)							•	-							
M >3 of or >3 If			□Re	2010	ion					t with Neg	ative Pressure					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☐ Re ☐ De		3(7)(3)3			☐ Mini-End		dure						
- The Total Control of the Control o											n-Friable Proce	dure				
20 20	2		0.70	Loca	200			20 12 12					Aba	ateme	ent T	уре
Location Asbestos-Containing		,			ely by	Ashe	stos	Description of Containing Ma		(CM)	Amount		Re	Repair	En	En
TO BE ABA	ATED `	_			ance/ Staff?		., the	rmal systems	insulation		(Specify		Removal	pair	caps	Enclosure
IN Facili (13)	ty		Gusi	(12)				surfacing, VAT her miscellane			SF or LF)		<u>a</u>		Encapsulate	ле
(1.0)		Ī	Yes	No	N/A		0.0	nor micochario	.000)						(e)	
exterior				$\boxtimes$		window	/ gla	zing			20 If	*				
Name of Registered Was	ste Hauler			0.00	NJDEP		100000000000000000000000000000000000000	oic Yards of	Nam	e of Regist	tered Landfill		A5,753(B)	16		
Guardian Contracti	ng, Inc.			ŀ	lauler II		Wa		T.1	R.R.F.						
City, State								posal Date	City,	State						
Toms River, New J	ersey						0	1/28/20	Tu	llytown,	Pennsylvani	ia				
Completed By (Print or T	561 - 50	Title						-Signature	1			Date	1		1	ŧ
Nicholas Fernicola		Pr	oject	Mar	ager					-			1	15,	21	)

IN# 17477

XTIC	99	P	(Pur	suant to	NJAC 8:	60 and	12:120	)							
Date of Notification (1) 1/15/20			1000		Building O			*	1-1	J	AN 2	202	0		
Agencies Notified	Type Notification			treet Ad											
EPA DEP DOL DOH DCA	Initial Amended Amendment : Emergency (i		. 1		e, Zip Code each Tw Contact		08008			Tele	ephone Ni			27.0	
DCA	Cancellation		P	Vlark											
A	At 4 41- T-14	Diago (2)		FACIL	ITY INFO	RMATI	ON	Type	of Facility (4	1)					_
Name of Facility Where Mark Kushner Pri		Place (3)							School (K-12 Subchapter	2)	er than K-	12)			
Street Address								X	Other (i.e. pretc.)	rivate 8	commer	cial build			\$,
City (5) Long Beach Twp N	NJ 08008							100		2	Floors	3	dg. A∉ 5+	je 	
County (6) Ocean				County C	ode (7) SE ONLY)			Curre	ent Use (Prio use	r if beli	ng demoli	shed)			
Name of Monitoring Firm	n Hired by Building (	owner (8)		ASCM	No.		Section of the sectio	of Aba	itement Con Inc.	tractor	(9)				
Street Address							Street PO I	Addre Box 3				=1-			
City, State, Zip Code									ip Code lin NJ 080	91			â		1
Project Manager for Mo	nitoring Firm			elephon	e No. 85-9984		Teleph 856-	one N			License 00727				
Start Date (10) 1/24/20		Scheduled	Com	pletion D	Date (11)	-	Name Sam		HA Monitor						
Occupancy Status Duris	ng Abatement (Chec	k Only One	)				Street	Addre	ess						
Facility Closed/Vac	cated During Entire F ned Outside of Norm	Period of Ab	ateme	ent		_	City, S	State, 2	Zip Code						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	NAME OF TAXABLE PARTY.	novat moliti					M	ull Containme ini-Enclosure lovebag Procon-Exempte	e cedure				е	
		ls L	ocatio	on										ement pe	
Locatio Asbestos-Containin <u>TO BE Al</u> In Fac (13	g Material (ACM) BATED cility	Used Main Custo	tenan	y by ice/	Asbest (i.e.	os Cor therma surfa	escription taining I il system acing, V/ miscella	Materia ns insu AT, or		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior	Siding			х		Exte	erior Si	iding		3	100 SF	х			
N	anto Havilar		N	JDEP W	/aste	Cubi	c Yards		Name of	Regist	ered Land	dfill			
Name of Registered W United Roll Off	aste mauler		Н	lauler ID 2459		of W			G.R.O	:5700				116 - 57 500	
City, State Elm NJ		-				Dispo	osal Dat 0/20	е	City, Sta Morris		PA 1906	7			
Completed by Anthony T Perna		Title Presi	dent				Signatu	ren (	)			Date 1/15/2	20		34.E
							-				CONTROL -				0.00

## INTH 1475

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Check#3539			(Pur	suant	to NJA	C 8:60	and 5:16	)	11 1		II.	W I	lin · · · ·	
Date of Notification (1)			T	Name o	of Building	Owner	Operator (2	)	1					1
01	15 / 20				e Watson		73 27			JAN 2	1 2	020	f	
Agencies Notified	Type Notification				Address			1					į.	
<b>⊠</b> EPA										1. 1. 1. 1. 1. 1.				
☑ DOLWD ☑ DHSS	Amended Amendment #			City, St	ate, Zip C	ode			2	; <u>[</u> ( -(±', '	20 th			14
□ DCA	☐ Emergency (inc	luding	(	Cranfo	rd, NJ 07	016								
(NJAC 5:23-8)	justification)			Name	of Contact				7	elephone Numb	er			
	Cancellation		. 1		Watson					0				
N		D:	(0)	FAC	ILITY IN	FORM	ATION	- CP 11						
Name of Facility Where	Abatement is Taking	Place	(3)					Type of Facilit						
Private house Street Address					100 To	Katali (Prassa		Subchapte	r 8 (C , priva	Other than K-1 2) ate and commerc	ial bui	Idings	5,	
City (5)								Square Feet		# of Floors	Blo	dg. Ag	e	
Cranford, NJ 07016														
County (6)				County	y Code (7) (	STATE	USE ONLY)	Current Use (	Prior	if being demolish	ned)			
Union Name of Monitoring Firm	Hisad by Building O	wnor (	D) 17	ASCM N	1-	F 87			(0)					
Name of Monitoring Firm	i rilled by building O	wilei (i	3) /	45CW P	40.	100		nt Contractor	(9)					
Street Address							ch LLC Address							100
0.1.0007.1007.000							alley Rd#	283						
City, State, Zip Code							State, Zip Co							
						Wayn	e, NJ 0747	0						
Project Manager for Mon	itoring Firm		Tele	phone N	No.	Telepi	none No.			License No.				
			<u></u>				56-3511			01127				
Start Date (10) 01 / 25 /	200			ion Dat /			of OSHA M					90		
				_ ′ _	20			nsultants,Inc			-			
Occupancy Status Durin  X Facility Closed/Vacat				nent			Address	בות בת	425	P				
Abatement Performe	d Outside of Normal	Facility	Hour	s - Des	cribe		Wagaraw State, Zip Co	Road, Bldg .	# 55	E				
Time of Abatement:	AMPN	Λ/	PM		AM		awn, NJ 0							
Scope of Work (Check a	II that apply)						Clean up	and decontar		ion with negative	press	ure		
		⊠ Re	novati	on		-	Mini-Enc	tainment with I						
>3 sf or >3 If > 160 sf or >260 If			molitio				Gloveba	g Procedure	□Te	ent with Negative Friable Procedur	Press	ure		
		Is	Locat	ion			NOII-EXE	mpled ( ) and	INOII-	rilable riocedul	7	ateme	ent T	vne
Location		1	Vorma	lly		Ε	escription o	of				П		T
Asbestos-Containing TO BE AB	Maria Contraction of the contrac		d Sole intena				ntaining Ma nal systems	terial (ACM)		Amount (Specify	Removal	Repair	ncal	nclo
IN Faci		Cus	todial ( (12)	Staff?	(1.0	sur	facing, VAT	, or		SIF or LF)	oval	=	Encapsulate	Enclosure
(13)			T	T N//0		othe	r miscellane	ous)					ate	
1 - 4 - G   U - U	1 1	Yes	No	N/A	VAT flo	til		No.	20	00 SF+100 SF			П	t
1st floor-living room a	ind den			-										-
2nd floor-bedroom			느	X	VAT flo	or tiles	S		20	00 SF	×			<u> </u>
		$ \sqcup $		ᆜᆜ							Ш	Ш	Ш	L
Name of Registered Wa	ste Hauler		NJI	DEP Waste	Hauler ID No.	Cubic	Yards of Was	Name of Re	egiste	red Landfill				
Gr Tech LLC				003378	35	-	BD	T.R.R.F. I	nc					
City, State							sal Date	City, State						
Wayne, NJ 07470	Tune) IT					-	BD	Tullytown,	, PA					
Completed By (Print or	10.7 Table 1					1	Signature	1.	_	Da				
N.Jevtic ASB-41	Ow	ner	-					Henric We	Lange	01/	15/20	)		_

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

	INV#		4	74	tate of Nev									FI	шиг
0 V 128	DAI			FICATION	N OF ASB	ESTOS	ABATE		• Committee and the committee of the com	-			· · · · · · · · · · · · · · · · · · ·	-t-, )	
Date of Notification (1)					of Building			,	1 (10)	(C		W	2 1		
01/14/2020				Control of the second	zella Der			(2)							
Agencies Notified	Type Notification	1		Street A	Address		V			JAN	1212	020		137	
EPA DEP	Initial				eforest A	MODES .			1	0711		0.50	1.5		
DEP DOL	Amended Amendmen	+ #			ate, Zip Co Hanover		000		_					†	02-1
	Emergency	(including	1		of Contact	NJ 07	930		-1	T ata	K. Sandakira, S. A.				
DOH DCA	justification Cancellatio			100000000000000000000000000000000000000	Caravella	а					1 <del>ephone Nt</del> 73)884-4				
				FAC	ILITY INFO	DRMAT	ION			1 1					
Name of Facility Where A		ng Place (	3)					Туре	of Facility (4	)				V 23	
Street Address									School (K-12 Subchapter		or than V	2)			
1 Lincoln Park								X	Other (i.e. pretc.)	ivate	& commerc	ial bui			es,
City (5) Jersey City								Squa	are Feet	# 0	f Floors	E	3ldg. /	Age	
County (6) Hudson					Code (7) USE ONLY)				ent Use (Prio molition	r if be	ing demolis	hed)			
Name of Monitoring Firm IRIS ENVIRONMEN		7. '		ASCN	И No.	11000	Name Rizo		atement Cont	ractor	(9)				
Street Address				1			Street		<u> </u>						
2333 Route 22 Wes	st						246	Gast	on Ave.						
City, State, Zip Code Union NJ 07083									Zip Code						
Project Manager for Mon	itorina Eirm		- 1	Telepho	na Na				J 07026						
Rick Eustaquio	itoring ritin			(908)2	206-0073	}		)262-	-8006	2.17	License N 01369	NO.			-). <u></u>
Start Date (10) 01/06/2020		Schedul 01/31/			Date (11)		Name Rizo		HA Monitor						
Occupancy Status During	g Abatement (Che	ck Only Or	ne)				Street	Addre	ss						1.
Facility Closed/Vaca	ated During Entire	Period of	Abater	ment					on Ave.						
Abatement Performe Other – Describe:	ed Outside of Norr	nal Facility	/ Hour	S					Cip Code						
Scope of Work (Check Al	That Apply)						Garri	leia i	J 07026						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of	Renova Demoli				×	Mi Gle	Il Containmer ni-Enclosure ovebag Proce n-Exempted	dure				_	
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	100-00-00	+ 1													
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City, State	14.						al Date		City, State						
Wayne NJ Completed by		TW				TBD			Pen Argy	/I PA					
Aleksandra Rizova		Owne	er			Si	ignature	S	the		0 ·	te 1/14/2	2020		

