98 FL3 [3041]PA]			CATION	of New OF ASBE ONJAC 8	STOS A				E (ommonto.	¥			1
Date of Notification (1) 01/19/2019				Building C Mayer	Owner/Op	perator (2)		J	AN 2	5 2	019			
Agencies Notified Type Notification		5	Street Ad	ddress				Ĺ	-						
X EPA X Initial Amended Amendment	#			te, Zip Coo a, NJ 070					<u> </u>	V +	ali v		- 1	19.77	-
Emergency (injustification) DCA Emergency (injustification) Cancellation	including	1 1		Contact e Mayer	300000000000000000000000000000000000000				Tele	ephone N	lumbe	er			
			FACIL	LITY INFO	RMATIC	ON									
Name of Facility Where Abatement is Taking House	g Place (3)							of Facility (4 School (K-1)							
Street Address								Subchapter Other (i.e. p	8 (Othe	er than K- & comme	-12) rcial l	buildi	ngs, I	nome	s,
City (5) Verona						- 1		re Feet	# of N/A	f Floors		Blo N/	ig. Ag A	je	
County (6) Essex			County C	Code (7) JSE ONLY)			Curre	nt Use (Prid se	or if bei	ng demol	lished	d)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCN	No.				tement Con ement, In		(9)					
Street Address			Street Address 11 Rosengren Avenue												
City, State, Zip Code							, State, Zip Code towa, NJ 07512								
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho 973-3				License 01311					
Start Date (10) 01/30/2019	Schedule 01/31/2		npletion I	Date (11)				HA Monitor ement, In	C.						
Occupancy Status During Abatement (Chec			nent			Street A		ss gren Aver	nue				0		
Abatement Performed Outside of Norm Other – Describe: Occupied					_			ip Code IJ 07512							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mir	II Containmeni-Enclosure ovebag Proe on-Exempte	e cedure	2					
	lo lo	Locati	ion					Lxon pto	4 / 4		T		Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	Normal d Sole intena todial S	ly ly by nce/		tos Conta		lateria insula		(Amount Specify F or LF)		Remova	Repair	e Encapsulate	Liciosuic
(13)	Yes	(12) No	N/A			niscellan				dituru ette etteratutare v		oval	oair	sulate	ouic
Basement		X			Pipe	Insula	tion		Ş	90 LF		Х			
											-			_	
Name of Registered Waste Hauler D&S Abatement, Inc.		H	NJDEP V Hauler ID 0996		Cubic of Was TBD	Yards ste		Name of Fairles	v	ered Lan	dfill				
City, State Totowa, NJ					Dispos TBD	sal Date		City, Star Moriss		PA					
Completed by Ned Joksimovic	Title Proje	ect Ma	anager		S	Signature	• <	TI			Date 01/		2019		

OK 7643 PA	MI	NOTII (I	CATIO	State of No N OF ASE at to NJAC	BESTOS	ABATE	EMENT (0)		EC	E		$\overline{\mathbb{V}}$		
Date of Notification (1) 01/22/19	2			of Building By Mana			r (2)		į .	м 2	E /	2010		
Agencies Notified Type Notification			Street	Address Ashley A	7.			1111	JA	N 2	0 [2019		record
EPA Initial Amended			City, S	tate, Zip C	ode				Promise Comment				. <u> </u>	
X DOL Amendment Emergency (iustification)				wood, No)1			1000		0.000			7.5. page
DOH justification) Cancellation				y Mana		it			Telephon 732-71					
Name of Facility Where Abatement is Taking	Place ((3)	FAC	ILITY INF	ORMAT	TION	Type of Fa	cility (4)						
Street Address City (5)							School Subch Other etc.)	ol (K-12) napter 8 (i.e. priv	(Other that ate & com	n K-12) mercia	l buil	dings, I	nome	es,
Lakewood							Square Fee	et	# of Floor	S	E	Bldg. Ag	je	
County (6) Ocean				Code (7) USE ONLY	?		Current Use	e (Prior i	f being der	molishe	ed)			
Name of Monitoring Firm Hired by Building C)wner (8	3)	ASC	M No.				ement Contractor (9) PROFESSIONALS						
Street Address						Street 6 Wh								
City, State, Zip Code			7:			City, S	tate, Zip Cod	ate, Zip Code WOOD, NJ 08701						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	hone No. License No.							
Start Date (10)	Schedul	led Cor	npletion	Date (11)			668-9078 of OSHA Mo	nitor	1200	0				
02/01/19 Occupancy Status During Abatement (Check	02/08/	19				AAA	LEAD PRO		SIONALS	3				
Facility Closed/Vacated During Entire P	eriod of	Abaten	nent			2 50	Address HITE DOVE	COU	RT					
Abatement Performed Outside of Normal Other – Describe:	al Facility Hours City, State, LAKEW								 01					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mini-Enclo	osure Procedu	with Negat ure and Non-					
1		Locati Normal										Abaten		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole aintenar todial S (12)	ly by nce/	Asbesi (i.e.	tos Cont thermal surfa	scription taining M systems cing, VA ⁻ niscelland	aterial (ACM) insulation, T, or)	Amount (Specify SF or LF)		Remova		Encapsulate	Enclosure
EVTEDIOD	Yes	No	N/A								_		ate	œ'
EXTERIOR			S	SIDING			2500SF	2	2					
Name of Registered Waste Hauler		l N	IDED !	lasts	0.1.	v- ·								
NEWARK CARTING		H	JDEP W auler ID 1509		Cubic of Was 15		Name IESI	·	istered Lar	ndfill				
City, State NEWARK, NJ						sal Date /19	V 1000 (VIII. 1000)	State HLEHI	EM PA					
Completed by JOSEPH PERLSTEIN		S	ignature		Date 01/22/19									

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Day - (1)	- (X	1 ()				ant to NJAC 8.60 at	10 12	::120)		CKH 17	27	8			
01/18/	lotification ('19	1)					g Owner/Operator (2)									
Agencies		Type No	otification			e Meriz	.10									
_	EPA	X	Initial		Jucet	Address					CEIN	7	00- a 1.			
	DEP		Amended		City, S	tate, Zip Co	ode				107 HT 11 1V				F	
× (DOL		Amendment #				, NJ 08807									
			Emergency (including			of Contact	10			Telephone Numb	MAR 7 F		-	11		
100000000000000000000000000000000000000	ООН		justification)		Mike	e Meriz	io			Trend in an	AN 4 5 201	9		4	#00 1	
	DCA		Cancelation			100000 0000				1 1			1		ĺ.	
Newsoff						F/	ACILITY INFORMAT	ION		Assess.	The state of the s		4			
Resider		re Abate	ement is Taking Place (3)					Туре	e of Facility (4)	Authors	Last and	- 7.6				
									School (K-12		and the second second					
Street Add	iress								Subchapter	8 (Other than K-	-12)					
								X	Other (i.e. p	rivate & Comme	ercial buildings, ho	mes	etc.)		
City (5)								Saus	are Feet	# of Floors	nide de			_		
Bridgev	vater, NJ	0880	7					2,4		2	Bldg. Age 60+					
County (6)	ì					County	Code (7)	Current Use (Prior if being demolished)								
Somers						(STATE	JSE ONLY)	Home								
Name of N	Monitoring F	irm Hire	d by Building Owner (8)				ASCM No.									
							ASCINING.	Name of Abatement Contractor (9)								
Street Add	Iress							Unicorn Contracting Corp.								
								Street Address 32 Willow Way								
City, State,	Zip Code								State, Zip Code					-7/15/		
,,,	ap code									11 07424						
Project Ma	nager fo Mo	nitoring	Firm			Telepho	no No		odland Park, I	W 07424	T.,					
			•			relepho	ne No.		-333-9176		License No. 01331					
Start Date	(10)				Schedu	led Comple	etion Date (11)		e of OSHA Monitor		01331					
01/28/1	5,000				01/28		tion bute (11)	1	irovision Cons							
		ng Abat	ement (Check Only One)		101/20	,, 25	HANNE CO.		t Address	ultailts, iiic.		-		_	_	
☐ Fa	acility Clos	sed/Va	cated During Entire Peri	nd of At	atemer	nt		1	21 Wagaraw R	d Bldg 35 E						
			med Outside of Normal					75511		u., blug. 33-E		1000		-	_	
	ther - Des		7 am start	, demey	110013			City, State, Zip Code Fair Lawn, NJ 07410								
	ork (Check							I all Lawii, NJ 0/410								
⊠ ≥3	sf or ≥3 I	f			X	Renova	tion		Full Contains	agat with Nagat	ivo Proceuro					
_	L60 sf or ≥					Demoli		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure								
_		20011			_	Demon	11011	☑ IVIIII-Enclosure ☑ Glovebag Procedure								
				T	Is Locatio	n I			Non-Exemple	ed (*) and Non-F	Friable Procedure	_	Abat	emer	nt.	
		Locati	on of		Normall	1		Des	cription of					/pe		
	Asbestos-C	Containir	ng Material (ACM)	1 33	sed Solely	2000	Asbesto		aining Material (AC	M)	Amount					
		TO BE A	NO2272271477	100	laintenan stodial St	3370	(i.e. th		systems insulation	r	(Specity					
		In Fac (13		1	(12)	all?			cing, VAT, or		SF or LF)	Re		ncap	Enc	
		(1.	.,	Yes	No	N/A		otner n	niscellaneous)			Removal	Repair	Encapsulate	Enclosure	
		Raser	ment	1 163	X	IV/A	Ashastas	onto	ining Pipe Inst	ulation	25.15	_	=	te	re	
Basement							Asbestos C	Unita	ning ripe inst	nation	25 LF	X	+	-	-	
												+	-	-	-	
					-							+	-	-	-	
Name of Registered Waste Hauler					MIDERIA	/aste Haule	or ID No.	Cubin	W1: -6:41							
					00358		ENANCES EN EN	20000000	Yards of Waste		Name of Regustered					
City, State					00338	74		1+ Fairless Hills Landfill								
							1	sal Date	1	City, State						
Noodland Park, New Jersey								TBD	Cignatura	/	Morrisville, PA	_				
Completed by Title									Signature			Dat		200		
Thivko Nikolov President									1/5			01,	/18/1	19		

0 0	AMAG	
UC		
	of Now Jersey	14

X# 126 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 9/25/18 JUCHOWSK Agencies Notified Type Notification Street Address /ED Initia! DEP City, State, Zip Code Amended DOL Amendment # GLEN ROCK N.J 07452 Emergency:(Including Name of Contac X DOH lustification) DCA Cancellation FACILITY INFORMATION banc Name of Facility Where Abatement is Taking Place (3) Type of Fadility (4) RESIDENCE School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) # of Floors Square Feet Bidg. Aga Rock 2150 +50 2 County (6) County Code (7) Current Use (Prior if being demolished) ISTATE USE ONLY) RESIDENTING Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) A.MAC Contracting Inc. Street Address Street Address 185 Midland Ave City, State, Zip Code City, State, Zip Code Midland Park, NJ 07432 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-262-5841 00156 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/25/18 Omega Environmental Services Inc. 10 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 280 Huyler Street Abatement Performed Outside of Normal Facility Hours City, State; Zip Code Other - Describe: Hackensack, NJ 07606 Scope of Work (Check All That Apply) ≥3 af or ≥3 If Renovation Full Containment with Negative Pressure ≥160 of or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exampled (*) 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/ TO BE ABATED (i.e. thermal systems insulation, (Specify ncapsulate Removal Custodial Staff? In Fadility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A VAT 2755F Name of Registered Waste Hauter NJDEP Waste Cubic Yarda Name of Registered Landfill Hauler ID No. Newark Carting Inc. Grand Central Sanitary Landfill 04509 City, State Djaposal Date Newark, NJ 07105 9/25/18 ON

Completed by

Joseph Vocaturo

Date

9/25/18

Pen Argyl, PA 08702

Signature

Vice President

NOCK

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

사람들 그 마다 하는 것 같아 보다가 하는 경기를 가지 않아 하지 않아 하지 않아 하지 않아 하다.	# 1 3 3 3 4 4	
uant to NJAC 8: 60-7 and 12: 120-7)		1.4

Date of Notification (1)			(P			8: 60-7 and 12: 120-7)		AAL.	125	20	10		
0 1 / 1	0 / 1	9				ilding Owner/Operato R SCHUSTER, L		THE TANK		-20	19		
Agencies Notified Type [X] EPA	of Notification				treet Addr 0-22 HU	ess NTS POINT CO-	OP MARKET	. Assetta)	OS CI			. så	
[1]	Initial Notification				ity, State,	Zip Code		i.e.	l haye have be need to	45 % Cut Suithership	the sec of	A TABLE	
	Amended Notificati	on		11 -		NY 10474							
[X] DOH	Cancellation			l N	ame of Co	ntact		Telephone ?	James Ivon	_			
[] DCA []	Emergency			II N	IR. ZAC	СК НІТСНСОСЬ		917-531					
								917-331	-0940				
Name of Facility Where Abatement is Takin	ng Place (3)			FAC	JEH IN	FORMATION	Type of Facility	y (4)					
WAREHOUSE Street Address							1.1	School (K-12)					
60 INDUSTRIAL ROAD							[X]	Subchapter 8 (Othe Other (i.e., private &	commer	100			
City (F)	County (6)			Co	unty Code	(7)	Square Feet	buildings, homes, etc	:.)				
				25000	ATE USE	1000	30,000	# of Floors	50	Bldg.	Age		
LODI	BERGEN						Current Use (P	rior if being demolished)				
Name of Monitoring Firm Hired by Buildin	Owner (8)		IAS	CM		Name of Abatement	WAREHOU	ISE					
NUMBER						Traine or Abatement	Contractor (9)						
WHITMAN Street Address				001	10	J.R. CONTRAC	CTING & EN	VIRONMENTAL	CONSU	LTI	NG I	INC.	
7 PLEASANT HILL ROAD						Street Address							
TI LEASANT HILL ROAD		_				1141 ROUTE 2.	3						
CRANBURY, NJ 08512						City, State, Zip							
Project Manager for Monitoring Firm		Tel	enhon	e Numb	ar	WAYNE, NJ 07 Telephone Number	470						
MR. KEVIN LOVELY		2430		-5858		973 628-9500		License Num	ber				
Scheduled State Date (10)	Scheduled Con					Name of OSHA Mon	nitor	00408					
0 1 2 8 / 1 Month / Day / Year	Month	3 1	5 Day		1 9 Year		IRONMENTAL (MENTAL CONSULTING INC.					
Occupancy Status During Abatement (Check	only one)					Street Address						_	
[X] Facility Closed/Vacated D of Abatement	uring Entire Period	1				1141 ROUTE 23							
Abatement Performed Ou	tside of Normal Fa	cility				City, State, Zip Code							
[] Hours - Describe:					_	WAYNE, NJ 07-							
Scope of Work (Check all that apply)						**************************************	470						
		[X]		olition		[X]	Full Containmen	t With Negative Pressu	re				
≥ 3 sf or ≥ 5 H		1 1	Ren	ovation		1.1	Mini-Enclosure						
$[X] \ge 160 \text{ sf or } \ge 260 \text{ lf}$						 X	Glovebag Proced		0000 2 000 000				
						[A]	Non Exempted () and Non-Friable Pro		Abaten	ont T	Carpo	
		1 22	Is eation			Post to the second				I	E	E	
Location of		1 600	rmally			Description of Asbestos-Containing			R		N	N	
Asbestos - Containing			Used			Material (ACM)		Amount (Specify	E M	R E	A	C	
Material (ACM) TO BE ABATED			lely by			(i.e., thermal systems		SF or LF)	0	P	P	o	
in Facility (13)		772	ntenan stodial		1 "	nsulation, surfacing, V or other miscellaneou			V	A	S	S	
		0.000	ff (12)			or other miscenaneou	15)		A L	R	U L	U R	
Warehouse - Interior		Yes	No	N/A					"	^	E	E	
Warehouse - Interior				X		ile & Mastic		6,350 SF	X				
Varehouse - Interior				X	Wall M			1,600 SF	X				
Varehouse - Interior				X		ompound		16,000 SF	X				
Varehouse - Exterior				X	Window	Fitting Insulation v Glazing/Caulkir		38 LF	X				
Varehouse - Exterior			X	Transite		ig	555 LF 90 SF	X	\vdash	+			
Varehouse - Roof		X		/ Flashing		90 SF X 49,440 SF X							
ame of Registered Waste Hauler			EP Wa	ste		rds of Waste	Name of I	Registered Landfill	ΙΛ			-	
.R. Contracting & Environmental	Consulting Inc	Hanl	1781			100		320					
ity, State	- mounting, inc		1701	_	Disposal D	100		Central Landfill		1511-251			
Vayne, NJ					- aposai D	THE NAME OF THE PARTY OF THE PA	Pen Arg						
ompleted by (Print or Type)	Title				Sign	ature	// Als	Date		-		_	
erry Bijelonic	Project M.	no~			1 30		9	J. J					
8-41	Project Ma	uager								18/19			
un-95										G4667	111111		



