State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) PRUDENTIAL FINANCIAL /19 Street Address Agencies Notified Type Notification 751 BROAD STREET EPA Initial Notification City, State, Zip Code DEP Amended Notification #4 NEWARK, NEW JERSEY 07102 DOL Cancellation DOH On Hold Name of Contact DCA Telephone Number EMERGENCY NOTIFICATION JASON MCCAULEY 973-802-4072 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) PRUDENTIAL BUILDING Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet 751 BROAD STREET - 6TH FLOOR # of Floors Bldg. Age 785,000 27 City (5) 58 County (6) County Code (7) Current Use (Prior if being demolished) Pharm. Lab. **NEWARK ESSEX** (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) COMMERCIAL ASCM No. Name of Abatement Contractor (9) ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC PAR ENVIRONMENTAL CORPORATION Street Address Street Address 28 NORTH PENNELL ROAD 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MEDIA, PA 19063 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number RONALD KHACHADOURIAN License Number 610-891-0114 Expected State Date (10) 845-369-7500 1101 Sched. Completion Date (11) Name of OSHA Monitor 10 / 16/18 3 / 30 QUALITY Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: 1376 ROUTE 9 Other - Describe: MONDAY -FRIDAY 6 PM-2 AM City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590 Scope of Work (Check all that apply) Full Containment Demolition Renovation Mini-Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing Abatement Type normally used Containing Material (ACM) Amount Material (ACM) ENCLOSUR REPAIR ENCAPSUL REMOVAL solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, in Facility (13) SF or LF) Staff (12) or other miscellaneous) Yes No N/A 6TH FLOOR -ENTIRE FLOOR TILE & MASTIC 18,000 SF ADDITION TO SCOPE: BASEMENT TUNNEL PIPE INSULATION 12 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. GRAND CENTRAL SANITARY 913

Disposal Date

10/15-03/30/19

Signature

City, State PLAINFIE

D TOWNSHIP, PA

City, State

NEWARK, NEW JERSEY

BENJAMIN SANCHEZ

Completed by (Print or Type)

Title

DIRECTOR OF OPERATIONS

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) PRUDENTIAL FINANCIAL 11 /18 Street Address Agencies Notified Type Notification 751 BROAD STREET JAN 3 2019 **EPA** Initial Notification City, State, Zip Code DEP Amended Notification #3 NEWARK, NEW JERSEY 07102 DOL Cancellation DOH On Hold Name of Contact DCA Telephone Number EMERGENCY NOTIFICATION JASON MCCAULEY 973-802-4072 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) PRUDENTIAL BUILDING Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address 751 BROAD STREET - 6TH FLOOR Square Feet # of Floors Bldg. Age 785,000 27 City (5) 58 County (6) County Code (7) Current Use (Prior if being demolished) Pharm. Lab. NEWARK ESSEX (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) COMMERCIAL ASCM No. Name of Abatement Contractor (9) ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC PAR ENVIRONMENTAL CORPORATION Street Address 28 NORTH PENNELL ROAD Street Address 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MEDIA, PA 19063 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number RONALD KHACHADOURIAN License Number 610-891-0114 Expected State Date (10) 845-369-7500 1101 Sched. Completion Date (11) Name of OSHA Monitor 10 / 16/18 3 / 30 QUALITY Month Day Year Month Day Occupancy Status During Abatement (Check only one) Year Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: 1376 ROUTE 9 Other - Describe: MONDAY -FRIDAY 6 PM-2 AM City, State, Zip Code SATURDAY & SUNDAY 7 AM-12AM WAPPINGERS FALLS, NEW YORK 12590 Scope of Work (Check all that apply) Full Containment Demolition Renovation Mini-Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing Abatement Type normally used Containing Material (ACM) Material (ACM) Amount solely by REMOVAL REPAIR ENCAPSUL **ENCLOSUR** (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 6TH FLOOR -ENTIRE FLOOR TILE & MASTIC 18,000 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. 120 GRAND CENTRAL SANITARY 913 City, State Disposal Date NEWARK, NEW JERSEY 10/15-03/30/19 PLAINT (ELD TOWNSHIP, PA Completed by (Print or Type) Title Signature BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS Date

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Project Manager for Monitoring F	irm		Tel	ephor	e Numb	er			Telen	hone Num	her	License	Numb	.or	
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28 NORTH PENNELL ROAD				_			313	SPOOK RO	OCK ROAD					
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Drainet Manager for Maritaria 5	EDIA, PA						SUF	FERN, NEV	V YORK 109	901				
Project Manager for Monitoring Firm				e Number			Telep	phone Num	ber	Licens	se N	lumbe	er	
RONALD KHACHADOURIAN	- 1-	610	-891-	0114			845-3	369-7500		1101				
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6TH FLOOR -ENTIRE ADDITION TO SCOPE: BASEMENT TUNNEL PIPE INSULATION 12 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill **NEWARK CARTING** Hauler ID No. GRAND CENTRAL SANITARY 913 City, State Disposal Date NEWARK, NEW JERSEY City, State 10/15-03/30/19 PLAINFIELD TOWNSHIP, PA Completed by (Print or Type) Signature BENJAMIN SANCHEZ

Date

DIRECTOR OF OPERATIONS

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) PRUDENTIAL FINANCIAL 30 2019 /19 Agencies Notified Street Address Type Notification 751 BROAD STREET EPA Initial Notification DEP City, State, Zip Code Amended Notification #4 NEWARK, NEW JERSEY 07102 DOL Cancellation DOH On Hold DCA EMERGENCY NOTIFICATION Name of Contact Telephone Number JASON MCCAULEY Name of Facility Where Abatement is Taking Place (3) 973-802-4072 FACILITY INFORMATION Type of Facility (4) PRUDENTIAL BUILDING School (K-12) Subchapter 8 (Other than K-12) Street Address Other (ie. private & commcl. bldgs., homes, etc.) 751 BROAD STREET - 6TH FLOOR Square Feet # of Floors City (5) Bldg. Age County (6) 785,000 NEWARK County Code (7) Current Use (Prior if being demolished) Pharm. Lab. ESSEX Name of Monitoring Firm Hired by Building Owner (8) (STATE USE ONLY) COMMERCIAL ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION 28 NORTH PENNELL ROAD Street Address City, State, Zip Code 313 SPOOK ROCK ROAD MEDIA, PA 19063 City, State, Zip Code Project Manager for Monitoring Firm SUFFERN, NEW YORK 10901 Telephone Number RONALD KHACHADOURIAN Telephone Number 610-891-0114 Expected State Date (10) License Number Sched. Completion Date (11) 845-369-7500 10 / 16/18 Name of OSHA Monitor Month 3/ Day 30 Year /19 Occupancy Status During Abatement (Check only one) QUALITY Day Year Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 1376 ROUTE 9 Other - Describe: MONDAY -FRIDAY 6 PM-2 AM Scope of Work (Check all that apply) City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590 Demolition Full Containment Renovation >3SF OR LF Mini-Enclo, >160 SF OR Glovebag Procedure 260 LF Non-Friable Procedure Location of Is Location Asbestos-containing Description of Asbestosnormally used Material (ACM) Containing Material (ACM) Abatement Type solely by Amount TO BE ABATED (ie. Thermal systems REMOVAL REPAIR ENCAPSUL Maint/Custodial ENCLOSU (Specify in Facility (13) insulation, surfacing, VAT, Staff (12) SF or LF) or other miscellaneous) Yes No N/A 6TH FLOOR -ENTIRE H FLOOR TILE & MASTIC 18,000 SF ADDITION TO SCOPE: BASEMENT TUNNEL PIPE INSULATION 12 LF Name of Registered Waste Hauler NJDEP Waste NEWARK CARTING Cubic Yards of Waste Name of Registered Landfill Hauler ID No. 120 GRAND CENTRAL SANITARY City, State 913 NEWARK, NEW JERSEY Disposal Date Completed by (Print or Type) City, State 10/15-03/30/19 PLAINTELD TOWNSHIP, PA Title BENJAMIN SANCHEZ

Signature

Date

DIRECTOR OF OPERATIONS

Date of Notification (1)		Na	me of Building	Owner/Operato	r (2)				
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				r	973-802-4072				
Name of Facility Where Abatement is	Taking Place (3)	PACILITY	NFORMATION	I=					
				Type of Facili	ty (4)				
PRUDENTIAL BUILDING				School (I	<-12)				
				X Other (ie	ter 8 (Other than	K-12)			
Street Address				Square Feet	private & comm	cl. bld	gs., h	omes,	etc.)
751 BROAD STREET - 6TH FLOOR				785,000			Blo	dg. Ag	е
City (5) County	(6)	Cou	nty Code (7)		27			58	
NEWARK ESSEX		(STAT	E USE ONLY)	COMMERCIAL	rior if being dem	olishe	d) Ph	arm. L	.ab,
Name of Monitoring Firm Hired by Bui	Iding Owner (8)		ASCM No.		ement Contracto	(0)			
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28 NORTH PENNELL ROAD		VIII TO THE PARTY OF THE PARTY		Street Address	ENTAL CORP	UNA	IUN		
City, State, Zip Code				313 SPOOK R					
	A, PA 19063			City, State, Zip	Code	-	-		
Project Manager for Monitoring Firm				SUFFERN, NE	W YORK 10901				
RONALD KHACHADOURIAN	Telephone			Telephone Nur		ense	Numb	er	
Expected State Date (10)	610-891-0	1114	AC-13 - 2015	845-369-7500	110				
10 / 16/18	Sched. Comple			Name of OSHA	Monitor	01			
Month Day Year	3 / Month	30	14 15 5	QUALITY	S. S. M. M. S.				
Occupancy Status During Abatement (Ch	eck only one)	Day	Year						
Facility Closed/Vacated During	Finting Pariod of A	hatement		Street Address					
Abatement Performed Outside	of Normal Facility	Hours - Do	scribe.	1376 ROUTE 9					
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Scope of Work (Check all that apply)  Demolition			x Full Conta	Inment	GENOT ALLO, IV	⊏ VV T	UHK	12590	
>3SF OR LF	Renovation		Mini-Enclo	).					
X >160 SF OR 260 LF			Glovebag	Procedure					
Location of				e Procedure					
Asbestos-containing	Is Location normally used		escription of Ask	pestos-		A	haten	nent T	VDO
Material (ACM)		Co	ontaining Materia	I (ACM)	Amount				
TO BE ABATED	solely by Maint/Custodial		(ie. Thermal sys	tems	(Specify	NE NE	REPAIR	Z	Z
in Facility (13)	Staff (12)	ins	sulation, surfacin	g, VAT,	SF or LF)	Ì	A	₽	5
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NEWARK CARTING	NJDEP Waste	Cubic Yard		Name of Registe	ered Landfill				
	Hauler ID No.		120	GRAND CENTR	AL SANITARY				-
City, State	913	Dienocal D							
NEWARK , NEW JERSEY		Disposal Da 10/15-03/30		City, State	1000 to 1000 000 - 100 to	19.0		,	-
Completed by (Print or Type)   Title	)	19	Signature	PLAINT (ELD TO					1
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BENJAMIN SANCHEZ DIR	ECTOR OF OPER	ATIONS		$\vee \vee \vee$	Date	//	/	()	110

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Name of Monitoring Firm Hired ACCREDITED ENVIRONMENTAL Street Address	TECHN	ING OWN	er (8) S INC			ASC	√l No.	Nam PAR	e of Abate ENVIRON	ment Cont	ractor	(9) RAT	ION		
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City, State, Zip Code									SPOOK RO State, Zip	OCK ROAD		70.00			
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roject Manager for Monitoring Fir	m	T	elephor	ne Num	ber				phone Num			nse N	Numbe	er	
RONALD KHACHADOURIAN			10-891-					845-3	369-7500		1101				
xpected State Date (10) 10 / 16/18 Month Day Yea		Sched	3 /		30	/19		Nam QUA	e of OSHA LITY	Monitor					
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X Other - Describe: N	IONDAY	-FRIDA	Y 6 PM	-2 AM				City,	State, Zip						_
Scope of Work (Check all that appl	ATURDA	AY & SU	NDAY	7 AM-1		x Fu	I Conta	inmon	WAPPING	GERS FALL	S, NE	W Y	ORK 1	2590	
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City, State NEWARK , NEW JERSEY					sal Da -03/30			City, S	State 7	WNSHIP, F					1
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BENJAMIN SANCHEZ	DIRE	CTOR C	F OPE	RATIO	NS I	- griatul t		X	1		Date	10	1/ /	1/	1

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Date of Notification (1)			Name of Building O	wner/Operator (	2)	tes - i .		* *****	
10 / 12 /18			Street Address		34. 19	1 A A 1	0		
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0.111.010	ENCY NOTIFIC		Name of Contact JASON MCCAULEY	2.	Telephone Num 973-802-4072	ber		+	11157
Name of Facility Where Abatement is T	-I-I DI (0)	FACIL	ITY INFORMATION						
PRUDENTIAL BUILDING	aking Place (3)			Type of Facility School (K- Subchapte X Other (ie.		(-12)	. h		-1- \
Street Address 751 BROAD STREET - 6TH FLOOR				Square Feet	# of Floors	i. blags	Bldg	. Age	
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NEWARK ESSEX		(5	County Code (7) STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)	Phar	m. La	b.
Name of Monitoring Firm Hired by Buil ACCREDITED ENVIRONMENTAL TECH	ding Owner (8) NOLOGIES INC	>	ASCM No.	Name of Abate	ment Contracto MENTAL CORPO		ON		
Street Address 28 NORTH PENNELL ROAD				Street Address 313 SPOOK RO	OCK ROAD				
City, State, Zip Code	DA 40000			City, State, Zip	Code				
Project Manager for Monitoring Firm	, PA 19063 Telepho	no Num	ah a a	\$UFFERN, NE\					
RONALD KHACHADOURIAN	610-89		iber	Telephone Num 845-369-7500	ber Lice	ense N	umbe	r	
Expected State Date (10) 10 / 16/18	Sched. Com		100 March 100 Ma	Name of OSHA	U10000	1			
Month Day Year	Month	D	30 /19 Day Year	QUALITY					
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: MONDA	Entire Period o	ity Hour	ment 's - Describe:	Street Address 1376 ROUTE 9 City, State, Zip	Code				
Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF	Renovation			WAPPING inment	GERS FALLS, NE	EW YC	)RK 1	2590	
Location of	Is Location		Description of As			At	atem	ent Ty	/pe
Asbestos-containing Material (ACM)	normally use	ed	Containing Materia		Amount	R	교		
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City, State NEWARK , NEW JERSEY			osal Date 5-03/30/19	City, State PLAINFIELD TO	WASHIP, PA				
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Date of Notification (1)			Name of Bu PRUDENTIA	ilding (	Owner/Operato	r (2)	/E /E	E	1	
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PRUDENTIAL BUILDING					School (	K-12) oter 8 (Other that	an K-12)			
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NEWARK ES	SSEX	1	County Code	(7)	Current Use (F	Prior if being de	molished	d) Pha	arm. La	ab.
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	MEDIA, PA 19063				City, State, Zip					
Project Manager for Monitoring Firm		hone Num	hor		SUFFERN, NE					
RONALD KHACHADOURIAN		391-0114	ibei		Telephone Nur	mber	_icense I	Numbe	er	
Expected State Date (10)	Sched. Co	mpletion	Data (44)		845-369-7500		1101			
10 / 15/18	3	/ inpletion	30 /19	0	Name of OSH	A Monitor				
Month Day Year	Month		ay / i	Year	QUALITY					
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Facility Closed/Vacated E	During Entire Period	of Abater	ment		1376 ROUTE					
Abatement Performed Ou X Other - Describe: MC	JISIDE OF NORMAL FA	cility Hour	s - Describe:							
Describe. We	NDAY -FRIDAY 6	PM-2 AM			City, State, Zip	Code				
Scope of Work (Check all that apply)	)		[v ]	II 04-	WAPPIN	IGERS FALLS,	NEW Y	ORK 1	2590	
Demolition	X Renovation	í	X Pu	II Conta ni-Enclo	inment					
>3SF OR LF			Gi	ovehad	Procedure					
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in Facility (13)	Maint/Custo		insulation,	surfacin	g, VAT,	SF or LF)	Ò	PA	À	5
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City, State	913				_ U.I. OLIVII	U.E OANITARI				
NEWARK , NEW JERSEY			sal Date		City, State	11				
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BÉNJAMIN SANCHEZ	DIRECTOR OF O	DEDATIO	Signature	9	110		ate /a	1,1	110	$\overline{}$

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DCA EMER	RGEN	CY N	OTIFICAT		MATTSON				732-450-268	9			
Name of Facility Whose Abstract is	Tale	na Di		ACILITY IN	FORMATIC	NC	Time	of Facility	, (A)				
Name of Facility Where Abatement is	STAKI	ng Pi	ace (3)					School (K-					
RIVIERVIEW MEDICAL CENTER								Subchapte	er 8 (Other tha		12		
Street Address								Other (ie. are Feet	private & com # of Floor			mes, e j. Age	
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ENVIRONMENTAL TACTICS	unum	g Ow	ilei (b)		17	NO.			MENTAL COF		ION		
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64 BROAD STREET City, State, Zip Code	_							State, Zip	OCK ROAD Code				-
MATAWAN,	JERS	SEY 0774	7					W YORK 1090	)1				
Project Manager for Monitoring Firm	- 1	Telephone					hone Num		_icense N	lumbe	er		
THOMAS GEIGER		732-290-2	236 tion Date (1	11\			69-7500 of OSHA		1101				
Expected State Date (10)  1 / /23/ 19	Scried	9 /	30	/19		0.0000000000000000000000000000000000000		RONMENTAL	ą.				
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Occupancy Status During Abatement ( Facility Closed/Vacated During	Cneck rina El	coniy ntire P	one) Period of A	batement				t Address ROUTE 9					
Abatement Performed Outs	ide of	Norm	al Facility	Hours - Des	cribe:								
X Other - Describe: MON	DAY -	FRID	AY 7AM-3	30PM		3	City, S	State, Zip	Code GERS FALLS	NEW Y	OBK .	12590	
Scope of Work (Check all that apply)				Γ	Critic	als w	I ith Neg	gative Pre		,	O		
	X	Renov	ation			Enclo							
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in Facility (13)			aff (12)	10000	r other mis		•	. 0.5		'   A	120	US	US
		Yes	No N/A								+	-	, D
2ND FL WEST -FAMILY HEALTH CN	ΓR		X	PIPE INSU	LATION				832 LF	X	+	-	$\vdash$
2ND FL WEST -FAMILY HEALTH CN	TR	-	X	VAT & MAS	STIC				1,352 SF	X	-	-	
2ND FL WEST -FAMILY HEALTH CN	TR		X	WALL MAS	STIC				1,552 SF		_	-	
2ND FL MED SURG/OBSERVATION	WAY		X	VAT & MAS	STIC				1,300 SF	X	_	-	
2ND FL MED SURG/OBSERVATION	WAY		×	WALL MAS	STIC				1,056 SF	X			
2ND FL MED SURG/OBSERVATION	WAY		X	PIPE INSU	LATION				478 LF	X			
2ND FL MED SURG/OBSERVATION	WAY		X	WINDOW (	CAULK				20 SF	×			
2ND FL EAST CORRIDOR			X	PIPE INSU	LATION				40 LF	×			
2ND FL WEST CORRIDOR			X	WALL MAS	STIC				144 SF	x			
2ND FL WEST CORRIDOR			X	WINDOW	CAULK				2 SF	x			
2ND FL CARDIAC RESPIRATORY RE	EHAB		X	COLUMN	MASTIC				960 SF	x			
1ST FL KITCHEN			X	DUCT INS					1,260 SF	X			
Name of Registered Waste Hauler			P Waste	Cubic Yard	s of Waste	Э			tered Landfill				
NEWARK CARTING		Haule	r ID No. 913		120		GRAI	ND CENT	RAL SANITAF	RY LAND	FILL		
City, State			010	Disposal D	ate		City,	State					
NEWARK, NJ 07105	Title			1/11/2019		_	PHAI	NE LECT	OWNSHIP, P	A Date /	/	- /	
Completed by (Print or Type) BENJAMIN SANCHEZ	100000000000000000000000000000000000000	CTOF	OF OPE	RATIONS	Signature	H	XV	1			2	4	17