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

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Date of Notification (1)	20			Name	of Buildi	ng Owner/Operator	(2)	DEG GRI	\	ŅĘ.	7	
Agency Notified	Type Notification				Address			7.9.0			_	4
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U DEP	☐ Initial ☐ Amended	9	ł	Cay.	жане, дір	Loop		III UAN 4 I	LUL	U _	7.0	
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ET DOH	☐ Emergency (included)	ing	- 1	Namo	of Conta	4				-		_
D DCA	justification)  Cancellation		- 1	1403110		LEUN	6	Telephone Number	la:			
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Name of Facility Where	Abatement is Taking P	200 (3)		PAC	ILI I Y IRE	ORMATION	T	2.70				
	EMANUE			LE	20€	l a	Type of Facili					
Street Address						<del></del>	School (K-	12) s 8 (Other than K-12)	*8			
					,		Di Other (i.e.	private & commercial build	ings.			
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Name of Monitoring Firm (8)	n Hired by Building Own	er	ASCN	No.		Name of Abaten	nent Contractor	(9)				
						Best Re	moval I	nc				
Street Address						Street Address				7		
						450 Sou	th Rive:	r St				
City, State, Zip Code					later militi	City, State, Zip C	Code		25/15/201	1000	A POST	
						Hackensa	ack, N.	J. 07601				
Project Manager for Mon	nitoring Farm	Te	elepho	ne No.		Telephone No.		License No.			_	
								00388		_		
Start Date (10)	Scheduled C	omplet	ion Da	te (11)		Name of OSHA						
1/28/2		129	, -	0	02.1.0020.0001		Environ	nental				
Occupancy Status Durin	g Abatement (Check or	tly one)	28	16		Street Address						
☐ Facility Closed/Vacate	ed During Entire Period	of Abat	ement			280 Hi	ıyler St	t				
Abatement Performed     DrOther – Describe:	Outside of Normal Fac	型y Ho	urs	,	17	City, State, Zip C		4	88			
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D≥ 3 sf or ≥ 3 lf D≥ 160 sf or ≥ 260 lf					notition	_ Mari-	Enclosure	- 34				
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IN Fac		i	Staff? (12)			statacing, VAT other miscellane		SF or LF)	- No	Ropair	Deu	1081
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Name of Registered Was		NJ	DEPV	Vaste I-	lauler	Cubic Yards of	Name of Rec	istered Landfill	1_1		1	1
Best Remo	val Inc	ID	No.	100	2	Waste 3C7		# 1200 mm	.a.		٠.	
City, State			1/	109			CUMBERI	LAND COUNTY L	+ND	FI	LL	i i
G 72-32 E	k , N.J. 07	601				Disposal Date	City, State	1 00 170	(0			
Completed by	Title	001				1/27/20	NEWBUR	26H, PA. 1722	14_	•	-	
J. MAIORA		i m = +				Signature '	)	Date	114	1	n /	
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Shade Environmental 1 >> 609 633 0664 2020-01-14 09:26 2/4 2020 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) 91 Patrice Durham Agencies Notified Type Notification Street Address EPA Initiat S DOT MO Amandad City, State, Zip Code M DOH Amendment# WAIVER APPROVED Willingboro, NJ 08046 Emergency (Including DCA ONJAC 5:23-81 (ustification) Name of Contact Telephone Number Cancellation Patrice Durham FACILITY INFORMATION Name of Facility Where Abstornant is Taking Place (3) Type of Facility (4) Durham Residence School (K-12)
Subchapter 8
Other (i.e., pri Bireet Address Subchapter 8 (Other shan K-12) Other (i.e., private and commercial buildings. homas, etc.) City (5) Square Feet # of Floors Bidg, Age Willingboro 1.727 County (6) County Code (7)(\$7ATE USE ONLY) | Current Use (Prior if being demolished) Burlington Residence Name of Monkoring Firm Hired by Building Owner (5) ASCM No. Name of Absternant 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 05515 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telechene No. Lidense No. Sill Welsgarber 609-298-4070 856-755-0098 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 15 / 20 01 / 18 / 20 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address 2 Facility Closed/Vacated During Entire Paried 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 (Chack all that apply) ☐ Full Conteinment with Negative Pressure ☐ Mini-Snoissure 23 51 01 23 11 □ ≥160 61 or ≥260 11 Renovation
Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure la Location Abatement Type Nomely Used Solely by Location of Description of Aspestos-Containing Material (ACM) Asbestos Containing Material (ACM) Repair Enclosure Amount Maintenancel TO BE ABATED (i.e., thermal systems insulation. (Specify SF or LF) N FEEDIN Custodial Staff? surfacing, VAT, or other miscollancous) (12) (13) Yes No N/A Closet under Staire X Floor Tile 30 SF R П П Name of Registered Waste Hauler NUDEP Waste Name of Registered Landfill Cubic Yards of Freehold Cartage Hauter ID No. Waslo Fairloss Landfill 15939 City, State Disposal Data City, State Freshold, NJ 01/16/2020 Marrisville, PA Completed By (Print or Type) Signature Date Christina Fay Vice President of Operations 14/2020 ASB-41 JAN 15 Do not use this form for asbestos licensure exempted activities.

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KIOZSU PAI	D	1011					TOS ABAT 60 and 5:10				15	11 )	7 - 1	10	
Date of Notification (1)  01 / 14 /	20	323			of Building		ner/Operator (	2)		JAN	2 !	20	20	11	
Agencies Notified Type Notifica	ation			Street	Address				V		, d	ofice of		1	
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DCA Emergen (NJAC 5:23-8) Emergen justification		uding			of Contac					Telephone N	lumbe	er			
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Name of Facility Where Abatement is T Rossell Residence Street Address	raking F	riace	(3)					Type of Fac ☐ School (I ☐ Subchap ☑ Other (i.e	<-12) ter 8 e., pri		(-12) nmerc	ial bu	ilding	JS,	
City (5)					= n 12			Square Feet	i	# of Floors			dg. A	ge	
Lumberton County (6)				Cour	ty Code (7	VSTA	TE USE ONLY)	2,116	(Prin	3 or if being den	nolish		150		
Burlington				Joodi	ity oodo (i	ДОТТ	12 002 0112.)	Residen	. 3%	in boning don		/			
Name of Monitoring Firm Hired by Build			200	ASCM	No.			ent Contractor							
Management & Enviro. Consul	ting Se	ervic	es					onmental, L	LC						
Street Address PO Box 341			i.			6:	eet Address 23 Cutler A								
City, State, Zip Code Chesterfield, NJ 08515							, State, Zip C laple Shade								
Project Manager for Monitoring Firm			Tele	phone	No.		ephone No.	, 140 00002		License No	).				
Bill Weisgarber			60	9-298	-4070	100	56-755-0099	)		00842					
Start Date (10) Start Date (10	Schedule 01			tion Da			ne of OSHA N <b>MSL Analyt</b>								
Occupancy Status During Abatement (							et Address								
<ul> <li>☐ Facility Closed/Vacated During Entire</li> <li>☐ Abatement Performed Outside of No.</li> </ul>					cribe		00 Route 13 , State, Zip Co								
Time of Abatement:AM						1000	innaminsor								
Scope of Work (Check all that apply)			novati molitio				☐ Mini-End	tainment with closure g Procedure empted (*) and				·			
			Locat				D					Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	200	Used	d Sole ntena	ely by		., the	Description of Containing Marmal systems urfacing, VAT her miscellane	insulation, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
(13)	,	Yes	No	N/A		Ott	iei miscenane							fe	
Basement					Pipe Ins	sulat	ion			50 LF					
Name of Registered Waste Hauler Freehold Cartage		,	Н	JDEP \auler II	O No.	Cub Was	ic Yards of ste	Name of R		ered Landfill ndfill					
City, State Freehold, NJ				10008		Disp	oosal Date 1/25/2020	City, State Morrisv	ille,	PA					
Completed By (Print or Type)	Title						Signature	1			Date	е	-54/4		
Christina Fay	Vic	e Pre	eside	nt of (	Operation	ns	Mustra	Heer			1.	14	120	02	0

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Date of Notification (1	) 1/08/2020		N:	Name of Building Owner / Operator (2)  Township of Parsippany-Troy Hills  JAN 2 1 2020												
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			10	001 I	Parsin	pany	/ Boulevard				* 1					
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				FAC	ILITY	INFO	DRMATION									
Name of Facility When Residential-Basem	re Abateme	ent is Taking Pl	ace (3)				Type of Facili									
Street Address	CIIL						School (I			14 40)						
otroot / taarees							Subchapter 8 (Other than K-12)									
							Other (i.e. private & commercial buildings, homes, etc.)  Square Feet # of Floors Bldg. Age									
City (5)		County (6)	Cour	atu C	ode (7	\										
Parsippany		Morris	Cour	ity C	oue (7	)		2,500 2 195								
arsipparty		INIOITIS					Current Use (Prior if being demolished) Residential									
Name of Monitoring Fi	irm Hired b	y Building Owr	ner (8)		ASCN	A No.										
Health & Safety Se	rvices						Resource N									
Street Address							Street Addres									
P.O. Box 365					2115 Hamil			uite 202								
City, State & Zip Code					City, State &			5								
Berlin, NJ 08009		T				Trenton, NJ										
Jim Proctor	Project Manager for Monitoring Firm							hone Number License Number								
Scheduled Start Date	(10)	Scheduled Cor	856-83		ALCOHOL STATE OF THE PARTY OF T		609-914-427		la a lita a		0118	5				
01/30/2020			2/06/2		: (11)		Name of OSHA Monitor  J&S Environmental Laboratories, Inc.									
Occupancy Status Dui	ring Abaten	nent (Check or	nly one)				Street Addres									
Facility Closed		1,177					2333 Route	22	West							
Abatement Pe	rformed: O	perating hour	s-7:30	am to	5pm		City, State & 2			35						
Describe:							Union, NJ 0	708	3							
Scope of Work (Check					100m 61 N											
Coope of Work (Offect	all triat ap	piy)							Full Cont	ainment with	Negative F	ores	sure			
≥3 sf or ≥3 lf			$\boxtimes$	Reno	vation			Ħ	Mini-Encl		, roguliro i	.00	ouio			
≥160 sf ≥260 l	f		Ħ.	Demo	olition			$\boxtimes$		g Procedures						
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	ation of		Is Lo	catio	n		Description		Abatement Typ							
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	al (ACM)			ely by			Material (AC		The state of the s	SF or LF)	71		四	т		
	ABATED acility		Mainte		77/2002	in	(i.e., thermal synsulation, surface				em	Repair	cap	nclo		
	13)			12)	all!	"	or other miscella	aneo	VAI		Remova	air	Encapsulate	Enclosure		
,	/				N/A		or other midden	u1100	143)		-		ate	е		
Basement			ПП	7			Pipe Insula	tion	, +	250 LF		П		П		
Basement							Pipe Insula			40 Elbows		Ħ	Ħ	H		
											TH	F	Ħ	一		
Name of Registered W	aste Haule	er		17 13 to 10 to 10	EP Wa		Cubic Yards	Nar	me of Regis	tered Landfill						
Resource Management Group, LLC					ler ID I 5218		of Waste TBD	Gre	ows Landf	ill						
City, State					J2 10		Disposal Date	-	, State	111		_				
Trenton, NJ 08619							TBD		rrisville, P	A						
Completed By (Print or Type)					5	Signature		11		Date			$\neg$			
Mr. Brian Haney Preside					siden		Lina		MAMANI		01/08	3/20	20			
Sharrancy							TYI UI	/	10101				-co-70 <del>10</del> 0)			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 01-15-2020 Karl Peterson Agencies Notified Street Address Type Notification EPA Initial City, State, Zip Code DEP Amended DOL . Madison, NJ 07940 Amendment # Emergency (including Name of Contact Telephone Number DOH justification) Karl Peterson DCA Cancellation **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, E City (5) 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) 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 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01-24-20 Delfa Contracting LLC 01-25-20 Occupancy Status During Abatement (Check Only One) Street Address 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: 8:00am - 5:00pm Elizabeth, NJ 07201 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 K 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 Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 60 LF Basement X Pipe Insulation x NJDEP Waste Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Tullytown Resource Recovery Facility Delfa Contracting LLC 35240 City, State Disposal Date City, State Elizabeth, NJ 01-27-20 Tullytown, PA Completed by Title Signature Date Jaime Delgado 01-15-2020 Proj. Manager.