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 1 21 Cafiero & Cafiero, LLC Agencies Notified Type Notification Street Address **⊠** EPA 2198 Stanley Terrace **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment #_ Union, NJ 07083 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Joe Cafiero 908-686-0930 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 1130 Globe Ave School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 1130 Globe Ave homes, etc.) City (5) Square Feet # of Floors Bldg. Age Mountainside 12,000 1 65 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Union vacant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Health Investigations, Inc. Plymouth Environmetal Co., Inc. Street Address Street Address 655 West Shore Trail 923 Haws Ave. City, State, Zip Code City, State, Zip Code Sparta, NJ 07871 Norristown, PA 19401 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. William Kerbel 973-729-5649 610-239-9920 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5 / 19 3 / 11 / 19 Plymouth Environmental Co., Inc Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 923 Haws Ave Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___ Norritown, PA 19401 Scope of Work (Check all that apply) ☐ >3 sf or >3 If □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Asbestos-Containing Material (ACM) Remova Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st floor X floor tile and mastic 2,700SF M 1st floor П \boxtimes drywall joint compound 4,000SF \boxtimes 1st floor X dust decontamination 12,000SF \boxtimes Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage Fairless Landfill 15939 40 City, State Disposal Date City, State Freehold, NJ 3/11/19 Morrisville, PA Completed By (Print or Type)

James M. Kelly

Signature

Title

Vice President

CK 4114088	s P.	AID		CATION OF ASE Pursuant to N.J.	BESTOS ABATE A.C. 7:26-2.12)	MENT		E	CE		ß				
Date of Notification (1) 1/17/19					Name of Build Paulsboro Ref				IAN 2	E 00	110				
Agencies Notified () EPA		Notification (X) Initial No			Street Address 800 Billingspo	<u>s</u> ·	i i	1	,,,,,		,10				
() DEP (X) DOL (X) DOH		() Amended () Cancelle () Emerger	l Certification	on	City, State, Zip Paulsboro, NJ			Pv. 77	2.3105	Co.ti Landa	·				
() DCA					Name of Conta	act			<u>umber</u> 24-4444						
				FACILITY IN	FORMATION			1 000 2							
Name of Facility Where Aba Paulsboro Refining Compar		aking Place (3)		Type of Facilit () School (K-						11				
) Subchapte	r 8 (other th									
Street Address 800 Billingsport Rd					(X) Other (i.e.										
City (5)	County (6)	-	County C	ode (7)	Sq. Feet_N/A_		# of Floor	rsN//	Α						
Paulsboro	Gloucester		(State Us	se Only)	Bldg. Age N/ Current Use (p	/A prior if being									
Name of Monitoring Firm Hi	red by Bldg	Owner (8)	ASCM N	<u>0.</u>			Name of Co Mansfield In								
Street Address		-			Street Address		T Manonola II	- adottical	1110.						
					26 Colonial Av City State, Zip	Code									
Project Manager for Monitor	ring Firm	Telephone	Number		Woodbury NJ Telephone Nu			Licens	e Numh	er					
	ing i iiii	Telephone	rumber		Telephone Number 856-224-4392 License Number 00857										
Scheduled Start Date (10) 1/31/19		Scheduled (2/1/19	Completion	Date (11)	Name of OSHA Monitor Mansfield Industrial, Inc.										
Occupancy Status During A () Facility Closed/Vacated () Abatement Performed C	During Entir	e Period of A	batement		Street Address 26 Colonial Avenue										
(X) Other – Describe – Remarea	noval of ACN	I within restri	cted work a	area in outside	City, State, Zip Code Woodbury NJ 08096										
Source of Work (Check all t	hat apply)														
() Demolition (X) Renova () Large Proj. (160 SF or >2 () Full Containment with Ne	260 LF ACM	sure () Mi	ni-Enclosu		F ACM) (X) Mebag Procedure	linor Proj. (<25 SF or <10	LF ACI	M)						
Location of Asbestos- Containing Material (ACM) i		ation Normally		Description of thermal system		Amount (Specify SF or	LF)	Abater	ment Ty	pe				
Facility (13)	Staff?	(12)		surfacing, VAT					Rem.	Pan	Encan	Enclose			
	_ YES	NO	NA	misc.)						кер.	Lilicap	LIIGIOSE			
Pipe Insulation Steam Line		X		TSI – Gloveba	ag	<10 LF			Х						
		_													
Name of Reg. Waste Haule Waste Management, Inc.	ŗ.	NJDEP Was 17273	D#	Cubic Yards of <3 CY	Waste			of Reg. ester Co							
City, State South Harrison, NJ			Disp. Date Various City, State South Harrison, N.							NJ					
Completed by (Print or Type	<u>e)</u>	<u>Title</u>			Signature			Date							
ANDREW GREEN		MANAGER	– Mansfield	d Industrial, Inc	- Male Site 0	perations S	<u>ear</u> Supervisor	1-17-1	9						
					9										

Mail to: NJDEP-DSHW-BRRTP

401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

2012620321

PAGE.

2/ 3

CHECK # 1/81

CK#1201

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

Date of Notification (1)		Name	of Building O	HrestOperator	(2)			In	JAV		
12/07/18			Moufe	erra Co	LP.	LAGA	-	LU	Jn i		
Agencies Notified Type I	Notification	Sires	t Address			3				-	
D EPA	nitial	Chris	/UIS State, Zip Code	TOWNEL	E AVE			-7.		_	
I bland	kmended kmendment #	CAG.		-	A -¥	1717		1			
	mergency (Including	Name	NORTH of Contact	DELGEN	N.3. 0	7047 Telephone Nun	.6			-	
	ustification) Cancellation		flisting	Gola				DD!	701	u, n	
			CRUTY DIFOR			201-617-	OH	6	100	1	
Name of Fedlity Where Abetern	ent le Taking Place (3))	11 11 10	W. W. C. L. L. C.	Type of Facility (4)					
Соии	CLCIAL		N.		School (K-12	n					
Street Address	1995					6 (Other than K-12)		_		
256 Par	K ST				Other (Le. pr	tvata & commercia	E DUR	ungs,	home	8 ,	
City (5)					Square Feet	# of Floors	В	ldg. A	80		
Morreca	L.				1750	3		+5	Ö		
County (6)	CONTRACTOR OF THE PARTY OF THE		y Code (7) E USE ONLY)		Current Use (Prio	r if being demolish	ed)				
ESSEX					RESI	DOWNAL.			1100		
Name of Monitoring Firm Hired to	ry Building Owner (8)	AS	CM No.		of Abatement Cont						
Street Address		L			AC Contracting	inc.					
ON ROCK WOOLARS				0.0000000000000000000000000000000000000	Address						
City, State, Zip Code				185 Vrasland Ave							
547, 54846, 22p 5508											
Project Manager for Monitoring F	im	I Teleni	hone No.	and Park, NJ 07	License No.						
,		10.44	100112 1119.	37.000.00100	262-5841	00156					
Start Date (10)	Schedules	1 Completio	n Date (11)	of OSHA Monitor	or						
18/05/18	12/3			tal Services In	C.						
Occupancy Status During Abates					Address						
Facility Closed/Vacated Dur	fine Fetine Pariod of Al	helamant		280							
Abstement Performed Outs	kie of Normal Facility	Hours			tate, Zip Code					-	
Other - Describe:				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ensack, NJ 07	306			20		
Scope of Work (Check All That A	upply)					the second secon					
23 sf or ≥3 lf	D, Re	novation		E	Full Containme	ni with Negative Pr	NESSON	10		1	
≥160 of or ≥260 lf	Ø De	moltion		-	Mini-Endocure					1	
				2	Glovebag Proce Non-Exampled	kdure (*) and Non-Frisbi	e Proc	andum	b		
	lai	ocation	T				_	Abata			
Location of	No	onnaithe		Description	of		_	Ту	рв		
Asbestos-Containing Metoda	(ACM) Weed	Solety by	Asbastos	Containing M	laterial (ACM)	Amount			m	m	
TO BE ABATED In Fechity	Custo	offel Stell?	(re. m	ermal systems surfacing, VA	Tor	(Specify SF or LF)	195	20	Ca	8 1	
(13)		(12)	1 0	ther miscellan	eous)	di di D j	Removal	Repair	псареціція	nciosure	
	Yes	No NA							8	3	
Party Mis		1	1 0			0		_		\neg	
EXTELLIA			1	OOF		9600SF	-				
		-	+							_	
Name of Registered Waste Hauk	36	NJOEP		Cubic Yarda	Name of R	Mibna. Deretalge					
Newark Carting Inc.		Hauler I 04509	200000000000000000000000000000000000000	of Waste 80	Grand C	entral Sanitary	Lan	dfill			
City, State					City, State	•					
Newark, NJ 07105	180			Disposal Date		yl, PA 08702					
Completed by	Title			Rioneture			9			-	
Joseph Vocaturo	Vice F	resident		1	Va 300	12	9,21	A.		- 1	

Jan.18.2019 08:49 AM A. Mac Contracting

2012620321

1=	127	0122	13	A-r	
the balance of	W 1 A 1	- 12 - 15 mm			
	PAG	F.	1.	1	3

FCFI

JAN 2 5 2019 10 DAY DOL -PICTIPICATION OF ASSISTANT ABATEMONT (PROPERTY & MARC BOOK AS (\$150) PAID 1/200 Name of Building Current Designer In TILESLE 1/18/19 MUTUAL MORTERCE THURSDING TO Buschwern ampency (reliated Talophano Ramber MATT KELLY age well-consist Harris of Facility Witters Absorptions in Taking Paths (8) TYPE OF FREE VA Howk Suincel (K-42) Suinchapter & (Other Sum K-42) Color (Lo., private & community buildings, homes. SHIPS ASSIUM 650 · 63 ENOLEWOOM CHINAL DESCRIPTION OF STREET 15BRGBA ;. Name of Managers Pers Hard by Lunche Cweat (c) AUCH NO. Name of Absence to Contractor for A Mac Contracting Inc. Street Address 188 Visited Ave. BUILDER ANDRESS Cal., 2011., 20 Call. - 31 17 17 - A - 3 1 Midland Park N.J. Product Manufacture of Manufacture Farm Telephone No. Temphone No. Licenses No. 201-262-5641 00155 1/22/15 | 1 5 | 15 . NAMES OF COMPAN BROWNS Omega Environmental Services inc. Considery Major Surve Abilition (Chack City One) Street Address 280 Huyler Street Pacility Closed/Vacated During Entire Period of Abatement Abatement Periodnesi Culaide of Normal Facility Hours Other - Desortes: City, Fishe, 210 Order Hackensack, N.J. 07506 Street of Walt (Charles) That Alary Full Containment with Regative Pressure Mini-Endouse Gisvebeg Protesture Non-Remoted C) and thus Pilote Presiden 10 of or 15 if 1100 of or 1200 if Renovation Demotion fo Legation termently and display by all factors Letmilen of Astronomy Containing Manager (ACM) Description of Asherine Containing Melectic (ACM) (i.e. thermal systems impulsion, europeing, VAT, or ether misestanceus) (12) (10) Yes No NA BASSABUT 1116 12LE NAME OF STREET Nemo of Registeres Lands HADE Wests Heater ID No. 04508 Grand Central Sanitary Landfill Newerk Certing, Inc. City, State Newerk, N.J. 07105 Pen Argyl, PA 08072

