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

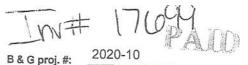
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Date of Notification (1) 01 / 27 /	20			Nam	e of Buildin	ng Ov	vner/Operator	(2)		- 72			120	j	
Agencies Notified ☐ EPA ☐ DOLWD ☐ Amende	d			Stree 80	et Address	an Sp	orings Road			Saland	52 6 H. H.) : f		T.	11
DOH Amendm □ DCA □ Emerger (NJAC 5:23-8) □ Cancella	ncy (inclu ion)	ding		Nam	e of Contachn Eisem	ict				Telephone 732-766					
				FΔ	CILITYII	NEOI	RMATION			.02.00	1020				
Name of Facility Where Abatement is Residence Street Address City (5)	Taking P	lace	(3)				MATION		of Facility (4 chool (K-12) ubchapter 8 ther (i.e., pri omes, etc.)	Other than	K-12) mmerci	al bu	ilding	gs,	
Imlaystown County (6)				10	-1.0.1.5	77 /07	75.405.044.4	170		# of Floors			dg. A 90	ge	
Monmouth							TE USE ONLY)	Re	ent Use (Prio sidence	r if being de	molish	ed)			
Name of Monitoring Firm Hired by Build Environmental Tactics	ding Owr	ner (8	3)	ASCM 004			me of Abatem Guardian Co								
Street Address 64 Broad Street							eet Address 889 Route	9, Unit	61						22240
City, State, Zip Code Matawan, NJ							, State, Zip Coms River,		Jersey 087	55					
Project Manager for Monitoring Firm Tom Geiger			7)-2217		ephone No. 32-349-993	2		License N 00624	0.				
Start Date (10) Start Date (10	Schedule 02				ate (11) 20		ne of OSHA I					32,724,13			
Occupancy Status During Abatement (Facility Closed/Vacated During Entire Abatement Performed Outside of No.	re Period	of A	bate	ment	scribe	1	eet Address 056 Stelton								
Time of Abatement:AM	PM/_		_PM		AM	1	, State, Zip C iscataway,		ersey 088	54					
Scope of Work (Check all that apply)		Ren Den					☐ Mini-End ☐ Gloveba	closure ag Proce	nt with Nega edure (*) and Non-						
			ocat	-,		150						Aba	atem	ent T	уре
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	'	Jsed Main Susto	Sole	ely by ince/ Staff?		e., the s	Description of Containing Marmal systems urfacing, VAT per miscellane	aterial (A insulati , or		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
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1 st floor		-			duct ins	265					-				
					uuct ins	ouial	.011			50 If					
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Name of Registered Waste Hauler Guardian Contracting, Inc.			6520	IJDEP I	D No.	Was	ic Yards of ste		e of Registe	red Landfill					1
City, State Toms River, New Jersey				20223)		osal Date 2/07/20	City,	State	onneulus	nio.		-		
Completed By (Print or Type)	Title	200				02	Signature	1	mytown, P	emsylvar	Dațe		1		
Nicholas Fernicola	Proje	ect N	/lan	ager							1/3	7	12	0	

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

Data of No. 15 - 17			(,			AC 0.00 and 5:						11
Date of Notification (1) 01 /	27 /	20				ng Owner/Operator 's Wayne Hospit	(2)	and the second s	30/	2020	, ;	
Agencies Notified	Type Notifica	ation		Stre	et Address				1011	2 0	- 1	
⊠ EPA				70	3 Main S	treet			hara.			
☑ DOH	Amended			City,	State, Zip	Code		. (1	12 11 21			
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(NJAC 5:23-8)	justification	cy (incluai on)	ng		ne of Conta			Tolophone N	lumah as			
*	☐ Cancellat			200,000	argery Si			Telephone N				
				_		NFORMATION		973-754-4	4512			STOR
Name of Facility Where A	batement is T	aking Plac	ce (3)	ГА	ACILII I II	NFORMATION	T					
St. Joseph's Medica		uning i la	JC (J)				Type of Facility					
Street Address				-			School (K-12	?) 8 (Other than K	12\			
224 Hamburg Turnp	ike						Other (i.e., p	rivate and com	mercial b	uilding	gs,	
City (5)	inc						homes, etc.)					
Wayne							Square Feet	# of Floors	E	lldg. A	ge	
County (6)							400,000	10		60		
Passaic				Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pr		olished)		- 250	
	liand by D. 11		101				Medical Cer					
Name of Monitoring Firm I		ling Owner	(8)	ASCN		Name of Abateme						
Environmental Tacti	CS			004	5	Guardian Co	ntracting, Inc.					
Street Address						Street Address						
64 Broad Street						1889 Route 9	, Unit 61					
City, State, Zip Code						City, State, Zip Co	ode					
Matawan, NJ 07747						Toms River,	New Jersey 08	755				
Project Manager for Monito	oring Firm		Tele	ephone	No.	Telephone No.		License No.				
Tom Geiger					0-2217	732-349-9932		00624				
Start Date (10)	So	cheduled (Name of OSHA M	lonitor					
02 / 07 /		_02_		0_/		E.M.S.L. Anal	ytical					
Occupancy Status During						Street Address						
☐ Facility Closed/Vacated	During Entire	e Period of	Abate	ment		1056 Stelton						
Abatement Performed (Time of Abatement:	Jutside of Nor	rmal Facili	ty Hou	rs - Des	scribe	City, State, Zip Co	de					
Scope of Work (Check all t					Alvi	Piscataway, N	lew Jersey 088	354				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		⊠ Re	enovat emolitio	ion on		☐ Mini-Encl	ainment with Nega osure Procedure npted (*) and Non		dure			
			Locat						Ab	ateme	ent T	vpe
Location of Asbestos-Containing Management			Norma			Description of				1	11000	1
TO BE ABAT	ED	Ma	aintena	nce/	(i.e	stos Containing Mat ., thermal systems in	erial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus	todial (12)	Staff?	, , , , ,	surfacing, VAT,	or	SF or LF)	ova	=	psu	Insc
(13)		Yes	No	N/A		other miscellaneo	ous)	5000 <u>- 2004</u> 0.000 • 80			late	(D)
1 st floor-former kitcher	1				duct ins	sulation		50 sf			П	
											П	
Name of Registered Waste			N	JDEP V	Vaste	Cubic Yards of	Name of Registe	ered Landfill			Ш	
Guardian Contracting	g, Inc.		Н	auler II 20223		Waste 8	T.R.R.F.	Sied Landilli				
City, State					1	Disposal Date	City, State					
Toms River, New Jers						02/10/20	Tullytown, F	Pennsylvania	l			
Completed By (Print or Type Nicholas Fernicola	e) -	Title	222			Signature	1	1	Date	j		
		Project	Mana	ager		1		eneman)	1/2	-, 1	2-6	
B-41	NOT THE PROPERTY OF			-		V 1			1 1	11	1000	574

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

Data of Notice (1)		haddlad?											
Date of Notification (1) 01 /	27 07 1	20				e of Buildin rex Prope	g Owner/Operator erties	(2)		38	16	:-3	
Agencies Notified	Type Notific	cation			Stree	et Address			. 11 . 1		-		
⊠ EPA					0.35049030	0 Boston	Rlvd						
□ DOLWD	☐ Amende				-	State, Zip (
□ DOH	Amendm			C.		-0-1 D-10-11-10-10-10-10-10-10-10-10-10-10-10-			r				
DCA	☐ Emerger		cluding	3		a Girt, NJ							
(NJAC 5:23-8)	justificat Cancella					e of Contac	T.		Telephone Nu				
	L Caricella	LIOII			Ric				732-233-5	448			
					FA	CILITY IN	IFORMATION		34.				
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility	(4)				
Residence								School (K-12)				
Street Address								Subchapter 8	Other than K-	12)			
								Other (i.e., pr homes, etc.)	ivate and comm	ierciai d	ullaing	gs,	
City (5)			2-2 - 5-2-111					Square Feet	# of Floors	В	ldg. A	ae	
Howell								800	1	- 1	65	90	
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo				
Monmouth							,,	Residence	or it boing doine	moriouj			
Name of Monitoring Firm	Hired by Buil	ding C)wner ((8)	ASCM	No.	Name of Abateme						-
N/A			S. C.					ntracting, Inc.					
Street Address							Street Address	indacting, inc.					
							1889 Route 9	Unit C1					
City, State, Zip Code													
- ny otato, zip odac							City, State, Zip Co						
Project Manager for Monit	torina Eirm			1				New Jersey 087					
1 Toject Manager for Morni	toring Firm			rei	ephone	NO.	Telephone No.		License No.				
Start Date (10)				L.			732-349-9932		00624				
	200				etion Da	TV 500	Name of OSHA M						
//					7_ /	20	E.M.S.L. Ana	lytical					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate	d During Enti	re Per	iod of	Abate	ement		1056 Stelton						
Abatement Performed	Outside of No	ormal	Facility	Hou	irs - Des	scribe	City, State, Zip Co	ode					
Time of Abatement:	AIVI	PIV	1/	_PIV	-	AM	Piscataway, N	New Jersey 088	354				
Scope of Work (Check all	that apply)												-
□ >3 sf or >3 lf			Пр		lian			ainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Rei				☐ Mini-Encl						
							Non-Exer Non-Exer	mpted (*) and Nor	-Friable Proced	ure			
				Loca						1	atem	ent T	vpe
Location of				lorma	ally ely by		Description of	f			_	1	T
Asbestos-Containing N TO BE ABA		1)			ance/	Asbes	stos Containing Mai	terial (ACM)	Amount	Removal	Repair	nce	Enclosure
IN Facility			Cust		Staff?	(1.6.	surfacing, VAT,	or	(Specify SF or LF)	ova	=	psu	usc
(13)		-		(12)	7		other miscellaned		o. o. <u>a.</u> ,	-		Encapsulate	9
			Yes	No	N/A							()	
exterior				\boxtimes		asbesto	s siding		800 sf		П	П	П
			П										
		-		W-2								Ш	Ш
			Ц										
											П	П	П
Name of Registered Waste	e Hauler			1	NJDEP \	Naste	Cubic Yards of	Name of Regist	ered Landfill				
Guardian Contractin	ıg, Inc.			1000	Hauler II	O No.	Waste	T.R.R.F.	= = = = = = = = = = = = = = = = =				
City, State			-		20223	3	3 Disposal Date	25:05:05:01:07:05:05					
Toms River, New Je	rsev							City, State					
							02/07/20	i uliytown, l	Pennsylvania	// 			
Completed By (Print or Ty	pe)	Title					Signature	1		Date			
Nicholas Fernicola		Pr	oject	Man	ager				maketin the hardware is seen	1/2	7/	20)



State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 9865 Date of Notification (1) Name of Building Owner/Operator (2) 0 11 1/12 18 1/12 10 1 Jennifer Warren Agencies Notified Type Notification Street Address JAN 3 0 2020 X EPA Initial DEP City, State, Zip Code DOL Amendment Maplewood, NJ 07040 X DOH Name of Contact Telephone Number Cancellation DCA Jennifer Warren **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Jennifer Warren Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Maplewood, NJ 07040 Essex residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number Phone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 02/17/2020 02/21/2020 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) wrap & cut Demolition X Renovation X Full Containment w/negative pressure Glovebag procedure $\square > 3 \text{ sf or } > 3 \text{ if}$ X ≥160 sf or >260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of E by maintenance/custodial asbestos-containing Description of asbestos-containing Amount staff(12) n m material to be p C (Specify SF or material (ACM) C 0 abated in facility (13) a a Yes No N/A e attic vermiculite 620 sf X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Grand Central Landfill City, State Disposal Date City, State Lincoln Park, NJ 02/21/2020 Pen Argyl, PA Completed by (Print or Type) Signature Title Gordana Luna Gordana Luna Secretary/Treasurer 01/28/2020

