no ch		NOTI	FICATIO	State of N N OF AS t to NJA	BESTOS	ABATE	EMENT			<u></u>	E (	E	7	V (	<u> </u>
Date of Notification (1) 07/01/19 1011-105	993			of Building				ool Distr	iot		111		0.00	340	
Agencies Notified Type Notifica	ation	-		Address	WIIOIIIF	) i ubiii	0 0011	טטו טואנו	ICI		JU	L -	8 21	119	11-
EPA X Initial			25 S	chool H	ouse R	d.			-		a letterannese	THE REAL PROPERTY.	un Venturana	- Chicagorana	
DEP DEP Amend	ed		City, St	ate, Zip C	ode				+	A	SBES	TOS (		ROL	2
X DOL Amend	-		Ranc	lolph, N	J 0786	9			liamos	TRANSMIN	L	.IOCIV	SHIC		ann karrestyse
X DOH justifica		1		of Contact					T	Teleph	none N	umber			
X DCA Cancell	ation		,	Hurd						973-	361-0	808			
Name of Facility Where Abatement is 1	aking Place (	3)	FAC	ILITY INF	ORMAT	ION	Typo	of Facility	. / 4 \						
Randolph Middle School		-,					_	of Facility	0.65 60						
Street Address								School (K Subchapte		Other t	han K-	12)			
511 Millbrook Ave.								Other (i.e.					ldings	, hom	es,
City (5)								etc.) re Feet	-	# of Fl	oors		Bldg. /	Age	
Randolph		282-2000													
County (6) Morris				Code (7) USE ONL	^		Curre	nt Use (P	rior if	being	demoli	shed)			
2002240.000 <del>-</del> 00			20.000000000000000000000000000000000000		·)										
Name of Monitoring Firm Hired by Build AHERA Consultants Inc.	ling Owner (8)	i.	ASCI 005					tement Co							
Street Address			005	/				Constru	ictioi	n Inc					
P.O. Box 385							Addres	ss e 46 Sui	to 1/	1					
City, State, Zip Code		-						p Code	16 14	-					
Oceanville, NJ 08231								J 07512							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none No	o.	941100	Li	cense	Vo.	-		
Eric Clarkson				52-1833			832 4			0	1379				
Start Date (10) 07/12/19	[[[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [		npletion	Date (11)				A Monito	r		No. TENN				
Occupancy Status During Abatement (C	08/02/							above							
_						Street	Addres	S							
Facility Closed/Vacated During En Abatement Performed Outside of NOther – Describe:	lire Period of A Normal Facility	Hours	nent			City, St	tate, Zi	p Code							
Scope of Work (Check All That Apply)										-17-2					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	enova emolit				X	Min Glo	Containm i-Enclosur vebag Pro i-Exempte	e cedu	re	T.0			0	
	is	Locati	On							una m	2111110	1	75.7	ement	
Location of	N	lormal	ly		Des	cription	of						Ту	pe	
Asbestos-Containing Material (ACM TO BE ABATED		d Sole ntenar			tos Cont	aining M	laterial			Amou				ш	m
In Facility	Cust	odial S	Staff?	(1.0.	thermal surfac	ing, VA7	T, or	tion,		(Spec		Removal	Repair	Encapsulate	Enclosure
(13)		(12)	,		other m	niscellan	eous)					lova	pair	sula	Sure
	Yes	No	N/A											te	ω
Classroom 769			X	F	ipe fitti	ng inst	ulation	1		201	:	х		x	
Classroom 138			Х	F	ipe fitti	ng insu	ulation	1		2lf		x		x	
					•	0						-			
												-	-	-	$\dashv$
Name of Registered Waste Hauler		JDEP W	aste	Cubic '	Yards	T	Name of	Regio	stored	l andfil				-	
Academy Construction Inc	No.	of Was			Fairles	:30)		Lanuill							
City, State			Dispos	al Date		City, Stat		75-1818							
Totowa NJ	1				TBD			Morris	ville,	PA					
Completed by Filip Geleski	Title Supe	rviso	r		Si	gnature	Ful	100	0	H	1000	ite 7/01/	19		