President

PL McDoneid

118/19

Date of Notification (1)	-	Name	of Building Ov	vner/Operator (2)		15		11	
Date of Notification (1)			S. JE		ANGEL	عد الماح			-men + 1	
Agencies Notified Type Notification		Street	Address			JAN	25	20	10	Ayuda Ayu
□ EPA □ Initial						JAN	د. ک	20	19_	-11
□ DEP □ Amended		City, S	tate, Zip Code	000 10	07/5					
DOL Amendment #_ Emergency (inc	chiding			100. P	5. 07454	Telephone Number	-	7.71		e de
DOH justification)			of Contact	-10		l releptione runtes	0.5		21	7
□ DCA □ Cancellation		MS	**							
Name of Facility Where Abatement is Taking Pla	ce (3)	FAC	ILITY INFO	KMATION	Type of Facility (4	-)				
MS. JESSICA	1 . 1 .	حل			☐ School (K-12	2)				
Street Address	F				☐ Subchanter 8	(Other than K-12)	.:14:		an at	. \
		F-74-74	*		Other (i.e. pr	ivate & commercial b	manng	5, 11011	100, 00	·· <i>)</i>
City (5)			· , 3· · ·	:	Square Feet	# of Floors		dg. Ag		
TRIDGEWOOD					2000	. 2		19.	1~	
County (6)			Code (7)			if being demolished)				
BERUEN		(STATE	E USE ONLY)			SIDENCE				
Name of Monitoring Firm Hired by Building Ow	ner (8)	AS	CM No.	Name	of Abatement Contra	actor (9)				
				Bes	t Removal	Inc.				
Street Address	9				Address					
						ver Stree	t			
City, State, Zip Code					State, Zip Code	07/01				
					kensack,	NJ 0/601 License No.				-
Project Manager for Monitoring Firm		Teleph	one No.	Telepi	none No.					
		<u> </u>	5	201	- 329 - 7444 of OSHA Monitor	0038	8	-	_	
Start Date (10)	Scheduled C	21.9	Date (11)							
Occupancy Status During Abatement (Check On		21.1		Ome	ga Enviro Address	nmental				
					Huyler S					
☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal F	acility Hours		119	City,	State, Zip Code	`				
Other - Describe: 8:00 AH TO	5:00 PM	<u></u>		- Sou	th Hacken	sack, NJ	076	06		
Scope of Work (Check All That Apply)										
23 sf or ≥3 lf	Ren	ovation				ent with Negative Pres	sure			
☐ ≥160 sf or ≥260 if	☐ Den	nolition			Mini-Enclosure Glovebag Proc	7.2				
				-	□ Non-Exempted	(*) and Non-Friable	Proced	ure		
	I In I	ocation			N.	14		Abate		
*		rmally		Descriptio	n of	9	-	Ту	pe	
Location of Asbestos-Containing Material (ACM)		Solely by tenance/	Asbes	tos Containing l	Material (ACM)	Amount	-		En	(II)
TO BE ABATED In Facility		iial Staff?	(i.e. ther	mal systems ins VAT, o	ulation, surfacing,	(Specify SF or LF)	Remova	Repair	caps	Enclosure
(13)		(12)		other miscella			oval	air	Encapsulate	sure
	Yes	No N/	A							
1.1.1.0.1			1 1150.11	I S. V. FACIL	اله المكاللالما في	30SF	X			
LIVING ROOM	+	/	HEKME	1 JOHNACK	- (1-20 tat)		· ~			
							+-			-
K.							-	_		_
Name of Registered Waste Hauler			Waste	Cubic Yards	1 Name of	Registered Landfill			100	
			ID No.	of Waste	1/29 Mine	rva Enter	nri	500		T.T.0
Best Removal Inc		1 17	109	Disposal Date			144	متديد	,,	
1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				24	1.0	esburg, 0	H 4	468	38	
Hackensack, N.J. 07601 Completed by	Title			Signatu	e o	Da	ite /	1	_	
J. Maiorano	Esti	imato	r		l'aione	رسيد	1	21	19	**
					1					
ASB-41 (R-06-08)				(Do not use this fo	orm for asbestos licens	ure ex	empte	a.activ	mes.

Date of Notification (1)		Na	ame of I	Building Owner/Op	perator (2)	HLRAF		F		Ŵ.	
Agencies Notified Type Notification		St	reet Ado	011							
□ EPA ☑ Initial			· . Ca	7: 0-1-		8.5 10.5000	Aل	N Z	5_	2019	
DEP		. (1	ity, State	e, Zip Code S€CA∪ C	US.	NJ. O	7094				
DOH Emergency (including justification)	luding	N	ame of (Contact	17100		Telephone Number	a			
□ DCA □ Cancellation				Ms. Wo		.8					_
Name of Facility Where Abatement is Taking Pla	ce (3)		FACIL	ITY INFORMAT	TON	Type of Facility (4	1)				\neg
MS. DAWN W		243	3			☐ School (K-1:					
Street Address	7.7				-	7 Subchanter 8	(Other than K-12) rivate & commercial b	uilding	s, hor	nes, et	c.)
City (5)			. 77	14 . S.	- 1	Square Feet	# of Floors	BI	dg. A	ge,	
SECAUCUS			· ii			2000	, 2		19	10	
County (6)			ounty C	ode (7) SE ONLY)			if being demolished)				
Name of Monitoring Firm Hired by Building Own	ner (8)	\dashv	ASCM	No.	Name of	Abatement Contr	actor (9)				
\$20 B				C	Best	Remova1	Inc.				
Street Address	0				Street Ad		0	_			
City, State, Zip Code						te, Zip Code	ver Stree	<u> </u>			
City, State, Zip Code							NJ 07601				
Project Manager for Monitoring Firm		To	elephon	e No.	Telephor		License No.				
					201-	329-7444 OSHA Monitor	0038	8			
Start Date (10) 2 4 1 9	Scheduled C		tion Da		demonstration of the second					516	
Occupancy Status During Abatement (Check Onl		اد	, ,		Street Ac	a Enviro Idress	nmental				
☐ Facility Closed/Vacated During Entire Perio	d of Abaten	nent		. 18	280 1	Huyler S	treet				
Abatement Performed Outside of Normal For Other – Describe:	cility Hours	pri		-		te, Zip Code	`				
Scope of Work (Check All That Apply)					Sout	n Hacken	sack, NJ	076	06		
>3 sfor >3 If	-El Ren	ovatio	ND.			Full Containme	ent with Negative Pres	sure			
☐ ≥160 sf or ≥260 lf		nolitio			-87	Mini-Enclosure Glovebag Proc	•				
						Non-Exempted	(*) and Non-Friable I	roced	ште		
	Is L	ocatio	n			8			Abate Ty		
Location of		rmally Solely			escription o		Amount				
Asbestos-Containing Material (ACM) TO BE ABATED		tenanc	ce/	Asbestos Cont (i.e. thermal syst	tems insula		(Specify	Rer	Re	Enca	Enc
In Facility (13)	100,000,000	(12)			VAT, or miscellane	ous)	SF or LF)	Remova	Repair	Encapsulate	Enclosure
, ,	Yes	No	N/A					-		te	(0
BASEMENT	5 5	3	J	KHEKKUL SYS	5784 IN	SUATION	105LF	1	· .	1	\
	1 1							(-			
					1		8				
Name of Registered Waste Hauler			DEP Water ID		Yards aste		Registered Landfill			_	
Best Removal Inc City, State			1710	Dispo	2 1/2	Mine City, Star	rva Enter	pri	ses	,	LLC
Hackensack, NJ 07601					2/5/19	7 Wayn			468	8	
Completed by	Title				Signature	Parone	Dat	1/2	11	9	
J. Maiorano	Esti	Lma	tor		XI	12			-/1		
ASB-41 (R-06-08)					U * :	Do not use this fo	rm for asbestos licensu	ire exe	mptec	l activ	ities.

CK 4946

Do not use this form for asbestos licensure exempted activities.

	PATO:	Ne	(Pu	rsuant t	o NJAC 8:60	and 12:120)		0	K 4	446	-			——		
Date of Notification (1)	A. A. Maddan	-	Na	ame of B	Building Owner	(2) Operator			(-)	FC	F	1	W			
1/22/	19			H:	S. JA	NET	Do	LLS				B		11/20		
Agencies Notified	Type Notification		St	reet Add	iress ,		0	(48)		9	1	г .	040	August		
□ EPA	Initial ·		-	t. Chata	7in Code				-	JAN		5 2	019	-		
DEP DOL	☐ Amended Amendment #		Ci	ity, State	Zip Code	FLY		U5.	0	7670						
4 DOL	☐ Emergency (inch	uding	N-	ame of C	TENA Contact	. , _ (_ • •		Telep	hone Number						
DOH DOH	justification) ☐ Cancellation		144			ous			1							
□ DCA	La Canonianon			-	ITY INFORM									_		
Name of Facility Where A	batement is Taking Place	e (3)					Type of I	Facility (4)								
H	S TANET	- D	10	LS.			□ Sch	nool (K-12) behapter 8) (Oub tl	non V 12)						
Street Address							D Sut	ner (i.e. pri	vate & c	ommercial bu	ilding	s, hom	es, etc	.)		
					ce :		Square F			Floors		lg. Ag		-		
City (5)	11-1-1			;	By a fire			00		2			35	5		
TEN	ATLY		10	ounty Co	ode (7)				1.5	demolished)	1			\neg		
County (6)	ERGEN				SE ONLY) _		- RESIDENCE									
Name of Monitoring Firm		er (8)		ASCM	No.	Name	1	ent Contra	111	·						
Name of Momoring 1 am	Illied by Dunding O	u. (U)		1.		Bas	Best Removal Inc.									
Street Address	treet Address					Street .	Address	L. W. Chadle	-							
					450 South River Street											
City, State, Zip Code	ity, State, Zip Code						City, State, Zip Code									
. ~	· · · · · · · · · · · · · · · · · · ·							ick,	NJ C	7601 License No.				\dashv		
Project Manager for Moni	roject Manager for Monitoring Firm					Teleph	Coopilate 110.									
						201	201 – 329 – 7444 00388 Name of OSHA Monitor									
Start Date (10)		cheduled	1	etion Da	te (11)	100000000				. marcono 🛥 i						
2/5	19		2/6	117		Ome	ga Er Address	viro	nmer	ital				\neg		
Occupancy Status During								ler S	tree	· †						
	ated During Entire Period			0.1			State, Zip (CICC	, <u></u>						
Other - Describe:	8:00 BM TO	2.	20 6	<i>γ</i> μ					sack	, NJ (76	06				
Scope of Work (Check Al						1000	011 110									
≥3 sf or ≥3 lf		D R	enovatio	on			□ Full 0	Containme	nt with I	Negative Press	ure					
□ ≥160 sf or ≥260 lf			emolitic					-Enclosure ebag Proce								
							□ Non-	Exempted	(*) and	Non-Friable P	rocedi	ште		_		
		I.	Locatio	· n			=		,			Abate Ty				
Locatio	6	1	Normally	Y		Description	n of					17	pe			
Asbestos-Containing			d Solely sintenan		Asbestos	Containing N	Material (A	CM)		mount Specify	Ħ		En	B		
TO BE AI			todial St		(i.e. therma	l systems inst VAT, o		riacing,		or LF)	Remova	Repair	Encapsulate	Enclosure		
(13			(12)			other miscella		- 20			val	H.	ulate	sure		
		Yes	No	N/A												
BASEME	. 1—			V	THERMAN	CUSTEM	ו ושבש	MIDN	(SLP	×					
DA30110	01	-		-	I HCICI IA	3/0,0										
		-														
									-			-	-			
								N	Panish	ed Landfill						
Name of Registered Wast	te Hauler			JDEP W auler ID		Cubic Yards of Waste		Name of	register	or randin			~-			
Best Remova	1 Inc		1	1710	09	20	75			Enter	pri	ses	.,	LLC		
City, State	± ±11.V.			لسلساسا	I	Disposal Date		City, Stat	e				**			
Hackensack.	NJ 07601					2/6	1	Wayn	esbı	irg, Ol		468	38_			
Completed by		Title				Signatur	re (0-01	0,11	a	٠ ()	22	110	7		
J. Maiorano		Es	tima	tor			XM	S-5/	-			-	1-	1		

(XC3963 1	ALL) (P	ursu	ant	to N	I.J.A.	<u>C.</u> 8:60 and	12:1	20)					
Date of Notification (1)	40	I	Nam	e of B	uilding	Owner / Operate	or (2)		II, JA	N 25	2019	_	
Agencies Notified Type No	tification			Curtz &		ard Kurtz		*					
⊠ EPA	anoation		Stice	i Auu	1533				1	1.5		1	si-
	nitial				& Zip (Code					in and	(te	
[]	mended mergency				07620 ontact					T=			
	Cancellation		Jeff k		oniaci					Telepho	one N	umb	er
				ACII I	TV INIC	ORMATION							
Name of Facility Where Abar	tement is Taking P	lace (3	3)	ACILI	I T IINF	Type of Faci	ility (4)						
House & Garage #2			- /			School							
Street Address						Other (i.	.e. priva	Other than I	K-12) ercial build	ings, hon	nes, e	tc.)	
City (5)	County (6)	ICo	untu	Code	(7)	Square Feet		# of Floors		Bldg. Ag	je		
Alpine/Demarest, NJ	Bergen	100	unty	Code	(1)	3,200 Current Use		f heing dem	oliched)	53			
	1					Residential		4.000-000					
Name of Monitoring Firm Hire Health and Safety Services	ed by Building Owr	ner (8)		AS	CM No		atement	Contractor	(9)				
Street Address						Resource Ma Street Addre		nent Group,	LLC				-/
P.O. Box 365						2115 Hamilto		Suite 202					
City, State & Zip Code Berlin, NJ 08009						City, State &	Zip Co		-				
Project Manager for Monitoria	ng Firm	Teler	hone	Num	ber	Trenton, NJ Telephone N			License	Number			
Mr. Jim Proctor		856-4	152-1	311		609-914-427			Licerise	0118	35		
Scheduled Start Date (10) 2-4-2019	Scheduled Cor	2-25-2	2019	te (11)	Name of OS J&S Environ			s. Inc.				
Occupancy Status During Ab	atement (Check or	nly one	9)		10	Street Addre	ss						
Facility Closed/Vacat Abatement Performe	ed During Entire P d during Normal H	eriod i	ot Ab	ateme	ent	2333 Route 2 City, State &							
Describe: 8:00am-	5:30pm	ours.				Union, NJ 07		ue					
Facility Occupied Dur	ring Abatement						SSC 255550			Marin	1		
Scope of Work (Check all that	it apply)							Full Contain	nment with	Magativa	Droc	cura	
≥3 sf or ≥3 lf		\boxtimes	Rer	novatio	on			Mini-Enclos		regative	1 103	Suic	
\[\geq \geq 160 \text{ sf ≥260 lf}			Der	nolitio	n			Glove Bag					
Location of		le l	ocat	ion	Т —	Description		Non-Exemp					
Asbestos-Conta	ining	Norn	nally	Used		Asbestos-Con			Amount (Specify	Aba	ateme	111.1	ype
Material (ACN TO BE ABATE			olely			Material (A			SF or LF)	Z	_	Ш	ш
in Facility				ice or Staff?		(i.e., thermal s insulation, surface				Remova	Repair	cap	nclo
(13)			(12)			or other miscell	laneous	5)		ova	air	Encapsula	Enclosure
		Yes	No	N/A								at	CD
Basement Garage #2 – Exterior Wind	lavva	H	H		-	nsulation) LF				
Garage #2 - Exterior vvino	lows	H	H		Wind	ow Glazing		56	LF		H		
		H	十	H						ᆜ片		님	H
			H	H						ᅥ片	H	ㅐ	H
N (D : , , , , , , ,													
Name of Registered Waste H	auler			DEP \		Cubic Yards of Waste	Name	of Register	red Landfill				
Resource Management Grou	p, LLC			35218		TBD_	Grows	s Landfill					
City, State Trenton, NJ 08619						Disposal Date TBD	City, S	State sville, PA	1/				
Completed By (Print or Type)			Tit	le		Signature	1	7	Ha.	Date			_
Mr. Brian Haney			62330657	esiden	nt .	7)11	1/2	4	10/4	1/22/2	2019		
						-1 1	- 17.00	1		_			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