State of New Jersey



Date of Notification (1)		Т	Name o	of Building C	Owner/O	perator	(2)				1 1000			
1/16/20			Vince	nt Rosso	Privat	e Hor	ne		1	JAN 2	20	)20		
Agencies Notified Type Notification			Street A	Address										
EPA Initial Amended Amendment		_		ate, Zip Cod erton NJ (									dese	,-
☑ DOH   ☐ Emergency (justification)     ☐ DCA   ☐ Cancellation	including			f Contact					Tel	ephone Nu	mber			
Nome of Facility Williams Ab. 4			FAC	ILITY INFO	RMATIC	N								
Name of Facility Where Abatement is Taking Vincent Rosso Private Home	g Place (3	5)					Typ	e of Facility (4						
Street Address							X	School (K-12 Subchapter Other (i.e. pretc.)	8 (Other than K-12) rivate & commercial buildings,				, hom	es,
City (5) Tuckerton NJ 08087							2015	uare Feet # of Floors			Bldg. Age 50+			
County (6)				Code (7)			Current Use (Prior if being demolished)							
Atlantic		1.55	(STATE	USE ONLY)		ouse			,					
Name of Monitoring Firm Hired by Building O N/A	Owner (8)		ASCA	/I No.		Name Pern		oatement Cont Inc	tractor	(9)				
Street Address			Street Address									27.75		
City, State, Zip Code					W (2) - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	Box 329 State, Zip Code								
							rlin NJ 080	91						
Project Manager for Monitoring Firm	1	Telepho	ne No.		Teleph 856-		No. -9800		License N 00727	0.				
Start Date (10) 1/28/20	ed Com	pletion	Date (11)		Name Sam		SHA Monitor							
Occupancy Status During Abatement (Check	Only On	e)				Street	Addr	ess						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	batem Hours	ment rs City, State, Zip Code											
Scope of Work (Check All That Apply)														-550
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	District Co.	enovat emoliti						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
4	ls	Locatio	on						1 / 4/1		T	Abat	emen	t
Location of		lormall d Solel		1-20 N/20 N/2 Acc		cription					-		pe	$\overline{}$
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai Cust	ntenan odial S (12)	taff?	(i.e. th	hermal s	ystems ng, VA	insu T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								_	_	Ф	
Exterior Siding			x Exterior Sid						20	000 sf	х			
Name of Registered Waste Hauler		l No	JDEP W	/aste	Cubic Y	Yards Name of F			Registered Landfill					Н
United Roll Off	1	Hauler ID No. of Waste 22459 4					G.R.O.V							
City, State Elm NJ			Disposa 2/3/20		į.	City, State Morrisvi		4 19067						
Completed by Anthony T Perna President					Sig	nature		9		Da 1/	te 16/2	0		

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Date of Notification (1)			T	Name	of Building	g Owner/	Operator (2	2)					11				
01 /16 /	20			Joe Bi	7/8	(			JAN 2	1 2020	) !	H.,					
Agencies Notified Type Notifica	ation		-		Address				. 07111		-	12.50					
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DCA Emergency (NJAC 5:23-8) Emergency justification		ding	-		of Contact				Telephone N	umber							
Cancellat				Joe Br	ritt												
		- 1000	!		CILITY IN	IEODIAA	TION										
Name of Facility Where Abatement is T	aking Pl	ace (	3)	1 //	OILIII IIV	II OIVINA	CITOIN	Type of Facility	(4)								
Private house																	
Street Address									8 (Other than K-		11.11						
								Other (i.e., phomes, etc.)		mercial bu	ilding	S,					
City (5)								Square Feet	# of Floors	BI	dg. Ad	je					
Fanwood, NJ 07023							et .				10						
County (6)				Coun	ty Code (7)	(STATE U	SE ONLY)	Current Use (Pr	ior if being dem	olished)							
Union																	
Name of Monitoring Firm Hired by Build	ding Own	er (8	) /	ASCM	No.	Name o	of Abateme	ent Contractor (9)									
						Gr Tech LLC											
Street Address						Street Address											
						576 Va	lley Rd#	283	×								
City, State, Zip Code						City, State, Zip Code											
						Wayne, NJ 07470											
Project Manager for Monitoring Firm			Tele	ohone	No.	Telepho	one No.		License No.	99							
						973-35	6-3511		01127	2-12-10-10-10-10-10-10-10-10-10-10-10-10-10-							
	Schedule					Name o	of OSHA M	lonitor									
	02_		and the second	_ /		Enviro	vision Co	nsultants,Inc									
Occupancy Status During Abatement (0						Street A	Address										
☐ Facility Closed/Vacated During Entir						20-21 \	Wagaraw	Road, Bldg .#	35E								
Abatement Performed Outside of No Time of Abatement:AM	ormai Fa PM/	Cility	PM	s - Des	Cribe AM	City, State, Zip Code											
						Fair La	wn, NJ 0										
Scope of Work (Check all that apply)						Clean up and decontamination with negative pressure Full Containment with Negative Pressure											
>3 sf or >3 If > 160 sf or >260 If	$\boxtimes$		ovatio			日	Mini-Enc	losure									
≥ 160 sf or ≥260 lf		Den	nolitio	n		A	Gloveba	g Procedure mpted (*) and No	Tent with Nega	itive Press	sure						
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Name of Registered Waste Hauler			NJD	EP Waste	Hauler ID No.	Cubic Ya	ards of Wast	e Name of Regi	stered Landfill	A	20-11-11-11-20-2						
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Wayne, NJ 07470						TB	D -	Tullytown, PA									
Completed By (Print or Type)	Title					1	gnature	1		Date							
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Explirity closed/vecated during a Abatement performed outside of			ent.			City, State, Zip Co	de '						
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Scope of Work (Check all that apply)		-					1000	Containment	w/negative	press	ura	-	- William - Ballin
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## Noti (Pur

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State Of 143	
ification of Asbestos Abatement suant to NJAC 8:60 and 12:120)	in scelus

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Street Address						Street Address											
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Project Manager for Monitoring Firm	1	Pn	one Numb	er		Telephone Number 973-345-802			License	Numb 1169	er						
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avaled in facility (13)	Yes	No	N/A					Li )		v e	i	р	L				
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PATERSON, NJ 07503	Signature		TULLYTOW	N, PA		I Date											
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DOGDAIN JOLDENO	LICESID	LIVI			شط	Jo Gent	1/-		01/13/.	2020	F 5-1						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 5 Check No. 1530 12/15/2020 Prologis, Inc Agencies Notified Type Notification Street Address JAN Pier 1 Bay 1 **EPA** Initial City, State, Zip Code X DEP X Amended San Francisco, California ⊠ DOL Amendment # 1 Emergency (including Name of Contact Telephone Number ☑ DOH justification) Julia Smith 415-394-9000 ☐ DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Prologis Warehouse ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) 8B Court South Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Edison, New Jersey 07666 20000 50+ County (6) County Code (7) Current Use (Prior if being demolished) Middlesex (STATE USE ONLY) Warehouse Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Design, Inc. Lilich Corporation Street Address Street Address 5434 King Ave 246 Union Boulevard City, State, Zip Code City, State, Zip Code Pennsauken, New Jersey 08231 Totowa, New Jersey 07512 Project Manager for Monitoring Firm Telephone No Telephone No. License No. 856-616-9516 973-225-8400 01104 Jay Murray Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 12/30/2019 1/24/2020 Iris Environmental Laboratories, LLC Street Address Occupancy Status During Abatement (Check Only One) 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Union, NJ 07083 ☐ Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf X Renovation Full Containment with Negative Pressure ≥ 160 sf or ≥ 260 lf Mini-Enclosure Demolition П Glove Bag Procedure / Limited Containment &Tent Non-Exempted (\*) and Non-Friable Procedure Amount Abatement Is Location (Specify Туре Normally SF of LF) I ocation of Description of Used Solely by Asbestos Containing Material (ACM) (i.e. Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure thermal systems insulation, surfacing, TO BE ABATED Repair Remova Custodial Staff? In Facility VAT or (12)other miscellaneous) (13)Yes No N/A Warehouse X Exterior wall- Transite Panels 12,623 SF X Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste of Waste Hauler ID No. Lilich Corporation 18724 Fairless Landfill City, State Disposal Date City, State Totowa, New Jersey 1/24/2020 Morrisville, PA

Signature

Date

not use this form for asbestos licensure exempted activities.