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

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		(Fulsual	ii to	Name of Building Ov	wner/	Operator (2		3 15		$L_{1}$	
Date of Notification (1)				RIVERVIEW MEDICA	AL CE	NTER			# 13 #	22	-
1 / 11 /19				Street Address							
Agencies Notified Type Notification				1 RIVERVIEW PLAZA			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AN .	3 0	2019	$\dashv$
EPA X Initial Notifica		ion		City, State, Zip Code RED BANK, NEW JE	RSE	7 07701					
X DOL Cancellation X DOH On Hold				Name of Contact			Telephone Number 732-450-2689	er			-
DCA EMERGENC	Y NO						732-430-2000	line -		-12.5-19.25	1 - 4
Name of Facility Where Abatement is Takin	n Pla		-ACI	LITY INFORMATION	Туре	of Facility					
Name of Facility Where Abatement is Takin	gila	00 (0)				School (K-	12)	12)			
RIVIERVIEW MEDICAL CENTER					X	Other (ie.	er 8 (Other than K- private & commcl. # of Floors	bldgs.	, home	es, etc	<u>).)</u>
Street Address						uare Feet 250,000	6		65	;	
1 RIVERVIEW PLAZA -1ST & 2ND FLOORS  City (5)   County (6)			T	County Code (7)			ior if being demolis	shed)	Pharm	ı. Lab	
RED BANK MONMOUT		(0)		(STATE USE ONLY)  ASCM No.	Nan	SPITAL ne of Abate	ment Contractor	(9)			
Name of Monitoring Firm Hired by Building	J Owr	ner (8)		ASCWING.	PAF	RENVIRON	MENTAL CORPO	RATIC	N		
ENVIRONMENTAL TACTICS Street Address					Stre	et Address SPOOK RO	OCK BOAD				
64 BROAD STREET					City	. State, Zip	Code				
City, State, Zip Code MATAWAN, NEW	JERS	SEY 077	47		SUF	FFERN, NE	W YORK 10901	nse Nu	mbor	00	_
Project Manager for Monitoring Firm	T	Telephor	ne Nu			ephone Nun	nber Licei		IIIDei		
THOMAS GEIGER		732-290-		on Date (11)		3-369-7500 ne of OSHA		-			
Expected State Date (10)	scned	9 /	netio	30 /19	QU	ALITY ENV	IRONMENTAL				
Month Day Year	Mon			Day Year	Stre	eet Address			-		
Occupancy Status During Abatement (Check Facility Closed/Vacated During El	ntire P	enoa oi	Aba	tement		76 ROUTE					
Abatement Performed Outside of	Norm	al Facili	ty HC	ours - Describe.	Cit	y, State, Zip	Code				
X Other - Describe: MONDAY -	FRIŲ	AY /AIV	1-3:31			WAPPIN	IGERS FALLS, NE	EW YC	RK 1	2590	
Scope of Work (Check all that apply)						Negative Pro	essure				
Demolition	Renov	vation		X Mini-End X Gloveba	g Pro	cedure					
>3SF OR LF >160 SF OR 260 LF				X Non-Fria	able P	rocedure		T .	oatem	opt T	vne.
Location of		Location		Description of A Containing Mate	Asbes	tos- ACM)	Amount			T T	四四
Asbestos-containing		nally use olely by	ea	(ie. Thermal s	systen	ns	(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
Material (ACM) TO BE ABATED		t/Custod	lial	insulation, surfa	cing,	VAT,	SF or LF)	NA NA	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	PSI	SO
in Facility (13)		taff (12)	/^	or other misce	llaneo	ous)		-			'n
	Yes	No N		PIPE INSULATION			832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR	$\vdash$	X	_	/AT & MASTIC			1,352 SF *	X			
2ND FL WEST -FAMILY HEALTH CNTR	$\vdash$	X	_	VALL MASTIC			1,552 SF				
2ND FL WEST -FAMILY HEALTH CNTR	-	X	_				1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY		H-X		/AT & MASTIC			1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY	1	X	-	WALL MASTIC		Wy was a second	478 LF	×		T	
2ND FL MED SURG/OBSERVATION WAY		×		PIPE INSULATION			20 SF	×	1	T	T
2ND FL MED SURG/OBSERVATION WAY	1-	$+-+^{\times}$	` F	WINDOW CAULK			40 LF	X		T	T
2ND FL EAST CORRIDOR	-	×	-	PIPE INSULATION	_		144 SF	X	T	T	T
2ND FL WEST CORRIDOR	1	X		WALL MASTIC			2 SF	X		T	T
2ND FL WEST CORRIDOR				WINDOW CAULK			960 SF	X		T	
2ND FL CARDIAC RESPIRATORY REHA	В		-	COLUMN MASTIC			1,260 SF	X	+	1	1
1ST FL KITCHEN	1			DUCT INSULATION Cubic Yards of Waste	IN	lame of Re	nistered Landfill			-	L
Name of Registered Waste Hauler		DEP Wa		120	C	GRAND CE	NTRAL SANITARY	LANE	OFILL		,
NEWARK CARTING	1	913		81 - 15-4-	-	City, State			-/		1
City, State				Disposal Date 1/11/2019	→ F	PLANFIELD	TOWNSHIP, PA		_/_	11	11
NEWARK, NJ 07105 Completed by (Print or Type)	e			Signature	1		D	ate /	/	"/	1
BENJAMIN SANCHEZ DIF	RECTO	OR OF	OPER	RATIONS /		12)			1	1	-

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#3254 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 01 26 Wilsid Suazo Agencies Notified Type Notification Street Address **⊠** EPA X Initial **⊠** DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # ☐ DCA ☐ Emergency (including Lyndhurst, NJ 07071 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Wilsid Suazo **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Lyndhurst, NJ 07071 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02 / 06 / 19 02 / 08 / 19 Envirovision Consultants,Inc Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_PM\_\_\_AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Basement Pipe insulation 60 LF X Basement X VAT floor tile 220 SF П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 **TBD** T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner 01/26/19 ASB-41

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

NIC	1	i			OF ASB			(2000)7776	T	to the contraction			-	gateurs		
Date of Notification (1) 01/25/2019	1				f Building Wakely	Owner/0	Opera	ator (2)				E		# 137	3	
Agencies Notified	Type Notification			Street A										-		
□ EPA	☐ Initial			City St	ate, Zip Co	ode			[i]	1	JAI	<b>V</b> 3	0 20	)19		
⊠ DEP ⊠ DOL	<ul><li>✓ Amended</li><li>✓ Amendment i</li><li>✓ Emergency (ir</li></ul>				ell, New J		0773	8		L	د در در استان و در از در استان	ios i	Yaf.			
☑ DOH □ DCA	justification)  Cancellation	icidaling			f Contact Wakely				17)	Te	lephon	e Num	ber.		1000 =	, 414
Common and		Dlane (2		FAC	ILITY INFO	ORMATI	ION	-	F 1114 (A)							
Name of Facility Where A Private Residence	Abatement is Taking	Place (3	)						f Facility (4)							
Street Address								□ Su	bchapter 8 (Cher (i.e. privat				gs., ho	mes,	etc.)	
City (5) Caldwell, New Jersey	07006							Square 3,000		# (	of Floor: 2	S		ldg. A 55	ge	
County (6) Essex					Code (7) USE ONLY)			Current	Use (Prior if Private	being Resid	demolis ence	shed)				
Name of Monitoring Firm Garden State Environ		wner (8)		ASCN	Л No.	1	Name Lilich	e of Abat Corpo	tement Contra ration	actor (9	9)					
Street Address 500 South Street								t Addres McBride	Day of the second							
City, State, Zip Code Glen Rock, New Jerse	ey 07452							State, Zi dland P	p Code ark, New Je	ersey						
Project Manager for Mon Bruce Wolf	itoring Firm			Telepho 201-63				hone No 225-840			Licer 0110	nse No 04				
Start Date (10) 01/26/2019		Schedule 02/04/2		mpletion	Date (11)				IA Monitor nental Labo	ratori	es, LL(	)				
Occupancy Status During	g Abatement (Check	Only Or	ne)					t Addres	s 22 West							
	cated During Entire ned Outside of Norm						City,	State, Zi	p Code							
Scope of Work (Check A																
□≥3 sf or ≥3 lf ☑≥160 sf or ≥260 lf			Renova Demoli						full Containm Mini-Enclosure Glovebag Pro Ion-Exempte	e ocedur	e / Limi	ted Co	ntain	ment		
		1 2 2	Local	-			222			7.07				Abate Ty		i
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Use Ma	Norma ed Sole intena todial (12)	ely by ance/ Staff?	Asbes (i.e.	tos Con thermal surfa	tainir I syst icing,	tion of ng Mater ems inso VAT, or ellaneous		(5	Amount Specify F or LF		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			27 00 00								te	, LD
1st Floor Front Entry	/ Foyer		Х		Wallbo Ceiling	ard Joi	int (	Compo	und-		(	50 SF	Х			
1st Floor Front Entry	/ Foyer		X		Wallboa Walls	ard Joi	nt C	ompou	ınd-		10	50 SF	X			
Name of Registered Was	ste Hauler			NJDEP W	laste	Cubic	Yarr	le	Name of	Regist	ered I a	ndfill				
Lilich Corporation			1 0	Hauler ID 18724		of Wa	ste		Fairless I	_andfil		um				
City, State Woodland Park, New	Jersey					Dispo: 02/04/			City, Stat Morrisv	e ille, P	A					
Completed by Adriana Olejarova		Title Pre	esider	nt		5	Signa	ture	10	7		Dat 01		2019		

Date of Notification (1) 01/16/2019				Name of Diane V	Building Ov Jakely	wner/Oper	ator (2)			G	eck #	1373		11
Agencies Notified	Type Notification			Street Ac	ldress					JAN 3	0 2	019	100000000000000000000000000000000000000	
□ EPA  ☑ DEP  ☑ DOL	☐ Amended Amendment			City, Stat Caldwel	e, Zip Code I, New Jer	e rsey 0773	38	ļ÷	L.S.	net men de la lancolina de		/2-		
☑ DOH □ DCA	☐ Emergency (i justification) ☐ Cancellation	ncluding		Name of Diane V					Telephi	one Numb	er.		. 44	1 (*)
Name of Facility Where A	batement is Takin	g Place (3)		FACIL	ITY INFOR	RMATION	Type of F	acility (4)						
Private Residence Street Address							☐ School	oi (K-12) hapter 8 (Oth r (i.e. private	er than k	(-12) ercial bida	s., hor	nes.	etc.)	
City (5) Caldwell, New Jersey	07006						Square Fe 3,000		# of Flo			ig. Ag		
County (6) Essex				County C	Code (7) ISE ONLY)		Current U	Ise (Prior if be Private Re	eing dem esidence	olished) e				
Name of Monitoring Firm Detail Associates, Inc	Hired by Building	Owner (8)		ASCN	No.		ne of Abater h Corpora	ment Contrac tion	tor (9)		.,,,			
Street Address 300 Grand Ave							et Address McBride	Ave						
City, State, Zip Code Englewood, NJ 07631					/4	City, Woo	State, Zip odland Pa	Code rk, New Jers	sey					
Project Manager for Mon Anthony Valentine	itoring Firm			Telepho 201-569			phone No. -225-8400	)		icense No 1104			22	
Start Date (10) 01/26/2019		Scheduled 01/29/20		mpletion	Date (11)		ne of OSHA Environme	Monitor ental Labora	atories, I	LLC				
Occupancy Status During							et Address 3 Route 2							
<ul><li>☒ Facility Closed/Va</li><li>☐ Abatement Perform</li><li>☐ Other – Describe:</li></ul>	ned Outside of Nor	mal Facility	Hour	rs		City	, State, Zip nion, NJ 0	Code 17083						
Scope of Work (Check A	II That Apply)											United the		
□≥3 sf or ≥3 lf ⊠≥160 sf or ≥260 lf			enova emoli				□ Mi	II Containment ni-Enclosure Blovebag Procon-Exempted	cedure / l	Limited Co	ontain	menta	&Tent	f
		ls l	Loca	tion			<u> </u>	MI-EXCITIPIOG	( ) and i	1011 / 1100		Abate	ement	t
Location Asbestos-Containing TO BE AB , In Faci (13)	Material (ACM) ATED lity	Used Mair	ntena	ely by ance/ Staff?	Asbest (i.e.	os Contair thermal sy surfacin	iption of hing Materia stems insul g, VAT, or cellaneous)	lation,	Amo (Spe SF o		Removal	Repair	Encapsulate	Enclosure
5		Yes	No	N/A	111		-			60 Sf			Ø	
1st Floor Front Entr	y Foyer		Х		Ceiling		Compou	La data da mara de la constante de la constant					The second secon	
1st Floor Front Entr	y Foyer		Х		Wallboa Walls	ird Joint	Compou	nd-		160 SI	X			
Name of Registered Wa	este Hauler			NJDEP V Hauler ID		Cubic Ya		Name of F	Registere	ed Landfill				1
Lilich Corporation  City, State		*		18724		5 Disposal		Fairless L City, State						
Woodland Park, New	Jersey					01/29/20	19	Morrisvi			1-			
Completed by		Title	side			Sig	nature	7	0.	Da		2019	j	

CK 1926	PAID	N	(Pi	CATION oursuant to	te of New OF ASBE o NJAC 8	STOS A	ABATE! I 12:120	))			C E	7 1	W			4
Date of Notification (1) 01-23-19					Building C Rodrigue		perator	(2)		***	JAN :	3 0	201	9	Para Cont	A Course
Agencies Notified	Type Notification			Street Ad	dress					į_	at an expense	Leonthus				1
EPA DEP	Initial Amended			City, State	e, Zip Coo	de			-	Air	RELIYOS LICE			*		
DOL	Amendment Emergency (		_ L	Elizabe	eth, NJ 0				-4-1-1		tara an arabara			*****	10 = 3	* †
DOH DCA	justification)  Cancellation	molading		Name of Omar F	Contact Rodrigue	ez				Tele	ephone N	lumbe	٢			
				Contractor to the Contractor	ITY INFO		ON									
Name of Facility Where A Private Home	batement is Taking	g Place (3)	)						of Facility (4							
Street Address						744 H 241			School (K-12 Subchapter ( Other (i.e. pr	8 (Othe	er than K- & comme	-12) rcial b	uildi	ngs,	home	s,
City (5) Elizabeth,									etc.) re Feet	# of	Floors		Blo	dg. A	ge	
County (6)			T	County C	ode (7)			Curre	ent Use (Prio	r if bei	ng demol	ished	)			
Union  Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM	- 181		Name	of Aba	itement Conf	tractor	(9)					
Ivanie of Monitoring Finn	Tilled by building (	Swilet (0)		Accivi	140.				tracting LI		(0)					
Street Address								Addres 7th St								
City, State, Zip Code									ip Code / NJ 0708	7						
Project Manager for Moni	toring Firm			Telephon	ne No.			none N 216-9			License 01206					
Start Date (10) 01-25-19		Schedule 01-28-		mpletion D	Date (11)				HA Monitor tracting Ll	LC						
Occupancy Status During		58		20 - 24 - 27 - 27 - 27 - 27 - 27 - 27 - 27			1000	Addre								
Facility Closed/Vaca Abatement Performe Other – Describe:						_	City, S	State, Z	ip Code y NJ 0708	7						
Scope of Work (Check Al	I That Apply)						Offic	iii Oit	y 140 07 00							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	tenova Jemoli					Mi Gl	II Containme ni-Enclosure ovebag Proc on-Exempted	edure	ŭ				9	
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Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Ma	d Sole intena todial (12)	ely by ance/ Staff?		tos Con thermal surfa		Materia ns insul AT, or		(\$	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
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Exterio	or		X			Tran	site Si	iding		28	800 SF	х				
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City, State Union City, NJ							sal Date 29-19		City, State Tullytov		Ą					
Completed by Jaime Delgado		Title Proj.	Man	ager.			Signatur	e /	A			Date 01-2	23-1	19		

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Date of Notification (1) 1-23-2019 Agencies Notified				Mono	delez In	ng Owner Iternatio	/Operato	or (2)		JAN	3 0	2019		
EPA EPA	Type Notification			100000000000000000000000000000000000000	Address Defores	t Avenu	ıe		1	MB1 275 45 9 5				5
DEP X DOL	Amended Amendment	# 2			tate, Zip		7000			14.7			- 1-1-1	62 100
□ DOH	Emergency justification)		g		of Contac	er, NJ 0	7936		I To					
☐ DCA	Cancellation			Glenr	Stock					lephone No 32-331-5				
Name of Facility Where	Abatement is Takin	g Place	(3)	FAC	ILITY IN	FORMAT	TION	Type of Facilit	1 (1)					
Commercial								School (F	R ROSEOV					
Street Address 100 Deforest Avenu	Je .							Subchapt	ter 8 (Oth	ner than K- & commerc	12) cial bui	ldings	, hom	nes,
City (5) East Hanover, NJ 0	7936							Square Feet 100000	3	of Floors		Bldg. 44+	Age	
County (6) Morris	7.			County	Code (7)			Current Use (F	0.00	ing demolis	1			
Name of Monitoring Firm	Hired by Building (	)wner (8	,	ASC	USE ONL	.Y)				2403 1000 000000				
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Street Address							Address							
City, State, Zip Code						P. Commercial	Virginia Aven	ue	Sk. Till a territoria					
Project Manager for Men	4. d 51						ey City, NJ 07	7304						
Project Manager for Moni	toring Firm			Telepho	ne No.			none No. 333-8855		License N	No.			
Start Date (10) 1-24-2019		Schedul		mpletion	Date (11)	)		of OSHA Monito						
Occupancy Status During								n Environme	ntal Se	rvices, LI	LC			
➤ Facility Closed/Vaca	ted During Entire P	eriod of	Δhater	ment			100000	/irginia Aven	ue					
Abatement Performe Other – Describe:	ed Outside of Norma	al Facility	y Hour	S				tate, Zip Code	7004					
Scope of Work (Check All	That Apply)						Jerse	ey City, NJ 07	304					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoli				×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				e	
Location	of		Locat	13732711									ement pe	
Asbestos-Containing N  TO BE ABA In Facilit  (13)	Material (ACM) TED	Use Ma	d Sole intena todial s (12)	ely by nce/	Asbes (i.e.	stos Cont thermal surfac	scription aining M systems cing, VAT niscelland	aterial (ACM) insulation, Γ, or	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Poof		Yes	No	N/A									te	(D
Roof	Roof X						aulking		200	00 LF	X			
Name of Registered Waste	e Hauler		N	JDEP Wa	aste	Cubic	Yards	Name of	Register	ed Landfill				
Green Environmental	Green Environmental Services, LLC						te	Fairles						
City, State Jersey City, NJ	ty, State						al Date	City, Star		<u> </u>				
Completed by Liliana Serrano		Title Office	Man	ager		S	gnature	()		Da	te 23-20	)19		$\dashv$
						10	reli	ille ye	HULL	WII.	_0 _2 (	. 10		