	State of	Jeny	ersey - Noti	ification of Asbestos	Abatem	ehit)	EGETVET
Ch 3254		(Pu	rshando NJ.A	.0.8.60-7 and 12:120-7)			JUL - 8 2019
Date of Notification (1) July 2, 2019	U-128	591	1	Name of Building Owner/ RUTGERS, THE ST	Operator (	) IIVFR	100
Agencies Notified	Notification Initia		cation	Street Address			ASBESTOS CONTROL &
□ EPA			tification	ENVIRONMENTAL	HEALT	L& S/	AFETYLDERTING
□ DCA			(including	27 ROAD 1, BLDG 4 City, State, Zip Code	+000, LI	VINGS	SION CAMPUS
X DOL	justif	ication		PISCATAWAY, NJ	8854		
DEP- No Longer REQUIRED  DOH	□ Cano	elled		Name of Contact		Tel	lephone Number
EM DON				Mr. Michael Smith, ENV SAFETY	HEALTH 8	84	48-445-2550
Name of Facility Where Abatemen	t is Taking Place /3	1	FACILITY I	NFORMATION			
Rutgers Busch Campus	-Richardson	ı Apartı	ments	Type of Facility (4)  School (K-12)			
Bldg# 3843		· ipai i	mento	Subchapter 8 (other than	K 12\		
				Other (i.e. private & com	mercial bui	ildinas	homes etc.)
Street Address Busch Campus				Sq. Feet: N/A # of F	loors: 3	3ldg. A	Age: 60 years
City (5) Cou	inty (6)	Coun	ty Code (7)	Current Use (prior if being	demolishe	d): Ac	ademic
	DDLESEX		Use Only)				
Name of Monitoring Firm Hired by B	Bldg. Owner (8)	ASCN		Name of Contractor (9)			
ATC		0098	В	GREENWOOD ARATI	-BAILNIT A	20110	
Street Address				GREENWOOD ABATI	EWENI	CONS	ULTANTS, INC.
3 TERRI LANE				511 MAIN STREET			
City, State, Zip Code				City State, ZipCode			
BURLINGTON, NJ 08016  Project Manager for Monitoring Firm	<u>Telephone</u>	Mumbar		Butler, NJ 07405			
BRIAN KEARNY	609-386			Telephone Number		Lice	nse Number
Scheduled Start Date (10)	Scheduled	Completi	on Date (11)	973-492-0477		008	40
July 12, 2019	July 29,		on Date (11)	Name of OSHA Monitor  Envirovision, Inc.			
Occupancy Status During Abatem	nent (Check only o	ne)		Street Address			
▼Facility Closed/Vacated D     Abatement Performed Out	During Entire Period	od of Aba	atement	20-21 Bldg E Wagaray	. D		
Describe				City. State, Zip Code	v Road		
Other-NOT SUB 8 - Desc	cribe: 3pm-5am -	24hrs &	Weekends as	Fairlawn, NJ			
needed				raillawii, NJ			
Source of Work (Check all that apply	<u>/)</u>						
□≥ 3 sf or ≥ 3 lf							nt with Negative Pressure
⊠≥ 160 sf or ≥ 260 sf			Demolition		Mini-End		
					Gloveba		edure (*) and Non-Friable
Procedure  Location of Asbestos-Containing	la la saria N					ciripted	( ) and Non-Friable
	Is Location Normal Solely by Maint./Co		(ACM) (i.e. them	bestos Containing Material nal systems insulation, surfacing,	Amour (Speci		Abatement Type
	Staff? (12) YES NO	NA	VAT, or other mis	scell.)	or LF)		Remove Repair Encap Enclose
APTs 101, 103, 104, 105, 106,	X	INA	VAT		120 s	£	
107, 108, 110 & 111 (9 bathrooms at <14 SF each)					120 8	1	
(5 Batillooms at C14 SF each)							
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Was		I	Cubic Yards of Waste:		Name	of Registered Landfill
Hauler #1) Greenwood Abate	See Below		Dutter NI 0	10 cyds		GRO	WS North Landfill
NJ DEP # 12561	ment consulta	ino, iiiC	butter, NJ 0		isposal Da uly 29, 2		City, State 100 New Ford Mill
Hauler #2) Newark Carting, In	ic. – Newark, NJ	04509,	NJ DEP # 19551	0	.,, 2	-010	Road, Morrisville, PA
							19067 215-736-1700
Completed by (Print or Type)	Title			Signature			
Raymond C. Pedalino	SENIOR PI	ROJEC	т	Signature 2 2 2 1 1		Date	2 2010
	MANAGER		A-54	Reymond C. Pedalino		July	2, 2019