CALAMILA	ursuant to N.J.A.	<u>C.</u> 8:60 and 12:	120)	CFIV
Date of Notification (1) 1-22-2019	Name of Building (Jeff Kurtz & Richa	Owner / Operator (2)		2 5
Agencies Notified Type Notification EPA	Street Address	TO TRUITE		JAN 2 5 2019
☐ DEP ☐ Initial	City, State & Zip C	code		to the state of th
☑ DOL ☐ Amended ☑ DOH ☐ Emergency	Alpine, NJ 07620 Name of Contact			Telephone No. 1
DCA Cancellation	Jeff Kurtz			Telephone Number
	FACILITY INFO	ORMATION		
Name of Facility Where Abatement is Taking F Building #1	Place (3)	Type of Facility (4		
Street Address		☐ Subchapter 8	(Other than K-12)	
		Other (i.e. pri	vate & commercial bui	
City (5) County (6)	County Code (7)	3,000	2	Bldg. Age 53
Alpine/Demarest, NJ Bergen		Current Use (Prior Residential	if being demolished)	
Name of Monitoring Firm Hired by Building Ow	ner (8) ASCM No.	Name of Abateme	nt Contractor (9)	
Health and Safety Services Street Address		Resource Manage Street Address	ement Group, LLC	
P.O. Box 365 City, State & Zip Code		2115 Hamilton Ave		
Berlin, NJ 08009		City, State & Zip C Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Jim Proctor	Telephone Number 856-452-1311	Telephone Numbe		se Number 01185
Scheduled Start Date (10) Scheduled Co 2-4-2019 Scheduled Co	mpletion Date (11) 2-25-2019	Name of OSHA M		01105
Occupancy Status During Abatement (Check o	nly one)	Street Address	l Laboratories, Inc.	
☐ Facility Closed/Vacated During Entire F ☐ Abatement Performed during Normal H	Period of Abatement	2333 Route 22 We		
Describe: 8:00am-5:30pm Facility Occupied During Abatement	ours.	City, State & Zip C Union, NJ 07083	ode	
Scope of Work (Check all that apply)				
≥3 sf or ≥3 lf	⊠ Renovation		Full Containment with Mini-Enclosure	th Negative Pressure
☐ ≥160 sf ≥260 lf	☐ Demolition		Glove Bag Procedur	res
Location of	Is Location	Description of		Non-Friable Procedure
Asbestos-Containing	Normally Used	Asbestos-Containin	g Amour (Specif	
Material (ACM) TO BE ABATED	Solely by Maintenance or	Material (ACM) (i.e., thermal system	SF or L	
in Facility	Custodial Staff? ir	nsulation, surfacing, \	VAT	Enclosure Encapsulat Repair Removal
(13)	Yes No N/A	or other miscellaneou	us)	ure ulat ulat val
Basement		lbows, pipe & mud p	ack 20 LF	
	 			
Name of Registered Waste Hauler	NIDEDW	0.1: 1/2 1		
8	NJDEP Waste (Hauler ID No. (of Waste	ne of Registered Land	fill
Resource Management Group, LLC			ws Landfill	\$8
City, State Trenton, NJ 08619			State / / risville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature	Meg	Date 1/22/2019

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 1-22-2019 Jeff Kurtz & Richard Kurtz Agencies Notified Type Notification Street Address **EPA** DEP Initial City, State & Zip Code X DOL Amended Alpine, NJ 07620 X DOH Emergency Name of Contact Telephone Number DCA Cancellation Jeff Kurtz **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Building #2 School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 3,000 53 Alpine/Demarest, NJ Bergen Current Use (Prior if being demolished) Residential Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Health and Safety Services Resource Management Group, LLC Street Address Street Address P.O. Box 365 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Jim Proctor 856-452-1311 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2-4-2019 2-25-2019 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West X Abatement Performed during Normal Hours: City, State & Zip Code Describe: 8:00am-5:30pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf \times Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition X Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulat Enclosure TO BE ABATED Remova Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Basement-Furnace \boxtimes TSI troweled 100 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 TBD Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 1/22/2019

CK doll	17	Section 24 Deciminary	uisud	aiit	to N	1.J.A.	. <u>c.</u> 0.00 and	1 12.1	20)					Octobra 1	
Date of Notification	(1) 1-22-2019						Owner / Operat	tor (2)				JAN 2	5 2	2019	
Agencies Notified EPA	Type Notific	cation			t Add		ard rear a			1					
☐ DEP ☐ DOL	☐ Initia	al ended				& Zip 07620					P.				1 25
□ DOH □ DCA		ergency	N	Vame	of C	ontact						Teleph	none l	Numb	er
☐ DCA	☐ Can	cellation	J	leff K	urtz										
Name of Facility Wh	oro Abotom	ant in Takin - F	1 (0)	F	ACILI	TY INF	ORMATION								
Cottage	iere Abaten	ient is Taking P	race (3)			Type of Fac	(K-12)							
Street Address								. ,	Other that	an K-12)				
							Other (i	i.e. priv	ate & cor	nmercia				etc.)	
City (5)		County (6)	Cor	inty (Code	(7)	Square Fee 3,000		# of Flo	ors		Bldg. A 53	ge		
Alpine/Demarest, N.	J	Bergen			Jouc	(,)	Current Use Residential	(Prior		lemolish	ed)	55			
Name of Monitoring	Firm Hired	by Building Ow	ner (8)		AS	CM No			nt Contrac	ctor (9)					
Health and Safety S Street Address	ervices						Resource M	lanager							
P.O. Box 365							Street Addre		Suite 20	12					
City, State & Zip Coo	de						City, State 8			J2					
Berlin, NJ 08009 Project Manager for	Monitoring	Firm	Talani	h = m =	Ni	le a a	Trenton, NJ								
Mr. Jim Proctor	Worldoning	F11111	Teleph 856-4			ber	Telephone N 609-914-427			Li	cense	Numbe 011			
Scheduled Start Dat 2-4-2019		Scheduled Cor		n Dat)	Name of OS J&S Environ	SHA Mo		ories Inc		011	00		
Occupancy Status D	ouring Abate	ement (Check o	nly one)			Street Addre		Laborate	Jiico, iiic	J.				\neg
☐ Facility Close ☐ Abatement F	ed/Vacated	During Entire F uring Normal H	eriod o	f Aba	ateme	ent	2333 Route						-		
Describe:	8:00am-5:3	unng Normai H 0pm	ours:				City, State & Union, NJ 07		ode						
Facility Occu	upied During	Abatement													
Scope of Work (Che	ck all that a	ppiy)							Full Con	toinmon	at with	Namatic	- D		
≥3 sf or ≥3 lf			\boxtimes	Ren	ovatio	on			Mini-End		IL WILLI	negativ	e Pres	ssure	8
☐ ≥160 sf ≥260) If			Den	nolitio	n			Glove B						
Lo	cation of		ls I	ocati	on	Т	Description	n of	Non-Exe		and No				
Asbesto	os-Containir	ng	Norm	ally L	Jsed		Asbestos-Cor	ntaining	,		pecify	A	oatem	ent i	/pe
	erial (ACM) E ABATED		So Mainte	lely b			Material (A			SF	or LF)	Z.	, ,	四	皿
	Facility		Custo				(i.e., thermal sinsulation, surfa					Kemova	Repair	cap	Clo
	(13)			(12)	N1/0		or other miscel					oval	air Eir	Encapsulat	Enclosure
Room 1 ceiling			Yes	No	N/A	700	•						1	-	
1100m r celling			H	井		Trans	site			27 SF			井		님
			H	Ħ	H							ᆜ片	+	H	님
														H	퓜
Name of Registered	Waste Hau	ler	Ш	NI	DED I	Macto	Cubic Yards	Nome	e of Regi	otovo d I	4011				
				Hai	uler II	O No.	of Waste				anomi				
Resource Manageme	ent Group, L	LC		003	35218		TBD	Grow	s Landfill	I					
City, State Trenton, NJ 08619							Disposal Date TBD	City, Morri	State sville, PA	Λ.					
Completed By (Print	or Type)			Title			Signature		7	Λ.		Date)		\dashv
Mr. Brian Haney				Pre	siden	t		On		MU			/2019		

Date of Notification (1) Name of Building Owner / Operator (2) JAN Z 1-22-2019 Jeff Kurtz & Richard Kurtz Agencies Notified Type Notification Street Address **EPA** DEP Initial City, State & Zip Code $\overline{\boxtimes}$ DOL Amended Alpine, NJ 07620 DOH Emergency Name of Contact Telephone Number DCA Cancellation Jeff Kurtz FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Boathouse School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Blda. Age County (6) County Code (7) 3,000 53 Alpine/Demarest, NJ Bergen Current Use (Prior if being demolished) Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services Resource Management Group, LLC Street Address Street Address P.O. Box 365 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Jim Proctor 856-452-1311 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2-4-2019 2-25-2019 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed during Normal Hours: City, State & Zip Code Describe: 8:00am-5:30pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures X Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsular Enclosure Remova TO BE ABATED Maintenance or (i.e., thermal systems Repair Custodial Staff? in Facility insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A 12 exterior windows X Glazing X 168 LF П Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 TBD Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 1/22/2019

PAID

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

									1	1 6)					
Date of Notification (1) 1/22/19					Building O					4.1	E	ক া	E		W		1-
Agencies Notified	Type Notification		S	treet Ad	dress					WT	Below - Pr		S118,9-11	1018/2-	s e e discon		, 1
EPA DEB										A		4.1.) =		040	-	
DEP DOL	Amended Amendment	#	10000		e, Zip Cod each Tw		08008		1 3 4		J	AN	2 3	1 2	2019	the state of the s	15.00 15.00 55.00
	Emergency (~	lame of		P 140	55550		1	Tel	ephon	ie Nu	ımbeı	Γ		1	-
DOH DCA	justification) Cancellation		1	Brian	oomaa				60 40	-	-	er kalase	110100	1.			
		ъ.		FACIL	ITY INFO	RMAT	ION	_	-4 F99-74	\		1 +	aritta e-			e .	
Name of Facility Where Brian Roddy Privat		Place (3)							of Facility (4								
Street Address	te Nesiderice								School (K-12 Subchapter 8		er tha	n K-	12)				
Sileet Address								X	Other (i.e. pr	ivate i	& com	mer	cial bu	uildir	ngs, h	omes	,
City (5)									etc.) ire Feet	# 0	f Floo	rs		Bld	lg. Ag	е	
Long Beach Twp N	NJ 08008							100	0	2				35	5+		
County (6)				County C	ode (7) SE ONLY)			Curre	ent Use (Prio	r if bei	ing de	molis	shed)				
Ocean	10 11 5 00	2(0)	(I News	of Ab	stamont Carl	ractor	· /Q\						
Name of Monitoring Firm N/A	m Hired by Building (Jwner (8)		ASCM	NO.		200000000000000000000000000000000000000	of Aba	atement Cont Inc.	actor	(9)						
Street Address								Addre									
							PO	Box 3	329								
City, State, Zip Code			35					(370)	Zip Code								
<u> </u>							100000000000000000000000000000000000000		lin NJ 080	91	1						
Project Manager for Mo	nitoring Firm		1	Telephon	e No.		1 5 5 5 5 5	none N	lo. 9800		1000000	727	No.				
Start Data (10)	Т	Scheduled	1 Com	nletion F	Date (11)				HA Monitor		00	121					-
Start Date (10) 1/31/19		2/8/19	. 00111	PIONOIT	3.0 (11)		San										
Occupancy Status Durin	ng Abatement (Ched	k Only One	e)				Street	Addre	ess			-					
	cated During Entire I	Period of Al	oatem	ent													
Abatement Perform Other – Describe:	med Outside of Norn	nal Facility I	Hours				City, S	State, 2	Zip Code								
																-	-
Scope of Work (Check	Aн тпак Арріу)	Пъ	anci (c)	tion			Г] _E .	ull Containme	ent wit	h Neo	ative	Pres	SSUL	e		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ħ		enovat emoliti				F	M	ini-Enclosure			Janve	. 1 100	Jour			
The state of the s		section (St					2		lovebag Proc on-Exempted			n-Fri	able l	Proc	edure		
		le l	Locati	on	-1 2052										Abate	ment	
Locatio	on of	N	ormall	у			escriptio						-		Ty	oe T	
Asbestos-Containin	g Material (ACM)		d Solei ntenar			os Co		Materia	al (ACM)		Amou Speci			, R	_	Enc	ш
TO BE Al		Custo	odial S (12)	Staff?	(1.6.	surf	acing, V	AT, or			F or L			Remova	Repair	Encapsulate	Enclosure
(13	3)	-	E. S.			other	miscella	neous)					val	¥	ulate	ure
		Yes	No	N/A								501 <u>e</u> r	_				
Exterior	Siding			Х		Ext	erior S	iding		1	800	sf	- 3	Х			
Name of Registered W	aste Hauler			JDEP W			c Yards		Name of	Regis	tered	Land	Ifill				
United Roll Off				lauler ID 2459	NO.	4	aste		G.R.O.	W.S	•						
City, State							osal Dat	е	City, Stat								
Elm NJ						2/8/			Morris	/ille F	PA 1						
Completed by		Title	. al 1	<u> </u>			Signatu	re					Date 1/22		9		
Anthony T Perna		Pres	ident				(_	0		-		-	1/2/	-/ 13			