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Date of Notification (1) 1/24/19					of Buildin		r/Operato	r (2)		111	E C	FI	) (	7	
Agencies Notified	Type Notification				Address	/			- 0	) Times		1 1	1, 1		4
× EPA				Otreet	Address				4						
DEP				City, S	State, Zip (	Code				<u> </u>	JAN	30	201	9	
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Ĭ DOH	Emergency justification)	(includir	ng		of Contac		G 72			Te	tephone N	ümher	1.50		1
DCA	Cancellation			Leo						1 , 3	iophone iy	Ulliper	-11.	5	i
Name of Facility IAII		- Marchael		FA	CILITY IN	FORMA	TION								
Name of Facility Where A	Abatement is Takir	ig Place	(3)			0.4		Тур	e of Facility (	(4)					
Street Address									School (K-1						
offeet Address									Subchapter	8 (Oth	er than K-	12)			
City (E)								×	Other (i.e. petc.)	orivate	& commer	cial bu	ildings	, hom	nes,
City (5) Wayne								572255	are Feet	# 0	f Floors		Bldg.	Age	
County (6)								210		2		100	60		
Passaic				County (STATE	Code (7)	Y)			ent Use (Prid	or if bei	ng demoli	shed)			
Name of Monitoring Firm	Hired by Ruilding	Dunar /	2)			.,		hor			(9)				
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Street Address								ironmenta	I Serv	rices, LL	С				
						Street		17.70							
City, State, Zip Code								83, 4 E G	ate D	rive					
									Zip Code d, NJ 074	10					
Project Manager for Moni	toring Firm			Telepho	one No.		Teleph			10					
					0110 110.		973-				License 703	No.			
Start Date (10)		Schedu	led Co	mpletion	Date (11)				HA Monitor		703				
2/1/19		2/11/1	9		, , ,		l italiio	0, 00	in worthor						
Occupancy Status During	Abatement (Check	Only O	ne)				Street	Addre	SS						
Facility Closed/Vacat	ted During Entire P	eriod of	Abater	ment											
Abatement Performe  Other – Describe: ba	d Outside of Norm	al Facilit	y Hour	s			City, St	ate, Z	ip Code						
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		×	Renova	ation			×	Fu	I Containme	nt with	Negative	Draceii	ro		
× ≥160 sf or ≥260 lf			Demoli	tion			-	Mir	ni-Enclosure		rrogative	1 10334	10		
								GIC No	vebag Procented	edure (*) and	Non-Fria	nla Dro	codur	0	
		Is	Locat	ion					- Externation	1 June	TVOIT-I TIG	JIE FIO		ement	
Location of	of		Normal	ly		Des	scription	of						ре	
Asbestos-Containing N TO BE ABAT	Material (ACM)		ed Sole aintena		Asbes	tos Cont	aining Ma	aterial	(ACM)	An	nount			m	
In Facility			todial S		(i.e.		systems cing, VAT		ition,		pecify	Re	D.	nca	Enc
(13)			(12)				niscellane			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								a	7	late	лге
basemer	nt			V		£									
12 - 13 - 14 - 14 - 14 - 14 - 14 - 14 - 14				X		110	oor tile			120	0 SF	X			
															_
Name of Registered Waste	Hauler		N	JDEP W	aste	Cubic `	Yards		Name of R	egister	ed Landfill				_
Tonys Cleanup & Hau	ling, LLC		1774	auler ID	No.	of Was							Jen		
City, State			17.	7787		TBD			Chrin Bro	omers	Sanitai	y Lar	atili		
Bridgewater, NJ						Dispos TBD	al Date		City, State	D.4					
Completed by		Title					anat		Easton, I	PA					
A. Scott Higgins		Presi	dent			21	gnature	/	1 _		Da 1/	te 24/40	1		

CK4114101	Q P	AID	NOTIF		BESTOS ABATI J.A.C. 7:26-2.12)			E	2 E	n n	7	-1
Date of Notification (1) 1/23/19							/Operator (2)		2	M 17	119	All the
Agencies Notified		Notification	Typo		Paulsboro Re		ipany					1111
		INOUIICALIOI	<u>i Type</u>		Street Addre			1	AM 9	0 201	0	
() EPA		(X) Initial N					, ii L	, U	AN J	0 201	9	rues :
() DEP (X) DOL		() Amende		ion	City, State, Z			1			-	
(X) DOH		() Cancell () Emerge			Paulsboro, N	J 08066	:	A	*		÷ +4	100
() DCA		( ) Lineigo	ricy		Name of Con	tact					n stee	
					Ravi Jarecha				<u>umber</u> 24-4444	7.	D 6 8	
				FACILITY II	NFORMATION			000 2	21 1111			
Name of Facility Where Ab	atement is T	aking Place	(3)		Type of Facil							
Paulsboro Refining Compa	ny				( ) School (K		0 00 000					
Street Address					( ) Subchapte	er 8 (other t	han K-12)	da				
800 Billingsport Rd					(A) Other (i.e	e. private &	commercial bl	ags., nor	nes, etc.			
					Sq. Feet N/A		# of Floo	rs N//	Α			
N= 3.00 - 3.00	County (6)			Code (7)		0000						
Paulsboro	Gloucester		(State U	se Only)	Bldg. Age_N	1/A	<del></del>		W 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10			
Name of Monitoring Firm Hi	rod by Dida	0	400111		Current Use (	prior if bein	g demolished)					_
Name of Worldoning Firm Hi	irea by Blag	. Owner (8)	ASCM N	<u>lo.</u>			Name of Co					
Street Address					Street Addres		Mansfield In	ndustrial,	Inc.			
					26 Colonial A							
					City State, Zip							
				Woodbury NJ								
Project Manager for Monitor	ring Firm	Telephone	Number		Telephone Nu			Licens	e Numbe	er		
					856-224-4392	2		00857				
Scheduled Start Date (10)		Scheduled	Completion	Date (11)	Name of OSH	IA Manitar						
2/5/19		2/8/19		I Date (11)	Mansfield Indi	ustrial Inc						
Occupancy Status During A	batement (C	check only on	ie)		Street Addres			-				-
( ) Facility Closed/Vacated	During Entir	e Period of A	batement		26 Colonial Av							
( ) Abatement Performed O	utside of No	mal Facility	Hours -				9					
(X) Other - Describe - Rem	oval of ACM	within restric	ated work	area in outside	City, State, Zi							
area	01010171011	Within restri	oled Work a	area iii outside	Woodbury NJ	08096						
Source of Work (Check all the	nat apply)									_		
1 25 25 25 25 25 25 25 25 25 25 25 25 25												
() Demolition (X) Renova			r <u>2011</u> (2011)									
() Large Proj. (160 SF or >2 () Full Containment with Ne	60 LF ACM	(X) SM Proj	. >25<160			/linor Proj. (	<25 SF or <10	LF ACI	Л)			
Location of Asbestos-		tion Normally		Description of	ebag Procedure	Ι Δ	C:6- OF	. E. T	• • •			
Containing Material (ACM) in	n Solely I	by Maint./Cus	todial	thermal system	ACIVI (I.e.	Amount (	Specify SF or	LF)	Abaten	nent Typ	<u>je</u>	
Facility (13)	Staff? (			surfacing, VAT								
	YES	NO	NA	misc.)					Rem.	Rep.	Encap	Enclose
Pipe Insulation Steam Lines		X		TSI – Gloveba		0015			.,			_
TBA Warehouse		_ ^		131 – Gloveba	ay .	~20 LF			X			
												+
Name of Day 100 of 110												
Name of Reg. Waste Hauler Waste Management, Inc.		NJDEP Was	te Hauler I	<u>D#</u>	Cubic Yards of	f Waste			of Reg. L		P0/10:	
vvaste ivianagement, inc.		17273			<3 CY			Glouce	ster Cou	inty Lan	dfill	
City. State							Disp. Date		Ic	ity, State		
South Harrison, NJ							Various		0.77	outh Ha	_	NI
							7411043		"	outil Ha	110011, 1	10
Completed by (Print or Type)	1	Title			Signature			Date				
ANDREW CREEN		MANIAGES	14	racia de vivia de la composição de la comp	1 1	1						
ANDREW GREEN		WANAGER -	- Mansfield	Industrial, Inc	1/11/1	M		1-23-19	9			
					May	perations S	unarvisar					
					Site	perations S	uper visor					
					//							

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

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

NOCK			NOTI					:60 and 5:16		EG	F	W		
Date of Notification (1)					Name	of Buildin	g Ow	ner/Operator (2	2) 5			-		1
01 /	25 / _	19			RF	Products	s, In	c.		JAN	V 3 D	2010		
Agencies Notified	Type Notifica	ation			Street	Address					- 1	2010		·
⊠ EPA	☐ Initial				150	0 Davis	Stre	et			A la Final	in		
☑ DOLWD ☑ DOH					City, S	State, Zip C	Code			Av. Sala		1	10	
□ DCA	Emergen	_	•		Car	nden, NJ	081	103			4			a 1/2
(NJAC 5:23-8)	justification	-	Juding		Name	of Contac	t		- W	Telephone N	umber			
	Cancellat	ion			Rol	oert Mink	(e	0.0000000000000000000000000000000000000		856-365-5	500			
					FA	CILITY IN	IFOF	RMATION						
Name of Facility Where A	batement is T	aking	Place	(3)					Type of Facility	(4)				
RF Products, Inc.									School (K-1					1
Street Address					lisale con					8 (Other than K		ildina		
1500 Davis Street									homes, etc.	orivate and comr	nerciai b	illullig	5,	
City (5)									Square Feet	# of Floors	IB	dg. A	je	-
Camden									50,000	3		70		
County (6)					Cour	nty Code (7	VSTA	ATE USE ONLY)	Current Use (P		olished)	A1070		
Camden					000	, oodo (.	1,011		Commercia	(20)	011011007			
Name of Monitoring Firm	Hired by Build	dina C	wner (	8)	ASCM	No.	Na	me of Abateme	ent Contractor (9	226				
Management & Env						2.2.7.2%			onmental, LLC	•				
Street Address		3						eet Address	,					_
PO Box 341								323 Cutler Av	/enue					
City, State, Zip Code							City	y, State, Zip Co	ode					
Chesterfield, NJ 085	515						I N	Maple Shade	, NJ 08052					
Project Manager for Monit				Tel	ephone	No.		lephone No.		License No.				
Bill Weisgarber					09-298			356-755-0099		00842				
Start Date (10)	Ts	Sched	uled Co	omple	etion Da	te (11)	Nai	me of OSHA M	lonitor		9 90			
	111111111111111111111111111111111111111				5 /		1000000	MSL Analyt						
Occupancy Status During	Abatement (0	Check	only o	ne)		1	Stre	eet Address			,			
□ Facility Closed/Vacate	d During Entir	re Per	iod of A	Abate	ment		2	200 Route 13	0 North					
Abatement Performed							City	y, State, Zip Co	ode				50012-55-2	
Time of Abatement:	AM	PN	1/	_PM		AM	C	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)												24	
≥3 sf or ≥3 lf			⊠ Rei	novat	ion			☐ Full Cont	tainment with Ne	gative Pressure				
≥160 sf or ≥260 lf			☐ Der					☐ Glovebag	g Procedure					
				VCC 1 44000	control.	,		Non-Exe     Non-Exe	mpted (*) and No	on-Friable Proce	edure			
				Loca							Al	atem	ent T	уре
Location Asbestos-Containing N				lorma d Sol	ely by	A-1		Description o		A	R	Re	m	m
TO BE ABA		2	Mai	inten	ance/			Containing Ma ermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit			Cust		Staff?	(,,,	S	surfacing, VAT,	, or	SF or LF)	val	7	lus	sure
(13)				(12)	1 20000	-	ot	her miscellane	ous)				ate	,,,
Security Office			Yes	No	N/A	Elear T	iloo	nd Mastic		160 SF		-		
Foreman's Office					-	1111-01-01-01				280 SF				
7000 0000000					부	-		ind Mastic				닏		
	spection Office							nd Mastic		840 SF				
Coating Room	ating Room						ile a	nd Mastic		299 SF		Ш	Ш	Ш
Name of Registered Wast	e Hauler			450	NJDEP N		800000	bic Yards of	Name of Regi					
Freehold Cartage				1	15939 15939		Wa 5		Fairless L	andfill				
City, State								posal Date	City, State					
Freehold, NJ 07728							0	2/15/2019	Morrisville	e, PA				
Completed By (Print or Ty	rpe)	Title	}					Signature	1		Date			
Christina Lynch	70	Vi	ce Pr	esid	ent of	Operation	ns	(mex	2	$\supset$	1/2	51	9	

\* Do not use this form for exhautes licensum exampled activities . SL A . .

and of Ashestos-Containing Material	Is Location by Mainten	Normally U	Jsed Solely odial Staff?	Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Remova
(ACM) TO BE ABATED In Facility	Yes	No.	N/A	Floor Tile and Mastic	500-SFn 1	X-
Future Store Room		Λ				
					JAN 30 2	2019

9000														100
Date of Notification (1)		1012					ng Owner/Operator (			A 11 0	1000			11
	24 /	19			Ne	w Jersey	Division of Prop	perty Managem	ent and Od	nstruct	ion	201	9	
Agencies Notified	Type Notific	cation			Stree	t Address								3
⊠ EPA					50	West Sta	ate Street		1					
☑ DOLWD ☑ DOH	Amende Amendm				City,	State, Zip	Code			17,51				
□ DCA	☐ Emerger	-		- n	Tre	enton, N	J 08625-0034			*				27
(NJAC 5:23-8)	justificat	tion)	oluulii	9	Name	e of Conta	ct		Telephone	Number				
100 March	☐ Cancella	ation			Ge	orgette l	Bunch		609-633					
					FA	CILITY II	NFORMATION							- 7-2-2-3
Name of Facility Where A	batement is	Taking	Place	e (3)			Oranization	Type of Facility (	4)					
NJ Taxation Buildin		•						School (K-12)	3.5					
Street Address								☐ Subchapter 8	(Other than	K-12)				
50 Barrack Street								Other (i.e., pri	ivate and cor	nmercial	buil	ding	s,	
City (5)								Square Feet	# of Floors		RIde	g. Ag	10	-
Trenton								10,000	10	,		g. Ay 00	je	
County (6)			0255		Cou	ntv Code (	7)(STATE USE ONLY)	Current Use (Price	1000	malishad		00	_	
Mercer						, 0000 (	MOTHER OOL ONET	Taxation Bui		Holished	,			
Name of Monitoring Firm	Hired by Buil	ldina C	)wner	(8)	ASCM	No	Name of Abateme		nung					
Environmental Con				(0)	7100III	140.		onmental, LLC						
Street Address	,						Street Address	Jilliental, LLC			-			
120 North Warren S	treet						623 Cutler Av	(ODLIO						
City, State, Zip Code					City, State, Zip Co	N. T. M. C. C. M. C.								
Trenton, NJ 08608														
Project Manager for Monit	toring Firm			Tol	onhono	Ma	Maple Shade	, NJ 08052	T					u- me
Roland Jones	toring r iiiii				ephone <b>09-392</b>		Telephone No.		License N	0.				
Start Date (10)	1	Cabad	ulad O			te (11)	856-755-0099		00842			_		
_02_ / _08_ /							Name of OSHA M							
						19	EMSL Analyti	ical, inc.						
Occupancy Status During			CONTRACTOR TO THE PROPERTY OF THE PARTY OF T	300000000000000000000000000000000000000			Street Address				×			
☐ Facility Closed/Vacated ☐ Abatement Performed	d During Enti	ire Per	iod of	Abate	ment		200 Route 13	0 North						
Time of Abatement:	AM-	ormai	racilit 1/5PM	y Hou - <b>12</b> Δ1	rs - Des 11	scribe	City, State, Zip Co	ode						
25.7						10.1792-3-1-1-1-1	Cinnaminson	, NJ 08077						
Scope of Work (Check all	that apply)						□ F							
≥3 sf or ≥3 If			⊠ Re	novat	ion		☐ Full Cont	ainment with Nega	ative Pressur	е				
☐ ≥160 sf or ≥260 lf			☐ De	moliti	on			Procedure						
							☐ Non-Exer	mpted (*) and Non	-Friable Proc	edure				
Location		İ		Loca Norma						A	bat	eme	nt Ty	/pe
Location of Asbestos-Containing N		A)			ely by	Ashe	Description of stos Containing Mat		Amount	76	7	Re	En	En
TO BE ABAT	TED	*		intena			., thermal systems i		(Specify	mo		Repair	cap	Enclosure
IN Facility (13)	<i>y</i> .		Cus	(12)	Staff?		surfacing, VAT,		SF or LF	nemoval .	.		Encapsulate	sure
(13)		ŀ	Yes	No	N/A		other miscellaned	ous)		1			ate	
2nd Floor North Mech	anical Roo	m				Pipe Ins	sulation		2 LF		1 [	$\neg$	П	
3 <sup>rd</sup> Floor North Mecha	nical Room	n				-	sulation		1.5 LF		-	=		
5 <sup>th</sup> Floor North Mecha	nical Room	n		$\boxtimes$	İn	Pipe Ins	sulation		1 LF		-	=		
			П	П							1 [	=		
Name of Registered Waste	e Hauler			I	JDEP V	Vaste	Cubic Yards of	Name of Registe	ered I andfill		Т,			
Freehold Cartage				1000	15939	No.	Waste 1	Fairless Lar						
City, State					10000		Disposal Date	City, State		101	-			
Freehold, NJ							02/11/19	Morrisville,	PA					
Completed By (Print or Typ	oe)	Title					Signature			Date				
Christina Lynch		Vic	o Dr	ocido	nt of C	Inoration		1						

## PAID

Date of Notification (1		emsember emile		Man	f D ::	-1' 0				Check # 1	765			
J	anuary 25, 2	019		Jam	ne of Buildies Gaug	ding Ow I <b>hran</b>	ner / Operato	r (2)		EP	G (	The state of the s	?	7
Agencies Notified	Type Notific	cation			et Addres				11/1		(2)	- (C		4.
□EPA									11 42	P				
DEP										1441	2 0	201	0	1 2
DOL	Initia	al		City.	State & 2	Zin Code	<b>Y</b>		(1)	JAN	3 ()	201	9	1
⊠рон	Ame	ended		0.0000000000000000000000000000000000000	ed River					į				
□ DCA		endment #	<u></u>				731			F. 12. 11	3 - 1			
LIDCA	Can	cellation		V-3000	e of Cont	ACC 655			-11	Te		ne N	umb	er
				Jame	es Gaugl	hran							_	
				F	ACILITY	Y INFO	RMATION	l						
Name of Facility When Residence	e Abatement	t is Taking	Place (3)		4		Type of Fa							
Street Address								ol (K-12)						
OTT AND PROPERTY OF STATE AND ADDRESS OF STATE AND								apter 8 (Other tha		1-1 Contains				
							Square Fee	(i.e., private &					etc.)	1
City (5)			7				Square Fee	35	loors 1	Bia	g. Age	e 59 yea	are	
Forked River								e (Prior if being de	molishe	d)		3 ye	dis	
County (6)		10	\b. C	/ / / / / /			Residence			% ====================================				
Ocean		Ü	County Coo	le (7)										
Name of Monitoring Fir	rm Hired by E	Building Ov	wner (8)		ASCN	/I No.	Name of Ab	atement Contract	for (9)					
Street Address			E0/2				Synatech, I	nc.	101 (3)					
Street Address							Street Addr							
City, State & Zip Code					-		829 Radio I City, State 8						-	
Desirat Managar for M.							Little Egg I	larbor, NJ 0808	7					
Project Manager for Mo	onitoring Firm	1	Te	elephone	Number		Telephone I	Number		License Num				
Scheduled Start Date (		Schedule	d Complet	ion Date	(11)		609-296-69 Name of OS				0081	7		
February 4, 2	019		Mar	ch 4, 201			Synatech, I	nc.						
Occupancy Status Duri Facility Closed	ng Abatemer d/Vacated Du	nt (Check or iring Entire	only one) Period of	Abateme	ent		Street Addre	ess						
Abatement Pe							City, State 8	A STATE OF THE STA						
Other – Descri		5650						larbor, NJ 08087						
Facility Occupi							Little Lag	iaiboi, ito ooco,						
Scope of Work (Check	all that apply	)												
-2 of or > 2 If								Full Containme	nt with N	egative Pressi	ure			
≥3 sf or ≥ 3 lf ≥160 sf or ≥260	16			Renovati				Mini-Enclosure						
Z ≥100 Si 0i ≥200	IT			Demolitic	on		L	Glovebag Proce						
Locat	tion of		I - I posti	- Manage	2 11 - 1			Non-Exempted	(*) and N	lon-Friable Pro	ocedu	re		
Asbestos-Containi		ACM)	Solely b	on Norma y Mainter	ally Used		Descrip Asbestos-C		Amo	······································	Ab	atem	ent T	уре
TO BE A	ABATED		Custo	dial Staff	? (12)		Material	(ACM)	Aino	unt (Specify F or LF)				
IN Fa	acility 3)						(i.e., therma			7. F			m	
1	0)						nsulation, sur or other miso				Re	Z	nce	E
								onariosas,			Removal	Repair	sde	clos
			Yes	No	N/A						Val	Ŧ	Encapsulate	Enclosure
Back Yard Shed					Х		Sidi	2		100.05	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		.,	_
							Jidii	ng		160 SF	Х			
lame of Registered Wa	iste Hauler		NJDEP V		Cubic \	Yards of	Waste	Name of Regist	tered Lar	adfill				
Synatech, Inc.	Hauler ID							IGIIII						
City, State	21	429	5 Disposa	-I Date		Fairless Hills								
353								City, State						
ittle Egg Harbor, NJ		I				5, 2019		Morrisville, PA						
Completed By		Title			Signatu	ire	11		Date					
iane Aloia		Executiv	e Adminis	trator	1	ans	1/1/11	761		25 2040				

State of New Jersey
Franklin Meyer, NJ Dol NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Chit #3504