Jul.02.2019 12:01 PM A	.CADEI	MY (	CONS	TRUCT:	ION IN	و ہے	738	324243	Discourage of the Control of the Con	n.	E	G	民	
CK 3M5		NO	TIFICA'	State o	Addestos	./^\				M		Bernon	- 8	2019
Date of Notification (1)							2.5		DOL-H	O DA	Y	-	7	LUIU
07/02/19 JNV-194	08		Nan Pa	ne o' Bulto essalo P	ding Owner! Ubila Sch	Operato	1 (2)	T		Dishettelandon.	-	STO	SC	ONTRO
Agencies Notified Type Notification	an C		Stre	el Addres	18	0019			يلرسب			Tuc	ENS	ING
EPA   Initial Amended				3 Main					1	1		}	1	
Amended Amended Amended	ni #		City	Stale, 21	p Qode			JA ( A ()	-	<u></u>			+-	_
IVI Consumer	y (Includ	ing		16 of Cont	J 07056			MAH	ER AP	TAIN!	15:1	)		
DOH Justification Cancellation	n) on			rry Stair					Helabudu	LIAPAND	ģ2	-	1	7
Name of Faulty Where Abelement is Tak					NFORMATI	ON			973-47	)-55UC		-	-	
Passaic Academy for Science ar	ing Place	neerli					Typ	e of Facility (4	1)			-		-
Street Address	O LING	7100(1)	ıÿ				M	School (K-12	E)					
281 Lafayette Ave.							-	Other the pr	Other than	K-12)	ud lette	on h	man	
C34 (8)							Ray	sio.) pre Fest	I # of Floors					
Passalo County (6)							Ouu	Rie Last	# of Figors		Bid	. Age		
Passalo			(ETA)	ly Code (1	1) Ly		Curr	ent Use (Prio	If being dem	olistrad	i -	-		4
Name of Monitoring Firm Hired by Building Tectonic Eng. & Surveying Const	Owner (	9)	AB	CM No.		Name .	of Ab	element Cont	ractor (9)					4
Gireat Address		<del></del>	ــــــــــــــــــــــــــــــــــــــ			ACBO Street	iemy	Construct	ion Inc.					ł
830 Morris Trpk. , 2nd Floor	AND 100 STOWN 171 F. March							e 46 Suite	14					
City, State, Zip Coda Short Hills, NJ 07078	The second secon				$\overline{}$			Ip Code	1.4			-	-	4
Project Managor for Monitoring Firm			-			-		VJ 07512						
David Morris				hone No. 467-585	50	Talepho 973-8			Lidens					-
Statt Date (10)	Schedu	ded Co		n Date (1				HA Monitor	0137	6	-			
57/02/18	07/16	V19						above						
Occupancy Status During Abatement (Chec					- 1	Street A	ddres	10						-{
Feculty Oldood/Vacated During Entire i Abotement Performed Outside of Norm Other - Desgribe:	Period of nel Fecili	Abate ly Hou	Ment 9		þ	Olly, Ble	itė. Zi	p Cade				ORDER-LA		
Scope of Work (Check All That Apply)														1
≥3 of or ≥3 if ≥160 nf or ≥240 'f		Renov. Demol	átlón Fon			24 2	Glo	-Exampted (* -Entioture -Entioture	uma					
	la	LOCE	lon	T			1107	1 Smedilloven	) BING NOTH-	adie Ph		re temar		
Location of Ambestos-Containing Material (ACM)	Use	Norma ed Sola	lly Ilv bu	1	Descr	iption o		i				ура		
TO BE ABATED	Me	intena	750/	Ashs	alos Contat	ing Mai	lerial	(ACM)	Amount (Specify	-   _		[m	m	
in Facility (12)	1	(12)	DIBILIT		thermal sy surfects other mia	g. VAT.	DI.		SF or LF)	Khangoyal	Repoir	nder.	Endosuse	
	Yes	No	N/A	1	outer tills	401101100	rus;	1		É	E,	Ex-calpst state	STITES	
A-103			X	1	VAT &	masti	<u></u>		1,400sf		-	<u> </u>	H	
A-104			X		& TAV					X	-	×	$\vdash$	
A-1'04			×	<del>                                     </del>	VAT&	-	-		1,200sf 50sf	ж	_	X	_	
A-104A						dots				Х	-	×	$\vdash$	
Name of Registered Waste Hauter	4		JOEP W		Cubio Yar			Name of Rag	100sf	h K	_	X		
Academy Construction Inc.			puler ID 34422		of Waste	7.50		Fairless L						
City, State					Dispossi	Dale	+	City, State					-	
Totowa, N.I					TBD			Morrisville	, PA				1	
Fllip Geleski	Tilla Supe	rvisor			Bigni	aluro C	1	Delin	6 (	ale 17/02/	19	*****	7	