Cherghey Firedomag buildingper	2/0/59+	NOTE	× s	tate of New J	ersey Ch	#5245 EMENT	and Service Medical			L	- Contraction of the Contraction	•••
	Peter-Alve-	PZ (1	Pursuant	to NJAC 8:6	0 and 12:12	TOPOPERATOR (2) d, LLC JAN 2 5 2019 t 11801 Telephone Number 908 403 3634 TION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, etc.) Square Feet # of Floors Bldg. A 60+ Current Use (Prior if being demolished) appartments Name of Abatement Contractor (9) Ace Insulation Co., Inc. Street Address 95 Montrose Rd City, State, Zip Code Colts Neck, NJ 07722 Telephone No. License No. 7322941757 00029 Name of OSHA Monitor Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Amount (Specify State) Secription of ntaining Material (ACM) all systems insulation, all systems insulation, all systems insulation, acing, VAT, or miscellaneous) For the State State State Chrins Sal Date City, State City, State City, State Chrins Name of Registered Landfill Chrins Sal Date City, State	E					
Date of Notification (1) 1/23/19	AII			of Building Ow ervices Lim		r (2)		14.41	2 €	201	,	The state of
Agencies Notified Type Notifical	ion			Address				JAN	4)	2019]	151
X EPA X Initial				V. John Stre ate, Zip Code	eet		Į.		Very Marketing	(1 (T to)		1
X DEP Amender X DOL Amender				ille, New Yo	ork 11801		4					
X DOH Emerger	ncy (including	3		of Contact			Te	lephone N	umber	china ezh u u	4	
DCA Cancella	4		Fred									
N	1: 51 /	-	FAC	ILITY INFORM	MATION	1-						
Name of Facility Where Abatement is Ta 3G Property	aking Place (3)				Type of Facilit	y (4)					
Street Address								er than K-	12)			
792 W. 3rd Ave						X Other (i.e	. private	& commer	cial bu	ildings	, hon	ne
City (5)			-				# c	f Floors	1	Bldg.	Age	
Roselle						10,000	3			_	S	
County (6) Union		1		Code (7) USE ONLY)		1		ing demoli	shed)			
	na O	\perp	0 000		LN							
Name of Monitoring Firm Hired by Buildi	ng Owner (8)	ASC	A NO.	1			r (9)				
Street Address		2					J., IIIC.					_
City, State, Zip Code					1.0	50 50						
D.: 4M		,					7722					
Project Manager for Monitoring Firm		ellerinies	Telepho	ne No.					No.			
Start Date (10)	Schedul	ed Co	mpletion	Date (11)			nr	00029				_
1/24/19	1/28/1			, ,		or our at morne						
Occupancy Status During Abatement (C	heck Only Or	ne)			Street	Address						
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe: 7am-7pm	re Period of a commal Facility	Abater y Hour	ment s		City, S	State, Zip Code					-	
Scope of Work (Check All That Apply)	-											
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	gramman .	Renova Demoli			[x	Mini-Enclose Glovebag Pr	ire ocedure				re.	
	is	Locat	tion			- TOTAL ENGINEE	1	a riorri na		-		nt
Location of	Llee	Norma ed Sole			Description	of			-	T	ype	_
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	ince/				E .		7		En	STATE STATES
In Facility	Cus	todial ((12)	Staff?	SI	urfacing, VA	T, or			emo	Rep	caps	
(13)				oth	er miscellar	reous)			oval	air	Encapsulate	Control of the Contro
interior 2 and 3 fl	Yes	No	N/A							_	0	
			X				1		X			1
front roof			X	ro	ofing mat	erial	10	000sf	X			+
Name of Penistered West- Linder		1.	1055						an market			-
Name of Registered Waste Hauler Ace Insulation Co., Inc.		- N 83	IJDEP W. lauler ID		ibic Yards Waste			red Landfil	H			
		1	2086	5								
City, State Colts Neck, New Jersey					sposal Date 28/19	10 500 6						
Completed by	Title			1/2		1 1/	I, PA	I D	ato		-	
	1		Treasu		- Grichard	() A		1 1	att			

CK 7638 PAI	D	NOTIF	CATIO	tate of No N OF ASI t to NJAC	BESTOS	ABATE	MENT 0)		E	C	E		7	
Date of Notification (1) 01/21/19				of Building Construc		Operator	(2)		A CONTRACTOR OF THE PARTY OF TH	I A A I	2 F	201	0	Constitution to
Agencies Notified Type Notification EPA Initial				Address Ind Stree	et, Suit	te 302		1 2 6	1	I COL		20	J	
DEP Amended Amendment				ate, Zip C		1			Piloto.	1.11	130			- 45 - 22
DOH Emergency (justification) Cancellation	includin			of Contact					lephone	e Nun	nber			
Name of Facility 145			FAC	ILITY INF	ORMAT	TON								
Name of Facility Where Abatement is Taking Street Address City (5)	g Place ((3)					School (K Subchapt Other (i.e	(-12) ter 8 (Oth	ner than & comn	K-12 nercia) al build	dings,	home	es,
Lakewood							Square Feet	# 0	f Floors	3	В	ldg. A	ge	
County (6) Ocean				Code (7) USE ONLY	0		Current Use (F	rior if be	ing dem	nolish	ed)			
Name of Monitoring Firm Hired by Building C	wner (8)	ASC	M No.			of Abatement C LEAD PROF			3				
Street Address							Address HITE DOVE (COURT						
City, State, Zip Code							tate, Zip Code EWOOD, NJ	08701						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none No. 668-9078		Licens).			
	Schedu 02/07/		npletion	Date (11)		Name	of OSHA Monito		140500000					
Occupancy Status During Abatement (Check	Only O	ne)				Street	Address							-
Facility Closed/Vacated During Entire Pondatement Performed Outside of Normal Other – Describe:	eriod of al Facilit	Abatem y Hours	nent S			City, S	HITE DOVE C							
Scope of Work (Check All That Apply)					_	LAKE	EWOOD, NJ	08701						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	STATEMENT .	Renova Demolit				×	Full Containr Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure						
Location of		Locati Normall	ly		Do	scription						Abater Typ		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Solei intenar todial S (12)	nce/ Staff?		tos Cont thermal surfa	aining M	aterial (ACM) insulation, T, or	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
EXTERIOR	Yes	No	N/A			SIDING		20	0005				œ.	
		1				DING		30	00SF		x		-	\dashv
Name of Registered Waste Hauler		l Ni	JDEP W	aste	Cubic	Varde	Nome	f Dogist	rod I -	den.				_
NEWARK CARTING		H	auler ID 1509		of Was		IESI	f Registe	red Lan	iaillí				
City, State NEWARK, NJ		48			Dispos 02/07	al Date /19	City, Sta BETHI	ite _EHEN	I PA					\neg
Completed by JOSEPH PERLSTEIN	Title OWN	IER			S	ignature				Date	21/1	9		

UK 7639 PAI	D	NOTII	FICATIO	State of Ne ON OF ASE of to NJAC	BEST	rsey OS ABATE and 12:12	MENT 0)	A American		5	E		7 E	7:1	
Date of Notification (1) 01/21/19			Name Miz (of Building Construc	Own tion	er/Operato	r (2)		J	AN	2 5	20	19		
Agencies Notified Type Notification EPA Initial				Address 2nd Stree	et, S	uite 302			latificación de la constantina	79 - VIII. V	Various and Co.				
DEP Amended Amendment				tate, Zip C wood, N		701			t e come	A		71 1 1	4 - 4 -0 - 4 -0 - 4		
DOH justification) DCA Emergency (justification) Cancellation		9		of Contact Construct					100000000000000000000000000000000000000		e Nur 0-299				
Name of Facility Where Abatement is Taking	- Diseas	(0)	FAC	CILITY INF	ORM	ATION					2 343343	1000			
Street Address	y Place	(3)						of Facility (4) School (K-12 Subchapter 8) (Other	than	K-12	!)			
City (5)								Other (i.e. pri etc.) e Feet	vate &				dings,		es,
Lakewood County (6)			County	Code (7)											
Ocean				Code (7) USE ONLY) _		Currei	nt Use (Prior	if being	g den	nolish	ed)			
Name of Monitoring Firm Hired by Building C	Owner (8)	ASC	M No.				ement Contr			3		- H		
Street Address							Addres	s OOVE COL	JRT						
City, State, Zip Code							tate, Zip	Code D, NJ 087	701						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one No		1	Licen	se No).			
Start Date (10) 01/31/19	Schedul 02/05/	led Con	npletion	Date (11)		Name	of OSH	A Monitor PROFES							
Occupancy Status During Abatement (Check	Only O	ne)				Street	Address	3		ALS	•				-
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of al Facility	Abatem y Hours	nent				IITE D	OVE COL	JRT						
Scope of Work (Check All That Apply)						LAKE	WOC	D, NJ 087	701						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mini- Glov	Containment Enclosure rebag Proced Exempted (1	dure						
Location of		Locati											Abater Typ		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Solel intenar todial S (12)	y by ice/	Asbest (i.e.	os Co therm sur	Description ontaining Mal systems facing, VAT miscelland	aterial (insulati Γ, or	ACM)	Amo (Spe SF o			Remova	T	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A									_		ite	Ф
INILINOR				E	BASE	EMENT T	ILES		150	SF	_	х	_		_
											-			+	
Name of Decistered Western															
Name of Registered Waste Hauler NEWARK CARTING		Ha	JDEP Wauler ID 509	10,000,000		ic Yards /aste	- 1	Name of Re	gistere	d Lan	dfill				
City, State NEWARK, NJ					Disp	osal Date 05/19		City, State BETHLEH	IEM F	PA					
Completed by JOSEPH PERLSTEIN	Title OWN	ER				Signature					Date	21/1	9		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 01 21 19 RF Products, Inc. Agencies Notified Type Notification Street Address 1500 Davis Street □ DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Camden, NJ 08103 □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Robert Minke 856-365-5500 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RF Products, Inc. ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1500 Davis Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Camden 50,000 3 70 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden Commercial Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Management & Enviro. Consulting Services Shade Environmental, LLC Street Address Street Address PO Box 341 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Chesterfield, NJ 08515 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Weisgarber 609-298-4070 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 30 / 19 02 / 06 / 19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-__ ___PM/____PM-___AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Claush = 2 ≥3 sf or >3 If ⊠ Renovation ⊠ >160 sf or >260 lf 7 Demolition

		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	011			mpted (*) and No	n-Friable Proce	dure			
1		Loca Norma			PROCESSO USERNA				atem	ent T	уре
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	ed Sol	ely by ance/ Staff?		Description of testos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							Ф	
Security Office		\boxtimes		Floor	Tile and Mastic		160 SF				
Foreman's Office		\boxtimes		Floor	Tile and Mastic		280 SF				
Inspection Office		\boxtimes		Floor	Tile and Mastic		840 SF				
Coating Room				Floor	Tile and Mastic		299 SF		П	П	П
Name of Registered Waste Hauler Freehold Cartage		1000	JDEP \ lauler II 15939	O No.	Cubic Yards of Waste	Name of Regis					
City, State Freehold, NJ 07728			10000		Disposal Date 02-15-2019	City, State Morrisville	, PA		47,212		
Completed By (Print or Type) Thristina Lynch	Title Vice Pr	eside	ent of (Operatio	Signature			Date	1/1	9	
ASB-41 AN 13	* Do not	use th	nis form	for asbes	stos licensure exemp	ted activities.		12-0	1		

PAID

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

Date of Notification (1)	alada dalami		Name	e of Buildin	a Owne	er/Operator	(2)	723	4_				V 2
1/22/19			TBC	C Contra	cting Ir		(²) / Of Camder) E	G	E	7	Л	Parks on the
Agencies Notified Type Notification	n		Stree	t Address			, -, -, -, -, -, -, -, -, -, -, -, -, -,		<u> (D</u>	14.5	1) }	9 1	
X EPA X Initial				/reeland		ie							
DEP Amended Amendme				State, Zip (7		JAN	25	20	1G	
_ Fmergens	nt # v (includir	na .	Toto	owa NJ 0	7512		. i				20	IJ	1
DOH justification	1)	.9	1	of Contac			- F)	Teleph	none Nu	ımber			-
☐ DCA ☐ Cancellation	on			ca Ramo				973-	956-8	700	Sim		Ç.
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY IN	FORMA			** * 100		esta en	125) - ed 	Marzana -	
Vacant 2 Story Building	ng r lacc	(5)					Type of Facility	(4)	- 5/2 121				
Street Address							School (K-	12)					
1625 Federal Street						-	Other (i.e.	r 8 (Other t private & co	han K-1	(2) Sial bu	ildina	c ho	moo
City (5)			-				etc.)						nes,
Camden NJ 08105							Square Feet	# of Flo	oors		Bldg.	Age	
County (6)			County	y Code (7)			1000 +	2			35+		
Camden			(STATE	E USE ONL	y)		Current Use (Pr Unknown	ior if being	demolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	CM No.									
N/A						Perns	Abatement Co	ntractor (9)					
Street Address						Street A							
							ox 329						
City, State, Zip Code	Total Control of the						te, Zip Code						
							Berlin NJ 080	091					
Project Manager for Monitoring Firm			Teleph	one No.		Telephor			ense N	0			
Stat B. L. (12)							53-9800	1	727	0.			
Start Date (10) 2/4/19			mpletion	Date (11)		Name of	OSHA Monitor						
Occupancy Status During Abatement (Che	2/8/19					Same							
						Street Ac	ldress			1			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of	Abater	ment										
Other – Describe:	ilai i aciiii	y nour	S			City, Stat	e, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf	п.		74 4 0.000										
≥160 sf or ≥260 lf	_	Renova Demoli				H	Full Containme Mini-Enclosure	ent with Neg	gative P	ressu	ге		
	W. C						Glovebag Proc	edure					
	T					\boxtimes	Non-Exempted	(*) and No	n-Friabl	e Pro	cedur	е	
1 0 2		Locat Normal										emen	it
Location of Asbestos-Containing Material (ACM)	T 20000000	ed Sole		Achani	De	scription of					T I y	ре	
TO BE ABATED	N NY 2 NY	intena todial S		(i.e.	thermal	systems in	erial (ACM)	Amour (Speci		71		Ш	m
In Facility (13)	Cus	(12)	olali?	24	surfac	cing, VAT, o	or	SF or L		Remova	Repair	cap	nclo
		·	Τ	+	otner n	niscellaneo	us)			oval	air	Encapsulate	Enclosure
Dight Oid of Divin	Yes	No	N/A									te	(D
Right Side of Building along 2nd			X		Roof	Flashing		210 L	F	х			
Floor													
													-
Name of Registered Waste Hauler		I N	JDEP W	faste	Cubic '	Vand-							
United Roll Off		H	auler ID		of Was		1	egistered L	andfill				
		22	2459		4	200 2 0	G.R.O.V	V.S.					
City, State Elm NJ						al Date	City, State						
Completed by	T =-				2/8/19)	Morrisvi	lle PA 19	067				
Anthony T Perna	Title	-l- ·			Si	gnature			Date	;			
	Presi	dent					MA THE TAXABLE PARTY OF THE PAR		1/2	2/19	į.		