				Ivali	ne of Building	ng Owner/Operator	(2)	EMP	3 1	Wii		1.4
/	25 /	19		P	rinceton l	Jniversity-Office	of Design and	Construction				
	Type Notifica	ation		Stre	et Address		211				-	117
				20	00 Elm Dr.	6	F.S.	JAN	3.0	2019		
⊠ DOLWD ⊠ DHSS	Amended Amendme			City	State, Zip	Code		ONIT	0 0	2010		1
	⊠ Emergen		ing.	110	rinceton, I					- 244		
(NJAC 5:23-8)	justification	on)	ing		ne of Contac			Telephone Nun		1,54	-	
	☐ Cancellat	tion		R	obert Orte	go		609-258-18				
						NFORMATION		000 200-10	71			
Name of Facility Where Ab							Type of Facility	(4)				
Princeton University	-New Grad	luate Co	llege	Room	2412		School (K-12					
Street Address							Subchapter	8 (Other than K-1)	2)			
College Rd W & Spri	ngdale Rd						homes, etc.)	rivate and comme	ercial b	uilding	gs,	
City (5)							Square Feet	# of Floors	R	ldg. A	00	
Princeton							-   -   -   -   -   -   -   -   -   -	# 01 1 1001S		70	ge	
County (6)				Cou	inty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	- 1	10	-	-
MERCER					,	X	Office/Class		Sileu)			
Name of Monitoring Firm H	ired by Build	ing Owne	r (8)	ASCN	1 No.	Name of Abateme			-A120			
TTI Environmental In				000			VIRONMENTA					
Street Address				-		Street Address	VINONVIENTA	_, INC.				
1253 North Church R	d					1123 BEAVE	PETDEET					
City, State, Zip Code												
Moorestown, NJ 0805	57					City, State, Zip Co						
Project Manager for Monitor			Tel	ephone	No	BRISTOL, PA	19007	1				
Michael Keehn			1		6-8800	Telephone No. 215-788-6040		License No.				
Start Date (10)	S	cheduled						00509				
1/28/					19	Name of OSHA M	onitor VIRONMENTAL	INC				
Occupancy Status During A	batement (C					Street Address	- COMMENTAL	., 1140.				
☐ Facility Closed/Vacated I	During Entire	Period o	f Abate	ement		1123 BEAVER	STREET					
Abatement Performed O	utside of Nor	rmal Facil	ity Hou	rs - De	scribe	City, State, Zip Co						
Time of Abatement: 7:00	<u>0</u> AM- <u>6:30</u> PN	VI/I	PM	AM		BRISTOL, PA						
Scope of Work (Check all th	at apply)					J. 110102, 174	10001					
≥3 sf or ≥3 If							ainment with Neg	ative Pressure				
100 of 000 if		⊠ n						ative i ressure				
≥ 100 St or ≥260 If		_	enovat emoliti				osure	ativo i ressure				
		_	enovat emoliti			☐ Mini-Encl	osure Procedure		re			
□ ≥160 sf or ≥260 lf			emoliti s Loca	on	I	☐ Mini-Encl	osure Procedure	-Friable Procedu	-	ateme	ent To	vne
Location of	torial (ACM)	D	emoliti s Loca Norma	on tion ally		☐ Mini-Encli ☐ Glovebag ☑ Non-Exen	osure Procedure npted (*) and Nor		Ab	ateme		
	terial (ACM)	Us M	s Loca Norma ed Sola aintena	tion ally ely by	Asbes	☐ Mini-Encling Glovebag ☐ Non-Exen  Description of tos Containing Mate	osure Procedure npted (*) and Nor erial (ACM)	n-Friable Procedu	Ab	T		
Location of Asbestos-Containing Mar TO BE ABATE IN Facility	terial (ACM)	Us M	s Loca Norma ed Sola aintena	tion ally ely by	Asbes (i.e.	☐ Mini-Encling Glovebag ☐ Non-Exen  Description of tos Containing Mate, thermal systems in surfacing, VAT,	osure Procedure npted (*) and Nor erial (ACM) sulation, or	Amount (Specify	Ab	T		
Location of Asbestos-Containing Material TO BE ABATE	terial (ACM)	Us M. Cus	s Loca Norma ed Sola aintena stodial (12)	tion ally ely by ance/ Staff?	Asbes (i.e.	☐ Mini-Encling Glovebag ☐ Non-Exen  Description of tos Containing Mate, thermal systems in	osure Procedure npted (*) and Nor erial (ACM) sulation, or	n-Friable Procedu	-	T		e Enclosure
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Location of Asbestos-Containing Mat TO BE ABATE IN Facility (13)  Room 2412  Room 2412	<u>-iD</u>	Us Mi Cus	s Loca Norma ed Sol aintena stodial (12) No	tion allly ely by ance/Staff?	Pipe ins	☐ Mini-Encling Glovebag ☐ Non-Exen  Description of tos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo	osure Procedure Inpted (*) and Nor Interial (ACM) Insulation, Insulation, Insulation	Amount (Specify SF or LF) 35 LF 96 SF	Ab Removal	Repair		Enclosure
Location of Asbestos-Containing Mat TO BE ABATE IN Facility (13)  Room 2412	<u>-iD</u>	Us Mi Cus	s Loca Norma ed Sole aintena stodial (12) No	tion ally ely by ance/Staff?  N/A  DDEP Value III	Pipe ins Floor tile  Vaste	☐ Mini-Encling Glovebag ☐ Non-Exen  Description of tos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo	osure Procedure Inpted (*) and Nor Insulation, Insulat	Amount (Specify SF or LF)  35 LF 96 SF	Ab Removal	Repair		Enclosure
Location of Asbestos-Containing Mat TO BE ABATE IN Facility (13)  Room 2412  Room 2412	<u>-iD</u>	Us Mi Cus	s Loca Norma ed Sole aintena stodial (12) No	tion ally ely by ance/Staff?	Pipe ins Floor tile  Vaste	☐ Mini-Encling Glovebag ☐ Non-Exen  Description of tos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo  ulation  Cubic Yards of Waste	osure Procedure Inpted (*) and Nor Insulation, Insulation, Insulation Insulat	Amount (Specify SF or LF)  35 LF 96 SF	Ab Removal	Repair		Enclosure
Location of Asbestos-Containing Matana   TO BE ABATE   IN Facility   (13)  Room 2412  Room 2412  Iame of Registered Waste H BRISTOL ENVIRONME	<u>-iD</u>	Us Mi Cus	s Loca Norma ed Sole aintena stodial (12) No	tion ally ely by ance/Staff?  N/A  DDEP Value III	Pipe ins Floor tile  Vaste	☐ Mini-Encling Glovebag ☐ Non-Exen  Description of tos Containing Mati, thermal systems ir surfacing, VAT, other miscellaneo  ulation  Cubic Yards of	Name of Registe FAIRLESS I	Amount (Specify SF or LF)  35 LF 96 SF	Ab Removal	Repair		Enclosure
Location of Asbestos-Containing Matter TO BE ABATE IN Facility (13)  Room 2412  Room 2412  Jame of Registered Waste Harls To Environment Sity, State  BRISTOL, PA 19007	dauler	Us M Cus	s Loca Norma ed Sole aintena stodial (12) No	tion ally ely by ance/Staff?  N/A  DDEP Value III	Pipe ins Floor tile  Vaste	Description of Non-Exem  Description of tos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo  ulation  Cubic Yards of Waste  Disposal Date	osure Procedure Inpted (*) and Nor Insulation, Insulation, Insulation Insulat	Amount (Specify SF or LF)  35 LF 96 SF	Ab Removal	Repair		Enclosure
Location of Asbestos-Containing Mat TO BE ABATE IN Facility (13)  Room 2412  Room 2412  Jame of Registered Waste H BRISTOL ENVIRONME	dauler	Us Mi Cus	s Loca Norma ed Sola intena stodial (12) No	tion ally ely by ance/Staff?  N/A  DDEP Value III	Pipe ins Floor tile  Vaste	☐ Mini-Encling Glovebag ☐ Non-Exen  Description of tos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo  ulation  Cubic Yards of Waste	Name of Registe FAIRLESS I	Amount (Specify SF or LF)  35 LF 96 SF ered Landfill LANDFILL  HILLS, PA	Ab Removal	Repair	Encapsulate	Enclosure

:29	P										
(1) 2) STATE	OF NEW.	JERSEY	DEPARTI	/IENT C	F LABO	R NOTIFICATION OF	ASBESTOS ABA	TEME	NT		
Date of Notification (1)								P		7	
01/12/2019					Name Aaka	of Building Owner/Ope ash Realty	rator (2)	<del>- 10 - 1</del>			
Agencies Notified	Туре	of Notific	ation			Address					111
( ) EPA	(X)	Initial I	Votification	1	Otrect	Address	\$16. 1 <b>8</b> 75. 3	MN.	30 20	019	100
(X) NJDEP (X) NJ DOL		Amend			City, S	state, Zip Code					
(X)DOH	()		ency (inclu	ıdina	-	NI 07000	ا من <b>حد</b> ، ا از در از	4.40	1.5	- 1	-12
( ) DCA	1 ' '	justifica	ation)	ading	Name	enberg, NJ 07093		1.11			
	( )	Cancel				of Contact Gandhi	Tel. N	umber			
				FACIL	ITY INFO						
Name of Facility Where Abate	ement is Tak	ing Place	(3)			f Facility (4)					
Residential Property Street Address					( ) Sc	chool (K-12)					
Offeet Address					( ) St	bchapter 8 (other that	n K-12)				
					(X) O	ther (i.e. private & cor	nmercial bldgs., ho	mes, e	tc.		
City (5)	County (6		County Co	ode (7)	Entire 6	Building: Sq. Feet: ~ 86	0,000 # of Floor	s 44	Blda.	Age 4	1
Guttenberg	HUDS	ON	(State Use	Only)	Condo	unit (project location): S	Sq. Feet: ~800 #	of Floor	. 1	3	
N					Currer	t Use (if being demol	ished):	0111001	•		
Name of Monitoring Firm Hired	d by Bldg. Or	wner (8)	ASCM No.			of Contractor (9)					
			N/A			trial Safety & Env	vironmental Sol	utions	Inc		
Street Address N/A					Street A	ddress	arominoman 501	ations	, inc.		
( ) · · · · · · · · · · · · · · · · · ·						Hudson Avenue					
City, State, Zip Code N/A						te, Zip Code					
Project Manager for Manager					Unior	City, NJ 07087					
Project Manager for Monitoring Firm	1 Telep	phone Nu	mber		Telepho	ne Number			License	Numbe	or.
N/A					(201)	325-0055			0112		ii.
Scheduled Start Date (10)	Sche	duled Co	mpletion Dat	te (11)	Nama a	f OSHA Monitor			0112	т.	
01/22/2017	02/0	01/2019	9	(11)	ISES, I						
Occupancy Status During Abat	ement (Cher	ck only or	10)		Street A						
( ) Facility Closed/Vacated [	During Entire	Period o	f Abatament			Hudson Avenue					
Abatement Performed Out     Other - Describe:	itside of Nor	mal Facili	ity Hours -								
Work in unoccupied apartm	ient					te, Zip Code					
Source of Work (Check all that		- /	\ D !!!!			City, NJ 07087					
		(	) Demolitio	n	( )	( ) Renovation					
( ) Minor Project (< 25 S	SF or < 10 L	F ACM)	)		(	X ) Full Containmen	t with Nogative D	=			
( ) Small Project (>25 <	160 SF or >	>10 <260	LF ACM)		(	) Mini-Enclosure	with Negative Pre	ssure			
( X ) Large Project (>160 s	or > 260	LF ACI	Л		(	) Glove-bag Proce	dure				
Location of Asbestos-	Is Locati	ion Norma	ally I lead	T		Non-Exempted	*) and Non-Friable		dure		
Containing Material (ACM)	Solely b	y Mainter	nance or		i.e. therma	ription of ACM I systems insulation,	Amount (Specify SF or LF)		Abateme	ent Type	е
To be Abated in Facility (13)	Custo	odial Staff	? (12)	surfac	cing, VAT,	or other miscellaneous.	)   31 01 LF)				Т
	YES	NO	N/A					Re	70	Encapsulate	Enclosure
			,					Remova	Repair	apsu	dos
								à	=	ulate	ure
Bedroom, living room,		X		Floor	Mastic	black) and	700.00 57				
dining room						ood floor	~ 700 SQ FT	X			
					J. G. C. G. T. T.	300 11001		-			_
Name of D		4 (2)						-			
Name of Reg. Waste Hauler	T		Naste Haule	r ID#		Cubic Yards of Waste	Name of Reg. Lar	ndfill			
Newark Carting, Inc.		04509				20	Grand Central		ation		
City, State					34 B		1963 Pen Argy	/I Roa	d		
369 Raymond Blvd., New	ark MIO	7105		Disp. D			City, State				
Completed by (Print or Type)	103			1/2019	11	Pen Argyl, PA	18072				
54 11 - W 1-4 1	Title			Signatu	a/e	1-11	Date				
David Camacho	Projec	t Super	rvisor	1	17/10	(Moto)	01/12/2019				
	J			- 1	WIJ	WILLIA V					

CK# 5248

(NI ) TO	**************************************			N OF ASBESTOS				e o	F 7	# 1-1	
	PAM	(P	ursuant	t to NJAC 8:60 a	nd 12:12	20)	EC		M	1	13-
Date of Notification (1)		T	Name o	of Building Owner	Operato	r (2)				1	1. 11
1/20/19			Pijc	illese Pro	pert	:e5	HAN IAN	3.0	2010	ĺ	
Agencies Notified Type N	otification		Street A	Address	1		TE LAN	<del>-&gt; () -</del>	2019		
☑ EPA ☑ Ini	tial		21	9 Nassi	au s	Street	1			1	
leebii i fi	nended		City, Sta	ate, Zip Code		(	A 19 351	3-5	7	- 4.1	
	nendment # nergency (including	_	Pri	sceton,	UCLU	Dersey 1	28542			1 1 2/ 12	
DOH jus	stification)		Name o	of Contact		1	Telephone N		0-	70	
☐ DCA ☐ Ca	ancellation			176++			609 33	166	) d	17	
Name of Facility Where Abateme	nt is Taking Place (	31	FAC	ILITY INFORMAT	TION	Type of Facility	. (4)				
Ducheso Pr	OD8-11	υ,									
Street Address	1 14					School (K	-12) er 8 (Other than K-	12)			
1330 Rte 20	. (						private & commen		dings	home	es,
City (5)	0 0					Square Feet	# of Floors	- 10	ildg. /	100	
SILILMO							# 01 110015	1	10t		
County (6)		1	County	Code (7)		(U,000)	rior if being demoli		101	-	
Somerset				USE ONLY)		Strip	100 th boding demon	Siledy			
Name of Monitoring Firm Hired by	Building Owner (8	)	ASC	VI No.	Name	of Abatement C	ontractor (9)				
					Ac		ation ().	Tac			
Street Address		-			Street	Address	. ( )	1			
					195	Montro	s Ad				9
City, State, Zip Code	7				City, S	State, Zip Code			-		
					()	HI Necs	NIME	199	}_		
Project Manager for Monitoring Fire	m	and the same	Telepho	ne No.	Telepl	hone No.	License	No.			
						2941757		020	9		İ
Start Date (10)	Schedu	-	0	Date (11)	Name	of OSHA Monito	r		,		
21419		11 1	19								
Occupancy Status During Abatem	ent (Check Only O	ne)			Street	Address					
Facility Closed/Vacated During Abatement Performed Outside	ng Entire Period of	Abatem	ent		077	v					
Other - Describe: AAC	M- Jom	y Hours			City, S	State, Zip Code					- 1
Scope of Work (Check All That Ap					<u> </u>						
					1	7					destructions
≥3 sf or ≥3 lf ≥160 sf or ≥260 if	Section 20	Renoval Demoliti				Full Containn Mini-Enclosu	nent with Negative	Pressu	re		Parameter
4	4		75.00		E	Glovebag Pro	ocedure				Ì
		4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		T	· · · · · · · ·	Non-Exempt	ed (*) and Non-Fria	ble Pro		ement	
		s Location Normall								ement /pe	
Location of Asbestos-Containing Material	(ACM) Usi	ed Solel	y by		escription	n of Material (ACM)	Amount		Tr. sayone		П
TO BE ABATED	ivia	aintenar stodial S		(i.e. therma	l system	s insulation,	(Specify	70	ת	Encapsulate	回
In Facility (13)	Cus	(12)	nan :		cing, VA miscellar		SF or LF)	Remova	Repair	apsı	Enclosure
(10)	-	l		Oliver i	macenai	leous)		val	=	ulate	ure
The state of the s	Yes	No	N/A								
exterior			A	Siding			2900 功	X			
exterior 1st FL			X	Floor =	Lilo		90017	×			
					1		1	1			
							<del> </del>	-			
Name of Registered Waste Hauler	. — —	I N	I JDEP W	laste Cubic	Yards	Name	 f Registered Landfi				
A	$\wedge$		auler ID	선물 시간 시간 하나 보다 하는 사람들이 없는 것이다.	ste C	nvanie o		141			CO PERCENT
ACCITING CONTIN	(2. Jac	1	202	0	0	Chr	105				
City, State			*	Dispo	sal Date	City, Sta	ite -:-				
Constitution (1)	1			13/	2112	Cast	on, pit				
Completed by	Title	- 1	1		Signature	3 X	' D	ate			Philipping
Breemiliere	Dec	SPHE	4/1	recs rel	1/2	21/2	-	1/2	101	9	and the same of

		D	AI	THY.												irit i v
MO 255	3880	(2017	NOTII	CATION	ate of Ne NOF ASE to NJAC	BESTOS	ABATE	EMENT (0)		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	E	G	E		W	7.5. /15. /25.
Date of Notification (1) 01/23/2019					f Building an Hube		Operato	r (2)		111			(A) P		47 *** ***	-
Agencies Notified	Type Notification	1		Street A							<del>,                                    </del>	JAN	3	0 2	019	
X EPA X DEP X DOL	× Initial			City Sta	ata Zin C	a da						ra. 11.11				
× DOL	Amended Amendmen		_		ate, Zip Co on, NJ (					18 11	Acces					. 42
DOH DCA	Emergency justification	)			f Contact an Hube	ort				Te	lephone	Numb			+	
	Cancellation				LITY INF	2445-6-4-7-6	ION							111367		
Name of Facility Where A	Abatement is Takir	ng Place (3	3)					Туре	of Facility	(4)						
Street Address								×	School (K-1 Subchapter Other (i.e. petc.)	8 (Oth			ouild	lings,	home	es,
City (5) Madison									ire Feet	# o	f Floors A		155213	dg. A	ge	
County (6) Morris				County (	Code (7) USE ONLY	)		Curre	ent Use (Pri	or if be	ing demo	olished	)			
Name of Monitoring Firm	Hired by Building		ASCN	No.				atement Cor ement, Ir		(9)						
Street Address						Street	t Addre	- 12								
City, State, Zip Code						City, S	State, Z	ip Code IJ 07512								
Project Manager for Mon	itoring Firm			Telepho	ne No.		Telep	hone N	lo.		Licens 0131					
Start Date (10) 02/04/2019		Schedule 02/052		mpletion I	Date (11)		Name	of OS	HA Monitor		0131	1				
Occupancy Status During	Abatement (Che	SERVICE SERVICE						Addre	ement, In	C.			_			
Facility Closed/Vaca Abatement Perform	ed Outside of Norr	Period of /	Abater / Hour	ment s					gren Ave	nue						
Other – Describe:						_	200000000000000000000000000000000000000		IJ 07512							
Scope of Work (Check Al ≥3 sf or ≥3 If ≥160 sf or ≥260 If	II That Apply)	× F	Renova Demoli	ation tion			>	Min Glo	II Containmeni-Enclosure ovebag Proe n-Exemptee	e cedure	177.0				е	
		114	Locat	2007/2001									,	Abate Ty	ment	
Location Asbestos-Containing	Material (ACM)	Use	d Sole intena	ely by		tos Cont		Materia		Α	mount	-		,		
TO BE ABA In Facili			todial (12)		(i.e.		cing, VA	AT, or	ation,		Specify or LF)		Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		other r	niscellar	neous)					oval	air	sulate	sure
Garag	е		Χ			Duct	Insula	ation		12	20 SF		K			
					*											
Name of Registered Was	te Hauler		1	JDEP W	aste	Cubic	Yards		Name of	Registe	red Lan	dfill				_
D&S Abatement, Inc.		100000	lauler ID 0996	No.	of Was	ste		Fairless								
City, State Totowa, NJ						Dispos	sal Date		City, State Morissy		Α					
Completed by		Title					Signature	e %		/	· ,	Date				
Ned Joksimovic		Proje	ct Ma	anager					HA/			01/2	3/2	019		