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Date of Notification (1)	01/24/20	20		Nam The	ne of Building Vertex Com	Owner/Op	erator ((2)					
Agencies Notified	Notification	Туре		Stre	et Address					JAN 3	20,	20	
()EPA	() Initial No	atificat	ion	3322	Route 22 V	/est							
	(X) Amende		1011	City,	State, Zip C	ode			100000				- 4
(X) DOL	Amendr			Bran	chburg, NJ (8876		i i		. (1.)1- 1	. 1 24		
(X) DOH () DCA	() Emerger justificat		cluding	10/2000	e of Contact					Tel. Nur	nber		
() 50/1	() Cancella			Kevi	n Seise				- 1	(908)45	8-9236	3	
				FACI	LITY INFOR	MATION							
Name of Facility Where	Abatement	is Ta	king Place	(3)	1		Туре	of Facility (4))				
								chool (K-12)	,				
Street Address							() Si	ubchapter 8 (other	than K-12	2)		
							(X) O	ther (i.e. priva	ate &	commerc	ial bui	lding	gs,
City (5)								omes, etc.	ш_с	C1	I DI-I	^	
Edison, NJ 08837							Squar	re Feet	# OT	Floors	Blag	g. Ag	je
County (6)				Count	ty Code (7) (STATE	Curre	nt Use (Prior	if hai	na domol	ichod)		
Middlesex				USE	ONLY)		June	111 000 (1 110)	II Deli	ng demoi	isileu)		
Name of Monitoring Fire	m Hired by F	Slda (Jwner	ASCM	1 No	I Maura	10 1						
The state of the	in rinea by t	Jug. C	JWITEI	ASCIV	I IVO.	1		ractor (9)					
Street Address						CID CO	ONSTR	UCTION SEF	RVICE	ES, LLC			
							Address	-					
City, State, Zip Code						300-2 S	State Ro	oute 17 Souti	h - Su	ite #3			
,,, <u></u> p						City Sta	ate, Zip	Code					
Desirat Manager 5 M						Lodi, N							
Project Manager for Mo (8)	nitoring Firm	ı Te	elephone N	Number		Teleph	one Nu	mber		License N		er	
						(973)68	35-9791			01191 "/	4 "		
Scheduled Start Date (1		So			tion Date (11) Name o	of OSHA	A Monitor					100
01/24/2020 ON I	HOLD		0	2/24/20	20	Testor	Techno	logies					
Occupancy Status Durin	ng Abatemer	nt (Ch	eck only o	ne)		Street A		0					
		3.		f.		10-59 J							
(X) Facility Closed/Vaca	ited During F	-ntire	Period of	Ahatam	ont	City, St							
() Abatement Performe	ed Outside o	f Norn	nal Facility	Hours	CIIL	1000							
() Other – Describe:						Long Is	land Cit	ty, NY 11101					
Source of Work (Check	all that apply	/)				() F "			200	1 (55)			
$(X) \ge 3 \text{ sf or } \ge 3 \text{ If}$		() Renova	tion		() Full	Contair i-Enclos	nment with N	egativ	ve Pressu	ire		
() ≥ 160 sf or ≥ 260 lf		Ì) Demolit			(X) Glo	ve bag	Procedure					
						() Non	-Exemp	oted (*) and N	lon-F	riable Pro	cedu	e	
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(ACM) <u>TO BE ABATE</u>)		laintenand odial Staff		Containing	Material (A	CM) (i.e	e. (0		Re	Z	nca	Enc
in Facility	-	Ousid	Julai Otali	: (12)	surfacir	ystems insi	ulation, other	SF or		Remova	Repair	psu	Enclosure
(13)		Yes	No	N/A		cellaneous				/ <u>a</u>	7	Encapsulate	ure
Main FI.				1473								(D	
IVICIII I I,			X		Pip	e Insulation	1	240	LF	X			
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													8
Name of Reg. Waste Ha	uler	NJD	EP Waste		ID Cubic	Yards of W	/aste	Name of Reg	g. Lan	ndfill		-	-
Cid Construction Service	es, LLC		# 329	05		TBD		Tri State Tra	nsfer	Station L	andfil	ĺ	
City, State Lodi, NJ					Dispos	al Date TBD		City, State Bronx, NY	146				
Completed by	Title				Signature	1//		DIGIX, NY)	75	ate	-		
Roque G Schipilliti		oject l	Manager		- St		===			2000	24/202	20	

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Date of Notification (1	No constant of the contract of	refulls.		Name o	f Building											-
1/22/3	ZUZU Type Notification	,		Street A	ddress		Engelha	art		<u> </u>	JAN	3 0	-20	20		, ,
☐ EPA	Initial			Olicely	iddi 633				1							11.7
DEP X DOL	Amended Amendment Emergency		[City, Sta	ate, Zip Co		eton, N	J 0854	0		1	ri (A wiya)			:	
⊠ DOH	justification)	•	'		f Contact	aalbar				Tel	lephone	Numb	er	- 100		
☐ DCA	Cancellation	1			ward Er											_
Name of Facility When	re Abatement is Takin	g Place (3)	1 701	LII I IIII	OKWATI	ON	Type of	Facility (4	4)						
Residential Street Address								Su X Ot	chool (K-1 bchapter her (i.e. p	8 (Oth			build	lings,	nome	es,
City (5) Princeton, N	NJ 08540							Square 2400	Feet	#0	f Floors 2		BI	dg. Ag		
County (6) Mercer				County (Code (7) USE ONLY)		Current	Use (Pric	or if bei	ing dem	olished	d)			
Name of Monitoring Fi	irm Hired by Building	Owner (8)	ASCN	I No.				ment Con vironme			es. Inc				
Street Address PO Box 341							Street	Address Box 322						2 COM		
City, State, Zip Code Crosswicks, I	NJ 08515							State, Zip	Code NJ 0850	1		100000000000000000000000000000000000000				
Project Manager for M Bill Weisgarber	onitoring Firm			Telephor	ne No. 98-4070			none No. 259-968	38		Licens 0049					
Start Date (10) 2/18/2020	22	Schedul		mpletion I	Date (11)		Name MEC	of OSHA	Monitor	VAT	l.					
Occupancy Status Dur			200	102				Address Box 341								
Abatement Performance Other – Describe	acated During Entire I rmed Outside of Norn : 8 am to4 pm	Period of a	Abaten y Hours	nent s			City, S	state, Zip		515						
Scope of Work (Check	(All That Apply)						01.00		, 110 001						11000	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	f	_	Renova Demolii				×	Mini-E Glove	Containme Enclosure Ebag Proc Exempted	edure						
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Locati			Normal ed Sole	lly			scription					H		Тур	е	_
Asbestos-Containii TO BE A In Fa	ABATED	Ma	intena todial ((12)	nce/		thermal surfac	systems cing, VA			(S	mount Specify or LF)		Remova	Repair	Encapsulate	
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														-		
Name of Registered W			17.53	IJDEP W	200	Cubic		1	Name of F	Registe	red Lan	dfill				
Stevens Environme	ental			lauler ID 18292			2		Fairless		lfill					
Allentown, NJ		1 =				2/2	al Date 21/202	0/-/-	Citý, State Morrisvi		A				5111-Julio	
Completed by Mahlon E. Stevens	3	Title Proje	ect Ma	anager		S	ignature					Date 1/2	2/2	020		

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K2542 P		NOTI	Pursuar	State of New Je DN OF ASBESTO It to NJAC 8:60	OS ABATE and 12:12	0)		in (V.	ing English		
Date of Notification (1) 1/28/20				of Building Own Berger	er/Operator	(2)		J	4N 3 0	2020)		
Agencies Notified Type Notification X EPA			Street	Address			ž.		* 1				
DOL Amendmen				tate, Zip Code lesex, NJ 088	346		41 17 = 4		104.12	1	.,		
DOH justification) DCA Cancellation		ıg	Name	of Contact Berger				Tel	ephone N	umber			
N. C. W. C.				CILITY INFORMA	ATION			-					
Name of Facility Where Abatement is Takir Residential Home	g Place	(3)				-	of Facility	•					
Street Address						×	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	er than K- & commer	12) cial bui	ldings	, hom	ies,
City (5) Middlesex						Squa 210	re Feet 0	# of	Floors		3ldg. / 35 +/		
County (6) Middlesex			County (STATE	Code (7) USE ONLY)		Curre	ent Use (Pri idential F	ior if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building Project Manager	Owner (8	3)	ASC	M No.		of Aba	tement Co	ntractor	(9)				
Street Address					Street	Addre	ss						
City, State, Zip Code							dland Av	e. 					
Project Manager for Monitoring Firm			Telepho	one No.	Sadd		ook, NJ (07663	License N	lo			
Start Date (10)	Schodu	lad Car			201-6	300-3	184		01305	NO.			
1/30/20	2/2/20)	mpletion	Date (11)	Name o	of OSI	IA Monitor						
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F			nont		Street A	Addres	SS						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 8 A.M to 4 P.M	al Facilit	y Hour	S		City, St	ate, Zi	p Code			-			
Scope of Work (Check All That Apply)									_				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			×	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	edure	2				
Location of		S Locat Normal	ly	D	escription o			() ====	Troit i fice		Abate		t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial S (12)	nce/	Asbestos Co (i.e. therm: surf	ntaining Ma al systems facing, VAT miscellane	aterial insula , or	(ACM) tion,	(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Decement	Yes	No	N/A						_	_		ate	ė
Basement		X			VAT	=2/74/2/6/		35	7 SF	Х			
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Manager of Declaration of the control of the contro													
	1	Н	JDEP W auler ID 036592	No. of W			Name of F			/ Lan	dfill		
Name of Registered Waste Hauler All Stages Abatement City, State Saddle Brook, NJ		Н	auler ID	No. of Wa	aste D osal Date			Central	Sanitar	/ Lan	dfill		

TOUTH 17697 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT & C E II W E (Pursuant to NJAC 8:60 and 5:16)

Data of Notice of 1	Constituent and			1							1 .	1
Date of Notification (1)	27 / _ 2	20		100000	e of Buildir ixmor	ng Owner/Operator	(2)	JAN 3 o	2020)	4 :	10
Agencies Notified T	ype Notificatio	n		Stroc	et Address			.,	といたし	l 81		
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	Amended				ne Fayette			V V (1.5 · 1	ing.			
☑ DHSS	Amendment	#			State, Zip				it			-5-5-5-7
□ DCA □] Emergency (ng	Co	nshohod	ken, PA 19428						
(NJAC 5:23-8)	justification)			Name	e of Contac	ot		Telephone Num	ber			7.00
	Cancellation				cas Heve			610-834-72	19	20112-2-1		
				FA	CILITY IN	NFORMATION						
Name of Facility Where Aba		ng Plac	e (3)				Type of Facility	(4)				
Hamilton Plaza Kmart							School (K-12					
Street Address							Subchapter 8	3 (Other than K-12 rivate and comme	2)	uildin	~~	
1005 White Horse Ave	enue						homes, etc.)	iivate and comme	(Clair D	ununn	y s,	
City (5)		3-0.1-21111					Square Feet	# of Floors	В	ldg. A	ae	7.00 m
Trenton, NJ 08610							95,000	1		46	5	
County (6)				Cou	ntv Code (7)(STATE USE ONLY)		or if being demoli	ched)			
Mercer							Vacant	or it being derries.	oncu)			
Name of Monitoring Firm Hir	ed by Building	Owner	(8)	ASCM	No	Name of Abateme		-				
Vertex	,g		(5)	NA	110.		Contraction of the Contraction o					
Street Address				INA			ronmental Sys	stems				
700 Turner Way						Street Address	-					
						550 East Unio						
City, State, Zip Code						City, State, Zip Co						
Aston, PA 19014						West Chester	, PA 19382					
Project Manager for Monitori	ng Firm		32,000	ephone		Telephone No.		License No.				
Dave Turotsy				10-558		610-701-9000		00508				
Start Date (10)			0.02		te (11)	Name of OSHA M	onitor					
_2 / _11 / _2	20	3_ /	1;	3_ / .	20	AET						
Occupancy Status During Ab	atement (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated D	Ouring Entire Pe	eriod of	Abate	ment		28 N. Pennel	Road					
☐ Abatement Performed Ou	tside of Norma	l Facilit	y Hou	rs - Des	cribe	City, State, Zip Co	de				-	
Time of Abatement: 7AM	PM/ <u>3:</u>	<u>30</u> PM		AM		Media, PA 190						
Scope of Work (Check all that	at apply)	-	-									
	,						ainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enovat				osure					
24 _ 100 01 01 <u>22</u> 00 11			HOILL	JI I		☐ Glovebag	Procedure	n-Friable Procedu	ro			
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Location of			Norma	lly		Description of				atem	10.00	
Asbestos-Containing Mat	erial (ACM)		ed Sole			stos Containing Mat	erial (ACM)	Amount	Remova	Repair	Enc	Enclosure
TO BE ABATEI IN Facility	2		todial		(i.e.	, thermal systems in		(Specify	VOL	air	aps	losi
(13)			(12)			surfacing, VAT, other miscellaned		SF or LF)	<u>n</u>		Encapsulate	Te
		Yes	No	N/A			,				е	
Main Sales Floor				\boxtimes	Floor Ti	le / Mastic		83,400 SF				
Rear & Mezzanine				\boxtimes	Ceiling	Tile		4400 SF				
Exterior					Door Ca	ıulk		500 LF				
Mezzanine				\boxtimes	Duct Ins	sulation		175 SF				
Name of Registered Waste H	auler	d-mo-	N	JDEP V	Vaste	Cubic Yards of	Name of Regist	ered Landfill				-
Mercer Group			Н	auler ID	No.	Waste		rks Communit	v I ar	dfill		
City, State						120 Disposal Date	City, State		,			
Mercer, NJ						TBD	Company of the Compan	DΛ				
	1						Birdsboro,	PA				
Completed By (Print or Type)			•			Signature	s A:	Da	te /	1		
Mark Griffin	E	stima	tor			M	14-14	1	12	/ ה	21)
ASB-41 MAY 11		D				. 11	4 W/		1=	1	-0	
IVIA I I I	*	Do not	use th	is form	for asbesto	os licensure exempt	ed activitjes.		24			