$ \mathcal{O}( $	) CK	-	1	NOT (Pur	TFICA	State of ATION OF A O NJAC 8:60 ar	SBES	TOS ABA	TEMEN' 7:26-2.12)	r DE	C	E	$\mathbb{V}$	
Date of No 6/12/2019	otification (1):		Nan	ne of I	Building	g Owner/Operator	(2)			And the state of t	JUN	2 /	2019	
Agencies	Type. Notificati	on		et Ado		ic Schools		15-1		LJ land	UUN	7	4013	ha
Notified	☑ Initial					Ali Avenue Room	209					project de la constant	and the same and the same	
□⁄EPA	☑ Amended				e, Zip C					ASB	EST	SCU	NIRC	)L &
□ DEP	Amendment#:  ☐ Emergency	1			JJ 0710					L	LIC	ENSI	VG	
□ DOL	(including				Contact:	ngadeyo			Telephone		P	(A) [F	) []	77 0
⊡ DOH ⊡ DCA	justification)  ☐ Cancellation		IVII.	Denja	illili Ola	igadeyo			973-733-72	<sup>200</sup>   D) <sub>F</sub>	<u>E</u>	C E		V E
						FACILITY IN	FORM	IATION						
Name of F	acility: Newark	Vocatio	nal Hi	gh Scl	nool			pe of Facility	(4):		J	UL -	8 2	019
301 West F	Kinney Street						7 05	School (K-12)		Otto 1				
				-			-		Other than K-	12)	ASRE	STOS	CON	TOOL P.
City/(5)		County (6	5):			nty Code (7):		Other (i.e., priv	ate & comme	12) rcial buildings, l	nomes,	EIGE!	VSIN(	3
Newark		Essex			0710	3	325	uare Feet:		# of Floo		egyption and the		
								dg. Age rrent Use: So	chool					
	Ionitoring Firm	Hired by	Build	ing O	wner:	ASCM No.:		me of Abate		ctor (9):				
WHITMA	N					00110	Ar	ex Develor	oment Inc					
Street Addr								eet Address:						
17 Pleasar	nt Hill Road													
							35	8 Broady	vay					
City, State,	Zip Code:						Cit	y, State, Zip	Code:					
Cranbury,	NJ 08512						Ne	wark, NJ 0	7104					
Project Mar	nager for Monit	toring Fir	m:			Telephone No.		ephone No.:		License No.:				
Kevin Lov	ely					732-642-1751	(97	3) 350-0101		01215				
Start Date (	10):	Sche	duled (	Comp	letion D	Date (11):	-	ne of OSHA	Monitor:	ULLIS				
6/25/19		7/25					Me	tro Analytica	ıl Laboratori	es				
	tatus During Aba osed/vacated Dur							eet Address: West 36th S	treet Suite	203				
☐ Abatement Describe:	Performed Outsi	de of Nor	nal Fac	of Ab	ours		City	y, State, Zip	Code:					
G 04 60	coupiec	1 Sch	5 S.				Ive	v York, Nev	1 ork, 100	18				
Describe:	CC-C-1	***************************************												
	rk (Check all that	apply):												-
□ ≥ 3 sf or ≥ □ ≥ 160 sf o	$\geq 3 \text{ lf}$ or $\geq 260 \text{ lf}$				Řenova Demoli				<ul> <li>☐ Mini-En</li> <li>☐-Gloveba</li> </ul>	g Procedure	678			
6			Is I	Locat	ion				□ Non-Exe	mpted (*) and N	Non-Fr		temen	
F 100 000 000 000 000	ocation of			orma		Ashaataa Ca	escrip	tion of	(40)4)			T	ype	
Asbestos-(	Containing Mat (ACM)	erial		l Sole ntena	ly by	Asbestos Cor (i.e., thern	nal sys	tems insula	tion.				131	
TO	BE ABATED			ıstodi	557.553	suri	facing,	VAT, or		Amount	Remova	R	Encapsulat	Enclosure
	N Facility		5	Staff	)	othe	r misce	ellaneous)		(Specify	nov	Repair	squ	los
	(13)	-	Yes	(12)	NUA					SF or LF)	/al	=	ılat	ure
GROUND FI	LOOR		res	No	N/A						-			
				X		WALL TILE PL	ASTER			1,860 SF	*			*
GROUND FI	LOOR			X		CEILING PLAS	TER			257 SF	*			*
GROUN	X		PISE INST	LAT			SOLF	*	-		*			
	gistered Waste				NJDE	P Waste Haule	er ID	Cubic Yar	ds	Name of Regis	tered	landfil	l:	
Newark Carl					No.: 0			of Waste:	20	Gran Central S				
City, State:			T	Disp	osal Da	te:		City, State	: Pen Argyl,					
Hillside, NJ							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, 19.						
Completed E					Title:	• •	Signa			Date:	30			
Chinyelu Or	aegounam				Vice P	resident	1Ch	are U.	7.	6/12/2019	)			