### PAIM

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

Check # 10607

Date of Notification (1)   Top A 2 2019   Name of Building Owner/Operator (2)   Mark F Real L.   Demolit Lion   2019   Mark F Real L.	Data of National Control							14					
Agencies Notified  Type Notification  FEPA  DOL  Amended  Anders	Date of Notification (1)	Jan 28	2019		Name o				477			- 3	- 11
Dep ODL   Amended   Amende	Agencies Notified				Street A	Address	MANCE	C.C.	NEWSCOOL CO.	/3.0	201		
DOL   Amendment   Series   Ser					City St	oto Zin Codo	8 H4	Rtfuil	le-GREN	lock	20/	Boac	1
DOA   DOA   Doad	Amendment			City, St		ue //	NJ	0808	7	17		٤	
Name of Facility Where Abz ement is Taking Place (3)  Street Address  City (5)  County (6)  County (6)  County (7)  County (7)  County (7)  County (8)  County Code (7)  (87ATE USE ONLY)  Street Address  City State State Contractor (9)  City State State Contractor (9)  City State State Contractor (9)  City State State Contractor (9)  County (8)  City State State Contractor (9)  County (8)  City State State Contractor (9)  City State State Contractor (9)  County (8)  City State State Contractor (9)  County (8)  City State State Contractor (9)  City State State Contractor (9)  County (8)  City State State Contractor (9)  City State State Contractor		justification)	including	Ī	MA	of Contact		0.2	Telephone N	lumber		· · · · ·	eta -
Street Address  Street Address  City (s)  Mag 9 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	,								1856	320	02	95	
Street Address  City (5)  Mg g n n i a N	( , ,	$\bigcirc$ 1 7	1	1 4				Type of Facility	(4)				
County (6)		tamily 1	/ WC /	line	<u> </u>	6		☐ Subchapte	r 8 (Other than K	-12)			
County (6) County Code (7) Code (7) Code (7) Code (7) Code (7) Code (7) Code (7) Code (7) Code (7) Code (7) Code (7) Code (7) Code (7) Code (7							2	Other (i.e. etc.)	private & comme	rcial buil	dings	, home	es,
Country (8)  Country (Code (7)  Name of Monitoring Firm Hirged by Buildings Owner (8)  Street Address  City, State, Zip Code  City, State	11/1	nalia	Λ/	7	0	8149		Square Feet	# of Floors	E	Bldg. A	lge /	
Name of Monitoring Firm Hirse by Building Owner (8)  Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Coordination Remains Material (Check Only One)  Scheduled Completion Date (11)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performeo Outside of Normal Facility Hours  Cother - Describe:  Cother - Descr		10110	ĮV	J	County	Code (7)		Current Use (Pr	ior if being demoi	ished)	6	77	_
Street Address  City, State, Zip Code  City, State, Zip Code  Prolect Manager for Monthright-Irm  Telephone No.  Code A 758-3365  Start Date (10)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Occupancy Status During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Occupancy Status During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Occupancy Status During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Occupancy Status During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Occupancy Status During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Scope of Work (Check All T. iat Apply)  23 sf or 23 ff  Abatement Normally Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Page In Facility (i.a. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Page In Facility (i.a. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Page In Facility (i.a. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Page In Facility (i.a. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Page In Facility (i.a. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Page In Facility (i.a. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Name of Manifesian Fin	<u>den</u>	(0)					Single	Famil		Du	icll	ins
Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Cod		- 1 -	- 9	_	ASC	NO.	Name of	Abatement Co		e ie :	5	Tr	ر • ا
City, State, Zip Code    Project Manager for Monthing Firm   Telephone No.   Telephone No.   GO9 758-3365   Go9	Street Address	2 2'	17	40			6650	_ 400	227	3			16
Telephone No.   Telephone No	City, State, Zip Code	Dox J.	75		A &		City, Sta	te. Zip Code	337			•	
Start Date (10)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Proceedings Inc.  Street Address  Probat 337  City, State, Zip Code  New Egyph NJ 08533  Scope of Work (Check All T. at Apply)  23 sf or 23 lf  2160 sf or 2260 lf  Asbestos-Containing Material (ACM)  In Facility (13)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Name of OSHA Monitor  EPC Technologies Inc.  Street Address  Probat 337  City, State, Zip Code  New Egyph NJ 08533  City, State, Zip Code  New Egyph NJ 08533  Scope of Work (Check All T. at Apply)  23 sf or 23 lf  24 senovation  Demolition  Scope of Work (Check All T. at Apply)  Scope of Work (Check All T. at Apply)  Scope of Work (Check All T. at Apply)  Asbestos-Containing Material (ACM)  In Facility (13)  Scope of Work (Check All T. at Apply)  State Address  Probat Market Address  Probat Market Address  Scope of Work (Check All T. at Apply)  Scope of Work (Check All T. at Apply)  Scope of Work (Check All T. at Apply)  Scope of Work (Check All T. at Apply)  Scope of Work (Check All T. at Apply)  Scope of Work (Check All T. at Apply)  Scope of Work (Check All T. at Apply)  Scope of Work (Check All T. at Apply)  Scope of Work (Check All T. at Apply)  Scope of Work (Check All T. at Apply)  Scope of Work (Check A		tave.	NS		80	533			St N	50	8	53	3
Start Date (10)  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performeo Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All T. at Apply)  23 sf or 23 if 2160 sf or 2260 if  Penovation Demolition  Renovation Demolition  Pull Containment with Negative Pressure Mini-Enclosure Clovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Street Address P.O. Box 337  City, State, Zip Code New Egypt NJ 08533  Full Containment with Negative Pressure Mini-Enclosure Clovebag Procedure Non-Exempted (*) and Non-Friable Procedure N	2 49	if ri g Firm		1					200	No.	20	u	
Street Address    Continue   Con		IC THE	Schedule						ນ   <u>C</u>	V		1	
Facility Closed/Vacated During Entire Period of Abatement Abatement Performeo Outside of Normal Facility Hours  Other - Describe:  Scope of Work (Check All T. lat Apply)  23 sf or 23 lf 2160 sf or 260 lf  Location of Asbestos-Containing Material (ACM) In Facility (13)  P.O. Box 337  City, State, Zip Code New Egypt NJ 08533  Full Containment with Negative Pressure   Mini-Enclosure   Mini-Enclosure   Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure   Abatement Type	Occupancy Status Durin	19	0-1-0	2-	15	-19	E	PC Tec	hnologie	s I	nc		
Abatement Performeo Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All T. at Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Abatement Performeo Outside of Normal Facility Hours  City, State, Zip Code New Egypt NJ 08-533  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Page No N/A  Page No N/A  Siding Shingles 2000 SF X					nent	3	_		337				
Scope of Work (Check All T.iat Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf    Renovation	Abatement Perform	nea Outside of Norma	al Facility	Hours	5		City, Stat	te, Zip Code		33 5352		i i	
23 sf or ≥3 lf ≥160 sf or ≥260 lf    Renovation Demolition   Full Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and		All T. at Apply)					[Vea	U Egypt	NU	08	53	3	
Location of Asbestos-Containing Material (ACM) TO BE ABATED   In Facility (13)  Yes No N/A  EX PERIOR Walls    Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure    Abatement Type	≥3 sf or ≥3 lf		□ , F	Renova	tion			Full Containm	ent with Negative	Pressu	re		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED   In Facility (13)  Yes   No   N/A      No   N/A      Is Location Normally   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)    Amount   Type     Amount (Specify   SF or LF)   Repair   Repai	≥160 sf or ≥260 lf			Demolit	ion		(A 3)	Glovebag Pro	cedure				
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Location of Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Repair Output  Type  Type  Amount (Specify SF or LF)  Repair Output  Type  Amount (Specify SF or LF)  Amount (Specify SF or LF)  To other miscellaneous)			Ι.					Non-Exempte	d (*) and Non-Fri	able Pro	E1000 (10)		+
Maintenance/Custodial Staff? (12)  Yes No N/A  Maintenance/Custodial Staff? (12)  Yes No N/A  Maintenance/Custodial Staff? (12)  Yes No N/A  Maintenance/Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Repair Displayed ST DOOO SF M	Location	n of	1	Vormali	ly		escription of	f					
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exterior Walls X Siding Shingles 2000 SFX			Cust		staπ?	sur	facing, VAT,	or		emov	Зера	apsu	iclosi
	,		Yes	No	N/A					·al	-	late	ıre
	exterior.	Malls			X	Sidin	4 Sh	ingles	20005	EY			
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill							)	J.		-			
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill													
Name of Registered vvaste Hauler   NUDEP vvaste   Cubic Yards   Name of Registered Landfill	Nome of Desistant 111	to the dee		1	IDC2 !	(a)	- V			<u></u>			
Havier ID No. of Master 4.3	Name of Registered Was				auler ID	No. of W					,	- 1	A,c
EPC Technologies 17000 12 Waste Management of PA City, State Disposal Date City, State	City, State	nnologies	>		170		osal Date	City. Stat	e Irlanage		to	i t	14
New Egypt NJ 2-15-19 Mornisville PA	New E	gypt 1		S		13	**************************************		isville				
	Completed by	n Kee	Title	cial	-1		Signature	250	1	Date / _	7	2 -	19
	Steve Sche	n Kee		sid	ent	-	Stere	Sch	h		2	3 -	19

Check 10606

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

PAID

Data of National Control										Address	WW.75			
Date of Notification (1)	2019		lame o	f Building Owner Mar K	17 ST 18 ST	hi Dem	olition				1			
Agencies Notified Type Notification  EPA Initial				34	-441		le-Grento	k/h	3 6	20190	1			
DOL Amended Amendment #		_   0	ity, Sta	ate, Zip Code Sevv	11	NJ	08080							
DOH Emergency (in justification)	nciuaing	N	lame of	f Contact			Telephone Nur							
□ DCA □ Cancellation			FACI	AK FRAN			856 86	0.	02	95				
Name of Facility Where Abatement is Taking	1 2					Type of Facility		-						
Street Address	We ///	ng		4		Other (i.e.	12) r 8 (Other than K-12 private & commercia		dings,	home	es,			
City (5) M - C 1	A /	7	0	ANIA		etc.) Square Feet	# of Floors	В	idg. A					
County (6)	/V.			3049 Code (7)		Current Use (Pri	or if being demolish	ed)	Z	0+	•			
Canden			STATE	USE ONLY)	_	Single	family	D	Ne 1	lia	5			
Name of Monitoring Firm Hired by Building O	- 9 -		ASCN	NO.	Name	of Abatement Co	ntractor (9)	ies		In	١			
Ro. Box 33	37					O. Box		)						
City, State, Zip Code	NZ	- (	80	533	City S	ate, Zip Code	1100	0	24	13	3			
Project Manager for Monit ri g Firm	,,,,,		elepho		Teleph	one No.	License N	7	10	U				
Start Date (10)	Scheduled			758-3365 Date (11)	Name	758-334 of OSHA Monitor	1	10		1				
Occupancy Status During Abatement (Check	Only One	1-	15	-19	Street	EPC Tec Address	hnologies	T.	nc					
Facility Closed/Vacated During Entire Po			ent			O. Box	337							
Abatement Performed Outside of Norma  Other – Describe:						ate, Zip Code	117	2016		~	4			
Scope of Work (Check All That Apply)					100	w Egypt	NJ (	10-	53	ے				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovatio emolitio		*		Mini-Enclosur Glovebag Pro	cedure							
	T					Non-Exempte	d (*) and Non-Friab			e ement				
Location of	No	ocatio		De	escription	of				ре				
Asbestos-Containing Material (ACM) TO BE ABATED	Main	Solely	ce/			aterial (ACM) insulation,	Amount (Specify	<sub>D</sub>	_	Enc	En			
In Facility (13)		dial St (12)	аπ?	surfa	acing, VA miscellan	r, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure			
, , ,	Yes	No	Ņ/A			·		· <u>a</u>		ate	Fe			
exterior Walls			χ	Sidin	4 SI	ningles	1200 SF	X						
,						<i>J</i> ,		_						
			74											
Name of Registered Waste Hauler		10000	DEP W		c Yards	Name of	Registered Landfill							
EPC Technologies	>	1	70	00	2	Was	Waste Management of PIA							
City, State	NJ.	8		Dispo	osal Date - 15-	City, Sta	visuille F	A						
Steve Schenker	Pres	side	1		Signature Stea	Sch	Da	te /-	2	g .	19			
								-						

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

MOCK		(F	ursı	uant	to M	A.J.A	\.C.	8:60 and	112:1	20)						
Date of Notification	(1) 1/9/19			Nam Wel	e of E	Building	g Ov	vner / Operat	tor (2)			JAN	302	019		1
Agencies Notified  EPA	Type Notific			Stree	et Ado	ress th Br	oad	Street								- 55
☐ DEP ☐ DOL ☐ DOH		nded R#2-1/2	4/19	Phil	adelp		PA 1	le 19107				140		e persona	\$43 	
DCA		rgency ellation		100000000000000000000000000000000000000	e of C	ontac Iton	t						Telepho 267-32			er
Name of Engility W/h	oro Abatam		21	FA	CILI	TY IN	IFOR	RMATION								
Name of Facility Wh Wells Fargo Tren	ton Bruns	ent is Taking i wick Ave	lace	(3)				Type of Faci								
Street Address										Other th	an K-1	(2)				
891 Brunswick Av	venue								.e. priva		mmerc	ial buildi	ngs, hom Bldg. Ag		tc.)	
City (5)		County (6)	C	ounty	Code	(7)		4500		# 01110	2		blug. Ag	45+		
Trenton		Mercer		,		\· /		Current Use		f being o	_	shed)		451		-
								Banking O				J.104)				
Name of Monitoring	Firm Hired b	y Building Ow	ner (8	()	AS	CM N		Name of Aba		t Contra	ctor (9	)				
	onnection							Bristol Env	vironn	nental, l	Inc.					
	044							Street Addre								
								1123 Beav								
								City, State &								
		irm	Tele	phone	- Num	her		Bristol, PA Telephone N				License I	Number			
Rollie Jones	10 Table 1			-392-				(215) 788-6				00509	vullibei			
		Scheduled Co	mpleti ON F			1)		Name of OS Bristol Env	HA Moi							
Occupancy Status D	uring Abaten	nent (Check o	nlv on	ne)				Street Addre	ss		10.					
								1123 Beave								
Describe:	5:00 PM to	1:30 AM	iai nu	ours –	/am	ю зрп		City, State & Bristol, PA								
Scope of Work (Cher	pled During	Abatement														
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≥3 sf or ≥3 lf			$\boxtimes$	Rer	novati	on			Ħ	Mini-En			vogao	. 100	ourc	A.
≥160 sf ≥260	lf			Der	molitic	n			$\boxtimes$	Glove B	ag Pro	cedures				
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	cheduled Start Date (10) ON HOLD  Ccupancy Status During Abatement (Checomology County Closed/Vacated During Entimed Abatement Performed Outside of Non Describe: 5:00 PM to 1:30 AM Facility Occupied During Abatement Cope of Work (Check all that apply)						^	Description			b 00	Amount	Aba	ateme	nt Ty	ype
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TO BE	EABATED			itenar			(i.	e., thermal s	systems		- 3	or Li )	Re	R	Encapsulate	Enc
			Cust	odial	Staff?		insu	lation, surfac	cing, V	AT TA			Remova	Repair	psc	Enclsoure
	(13)		Yes	(12) No	N/A		or	other miscell	laneous	5)			'al	7	llate	ıre
Boiler Room			$\boxtimes$	П		-		Pipe Insula	ation			36 LF				
	City (5)  Trenton  Name of Monitoring Firm Hired by Building Environmental Connection  Street Address 120 North Warren Street City, State & Zip Code Trenton, NJ 08010  Project Manager for Monitoring Firm Rollie Jones Scheduled Start Date (10) ON HOLD  Occupancy Status During Abatement (Chellie Jones) Abatement Performed Outside of I Describe: 5:00 PM to 1:30 AN Facility Occupied During Abateme Scope of Work (Check all that apply)  ≥3 sf or ≥3 If  Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Soiler Room  ame of Registered Waste Hauler ristol Environmental Inc. ity, State ristol, PA ompleted By (Print or Type)				H			i ipe ilibule	ation			30 LF		H	뉘	님
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Name of Decident																
		r			DEP \		1000	bic Yards Naste	Name	of Regi	stered	Landfill				
	ntal Inc.			18	706		1/4	CU YD	Fairle	ess Lar	dfill					
City, State Bristol, PA					10			posal Date	City, S							
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Gino Pizzigoni	iype)			Pre	e oject inage			nature Uno C	11111	ien	/(	nc	Date <b>1/24</b>	/19		
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### 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) 1/9/19 Wells Fargo Bank Agencies Notified Type Notification Street Address **EPA** One South Broad Street DEP Initial City, State & Zip Code X DOL 図 Amended R#1-1/17/19 3 0 2019 Philadelphia, PA 19107 DOH Emergency Name of Contact Telephone Number DCA Cancellation Steve Colton 267-321-7784 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Wells Fargo Trenton Brunswick Ave School (K-12) Street Address Subchapter 8 (Other than K-12) 891 Brunswick Avenue Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 4500 45+ Trenton Mercer Current Use (Prior if being demolished) **Banking Offices** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Connection** Bristol Environmental, Inc. Street Address Street Address 120 North Warren Street 1123 Beaver Street City, State & Zip Code City, State & Zip Code Trenton, NJ 08010 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Rollie Jones 609-392-4200 (215) 788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/23/19 Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 5:00 PM to 1:30 AM Bristol, PA 19007 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 If Demolition 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) TO BE ABATED Encapsulate Maintenance or (i.e., thermal systems Removal in Facility insulation, surfacing, VAT Custodial Staff? (13)(12)or other miscellaneous) Yes No N/A Boiler Room Pipe Insulation 36 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Bristol Environmental Inc. 18706 1/4 CU YD Fairless Landfill City, State Disposal Date City, State Bristol, PA 1/21/19 Fairless Hills, PA Completed By (Print or Type) Title Signature Date Gino Pizzigoni Project Yino 1/9/19 Manager