B & G proj. #: 2020-23

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

In# 1700

Check # 9862 Date of Notification (1) Name of Building Owner/Operator (2) 0 11 1/12 18 1/12 10 1 Jerome Brenner Agencies Notified Type Notification Street Address JAN 30 2020 EPA X Initial DEP City, State, Zip Code X DOL Amendment Bayonne, NJ 07002 X DOH Name of Contact Telephone-Number Cancellation ☐ DCA Jerome Brenner **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Jerome Brenner Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet | # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Bayonne, NJ 07002 Hudson residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Rverson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 02/07/2020 02/08/2020 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) wrap & cut Demolition Full Containment w/negative pressure | Renovation ✗ Glovebag procedure × >3 sf or >3 If X Mini-enclosure Non-friable procedure ≥160 sf or ≥260 lf Is location normally used solely E Location of E by maintenance/custodial e e п asbestos-containing Amount Description of asbestos-containing n m staff(12) p (Specify SF or C material to be material (ACM) C 0 a abated in facility (13) 1 Yes No N/A p basement Pipe insulation 115 If X Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill B & G Restoration, Inc. 19563 Grand Central Landfill Disposal Date City, State City, State 02/10/2020 Lincoln Park, NJ Pen Argyl, PA Signature Completed by (Print or Type) Date Title Gordana Luna 01/28/2020 Gordana Luna Secretary/Treasurer

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KU1038D D	4 (4 (i)		St FICATION Pursuant	OF ASI		ABATE			C	E	W		di dinamatan
Date of Notification (1) 1/28/2020	<u>制 留 产</u>				Owner/Golutions				.JAN	3 0	202	ก	Andrew Street
Agencies Notified Type Notification EPA Initial		-c	Street A		Seorge	Post Ro	oad	1	97111	- 0			
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□ Emergency justification) □ DCA □ Cancellation	g se	1	Name of Lisa D	f Contact aniels	!				elephone N				
Nome of Casilla Many Abstract is Table	Di (2)	FACI	LITY INF	ORMAT	ION							
Name of Facility Where Abatement is Takir LANXESS Solutions US Inc. Street Address 1020 King George Post Road	ig Place (Subch	I (K-12) apter 8 (O	ther than K		ilding	s, hom	ies,
City (5) Fords							Square Fee	t #	of Floors		Bldg.	Age	
County (6) Middlesex			County (Code (7) USE ONLY	n		Current Use				plant	& ta	nks
Name of Monitoring Firm Hired by Building Emilcott Associates, Inc.	Owner (8))	ASCN	No.			of Abatemen	t Contract	or (9)				
Street Address 190 Park Avenue							Address Old Eagle	School F	Road, ST	E 910			111.0000
City, State, Zip Code Morristown, NJ 07960					1		tate, Zip Cod						
Project Manager for Monitoring Firm David Tomsey			Telephor)		one No. 581-7428		License 01286				
Start Date (10) 2/18/2019	Schedul		mpletion (Date (11))		of OSHA Mor		vironme	ntal S	ervic	es, L	LC.
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of	Abate	ment 's			992 C	Address Old Eagle S ate, Zip Cod ne, PA 190	е	Road, ST	E 910		OCTORNAL DESCRIPTION OF THE PROPERTY OF THE PR	
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renov Demol				×	Mini-Enclo	osure Procedure	th Negative e nd Non-Fri			ire	
Location of	1	Loca Norma	illy		De	scription	of					temer ype	it
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial (12)	ince/ Staff?		stos Cont thermal surfa	aining M	aterial (ACM insulation, Γ, or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									lte	0
#6 Fuel Line		. X			Pipe Ins				197 LF	X			
Door Gasket, caulk, counter		X				ner Mis			530 LF	X			
QA, M1D, E2, E1, Press Areas		X			Pipe Ins	sulation	(TSI)	3	043 LF	X			
ZAA, Ester 2, PA Tank, E1		X				urfacing	<u></u>		258 SF	X			
Name of Registered Waste Hauler Horwith Trucks, Inc.		1	NJDEP W Hauler ID SW-1998	No.	Cubic of Was 65	Yards ste	1		tered Land I County		ill .		
City, State Northampton, PA				***************************************	Dispos 1/31/2	sal Date 2020		State opensbu	rg, PA				
Completed by Mark Klotzbach	Title Vice	Pres	ident		S	ignature	Chara			Date 1/28/2	2020		

CK IDLELLO PAJ		пои)	FICATIO	State of Ne N OF ASB It to NJAC	ESTOS	ABATE	EMENT		G	E	W		Tiv.	
Date of Notification (1) 01282020				of Building Brosnan	Owner	Operato	r (2)		***				Manager of the state of the sta	A PARTICIPATION OF THE PARTICI
Agencies Notified Type Notification			Street	Address					JAN	1-3-0	2020			
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X DOL Amendment				nsbury	ode				1,52			1.1		
DOH Emergency justification)		I		of Contact					Tele	phone No	ımber		5.9. 2	-
DCA Cancellation				Brosnan										
Name of Facility Where Abatement is Takin	g Place (3)	FAC	ILITY INFO	DRMAT	ION	Туре	of Facility (4)					
Residence							-	School (K-12	e: ::-					
Street Address City (5)					30		×	Subchapter 8 Other (i.e. pri etc.)	(Otherivate &	r than K-	2) cial bui	ldings	, hom	ies,
Bloomsbury							Squar 1800	re Feet	# of I	Floors		Bldg. / 60	Age	
County (6)		1		Code (7)			0.000000	nt Use (Prior	100	a demolis	- 1	00	-1117-1	
Hunterdon County				USE ONLY)		_	Resi	dence						
Name of Monitoring Firm Hired by Building (Owner (8)		ASC	M No.				ement Contr al Constru						
Street Address			17.				Addres Clifto	s on Ave, PN	/IB Su	ite 218				
City, State, Zip Code		12						p Code 07012						7
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-3	one No 389-0			License N	lo.			
Start Date (10) 02/06/20	02/07/2	20	mpletion	Date (11)				A Monitor al Constru	ction,	Inc				
Occupancy Status During Abatement (Check	0.20					Street		Ē			N.			
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	Nours Hours	nent s			City, St	ate, Zip							
Scope of Work (Check All That Apply)				_		Clifto	n, NJ	07012						
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	Yes	No	N/A								/al	=	ilate	лге
Basement			х	F	Pipe w	rap nd	cut		701	LF				
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Name of Registered Waste Hauler			in En III											
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City, State New Castle, DE					Dispos 02/07			City, State Waynesb	ura C)H 4469	88			
Completed by Milan Njezic	Title Vice F	Presid	dent			gnature	0_	L		. Da	-	20		

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Date of Notification (1) 1-24-2020	77 - 20			Name	of Buildin Acade	ng Owner my , LL	/Operato	or (2)		JAN	3 0	202	<u> </u>	
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DCA	justification Cancellation				Ferrard					elephone 32-991-		r		
Nome of Facility Man					CILITY IN		TION			52-331-	11/3			
Name of Facility Where Residential	Abatement is Taki	ng Place	(3)					Type of Facili	ty (4)					
Street Address								School (K-12)					
								Subchar Other (i.	ter 8 (O	ther than K	-12)	ildinas	, bor	200
City (5)								etc.)						iles,
Jersey City								Square Feet 5000	1 # 2	of Floors		Bldg. 75+	Age	
County (6)			-	County	Code (7)			Current Use (-	eina demo	1	70.		
Hudson				(STATE	USE ONL	Y)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		onig derilo	ioi icu)			
Name of Monitoring Firm	Hired by Building	Owner (3)	ASC	M No.		Name	of Abatement (Contracto	or (9)			-	
Street Address								n Environme	ental S	ervices,	LLC			
							100000000000000000000000000000000000000	^{Address} Virginia Aver						
City, State, Zip Code					_			tate, Zip Code	lue					
								ey City, NJ 0	7304					
Project Manager for Moni	toring Firm			Telepho	one No.			one No.		License	No			
Stort Data (40)				Karamatan San			201-3	333-8855		01174				
Start Date (10) 2-5-2020		2-8-20		mpletion	Date (11))		of OSHA Monite						
Occupancy Status During	Abatement (Cher							n Environme	ntal Se	ervices, L	.LC			
X Facility Closed/Vaca						10		^{Address} ⁄irginia Aven	ша					
Abatement Performe	ed Outside of Norn	nal Facilit	Abater y Hour	nent s			1	ate, Zip Code	ue					
Utner - Describe: _			*			_		y City, NJ 0	7304					
Scope of Work (Check All	That Apply)							, ,,						
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Jersey City, N.J						2-8-20		Morris		Α				
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		Office	e Man	ager			MA	UUS	MULI	10 1-	24-20	20		

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Project Manager for Moni	toring Firm			Telepho	ne No.		10000000000000000000000000000000000000	one No.			cense N	Vo.			
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01/24/2020		01/25/			Date (11	,		_ ANALITY	57.550	VC.					
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≥3 sf or ≥3 lf	mac, pp.y)	[Z] -	Onnovem	.41			[V]								
2160 sf or ≥260 lf		-	Renova Demolit				X	Full Contain Mini-Enclos	ment w ure	ith Neg	jative F	ressu	ıre		
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Name of Registered Waste	Hauler		IN	JDEP Wa	aste	Cubic \	Yards	Name o	of Pegis	torod I	andfill				
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City, State			18	951		TBD				IN I E	KPKI	2E II	VC		
BRONX NEW YORK.						Disposa	al Date	City, Sta		IRG	OHIO				
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ASB-41 (R-06-08)							* Do not i	use this form fo	or asbe	stos lic	ensure	exen	npted a	activit	ies.