12/15/2020

Title

President

Completed by

Adriana Olejarova

Date of Notification (1) 12/17/2019		Name of Building Owner/Operator (2) Prologis, Inc Check No. 1530													
Agencies Notified	Type Notification			Street A Pier 1 E											
□ EPA 図 DEP 図 DOL	<ul><li>☑ Initial</li><li>☐ Amended</li><li>Amendment #</li></ul>				ate, Zip Coo ancisco, C		nia					beck a	10)		
☑ DOH □ DCA	<ul><li>☐ Emergency (in justification)</li><li>☐ Cancellation</li></ul>	cluding		Name of Julia Si	f Contact mith				Telephone 415-394-9		er				
				FACI	LITY INFO	RMAT	ION								
Name of Facility When Prologis Warehouse	re Abatement is Takin	g Place (3	)	30000130			Type of Fac								
Street Address 8B Court South							☐ Subcha	pter 8 (Other the e. private & cor		ildings	s, home	es, et	c.)		
City (5) Edison, New Jersey	07666					,	Square Fee 20000	0 100	# of Floors 1		Bldg 50+	. Age	•		
County (6) Middlesex	4				Code (7) USE ONLY)		Current Use (Prior if being demolished) Warehouse								
Name of Monitoring Fi Environmental Desi	rm Hired by Building ogn, Inc	Owner (8)		ASCN	ЛNo.		Name of Aba Lilich Corpo	atement Contractoration	ctor (9)						
Street Address 5434 King Ave							Street Addre 246 Union								
City, State, Zip Code Pennsauken, New J	Jersey 08231				***************************************		City, State, Z Totowa, Ne	Zip Code ew Jersey 075	12						
Project Manager for M Jay Murray		Telepho 856-61	ne No 16-9516		Telephone N 973-225-84			License No. 01104							
Start Date (10) 12/30/2019	ed Co	mpletion	Date (11)		Name of OS Iris Environ	HA Monitor mental Labora	atories, LL	.C							
Occupancy Status Du  E Facility Closed/Va	2	- 8		ont			Street Addre								
☐ Abatement Perfor ☐ Other – Describe:	med Outside of Norm														
Scope of Work (Check	( All That Apply)														
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Locat Asbestos-Containi	tion of	1	Loca Norma ed Sol		Ashar	stan Co	Description of Containing Material (ACM) (i.e. (Specify SF of LF)							Γ	
TO BE A	ABATED acility		intena todial (12)	Staff?		mal sys	stems insulation VAT, or ner miscellaneo	n, surfacing,			Removal	Repair	Encapsulate	Enclosure	
°2 (1	3)	Yes	No			otr	ier miscellaned	ous)			val	i iii	ulate	ure	
Warehouse	Narehouse X						site Panels		12,62	23 SF	Х				
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Name of Registered Waste Hauler Lilich Corporation					Vaste No.	900mm14.0000	of Waste		Name of Registered Landfill Fairless Landfill						
City, State Totowa, New Jersey							1 osal Date /2020	City, State Morrisville,		- 1-					
Completed by Title						1937.9.90	Signature	( n -		Date		110			
Adriana Olejarova Preside				III			JUA-	100		12	/17/20	19			

Additional Payment for extra work area

State of New Jersey

TURNPIKE POMPTON PLANS NINOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120) **Print Form** Date of Notification (1 Name of Building Owner/Operator (2) 01/03/2020 First Reformed Church of Pompton Plains Agencies Notified Type Notification Street Address 529 Newark Turnpike X X EPA Initial City, State, Zip Code DEP Amended Pompton Plains, New Jersey 07442 DOL Amendment # 1 Emergency (including × Name of Contact Telephone Number DOH justification) Mr. John Driesse DCA Cancellation (973) 769-9081. **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) First Reformed Church of Pompton Plains School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 529 Newark Turnpike City (5) Square Feet # of Floors Bldg. Age Pompton Plains 21.500 100 2 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Morris Church Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) McCabe Environmental Services, L.L.C. 00118 Sky Contracting, LLC Street Address Street Address 464 Valley Brook Avenue 1385 Valley Road, Suite K City, State, Zip Code City, State, Zip Code Lyndhurst, New Jersey 07071 Wayne, New Jersey 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. John H. Chiaviello (201) 438-4839 (973) 928-5040 00874 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01/13/2020 01/31/2020 Sky Contracting, LLC Occupancy Status During Abatement (Check Only One) Street Address 1385 Valley Road, Suite K Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Wayne, New Jersey 07470 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If 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 Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Food Pantry Textured Ceiling Surfacing 300 SF X x Keator Parlor Textured Ceiling Surfacing 500 SF X x Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Group, Inc. Minerva Enterprises, LLC 20990 TBD City, State Disposal Date City, State New Castle, Delaware TBD Waynesburg, Ohio Completed by

Signature

Office Assistant

Date

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

91/03/2020

Ljiljana Sekularac

Paige Boylan

10041

Owner

Do not use this form for asbests distingure exampled scrivities.

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Date of Notification (1) 01/14/2020	17383		of Building a House		perator	(2)	p '			-	u t	, L		
Agencies Notified Type Not			Address Evergree	n Pl. St	e. 103	V6			JAN	2 1	20	20	S S S S S S S S S S S S S S S S S S S	
	al ended endment #	City, S	tate, Zip Co	ode						20.0	ONT		0	
× Eme	ergency (including fication)	Name	of Contact		710				ASBESTO	ber	SING	nuL	CI	
DCA Can	cellation		/ Freema					97	3-678-355	66				
Name of Facility Where Abatement	is Taking Place (3)	FAG	CILITY INF	ORMATI	ON	Type	of Facility (	4)						
Residential Property	, , , , , , , , , , , , , , , , , , ,		School (K-											
Street Address				-			Subchapter	8 (Oth	er than K-12 & commercia		dings,	home	es,	
City (5) East Orange			e Feet	3	f Floors		ldg. A 920	ge						
County (6) Essex			Code (7)	n		Curre	nt Use (Prid	or if bei	ng demolish	ed)				
Name of Monitoring Firm Hired by I	Building Owner (8)					ne of Abatement Contractor (9)  Invic Contracting LLC								
Street Address					Street	Addres	s	LLO						
City, State, Zip Code							5th St.							
					Elizal	beth,	NJ 0720	6						
Project Manager for Monitoring Firm	1	Teleph	one No.		Teleph 908-9				License No 01355	).				
Start Date (10) 01/16/2020	Scheduled 0 01/18/202		Date (11)				IA Monitor nmental L	abora	atories, Inc	C.				
Occupancy Status During Abateme	nt (Check Only One)				Street Address 2333 Route 22 West									
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: OCCUPIED			6	_	City, State, Zip Code Union, NJ 07083									
Scope of Work (Check All That App	ly)					1, 110	0,000							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Contract Con	ovation nolition			Full Containment with Nega Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-							e		
	1000000	cation									Abate Ty			
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Basement		X		Pipe	Insulat	tion		25	50 LF	Х				
Name of Decistered Martin Land		NIDES:	Meets	10.4.	Vacde	-	Na	20-1-1						
Name of Registered Waste Hauler Danvic Contracting LLC				Maste			f Registered Landfill ss Landfill							

Disposal Date

Signature

TBD

Title

Owner

Jeymy Donneys

Elizabeth, New Jersey

City, State

Completed by

Date

01/14/2020

City, State

Morrisville, PA

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 01/14/2020 Jarret Parry Agencies Notified Type Notification Street Address 2 2020 Initial DEP City, State, Zip Code Amended × DOL Amendment # Colonia, NJ 07067 ASBESTOS CONTROL & Emergency (including Name of Contact DOH Telephone Number SING justification) DCA Jarret Parry Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Resdential Property School (K-12) Street Address Subchapter 8 (Other than K-12) X Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Colonia 1,008 2 1945 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Danvic Contracting LLC Street Address Street Address 240 South 5th St. City, State, Zip Code City, State, Zip Code Elizabeth, NJ 07206 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 908-906-4123 01355 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 01/25/2020 Iris Environmental Laboratories, Inc. 01/27/2020 Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Union, NJ 07083 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? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes N/A No Living Room X Wall Plaster 350 SF X 1st Fl Hallway Area X Wall Plaster 100 SF X

NJDEP Waste

Hauler ID No.

37574

Title

Owner

Cubic Yards

Disposal Date

Signature

of Waste

8

TBD

ASB-41 (R-06-08)

Completed by

Jeymy Donneys

City, State

Name of Registered Waste Hauler

Danvic Contracting LLC

Elizabeth, New Jersey

Do not use this form for asbestos licensure exempted activities.

Date

01/14/2020

Name of Registered Landfill

Fairless Landfill

Morrisville, PA

City, State

Date of Notification (1)  O   1     1   4     2   0    Agencies Notified	on S	Lyndhurs street Addre 250 Stuy Sity, State, 2	(Pursuilding Own- t Method ss vesant Av ip Code t, nj 070	ation of As ant to NAO er/Operator (2 ist Church	2/8:50		- N	Expression Commonweal	JAN A	2 1	202 202 VTR	The property of the	
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Cancellation		Det Sie					_	201-93	1-0700				_
			FACI	LITY INFORM	IATION								
Name of facility where abatement is	s taking pla	ace (3)					-	Type of Facility (	4) I (K - 12)				
Residential								=	apter 8 (O	ther th	an K	-12)	
Street Address							1	Other (	Private/Co	mme			
							L	A STATE OF STREET	Homes, e	_	DI	da Aa	
9: (5)	I Cour	-t- (C)			I 6		- 1		# of Floor 02	5	100	dg. Ag	ь
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lyndhurst	Ber	gen			10101	o doo omy)		Residential	noi ii beini	y ucm	JIISITE	.u)	
Name of Monitoring Firm Hired by E				ASCM No.	<del>' П</del>	Name of Abatemer			75				
N/A						KLOMAX, LL	С						
Street Address					==	Street Address	_						
						309 W. End Av	e						
City, State, Zip Code						City, State, Zip Cod	Э						A CAVALIA
						Hopatcong, NJ		843	32				
Project Manager for Monitoring Firm		Ph	one Numb	er		Telephone Number			License	Numb	er		
		İ				833-455-6629	_		02007	_	_		
Start Date (10)	Sched	. Completic	n Date (11	)		Name of OSHA Mo KLOMAX, LL	0000000	r					
01/16/2020	01/18	3/2020			11	Street Address					-		
Occupancy Status During Abatemen						309 W. End Av	ie.						
Facility closed/vacated during	entire peri	od of abate				City, State, Zip Cod				•			
Abatement performed outside Describe:	of normal	facility hour	S-										
Other-Describe: NORMAL H	OURS				=11	Hopatcong, NJ	07	843					
Scope of Work (check all that apply							Fu	Il Containment w	v/negative	press	ure		
	Renovation	n					-	ni-enclosure					
≥160 sf or ≥260 lf	Demolition	1				2		ovebag procedu on-Exempted (*)		riable	proce	edure	
		n normally i	used solely	/			7 140	on-Exempled ( )	and NOIP	R	R	E	1
Location of asbestos-containing	by mainte	enance/cust		i	ion of as	sbestos-containing		Amount	1900/12	e m	e p	n c	E n
material (acm) to be	staff(12)		Т —	material		•		(Specify S	SF or	0	a	a	C
abated in facility (13)	Yes	No	N/A							v e	i r	р	-
basement		X		Pipe Insula	tion			67 LF		X			
basement		LX		boiler Insu	lation			110 SF		X			
basement		X		Chimney th	nimble	packing		3 SF		X			
thrift shop		X		Pipe Insula	tion			70 LF		X			
Registered Waste Hauler		EP Hauler I	TT0/000	ubic Yards of	Waste	Name of Register			COLUM	37			2000
KLOMAX, LLC	003	38241	Disposal D	yds.		TULLYTOWN	, R	ESOURCE RE	COVER	Y			
City, State Hopatcong, NJ 07843			Uisposai D TBD	alt		City, State TULLYTOW	JD	ΡΔ					
Completed by (Print or Type)	Title			Signature		TOLINI	1, 1	<del>`</del>	Date	-	-		
Paige Roylan	Oumar			Signature				7001 <del>0</del> 0	01/14/	ากาก			