													p	rint-F
2h3047		NOTI )	FICATIO	NIOF ASI	ew Jersey BESTOS A Caso and	BATE	MEN				C		] [	
Date of Notification (1) July 2, 2019	387				Owner/Op pard of Ed						JUL	- 8	20	9
Agencies Notified Type Notification	on			Address John F. I	Kennedy	Drive	9		- CONTRACTOR	ASE	BESTO	S CC		OL.
DEP X Amended Amendme				tate, Zip Clesex, N	ode J 08846				     	AND PROPERTY AND PARTY OF	LIC	CINO	1190	2°45-720
Emergence justification Cancellati	n)	g	William would have	of Contact						hone Ni 414-92		8		
					ORMATIO	N			0.0	114 02				
Name of Facility Where Abatement is Tak Middlesex High School, Home Ed	ing Place	(3) s Roo		TELL I III	OKMATIO	14	_	e of Facility (4	.59					
Street Address 300 John F. Kennedy Drive							X	School (K-12 Subchapter Other (i.e. pretc.)	8 (Other	than K-	12) cial bui	ldings	, hom	es,
City (5) Middlesex							Squ	are Feet	# of F	oors		Bldg. A	Age	
County (6) Middlesex				Code (7) USE ONLY	Y)		Curi	ent Use (Prio	r if being	demolis	shed)			
Name of Monitoring Firm Hired by Building Briggs Associates	Owner (8	3)	ASCI	M No.		Name Osiy		atement Cont	ractor (9)	)		100000		
Street Address 3 Crosswicks Street						Street	Addre		 61					
City, State, Zip Code Bordentown, NJ 08505		-			(	City, S	tate,	Zip Code Ile, PA 194			- ashed			
Project Manager for Monitoring Firm Michael Hoodak			Telepho	one No. 98-5520	- 17	Teleph	none N	No.	L	icense 1	No.			
Start Date (10) 06/25/2019	Schedu 07/08/			Date (11)	. 1	Vame	of OS	HA Monitor						
Occupancy Status During Abatement (Che						Street		r Laborator	les Gio	bai ini	C.			
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Occupied Building	Period of	Abater	ment s		2	2512 City, S	Wes	st Cary Stre Zip Code d, VA 2322				Carlling or		
Scope of Work (Check All That Apply)				-55		NICIII	ПОП	1, VA 2322	U				2777	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoli				×	Mi Gl	III Containmer ni-Enclosure ovebag Proce on-Exempted	dure				٥	
Location of	1000	s Locat Norma				• • • • • • • • • • • • • • • • • • • •			7 3.13 11			Abate	ement pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial ( (12)	nce/		Descritos Contain thermal sy surfacing other miss	ning M stems g, VA	ateria insul T, or		Amo (Spe SF or	cify	Remova	Repair	Encapsulate	Enclosure
D 005	Yes	No	N/A								<u>a</u>		ate	Ге
Room 305		X			oustical C		-	300,000	88	7	X			
	Room 305							stic	88	7	Х			
Room 305	Room 305							ar	160	)	Х			
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic Ya	rde		Name of D	agiotara -	Londen				
Century Waste Services LLC		Н	lauler ID W2753	No.	of Waste	ius		Name of Re Fairless I	370	Landiil				
City, State Elizabeth, NJ					Disposal	Date		City, State Morrisvill	e, PA					
Completed by Carol Bradford	Title Pres	ident			Sign	ature	. 0	2. 1	ls. 1	73	ate ulv 2	2019	)	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			ПОИ	TIFICATI (Pursua	State of New J ON OF ASBES ont to NJAC 8:6	TOS ARAT	EMENT	In	E	C [		V	E
Date of Notification (1) June 6, 2019			-	Name	e of Building Ow	ner/Operato	or (2)						
Agencies Notified	Tree Marie II			Midd	dlesex Board	of Educa	ation		J	UL -	- 8	2019	
1.00	Type Notificatio	n			t Address	-4.5.							-
EPA DEP	Initial Amended				John F. Keni State, Zip Code	ledy Driv	'e		ASBE	STOS	CON	TOC	ابروست ۱۱۰۶
X DOL	Amendme	nt #		Midd	dlesex, NJ 08	846		-	2W Village Company	LICE			tu G:
☑ DOH	Emergency justification	y (includi	ng		of Contact						- transcour	Line of the last o	
X DCA	Cancellation				os Luaces			Tele	phone N 3-414-9	lumbe	Г		
Name of Facility Whore	Abatamantin			FA	CILITY INFORM	IATION			7-71-0	724			
Name of Facility Where Middlesex High Sc	hool. Home Fo	ng Place	(3)				Type of Facilit	y (4)					
Street Address 300 John F. Kenne		OHOTHIC	23 1100				School (F Subchap	ter 8 (Othe	r than K-	-12)	.tr.at		
City (5) Middlesex					ti		Other (i.e etc.)  Square Feet	private &	Floors	ciai bi		Age	nes,
County (6)				County	y Code (7)		Current Use (F	Prior if hair					
Middlesex  Name of Monitoring Firm	Hirad by Building	0	0)	(STATE	USE ONLY) _					shed)			
Briggs Associates Street Address		Owner (	8)	ASC	CM No.	Osiy	of Abatement C o Inc	ontractor (	9)				
3 Crosswicks Stree	t						Address Main Street, #	<sup>‡</sup> 261					
Bordentown, NJ 08						City, S Harle	State, Zip Code eysville, PA 1	9438					
Project Manager for Mor Michael Hoodak	itoring Firm				one No. 198-5520	Teleph	none No. 400-8711		License	No.			
Start Date (10) 06/25/2019		07/03	/2019	mpletion	Date (11)	Name	of OSHA Monito	r					
Occupancy Status During	g Abatement (Chec	k Only C	ne)				Address	ones Gi	obai in	C.			
Facility Closed/Vaca	ated During Entire	Period of	Abater	nent			West Cary S	treet					
Other - Describe: S	occupied Building	iai raciiii	y Hour	s 			tate, Zip Code mond, VA 232	220					
Scope of Work (Check A	I That Apply)												
≥3 sf or ≥3 if ≥160 sf or ≥260 if			Renova Demoli			×	Mini-Enclosur Glovebag Pro	e cedure					
		ls	s Locat	ion			Non-Exempte	d (*) and N	von-Friai	ole Pro	The last particular to	e ement	
Location Ashestos Containing	of		Normal ed Sole			escription	of					ре	
Asbestos-Containing TO BE ABA	TED	Ma	aintena	nce/	Asbestos Co	ntaining M	aterial (ACM) insulation,	Amo				ш	
In Facilit (13)	У	Cus	todial 8 (12)	Staff?	sur	facing, VAT	r, or	(Spe SF or		Ren	Re	Encapsulate	Enclosure
(10)		-		_	othe	miscellane	eous)		,	Remova	Repair	Sula	osur
Room 3	05	Yes	No	N/A						-		ate	o,
Room 3			X				Plaster	88	7	Х			
Room 30			X			or Tile w		88	7	X			
·		-	^		Ceran	nic Tile N	1 ortar	16	0	X			
Name of Registered Wast	e Hauler		1 1	JDEP W	lanta I a								
Century Waste Service			H	auler ID N2753	No. of W	c Yards aste		Registered Landfill		di - e s			
City, State Elizabeth, NJ					Disp	osal Date	City, State Morrisv	Э			-		-
Completed by		Title				Şiğijature	-		15				
Carol Bradford		Presi	dent		(	Been	laran	Chres	Da Ju	te ne 6,	201	9	