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Date of Notification (1) 1/23/2020		M M F		Name	of Buildin	ng Owner	/Operato	r (2)	11		A M	3 0	202	
Agencies Notified	Type Notification	n			Address	AIVIILIC	אוכ		1.4	ال الله	AN	d U	202	U .
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DOH DOH	Emergency	(includi	ng		of Contac		214 143.	07031	1 -					
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					CILITY IN				4					
Name of Facility Where	Abatement is Taki	ng Place	(3)	I-M	GILIT IN	PURMAI	ION	Type of Facility	(4)					_
PRIVATE														
Street Address								School (K	12) er 8 (Otl	ner than K-	12)			
								Other (i.e.	. private	& commerc	ial bu	ilding	s, hor	nes,
City (5)								etc.) Square Feet	14	4 Fla		DI4-	^	
NORTH ARLINGTO	ON NJ. 07031							1,346 SF.	# 0	of Floors 2		Bldg. 70	Age	
County (6)				County	Code (7)			Current Use (P	rior if ho		Ja = al\	70	0-1-16	
					USE ONL			Current Ose (F	N/A	ing demons	inea)			
Name of Monitoring Firm	Hired by Building	Owner (B)	ASC	M No.		Name	of Abatement Co	100000	- (0)				
N/A								TH EAST EN			L LL	C.		
Street Address								Address BERGENLIN	JF AV	=	- X			
City, State, Zip Code		-					1	tate, Zip Code						
								T NEW YOR	K N.J	07093				
Project Manager for Moni	toring Firm			Telepho	one No.			one No.		License N	lo.		,	
				32			1	776 - 0642		01300				
Start Date (10)		Schedu	iled Co	mpletion	Date (11))	Name o	of OSHA Monitor	-					
01/30/2020		01/31	/2020					ENVIRONME		LAB.				
Occupancy Status During	Abatement (Chec	k Only C	ne)				Street A	Address						
Facility Closed/Vaca	ted During Entire I	Period of	Abater	nent			2333.	RT. 22 W.						
Abatement Performe	d Outside of Norm	nal Facili	ty Hour	S			City, St	ate, Zip Code			12.01	W. 1866 -		
Other - Describe:		-					UNIC	N N.J.						
Scope of Work (Check All	That Apply)													
≥3 sf or ≥3 lf		X	Renova	ition			XX	Full Containm	ent with	Negative E	racei	ro		
≥160 sf or ≥260 lf			Demolit				×	marroroun	е	regative	10330	10		
N. 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20		1					X	Glovebag Pro Non-Exempte	cedure	Non Erich	lo Pro	andı ı		
		1	s Locati	00	T			11011 Exclipte	u () ain	1 NOTI-T HAD	T		emen	ŧ
Location	nf.	53 CB 37	Normal			-							/pe	
Asbestos-Containing N			ed Sole		Asbes		scription o	of aterial (ACM)	Δι	mount		1		
TO BE ABA	TED		aintenai stodial S		(i.e.	thermal	systems	insulation,		pecify	R	711	nc	回
In Facility (13)	/		(12)				ing, VAT		SF	or LF)	Remova	Repair	aps	clos
37		H	Γ	T		outer in	nscenare	ous)			val	¥:	Encapsulate	Enclosure
		Yes	No	N/A									O	
Baseme	nt		×			Flo	or Tile		34	0. Sf.	х			
						37					-			
Name of Registered Waste	Hauler	1	N.	JDEP W	aste	Cubic \	/ards	Name of	Register	ed Landfill				
Tri - State Assocc			H	auler ID 9951		of Wast		1 10 100 100 100 100 100 100 100 100 10		TERPRI	SE II	VC.		
City, State				0001		Disposa	al Data				''			
BRONX N.Y.						TBD	ai Date	City, State		RG OHIO				
Completed by		Title					moh :	0 //	- A			Heath or		
CARLOS ESQUIVEL		0 8000000000	SIDE	JT		SIG	gnature	20 Smeline	while	B Dat	e 23/20	120		
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CK 210005			mi-	te of New J	BIERY						
Date of Notification (1))	,,,,,	Pursuant	DF ASBES	06 ABAT Dand 12:1	EMENT	JA	N 3	0 2	020	1
1/24/2020			Nama of	Building Owl	ner/Operat	or (2)	177	1/		V/	. .!.
Agencies Notified Type I	Votification		Street Add		Pack		المنافقة الم	. TO	١١١٦	1115	7
	utiel		Ollege Mal	计编程度			1	-11			
A A	mended mendment #		City, State	, Zip Code	-/		+		1		
DA 10	margency (Inclustion)	ding	Name of C	onlad	nton, NJ	08618		10	/	Ta 17 apr -	j
	noilalion		John				Telephon	חנוא פל	ber		1
Name of Facility Where Abateme Residential	nt is Taking Pla	co (3)	PAGILIT	Y INFORM	MOITA	Type of Fa	alling 225				
Street Address		-			172	T School	ol /k-s ms				
City (5)						III Subch	epter 8 (Other ther II.a. private & com	n K-12)			
Trenton, NJ 08618	177					Square Fee	# of Floor				
County (5) Mercer			County Code	s (7)		3000	2	700	3	100	
Neme of Monitoring Firm Hired by	Building Owner		ASCM NO	ONLY	_		(Prior if being den	nolisha	d)		
Street Address			THE NO		Steve	Abetement	Contractor (9) nmental Service	_			
PO Box 341					Columbia to	ddrams	Internal Service	08, Inc	C,		
City, State. Zip Code Crosswicks, NJ 08515						ox 322 ate, 2ip Code					
Project Manager for Montesche Sin	1		elephone No		Allent	OWN, NJ OS	3501				
Bill Welsgarber Sist Date (10)		E	309 298-40	070	BO9 2	na No. 59-9688	Lipens		_		
2/27/2020	Schedi	uled Comp	bellon Date (11)	Name of	OSHA Monit	00493	3			
Occupancy Status During Abelemen	f (Check Only C	?nal			MECS Bireal Ac						
Fadility Closed/Vaceted During Abstement Performed Outside Cliner - Describe: Blam to 4 pm	Entire Period of	F Abateme	nt		PO Bo	x 341					
Cope of Work (Check All That Apply		17.1001			City, State	e, žip Cage irlield, NJ (20545				
23 af or 23 is	Pers				V1.00(B	TAD LAD I	00015				
₹ 2150 si or 2260 H		Renovatio Demolillor			8	Full Contains Mini-Enclose	ment with Negative	Press	Urg.		
						Gloveben Pr	7/10/ma				
Location of	1 1	Location Normally					ed (*) and Non-Frie	abla Pr		emen	ıt
Assessor Containing Material (AC TO BE ABATED IN FACALLY	I Ma	d Solely b	i l Asb	CEIDE CARIO	cription of Ining Mate	rial (ACM)	Amount	-	7	Ype	_
(13)	Cua	(12)	r? ".	o. memaia Surfeck	ng. VAT. o	rulation.	(Specify SF or LF)	F	2	5	5
Dec	Yea	No N	N/A	orner Mil	ace!!eneou	\$)		Rémoual	Repair	Encapsulab	Endosure
Basement		X		V	/AT		320 sf	-		8.	3
							740 BI	X			•
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me of Registered Waste Hauler		NJDe	P Waste	Cubio Ye	rde.						-
evens Environmental		Haule	1D F 3.	of Waste	,ub		Registered Landilli				\neg
Intown, NJ				Disposal	Date	CRY Rinto	-				
mpleted by hion E. Stevens	TIUP				2020	Mafrisvi	He, PA				
C. Glavens	Projec	1 Manag	er .	eigh	Must (1/	Da 1	124/20	222		\dashv
3-41 (R-08-08)			-			1		. 1 666 11	4 21 3		1

CKEWS

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

		((Pursuai	nt to NJA	C 8:60 a	nd 12:12	EMENT 20)		jan Ja	<u></u>	C	Ť	\\H	(F2	**************************************
Date of Notification (1) 1/24/2020			Name	of Buildin			or (2)	11111	(12)	(6)	<u> </u>		18/		
Agencies Notified Type Notification	n		Street	Address	·	Pack									
☐ EPA ☐ Initial			Street	Address						JAN	3	0 2	2020		
DEP Amended	5.200.0200		City, S	state, Zip (Code					- 10 P		473:			
X DOL Amendmer X Emergency	(includir	na				on, NJ	08618					, 1 7 ± =			
DOH justification Cancellatio)	Ü		of Contac ohn Crai				*** 30	Tele	ephon	e Nu	nber		de a	11-
		-		CILITY IN		TION									
Name of Facility Where Abatement is Taki Residential	ng Place	(3)					Type of F	acility (4)	1						
Street Address							Scho	ol (K-12)	1						
							Subc	hapter 8 r (i.e. priv	(Other	comr	n K-12 merci	2) al bui	ldinas	hom	ies.
City (5)							etc.) Square Fe			Floors			Bldg. A		
Trenton, NJ 08618							3000	.01	# 01	2	5	'		ige) +/-	
County (6) Mercer			County (STATE	Code (7)	y)		Current Us	se (Prior i	f bein	ig den	nolish	ed)			
Name of Monitoring Firm Hired by Building MECS	Owner (8	3)	ASC	M No.		Name	of Abateme	nt Contra	ictor ((9)					
Street Address						_	ens Envir	onment	al S	ervic	es, I	nc.			
PO Box 341							Address Box 322								
City, State, Zip Code							state, Zip Co	de							
Crosswicks, NJ 08515							town, NJ								
Project Manager for Monitoring Firm Bill Weisgarber			Telepho	one No. 98-4070			none No. 259-9688		- 1	Licen).			
Start Date (10)	Schedu	led Cor	101111111111111111111111111111111111111	Date (11)			of OSHA Mo	onitor		0049	13				
2/27/2020		2/2	9/2020			MEC		Jintoi							
Occupancy Status During Abatement (Chec							Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn	Period of	Abaten	nent				341	To.							
X Other – Describe: 8 am to4 pm							tate, Zip Coo sterfield, N		5						
Scope of Work (Check All That Apply)							*							-111-1	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova					Full Cont	ainment	with N	Vegati	ve Pr	essu	re		
		Demolit	uon				Mini-Enc Glovebag	Procedu	ıre						
	Τ.		1000			×	Non-Exe	mpted (*)	and	Non-F	riable				
Location of		s Locati Normal	ly	į.	Do.	scription	- f						Abate Typ		
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole		Asbes	tos Conta	aining M	aterial (ACN	1)		ount				П	
In Facility	Cus	todial S (12)	Staff?	(1.e.	surfac	cing, VA7				ecify or LF)		Remova	Repair	ncap	Encl
(13)					other m	niscellan	eous)			ocoo		oval	pair	Encapsulate	Enclosure
Basement	Yes	No	N/A											е	/
Dasement	-	X				VAT			320) sf		Х			
						-2-307/70					_				
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic \	Yards	Nam	e of Regi	etoro	dlah	4511				
Stevens Environmental		H	auler ID 18292		of Was			less La			um				
City, State Allentown, NJ					Disposa	al Date		State	D:						-
Completed by	Title					9/2020	Mor	rîsville,	PA						
Mahlon E. Stevens	0.000000	ct Ma	nager		3	gnature		\$			Date 1/2	24/2	020		

NO	CIL		NOTII	FICATIO	State of Ne ON OF ASB It to NJAC	ESTOS	ABATE	MENT			Î.	$\overline{\mathbb{W}}$	
Date of Notification (1) O 1 2 1 2 C Agencies Notified	Type Notification			Ky	of Building		Operator		JA	N 3	0 2	020	0.00
☐ EPA ☐ DEP ☑ DOL ☐ DOH ☐ DCA	☐ Initial ☐ Amended Amendment ☐ Emergency (justification) ☐ Cancellation		g	City, S Name	tate, Zip Co	iy Ime	, N	J (7032 Telephone N	(Cially	ari da		<u> </u>
Name of Facility Where A	Abatement is Taking	Place	(3)	FAC	CICITY INFO	ORMAT	ION	Type of Facility	r (4)				
Street Address City (5)		HTM Minoiss section						Other (i.e. etc.)	er 8 (Other than K- private & commerc	cial bu			ies.
Kerany								Square Feet	# of Floors		Bldg. /	4ge	
County (6) / HUDSON					Code (7) USE ONLY)			Current Use (P	rior if being demolis	shed)			
Name of Monitoring Firm	Hired by Building C)wner (8)	ASC	M No.		Name o	of Abatement Co					
Street Address				1			Street A		Constru	201	(Oi	\mathcal{V}_{-}	
City, State, Zip Code							440		e vilos	je.			
Project Manager for Moni	toring Firm	2 = 2 - 111 W - 1		Telepho	one No.		Telepho		. License I	Vo.	i :		
Start Date (10) O/ 23 20 Occupancy Status During		01	1.2 =		Date (11)		The second second second second	- 456-5 of OSHA Monitor	100		<u> </u>		
☐ Facility Closed/Vaca ☐ Abatement Performe ☐ Other – Describe:	ted During Entire P	eriod of	Abaten	nent				ate. Zip Code					
Scope of Work (Check All	That Apply)		W. Inn. II. II.					-					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Renova Demolit					Mini-Enclosur Glovebag Pro	nent with Negative I e cedure d (*) and Non-Frial			e	
	12	1	Locati								Abate	ement pe	
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Use Ma	ed Sole iintenar todial S (12)	ly by nce/	(i.e. t	os Conta hermal : surfac	cription of aining Ma systems i ing, VAT, iscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
1) NO		Yes	No	N/A	:	1 - 1				ļ.,		ଟି	10
						125			121 SF	>			
Name of Registered Waste Newpo K City, State	e Hauler CARTIN	G	Н	JDEP W auler ID 1509	No.	Cubic Y of Wast	te	Name of † 13	Registered Landfill				
Completed by AME	NGUAl	Title	UN	eq	L	Sig	gnature	au C) Da	te 0//	23	/2	0