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Date of Notification (1) 01/14/20 Agencies Notified Type Notification				Building Owner/o	perator			ED ALL		A	N P	1	2020
EPA Initial DEP Amended Amendment		_	City, Sta	ts, Zip Code NJ 07012			EVENT		-	SBES	TOS JCEN	CON	TROL 8
DOH Emargency justification Cancellation			Crysta	Contact Bernot				Talenhana h	Mimhai				
Name of Facility Where Abatement is Takin Mushigay	g Place (3	3)	PAUI	LITY INFORMAT	ION	Type of Fa	ol (K-12	!}					
Street Address City (5)						School Substitution (Chapter State )	r (i.e. pri	Other than K	(=12) prolet by			98,	
Cilifion County (6)			-	NAME OF THE OWNER, WHEN PARTY OF THE OWNER, WH		2400		2		81dg	≁Ö4		
Passalc			County (	Code (7) JBE ONLY)		Current U	sa (Prior	'if peing deme	lished)				
Name of Monitoring Firm Hired by Building	Owner (6)		ASCN	No.	Name A, M	of Abateme ac Contre	ant Contracting I	ractor (9) Inc.		·,			
Street Address						Address /reeland	Ave						
City, State, Zip Code						iale, Zip Co Ind Park.		432	-	•	-		*:
Project Manager for Monitoring Firm		Telepho	na No.		one No. 262-5841		Licensi 00156						
Start Date (10) 01/14/20	ed Cor	mpletion (	Date (15)		of OSHA N		al Services	Inc		-			
Occupancy Status During Abatement (Chec	1000			Street	Address:		TEL SOLVIGOD	1110,	-				
Feelity Cissed/Vecated During Entire Abatament Performed Outside of Norr Other Describe:	Abater Hour	nent s		City, S	duyler St tate, Zip Co tensack,	e pc	506						
Ecope of Work (Check All That Apply)		-											
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Location of		Local Norma								Abe	emen ypė		
Asbestos-Conteining Meterial (ACM) TO BE ABATED In Feelity (13)	ed Sele sintens (12)	aly by ince/ State?	Astesios Can (i.s. therms surfs	scription teining to leystemi icing, VA miscellar	eterial (AC insulation T, or	iM)	Amount (Specify 6F or LF)	BAOBISON		Encapsidate	Endosure		
Basement	Sasement X				VAT		1	1585 SF	X	-	+	$\vdash$	
,						-		#					
Name of Registered Waste Heuler Newark Carting Inc.	1 1	NJDEP W	No. of Wa	Yards iste	- 1		egistered Land						
City, State		0	4509	2 Diago	eal Date		ly, State	entral Sanit	rary Li	anonii			
Newark, NJ 07105 Completed by	Title				1/20 Or	P		yl, PA 0807.	Date	- Contraction (			
R. McDonald	PISE	ident			1 /6	111/1	-June H	91	04/44	1/20		1	

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

INV-17L	Hdf	1		CATION	OF ASB	ESTOS	ABATE			ile	all	191	73	7	
Date of Notification (1)				n 11	f Building	Owner/0	Operator	(2)	I i			C D	7/7	E	
1/14/20					Megan	Const	tantine	scu		$D_{-}$			$\mathbb{A}$	<u>L</u>	
Agencies Notified	Type Notification			Street A	ddress					M				-	Tribution of the second
	× Initial		H	City Sta	ite, Zip Co	do				#	JAN	21	2020		W
DEP X DOL	Amended Amendment #			1000	Hills, NJ		78		1	ed bei					longer
	Emergency (ir	ncluding			f Contact					Tel	ephone N	umber	TEDE	1 0	
DOH DCA	justification) Cancellation			Megar						1 .07	REDESIC	99901	i	/L a	
					LITY INFO	ORMAT	ION		loca	Nitro			- Coultiers	escirere.	A STATE OF THE PARTY OF THE PAR
Name of Facility Where A home	batement is Taking	Place (3	3)						of Facility (4 School (K-1)	55550					
Street Address	=							×	Subchapter Other (i.e. p etc.)	8 (Oth			dings,	home	es,
City (5)									re Feet	# 01	f Floors	E	Ildg. A	ge	
Short Hills								180	0	2		7	4		
County (6) Essex					Code (7) USE ONLY			Curre	ent Use (Pric ne	r if bei	ng demoli	shed)			
Name of Monitoring Firm I	Hired by Building O	wner (8)		ASCN	1 No.				atement Con ronmenta			С			
Street Address							Street	or is on each ac							
									83, 4 E G	ate D	rive				
City, State, Zip Code									ip Code	40					
Project Manager for Manit	oring Firm			Telepho	aa Na				d, NJ 074	18	1:	NI-			
Project Manager for Month	23/20 2/7, cupancy Status During Abatement (Check Online Facility Closed/Vacated During Entire Period				ne No.		Teleph 973-	764-2			License 703	No.			
Start Date (10)	/23/20 2/7/ cupancy Status During Abatement (Check Only				Date (11)		59.3		HA Monitor		700				
1/23/20	/23/20 2/7/ cupancy Status During Abatement (Check Only Facility Closed/Vacated During Entire Period				(/										
Occupancy Status During	cupancy Status During Abatement (Check Only Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac					2	Street	Addre	ss .						
Abatement Performe							City, S	State, Z	ip Code						
_	Abatement Performed Outside of Normal Facilit				-11-1-15	_	220.								
Scope of Work (Check All	That Apply)						200	50g							
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		l la	Locati					140	n-Exempted	( ) arm	4 14011-1 116	DIC 1 10	Abate		:
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Asbestos-Containing N	viaterial (ACM)		ed Sole			tos Con	taining N	//ateria			mount			Ш	
TO BE ABA			todial S	107 T0000	(i.e.		systems cing, VA		ation,	(S SF	pecify or LF)	Remova	Repair	Encapsulate	Enclosure
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second flo	oor			х		9"x9	9" floor	tile		46	80 SF	х			
baseme	nt			Х		1x1	1 floor	tile		70	00 SF	Х			
Name of Registered Wast	e Hauler			JDEP W		Cubic	Yards		Name of F	Registe	red Landf	ill	1		
Tonys Cleanup & Har	uling			auler ID 7787	No.	of Wa	ste		Chrin B	rothe	rs Sanita	ary La	ndfill		
City, State Bridgewater NJ						Dispo TBD	sal Date		City, State Easton						
Completed by		Title					Signature	)	1			ate			
A. Scott Higgins		Pres	ident					11			8.	1/14/2	0		

LOUL TOWN TO NOTIFICATION OF ASSESTO'S ABATEMENT (Pursuant to NJAC 8160 and 12120) Date of Notification (1) Name of Building Owner/Operator (2) 1-15-2020 LFWIS Type Notification Agency Notified 2020 O EPA Initial O DEP ☐ Amended MAYWOOD, NJ 0760 PASBESTOS CONTROL & ODL Amendment# D Emergency (including Telephone Number SIVE III DOH justification) LFWIS ☐ Cancellation D DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 1. LEW.1 C School (K-12) ☐ Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age AYWOOD 800 MRS Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY BERGER 17851 DENCE Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Aridress Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-329-7444 00388 Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 1-27-2020 1-27-2020 Omega Environmental Occupancy Status During Abatement (Check only one) Street Address 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement Q Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: 8AM -S. Hackensack , N.J. 07606 5PM Scope of Work (Check all that apply) D Full Containment with Negative Pressure Renovation m≥3sfor≥3ff Mini-Enclosure □ Demolition 2 160 sf or ≥ 260 lf **■** Glovebag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally . Location of Description of Used Solely by -Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Enclosure TO BE ABATED Remova (i.e., thermal systems insulation, (Specify Custodial .... IN Facility surfacing, VAT, or SF or LF 9-17 (13)other miscellaneous) (12)NA BASEMENT HERMAL IN SULATION Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill ID No Waste Best Removal Inc 17109 CUNBERLAND COUNT Y LANDFILL City, State Hackensack, N.J. 07601 17240 NEWBURGH Completed by

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

Estimator

P. VELDRAN

B & G proj. #: 2020-16

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

Check # 9844

Date of Notification (1)	N	ame of Build	ing Owne	r/Operator (2)	1		IN E	GEI	W	E	F	1
0 1 1 1 5 1 2 0		Ken Adam	ns									
Agencies Notified Type Notification  EPA  Initial	on S	treet Address	3				J	AN 21	202	20		川
DEP -		ity, State, Zip					CONTRACTOR DESCRIPTION OF THE	enterprobleten announce	economic C	and the same		一
DOL Amendn		Boonton,		03			, ASBE	STOS CO	NTF	IOL	ž.	
₩ DOH Cancella	11	ame of Conta					Telephon	e Number	up aud Artiste		- No-class	PA-SARIAMENT
DCA CONTROLLE		Ken Ada	ms									
			FACIL	LITY INFORMA	NOITA							
Name of facility where abatement is	taking pla	ace (3)					Type of Facility (	4) I (K - 12)				
Ken Adams							[2]	apter 8 (Otl			12)	
Street Address								(Private/Con Homes, etc.		cial		
							Square Feet	# of Floors	П	Blo	g. Ag	je
City (5)	Cour	nty (6)				nty Code (7) e use only)	Current Use (P	rior if being	dem	olishe	d)	
Boonton, NJ 07005	Мо	rris					residential	nor ir being	dom			
Name of Monitoring Firm Hired by E	Bldg. Owne	er (8)		ASCM No.		Name of Abatement C	Contractor (9)					1)
					_	B & G Restoration Street Address	on, Inc.					
Street Address						105 Ryerson R	oad					
City, State, Zip Code						City, State, Zip Code						
					_	Lincoln Park, N	IJ 07035	T License N	Lunch	0.5		
Project Manager for Monitoring Firm		Pho	ne Numbe	er	.	Telephone Number (973)696-6869	r	003		eı		
Scheduled Start Date (10)	Scheo	I. Completion	Date (11	)		Name of OSHA Monit		1				
01/17/2020		18/2020				B & G Restorati	on, Inc.					
Occupancy Status During Abatemer	t (Check o	only one)	***************************************			105 Ryerson Ro	oad					
✗ Facility closed/vacated during	entire peri	od of abatem				City, State, Zip Code						
Abatement performed outside Describe:	of normal	racility nours	-		_	Lincoln Park, N	J 07035					
Other-Describe: Scope of Work (check all that apply	/\				<u>-    </u>	rap & cut					- 1	
Demolition	Renovatio	on				иар & cut ull Containment w/neg	ative pressure	Gloveb	ag pr	ocedu	re	
_	≥160 sf or				□ M	lini-enclosure	1	Non-fri	able p	oroce	dure	
Location of		n normally us					T		R	R	E n	E
asbestos-containing material to be	staff(12)	enance/cusic	ulai	Description material (		sbestos-containing	Amount (Specify S	SF or	m o	p a	c	n
abated in facility (13)	Yes	No	N/A		•		LF)		v e	i	p	L
boiler room / laundry room			X	joint comp	ound		190 sf		X			
									무	님	片	ዙ
							_	D.	H	片	片	H
										宣		
Registered Waste Hauler B & G Restoration, Inc.		EP Hauler ID 19563		ubic Yards of \ 2	Naste	Name of Registered Grand Central I	Landfill andfill					
City, State Lincoln Park, NJ			Disposal D 01	/20/2020	200/25/75	City, State Pen Argyl, PA					- 3	
Completed by (Print or Type) Gordana Luna	Title Secreta	ary/Treasu	rer	Signature	(	Gordana Luna		Date 01/15	/202	20		