Inv-12462 Ch 3001

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant) N.N.A.C. 8:60 and 12:120)

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-	 SBESTO	S CON	VTROI	2.

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	1-1-1		-	-	1		- 121120)	111711			1	刘旭
Date of Notification (			Nam	e of	Buildin	g Owner / Opera	tor (2)	1111	JUL -	8 20		-111
Agencies Notified	7-2-2019		Ocea	an Co	unty C	College	(-/	1 2 12	002	0 20	13	lacure la lacure
EPA	Type Notification				dress				to the state of th	Contracting of	Name and	1
☐ DEP	☐ Initial				Drive & Zin	Code		1 AS	BESTOS	CONTE	SOLE	3.
⊠ DOL		tart & End	Tom	s Rive	er, NJ	08754		One to report contract contra	HILLS	12HAC	NA CONTRACTOR OF THE PARTY OF	elianostica en el
- ⊠ DOH	Date)											
⊠ DCA	<ul><li>☐ Emergency</li><li>☐ Cancellation</li></ul>			e of C Bruno	Contac	t				phone I		рег
	- Cancellation								732-2	255-0400	)	
Name of Facility Whe	oro Abatamantin T	-1.: DI 6	F	ACIL	ITY IN	FORMATION	1000-00-0				A 12. 300	
Ocean County College	e- Building #29	aking Place (	3)			Type of Fac	cility (4)					
Street Address	,					School Subcha	(K-12) apter 8 (Other th	on V 12)				
1 College Drive						Other (	i.e. private & cor	mmercial bu	uildinas h	omes	etc.)	
						Square Fee	t # of Flo	ors	Bldg.		010.)	
City (5)	Count	/ (6) Co	unty	Code	(7)	52,000	1					
Toms River NJ	Ocean		-		( )		(Prior if being o	femolished)		45	-	-
Name of Monitoring E	iron I live of the D. il II	0 (0)		1		Security Bui	lding					
Name of Monitoring F Brinkerhoff Environme	ental Services	ng Owner (8)		AS	CM No		atement Contra	ctor (9)		71		
Street Address			-			Street Addre	anagement Gro	up, LLC				
1085 Atlantic Avenue							on Ave, Suite 20	02				
City, State & Zip Code Manasquan, NJ 0873	9					City, State &	Zip Code					
Project Manager for N	Monitorina Firm	Telep	hone	Num	hor	Trenton, NJ		1				
Gary Fleming		732-2			ibei	Telephone N 609-914-427		Licen	ise Number	er 185		
Scheduled Start Date	(10) Schedu	ed Completio			)	Name of OS			- 01	100		
7-8-2019		7-26-2	2019				mental Laborato	ories, Inc.				
Occupancy Status Du Facility Closed	nng Abatement (C d/Vacated During E	neck only one	e) of Aba	atom	nt	Street Addre						
	erformed during red	ular operating	a Hou	IIS:	3111	2333 Route : City, State &						
Describe: 7:	30am - 6:30pm					Union, NJ 07						
Scope of Work (Chec	ied During Abatem	ent										
easpe of Work (office)	k all that apply)						□ Full Con	tainment w	ith Negati	va Daa		
≥3 sf or ≥3 lf			Ren	ovati	on		☐ Mini-End		ilii ivegali	ve Pres	ssure	
≥160 sf ≥260 l	f		Den	nolitio	n			ag Procedu				
Loca	ation of	lal	ocati		_		☐ Non-Exe	empted and				
	-Containing	Norm				Descriptio Asbestos-Cor		Amou	nt A	bateme	ent T	уре
Materi	al (ACM)	Sc	lely b	ру		Material (A	CM)	(Speci SF or L	E)		ш	
	ABATED acility	Maint	enan	ce or		(i.e., thermal s				Re	nce	nc
	13)	Custo	diai 8 (12)	otan?		insulation, surfactor or other miscell			3	Repair	Encapsulat	Enclosure
	,	Yes	No	N/A		or other miscen	laneous)		2	0 7	llat	ıre
Pool Equipment & P	ump Room		П	X	Elboy	ws		35 eac	h 🗵			
Pool Equipment & P			Ħ	X	-	Insulation		300 L		-		귀
								300 D	-  -	ili	H	뉘
											H	Ħ
Name of Registered W	laste Hauter		NI II	)ED'	Macke	Cubia Vt-	IN.					
					Naste No.	Cubic Yards of Waste	Name of Regis	stered Land	till			
Resource Managemen	t Group, LLC			35218		TBD	Grows Landfill					
City, State						Disposal Date	City, State	Ž.				-
Trenton, NJ 08619		-00-20-20-0 (C-20-21)-0 (C-20-				TBD	Morrisville, PA	j				
Completed By (Print or	Type)		Title	9		Signature	1	7	Date	8		-
Mr. Brian Haney			Pre	siden	t	4/11/1	// /\	Mi	T-const	2019		
						LATI	77 19	4/1				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMEN

(Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) - 8 2019 6-14-2019 Ocean County College Agencies Notified Type Notification Street Address  $\boxtimes$ **EPA** 1 College Drive П DEP Initial ASSESTOS CONTROL S City, State & Zip Code LICENSING X DOL Amended Toms River, NJ 08754 X DOH Emergency Name of Contact Telephone Number X DCA Cancellation Mike Bruno 732-255-0400 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Ocean County College- Building #29 School (K-12) Street Address Subchapter 8 (Other than K-12) 1 College Drive Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 52,000 45 Toms River NJ Ocean Current Use (Prior if being demolished) Security Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brinkerhoff Environmental Services Resource Management Group, LLC Street Address Street Address 1085 Atlantic Avenue 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Manasquan, NJ 08736 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Gary Fleming 732-223-2225 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7-1-2019 7-14-2019 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed during regular operating Hours: City, State & Zip Code Describe: 7:30am - 6:30pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition X Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Encapsula Enclosure Maintenance or Remova (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Pool Equipment & Pump Room M Elbows 35 each Pool Equipment & Pump Room X Pipe Insulation 300 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 TBD Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 6-14-2019

Frended - 8 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) 8 2019 7-02-2019 Ocean County College Agencies Notified Type Notification Street Address  $\boxtimes$ **EPA** 1 College Drive ASSESTOS CONTROL & DEP Initial City, State & Zip Code X LICENSING DOL Amended (Start /End Toms River, NJ 08754 Date) DOH Emergency Name of Contact Telephone Number DCA Cancellation Mike Bruno 732-255-0400 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Ocean County College- Building #29 School (K-12) Street Address Subchapter 8 (Other than K-12) 1 College Drive Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 45 Toms River NJ Ocean Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No Name of Abatement Contractor (9) Brinkerhoff Environmental Services Resource Management Group, LLC Street Address Street Address 1085 Atlantic Avenue 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Manasquan, NJ 08736 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Gary Fleming 732-223-2225 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7-8-2019 7-26-2019 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed during regular operating Hours: City, State & Zip Code Describe: 7:30am - 6:30pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf 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) Encapsulat Enclosure TO BE ABATED Remova Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Electrical Equipment Room X Elbows X 25 each Electrical Equipment Room X Pipe Insulation X 60 LF П П

NJDEP Waste Cubic Yards

of Waste

Signature

Disposal Date

TRD

TBD

Hauler ID No.

0035218

President

Title

Name of Registered Landfill

Date

7-2-2019

Grows Landfill

Morrisville, PA

City, State

Name of Registered Waste Hauler

Resource Management Group, LLC

Completed By (Print or Type)