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

M025821	190376		NOTIF (P	ICATIOI ursuani	N OF ASB t to NJAC	8:60 ar	ABATE	MENT 0)		i a			l W			The state of the s
Date of Notification (1) 01/25/2020	1 5-47			Name of Kathr	of Building yn David	Owner/ Ison	Operator	(2)		i i	JAN	jn	20	20	- 17	甘 ジョ
Agencies Notified	Type Notification			Street A	Address											
EPA EPA	× Initial									-	2.5%			. 1		\$0. 11.
× DEP × DOL	Amended Amendment #	£			ate, Zip Co ewood, N		40			0.00	. (1)	1. 15	1 (5.00		lare e · ·	£.
	Emergency (i		<u> </u>		of Contact	13 070	40		#X	Tal		Nive	har	25,000		
DOH DCA	justification) Cancellation				yn David	Ison				1	ephone	Nun	ibei			
					ILITY INF		ION			- 6						
Name of Facility Where A	Abatement is Taking	Place (3)					Туре	of Facility	(4)						
Street Address									School (K-	12)		00000				
Street Address									Subchapte Other (i.e.					dings,	home	es,
City (5)									etc.) re Feet	0	Floors			ldg. A		
Maplewood								N/A	re reet	N/A			- 1	ilag. 7 I/A	ige	
County (6) Essex					Code (7) USE ONLY)		Curre	ent Use (Pri	or if bei	ng dem	olish	ed)			
Name of Monitoring Firm	Hired by Building O	wner (8)	ASC	M No.			of Aba	tement Cor		(9)					
N/A							D&S	Abat	ement, Ir	ic.						
Street Address							10000000	Addres	557							
City, State, Zip Code									gren Ave	nue						
Oity, State, Zip Gode									ip Code J 07512							
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph		ALCOHOLOGICA CONTRACTOR		Licens	se No				-
Charl Data (40)					D 1 1111			4586			0131	1				
Start Date (10) 02/06/2020		02/07/		npletion	Date (11)				HA Monitor ement, In	IC.						
Occupancy Status During	Abatement (Check	Only O	ne)				Street	Addres	ss				-			
Facility Closed/Vaca	ated During Entire Pe	eriod of	Abaten	nent					gren Avei	nue						
Abatement Perform Other – Describe: 9	ed Outside of Norma occupied	al Facility	y Hours						p Code J 07512			0				
Scope of Work (Check A	II That Apply)													0345-0		
≥3 sf or ≥3 if≥160 sf or ≥260 if		-	Renova Demolit				×	Full Min	l Containm		Negati	ve Pr	essur	re		
		30:10					×	- 010	vebag Prod n-Exempted	cedure	i Non-E	riahl	Pro	radur	2	
		le	Locati	on				1 1101	I-LXemple	J () and	1 14011-1	Habit			ment	
Location	of		Normal	ly		De	scription	of						Ту	ре	
Asbestos-Containing TO BE ABA			ed Sole intenar			tos Con	taining N systems	laterial			mount		-		m	ш
In Facili		Cus	todial S (12)	Staff?	(1.6.	surfa	cing, VA	T, or	illori,		pecify or LF)		Removal	Repair	caps	Enclosure
(13)						other r	niscellan	eous)					oval	air	Encapsulate	sure
		Yes	No	N/A											ro .	
Baseme	ent		X			Pipe	Insula	tion		9	0 LF		X			
						-72.25										
Name of Registered Was	te Hauler		100	JDEP W		2000 100	Yards		Name of	Registe	red Lan	dfill				
Atlantic Carting				auler ID 3085	No.	of Wa	ste		Grand (Centra	I					
City, State Wayne, NJ						Dispo: TBD	sal Date		City, State Pen Arg		\					
Completed by		Title				5	Signature	7	7,5	570 70		Date				
Ned Joksimovic		Proje	ect Ma	nager				e	70			01/	25/2	2020		

Inv# 17684

K1476707038 AI	D	NOT	TFICATION	State of N ON OF AS nt to NJA	BESTO	SABATE	EMENT 20)		E. C	E	ψij.		
Date of Notification (1) 01/25/2020				of Buildin		/Operato	or (2)		IAN	2 0	202	0	
Agencies Notified Type Notification	n			Address				1	JAN	J ()	ZUZ	Ú	1 1
X EPA X Initial												*:	
X DEP Amended	-1-W			State, Zip (2 1 2 2 2 2	arien.		-	
Emergence	y (includir	ng	1	lewood,)40		5 B		, , , , , , , , , , , , , , , , , , , ,		te in a serie - Terri	100
DOH justification	٦)		N 1000000000000000000000000000000000000	of Contac					Telephone N	lumbe	1		
				CILITY IN		TION		-	l				
Name of Facility Where Abatement is Tak House	ing Place	(3)			- Ortiliza	ion	Type of Facil	ity (4)					_
Street Address							School	(K-12)					
Street Address							Subcha	pter 8 (C	Other than Kate & comme	-12)	ildina		
City (5)							etc.)			ciai bi			леѕ
Maplewood							Square Feet N/A	- 50	# of Floors V/A		Bldg. N/A	Age	
County (6)			County	Code (7)			Current Use		27.00	- 1	IN/A		_
Essex				USE ONL			House	(110111	being demoi	isnea)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	8)	ASC	M No.		Name	of Abatement	Contrac	tor (9)				
		2					Abatement	Inc.					
Street Address							Address						
City, State, Zip Code							osengren A	venue					
							tate, Zip Code wa, NJ 0751	2					
Project Manager for Monitoring Firm			Teleph	one No.			ione No.		License	No			
-			39872				458685		01311	110.			
Start Date (10) 02/05/2020	Schedu 02/06			Date (11))		of OSHA Monit Abatement,			ver en			
Occupancy Status During Abatement (Che	ck Only C	ne)					Address	1110.					
Facility Closed/Vacated During Entire	Period of	Abate	ment			11 R	osengren Av	enue/					
Abatement Performed Outside of Non Other – Describe:	mal Facilit	ty Hou	rs				tate, Zip Code						
Scope of Work (Check All That Apply)					_	Toto	wa, NJ 0751	2					
≥3 sf or ≥3 If	IVI		11 01 4 1 10 10 10 1			F	1						
≥3 \$1 01 ≥3 11 ≥160 sf or ≥260 If		Renov Demol					Full Contain Mini-Enclos	ment w	ith Negative	Pressu	ıre		
	-					×	Glovebag P	rocedur	е				
		s Loca	tion				Non-Exemp	ted (*) a	ind Non-Fria	ble Pro	9.74 F	e emen	
Location of		Norma	ally		Do	scription	-f					еттет /ре	L
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintena		Asbes	stos Cont	aining M	aterial (ACM)		Amount			Ш	
In Facility	100	stodial	Staff?	(i.e.	thermal. surfac	systems cing, VA7	insulation,		(Specify SF or LF)	Ren	Re	Encapsulate	1 2
(13)		(12)			other n	niscellane	eous)		or or Er y	Remova	Repair	psula	Licioadio
	Yes	No	N/A							-		ate	a
Basement		X				VAT			500 SF	X			
								1		-			
								-		-			-
Name of Registered Waste Hauler		10000	NJDEP W		Cubic '	Yards	Name o	of Regis	tered Landfil				
Atlantic Carting			lauler ID 6085	No.	of Was	te		l Centr		50'			
City, State Wayne, NJ					Dispos	al Date	City, St.		ΡΔ	21-11-11-11			
Completed by	Title					gnature	/ حر	- 9yı, I		ate			,
Ned Joksimovic	Proje	ect Ma	anager				FAI			1/25/2	2020		

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

Name of Building Owner/Op

Date of Notification (1)				PRUE	of Building SENTIAL INS	Owner/Operato URANCE COMP	r (2) ANY OF AME	RICA (, li	,	W
1 / 13 /20	020			_	Address		11.0	TIOA			
Agencies Notified Type No	tification				/ASHINGTO	N STREET		F A	A1 -	floor on	000
DEP An Ca	tial Notificat nended Noti ncellation Hold	ion fication		City, S	State, Zip Co		* **			0 2	
	IERGENCY	NOTIF	ICATION	BILLE	BARRETT		Telephone 973-802-21	Number	dia.	e znika.	_
			FACI		ORMATION		373-002-21	75			
Name of Facility Where Abatemen	t is Taking	Place (3)			Type of Facili	ty (4)				
PRUDENTIAL PLAZA						School (K-12) ter 8 (Other th	an K-12)			
Street Address						X Other (ie	. private & con	nmcl. blo	lgs., h		
751 BROAD STREET						Square Feet 785,000	# of Floo 27	rs	Blo	dg. Age 59	Þ
	unty (6)			County	Code (7)	Current Use (F		emolishe	d) Ph		ab
Name of Monitoring Firm Hired by	SEX Building C	wner (3) (STATE I	ASCM No.	COMMERCIAL					
TIGER ENVIRONMENTAL INC.		, mile (-1		ASCIVI NO.	Name of Abat PAR ENVIROR	ement Contra NMENTAL CO	ctor (9)	TION		
Street Address 256A JEFFERSON COURT						Street Address		111 01111	TION		
City, State, Zip Code						313 SPOOK R City, State, Zip					
LAKEWOO	D, NEW JE					SUFFERN, NE		01			
Project Manager for Monitoring Firm KELLY WALTON		100000000000000000000000000000000000000	none Nun	nber		Telephone Nur		License	Numb	er	
Expected State Date (10)	ICab.		18-9458	D 1 //		845-369-7500		1101			
2 / 02/ 20	Scn	ea. Cor 12 /	npletion	Date (11	/20	Name of OSHA QUALITY	Monitor				
Month Day Year	Mo	onth		Day	Year	QUALITY					
Occupancy Status During Abatement Facility Closed/Vacated D Abatement Performed Out X Other - Describe: MOI	urina Entire	Period mal Fac	ility Hour	s - Desc	ribe:	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	X Reno	ovation		X	Full Cont Mini-Encl Glovebaç Non-Frial	ainment	GERS FALLS	, NEW Y	ORK	12590	
Location of		Locatio		Des	cription of A	sbestos-		ΙΔ	haten	nent Ty	/ne
Asbestos-containing Material (ACM)		nally us		Cont	aining Mater	ial (ACM)	Amount		Date		
TO BE ABATED		olely by			. Thermal sy		(Specify	N N	REPAIR	ő	S
in Facility (13)		taff (12)		oro	ation, surfaci other miscella	ng, VAT,	SF or LF)	REMOVAL	Ħ	ENCAPSUL	00
	Yes				and middelic	aricous)		15		Ę	ENCLOSUR
4TH FLOOR -ENTIRE		X	VAT	& MAST	IC		33,000 SF	Х	\vdash		
23RD FLOOR -ENTIRE		X	VAT	& MAST	IC		21,000 SF	X			
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								\vdash	-	\vdash	
									-	\vdash	-
	-										\neg
Name of Registered Waste Hauler NEWARK CARTING		P Waster ID No 913	C. C	Yards o		Name of Registe GRAND CENTR	ered Landfill AL SANITARY	,			
City, State			Dispo	sal Date		City, State					-
NEWARK , NEW JERSEY Completed by (Print or Type)	Title		02/02	/20-12/3		PLAINFIELD TO				,	
BENJAMIN SANCHEZ	DIRECTOR	R OF OF	PERATIO	NS Sig	nature /	カハン	D	ate //	13/	26	