State of New Jelsey NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) HACKENSACK MERIDIAN HEALTH /20 Street Address 2020 2 Agencies Notified Type Notification 1 HOSPITAL PLAZA **EPA** Initial Notification City, State, Zip Code DEP Amended Notification OLD BRIDGE, NEW JERSEY 08857 ASBESTOS CONTROL & DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** ROBERTO RODRIGUEZ 732-360-1000 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) RARITIAN BAY MEDICAL CENTER Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 1 HOSPITAL PLAZA 250,000 5 60 City (5) County (6) County Code (7) Current Use (Prior if being demolished) OLD BRIDGE MIDDLESEX (STATE USE ONLY) HOSPITAL Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. ENVIRONMENTAL TACTICS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NEW JERSEY 07747 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 732-449-5810 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 2/ /2020 5/ 30 /2020 AMERISCI LABORATORIES INC #11480 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment Demolition Renovation Mini Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Description of Asbestos-Location of Is Location Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR ENCAPSUL **ENCLOSUR** REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1st Floor -Old Surgery Section VAT & Mastic 1,200 SF NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. GRAND CENTRAL SANITARY LANDFILL 369 RAYMOND BLVD. 913 City, State Disposal Date NEWARK, NEW JERSEY PLAINFJELD TOWNSHIP, PENNYSYLVANIA 2/17/20-05/30/2020 Completed by (Print or Type) Title Signature Date

DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

Inv-17402 CK11505

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

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Date of Notification (1)					Mam	o of Duildia	- 0		(0)	1	11	- RA NI	2 1	<del></del>	20-	-111	Щ
	15 /	20			0.0000.00	INE LAK	7.0	vner/Operator (	(2)	П	3	JAN	21	20	20	l l	2
Agencies Notified	Type Notific	ation			Stree	t Address				-		ASBESTO	OS CO	TMC	ROL	&	
⊠ EPA	☐ Initial	27								DVID140	TALKET SERVICE		ENS			DISCHOOL STATE	
☑ DOH	Amende Amendn				City,	State, Zip	Code	1									
DCA				1	PA	SSAIC N	J 07	055									
(NJAC 5:23-8)	justificat	ion)	Jaume	,		of Contac			***************************************		T	elephone N	lumbe	er			
								RMATION		_	L			-			
Name of Facility Where A	Abatement is	Taking	Place	(3)		CILITTI	NFO	KIVIATION	Type of Faci	lity	(4)						
Same				(0)					School (K								
Street Address									Subchapt	er 8	B (O						
									Other (i.e homes, e			te and com	merci	al bu	ilding	S,	
City (5)									Square Feet			# of Floors		BI	dg. A	ie .	-
									4517			2			99	50	
County (6)					Cou	nty Code (	7)(ST	ATE USE ONLY)	Current Use	(Pr	ior i	f being den	nolish	ed)			
PASSAIC									Resident	ial							
Name of Monitoring Firm	Hired by Buil	ding O	wner (	(8)	ASCM	No.	Na	me of Abateme	ent Contractor	(9)							
A.E.S.L					002	1	(	CPR Environ	mental Serv	/ice	9						
Street Address							Str	eet Address									
2200 PATTERSON	PLANK UNI	T 7					_	3421 Hegerm			21100	ē.					
City, State, Zip Code	1.070.47						-	y, State, Zip Co									
	NORTH BERGEN NJ 07047 Dject Manager for Monitoring Firm CARMELO ALTAMONTE							Philadelphia	PA 19136								
\$ \$	ARMELO ALTAMONTE						1	lephone No.			11	License No	١.				
	rt Date (10) Scheduled C							215 333-5117 me of OSHA M		_		01328					
	rt Date (10) Scheduled C						1 222	me of OSHA IV Same	ionitor	8					20		
	1 / 16 / 20 1																
1 1/2/1 1/2	pancy Status During Abatement (Check only							eet Address Same									
☐ Abatement Performed	Outside of N	ormal f	acility	/ Hou	rs - Des	scribe		y, State, Zip Co	ndo.								
Time of Abatement:	AM	PM	/	_PM	-	AM	1000	same	ode								
Scope of Work (Check all	that apply)							, and									
≥3 sf or ≥3 if	11.77	1	⊠ Da						ainment with I	Neg	ativ	e Pressure	)				
□ ≥160 sf or ≥260 lf		1						☐ Mini-Enc ☐ Glovebag									
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ANTHONY JONES								An	flowy	J	bu	9	/.	15	, 20	7	

Inv-1	738°	7 NC					BESTOS ABAT C 8:60 and 5:10		Ch42	. <	36	6	7_
Date of Notification (1)				860	Name	of Building	g Owner/Operator (2	2)	MEGI		\V	HE	T
11 /	20 /	19					niversity-Office	2					
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⊠ DOLWD			15/2	0	City, S	state, Zip C	Code						
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(NJAC 5:23-8)			ing	1	Name	of Contac	t		Telephone Numb	er S	NG		C HOUSE COM
					Rob	ert Orte	go		609-258-1841				
							IFORMATION						
Name of Facility Where A	Abatement is T	aking Pla	ice (	3)				Type of Facility	(4)				
Princeton Universit	ty-Jadwin H	all						School (K-12					
Street Address									3 (Other than K-12) rivate and commerc	ial hu	ilding	c	
Washington Road								homes, etc.)		iai bu	nunig	3,	
City (5)								Square Feet	# of Floors	Blo	dg. A	ge	
Princeton											70		
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	ior if being demolish	ed)			
MERCER							35 5	Office/Class					
Name of Monitoring Firm	Hired by Build	ding Own	er (8)	) ],	ASCM	No.	Name of Abateme	ent Contractor (9)					
								VIRONMENTA					
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BRISTOL, PA 19007	Michael Keehn  Int Date (10)  1						Siopodi Date		HILLS, PA				
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Brian Scafiro		Estin	nato	or			Kaino	· Scelia	1/2ML 1	-1	·-	20	1

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Project Manager for Monito	ring Firm			Te	lephor	ne No	0.	Tel	lephone No.		License No.				
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BRISTOL, PA 19007										FAIRLESS	HILLS, PA				
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Brian Scafiro	Manager for Monitoring Firm    Manager for Monitoring Firm   Manager for Monitoring Firm   Manager for Monitoring Firm   Manager for Monitoring Firm   Manager for Monitoring Firm   Manager for Monitoring Firm   Manager for Monitoring Firm   Manager for Monitoring Monitoring Entire Period of Monitoring Entire Period of Monitoring Entire Period of Normal Facilitie of Abatement: 7:00AM-6:30PM/P   Proof Work (Check all that apply)   Manager for Monitoring						W.		Raida	Scolina	190C /-		1-7	7 1	,

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<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)					Name	e of Buildin	a Ov	wner/Operator (2	2)	I BAN S	1	2020	1	HH
	20 /	19					- T			Construction	1	ZUZI	)	l lesso
Agencies Notified	ties Notified A A CLWD Amended Amendment #2-1/3 BS CA JAC 5:23-8)  of Facility Where Abatement is Taking Plantication  of Facility Where Abatement is Taking Planticeton University-Jadwin Hall Address shington Road  of Monitoring Firm Hired by Building Owner Environmental Inc Address 3 North Church Rd State, Zip Code Orestown, NJ 08057  of Manager for Monitoring Firm hael Keehn Date (10) 1 / 6 / 20 1  Dancy Status During Abatement (Check only cility Closed/Vacated During Entire Period Catement Performed Outside of Normal Facine of Abatement: 7:00AM-6:30PM/  of Work (Check all that apply)  sf or ≥3 If So sf or ≥260 If  Location of Destos-Containing Material (ACM) TO BE ABATED IN Facility (13)  To BE ABATED IN Facility (14)  To BE ABATED IN Facility (15)  To BE ABATED IN Facility (16)  To BE ABATED IN Facility (17)  To BE ABATED IN Facility (18)					t Address			Clim 0.1	ASPESTOS	001	ITRI	3 10	Jummu
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Street Address	Type Notification  A Manended Amended Amended Amendment #2-1/3  B Emergency (includi justification)  Cancellation  To Facility Where Abatement is Taking Place Inceton University-Jadwin Hall  Address Schington Road  Address Schington Road  Andress Schington Road  Andress Schington Road  Andress  Shington Road  Andress  Andress  Andress  Andress  Andress  Andress  Andress  Andress  North Church Rd  Cate, Zip Code  Corestown, NJ 08057  And Manager for Monitoring Firm  Active Cipe Code  Corestown, NJ 08057  And Manager for Monitoring Firm  Active Cipe Code  Corestown Road  Amendment #2-1/3  Amended  Amendment #2-1/3  Emergency (includi justification)  Cancellation  Cancellation  Owne  Environmental Inc  Address  Andress  Andr										ial bu	ildina		
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Moorestown, NJ 086	057						1	BRISTOL, PA	19007					
Project Manager for Monit	toring Firm			Tel	ephone	No.	Те	lephone No.		License No.		70 to - 10 to -		
Michael Keehn				1 8			:	215-788-6040		00509				
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Brian Scafiro			timat	or					Cali	10			) ^	