GI 19009

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		ron )	ΠFI Pur	CA su	TIC	ON to	OF A	ASE A.C	ESTOS A	ABATE	EMENT	Ohk	#3	4	15	-
Date of Notification	(1) 1/9/19			-	Nam	ne o	f Buildi	ng C	wner / Opera		- 12 (1) - 14 (1)		FH	in the second		
Agencies Notified EPA	Type Notific	ation		18	Stree	et A	ddress	)	k d Street		1, 24, 1s	IANI	200	10	-	
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□ DOH □ DCA	☐ Eme	rgency cellation		1	Vam	e of	Conta Colton	ct				for the state of	Teleph 267-32			
N. G.					FA	CII	LITY II	VFO	RMATION							-
Name of Facility Wh Wells Fargo Tren Street Address	ere Abateme ton Bruns	ent is Taking wick Ave	Place	e (3	)				Type of Fac	cility (4) I (K-12)			,			
891 Brunswick Av	venue								○ Other (	i.e. priva	Other than ate & comm	K-12) ercial buildi	ngs, hor	nes,	etc.)	)
City (5)		County (C)		_		-			Square Fee	et	# of Floors	3	Bldg. Ag			
Trenton		County (6) Mercer		Cou	inty	Coc	de (7)		4500			2		45	+	
10 1 10 1 10 10 10 10 10 10 10 10 10 10						Current Use (Prior if being demolished)  Banking Offices										
Name of Monitoring   Environmental Co Street Address	(8)		Α	SCM N	10.	Name of Ab Bristol En	vironm	Contractor	(9)							
120 North Warren						Street Address										
City, State & Zip Cod	e					2000	1123 Beav									
Trenton, NJ 08010	)								City, State & Bristol, PA							
Project Manager for N Rollie Jones	Monitoring F	irm	Tel	leph	one 92-4	Nu	mber 0		Telephone N (215) 788-6	Number		License	Number			
Scheduled Start Date 1/21/19	(10)	Scheduled Co	mple		Da				Name of OS	HA Mon		00509				
Occupancy Status Du	uring Abaten	nent (Check o	nly c	ne)				_	Bristol Env Street Addre		ental Inc.					
☐ Facility Close	Perio	d of	Aba	aten	nent		1123 Beav		et							
Abatement Pe	erformed Ou	tside of Norm	nal H	lour	s – :	7am	to 3pr	n	City, State &	Zip Cod						
Facility Occup Scope of Work (Chec	pied During A	Abatement							Bristol, PA	19007						
	k ali triat app	oly)									Full Contair	nment with N	Jegative	Pre	SSIIF	2
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf ≥260</li></ul>	lf			2	Ren Dem						Mini-Enclos	ure	10941110	1 10	Jour	
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	ation of				catio				Descriptio	n of	von-Exemp	ted and Nor Amount				уре
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Boiler Room		_ [	7				Pipe Insula	ation		36 LF						
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ino Pizzigoni	71-0/			1	Pro	jeci			nature Imo C	lma.	anna"	Or	Date 1/9/1	9		
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Data of Notification (1)		164700						•	EGE		10	1.7	11%	
Date of Notification (1)	21 /	19					g Owner/Operator ( nmunications	2)				1		
Agencies Notified	Type Notifica	ation			Street	Address		10	JAN 3	0	2019		H	
⊠ EPA							omery Street	ş				1	5 Mir	
□ DOLWD				10		State, Zip C			1	2.1				
⊠ DOH	Amendme						PA 15212		<b>A</b> SER 1708			140		
DCA	☐ Emergen		cluding	1		of Contact		183	Tolonhan Numb		tet tilli	glia y		
(NJAC 5:23-8)	justification Cancellat						•		Telephone Numb					
	☐ Cancellat	1011				hony Po			412-633-402	<u> </u>				
					FAC	CILITY IN	FORMATION							
Name of Facility Where Al			Place	(3)										
Verizon Ocean City	Central Off	ice						School (K-12)						
Street Address									(Other than K-12) ivate and commercial		ildino	c		
1206 Wesley Avenue	9						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		٠,					
City (5)								Square Feet	# of Floors	BI	dg. A	ge		
Ocean City								15,230	2	1 64	+-50			
County (6)					Coun	ty Code (7	)(STATE USE ONLY)							
Cape May County						0 950		Verizon	or if being demolis	3-335				
Name of Monitoring Firm I	Hired by Build	ding C	wner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
USA Environmental	•						BRISTOL EN	INC						
Street Address							Street Address	VIICONNENTAL	-, 1140.		-		_	
8436 Enterprise Ave							1123 BEAVE	DOTDEET						
City, State, Zip Code													-	
Philadelphia, PA 191	152						City, State, Zip Co							
				Terr			BRISTOL, PA	19007	1	7// 10				
Project Manager for Monit	oring Firm				phone		Telephone No.		License No.					
Mark Jenkins				30000	5-365		215-788-6040		00509					
Start Date (10)	Promise of the Control of the Contro					te (11)	Name of OSHA N	ACTION 575 (\$1.00)						
_2 / _5 / _	19		/	14	_ / _	19_	BRISTOL EN	VIRONMENTAL	., INC					
Occupancy Status During	Abatement (0	Check	only o	one)			Street Address							
☐ Facility Closed/Vacated							1123 BEAVE	R STREET						
Abatement Performed						cribe	City, State, Zip Co	ode						
Time of Abatement:	AM	PN	1/ <u>5:00</u>	PM- <u>2:</u>	00AM	BRISTOL, PA 19007								
Scope of Work (Check all	that apply)	7										_	_	
П. о. / о. /								tainment with Neg	ative Pressure					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			_	novati			Mini-Enc     Clovebox     Clovebox	losure g Procedure						
23 - 100 01 01 - 200 II				mondo	11		☐ Non-Exe	mpted (*) and Nor	n-Friable Procedur	е				
			Is	Locat	ion			T I		1	atem	ent T	vpe	
Location of				Normal			Description o	of			_		1	
Asbestos-Containing M		)		d Sole intena			stos Containing Ma		Amount	Removal	Repair	nca	Enclosure	
TO BE ABAT				todial		(i.e	., thermal systems surfacing, VAT,		(Specify SF or LF)	SVO	=	sde	uso	
(13)				(12)			other miscellane		31 01 11 )	_		Encapsulate	6	
			Yes	No	N/A							Œ		
Basement Generator I	Room					VAT/Ma	stic		110 SF	$\boxtimes$				
Basement Generator F	Room					Pipe Fit	tings & Insulation	on	275 LF	$\boxtimes$				
ч							E)							
Name of Registered Waste	Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Regist	tered Landfill					
SERVICE TRANSPO	RT GROUP	, INC	<b>:</b> .	Н	auler IE 20990		Waste	MINERVA L	ANDFILL					
City, State							Disposal Date	City, State						
YARDLEY, PA	ARDLEY, PA							WAYNESB	URG, OH					
Completed By (Print or Type	oe)	Title	¥				Signature		Da					
Dillan DeCaro		Es	stimat	tor				n De Car	0/m/		24	-/	9	

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

Chh#3502

Date of Notification (1)				Name of Building Owner/Operator (2) Verizon Communications										
1 / 21 /	19	_		Vei	Verizon Communications									
Agencies Notified Type Notific	ation		$\dashv$	Street	reet Address									
☑ EPA ☑ Initiat				15	E. Monta	omery Street								
☑ DOLWD ☐ Amende	d		-		State, Zip (									
☑ DOHAmendn	-					PA 15212	.14	N 3	20	2019	0			
DCA Emerger (NJAC 5:23-8)   Language	ncy (incli	uding	-		of Contac					U	ZUI	Í		
(NJAC 5.25-6) Justilicati			- 1		thony Po	-		Telephone Numb 412-633-402						
		<u> </u>				IFORMATION		712-900-402	7.0	1-0		42		
Name of Facility Where Abatement is	Taking F	Place (	3)		OILITT III	II ORMATION	(4)	tia		id Trans	1.00			
Verizon Ocean City Central Of	_	•					Type of Facility  ☐ School (K-1:	* *						
Street Address							☐ Subchapter	8 (Other than K-12)						
1206 Wesley Avenue							homes, etc.	private and commen	cial b	uildin	js,			
City (5)					The Control of the Co		Square Feet	# of Floors	B	ldg. Age				
Ocean City							15,230	2	10000	+-50				
County (6)			-	Cour	tv Code (7	)(STATE USE ONLY)		rior if being demolish	f					
Cape May County						,,	Verizon	io ii bonig demonsi	icuj					
Name of Monitoring Firm Hired by Buil	ding Ow	ner (8)	IA	SCM	No.	Name of Abateme								
USA Environmental Managem		(-)					VIRONMENTA					- 1		
Street Address						Street Address	L, 1110.							
8436 Enterprise Ave						1123 BEAVER					1			
City, State, Zip Code		-				City, State, Zip Co								
Philadelphia, PA 19153						BRISTOL, PA								
Project Manager for Monitoring Firm		1.	Telepi	hone	No	Telephone No.		License No.						
Mark Jenkins			-		-5810	215-788-6040		00509						
Start Date (10)	Schedule	ed Con				Name of OSHA M		00303	-					
2/5/19					19_		VIRONMENTA	L, INC						
Occupancy Status During Abatement (	Check o	nlv one	e)			Street Address								
☐ Facility Closed/Vacated During Enti				ent		1123 BEAVER	RSTREET							
Abatement Performed Outside of N	ormal Fa	cility F	lours	- Des	cribe	City, State, Zip Co								
Time of Abatement:AM	PM/	:00PI	<i>I</i> - <u>2;0</u>	0AM		BRISTOL, PA								
Scope of Work (Check all that apply)						57 - 40						$\dashv$		
≥3 sf or ≥3 lf	×	Reno	vatior	1		⊠ Full Cont	ainment with Neg	gative Pressure				1		
≥160 sf or ≥260 If		Demo					Procedure					1		
						□ Non-Exer	mpted (*) and No	n-Friable Procedure						
Location of			catio	• •		_	_		Ab	atem	ent T	Туре		
Asbestos-Containing Material (ACM	n	Used S	Solely	by	Ashes	Description of stos Containing Mat		Amount	Re	Re	Ш	m		
TO BE ABATED	'	Maint	enand	ce/	(i,e.	, thermal systems i	nsulation,	(Specify	Remova	Repair	cap	Clo		
IN Facility (13)	'	Custod (	12)	arr		surfacing, VAT,		SF or LF)	Val	-	Encapsulate	Enclosure		
(10)	Y		No	N/A		other miscellaned	ous)				ate			
Basement Generator Room		] [	1	$\boxtimes$	VAT/Ma	stic		110 SF		П	П			
Basement Generator Room		] [	]		Pipe Fit	tings & insulation	on ·	275 LF						
Basement Hallway		] [		$\boxtimes$	Pipe Fit	tings & Insulatio	n	95 LF		П				
Basement Oil Tank Room							Pipe Fittings & Insulation 55 LF							
Name of Registered Waste Hauler		DEP V	-	Cubic Yards of	Name of Regis									
SERVICE TRANSPORT GROUP		ler ID	2 (E) E(E) E(E)	LANDFILL										
City, State			2	20990 Disposal Date City, State										
YARDLEY, PA						TBD	WAYNESB	URG OH						
Completed By (Print or Type)	Title		_			Signature	_ WATREDD							
Dillan DeCaro	4977	mator					n.Car	/On/ Dat		1	10			
SB41 O s	-911	a.UI				Dulan	DeCaro	17/2 11.	- 2	1-	17			

Jan. 24. 2019 3:58PM

CK 1384 A			(Purs	State of New Je ATION OF ASBESTO Jant to NIAC 8:60	SABATEMENT		Ktt 12	34	<i>1 C</i>	013	E * 50
1/24/19				of Property Ma	inagement & Cor	Struction	A-12-13-	-			
Agendry morified Type Holification  EPA Initial		33 \	WB5	State Street, 9	th Fl, P.O. Box 03			101	_	1(	D,
DEP Amended  DOL Amendment #		City, Sh		. NJ 08625							
☐ Emergency (including		No me o				Talaphone Numbe	,		_		-
☐ DCA ☐ Canceletion		RF	erra	ra		609-777-1	970				
Name of Padity Where Abstornent is Yeking Flore (9)				ACILITY INFORMA							- ,
Residence Street Address		-				B (Other than K-	12) rcial buildings, 8	omai	etc		
Ciry (5) Manylile, NJ 08835					-	e of ricora	bidg. Ago			_	
County (#)				Code (1)	Home	ig demollshed)				100 TUO	-
Norma of whorken by Firm Hune by Building Duney (8)  A. Seine Lighthouse Solutions, LLC		4.0000000000000000000000000000000000000		ASOM No.	Unicorn Contracti						•
PO Box 354					Street Address 32 Willow Way						
City, State, Zip Code					City, State, Zip Code				_		-
South Orange, NJ 07079					Woodland Park, N	07424					
Frolett Marager lo Monttoring Film Sarah Calandra				<sup>0 № No.</sup> -349-2666	1dephane No. 973-333-9176		License No. 01331				
D1/29/19		%heddet 02/2		(11) )	Home of OSHA Manitor Environision Consu	iltants, Inc.		755756	name.		
Downercy Status During Absternant (Check Only One)  Facility Close 0/Vacated During Entire Perio					Street Address				-		
☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal I					20-21 Wageraw Ro	., Bidg. 35-E		THE REAL PROPERTY.	_		$\dashv$
Other - Describe: SAM-4FM  cope of Work (Check all That Apply)					Fair Lawn, NJ 0741	10					
□ 23 sfor 23 if □ 2160 sfor ≥260 if	1		lenov Jempi		Mini-Enclosure Glovebag Proc	edure	va Pressura				
Location of		Location						T		emen Yps	
Alberios Containing Material (ACM)  TO BEASATED  In Facility  (15)	Vae Mai Cust	d Solely by Interences added Stelf (12)	1	ff.ø. 1	Catecholion of or Conteining material (a Cta farmal systems insulation, jurisding, VAT, or other miscellaneous)	)	Amount (Specity 17 of LP)	Rimana	Repair	1	Indower
See Attached	Yes	No X	N/A					10	是	11/2	2
		-						1			
	+	-						+	-	H	$\dashv$
and of Registered Weste nauter niconn Contracting Corp.	3	006PWast		erio No.	Cubic Verds of vensia	1	varro of Regulared Fairlass Hills Lar		1		
N, Sute Oodland Park, New Jersey					Olegacial Onlin	- 1	Sty, State Morrisdille, PA	ivini	-		7
mplated by	Tk o	Manage			Signaturo	1/0	11	Date		/19	7

No. 6059 F. 115V

111100	D A			State of	Marcel	lane.			JAN	V 5	0	201
Date of Notification (1)	A (A (A)	3.月.月.	14(	OTIFICATION OF A (PURSUSHIE)	SBEST C 8:60	OS ABATEMENT				1-3		
1/24/19			Namo	of Building Consults	-				Kt	1	2	72
Azencies Noufled Type Notification			Street	Midit of Proper	ty M	anagement & Const	ructio	n				
DEP C Amended			33	West State Stre	eet, s	9th Fl, P.O. Box 094				_		
DOL Amendment #_			7.02	10, 210 0008		71.00,004		-	5	-	_	-
Emargency (incl	Liding	-	Irer	iton, NJ 08625				1	U	11.	- ]	UT
Justification)	-		1	0.0000000000000000000000000000000000000		Tels	phone m	219501				
Cancelation			M. F	errara		60	)9·77	7-1970	100			
Morre of Fedding Where Abstract is Yoking Pioce (	1)		_	PACILITY INFO	ORMA	TION		12370				
Residence						Type of Fadery (4)			-			
STORE ADDRESS						School (K-12)		LAZA	1 /1-		*****	,
City (8)						The same of the sa	hersha	0.K-12)	17()	1. 1	19	201
Manville, NJ 08835						The fire product	Ik Com	mercial buildi	185, Bo	mes,	965	Γ
						1.152 acid	0012	aldg. Ago				
Somers at			C	auniy Code (2)		Current use (Artor II being dan	ini((had)	50				
Mame of Monttering Firm Wood by Building Owner (8)		-		TATE USE ONLY)	_	Home	ן שישות בוז טי					
A. Seine Lighthouse Solutions, L.	c			ASCM NO.		Warra of Abatemant Contracto	1 (4)				000	- CATOO
Area; Address		Still Street				Unicorn Contracting Co	(v) )ro.					
PO Box 354						Sirdet Address			-	-	-	
Toy, State, Zip Onde			- Account			32 Willow Way						
South Orange, NJ 07079						day, state, Ep code Woodland Park, NJ 074	1521.2				Till-well	
Sarah Calandra			Tele	rohare No.		Telephone No.	24			MINISTER, STATE OF THE PARTY OF	285.000	
art Date (fb)				1-349-2666		973-333-9176		01331				
01/29/19		5ah	2/28/	Impletion Data (21)		Name of OSHA Monitor		101331		_		
cupancy Status During Abstement (Check Only One)				13		Envirovision Consultants	ing.	and the property of the same of				
Facility Closed/Vaceted During Entire P	eriod of	Absten	ient			Great Address				All SHAPE		
Abatement Performed Outside of Norm Other - Describe: 8AM-4PM	al Facili	ity Hour.	5		1	10-21 Wagaraw Rd., Bldg	± 35-E		_			
se of work (Chack All That Apply)		-			_ F	air Lawn, NU 07410						
MES 10 12 ES C					A	01420				-	Division on the last	
2260 st or 2260 if				vation	Ę	- And Contributional C MAIC	) Ivegati	Ve Pressure				
		1	Dam	lition		Mini-Enclosure						
							2000					
Location of		la Locati Normal		1	-	Non-Exampled (*) and	Mon-Fi	lable Procedu	re	-		
Aspertos-Contelling Material (ACM) TO BE ABAZ ED		Joed Sole	Y DV	Ash	D CO	eschipdor of Mining Material (ACM)	- 1		L		itelije Iyaa	ni i
in Facility		Milloden si Millodel 3		0.0	a thatre	of pystems insulation.	1	Amount		T	1	T
(18)	_	(12)		1	CII Le	scing VAT, ar miscellaneous		(Speciely sp or Lp)		1	S	-
erlor Windows	Yes		N/A			200-000 (1000 × 1000 1000 10 € ).			Bermond	Beput	DeThinfeau	4st Books
sement	-	X	-	Window Fram	e Gla	zina	-	350 LF	_	4	F	1
	-	X	-	Black Mastic o	n Flo	or (tile prev. remov	ed b	,000 SF	K	+	-	_
	1	-			-			,	-	+	-	-
of Apparated Waste Hauler		HADED W	esto Hald	r 15 No.	1				1	1	+	-
orn Contracting Corp.		003584		17.7	2+	Tards of Waste	MA	ma of Augusta rec	Lendin	1	_	-
dland Park New Jersmy					Olapon	of Date	Fa	Irless HIIIs La	ndfill			
let by	Title				TOD			o. Siete Orrightle, PA				
Colsey		Manag	ar.			Significal A	10	THE PA	Dete			-

CKIGA	\ PAU	N		CATION	tate of Ne N OF ASE to NJAC	BESTOS	ABAT		ENT		GF	1 1	7		
Date of Notification ( 01-18-19	1)				of Building ella De			or (2	2)		****				; (i
Agencies Notified	Type Notification	า		Street A	7.375.830 (135.675.4					i i	JAN 3 (	20	10		
EPA	- Initial				forest A					į.		, ,,	ı J	j -, -	·
DEP DOL	Amended Amendmer				ate, Zip C Hanovei		936			A.	11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	e pa		-2	-
<b>₽</b> DOH	Emergency justification				f Contact					Te	elephone Nu	mber			-
DCA	Cancellatio	n			Caravel	-1773				(9	973) 884-4	1900			
Name of Facility Whe	ere Abatement is Taki	ng Place (3)	e e	FAC	ILITY INF	ORMAI	ION	1	Type of Facility	(4)					
Private Home									School (K-						
Street Address											her than K-1 & commerc		dings	, hom	es,
City (5)									etc.) Square Feet		of Floors		Bldg. /	2.0	====
Dover													iag.,	.90	
County (6) Morris				County (STATE)	Code (7) USE ONL	n		C	Current Use (Pr	or if be	eing demolis	hed)			
Name of Monitoring F N/A	irm Hired by Building	Owner (8)		ASCN	/I No.				Abatement Co Contracting I		r (9)				
Street Address							Stree	et Ad	ddress						
City, State, Zip Code									n St.						
ony, otato, zip oddo									te, Zip Code City NJ 0708	37					
Project Manager for N	Monitoring Firm		I	Telepho	ne No.				ne No.		License N	lo.			
Start Date (10)		Scheduled	1 Cor	nnletion	Date (11)		0.536		6-9603 OSHA Monitor		01206				
01-21-19		02-04-1	9	- ipiotion	Date (11)		100		Contracting L	.LC					
Occupancy Status Du		- Anna Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa S	35.						Idress						
Abatement Perfo	acated During Entire ormed Outside of Nor	Period of Almal Facility I	oaten Hours	nent s			8.4515.074		n St. e, Zip Code						
Other - Describe							100000000000000000000000000000000000000		City NJ 0708	37					
Scope of Work (Chec	k All That Apply)	-													
≥3 sf or ≥3 lf ≥160 sf or ≥260 l	f	processory.	enova						Full Containm Mini-Enclosure Glovebag Pro	e cedure	•				
		le I	ocati	ion			E		Non-Exempte	d (*) ar	id Non-Friat	le Pro	Abat		
	tion of	1000	ormal	!y		Des	scriptio	n of					Ту	/pe	1
TO BE A	ing Material (ACM) ABATED	Main	tena	nce/					erial (ACM) isulation,		Amount Specify	مر	_	Enc	四四
	acility 3)	Custo	(12)	stair?			cing, V	AT,	or		F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								/a	=	late	ure
Entire F	Property		Х		Den	nolition	Asbe	sto	s Debris			X			
-															
N															
Name of Registered V Caravella Demoliti				JDEP W auler ID	No.	Cubic of Was					ered Landfill			V	
City, State	OII IIIG			3568	35		30			ESI					
E. Hanover, NJ 07	936					01-25	al Date -19	е	City, State Bethleh		A				

Completed by

Jaime Delgado

Title

Proj. Manager.