NOCK

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

-140 C/C			(Pursu	uant to N	JAC 8:	60-7 and 12	:120-7)		131,321,000			n2	7
Date of Notification (1)					Name (of Building K SHARP &	Owner	/Operato		AN	3 0	2020	1
1 / 14 /20						Address			Y 1 2 1 1 U	AN	o U	ZUZU	•
Agencies Notified Type Not	ification						VENUE	E. P.O. BC	X 2000, RY28-4	114			-
DEP X Am	al Notificat ended Noti cellation		on #1		City, St	ate, Zip Coc AY, NEW JE	le			1, . 1, -	- (* ¹ -)		1 1
	Hold ERGENCY	NO	ΓΙFICA			of Contact			Telephone Nu 732-594-6352				
						DRMATION			1.02.00.0002				
Name of Facility Where Abatement	is Taking	Plac	e (3)				Туре	of Facili	ty (4)	9-20-6			
MERCK SHARP & DOHME CORPOR	RATION						X	School (I Subchap	ter 8 (Other than	K-12)			10.0000000
Street Address							-	uare Feet	private & comm	ncl. blo	igs., h	dg. Ag	etc.)
126 EAST LINCOLN AVENUE - BUIL		G						60,000	3		Di	49	0
RAHWAY						Code (7) SE ONLY)	Curre	ent Use (F EARCH L	Prior if being dem ABORATORY A	olishe	d) FFICE	FACII	LI
Name of Monitoring Firm Hired by I ENVIRONMETAL HEALTH INVESTIG	Building C	wne	r (8)			ASCM No.	Nam	e of Abat	ement Contract	or (9)			
Street Address	ATIONS,	INC.				104	PAR	ENVIRON	MENTAL CORF	PORA"	TION		
655 WEST SHORE TRAIL City, State, Zip Code							313 9		OCK ROAD				
SPARTA,	NEW JEF	RSEY	0787	1			SUFF	State, Zip	Code W YORK 10901				
Project Manager for Monitoring Firm				e Numb	er			hone Nur		cense	Numh	er	
WILLIAM S. KERBEL, CIH			3-729-				845-3	869-7500	1	01		0.1	
Expected State Date (10)	Sch			etion D			Name	of OSHA	Monitor				
1 / 6 /202 Month Day Year		onth	1 /	Dav	14	/2020 Year	AME	RISCI LAE	BORATORIES IN	1C	#	#11480)
Scope of Work (Check all that apply)	ring Entire side of Nor DAY -FRI	Peri mal I DAY	od of A Facility 7AM-3	Hours -	ent Descri		117 E	State, Zip NE\	HSTREET	YORK	1001	6	
Demolition >3SF OR LF X >160 SF OR 260 LF	X Ren	ovatio	on		X	Mini Enclo Glovebag Non-Friab	o, Proced	dure					
Location of	ls	Loca	ation			ription of As			T	T .	hoton	nent T	
Asbestos-containing Material (ACM) TO BE ABATED	nori	mally olely	used		Conta (ie.	ining Materi Thermal systion, surfacil	al (ACN stems	1)	Amount (Specify	REMOVAL	REPAIR	ENCAPSU	ENCLOSU
in Facility (13)	S	taff (her miscella			SF or LF)	NAL	B	PSUL	OSUR
1ST FLOOR LABS 130, 132, 135, 137										1	+	+	-
140, 145, 147, 165			х	TRANS	ITE BR	ACKETS			194 SF	x			
2ND FLOOR LABS 230, 235, 237, 240										+	-	-	-
242, 245			Х	TRANS	ITE BR	ACKETS			40 SF	x	+	\vdash	
									10 01	1			
3RD FLOOR LABS 330, 332, 335, 337	,									1			
340, 342, 345, 346, 347			x	TRANS	ITE BR	ACKETS			180 SF	x			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	FREEHOLD CARTAGE, INC. Hauler ID No.								ered Landfill UNTY RESOUR	CE MA	ANAG	EMEN	JT SE
City, State FREEHOLD, NEW JERSEY				Disposa 11/16-5		1	City/S	tate	R DRIVE/ROUT	⊏ 15		,	
Completed by (Print or Type)	Title DIRECTOR	R OF	OPER		Sign	ature	X	\ \	, PA 17752 Date	e//	14	12	Ò

			(Purs	suant to	NJAC 8:	60-7 and	12:120-7)		54	91	20	
Date of Notification (1)					Name o	of Buildin	g Owner/Opera & DOHME CORI	tor (2)		(6)	E	il
12 / 19 /19					Street A					*****	. 735	3 %
the state of the s	tification	40					AVENUE, P.O. E	BOX 2000 BV	00 414	12.0		
EPA X Init	ial Notifica	ation				ate, Zip Co		30X 2000, 1112	20-414	JAN	131	1 20
X DOL Ca	ended No	otifica	tion		RAHWA	Y, NEW	JERSEY 07065		3			177.00
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	ERGENC	Y NO	TIFIC	ATION	KINNAF	f Contact		Telephone	Number	7 4	10.1	+ 1 :
						RMATIO		732-594-6	352	ered Standard		
Name of Facility Where Abatement	is Takin	g Pla	ce (3)	I ACILI	I I INFC	HIVIATIO	Type of Fac	:!:A . (4)				
							School	(K-12)				
MERCK SHARP & DOHME CORPO	RATION							apter 8 (Other t	han K-12	2)		
Street Address							X Other (ie. private & co	mmcl. bl	dgs.,	homes	, etc.
126 EAST LINCOLN AVENUE - BUII	LDING 50	G					Square Fee	et # of Flo	ors		ldg. Ag	
City (5) Cou	inty (6)			1	County C	ode (7)	60,000	(Dring if har)			49	1000
RAHWAY UNI	ON			(S	TATE US	E ONLY)	RESEARCH	(Prior if being of LABORATOR)	demolish	ed)	FACI	
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVESTIG	Building	Owne	er (8)			ASCM No.	Name of Aba	atement Contr	actor (9)			LI
Street Address	3A HONS	, INC				104	PAR ENVIRO	DNMENTAL CO	DRPORA	TION		
655 WEST SHORE TRAIL							Street Addres					
City, State, Zip Code							City, State, Z	ROCK ROAD				
SPARTA, Project Manager for Monitoring Firm	NEW JE						SUFFERN, N	EW YORK 109	901			
WILLIAM S. KERBEL, CIH				e Numb	er		Telephone Nu	ımber	License	Numl	per	
Expected State Date (10)	ISC		3-729-	5649 letion Da	-1- (44)		845-369-7500		1101			
1 / 6 /202	0		6 /	ietion D	30	/2020	Name of OSH	IA Monitor				JIC .
Month Day Year	N	Nonth		Day		Year	AMENISCIE	ABORATORIES	SINC		#11480)
Occupancy Status During Abatement X Facility Closed/Vacated Du	(Check or	nly on	e)	۸ ۵ - ۱			Street Addres					
Abatement Performed Outs	side of No	rmal	Facility	Abateme / Hours -	ent - Describ	0.	117 EAST 30	TH STREET				
X Other - Describe: MON	DAY -FR	IDAY	7AM-3	3:30 PM	Describ	e.	City, State, Zip	n Code				
Scope of Work (Check all that apply)							NE NE	W YORK, NE	W YORK	1001	6	
ID 1'4'	X Rer	novati	on		-	Full Con	tainment with Ne	gative Pressure	е			
>3SF OR LF	1101	iovan	011		-	Mini Enc	o, Procedure					
X >160 SF OR 260 LF					X	Non-Fria	ble Procedure					
Location of Asbestos-containing		Loca			Descri	ption of A	sbestos-	1		hater	nent T	V/DO
Material (ACM)		mally solely	used		Contair	ing Mater	ial (ACM)	Amount		Date		
TO BE ABATED			by stodial		(IE. I	hermal sy on, surfac	stems	(Specify		REPAIR	ENCAPSUL	ENCLOSU
in Facility (13)	5	Staff (12)		or oth	er miscella	ing, VAI,	SF or LF) \g	H H	P	0
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ST FLOOR LABS 130, 132, 135, 137,										+	+	
40, 145, 147, 165			x	TDANC	ITE BRA	OVETO				+	-	
		\vdash	1	TIANS	II E BNA	CKEIS		194 SF	X	_		
ND ELOOD LARGO COS. COS. COS.	-	-	-									
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ame of Registered Waste Hauler REEHOLD CARTAGE, INC.		EP W	aste	Cubic Ya	ards of W	/aste	Name of Regist	180 SF ered Landfill	X			
25 HIGHWAY 33		er ID	7/2 1200		40		LYCOMING CC	UNTY RESOL	JRCE MA	NAG	EMEN	TSF
ty, State		15939		Disposal	I Date		144/ ALEXANDE	R DRIVE/ROL	JTE 15			
REEHOLD, NEW JERSEY				11/16-5/			City, State MON GOMER	/ PΔ 17752				
	itle IRECTOR	205			Signat	ture /	ZX		ate	,	/	_
	INCUIU	TUF	ULFER	ALIONS	· 1	//	// //	15	12		1 .1	1.

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) January 24, 2020 CSX Agencies Notified Notification Type Street Address Initial Notification 1 Bell Crossing Road X EPA X Amended Certification # 1 City, State, Zip Code DCA ☐ Emergency (including Selkirk, NY 12158 x DOL · (5) (-12 - 11) · (4justification) X DEP Name of Contact Telephone Number □ Cancelled William Parry x DOH 518.767.6049 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Rail Car # CKIX 5001 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address CSX Train Yard at 611 Delancy Street Other (i.e. private & commercial buildings, homes, etc.) Train Car Sq. Feet: Unknown # of Floors: Bldg. Age: 60 years City (5) County (6) County Code (7) Newark Essex (State Use Only) Current Use (prior if being demolished): Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) AECOM GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 30 Knightsbridge Road, Suite 520 511 MAIN STREET City, State, Zip Code City State, ZipCode Piscataway, NJ 08854 Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Walter Klock 716.923.1272 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor February 3, 2020 February 7, 2020 EMSL inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -1056 Stelton Road Describe City, State, Zip Code Other - Describe: Vacant Rail Car Piscataway, NJ 08854 Source of Work (Check all that apply) Full Containment with Negative Pressure \geq 3 sf or \geq 3 If Renovation Mini-Enclosure $\square \ge 160 \text{ sf or } \ge 260$ Demolition Glovebag Procedure x Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA Train Car # CKIX 5001 X Caulking 60 If X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill See Hauler Below # 1 & 2 See Below Fairless Landfill 1 Grand Central Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ Disposal Date City, State 07405, NJ DEP # 12561 FL-1000 New Ford Rd. February 7. Morrisville, PA 19067 Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 2020 Permit No.18072 GCL-1963 Pen Argyle Rd Pen Argyle, PA 18072 Permit No. 100265 Completed by (Print or Type) Signature Marin Graure SENIOR PROJECT Marin Graure January 24, 2020 MANAGER