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Date of Notification (1)				Name	of Buildin	g Owner/Operator	r (2)		THE JAN	1 2	1 2	UCU	1
	/19	3		Pri	nceton U	niversity-Offic	e of	Design and	Construction	g <sub>eri</sub> aguarde d	pecebopron	William Princip	$\perp$
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Agencies Notified Type Notified  ☐ EPA ☐ Initial  ☐ DOLWD ☐ Amende			20	t Address 0 Elm Dr.			JAN	21	202	0	and Areal
☑ DHSS Amenda				State, Zip			ASBEST	)S (X	NTR	OL 8	8.
☐ DCA ☐ Emerge		ng			NJ 08544		, ACDAON	DEMS	MG_		
(NJAC 5:23-8) justificat	533			e of Contac			Telephone Num				
☐ Cancella	ition			bert Orte			609-258-184	11			
Nome of English Where Abote and In	T.1: D.	(0)	FA	CILITY II	NFORMATION	r			200		
Name of Facility Where Abatement is Princeton University-Jadwin H		æ (3)				Type of Facility	1 1				
Street Address	1all					School (K-1:	2) 8 (Other than K-12	2)			
Washington Road						Other (i.e., p	rivate and comme	rcial bu	uilding	js,	
City (5)						homes, etc.		1.00	d- A		
Princeton						Square reet	# of Floors	1	dg. A	ge	
County (6)		-	Cou	nty Code (	7)(STATE USE ONLY)	Current Hee (Pr	rior if being demolis	- 1	70		77.7
MERCER				, 0000 (	I MONNE GOT ONE IT	Office/Class		sileu)			
Name of Monitoring Firm Hired by Buil	ding Owner	(8)	ASCM	No.	Name of Abateme				-		_
TTI Environmental Inc		, ,		co5系剂(		VIRONMENTA					
Street Address					Street Address		,				
1253 North Church Rd					1123 BEAVE	R STREET					
City, State, Zip Code					City, State, Zip Co						_
Moorestown, NJ 08057					BRISTOL, PA	19007					
Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone No.		License No.				
Michael Keehn		6	09-386	-8800	215-788-6040		00509				
	Scheduled (			The state of the s	Name of OSHA M	onitor					
12 / 2 / 19	12	/6	/ .	19	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During Abatement (					Street Address						
Facility Closed/Vacated During Enti	re Period of	Abate	ment		1123 BEAVER	RSTREET					
Abatement Performed Outside of N Time of Abatement: 7:00AM-6:30	ormal Facili PM/ F	ty Hou PM-	rs - Des AM	scribe	City, State, Zip Co						
Scope of Work (Check all that apply)					BRISTOL, PA	19007					
Scope of work (Check all that apply)				6	☐ Full Cont	ainment with Neg	gative Pressure				
≥3 sf or ≥3 If     ≥160 sf or ≥260 If	the same of the sa	enovat			☐ Mini-Encl	osure	9411011000010				
≥ 100 st 01 ≥200 ft		emoliti	on		☐ Glovebag ⊠ Non-Exer	procedure	n-Friable Procedu	re			
	1	s Loca	tion			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Triable Freedu	_	ateme	ant Ti	VD4
Location of		Norma ed Sole		(estat)	Description of				, ,		Ť
Asbestos-Containing Material (ACN TO BE ABATED		aintena			stos Containing Mat ., thermal systems i		Amount (Specify	Remova	Repair	Encapsulate	ncio
IN Facility	Cus	todial		\"	surfacing, VAT,	or	SF or LF)	oval	=	psu	Enclosure
(13)	Yes	(12) No	N/A	1	other miscellaned	ous)				ate	0
Room B-39				Mastic			400 SF	M			-
				muotio			400 SF				
		H									1
		1						1-		믜	L
Jame of Registered Wests Haute		14.		1	0.11-11						
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, IN	IC.	1 1 1 1 1 1 1 1 1	IJDEP \ lauler II	No.	Cubic Yards of Waste	Name of Regis	tered Landfill				
City, State			18706	;	Dianacal Data		LANDFILL				
BRISTOL, PA 19007					Disposal Date	City, State FAIRLESS	HILLS DA				
Completed By (Print or Type)	Title				Signature	17th LLOO	Da	ite			_
Brian Scafiro	Estima	tor			Rain	Sallin	, /m		20-	10	2
										_, _	1

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 8 60 and 72 / 20)

check# 3686

Inv-1745	57		NOTIF	ICATIO	N OF ASE	везто	SABATE	EMENT (0)	check	# 368	36					
Date of Notification (1) 01/16/2020		of Building Right Se			r (2) (owner's		were [m]			W	E 7					
	pe Notification				Address W Ocea	nside	Road				AN 2	21 :	2020	Sur Laboratoria		
X EPA X DEP X DOL	Amended Amendment				tate, Zip C nside, N		572						our out or other or other or other or other or other or other or other or other or other or other or other or o	-		
▼ DOH	Emergency ( justification) Cancellation	includin	g	Name o	of Contact Bonnen					Telephòne N	STOS umber	COV	ITRO G	1.8		
	Caricellation					00111										
Name of Facility Where Abat Residential	ement is Taking	g Place	(3)	FAC	ILITY INF	ORMA	IION	Type of F	acility (4)	1						
Street Address								Sub-	ool (K-12) chapter 8 (0 er (i.e. priva	Other than K- ite & commer	12) cial bu	ildings	, hom	es,		
City (5) Kenilworth				7	703	ろ		Square F	1.00	# of Floors		Bldg.	Age			
County (6) Union								Current U		being demoli						
Name of Monitoring Firm Hire TBD	))	ASCI	M No.		2000	Residential me of Abatement Contractor (9) ty Contracting, LLC										
Street Address							Street	et Address 85 Valley Road, Suite K								
City, State, Zip Code					City, S	State, Zip Code yne, New Jersey 07470										
Project Manager for Monitorin	T	Telepho	ne No.		Teleph	none No. ) 928-504		License 00874								
Start Date (10) 01/26/2020	led Cor	npletion	Date (11)		Name	e of OSHA Monitor Contracting, LLC										
Occupancy Status During Aba								Address	19, LLO							
Facility Closed/Vacated I Abatement Performed O	During Entire Po	eriod of	Abaten	nent		ä		Valley Road, Suite K								
Other – Describe:		ai Facilit	y Hours	City, State, Zip Code Wayne, New Je						7470						
Scope of Work (Check All Tha	it Apply)															
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		_	Renova Demolit				×	Mini-En Gloveba	closure ag Procedu	vith Negative re and Non-Fria			re			
Location of			Locati Normali									Abatement Type				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Used Sol. Maintena Custodial			intenar	nce/		tos Cor therma surfa		laterial (AC s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
1st Floor		Yes	No	N/A		-1 -	F1 0 1						fe			
15t F100f	1st Floor x					loor	Files & N	Mastic		700 SF	x	-				
Name of Registered Waste Ha	uler		N.	JDEP W	aste	Cubic	Yards	Mar	me of Regis	stered Landfil						
Service Transport Group			Ha	auler ID 1990		of Wa		1		terprises, l						
City, State New Castle, Delaware		11				Dispo TBD	sal Date	City	, State aynesbur	g, Ohio						
Completed by  Ljiljana Sekularac  Title  Office Assi					Signature						Date - 01/16/2020					

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) JAN 21 January 16, 2020 2020 MR. ROBERT PALINO Agencies Notified Notification Type Street Address ☐ EPA □Initial Notification DDCA ☒ Amended Notification #1-City, State, Zip Code 10年代扩播的人法 X DOL Scope of Work Procedure Changes HACKENSACK, NEW JERSEY 07601 DEP- No Longer REQUIRED ☐ Emergency (including Name of Contact Telephone Number X DOH iustification) 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 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 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Exacility Occupied / Work Area Vacated During Entire Period of Abatement SHIFT HOURS 8AM - 5PM (24 Hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure  $\ge$  3 sf or  $\ge$  3 lf ■ Renovation X Mini-Enclosure  $\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$ Demolition X 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) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA Basement Boiler Area X PIPE INSULATION 20 LF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 5 CY Newark Carting, Inc. NJ DEP# 4509 G.R.O.W.S. North Landfill Newark, NJ 04509 Disposal Date City, State 100 New Ford Mill Rd. Notes: None 01/21/2020 Morrisville, Pa 19067 215-736-1700 Completed by (Print or Type) Signature Date

Raymond 6. Ledalino

January 16, 2020

State of New Jersey - Notification of Asbestos Abatement

SENIOR PROJECT

MANAGER

RAYMOND C. PEDALINO

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

# GAC 696-2020

Data of Notification (1)															
Date of Notification (1)	ry 10, 2	020	Name of Building Owner/Operator (2)												
Agencies Notified	19 10, 2	Notification	Typo	OSC PARISH	MR. ROBERT PALINO										
☐ EPA		MInitial		ation	Street Address										
DDCA				tification #	City State 7:- C										
X DOL	742				City, State, Zip Code										
☑ DEP- No Longer REQUI	DED			(including	HACKENSACK, NEW JERSEY 07601										
DOH No conger REGO	INED	☐ Cance	cation) elled		Name of Contact MR. ROBERT PALINO	)	Telephone Number								
				FACILITY IN	NFORMATION										
Name of Facility Where Abate	ment is Ta	king Place (3)	1		Type of Facility (4)										
PALINO RESIDENCE					School (K-12)										
Street Address					Subchapter 8 (other than K-1	12)					1.752				
					Other (i.e. private & commercial buildings, homes, etc.)										
					Sq. Feet: N/A # of Flo	oors: 2	Blda.	Age:	60+ ve	ears					
City (5)	County (6	The state of the s		y Code (7)	1	201			, ,						
HACKENSACK	BE	RGEN	(State	Use Only)	Current Use (prior if being der	molished	): RES	IDENCE							
Name of Monitoring Firm Hired	d by Bldg.	Owner (8)	ASCN		Name of Contractor (9)										
ENVIROVISION, INC.			000	79	0055344655										
Street Address	-				GREENWOOD ABATEM	IENT C	ONSU	LTANT:	s, INC	· .					
20-21 WARGARAW RO	DAD				Street Address										
20 21 41/11/07/10/10/10	-AD				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 973-636-914															
Scheduled Start Date (10)					973-492-0477 00840										
01/20/2020		Scheduled C		on Date (11)	Name of OSHA Monitor										
0172072020		01/21/202	20		ENVIROVISION, INC.										
Occupancy Status During Ab	atement (	Check only or	ne)		Street Address										
☐ Facility Closed/Vacated D	uring Enti	re Period of A	hateme	nt											
Abatement Performed Ou	tside of N	ormal Facility	Hours -		20-21 WARGARAW ROAD										
Describe		oar r donity	710010		City, State, Zip Code										
X Facility Occupied / Work A	Area Vaca	ted During En	tire Peri	iod of Abatement											
SHIFT HOURS 8AM -	5PM (2	4 Hours a	s need	ded)	FAIRLAWN, NJ										
	363				LWINEWAAN' MA										
Source of Work (Check all that	apply)					named to be seen to	UU CH PRODUK	Service Control	A. P. Santon						
[V]. a.f. a.f.				(Parint)	<b>X</b> Ful	I Contain	ment wi	ith Negat	ve Pre	ssure	. 1				
$\ge 3 \text{ sf or } \ge 3 \text{ lf}$	20.16			Renovation											
$\square \ge 160 \text{ sf or } \ge 26$	50 It			Demolition	☐ Glo										
					□ Non-	-Exempte	ed (*) ar	nd Non-Fr	iable P	rocedu	ıre				
Location of Asbestos-Containing	a Isla	cation Normali	v Head	Description of Act	bestos Containing Material										
Material (ACM) in Facility (13)		y by Maint./Cu		(ACM) (i.e. therm	nal systems insulation, surfacing,	Amoun (Specif		Abateme	nt Type						
		? (12)		VAT, or other mis	cell.)	or LF)	, 0,	Remove	Repair E	incap E	nclose				
D	YES		NA												
Basement Boiler Area		X		PIPE INSULA	ATION	20 LF	=	X							
				2 - 13 - 13 - 13 - 13 - 13 - 13 - 13 - 1			1								
Name of Reg. Waste Hauler		NJDEP Wast			Cubic Yards of Waste: 5 CY	/	Name o	of Registe	red Lan	dfill					
Newark Carting, Inc. NJ DEP # 4509					Cubic Yards of Waste: 5 CY  Name of Registered Landfill G.R.O.W.S. North Landfill										
Newark, NJ 04509						1									
ANALYS AND TRUMPS	2,12				Disp	osal Date	9	I Cir	ty, State						
Notes: None						21/202			0 New F		II Rd.				
							Q-Si		orrisville		067				
Completed by (Print or Type)	T	itle			Signature		Date	21	5-736-1	/00					
RAYMOND C. PEDALI		ENIOR PE	ROJEC	T			-	an/ 10	2020						
	20000200	MANAGER		SUPERIOR STATE OF THE STATE OF	Raymond 6. Ledalino January 10, 2020										
	1.0		-		- John C. Datamore										