Date 01-18-19

Signature

214923 PAID	)		FICATIO	tate of N N OF AS t to NJA	BESTOS	ABATE		Г				W		
Date of Notification (1) 01-18-19				of Building vella De			r (2)			JAN	3 0	2019		
Agencies Notified  Type Notification  EPA Initial DEP  Amended			40 De	Address eforest /					1.					Z Z
DOL Amendment Emergency	#_ includin	g -	East I	ate, Zip C Hanove of Contac	r NJ 07	936				\$ 1.00 to				2 227
DOH justification) DCA Cancellation				Carave					- 1	lephone N 73) 884-				
			FAC	ILITY IN	ORMAT	ION			(0	70,004	4300			
Name of Facility Where Abatement is Takin Private Home	g Place	(3)					Туре	of Facility School (K-	1000000					
Street Address							E .	Subchapte Other (i.e. etc.)	er 8 (Oth	er than K- & commer	12) cial bui	ldings	, hom	ies,
City (5) Dover							Squa	are Feet	# 0	f Floors	1	Bldg. /	Age	
County (6) Morris			County (STATE	Code (7) USE ONL	Y)		Curr	ent Use (Pr	ior if be	ing demolis	shed)			
Name of Monitoring Firm Hired by Building ( N/A	Owner (8	3)	ASC	M No.				atement Co		(9)				
Street Address						Street 522								
City, State, Zip Code								Zip Code y NJ 070	87					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201 2				License I	No.			
Start Date (10) 01-21-19	02-04-	-19	mpletion	Date (11)	/	G-10-10-10-10-10-10-10-10-10-10-10-10-10-		HA Monitor						
Occupancy Status During Abatement (Check	150	800	TI			Street 522 7		7.70						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of al Facilit	Abaten y Hours	nent S			City, S	tate, Z	ip Code / NJ 070	R7					
Scope of Work (Check All That Apply)						Offici	ii Oit	7 143 07 0	37					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Min	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				0	
Location of		Locati Normal							<u> </u>	3 11011 1 1101	310 1 10	Abate		t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	ed Sole intenar todial S (12)	ly by nce/		tos Cont thermal surfac		aterial insula T, or		(S	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								=		ate	e.
Entire Property		х		Dem	nolition	Asbest	os D	ebris			X			
											-			
											-			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic '	Yards		Name of	Registe	red Landfill				
Caravella Demolition Inc		1 - 53.65	auler ID I 3568	No.	of Was			55.3805	ESI	. Su Lanuilli				
City, State E. Hanover, NJ 07936					Dispos 01-25	al Date -19		City, Stat Bethleh		4				
Completed by Jaime Delgado	Title Proj.	Mana	ger.		Si	gnature	to		342	Da 01	ite  -18-1	9		

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0121024	PAI	D	NOTIF (P	ICATION	tate of New Jerse N OF ASBESTOS to NJAC 8:60 an	ABATE	MENT	S	CE	1 W		174,	
Date of Notification (1) 01-18-19					of Building Owner/orella Demolition		(2)	· ;	***************************************				
Agencies Notified	Type Notification			Street A					JAN 3 0	2019	9		#
EPA	Initial		-				· · · · · · · · · · · · · · · · · · ·	1		4			- 5
DEP DOL	Amended Amendment	#			ate, Zip Code Hanover NJ 07	936		1.	3 yr a 12		1	•	
DOH DOH	Emergency	(including			of Contact			T Te	lephone Nur	mbor			
DOH DCA	justification) Cancellation			Jhon (	Caravella			100000	73) 884-4				
Name of Facility Where	Abatement is Takir	ng Place (	(3)	FAC	ILITY INFORMAT	ION	Type of Facility	(4)					
Private Home	/ locato/floric to Turkii	ig i idoc (	.0)					nicestic					
Street Address				_				r 8 (Oth	ner than K-12 & commerci		dings.	, home	es,
City (5) Dover							Square Feet	# 0	of Floors	В	Bldg. A	\ge	
County (6) Morris					Code (7) USE ONLY)		Current Use (Pr	ior if be	ing demolish	ned)			
Name of Monitoring Firm	n Hired by Building	Owner (8	)	ASCN	M No.	1	of Abatement Co		r (9)	Tall 10		<b>S</b>	
Street Address							Contracting	LLC.					
Street Address						100,000,000,000	Address 7th St.						
City, State, Zip Code						City, S	tate, Zip Code					-	
						Unio	n City NJ 070	87					
Project Manager for Mor	nitoring Firm			Telepho	ne No.		one No. 216-9603		License N 01206	0.			
Start Date (10) 01-21-19		Schedu 02-04-		mpletion	Date (11)		of OSHA Monitor						
Occupancy Status Durin	a Abstament (Char	0.75078.00790.05	1170000				Contracting I	LC					
							Address 7th St.						
Facility Closed/Vac Abatement Perform	ated During Entire ned Outside of Norn	Period of nal Facilit	Abaten v Hours	nent s			tate, Zip Code						
Other – Describe:						1 2000	n City NJ 070	87					
Scope of Work (Check A	All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				Full Containm Mini-Enclosur Glovebag Pro	e cedure					
		1				<u> </u>	Non-Exempte	d (*) ar	id Non-Friab	le Pro	1270 W	e ement	
Location	a of		s Locati Normal		Do	scription	a.f					ре	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED lity	Ma	ed Sole aintena stodial S (12)	nce/	Asbestos Con (i.e. thermal surfa	taining M	laterial (ACM) s insulation, T, or	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			-0.000.00 <b>1</b>			<u>a</u>	-	late	ire
Entire Pro	operty		х		Demolition	Asbes	tos Debris			X			

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards Name of Registered Landfill of Waste Caravella Demolition Inc **IESI** 35685 80 City, State Disposal Date City, State E. Hanover, NJ 07936 01-25-19 Bethlehem,PA

Signature

Date

01-18-19

Title

Proj. Manager.

Completed by

Jaime Delgado

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

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Date of Notification (1) 01-18-19					of Building /ella De		er/Operato on	or (2)			JAN	130	201	)	
Agencies Notified	Type Notification				Address eforest A	140				1	0711	0	601.	y	-
EPA DEP	Initial Amended				ate, Zip C						***	135		0.0	a.
DOL	Amendmen				Hanovei		7936						11.0		8 0
<b>□</b> DOH	Emergency justification)		g		of Contact					Te	lephone N	Number			
DCA	Cancellation	n			Caravel					(9	73) 884	-4900			
Name of Facility Where	Abatement is Takir	ng Place (	(3)	FAC	ILITY INF	ORMA	ATION	Type	of Facility	(4)					
Private Home		•							School (K-						
Street Address									Subchapte Other (i.e.	r 8 (Oth			ldings	ham	
City (5)								- 6	etc.)						es,
Dover								Squar	re Feet	# 0	f Floors		Bldg. /	Age	
County (6) Morris					Code (7) USE ONL	n		Curre	nt Use (Pr	ior if be	ing demo	lished)			
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASC	M No.				tement Co		(9)				
Street Address							Street	t Addres	SS						
City, State, Zip Code	Ti .			11				State, Zi	p Code NJ 0708	37					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Telepi	hone No 216-96	).		License 01206			-	
Start Date (10) 01-21-19		Schedu 02-04-		mpletion	Date (11)		Name	of OSH	IA Monitor		01200				
Occupancy Status During	Abatement (Chec							Addres		LU					
Facility Closed/Vaca	ated During Entire	Period of	Abate	ment				7th St.							
Abatement Perform Other – Describe:	ed Outside of Norn	nal Facilit	y Hou	rs			100	State, Zip on City	Code NJ 0708	37					
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		promoved	Renov Demol					Mini Glov	Containm i-Enclosur vebag Pro i-Exempte	e cedure				- Α	
		Is	s Loca	tion					- LAGINIPLO	<u>u ( ) u n</u>	3 14011111	dole i ie	Abate	ement	
Location			Norma	ely by			escription					-	T	/pe	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Ma	intena	ance/ Staff?	Asbes (i.e.	therm sur	ontaining Mal systems facing, VA r miscellar	s insulat \T, or	(ACM) tion,	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								1 20		ate	ē
Entire Pro	perty		х		Dem	nolitio	n Asbes	tos De	ebris			Х			
		-													
Name of Registered Was	te Hauler		L ,	NJDEP W	locto	Cubi	ic Yards		Name of	D					
Caravella Demolition				Hauler ID 3568	No.	of W			Name of	Registe ESI	red Landi	111			
City, State E. Hanover, NJ 0793	6					72.0	osal Date 25-19		City, Stat Bethleh		Ą				
Completed by Jaime Delgado		Title Proj.	Man	ager.			Signature		1		1	)ate )1-18-	19		

Jan. 24. 2019 3:59PM

No. 0059 P. 74

CV 1283	PA		NOT	State of Ne FICATION OF ASB	STOS ABATEMENT		JAN 3 0 2019	1 1 1
Date of Nortification (1) 1/24/19	7 12 CS 4		Neme of	Usuant to NIAC B	(2)		het 1283	- 4
Agarcles Natified Type Notification			DIVISI	on of Property	Management &	Construction		
D EPA ED Intellat			W EE	est State Street	t, 9th Fl, P.O. Box			
DEP Amended			City. State.	Zap Goda	, 51171, P.O. BOX	1 034	7	_
DOL Amendment & Emergency (incl			Trent	on, NJ 08625			1 001	10 DA
DOH Justification)	ooing	1	Name of C	dylact		Talephone Number		10 DA
DCA Concelation			R. Fe	rrara				
Name of Facility Where Abptomorp in Taking Place (				FACILITY INFOR	MATION	609-777-1970	1 1	
Residence	1)				Type of Facility (e)			
Street Address					□ School (N	(-12)	L	
						ter BiOther than K-12)	MANAGO	
C(4(3)					Diher (I, a	private & Commercial 5	WANTED A	
Manville, NJ 08835	8.0				Square Peet		-	1
					1,152	\$ 04 Floors   9kg.		
County (a)				inty Codo (7)	Current Die IPrior il		3	
Name of Moultain's Little Hites DARrigging Owner (8)			127	TE WE ORLY]	Home	4	1	
A. Seine Lighthouse Solutions, L	10		and the second	ASCM No.	Marpe of abotement	Contractor (a)		_
trest Address	10/0		-		Unicorn Contra	cting Caro.		
PO Box 354					Stront Address			-
ity, 6 tate, Tip Code	_				92 Willow Way			
South Orange, NJ 07079					City, State, Zip Code			-
place Managar to Monitoring Blam			Yatan	ihone No.	Woodland Park,	NU 07424		
arah Calandra			201	-349-2666	Tolephons No.	Closme		_
ar Date (10)		Schi		piotan Cata (11)	973-393-9176 Name of Oskia Monies	01331	<u>l</u>	
01/29/19		0	2/28/1	19				
cupancy Status During Absternant (Check Only One)					Environision Con	suitants, Inc.		
Facility Closed/Vacabed Dusing Entire (	erlod of	Abatem	MAC		20-21 Wagaraw I	Pd 514~ 25 5	100	7
MANAGED AND CONTROL MONEY	nal Facility	y Hours	1		City, State, Tip Code	va., 5108. 55-5		_
Other - Describe: BAM-4PM					Fair Lawn, NJ 07-	610		
11 86 10 12 65		_	24					_
2160 sf or 3260 H		( 0	Renov	7.77	Full Contains	nent with Negotive Press	ura	
Control of the second of the			Demo	lition	Mini-Enclosu	re		
					Glovebag Pro			1
		la focati	ion		Non-Exempte	ed (*) and Non-Frieble Pro	ocedura	
Viponton Court Juliu Material (VCM)		Norma Ked Sole			Description of		Abstement Type	7
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1731	- V	(12)	1		other miscellaneova)	95 01		
sement	1 Yes	No	N/A				Enclassing Encapsignation Regional Regional	
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orn Contracting Corp.					DWP DIST Date	1	Ills Landfill	
orn Contracting Corp.						When the second		
orn Contracting Corp.  Blad Bland Park, New Jorsey						City, State		
orn Contracting Corp.  Tild  Bland Park, New Jorsey  Tild by	Tide		-		TBD	Mogrisville	The state of the s	T
orn Contracting Corp.  Blad Bland Park, New Jorsey		Mana	ger		TBD	D2045 000000	e, PA  Only  1/24/19	1

Jan. 24. 2019 3:55PM

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JAN 3 0 2019

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CKIS	RY	DAI		N		ation of asbesto upnt to NIAC 8:60			CET 12	6	5			
Date of Natification	11 .			Nacr	e of Build	ing Dwner/Operator (3)			164-17	0	_			
1/24/19				DI	vision	of Property Ma	nagement & Co	nstruction		-0 C	7-3			
Agencles Notified  D EPA	TWONS	initial		2 3	Address	Chata Carnas D	th Fl, P.O. Box D	2.4						
DEP	ō	Amended			State, Zip		111747.0.0010	34		-	-11197	-yes r		*** *** *** **
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		Emergency (Including	1		of Conta			Telephone Numbe	)r				-	
D DCA		Justification) Canceletion		R.	Ferra	ra		609-777-1	t t	i				
						ACILITY INFORMA	The state of the s	1				-		
Residence	19 VEGGO.	Trant II Taking Place (3)					Type of Feeling (4)		1					
Sveet Address							School (K-1			L		* 1		***
							C	8 (Other than K-				, g		
Ch./II							tar Other (1.8. p	MARKE & COURING	ercial buildings, a	iome:	, etc.	1		
Manville, NJ (	08835						1,692	s of Floors 2	83 83					
County (6)						y Code (7)	Cutrent Use (Blor Whe	ing damakshed)		-				
Somerset					STATE	I MOE ONFA)	Home							
1104		by suilding Owner (à)				ASCM No.	Name of Abatement Co	INIFECTOR (9)						
	thous	se Solutions, LLC					Unicorn Contract	ling Corp.						
PO Box 354							Strest Address							
City, State, Tip Code							32 Willow Way						_	
South Orang	a. NJ (	07079					City, State, Zip Code Woodland Park, i	NI 07424						
Project Areneger to Ma					Tolast	one No.	Telephone No.	11 0/424	Licensu Ma.				_	
Sarah Caland	ra	Anna a para sa <u>an</u> a a mana ana ana ana				349-2666	973-333-9176		01931					
Start Date (10)				Schadu	ilad Comp	letfor Date (11)	Norma of OSHA Monitor	-			-United			
	29/19			02	/28/1	9	Envirovision Cons	ultants, Inc.						
		ment (Check Only One)					Street Address							
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		ned Outside of Norma BAM-4PM	Facility	Hours			City, State, 25p Code							
cope of Work  Chick A							Fair Lawn, NJ 074	110	-				-	
165 10 kEs					Renov	ation	D Full Contains	nent with Negat	Itan Denner con					
2160 sf or ≥		54			Dampi		Mini-Englosu		ind Libracie					
							☐ Glovebeg Pro	cedura						
							2 Non-Exempte	ed (*) and Non-F	riable Procedure					
		- 4		Normali-						T		aman rps		
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	in Facili	3-50	1 "	[12]	9111		surfeting, VAT, or other miscelleneous!		as or Ls)	a	2	debr	(ndogw)	
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Roof				X		2nd Layer Shingle	6 Main House		2.500 SF	×	- Continue			
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ame of Registered Wes	to Heale	,	-	WIDER W	este Maul	er ip Na.	Cubic Yards of Weste		Name of Regustered	Landle	))		-	
nicarn Contracti				00358			5+	- 1	Fairless Hills Le					
ty, Siste							Orporal Data	-	CRV, Plate	-				
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Date of Notification (1)  01 /	28 /	1	9					Owner/Operator			100 mm	JAN	1 3	n	2010		
Agencies Notified								one senioois	1	1.	1	• • • • • • • • • • • • • • • • • • • •	W 202	0	2010		iwa
⊠ EPA	Type Notif	icatio	n		1117	eet Address			1		-	e at as	was Marine at	media historia			3
☑ DOLWD	☐ Amend	ed			-	50 Lincol	STIFFERE	HOLDOW OVE			F.	28.51	CS!	<b>^</b> ().	STA.	1.42	
☑ DOH	Amend		#			y, State, Zip			Š.	12.	11 - E 3		in .		1 3 pc 1	(64) T	
☐ DCA			includi	ng		Sayreville,		08879									
(NJAC 5:23-8)	justifica	100				me of Conta					Telep	hone N	lumb	er			
	☐ Cancell	lation			1	/ls. Erin Hi	ill, E	ВА			732	2-525-	5200	)			
					- 1	ACILITY I	NF	ORMATION						2			
Name of Facility Where A	batement is	Takir	ng Plac	ce (3)	)		Stone Z		Type of Facil	ity (4	)		-		-		
Commercial									School (K	-12)	ă.						
Street Address									☐ Subchapte	er 8 (	(Other	than k	(-12)				
3198 Washington R	oad								Other (i.e. homes, et	, priv	rate a	nd com	merc	ial b	uildin	gs,	
City (5)									Square Feet		# of	Floors	_	Te	Ida A		
South Amboy									oquare rect		# 01	10015			ildg. A	ge	
County (6)					C	ounty Code (	(7)(S	TATE USE ONLY)	Current Use (	Prior	if hoi	na don	aaliah				
Middlesex							1.71-		ourient ose (	11101	ii bei	ig den	IOIISI	ea)			
Name of Monitoring Firm I	Hired by Bui	ilding	Owner	(8)	ASC	M No.	IN	lame of Abateme	ent Contractor	(0)							
Bio Terra Solutions				. ,	1			ALL PRO MA			_						
Street Address							-	treet Address	NAGENIENI	LL	•						
P.O. Box 1224																	
City, State, Zip Code			7-04-00					27 Outwater									
Union, NJ								ity, State, Zip Co									
Project Manager for Monito	orina Firm			T	elephor	e No	-	Garfield, NJ	07026								
Rick Eustaquio	g	-			• • • • • • • • • • • • • • • • • • • •	94-3762		elephone No.				nse No.					
Start Date (10)		Scher	duled (			Date (11)		973-928-4888			11	88					
01 /28 / _	19	(	02		08_ /			ame of OSHA M ALL PRO MA		LLC	;						
Occupancy Status During	Abatement (	(Chec	k only	one)			St	reet Address						_			
☐ Facility Closed/Vacated	During Enti	ire Pe	riod of	Aba	tement			27 Outwater L	.ane								
Abatement Performed (	Outside of N	lorma	Facilit	y Ho	urs - D	escribe	Ci	ty, State, Zip Co	de								
Time of Abatement: Scope of Work (Check all t		P	W/ <u>3:3(</u>	īьм-	11:30	<u>PM</u> AM		Garfield, NJ(									
≥3 sf or ≥3 lf	пас арргу)		<b>⊠</b> D.					☐ Full Conta	ainment with N	egati	ive Pr	essure					
□ ≥160 sf or ≥260 lf			⊠ Re					☐ Mini-Encl ☐ Glovebag	osure								
· · · · · · · · · · · · · · · · ·								Non-Exer     Non-Exer	npted (*) and N	lon-F	riable	Proce	dure				
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Location of Asbestos-Containing M		<b>A</b> \		Norm	ially olely by			Description of					-	1000000		2502	
TO BE ABAT	ED	n)			nance/			Containing Matermal systems in				nount		Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus		I Staff?	(		surfacing, VAT,	or			ecify or LF)		3701	air	aps	osu
(13)			Yes	(12 No		-	0	ther miscellaneo	us)		٥.	J. L. /		=		ulat	ITE
Exterior		-	10000							_						е	
Exterior					$\boxtimes$	Window	v Ca	aulking			15	0 LF		$\boxtimes$			
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Name of Posistant d Manta																	
Name of Registered Waste	Hauler					Waste	14 14 15 CC	bic Yards of	Name of Regi	stere	ed Lar	ndfill					
Century Waste, LLC					Hauler 3279			aste As Needed	GROWS N	lort	h Lar	ndfill/	Fair	ess	Lan	dfill	
City, State							Dis	posal Date	City, State								-
Elizabeth, NJ								BD	Morrisville	e, P	Α						
Completed By (Print or Type	e)	Title						Signature			965E8		Dot-				
Allen Monchik		Pr	oject	Mar	nager				Monche	k			Date	2/1	Q		