GAC # 2020-695- New Start Date: Monday February 7, 2020

Inv# 17555

State of NJ

Notification of Asbestos Abatement

Proj. #: 20-22	PA		(Purs	uant to NJA	C 8:6	30 and 12:12	0)			C E			3 7	A Company of the Comp
Date of Notification (1)		Name of Bu		ner/Operator (2	2)					JAN 3	n 20	20		
Agencies Notified Type Notifica EPA Initial DEP Amended Amendment #		Street Addre	Zip Code						.900 major	1 (1) (1) 1 (1) (2) (1)			Seattle Seattle	
DOH Emergency (including justification)		Montcla lame of Cor	ntact	042					_	ne Numb	er			
Cancellation		Jeroen L							1	5, 510				
Manager of the Witness and the Allendar		(0)	FAC	CILITY INFORM	IATIO	N		T=	, = ····	745				
Name of facility where abatement in Residential	s taking pi	ace (3)						i ype		(4) ol (K - 12 hapter 8 (han K	10\	
Street Address									Other		Comme		- (2)	
									re Feet	# of Flo	ors		dg. A	ge
City (5)	Cour	nty (6)				unty Code (7) ate use only)		2,50	O SF ent Use (I	02 Drigg if ha	na dom	90	2d)	
Montclair	Ess	ex			,,,,	ato doo only)			dential	-nor ii be	ng den	IOHSITI	su)	
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abat	emen	t Contrac	tor (9)					
N/A						KLOMAX	, LL	C						
Street Address					Street Address					-				
				d Av	200 00000000000000000000000000000000000			Sunt		-	territories.			
City, State, Zip Code						City, State, Zip								
Project Manager for Monitoring Firm		Loh	one Numb	205	_	Hopatcong Telephone Nu		07843		Licens	o Numb	or		
Project Manager for Monitoring Firm		Ph	one Numb	per		833-455-6	6629			0200		er		
Start Date (10)	Sched	. Completio	n Date (1	1)		Name of OSH								
02/03/2020	- Lower was)/2020			orests.	KLOMAX Street Address	S							
Occupancy Status During Abatemer Facility closed/vacated during	10.50		ment			309 W. En								
Abatement performed outside Describe:	of normal					City, State, Zip								
Other-Describe: Normal H					_	Hopatcong	g, NJ	07843						
Scope of Work (check all that apply >3 sf or >3 f ≥160 sf or ≥260 f	Renovatio							Mini-end	tainment closure g procedu		e press	ure		
		n normally u	read soloh	d	_		L	Non-Exe	empted (*	and Nor	-friable	proc	edure	1
Location of asbestos-containing material (acm) to be		enance/cust				asbestos-contair	ning		Amount (Specify	SF or	e m o	e p	n	E n c
abated in facility (13)	Yes	No	N/A		•				LF)		v e	a i r	a p	L
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basement				Boiler flute	patc	1		<1	SF					旦
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Registered Waste Hauler	INUDE	P Hauler II	# 10	ubic Yards of V	Maete	Name of Regi	atoro	d Landfill				Ш	Ш	旦
KLOMAX, LLC		8241	1000	2 yds.	14318	TULLYTO			JRCE R	ECOVE	RY		554	
City, State Hopatcong, NJ 07843			Disposal Dis			City, State TULLYTO			7					
Completed by (Print or Type)	Title			Signature		1		,		Date			+1	
Paige Boylan	Owner	-		1 13						01/21	/2020	9	1	

Inv#14047

State of NJ Notification of Asbestos

Proj. #: 20-20		15 82	'arv	(Pu	rsuant to N.J.	4C 8	3:60 and 12:12	יט) וור		. 0				. ****
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Date of Notification (1)		Name	e of l	Building C	wner/Operator ((2)				1000000000	-			- 41 1
		Ma	rcor	Ridgew	ood, LLC					JAN	30	202	20	
Agencies Notified Type Notif	ication	Street												
DEP Amended	i	79	Che	stnut St.						erica. Statov i i i		1		
DOL Amendmen	t #:	City, S	State	, Zip Code	e									
Emergen		Ric	lgev	vood, NJ	07450								3878/8	
DOH (including justification)		Name							I Telent	none Nur	nhar			
DCA Cancellat		Ele	y Q	uero						447-567				
-				FA	CILITY INFORM	ЛАТІ	ON							
Name of facility where abatemer	nt is taki	ng place (3)					T	Type of Facilit	v (4)				
Commercial Building										ool (K -	12)			
Street Address								_		chapter 8				<u>'</u>)
40.70									Othe Plda	er (Privat s./Home	e/Com	nercia	al	
40 West Ridgewood Ave.									Square Feet			Т	Bldg.	Age
City (5)		County (6)				С	ounty Code (7)	_	3,800 SF	02	.0010	80		. 190
Ridgewood, NJ 07450		D				(S	tate use only)		Current Use (Prior if b	eing de		_	
Name of Monitoring Firm Hired by	v Blda (Bergen			1				Offices					
N/A	y Diag. (Jwilei (6)			ASCM No.		Name of Abate		Contractor (9)					-
Street Address							KLOMAX,							
- 1. 0017 (dd. 1003					W.		Street Address							
City, State, Zip Code						_	Ave							
							City, State, Zip							
Project Manager for Monitoring Fire	m		IDh	one Numi		_	Hopatcong,		7843					
5			1 - 11	one Num	per		Telephone Num 833-455-66				se Nun	nber		
Start Date (10)	10.	had 0					Name of OSHA			0200)7			
13-1-15-15-15-15-15-15-15-15-15-15-15-15-1	130	ched. Comp	oletic	on Date (1	1)		KLOMAX,)(
01/30/2020		2/12/2020					Street Address	LLC						
Occupancy Status During Abateme	ent (Che	ck only one	2)				309 W. End	Ave						
Facility closed/vacated during Abatement performed outside Describe:	entire per of norm	period of al mal facility l	oater nour	ment. s-			City, State Zip C							
Other-Describe:						-	Hopatcong,	NJ 07	843					
Scope of Work (check all that appl	y)						3,		Il Containment v	ulnosoti				
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renov	ation							ni-enclosure	wnegativ	e pres	sure		
≥160 sf or ≥260 if	Demoli	ition						□GI	ovebag procedu					
Location of	Is loca	ation norma	llv u	sed solely	1			∐ No	on-Exempted (*)	and Nor		$\overline{}$	edure	e .
asbestos-containing	by ma	intenance/	custo	odial	i .		-h		Arrania		e R	R	E	E
material (acm) to be abated in facility (13)	staff(1	2)			material (A	CM)	sbestos-containin	ig	Amount (Specify S	SF or	m	p	C	n
abated in facility (13)	Yes	No		N/A	,				ĹF)	W 550	° v	a	а	L
Main Building Attic		T X	-		Vermiculate				12 500 SE		e	1	p	-
Annex Bldg. Attic			=		Vermiculate				2,500 SF 600 SF			Щ	닏	#
Annex Bldg. Boiler Room					Ceiling Paper	Inc	ulation		150 SF		X		븯	井
Annex Bldg. Crawl Space		T X	=		Debris Clean	-	- AUTOII		600 SF		X		H	#
			뒥			- P			000 SF		N	片	片	#
Registered Waste Hauler		IDEP Haule	er ID	# Ci	bic Yards of Wa	aste	Name of Registe	ered La	l ndfill			Ш	Ш	Ш.
KLOMAX, LLC	0	038241			0 yds.		TULLYTOW	N, RE	SOURCE RE	COVE	RY			
City, State Hopatcong, NJ 07843			D	isposal Da	ate		City, State							
Completed by (Print or Type)	Titl-			TBD	Ciencia		TULLYTOW	N, PA	<u> </u>					
Paige Boylan	Title Owner				Signature	200				Date				
ASB-41			m fo	r asbestos	Silicensure exem	npted	activities			01/20/	2020			

State of NJ Notification of Asbestos Abatement Proj. #: 20-19 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10 11 1/11 16 1/12 10 1 Tom Intile Type Notification Agencies Notified Street Address **EPA** M Initial Amended DEP City, State, Zip Code Amendment #: DOL L Emergency CALDWELL, NJ 07006 (including DOH. Name of Contact Telephone Number justification) DCA Tom Intile Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet Bldg. Age # of Floors City (5) County (6) County Code (7) 2,000 SF 100 (State use only) Current Use (Prior if being demolished) CALDWELL Essex Residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. KLOMAX, LLC Street Address Street Address 309 W. End Ave City, State, Zip Code City, State, Zip Code Hopatcong, NJ 07843 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 833-455-6629 02007 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) KLOMAX, LLC 01/27/2020 01/31/2020 Street Address Occupancy Status During Abatement (Check only one) 309 W. End Ave Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Hopatcong, NJ 07843 Scope of Work (check all that apply) Full Containment w/negative pressure Mini-enclosure Glovebag proce \times >3 sf or >3 If Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial е е п asbestos-containing Amount Description of asbestos-containing n staff(12) m p C material (acm) to be (Specify SF or material (ACM) 0 C abated in facility (13) a Yes No N/A ٧ e basement Pipe Insulation 100 LF X Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# KLOMAX, LLC 0038241 2 yds. TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State TBD Hopatcong, NJ 07843 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date

Do not use this form for asbestos/icersure exempted activities.

01/16/2020

Paige Boylan

Jan 24 2020 03:32PM NJ Asbestos Control 609.633.0664 page 1 State of NJ Notification of Asbestos Abatement 2020-22 JAN 30 2020 2 4 9 proj. S: (Pursuant to NJAC 8:60-7 and 12:120-7) *** EMERGENCY *** Date of Notification (1) Name of Building Owner/Operator (2) 10 11 1/2 M 1/2 10 1 Newark Public Schools Approces Notified Type Nothcelon Streat Address ☐ EPA Initiat 2 Cedar Street DEP City, State, Zip Code E DOL Amendment Newark, NJ 07108 NOD DOH Name of Contact Telephone Number Cancallation DCA Paulinus Egu \$3-733-7355 FACILITY INFORMATION Name of facility where absternant is taking place (3) Type of Pacility (4)

EL School (K - 12) Benjamin Franklin School (NON Sub 8) Subchapter 3 (Cihor than K-12) Street Address Other (Private/Commercial Bldgs./Hornes, stc. 42 Park Avenue Square Feet | # of Floors Bidg. Age Crty (5) County (5) County Code (7) (State use enity) Newark, NJ 07104 Essex Current Use (Prior If being demolished) School Namo of Workering Firm Hirad by Bigg. Owner (8) ASCM NO. Nems of Abstement Contractor (9) TTI Environmental n/a B & G Restoration, Inc. Street Address Bireel Address 1253 North Church Street 105 Ryerson Road City, Stem, Zip Code City. State, Zip Code Moorestown, NJ 08057 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Elephone Number Josque Number James A Gullardi 973)696-8869 856-840-8800 00378 Scheduled Start Date (10) Name of OSHA Monitor Sched, Completion Date (11) B & G Restoration, Inc. 01/24/2020 01/25/2020 Street Address Occupancy Status During Abetement (Check only one) 105 Ryerson Road Facility closed/vaceted during entire period of abetement.

Absterment performed cutation of normal facility hours-City, State, 2lp Code Abatement performed outside of normal facility hours-Dascribs:_ Other-Describe: Lincoln Perk, NJ 07035 Scope of Work (chack all that apply) Demotition Renovation Full Containment winegative pressure Glovebag procedure 2 >3 af or >3 ff 2160 af or 2260 sf Mintendosure Non-frable procedure is location normally used sciely Location of asbestus-containing by maintenance/oustodie! Ε Description of sebestos-cortaining siaff(12) n Amount meterial to be n (Specify SF or material (ACM) 2 abated in facility (13) ٥ FL Yes No N/A 20d Boor stelewall celling plaster 16 sf 19563 B & G Restoration, Inc. Grand Central Landfill City, State Lincoln Park, NJ 01/06/2020 Pen Argyle, PA

Signature

Secretary/Treasurer

as Lune

01/24/2020

Completed by (Print or Type)

Gordana Luna

B & G proj. #: 2020-22

Gordana Luna

Secretary/Treasurer

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

*** EMERGENCY *** Check #9855 Date of Notification (1) Name of Building Owner/Operator (2) 10 11 1/12 14 1/12 10 1 Newark Public Schools Agencies Notified Type Notification Street Address ☐ EPA JAN 30 2020 Initial 2 Cedar Street DEP City, State, Zip Code DOL Amendment Newark, NJ 07106 DOH Name of Contact Telephone Number Cancellation ☐ DCA Paulinus Egu 973-733-7355 **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Benjamin Franklin School (NON Sub 8) Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial 42 Park Avenue Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Newark, NJ 07104 Essex School Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental n/a B & G Restoration, Inc. Street Address Street Address 1253 North Church Street 105 Ryerson Road City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 James A Guilardi 856-840-8800 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 01/24/2020 01/25/2020 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Renovation Full Containment w/negative pressure Glovebag procedure >3 sf or >3 If ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of E Ε by maintenance/custodial е asbestos-containing e n Amount Description of asbestos-containing staff(12) m n material to be P С (Specify SF or material (ACM) C 0 a abated in facility (13) a Yes No N/A V 2nd floor stainwell ceiling plaster 16 sf X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Grand Central Landfill City, State Disposal Date 01/06/2020 Lincoln Park, NJ Pen Argyle, PA Completed by (Print or Type) Signature Date