State of New Jersey

PA		NO	(Pursua	ON OF A	AC 8:60 a	S ABATE	EMENT 20)					\mathbb{W}	
Date of Notification (1)					ing Owner		220 f .					78. E 2014 - F 2-17.	
1/23/19				n Sudia					JA	N 2	5 21	019	
Agencies Notified Type Notification	nc		Street	t Address	3			1					- 1
X EPA X Initial Amended			Oil o							108 f	111		1 15
X DOL Amended Amended Amendme				State, Zip							in it is		- 1
Emergend	cy (includia	ng		of Conta	h, New	Jersey					To-conyour	Marana I.e.	
DOH justificatio			Johr		ICI			Tele	phone !	lumbe	r		
Name of Facility Where Abatement is Tal	. 51		FA	CILITY II	NFORMA	TION							
Sudia Property	ang Place	(3)					Type of Facility	y (4)		- 1114			
Street Address							School (K	(-12)					
							Subchapte Other (i.e.	er 8 (Othe . private &	r than K	-12) rcial bu	ildino	e ho	mac
City (5)							etc.)			olai be			1103,
Hillsborough							Square Feet 1500	# of 1	Floors		Bldg.	Age	
County (6)			County	y Code (7	')		Current Use (P	_	a domol	inhad)	60+		
Somerset			(STATE	E USE ON	ĹY)		houses	nor ii beiii	g demoi	isrieu)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	CM No.		Name	of Abatement Co	ontractor (9)				
Street Address						Ace	Insulation Co	., Inc.					
3337,447,655							Address						
City, State, Zip Code							ontrose Rd						
							tate, Zip Code Neck, NJ 07	722					
Project Manager for Monitoring Firm			Telepho	one No.	2	1	one No.		License	No			
01 10 110							941757	1.00	00029	INU.			
Start Date (10) 2/1/19	2/8/19		mpletion	Date (11	1)	Name o	of OSHA Monitor						
Occupancy Status During Abatement (Che													
· · · · · · · · · · · · · · · · · · ·		5000000				Street /	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of mal Facilit	Abate ty Hou	ment rs			City St	ate, Zip Code						
Viner – Describe: 7am-7pm						City, St	ate, zip code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or >260 lf		Renova	ation				Full Containm	ont with M	t:	D			
≥160 sf or ≥260 lf	×	Demoli	ition			H	Mini-Enclosure	9	egauve	Pressu	ıre		
						×	Glovebag Pro	cedure d (*) and N	lon-Fria	hla Dr	acodu.		
	I:	s Locat	tion					o () and r	von-i na	JIE I I	0.035	emen	t
Location of		Norma ed Sole			Des	scription o	of				Ty	/pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	aintena	ince/	Asbe	stos Conta	aining Ma	iterial (ACM)	Amo				Е	
In Facility	Cus	todial (12)	Staff?	(1.6	surfac	ing, VAT	insulation,	(Spe SF or		Ren	Re	nca	Enc
(13)		(12)	_		other m	iscellane	ous)	0, 0,	,	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							=		ate	l e
exterior			х		S	iding		2300	sf	x			
basement			x		fir	e door		1 do	or	×			
Name of Desister 1111					1 (4-4) 4 (4-4)			-					
Name of Registered Waste Hauler		4 000	JDEP W	707077	Cubic Y		Name of F	Registered	Landfill	-			
Ace Insulation Co., Inc.		1	lauler ID I 2086	INO.	of Wast	te	Chrins	V. 184.					
City, State					Disposa	al Date	City, State			4157 546			_11//
Colts Neck, New Jersey					2/8/19		Easton,						
Completed by	Title				Sig	nature	^		Da	te			
Bree McGuire	Secre	etary '	Treasu	rer	,	1)	() -		Da	0011-			

Secretary Treasurer

1/23/19

OV OHILL DAY		NO	ΓΙΕΙCΑΤΙ	State of I	New Jers	sey	-MENT	Section 1		C	FI	[W	Prin
Date of Notification (1)			(Pursua	ant to NJA	C 8:60 a	nd 12:12	20)				Janaan H		
1/21/2019	•		Brid	e of Buildir Igewater	Town	/Operato	r (2)		ď	IAN	2 5	2019	
☐ EPA ☑ Initial	ion			t Address Commo		38			L. ASIG			·	
DEP Amended Amendm	ent#			State, Zip gewater		307				1 3 2 2	1000	<u>.</u>	
DOH justification Cancellai		ing	Name	of Contac butkocy	ct				lephone			le co	
Name of Facility Where Abatement is Ta	kina Place	. (2)		CILITY IN		TION			5-049	-0014			
House outside (trench) Street Address City (5)	ining i lace	s (3)					Type of Facili School (Subchap Other (i.e		ner than & comm	K-12) tercial b	ouilding	gs, hor	nes
Bridgewater NJ 08807							Square Feet	# o	f Floors		Bldg +50	. Age	
County (6) Somerset County			Count (STATE	y Code (7) E USE ONL	Y)		Current Use (I	Prior if be	ing dem	olished	THE PERSON		
Name of Monitoring Firm Hired by Buildin N/A	g Owner ((8)	ASC N/A	CM No.		Name ACM	of Abatement C	Contractor	(9)				
Street Address N/A						Street	Address 51st Street	01 11003					
City, State, Zip Code N/A						City, S	tate, Zip Code						
Project Manager for Monitoring Firm N/A			Teleph	one No.		Teleph	Bergen NJ one No.	07047	Licens	e No.	2		
Start Date (10) 1/30/2019	Schedu	uled Co	mpletion	Date (11))	1 - 10000000000000000000000000000000000	552-9685 of OSHA Monito	or	01384	4			
Occupancy Status During Abatement (Ch	2/1/20					Iris E	nvironmenta		atories				
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: 7:00 AM to 4:00 Pl	Period of	F A hata	ment 's			2333	Address Route 22 W ate, Zip Code	est					
Scope of Work (Check All That Apply)						Unior	NJ 07803						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli				×	Full Containr Mini-Enclosu Glovebag Pr Non-Exempte	ocedure				iro.	
Location of		s Locat Norma									Aba	temen	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Us Ma	ed Sole aintena stodial ((12)	ely by nce/	Asbes (i.e.	tos Conta thermal surfac	scription of aining Ma systems sing, VAT iiscellane	aterial (ACM) insulation, , or	(Sp	nount pecify or LF)	Removal		e Encapsulate	Enclosure
Trench	Yes	No	N/A		S Redistroson					val	=	ulate	ure
pipe is exposed		Х	tra	ansite a			20	DLF	x				
hihe is exposed				wrap a	ind pick	up							
ame of Registered Waste Hauler	N	JDEP W	/aste	Cubic Y	'ards	Name of	Registere	ad I and	en en				
ewark Carting Inc		Н	auler ID 1509		of Wast		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ethlehe			ill		
ity, State D Box 5670					Disposa	al Date	City, Star	e	4	1	1110)	.	
ompleted by alo Zumba	Title Princ	inal			Sig	nature	Color	polebox	POP KO	perni ale	enen	PA	

Title Principal

1/21/2019

V 3092 PAI	Noti	(Purs	TION OF uant to N	IJAC 8:60	os ABATEI and 12:120))	1		G	E	1 1	7	
ate of Notification (1)	gravia.	Na	me of Bu	ilding Own	er/Operator	(2)		1	IAAI	7 5	200		-
1/22/19		The state of the s	Paul	Davis (of West	Cer	ntral Jers	ey	JAN	2 5	201	9	+
gencies Notified Type Notification		75.00	eet Addre	288				Ì					
П					ding 6,U	nit /		100		5 7 1	100		-6
DEP Initial Amended		Cit	y, State,	Zip Code				70.00	111			. (4)	
DOI Amendment #_					NJ 0884	14		Telephor	a Numb	or	- CRUTER		_
Emergency (inc justification)	duding	Na	me of Co	intact					-899-74				
DOH pushication Cancellation			100000000000000000000000000000000000000	Plackis				132	-099-74	99	-		_
			FACILIT	Y INFORM	ATION	Turno	of Facility (4)						
ame of Facility Where Abatement is Taking F	Place (3)												
							School (K-12) Subchapter 8	(Other tha	in K-12)				
reet Address						H	Other (i.e. pri	vate & con	nmercial	buildin	gs. ho	mes,	8
97-280							etc.)				g. Age		-
ty (5) Princeton							are Feet 2425	# of Floo	из		90		
Princeton						1	7	2	amolicha	1			_
ounty (6)		C	ounty Co	de (7)		Curr	ent Use (Prior	ir being de	SITAMIST RO	J,			
Mercer		(5	TATE US	EUNLT) _			Home						
ame of Monitoring Firm Hired by Building Ox	vner (8)	1	ASCM N	₹o.	Nam		atement Cont						
alle of monitoring		1				Br	ick Industries	s, Inc.					75
rreet Address					Stree	et Addr	ess						
freet Address								ox 915					-
Chata Zio Coda					City.	State,	Zip Code						
City, State, Zip Code							NJ 08723						_
for Manifornia Firm		1 1	elephone	No.	Tele	phone	No.	Lic	ense No				
Project Manager for Monitoring Firm							399-7499		011	196			_
	Scheduled	Com	pletion D:	ate (11)	Nan	ne of O	SHA Monitor						
Start Date (10) 1/23/19	2/6/1												_
					Stre	et Add	ress						
Occupancy Status During Abatement (Check													
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of At al Facility I	Hours	ent		City	, State,	, Zip Code						
Scope of Work (Check All That Apply)		-				F-12-16							
	Пр	enova	tion				Full Containme		egative F	ressur	e		
23 sf or 23 H		emolit				H	Mini-Enclosuri Giovebag Pro	e codure					
2160 sf or ≥260 lf	Δ.					H	Non-Exempte	d (*) and N	Ion-Friat	le Pro	cedure		
	-										Abate	ment	
	20 (A. O.O.)	Locati	20120-1-		220					_	Ty	pe	Т
Location of		ormal J Sole		Arbani	Descrip os Containir	tion of to Mate	erial (ACM)	Amo	วนถใ			щ	-
Asbestos-Containing Material (ACM)	Mai	ntena	nce/	(i.e.	hermal syst	ems in:	sulation,	(Spe		Remova	Re	Encapsulate	-
TO BE ABATED In Facility	Custo	odial ((12)	Market Control (C)		surfacing.	VAT,	or	SFO	cLF)	1 O	Repair	130	ļ
(13)		(12)			otner misc	Bianco	us)			0		ate	Ì
	Yes	No	N/A							-	-	_	+
	-		X	Floor	Tile			315SF		X			1
				1 1001	1				and the second				1
										1	1		1
											-	+	+
	-												
		L	NJDEP V	Vaste	Cubic Yar	rds	Name o	f Registere	ed Landf	11			
Name of Registered Waste Hauler		- 4	Hauler ID		of Waste	10	0	rows No	rth I a	ndfill			
Driek ledustries Inc			21602	2					nuiLa	- Collin			_
Brick Industries, Inc.					Disposal		City, St		in :!!! -	DΛ			
City, State					2/6/19			Morr	isville,	ACCUPATION AND ADDRESS OF THE PARTY OF THE P			
Brick, NJ	Title				Sign	ature	9	_	1)ate 1/22	2/19		
Completed by		P	resider	nt				9.27	-				
Eric Plackis							Control of the Contro						

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 CRECK \$40049

Date of Notification (1)				Building Owner / Operat	@ 15	7 11 :	A Second						
01 / 04 / 19			FCA USA		1	E		\	y E H				
Agencies Notified Tune of N	atification		Street Ad	TO THE PARTY OF TH									
	otification Initial		_	YSLER DRIVE	5				11111				
☐ EPA ☐ ☐ DEP ☐	Amended			te, Zip Code HILLS, MI 48326	į.		JAN 2	5 20)19				
□ DOH	Amendment	# 1	Name of			Tolopho	ne Numb		1 1000				
☑ DOL □		w/ justification		MICHAELS		248 542	3152	81					
	Cancellation			About 1995 Comments									
			FACILITY I	NFORMATION			and and a	The state of the s	Section 1				
Name of Facility Where Abatem	nent is Taking	Place (3)		Type of Facility (4)									
FCA ENGLEWOOD CLIFFS													
Street Address				School (K-12)									
340 SYLVAN AVENUE				☐ Subchapter 8 (Other than K-12) ✓ Other (I.e., private & cmmercial									
					mes, etc.)	cininerci	aı						
City (5) County (6)	County Code	(7)	Square Feet	# Of Floor	'S	Building	Age					
ENGLEWOOD CLIFF BERGEN	50			3,000		1		40	+				
				Current Use (Prior if be	eing demol	ished)	†						
				VACANT		- 10 							
Name of Monitoring Firm Hired	by Bldg. Ow	ner (8)	ASCM NO	Name of Abatement Co		9)							
GZA				Northstar Contracting	Group Inc								
Street Address				Street Address									
55 Lane Road				32 Williams Parkway									
City, State, Zip Code				Joz Williams Farkway									
Fairfield NJ 07004				City, State, Zip Code				_					
Project Mngr. For Monitoring F	irm	Telephone Nu	ımber	East Hanover NJ 07936	5								
Ben Sallemi	2,1	973 774 3311											
Sheduled Start Date (10)		oletetion Date (1	(1)	Telephone Number		License	Number						
01 / 24 / 19	_02_	/08/	19	9737723660					}				
Occupancy Status During Abet	/	0.1.1)					0	0860					
Occupancy Status During Abate Facility Closed/Vaca	ement (Cneck ted During En	tire Period of		Name of OSHA Monitor									
Abatement	tea During Li	the renod of		Northstar Contracting Gr Street Address	oup inc								
☐ Abatement Performe	d Outside of	Normal Facility		32 Williams Parkway									
Hours - Describe:													
Other - Describe:	8AM - 4PM - I	MON - FRI		City, State, Zip Code									
	ALTERNATION OF THE SECOND			East Hanover, NJ 07936									
Scope of Work (Check All That	Apply)												
☐ Demolition	V	Renovation	V	Full Containment with	Magativa D	*******							
□ >3sf or >3lf	<u> </u>	renovation		Full Containment with Negative Pressure Mini - Enclosure									
				Glovebag Procedure									
N25 AMS				Non-Exempted (*) and	Non-Friable	e Procedu	ıre						
				- 100 XVX									
Location of	ls .		Descrip			Abateme	nt Type						
Asbestos Containing	Location Normally	A	sbestos - (Material	Containing	A	R	_	E	E				
TO BE ABATED	Used		l.e., therma		Amount (Specify	E M	R	N	N				
in Facility	Solely			rfacing, VAT,	SF or LF)		P	C	C				
(13)	by Main-			cellaneous)	Si Oi Li j	V	A	P	o				
	tenance/			,		Å	l'i	s	s				
	Custodial					L	R	U	U				
	Staff (12)							L	R				
BLDG 340 GARAGE	YES NO N/A		ION		100:=								
BLDG 340 SHOW ROOM		PIPE INSULAT	ION		160 LF	V							
BLDG 340 BASEMENT		TRANSITE FLOOR TILE			500 SF	<u> </u>							
-130 ON BROLIVIEW		LOOK TILE			288 SF	V							
Name of Registered Waste Hau	ler	NJDEP Waste	Cubic	Name of Registered La	ndfill								
NEWARK CARTING			Yards	GRAND CENTRAL SAN		IDFII I							
			of Waste										
City, State			Disposal	City. State									
NEWARK, NJ			Date	PEN ARGILE, PA									
Completed by (C.)													
Completed by (Print or Type) Paul Mast		Title	-NIT	Signature	0 100			Date					
, adi Mast		VICE PRESIDE	ZIN I	1 1/2 /	PYJE	1			04/04/40				
ASB-41				Much	1.16	, ,			01/24/19				