CKOOO

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

□-oj. #: 20-19	I A	ILL				os Abatement 0 and 12:120)	10.5 67 6	2 F II	hill	7,13	******					
FW 1740			(1 0100	ATT (0 1 10) (1	0.0	o and 121120)		多层川	W	127	The state of	The state of the s				
Date of Notification (1)		Name of B		er/Operator (2	2)	J.	(N 2 1	2020	)							
Agencies Notified Type Notifica	ition	Street Addr	ess													
DEP Amended Amendment #	. 1	City, State,	Zip Code					10. To 10.				_				
DOL Emergency			VELL, NJ	07006												
DOH (including	l to	lame of Co		07000		Telephone Number										
☐ DCA justification ☐ Cancellation	. 11	Tom In	tile													
			FAC	ILITY INFORM	MATIO	N										
Name of facility where abatement	is taking pla	ace (3)					Type of Facility									
Residential							Subc	ol (K - 12) hapter 8 (Ot			-12)					
Street Address								(Private/Co ./Homes, et		rciai						
City (5)	I Cou	nty (6)			I Co	unty Code (7)	Square Feet 2,000 SF	# of Floors		100	dg. A	ge				
Oity (5)	000	ity (o)			The second second	ate use only)	-		dem							
CALDWELL	Ess	ex				"	Current Use (Prior if being demolished) Residential									
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement	tement Contractor (9)									
N/A			1			KLOMAX, LLC										
Street Address						Street Address										
						309 W. End Ave				3,011-101						
City, State, Zip Code						City, State, Zip Code										
						Hopatcong, NJ (	07843									
Project Manager for Monitoring Fire	PI	hone Numb	er		Telephone Number   License Number											
Start Date (10)	Sched	l. Completi	ion Date (11	1)		Name of OSHA Moni										
01/27/2020	01/3	1/2020				KLOMAX, LLC										
Occupancy Status During Abateme					309 W. End Ave	ave										
Facility closed/vacated during Abatement performed outside						City, State, Zip Code										
Describe: NORMAL 1	HOURS				_	Hopatcong, NJ (	7843									
Scope of Work (check all that app						П	Full Containment	w/negative	press	ure						
	Renovation	on				E-mill	Mini-enclosure									
≥160 sf or ≥260 lf	Demolitio	n					Glovebag proced Non-Exempted (*		riahlo	proc	edure	2				
Location of	Is locatio	n normally	used solely	/	-		TVOIT Excilipted (	) and reon i	R	R	E	T				
asbestos-containing	by mainte staff(12)	enance/cus	stodiai	Descripti	ion of	asbestos-containing	Amount		e m	e p	n	l E				
material (acm) to be abated in facility (13)		Γ	Τ	material	(ACM	)	(Specify LF)	SF or .	0	a	a	C				
abated in lability (10)	Yes	No	N/A						v e	ľ	р	-				
basement		$\Box X$		Pipe Insula	ation		100 LF		X							
												10				
												10				
Registered Waste Hauler		EP Hauler 38241		ubic Yards of	Waste			ECOVED	v	SALE ALITY						
KLOMAX, LLC City, State		70241	Disposal D	2 yds. Date		TULLYTOWN, City, State	RESOURCE R	ECOVER	1	-		150				
Hopatcong, NJ 07843			TBD			TULLYTOWN,	PA									
Completed by (Print or Type)	Title			Signature		1		Date								
Paige Boylan	Owner			1	_		_	01/16/2	2020							

CK ODE	-N #	FA		CATION	ate of Nev OF ASB to NJAC	ESTOS	ABATE				C E			Pri	int F.C		
Date of Notification (1) 1/16/2020		***************************************		Name of Building Owner/Operator (2)  LANXESS Solutions US Inc.										11.			
X EPA	ype Notification			Street Address 1020 Kings George Post Road City, State, Zip Code										12.	1 1 K		
DEP  DOL  DOL  DOA	Amended Amendment Emergency justification) Cancellation	(including		Fords,	NJ 088 Contact			Telephone Number 732-306-4959									
				FACI	LITY INFO	ORMATI	ON										
Name of Facility Where Aba LANXESS Solutions U Street Address 1020 King George Po	JS Inc.	g Place (3	3)					Type	School (K-12 Subchapter & Other (i.e. pr etc.)	!) 3 (Other			dings	home	es,		
City (5) Fords								Squ	are Feet	# of F	loors	E	lldg. A	ge			
County (6) Middlesex				County (	Code (7) JSE ONLY,	)		Current Use (Prior if being demolished)  boiler house piping, processing plant & tanks									
Name of Monitoring Firm Hi Emilcott Associates, II		Owner (8)	)	ASCM	1 No.		Stryk	me of Abatement Contractor (9) ryker Demolition & Environmental Services, LLC									
Street Address 190 Park Avenue					992 (	Street Address 992 Old Eagle School Road, STE 910											
City, State, Zip Code Morristown, NJ 07960									v, State, Zip Code ayne, PA 19087								
Project Manager for Monitor David Tomsey		Telephor 973-53		Telephone No. License No. 484-581-7428 01286													
Start Date (10) 2/18/2019	ed Con	npletion (	Date (11)		550000000000000000000000000000000000000	ame of OSHA Monitor Stryker Demolition & Environmental Services, LLC											
Occupancy Status During A  Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire F	Period of	Abaten				City, S	Old E	ess Eagle Scho Zip Code PA 19087	ol Roa	d, STI	E 910					
Scope of Work (Check All T ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	hat Apply)	-	Renova Demolit				×	M G	ull Containme ini-Enclosure lovebag Proce on-Exempted	edure	973		cedur				
Location of Asbestos-Containing Ma		Use	Locati Normal ed Sole	ly ly by	Ashes		scription		al (ACM)	ACM) Amour				ement			
TO BE ABATE In Facility (13)		5 200/20 100	todial S (12)	U 1000000000000000000000000000000000000		thermal surfa		s insu T, or	lation,	(Spe	ecify r LF)	Removal	Repair	Encapsulate	Enclosure		
#6 Fuel Lir	ne	163	X	INVA	F	Pipe In:	sulation	n (TS	SI)	197	LF	X	-				
Door Gasket, caull		-	X		-	-15	ner Mis	- 50		530		X					
QA, M1D, E2, E1, P			X		F	Pipe In:	sulatio	n (TS	SI)	2963		X					
ZAA, Ester 2, PA	Tank, E1		X			Sı	urfacin	g		2538	3 SF	X					
Name of Registered Waste Horwith Trucks, Inc.	Hauler		Н	JDEP W auler ID W-1998	No.	Cubic of Wa	Yards ste	ds Name of Registered Landfill  Cumberland County Landfill				II					
City, State Northampton, PA				Disposal Date 1/31/2020					City, State Shippensburg, PA								
Completed by Mark Klotzbach		Title Vice	Presi	dent		S	ignature							1			

Print Form

Inv# 17422

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

KN DO	) PAI	是是	(F	ursuant	to NJAC	8:60 and	12:120	0)	1 1		and the second second	- "d.,±".	.b	eta ne					
Date of Notification (1) 1/16/20			of Building Dubner			JA	N 2	1	202	en en									
Agencies Notified	Type Notification	(		Street A					1		011			-02	.0	That			
X EPA	☐ Initial											1.34.3.490	6.000		r we	J			
DEP	Amended			City, Sta	ate, Zip Co	ode				-	THE PERSON	i Cres Ringo		17	<del></del>	4-			
X DOL	Amendmen Emergency		_	Paran	nus, NJ	07652					t. - V Problem	A. S. S. Service	141	1, 1,16		٠, ٠,			
□ DOH	justification)				f Contact	7		Telephone Number											
☐ DCA	Cancellation	Dubner																	
Name of Facility Where	Abatement is Takir	na Place /	2)	FACI	ILITY INF	ORMATIO	NC	т.,		4)									
Residential Home	Abatement is Takii	ig Flace (	3)					П	pe of Facility ( School (K-1	8.00									
Street Address	58							×	Subchapter	8 (Oth			uild	ings,	home	es,			
City (5)									uare Feet	# 0	f Floors		BI	dg. A	ge				
Paramus								21	100	2			6	5+/-					
County (6) Bergen					Code (7) USE ONLY	)			irrent Use (Pridesidential H		ng demo	lished	)						
Name of Monitoring Firm	n Hired by Building	Owner (8	)	ASCN	Л No.		Name	me of Abatement Contractor (9)											
Project Manager				0.000111.000				Stages Abatement											
Street Address							Street 280		ress Midland Ave	·····									
City, State, Zip Code							100-100-00	22011-031	, Zip Code										
70					dle Brook, NJ 07663														
Project Manager for Mo	Telepho	ne No.		Teleph	Telephone No. License No.														
					201-	01-600-3184 01305													
Start Date (10) 1/20/20	ed Co	ompletion Date (11) Nam					SHA Monitor												
Occupancy Status Durin	ng Abatement (Che	ck Only O	ne)			Street Address													
	cated During Entire ned Outside of Norr										94		_						
_																			
Scope of Work (Check A	All That Apply)						_	_											
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
									Non-Exempled	() all	u Non-Fi	lable r		ov over a vor	ment				
Logotio	n of	777	S Locat Norma			Doo									ре				
Locatio Asbestos-Containing		Use	ed Sole	ely by	Asbes		cription aining N		rial (ACM)	А	mount				ш				
TO BE AB		0.000	aintena todial		(i.e.	thermal s					Specify	1	D	Z	Encapsulate	Enclosure			
(13)			(12)			other m	ing, VA iscellar	neou	is)	OF.	or LF)		Remova	Repair	psul	losu			
22 10		Yes	No	N/A								1	<u>n</u>		ate	ге			
Bathro	oom		Х			99	VAT			2	1 SF	x							
Laundry	Laundry Room x						VAT					×							
Name of Registered Wa	ste Hauler			JDEP W		Cubic \			Name of F	Registe	red Land	fill							
All Stages Abateme	ent			lauler ID 036592		of Was	aste			Grand Central Sanitary Landfill									
City, State Saddle Brook, NJ						Dispos: TBD	al Date			City, State Pen Argyl, PA									
Completed by Title Richard Cristofol President						Si	gnature	1	144		>	Date 1/16	/20						