Cordana Luna

01/24/2020

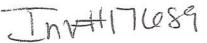
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)

Name of Building Owner/Operator (2)

K4150 P	AII		(Pursua	ant to NJ	AC	8:60 and 5:1	16)	(1.4	ij	IS.)	4
Date of Notification (1) 1 / 27	/ _	20			ne of Buildir RI Interna		Owner/Operator	(2)		GE		W	la,	Approx. (1)
☐ EPA ☐ ☐ DOLWD ☐ ☐	e Notifica Initial Amended			20	et Address 01 Washir State, Zip	ngto		1	J	AN 3	0	202)	
	Amendme	-	_		inceton,				Transien.				S (
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la transfer de la companya del companya del companya de la company	Cancellati				d Compta				Telephone	on place between the college	-	*	s - 11 Se-	
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Name of Facility Where Abate	ment is Ta	aking Plac	e (3)	LA	ACILITY II	VIC	RIVIATION	T	(4)					
SRI International		anng riac	C (0)					Type of Facility ☐ School (K-1)	71155 St.					
Street Address								Subchapter	(2) 8 (Other than	K-12)				
201 Washington Road								Other (i.e.,	private and co	mmerci	al bi	uildin	gs,	
City (5)								homes, etc	200					
Princeton								Square Feet	# of Floor	rs		ldg. A	ge	
County (6)				Cou	inty Codo (71/07	ATE USE ONLY)	100,000	2			55		
Mercer				COL	inty Code (/	1)(31	ATE USE UNLY)	,			ed)			
Name of Monitoring Firm Hired	hv Ruildi	ing Owner	(8)	ASCN	1 No	I NI.			care facility					
EA Consulting	by Danai	ing Owner	(0)	ASCIV	TINO.			ent Contractor (9						
Street Address						-		vironmental (So. Inc.		0.011			
504 Mullica Hill Road							reet Address							
City, State, Zip Code							923 Haws Av							
Mullica Hill, NJ 08062						1	ty, State, Zip Co							1
Project Manager for Monitoring	Firm		TTO	ephone	No	-	Norristown, F	A 19401						
Dave Costa			11	56-803			elephone No. 610-239-9920		License N	lo.				
Start Date (10)	Sc	cheduled C	1						0398					
2 / _11 / 20				1 /		1	me of OSHA M							
Occupancy Status During Abat						-		vironmental C	o. Inc.					
Facility Closed/Vacated Dur	ina Entiro	neck only (one)			-	eet Address							
Abatement Performed Outsi	de of Non	mal Facilit	Abate v Hou	ement rs - Doo	ecribo	100	923 Haws Ave							
Time of Abatement: 7:00AM	M-3:30PM	//_ P	у 110с М-	AM	scribe	5.8	y, State, Zip Co							
Scope of Work (Check all that a						1	Norristown, P	A 19401						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	ірріу)	⊠ Re	enova emoliti				☐ Mini-Encl☐ Glovebag							
			Loca							T	Δh	ateme	ent T	vne
Location of	-1 (1010)		Norma	ally elv bv			Description of			-			- de-	
Asbestos-Containing Materi TO BE ABATED	ai (ACIVI)	Ma	inten	ance/			Containing Matermal systems in		Amount	t	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cust	todial (12)	Staff?	(1.0.	5	surfacing, VAT,	or	(Specify SF or LF	:)	ova	Ŧ	psu	osur
(13)		Yes	No.	N/A	1	ot	her miscellaned	ous)					ilate	, e
room W237	-15	res	No	IN/A	floor tile				690SF		\boxtimes	П		
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Name of Registered Waste Hau	ler		3000	JDEP /	Masta	C	oio Vorda of	No. 75		[Ш	Ш	Ш
Freehold Cartage			10000	lauler I		Wa	oic Yards of ste	Name of Regis						
City, State				15939)	5		Grows Lar	iatili					
Freehold							posal Date	City, State			2000			
						9.	/28/18	Morrisville	, PA					
Completed By (Print or Type)	T	Γitle					Signature	111	- 1	Date	,	1		
James M. Kelly		Vice Pre	eside	ent			1110			i/.	17	103	0	

CK+ 4982







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

JAN 30 2020

D	1 11 15										
Date of Notification (1)	Name of Building Owner/Operator (2) MASE ENTORPRISES										
Agencies Notified Type Notification DPA Dinitial	Street Addre	552 LEEDS RD									
☐ DEP ☐ Amended Amendment # Emergency (including	City, State, Zi	ABSECC	DAL WI	7 08	7 /	1					
□ DOH	Name of Con		AN Par	Telephone Number							
		NFORMATION									
Name of Facility Where Abatement is Taking Place (3)	TAGGITA	12 010011011	Type of Facilit	y (4)							
<u>RESIDEW (E</u>		School (K-	12)	02020							
Street Address	Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.)										
City (5) BRIGANITME			Square Feet	# of Floors	Bldg. Age 570 1						
County (6) ATLANTIC	County (6) A County Code										
Name of Monitoring Firm Hired by Building Owner	ASOM No.	Name of Abatement Contractor (9)									
(8) N/A		KLEMCO INC									
Street Address		Street Address 369 S S PRUCE WIE									
City, State, Zip Code	City. State, Zip Code [MAPLE SHADE W.] 08052										
Project Manager for Monitoring Firm Tele	phone No.	Telephone No. License No. 856-779-0472 # 01371									
Start Date (10) Scheduled Complet		Date (11) Name of OSHA Monitor									
2-4-20 2-11-	20	N/A									
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatem	nent	Street Address									
Abatement Performed Outside of Normal Facility Hours	;	City, State, Zip Cox	de								
Other - Describe:											
Scope of Work (Check all that apply)		☐ Full Conta	sinment with Neg	ative Pressure							
3 sf or ≥3 if Renovation ≥160 sf or ≥260 if Demoition		☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Is Location	\neg	XIII	pled / and iva	FFINDE FIDOEGU	7	Abate	ment				
Normally Used Solety	hv	Description of			Туре						
Asbestos-Containing Material (ACM) Maintenance	Asbesto	os Containing Materi hermal systems ins		Amount	_		5	т			
IN Facility Staff?		surfacing, VAT, or	SF or LF)		Removal	Repair	Encapsulate	Enclosure			
(13)		other miscellaneous)			바	ulate	u e			
	N/A			-				\dashv			
SIDING	X IR	ANSITE		3000 SF	X		-	-			
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		Dubic Yards	Name of Registe	rod sadil				\dashv			
Hauk	eg ID No.	of Waste	M C	1) A							
KLEMCO INC 1	404 1-	Disposal Date	City, State	UFI.	-	_		=			
MARE SHUDE W. J.				ANITUILL	E	M	T				
ampleted By Title		Signature	n.	Date 7	V	-7	0				
lichati Krayan PRES Mellether 1-29-00											

JAN 30 2020

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

Date of Notification (1)	AULL	(1		NJAC 8:60 and 12		1	1.11.1 1.00	e la Sivia	 (1)		
		Name of Building Owner/Operator (2) REUTER COWSTRUCTION Street Address									
□ PA ☑ Initial □ DEP □ Arnen	tification ded dment #		CAY, STATE ZID COOLE WILLIAMS TOWN N. T 08091								
Emerg	ency (inc	Judi ng	Name of 0		AMSIC	DWN W. Telephone	Numb		ros	7	
			FACILIT	Y INFORMATION				_		_	
Name of Facility Where Abatement & RESIDEW Street Address	s Taking F J (E	Place (3)		7 1	Type of Fa	(K-12) pter 8 (Other than	K-12)	h. ild			
City (5) OCTAN	CIT	z.			Square Feet # of Floors Bldg Age						
County (6)	14		County Cox USE ONLY		Current Use	Prior if being der	⊓o€sh	(<u>)</u>	0		
Name of Monitoring Firm Hired by Buil. (8)	ding Own	e .	ASOM No.	Name of Abatement Contractor (9) KLEWCO IWC							
Street Address City, State, Zip Code				Street Address 369 S. SPRUCE ALE City. State. Zip Code							
Project Manager for Monitoring Firm		Telep	hone No	MAPLE SHADE W. J 08052 Telephone No. Udense No.						=	
	cheduled	.	on Date (11)	856-77 Name of OSHA N	± 01371						
2-3-70		ly one)	-20	Stree! Address	N/A	<u> </u>					
Facility Closed/Vacated During Enting Abatement Performed Outside of No Other - Describe:				City, State, Zip Co	ode .						
cope of Work (Check all that apply) >3 sf or >3 lf >160 sf or >260 lf		enovation emolition		☐ Mini-End ☐ Glovebas	losure g Procedure	legative Pressure	ure				
roses second	,	Description of			Abatement Type						
Location of sbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Main Cu S	Solety by stenance/ istodial staff? (12)	Asbes (i.e.,	s Containing Material (ACM) ermal systems insulation, surfacing, VAT, or ther miscellaneous)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate		
SIDING	X		PANSITE		1750 SF	X					
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ne of Registered Waste Haufer KLEMCO JMC		Haules	D No.	Cubic Yards of Waste Disposal Date	Name of Regis	stered Landfill MCWU	<u> </u>			_	
State			21 2			DBINE					

CK#4982

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

JAN 3 0 2020

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Date of Notification (1) 24 -20					ame of Build	ing Owner/Operato B MOOSE	The first factor will be								
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	Amended Amendmer	nt #		Cit	y, State, Zip		~ 11 =	00.34	2						
	mergency	(includ	ling	_	UK	i GANTINI	E N.J	0820	2						
	ustification Cancellation			Na	me of Conta			Telephone Nur	nber						
	000														
	7			F	ACILITY IN	FORMATION									
Name of Facility Where Abater			ce (3)				Type of Facilit	ty (4)			2-11250				
	DEM (£_					School (K-	(K-12) apter 8 (Other than K-12)							
Street Address						*	Other (i.e., homes, etc	private & commer	cial bu	ilding	s,				
City (5)		Square Feet	# of Floors	- 1	Bldg.										
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County (6) AT LAUTIC			ounty Code SE ONLY)	(7) (STATE	Current Use (F	rior if being demo	lished)							
Name of Monitoring Firm Hired	by Building	Owne	T	ASCI	M No.	Name of Abatem	ent Contractor (r (9)							
(8) N/A	·	•				KIL	MCO I	NC	JC.						
Street Address						Street Address									
1.00						369		PRIXE A	E						
City, State, Zip Code						City, State, Zip Co	ode UE SH	140E N.	7	08	to5	7			
Project Manager for Monitoring	Firm		Tele	phone	e No.	Telephone No.									
Project Manager to Montoning Firm						856-779	29-0472 7.01371								
Start Date (10)	Complet	ion D	ate (11)) Name of OSHA Monitor											
7-3-70 2-10-					0		NA					_			
Occupancy Status During Abatement (Check only one)						Street Address									
Facility Closed/Vacated During Entire Period of Abateme															
Abatement Performed Outside of Normal Facility Hours						City, State, Zip Co	xde								
Other - Describe:											_	_			
Scope of Work (Check all that ap	oply)					□ Full Cont	ainment with Ne	gative Pressure							
≥3 sf or ≥3 H		□R€	enovatio	n		Mini-End		gaute riessule							
∑≥160 sf or ≥260 lf							Procedure	o Friable Osesadi							
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Is Location Normally									Туре						
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Asbestos-Containing Material (ACM) Maintenance			e/		hermal systems in:	sulation, (Specify		R	77	Enc	En				
TO BE ABATED IN Facility Staff?				surfacing, VAT,			or SF or LF)		Remova	Repair	aps	Enclosure			
(13)			other miscellaneo			is)		oval	바	Encapsulate	ure				
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						Disposal Date	City, State &	7,00				=			
City. State MAPLE SHAPE	= W	. 5				Disposar Date		ASANTUIL	E			_			
Completed By Title						Signature Date 24-20									
MICHAEL KLONIM		PR	FS			Mull	V M		64			_			