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7 Cleck & 0048

IName of Building Owner / Operator (2)

Date of Notification					uilding Owner /				manufacture (A	OTTORES
01 / 24	_ /19				MPSHIRE HACKE	NSACK, LLC	F	A E	1 10	122
A manaina Natifias	Tune of No	atification		Street Add	ress X STREET		I L	U II	l V	Los
Agencies Notified	5.55	otification Initial			, Zip Code	1/1	31			111111
☐ EPA	_	Amended			ACK, NJ 07601			****		
☑ DOF	_	Amendment #	1	Name of C		- ii	Telephor	e Number	2019	
☑ DOL		Emergency w/		MICHAEL		5 · 5				[]
		Cancellation	See the first hated to the best see			\$ J	973-630-9	9805		
			F	ACILITY IN	IFORMATION		<i>F.</i>	3.508 1.01	ANG ANG	1. 41
Name of Facility \ ARENA DINER	Vhere Abatem	ent is Taking P	lace (3)		Type of Facility					
						ol (K-12)				
Street Address						hapter 8 (Other th				
250 ESSEX STRE	ET					(l.e., private & ci	mmerciai			1
City (E)	County (6)	1	County Code (7)	Square Feet	# Of Floors		Building	Δne	
City (5) HACKENSACK	BERGEN	' 1	County Code ("	6,000	1		Danding	Age	
HACKENSACK	DLINGLIN					or if being demo	lished)	†	40 +	
					DINER	or it boiling dolling	,			
Name of Monitori	na Firm Hired	by Bldg. Owne	er (8)	ASCM NO						
l										
EHI					NORTHSTAR CO	ONTRACTING GR	OUP, INC)	anticana	
Street Address					Street Address					
655 WEST SHOR	ETRAIL									
City, State, Zip Co	ode				32 Williams Park	way				
SPARTA, NJ 0787	1				City, State, Zip 0	Code				
Project Mngr. For	Monitoring F	irm	Telephone Nur	mber	25.7					
WILLIAM KIERBIL			973-729-5649		East Hanover, N.					
Sheduled Start D	ate (10)	Sched. Compl	etetion Date (1		Telephone Num	ber	License	Number		
02 / 05	_ /19	_03/		19					000	-
//	/	/	/		973-884-868			Ü)860	
Occupancy Statu					Name of OSHA		OUD INC			
		ted During Enti	ire Period of		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	ONTRACTING GR	OUP, INC	,		
Abater			annal Facility		Street Address					
(Stanto) 25 (St	nent Periorine - Describe:	ed Outside of N	Offilal Facility		32 Williams Park	wav				
		7:00 AM-3:30 F	DN/I		City, State, Zip (
l Culei	Describe	1.00 AW-3.50 I	IVI		East Hanover, N.					
Scope of Work (0	heck All That	Apply)								
	141		Devention		Evil Containmo	nt with Negative I	Droceuro			
☐ Demoi	**************************************	✓	Renovation	H	Mini - Enclosure		ressure			
	f or >260 If				Glovebag Proce					
21003	1 01 2200 11			7		(*) and Non-Friab	le Proced	dure		
1				-						
Locatio	n of	ls		Descript	ion of		Abateme	ent Type		1020
Asbestos C	ontaining	Location	As	bestos - C	8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 8e 50	R		E	E
		Normally	,,,,,,	Material		Amount	E	R	N	N
TO BE A		Used		e., therma		(Specify	M	E	C	C
in Fac		Solely	111-11-0-10-0	the state of the s	facing, VAT,	SF or LF)	0	P	A	L
(13)	by Main-	ore	other misc	ellaneous)		V	Ą	P	0
		tenance/					l A L	R	S U	S U
		Custodial Staff (12)					L .	K	ĭ	R
		YES NO N/A					 	+	-	-
ROOF		TES NO N/A	ROOFING			3,000 SF	7			
BASEMENT			VAT		FAX:	100 SF	V		1 7	Ti
D/ IOEINEITI						1				T
				A.			I	In	In	
Name of Registe	red Waste Hau		NJDEP Waste	Cubic	Name of Regist	ered Landfill				
NORTHSTAR CO			Hauler ID No.		GROWS					
The second secon			A STATE OF THE STA	of Waste						
City, State				Disposal	City. State	nunces				
EAST HANOVER	, NJ			Date	MORRISVILLE,	PA				
						/	9		-	
Completed by (P	rint or Type)		Title		Sign	áture /	4		Date	
04			D11-1	20	(/).	teen L	lin)	04	1/24/40
Steve Stiles			Project Manage	er					U	1/24/19



Date of Notification (1) 1/23/2019			Name o	of Building	Owner/	Operato	(2)	No. 17	14	N 2	5	2010	100		
Agencies Notified Type Notification				Address HADLE	Y ROA	.D		100	J OA	14 2	J	2019	100		
DEP Amended Amendment			City, St	tate, Zip C	ode		7080		Asses	708 100	Carl	C.			
☑ DOH ☐ Emergency justification) ☐ DCA ☐ Cancellation			Name o	of Contact FFREY					ephone Nu 3-725-32		111111111111111111111111111111111111111				
Name of Facility Where Abatement is Takir	n Dlace (1	2)	FAC	ILITY INF	ORMAT	ION									
PSE&G Street Address 120 W. 7TH STREET	ig Flace (X Other (i.e	(-12) er 8 (Othe	er than K-1: & commerci	2) al bui	ldings	, hom	ies,		
City (5) PLAINFIELD							etc.) Square Feet 30000	Square Feet # of Floors			Bldg. Age APPX 70 YF				
County (6) UNION			County (STATE	Code (7) USE ONLY	n		Current Use (P	rior if bein	ng demolish ICE OFF	ned)			1		
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTIC		ASCI 0045	M No. *			of Abatement C			A INC	D.					
Street Address 64 BROAD STREET							Address NHITEHEAD	AVE.	10000						
City, State, Zip Code MATAWAN, NJ 07747			City, State, Zip Code SOUTH RIVER, NJ 08882												
Project Manager for Monitoring Firm TOM GEIGER	Project Manager for Monitoring Firm						one No. 432-8850		License N 01111	0.					
Start Date (10) 2/8/2019	Schedule 2/11/			Date (11)	V		of OSHA Monito			INC	 }				
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of A	Abatement 396 WHITEHEAD A													
Other – Describe: Scope of Work (Check All That Apply)	an r domey	riour	SOUTH RIVER, NJ 08882												
≥3 sf or ≥3 If ≥160 sf or ≥260 If		enova emolit			nment with Negative Pressure cure Procedure oted (*) and Non-Friable Procedure										
Location of	N	Locati	ly		Dos	scription) and Non-Friable		Abatement Type				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used So Mainter Custodia						aterial (ACM) insulation, r, or eous)	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure		
1st FLOOR	Yes	No X	N/A	FI	OOR T	II F & I	MASTIC	50	0.05	v		Ф			
1				, _	001(1	ILL Q I	VIASTIC	500	0 SF	X					
Name of Registered Waste Hauler ETGI		Н	JDEP W auler ID 006920	No.	Cubic Yof Was	te	Name of FAIRLI		ed Landfill						
City, State FLANDERS, NJ						al Date	City, Star	te ISVILLE	 E. PA						
Completed by CAROL RAIMO	Title OFFIC	CE M	GR		Si	gnature		Din	Dat	e :3/20	119				

UK 6350	PA		NOT	TFICATI	ON OF A	New Jers SBESTO: AC 8:60 a	SABATE	MEN 0)	г		E C	E		V			
Date of Notification (1) 1/24/19	-			Atla	ntic City		Operator	r (2) nty R	egional (Office	JAN	1 2	5 21)19	Total State of the Control of the Co		
Agencies Notified	Type Notificatio	n			Address		Assessing			100			0 60	/13	-		
EPA DEP	× Initial Amended				State, Zip	ng Highv	way		4	Ł	Harris III	000	2000 200 2013 1932 2013 201	. 7	ۇ ئىد.		
X DOL	Amendmen Emergency		200			ng, NJ	08330			L. L. LICHTONIO							
DOH DCA	justification Cancellation	1)	19	159	of Conta				Telephone Number								
		1000		1		FORMAT	TION			60	09-625-6	187					
Name of Facility Where A Fairton Substation	Abatement is Taki	ing Place	(3)		01211111	II OINIA	ION	Туре	of Facility	(4)							
Street Address									School (K-	12)							
Shoemaker & Clark	s Pond Road							×	Subchapte Other (i.e.	er 8 (Oth private	ner than K- & commer	12) cial bu	ildina	s. hon	nes.		
City (5)									etc.) are Feet		of Floors		Bldg.				
Bridgeton	4.							200		1	1110015		75	Age			
County (6) Cumberland				County Code (7) (STATE USE ONLY)					ent Use (Pr ipment S	ior if be shelter	ing demoli	shed)					
Name of Monitoring Firm Vertex	Hired by Building	Owner (8)	ASCM No. Name					e of Abatement Contractor (9)						-		
Street Address							Street A		es, LLC								
700 Turner Way							(5) (4) (1) (4) (1) (1) (1) (1)		ss ional Ro	ad							
City, State, Zip Code Aston, PA 19014									ip Code				- Harris				
Project Manager for Monit	toring Firm		-	Telenh	one No.		Telepho		19341						-		
Dave Turotsy					58-890	2	484-8				License I 01161	No.					
Start Date (10) 2/4/19		2/4/19)	mpletion	Date (11)	Name of EMSL		HA Monitor								
Occupancy Status During	Abatement (Chec	k Only C	ne)				Street A	Addres	SS				-				
Facility Closed/Vacat Abatement Performer	ed During Entire	Period of	Abate	ment					130 Nor	th							
Other – Describe:	d Odiside of North	nai Facili	y Hour	S			City, Sta		p Code son, NJ								
Scope of Work (Check All	That Apply)						Olilia	1111111	ori, NJ						_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli					Min Glo	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
			s Locat					- Non-Exempled ()			THOIT I HOL	Abatement					
Location of Asbestos-Containing M		Use	Norma ed Sole	lly Description				ription of				-	Ту	/pe			
TO BE ABAT	ED	Ma	aintena todial	nce/	aining Ma systems i	nsula	(ACM) tion,		nount pecify	D Z	_	Enc	Ш				
(13)			(12)				ing, VAT,			SF	or LF)	Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A								/al	=	ılate	ure		
Equipment SI	helter	X				Trans	site Pan	el		30	SF	X					
						_											
Name of Registered Waste	Hauler		h1	IDED V	lants	I C. t.											
PSC Ind Outsource				JDEP W auler ID		Oubic Y of Wast			Name of F			andfil					
City, State Jnion, NJ						Disposa	al Date	1	City, State Newburg		- 14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						
Completed by lack Bally		Title Sr. P	roject	Manag	ger	Sig	nature	· /	2,11.		Dat 1/2	te 24/19					
ASB-41 (R-06-08)		1				- 1	Do not u	ise thi	s form for a	sbesto	,			activiti	es.		

	-
Print	-orm
1 11111	1 01111

CK 1881 PA	AID	NOTII	FICATIO	State of New ON OF ASBE It to NJAC 8	ESTOS	ABATE	MENT	r				П	M	P. P.			
Date of Notification (1) 1/21/19				of Building (nel Morgar		Operator	r (2)			JA	W 2	5 2	019	A STATE OF S			
Agencies Notified Type Notificat	ion		Street	Address					ŧ								
EPA Initial								*	And the second								
DEP Amende Amendm	72			tate, Zip Coo		76			i Marianto								
∑ Emerger	ncy (includin	uding Washington, NJ 07676 Name of Contact							Tababasa								
DOH justificati				iel Morgar	n				Telephone Number								
	XUX.2.0.1			CILITY INFO		ON				_				-19-			
Name of Facility Where Abatement is Ta	aking Place	(3)					Туре	of Facility (4	1)					- 202			
Residential Home								School (K-12									
Street Address								Subchapter Other (i.e. pr	8 (Other t	than K-1	2)	Idinas	hom	00			
City (5)							×	etc.)						es,			
Washington							Squa 220	are Feet	# of FI	oors	1000	Bldg.	0.00				
County (6)		- 1	County	Code (7)				ent Use (Prio	3.50	d = = !! =	103	65 +/					
Bergen			County Code (7) (STATE USE ONLY)					sidential H	ome	demoils	nea)						
Name of Monitoring Firm Hired by Buildi	3)	ASC	M No.		Name		atement Cont)								
Project Manager							s Abateme										
Street Address					Street												
01 01 1 7								idland Ave									
City, State, Zip Code								Zip Code									
Project Manager for Monitoring Firm			Tolonh	ana Na				rook, NJ 0		9							
. To job Manager for Worldring Firm			Telepho	one No.		Teleph 201-				icense N 1305	lo.						
Start Date (10)	Schedu	led Cor	npletion	Date (11)				HA Monitor	0	1303							
1/23/19	1/25/1		**			· vaine	0, 00	i ii v ivioriitoi									
Occupancy Status During Abatement (Ch	neck Only O	ne)				Street	Addre	SS									
Facility Closed/Vacated During Entit	re Period of	Abaten	nent														
Abatement Performed Outside of No Other – Describe: 8 A.M to 4 P.M	ormal Facilit	y Hours	3		_ [City, St	tate, Z	ip Code									
Scope of Work (Check All That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mii Glo	Il Containmer ni-Enclosure ovebag Proce	dure				_				
	10	s Locati	ion			Non-Exempted			() and iv	UIFFIIAL	T		ement				
Location of		Normal	ly		Des	escription of						Ту	ре				
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintenar		Asbesto	s Conta	aining M	ateria	(ACM)	Amo	7/0-27			m				
In Facility	Cus	todial S	Staff?	(i.e. tr		systems ing, VA		ation,	(Spec		Remova	Repair	Encapsulate	Enclosure			
(13)		(12)				iscellan				ATT-02.0 4	lova	pair	sula	osur			
	Yes	No	N/A								-		ite	Ф			
Basement		х			,	VAT			177	SF	x						
-1																	
Name of Registered Waste Hauler		933	JDEP Wauler ID		Cubic Y			Name of Re	egistered	Landfill	1	-					
All Stages Abatement		9.00	36592		or vvast 1 yd	ie.		Grand C	entral S	Sanitar	y Lar	ndfill					
City, State Saddle Brook, NJ					Disposa TBD	al Date		City, State Pen Argy	ıl. PA								
Completed by	Title					gnature	11	· (-, - , .	Da	te			-			
Richard Cristofol	Pres	ident						7		1	21/19	9					

State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-15 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 11 1/12 11 1/11 19 1 rick zeigler Agencies Notified Type Notification Street Address ☐ EPA Initial ASSESTOS COMED. A Amended **LICENSING** DEP Amendment #: City, State, Zip Code DOL Emergency MADISON, NJ 07940 (including DOH Name of Contact Telephone Number justification) ☐ DCA rick zeigler Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) rick zeigler Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) MADISON **MORRIS** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 02/01/19 02/20/19 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure ≥ 3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of R E by maintenance/custodial E asbestos-containing е e n Description of asbestos-containing Amount staff(12) material (acm) to be m n p C (Specify SF or material (ACM) abated in facility (13) 0 C a Yes No N/A V basement PIPE INSULATION 190 I ft X porch crawl space PIPE INSULATION 31ft M Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 02/04/19 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date **BOGDAN JOLDZIC** PRESIDENT 01/21/19

Do not use this form for asbestos licensure exempted activities.