State of New Jersey

1. 00642678 PAID		NOTIF (P	ICATIO	tate of New . N OF ASBES to NJAC 8:	STOS AB	ATEMENT 2:120)			r C	E	W		
Date of Notification (1) 01/28/2019	97100			of Building Ov Chemours (			2 1		JAN	3 0	2010	1	
Agencies Notified Type Notification			Street A	Address Market Str	eet .		ć	-	UAN	- 0	2016		1 62.43
EPA Initial Amended		+		ate, Zip Code				مر. أ م	ده خدم دوم ۱۹ د ۱۹ د دوم	31.			4
X DOL Amendment Emergency (		_		ngton, DE	19899		1	a)=				68008 ST	35. VIII.
DOH justification)  DCA Cancellation		'	Name of	of Contact		and the state of			ephone N 6-540-2				
				ILITY INFOR	MATION			00	0-040-2	.004	-		
Name of Facility Where Abatement is Taking Chemours Chamber Works Facility	Place ( - Bldg	3) 85 M	achine	Shop		1	of Facility						
Street Address Canal Road	9			Спор		×	School (K- Subchapte Other (i.e. etc.)	er 8 (Other			dings	, home	es,
City (5) Deepwater							are Feet	# of	f Floors	100	3ldg. <i>A</i> 35+	\ge	
County (6) Salem				Code (7) USE ONLY)			ent Use (Pr		ng demol	ished)			
Name of Monitoring Firm Hired by Building C Harvard Environmental Inc.	wner (8	)	ASCN	Л No.		ame of Aba	atement Co	ontractor		Compa	iny		
Street Address 760 Pulaski Highway					10000	reet Addre 217 Spill	ss Iman Driv	/e					
City, State, Zip Code Bear, DE 19701		57				ty, State, Z ethlehen	Zip Code n, PA 18	015	•				91
Project Manager for Monitoring Firm JT Morrison			Telepho 302-32	ne No. 26-2333	Te	elephone N 10-691-1	lo.		License 00721	No.			
Start Date (10) 03/04/19	Schedul 03/21/		npletion	Date (11)	1 1 1 2 2 2 2	ame of OSI randenb	HA Monitor ura						
Occupancy Status During Abatement (Check	- 8	20			St	reet Addre		<b>10</b>					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: DEMO - 03/04/19-03/	al Facilit	Abatem y Hours	nent		Cit	ty, State, Z							
Scope of Work (Check All That Apply)						Culionon	1117 100	710			-		
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Renova Demolit			pc - 1	× Mir	II Containm ni-Enclosur ovebag Pro on-Exempte	re cedure				e	
	1000	Locati Normali	Difference of the									ement rpe	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma Cus	ed Sole aintenar stodial S (12)	ly by nce/ Staff?	(i.e. the	ermal syst surfacing	ng Material tems insula		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
B 85	Yes	No	N/A X	١٨	Vindow	Clazina		50	40.1.5		_	(D	
B 85			X	V	Galbe	Glazing			40 LF 0 SF	X			
B 85			X		Roof Fla				75 SF	X			
			,			-o.m.g		211	0 01	1			
Name of Registered Waste Hauler		10000	JDEP W	G167070 U 50	Cubic Yard	ds	Name of	Register	red Landf	ill			
Brandenburg Industrial Service Co			auler ID 1838		f Waste 00		Salem	Cty La	ndfill/Ch	nemou	rs O	nsite	
City, State Bethlehem, PA				The second of th	isposal D /4/19-3/		City, Stat		hip/Dee	pwate	er NJ		
Completed by				3.55									

## PAID

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

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Date of Notification (1) 01/28/2019				f Building hemour:			(2)			JAI	3 (	) 2(	)19	
Agencies Notified Type Notification			Street A	ddress Market S	Street			,	7		and arterior for	June + +-	letter i	٠
EPA Initial Amended		-		ate, Zip Co					- 1	1,525.	yesi Juni	ON Her	Telula Cara 20	Add - manufacture
DOL Amendment Emergency (				ngton, D	E 1989	9		7-	ne-dr	The Section 1				
DOH justification)  DCA Cancellation		- 1	Name of Jim La	f Contact					V6(E.2928	phone N 3-540-2				
				LITY INFO	ORMATIC	ON								
Name of Facility Where Abatement is Takin Chemours Chamber Works Facility	g Place (3 / - Bldg	8) 63 TE	L Sho	p/Electri	cal		_	of Facility (4 School (K-12						
Street Address Canal Road							×	Subchapter 8 Other (i.e. pri etc.)	(Othe			ilding	s, hon	nes,
City (5) Deepwater							Squa 11,5	re Feet 00	# of	Floors		Bldg 35+	Age	
County (6) Salem	GI			Code (7) USE ONLY		_		ent Use (Prior mical Plan		ng demol	ished)			
Name of Monitoring Firm Hired by Building ( Harvard Environmental Inc.	Owner (8)		ASCN	No.				itement Conti urg Industi			Comp	any		
Street Address 760 Pulaski Highway			1			Street 2217		ss man Drive						
City, State, Zip Code Bear, DE 19701				*.				ip Code n, PA 1801	5		× 3-00 E	-		
Project Manager for Monitoring Firm JT Morrison			Telephor	ne Nc. 26-2333		Teleph 610-6	none N 691-1			License 00721	No.			
Start Date (10) 02/25/19	Schedule 03/07/		npletion I	Date (11)			of OSI	HA Monitor						
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street	Addre	ss					-	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: DEMO - 02/25/19-03	al Facility	Abatem Hours	nent	-17	_	City, S	tate, Z	man Drive ip Code n PA 1801	 5					
Scope of Work (Check All That Apply)		7.												
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoliti			+2	×	Mir	II Containmer ni-Enclosure ovebag Proce n-Exempted	dure				ure	S 8
		Locati											atemer Type	nt
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Sole intenar todial S (12)	ly by nce/		tos Conta thermal	systems sing, VA	faterial s insula T, or		(S	mount pecify or LF)	Removal		П	Enclosure
D.00	Yes	No	N/A										- O	
B 63			X		Windo					0 LF	X		+	4
B 63			X			Flash				0 SF	X	+	+	
B 63	-		X			lbesto	05			0 SF	X	+	_	-
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic `	Roof		Name of R		00 SF	X			$\perp$
Brandenburg Industrial Service Co		Н	auler ID 1838		of Was			Salem C				urs	Onsit	е
City, State Bethlehem, PA					Dispos 2/25/1	al Date 9-3/12		City, State Alloway	Twns	hip/De	epwa	er N	IJ	
Completed by Stephen Carne	Title Envir	onme	ental Ma	anager	Si	ignature	4	2		- 1	Date 01/28	/201	9	

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

-54	The state of the s	TO PROPERTY OF	Orthodoxida	THE REAL PROPERTY.	PRO-MINISTER OF	-
	7	0	1	£1	11/7	
	=	1	1,23	il	His	
	1.2	127		!!	1.	

MOCK		NC	111				C 8:60 and 5:1						lli
Date of Notification (1)					Name	of Building	Owner/Operator (	2)	JAN 3 (	201	0		111
12 /	10 / _	18			100000		at Grace LLC/		Chk. #5222	/ 201	9		<i>S</i>
Agencies Notified	Type Notifica	ation			Street	Address			1			-3	54
☑ EPA ☑ DOLWD	☐ Initial				200	1 College	e Drive Ste 11		12 111		. 6		
☑ DOLWD	Amended  Amendme				City, S	State, Zip C	ode				f. 83 1		***
□ DCA	☐ Emergend	2003); <del></del> -	ina		Sor	nerdale,	NJ 08083						
(NJAC 5:23-8)	justification				Name	of Contact	t		Telephone Numb	er			
	☐ Cancellat	ion			Geo	orge Cho	IIaj/MCR		856-317-000	6			
					FA	CILITY IN	FORMATION						
Name of Facility Where A	Abatement is T	aking Pla	ice (	(3)				Type of Facility (	4)				
The Reserve @ Gra	ace							School (K-12)					
Street Address									(Other than K-12)		ممنامان		
35 North White Hor	se Pike							homes, etc.)	vate and commer	ciai bu	liding	S,	
City (5)								Square Feet	# of Floors	Bio	dg. A	ge	
Somerdale								Various	Various	,	Vario	ous	
County (6)		All Sections			Cour	ity Code (7	)(STATE USE ONLY)	Current Use (Prid	or if being demolis	hed)			
Somerdale								Vacant-Rect	ory/Church/Scl	nool/C	3ym	Res	ids
Name of Monitoring Firm	Hired by Build	ling Own	er (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Finog Environment	tal						Asbestos an	d Mold Services	s, Corp.				
Street Address							Street Address						
617 Stokes Road, S	Suite 4-318						3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co	ode					
Medford, NJ 08055							Hainesport, I	NJ 08036					
Project Manager for Mon	itoring Firm	3.38137		Tele	phone	No.	Telephone No.		License No.				
Rebecca Rubnitz				88	88-715	-2211	609-702-0400	)	00862				
Start Date (10)		Scheduled		55		50 DES	Name of OSHA M	lonitor					
12 /26 /	18	_ 2	. /	1	/ _	19	EMSL Analyt	ical, Inc.					
Occupancy Status During	g Abatement (0	Check on	ly or	ne)	W		Street Address						
☑ Facility Closed/Vacate							200 U.S. Rou	te 130 North					
Abatement Performed							City, State, Zip Co	ode	250 ES - 11 - 12 - 12 - 12 - 12 - 12 - 12 - 1				
Time of Abatement: _	AIVI	PM/	-	_PIVI-		AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check al	I that apply)												
☐ ≥3 sf or ≥3 lf		П	Ren	ovati	on			tainment with Neg	ative Pressure				
≥160 sf or ≥260 lf				nolitio			⊠ Gloveba	g Procedure					
								mpted (*) and Nor	-Friable Procedur	_			
Location	of			Locat orma	0.0000		Description			Ab	atem	ent T	ype
Asbestos-Containing			Jsed	Sole	ely by	Asbe	Description of stos Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE ABA	ATED			ntena	nce/ Staff?		., thermal systems	insulation,	(Specify	Removal	bair	aps	Enclosure
IN Facili	ity	"	ustc	(12)	otan:		surfacing, VAT other miscellane		SF or LF)	<u>n</u>		Encapsulate	ure
()		Ye	es	No	N/A		outer misochane					e	
SEE ATTACHED						SEE AT	TACHED		ATTACHED				
				П						П	П	П	П
Name of Registered Was	te Hauler			N	JDEP \		Cubic Yards of	Name of Regist	ered Landfill		1—		_
Waste Managemen	t			Н	17273		Waste 5	Grand Cen					
City, State				-			Disposal Date	City, State					
Lafayette, NJ							2/1/2019	Penn Argyl	e, PA				
Completed By (Print or T	ype)	Title					Signature /		Da	te			
Kimberly A. Trumb	etti	Offic	e C	oord	dinato	r	·DXI	J	_	1-2	5-	19	

## State of NJ

D&S Proj. #: 19-16  Date of Notification (1)    0	ion Si	john lang treet Addr ity, State, millburn ame of Co john lan	uilding Owr gan ress Zip Code n, nj 070 ontact	ner/Operator (2	0 8:6	os Abatement 0 and 12:120)	12.1	JAN  Telephor  De of Facility  School  Subch	ne Numbe	2019	nan K	-12)				
0:1-45		( (0)						of Floors Bldg. Age								
City (5)	Coun	ty (6)			4 1000 (2000)	unty Code (7) ate use only)	C	Current Use (Prior if being demolished)								
millburn  Name of Monitoring Firm Hired by	esse			1001111	L,	IN										
Name of Monitoring Firm Hired by	Blag. Owne	r (8)		ASCM No.		Name of Abatemer										
Street Address					-	D & S RESTOI	KATIC	JN, INC.			-		_			
						20 California A	Ave.									
City, State, Zip Code						City, State, Zip Cod	de				- Add					
					_		terson, NJ 07503									
Project Manager for Monitoring Firm		I <sup>P</sup>	hone Numb	er		Telephone Number										
Start Date (10)	ICahad	Complet	ion Date (1	1\	_	Name of OSHA Monitor										
01/26/19		50	ion Date (1	1)		D & S Restora	ation, Inc.									
Occupancy Status During Abatemer	02/08				-	Street Address 20 California Avenue										
Facility closed/vacated during	entire perio	d of abate				City, State, Zip Cod		)			_					
Abatement performed outside Describe:	of normal f	acility hou	irs-													
Other-Describe: NORMAL H	OURS				_	Paterson, NJ 0	07503									
Scope of Work (check all that apply  ≥3 sf or >3 lf  ≥160 sf or ≥260 lf	r) Renovation Demolition	1					☐ Mini-e	ontainment venclosure bag procedu Exempted (*)	re			edure				
Location of			used solely	y				1 (7		R	R	E n	E			
asbestos-containing by maintenanc staff(12)			stodiai	Description material (		asbestos-containing	Amount (Specify 5	Amount   e   e   m   p				n				
abated in facility (13)	Yes	No	N/A	I I I I I I I I I I I I I I I I I I I	ACIVI)			LF)		o v	a i	a p	L			
basement		$\overline{}$		PIPE INSU	ПАТ	TION 120 1 ft				e	<u>-</u>	$\Box$				
ous-cirion 2					Ditt	1011		20110		H	H	+	H			
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 1350	P Hauler 06		ubic Yards of V I yd	Vaste	Name of Registere			COVE	RY						
City, State		Disposal D			City, State	TOWN, RESOURCE RECOVERY										
PATERSON, NJ 07503			01/28/1			TULLYTOWN	N, PA									
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDI	ENT		Signature					Date 01/24/	19						

No. 0059 P. 11

Jan. 24. 2019 3:56PM

			,							F		N	7		
CKI	281 PA		S14.0	(Pursu	State of New Jers TION OF ASBESTOS IBN: 10 NJAC 8:60 b	ABA			JAN LOALH	3 (	81	019			
Date of Notification	(1)				ng Owner/Operator (2)		A B C-		A						
Agencies Nogfled	Type Malification			Address	of Property Mar	ISE	nent a cor	Istruction				_	- 105		
☐ EPA	☑ Initial		33	West	State Street, 9t	h FI.	P.O. Box 03	14	DOI -	10	D/	Y			
DEP	☐ Amended			tap, Lip (						-		-	_		
ED DOT	Amendment #	_		nton,	NJ 08625								1		
ED DOH	Emergency (including justification)			000	•			Telephone Numb				7			
D DCA	□ Cancelation		R.	Ferra				609-777-1	970			*.:			
Name of facility Who	am Abatamantis Yalling Place (5)			F	ACILITY INFORMAT	-	of Fagility (4)								
Residence	and homostituning to hind hines (%)						School (K-1)	n /	JAIVER A	PP	20	VE	-1		
Speet Address						45	The Mary and the second of	8 (Other than K				1 1-	ئيا.		
						120	Other (l.m. p	rivate & Comm	er cial buildings, Me	mes,	etc.)				
(2)						8qua	re font	Fol Maora	Bldg. Agv			_			
Manville, NJ	08835					2,392 2 69									
County [6]		Section Control	- Maria (1984)   1.1 (198		Code (7)	16	nt Use (Prior d be	ns demolahed)							
Somerset	Firm Mired by Building Owner (8)					-	me	- 101			_	_			
	hthouse Solutions, LLC				ASCM No.	1	al Ababances Co								
Street Address		•			<del></del>	Unicarn Contracting Corp.									
PO Box 354							92 Willow Way								
Clay, Swan, Zip Code						City, State, ZIp Code									
South Orange, NJ 07079						Woodland Park, NJ 07424									
Sarah Calanc	BUS 4명의 장리 구경구경 (2014년)			-	349-2666	973	999-9176		Monas No. 01331			_			
Start Date (10)	29/19		100000000000000000000000000000000000000	44 Comp 28/19	lelion Date (13)		of OSMA Monton								
	ing Abstement (Check Only One)		1 02/	20/13			ravision Cans	unancs, inc.					-		
☐ Facility Clo	sed/Vacated During Entire Peri	ed of Ab	alemer	nt.	3			d., Bldg. 35-E							
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Ho Other - Describe: 8AM-4PM						City, State, Zip Code									
Scope of Work (Check	scribe: 8AM-4PM					Fair	Lawn, NJ 074	10			-45	- 20	_		
25 at or 25 at 10	V			Rensv	7,-072-017		Full Contains Minf-Enclose Glovebag Pro		iva Pressula	*					
						0	Non-Exemple	d (°) and Non-	riable Procedure		-	Side of the			
	Lagratina of		a Locatio			Secretarian et				Abatement					
Asbestos-Contaming Master (ACM)			ad Sately	by	Asheiso	Description of as Containing Material (ACM)			Amgunt				$\Box$		
			Igintananca/ (1.e. t)				ivalami İnjuli don, İng. VAT, ce	(Spacety Up of LP)	1_		m m	m			
	(13)		(12)				(scottaneoux)			BMONE FRA	Repair	appropriate	Uniopera		
Basement/ F	nundation	Yes	No X	N/A	Imp/Eus Un-s-	- le tra	FOR Claster	Black T	7 FOR CE	18 X	4	4	7		
basement/ r	uunoanun	1	_^	-	Int/Ext Vagor B	diffe	on Linder	PIOCK 191	2,500 SF	1	-	$\dashv$	-		
										T			$\neg$		
										I					
Plame of Registered Waste Heater No. 19 No. 19 Waste Hauler ID Ho.						Cubic Varde of Weste Regularia Level (8)									
Cindolii Collinoviii acidi				44		3+			Fairless Hills La	andfill					
fily, Stabi	Natu Intrav					TBD Ciry, 5tate Morrisolla, PA									
Woodland Park, I	idem heldeh	Tijle				עפון	signylige )	A	1	Dete	,	_	-		
Dimo Goicav		Ganera	i Man	agar	(1		111. 1	16	M		1/24	/19	)		

Jan. 24. 2019 3:54PM

No. 0059 P 3

Date of Notification (1)	410		(P	State of New Ji FICATION OF ASBEST Ursuant to NJAC 8:60	OS ABATEMENT _	DOL	10 DAY	3	0	701 [	19				
1/24/19	(20)	N	Division	ams of Building Bwnor/Operator (2)							12-80				
Aconsist Natilied Type Motification    EPA   Initial     DEP   Amended     DOL   Amendment W     Emergancy (includ)	ing	1	Division of Property Management & Construction  First Address  33 West State Street, 9th Fl. P.O. Box 034  Trenton, NJ 08625  Trenton, NJ 08625  Trenton of Contact  Telephone Number							3					
DCA Distification			R. Fer	Tara	100000000000000000000000000000000000000	777-1970									
Warre of Padday Where Abatament is Tabine Place (5)				FACILITY INFORMA	TION	1.003-111	-13/0								
Residence brook Address					Nove of Facility (4)  School (K-  Subchapte  Other (i.e.	8 Other than	n K-32) mercial buildings	, Com	195, 61	(c.)					
Manville, NJ 08835					Square Faces 928	# of Floam	Bidg. Ago								
County (5) Somerset Verse of Monitoring Firm Mired by Building Owner (6)	_			iny Coes (7) Ite use only]	Current Use (Frior 18 ). Home	eing demolished)	109			_					
A. Seine Lighthouse Solutions, LLC			ASCM No.	Norma of Abatement Contractor (a) Unicorn Contracting Corp. Street Address											
ty, Brate, Zip Code		-			32 Willow Way										
South Orange, NJ 07079				CIV, SUB, NA Code Woodlend Park, NJ 07424											
olect Manager's Monitoring Firm			hare No.	Taimphone No. Steeres No.											
ALDIE (TO)		-	1-949-2666	973-335-9176 01331											
01/29/19	School M2	/28/1	opleton Date (21)	Name of Oska Monitor Environisian Consultants, Inc.											
rupancy Status During Abatement (Check Drily One)  Facility Clased / Vacated During Entire Per Abatement Parformed Outside of Norma  Other - Describe: BAM-4PM  as al Work (check All That Apply)	rlad of i	Abatane			Die Address  20-21 Wagaraw R  City, Stote, Zip Code  Fair Lawn, NJ 074	d., Bldg. 95-E		- Colorana							
23 of or 23 if			Renor	sation Vitian	Full Containment with Negative Pressure  Mint-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure										
Is Location of Authorized Customary (As)  In Pacific (As)						1 ) and repli	Travie Procedure	An etement							
				(i.e the	Occupition of Earteining Material (ACM /mail systems incutation, settecing, VAT, or her miscellensous)	Amount (Specity SP or LF)	Remai	T	a formand	Sandopare					
terlor		X	N/A	Tar Paper Vapor Ba	orrier under Alum	inum Eldler	2 400 00	-	Repair	7	15				
sement		X		12 X 12 Gray Floo	or tile & Mastic	m rotti Sidiliy	2,400 SF 500 SF	X	-	_	-				
	-	-			4-400-		2000	1							
re of Registaned Weste Hauter  Corn Contracting Corp.  3015			Vision Hauter ID No. Cubic Yends of Wester  44				Nome of Regustered Localiii Fairless Hills Landfill								
dland Park, New Jarsey	and Wast				spasal Date  O		City. Stata								
oblied by fills on Goldev General Mar				118	Signatur	1	Morrisville, PA	Dyte	10 -	19					