ASB-41

\cap 17	PA	NO	TIFIC	CATIO	N OF AS	New Jersey SBESTOS ABA	TEMENT	FEG		J W						
UK FAS	10		(1	Pursua	ant to NJ	AC 8:60 and 5:	16)		M. Gryngin yn r	E communicación de la comm	energy folials	F. Tarana				
Date of Notification (1)				Nan	ne of Buildi	ng Owner/Operator	(2)	JAN	25	201	q					
1/	16 /	19		С	ty of Atla	intic City	#1812-2391 C	1100		,	-					
	Type Notification	n		Stre	et Address	9		— L Vacest	00 C	n s Pater	6.5	1				
I I I I I I I I I I I I I I I I I I I	☑ Initial ☑ Amended			13	01 Bacha	arach Blvd.		1.1	Clair	niGi		*				
☑ DHSS	Amendment Amendment	#		City,	State, Zip	Code		1	. sterning on the	DATES SAFER	Controller:	-				
□ DCA		(includi	ng		lantic Cit											
(NJAC 5:23-8)	justification)			,	e of Conta			Telephone Number								
	☐ Cancellation	1			le L. Find			609-347-5	290							
Name of Facility Where Ab	atement in Tak	ina Dia	- (2)	F/	CILITY	NFORMATION										
Residential	atement is rak	ing Plac	æ (3)				Type of Facility									
Street Address							School (K-1	2) 8 (Other than K-	12)							
							Other (i.e., p	private and comm	nercial t	ouildin	gs,					
City (5)			and the s				homes, etc.)		Plda Ass						
Atlantic City							Square Feet	# of Floors	E	Bldg. A	ige					
County (6)				Cou	nty Code (7VSTATE LISE ONLY	Current Hee /D	des if heiered	E L D							
Atlantic					.,	, January Coll Civil 1)	Residential	Prior if being demolished)								
Name of Monitoring Firm Hi		Owner	(8)	ASCN	No.	Name of Abatem										
Health and Safety Se	rvices						d Mold Service									
Street Address						Street Address		-, - J.p.								
318 12 th STreet						3859 Sylon B	oulevard									
City, State, Zip Code	NAM					City, State, Zip Co										
Hammonton, NJ 0803						Hainesport, I	NJ 08036									
Project Manager for Monitor	ring Firm			ephone		Telephone No.		License No.								
Jim Proctor				09-839		609-702-0400		00862								
Start Date (10)1 /17 /	Sche			etion Da		Name of OSHA M	(1710) 1170 1170 1170 1170 1170 1170 1170									
				<u>/_</u> / .	19	EMSL Analyt	cal, Inc.									
Occupancy Status During Al	batement (Che	ck only	one)			Street Address						_				
☐ Abatement Performed On	utside of Norm:	eriod of	Abate	ement	oribo	200 U.S. Rout										
Time of Abatement:	AMF	PM/	PM		AM	City, State, Zip Co										
Scope of Work (Check all the	at apply)					Cinnaminson	, NJ 08077									
		_				☐ Full Cont	ainment with Neg	ative Pressure								
≥3 sf or ≥3 if ≥160 sf or ≥260 if			novat moliti				osure									
			arronu.	OII		☐ Non-Exer	Procedure	n-Friable Procedi	ure							
			Loca							ateme	ent T	vne				
			Norma	ely by	A=h==	Description of				_						
Location of Asbestos-Containing Mat	erial (ACM)		intone	ance/	Aspes	stos Containing Mat	erial (ACM)	Amount	em	Repair	Encapsulate	Enclosure				
Asbestos-Containing Mat TO BE ABATE	terial (ACM)	Ma			(I.e.	, thermal systems in	nsulation	(Specify	1 5	=	psu	Sur				
Asbestos-Containing Mat <u>TO BE ABATE</u> IN Facility	erial (ACM) D	Ma	todial	Staff?	(i.e.	, thermal systems in surfacing, VAT,	or	(Specify SF or LF)	Removal		-	æ				
Asbestos-Containing Mat TO BE ABATE	erial (ACM) <u>D</u>	Ma		Staff?	(i.e.		or		loval		late	1				
Asbestos-Containing Mat TO BE ABATE IN Facility (13)	<u>D</u>	Ma Cus Yes	todial (12) No	Staff?		surfacing, VAT, other miscellaned	or ous)	SF or LF)				_				
Asbestos-Containing Mat TO BE ABATE IN Facility (13)	<u>D</u>	Yes	todial (12) No	Staff? N/A		surfacing, VAT,	or ous)		loval		late 🔲					
Asbestos-Containing Mat TO BE ABATE IN Facility (13)	<u>D</u>	Yes	todial (12) No	N/A		surfacing, VAT, other miscellaned	or ous)	SF or LF)								
Asbestos-Containing Mat TO BE ABATE IN Facility (13)	<u>D</u>	Yes	todial (12) No	Staff? N/A		surfacing, VAT, other miscellaned	or ous)	SF or LF)								
Asbestos-Containing Mat TO BE ABATE IN Facility (13) Demolition with asbesto	os in place	Yes	todial (12) No	N/A		surfacing, VAT, other miscellaned	or ous)	SF or LF)								
Asbestos-Containing Mat TO BE ABATE IN Facility (13) Demolition with asbesto	os in place	Yes	No	Staff? N/A	Demolit	surfacing, VAT, other miscellaned ion with asbesto	or ous)	SF or LF) unknown								
Asbestos-Containing Mat TO BE ABATE IN Facility (13) Demolition with asbesto lame of Registered Waste H Waste Management	os in place	Yes	No	N/A N/A N/A N/A N/A	Demolit Vaste No.	surfacing, VAT, other miscellaned ion with asbesto Cubic Yards of Waste	or nus) es in place	SF or LF) unknown								
Asbestos-Containing Mat TO BE ABATE IN Facility (13) Demolition with asbesto Jame of Registered Waste H Waste Management City, State	os in place	Yes	No	Staff? N/A	Demolit Vaste	surfacing, VAT, other miscellaned ion with asbesto	or pus) s in place Name of Regist	SF or LF) unknown								
Asbestos-Containing Mat TO BE ABATE IN Facility (13) Demolition with asbesto lame of Registered Waste H Waste Management City, State Lafayette, NJ	os in place	Yes	No	N/A N/A N/A N/A N/A	Demolit Vaste	surfacing, VAT, other miscellaned ion with asbesto Cubic Yards of Waste 5	or pus) s in place Name of Regist ACUA	unknown ered Landfill								
Asbestos-Containing Mat TO BE ABATE IN Facility (13) Demolition with asbesto Name of Registered Waste H Waste Management Dity, State Lafayette, NJ Completed By (Print or Type)	os in place	Yes	No	N/A N/A N/A N/A N/A	Demolit Vaste	surfacing, VAT, other miscellaned ion with asbesto Cubic Yards of Waste 5 Disposal Date	Name of Regist ACUA City, State	unknown ered Landfill								
Asbestos-Containing Mat TO BE ABATE IN Facility (13) Demolition with asbesto Name of Registered Waste H Waste Management City, State Lafayette, NJ	os in place	Yes □	todial (12) No	N/A N/A N/A N/A N/A	Demolit Vaste No.	surfacing, VAT, other miscellaned ion with asbesto Cubic Yards of Waste 5 Disposal Date 1/17/19	Name of Regist ACUA City, State	unknown ered Landfill								

State of New Jersey OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 1 23 1 JCP&L/FirstEnergy Company / Job #1901-5434 Check#10935 Agencies Notified Type Notification Street Address **⊠** EPA 10 Legion Place- Building A ☑ DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment # Morristown, NJ 07960 ☐ DCA ☐ Emergency (including) (NJAC 5:23-8) justification) Name of Contact Telephone Number □ Cancellation Irving Silverman 978-490-6930 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) JCP&L ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 40 Canfield Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Morristown County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Morris Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) NA AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __2__/__1__/_19 2 / 1 / 19 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation ≥160 sf or ≥260 lf ☐ Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Asbestos-Containing Material (ACM) Remova Encapsulate Enclosure Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify **Custodial Staff?** IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A **Exterior Pole** П П X Asbestos risers 16 LF X П П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. AbateTech, Inc. Waste G.R.O.W.S. Landfill 18750 2 City, State Disposal Date City, State

ASB-41 MAY 11

Lumberton, NJ

Gwen Trumbetti

Completed By (Print or Type)

Title

Operations Coordinator

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

2/1/19

Signature

Tullytown, PA

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) 23 1 19 JCP&L/FirstEnergy Company / Job #1901-5433 Check#16952 Agencies Notified Type Notification Street Address **⊠** EPA 10 Legion Place-Building A ☑ DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment #_ Morristown, NJ 07960 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Irving Silverman 978-490-6930 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 33 Morris Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Springfield, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Union Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __2__ / 1 / 19 2 / 1 / 19 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation ☐ Mini-Enclosure ☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Remova Encapsulate Enclosure Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior Pole \boxtimes Asbestos risers 16 LF X П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech. Inc. G.R.O.W.S. Landfill 18750 City, State Disposal Date City, State Lumberton, NJ 2/1/19 Tullytown, PA Completed By (Print or Type) Title Signature Gwen Trumbetti **Operations Coordinator**

Date of Notification (1)	直 に は に に に に に に に に に に に に に	AL		7			AC 0.00 and 5.						
177	44						ing Owner/Operator	3.00	J J	AN 4	2 5	2019	9
	/	19			-	ICP&L/Fir	stEnergy Compa	ny / Job #190	1-5428 Check	k #109	31		의
Agencies Notified	Type Not	ification			Str	eet Address	3		· · · · · · · · · · · · · · · · · · ·		4.14.2		
⊠ EPA					1	0 Legion	Place- Building	A	/ · · · ·				
☑ DOLWD	☐ Amen					, State, Zip				Produce in the co	A CONTRACTOR	No hard Frank William	
☑ DHSS ☐ DCA	The second secon	dment #_		_	1 4 25		n, NJ 07960						
(NJAC 5:23-8)			cludii	ng		ne of Conta			Talashaa N				
(Cance				10	ohn Grec			Telephone Nu				
	_								201-602-1	499			
Name of Facility Where A	Ahatement i	e Takina	Dlac	0 (2)		ACILITY	NFORMATION	T=					
JCP&L- Substation		3 Taking	riac	e (3)				Type of Facility					
Street Address			_					School (K-1)	2) 8 (Other than K-	12)			
300 Madison Ave.								Other (i.e., p	rivate and comm	nercial h	buildi	nas.	
City (5)								homes, etc.))			5 .	
								Square Feet	# of Floors	E	Bldg.	Age	
Morristown, NJ 079	60				41				1				
County (6)					Co	unty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)	M		
Morris								Substation					
Name of Monitoring Firm			wner	(8)	ASC	M No.	Name of Abateme	ent Contractor (9)					1111
1 Source Safety & h	ealth, Inc.						AbateTech, I	nc.					
Street Address		71					Street Address						
140 S. Village Ave. S	Suite 130						30 Maple Ave	. PO Box 25					
City, State, Zip Code						- 50	City, State, Zip Co						_
Exton, PA 19341							Lumberton, N						
Project Manager for Monit	oring Firm			Tele	ephone	No.	Telephone No.		License No.				_
Brian Hovendon						4-5525	609-265-2107		00529				
Start Date (10)		Schedul	ed C				Name of OSHA M		00323				_
1/15/						19	EMSL Analyti						
Occupancy Status During	Abatement							- Cai					
☐ Facility Closed/Vacated					mont		Street Address						
Abatement Performed (Outside of N	lormal F	acility	Hou	rs - De	scribe	200 Route 130						
Time of Abatement:	AM	PM/		_PM-		AM	City, State, Zip Co						
Scope of Work (Check all t						-	Cinnaminson	, NJ 08077					
cope of work (Check all t	nat apply)						□ Full Cont	ainment with Nega	ativa Deserves				
≥3 sf or ≥3 lf		-		novati	77.00		☑ Mini-Encl	osure	ative Piessure				
⊴ ≥160 sf or ≥260 lf			Der	nolitic	n		Glovebag	Procedure					
			le	Locat	ion	1	☐ Non-Exen	npted (*) and Non	-Friable Procedu				
Location of	F			orma			Donosintian of			Ab	atem	ent T	ype
Asbestos-Containing Ma		/I)		Sole		Asbes	Description of stos Containing Mate	erial (ACM)	Amount	Re	Repair	四	1
TO BE ABATI IN Facility	ED			ntena	nce/ Staff?	(i.e.	, thermal systems in	sulation,	(Specify	Removal	pair	cap	Liiciosdie
(13)			Oust	(12)	Jan:		surfacing, VAT, other miscellaneo		SF or LF)	/al		Encapsulate	0
(,)		Y	'es	No	N/A	1	other miscellaneo	us)				ate	
rd Floor South Tower			7	\boxtimes		Ashasta	م مامام مام			+-	-	_	-
Tiour count tower				00 mm		Aspesto	s debris clean u	p	150 SF	×			L
]										
													Г
			-								닏		-
ame of Registered Waste	Haulor	ĮL.	1			Mart	0.11.12.1.2						
AbateTech, Inc.	rauler			12000	JDEP \		Cubic Yards of Waste	Name of Registe					
				0.000	18750		20	G.R.O.W.S.	Landfill				
ty, State							Disposal Date	City, State					_
Lumberton, NJ		+					1/16/19	Tullytown, F	PA				
ompleted By (Print or Type	e)	Title			Discorric		Signature	1	D:	ate i			_
Gwen Trumbetti		Oper	ratio	ns C	oordi	nator	MAI	1		1/1	41	10	