City, State

Trenton, NJ 08619

Mr. Brian Haney

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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									
Date of Notification (	6-14-2019			Nam	e of E	unty C	ig Owi	ner / Operat	tor (2)			1111	- 0 201	0	IIL	111
Agencies Notified	Type Notific				et Ado		Julieg	е		-	BEEFF COMM	JUL	- 8 201	J	laces	1
⊠ EPA						Drive									1_	
☐ DEP				City,	State	& Zip	Code	9			-	ASBESTOS	CONTR	OL &	The state of the s	-
⊠ DOL ⊠ DOH		ended				er, NJ		1		- 1		LICE	INSING			anger and
☑ DOH   ☑ DCA		ergency				contac	t		,50	- Sin	S. Carlotter Communication		Telepho	ne N	umb	er
DOA	LI Call	Cellation	1	wiike	Bruno								732-255-	0400		
				F	ACIL	ITY IN	IFORI	MATION	-3				1	-		
Name of Facility Who	ere Abaten	ent is Taking F	Place (3	3)				Type of Fac	ility (4)						-	
Ocean County College Street Address	ge- Bullaing	1 #29						☐ School								
1 College Drive								Subcha	pter 8 (	Other	than	K-12)				
l comege since							6	Square Feet	.e. priva	ate & c	omm	ercial buildi	ngs, hom	es, e	tc.)	
0:1 (5)						200		square reer	L	# of F	loors	,	Bldg. Ag	е		
City (5) Toms River NJ		County (6)	Co	unty	Code	(7)		2,000		1				45		
TOTAS KIVELING		Ocean						Current Use	(Prior i	f being	g dem	nolished)				
Name of Monitoring I	Firm Hired I	ny Building Ow	ner (8)		IAS	CM No		Security Buil		10 1		(0)				
Brinkerhoff Environm	ental Servi	ces	1101 (0)		IAS	CIVI IV		lame of Aba Resource Ma	atemen	t Conti	racto	· (9)				
Street Address	eet Address 5 Atlantic Avenue						S	Street Addre	ess	ien G	roup,	LLC	170			
							2	115 Hamilto	on Ave,	Suite	202					
City, State & Zip Cod Manasquan, NJ 0873	e						C	ity, State &	Zip Co	de						
Project Manager for M	Monitorina I	Firm	Telep		NI.	,		renton, NJ								
Gary Fleming								elephone N 09-914-427				License I		_		
Scheduled Start Date							-	lame of OSI		oitor			0118	5		
7-1-2019			7-14-2	2019	(11	,		&S Environ			atorie	s Inc				
Occupancy Status Du	uring Abate	ment (Check o	nly one	2)				treet Addre			20110	0, 1110.				
☐ Facility Close ☐ Abatement Pe	d/Vacated	During Entire F	eriod o	of Ab	ateme	ent		333 Route 2								
Describe: 7	erformed di	uring regular of	perating	g Ho	urs:		C	ity, State &	Zip Co	de						
	nied During	Ahatement					10	nion, NJ 07	083							
Scope of Work (Chec	k all that a	oply)														
		,								Full Co	ontai	nment with N	Vegative	Pres	SUITE	
≥3 sf or ≥3 lf			$\boxtimes$	Rer	novati	on				Mini-E			10941110		Juic	
≥160 sf ≥260	lf			Der	nolitio	in						Procedures				
Loc	ation of	-	1-1			1				Non-E	xemp	ted and No				
	s-Containin	a	Norm	ocat			٨٥	Description bestos-Con				Amount	Aba	teme	nt Ty	ре
Mater	ial (ACM)	5		lely l				Material (A				(Specify SF or LF)			-	
	ABATED		Mainte	enán	ce or	1	(i.e	., thermal s	vstems			OI OI LI')	Re	R	nc	Enc
	Facility		Custo		Staff?		insula	ation, surfac	cing, VA	AT.			emova	Repair	aps	Solo
	(13)			(12)	NIZA	-	or o	ther miscell	aneous	<b>(</b> )			val	₩.	Encapsular	nclosure
Electrical Equipment	Daam		res	No	N/A	-									#	
Electrical Equipment Electrical Equipment	Room		H	H		Elbo						25 each				
Electrical Equipment	ROOM		H	井		Pipe	Insula	ntion			-	60 LF				
			$\dashv$	井	H						-					
			+	H	H	-										
			$\dashv \vdash$	H	H						-		ᆜᆜ	ᆜ	Ш	Ц
Name of Registered V	er		NJ	DEP \	Naste	Cubi	ic Yards	Name	of Red	nietor	ed Landfill				Щ	
			uler II			aste	rvaino	OI I (C)	gistei	eu Lanunn						
Resource Managemer		003	35218		TBD		Grows	Landi	fill					İ		
City, State								osal Date	City, S							
Trenton, NJ 08619		TBD	)		ville, P	PA										
Completed By (Print o	r Type)			Titl	е		Sign	ature ,	1	NA			Date	- V. 1 - 1 1 5		$\dashv$
Mr. Brian Haney		`		Pre	siden	t	1	/ 9 / / Ki		MA.			6-14-2	019		
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Chlugg		NOTIF	CATIO	tate of Nev NOF ASB	ESTOS A	BATE	MEN 0)	т	D	E	C		EI	
Date of Notification (1) 07/01/2019	(07			of Building			(2)			J	UL	- 8	201	3
Agencies Notified Type Notification	ation "			Address Ivent Rd						ASBE		S CO		OL &
X DEP Amend	ment #			ate, Zip Co stown, N.		)			COMMISSION	STEEPHEN CO.		dimensional Con	STATE OF THE PARTY	personal endocum
X DOH justifica DCA Cancell				of Contact Iacovo						none Nur 290-40				
			FAC	ILITY INFO	ORMATIC	N								
Name of Facility Where Abatement is 7 O'Connor Hall Basement	faking Place (	3)					Тур	e of Facility (4) School (K-12						
Street Address 2 Convent Rd							×	Subchapter 8 Other (i.e. pri etc.)	(Other t			ldings	, hom	es,
City (5) Morristown								uare Feet	# of FI	oors		Bldg. A	Age	
County (6) , Morris				Code (7) USE ONLY)	)	_		rent Use (Prior Illege	if being	demolish	hed)			
Name of Monitoring Firm Hired by Build Iris Environmental Laboratories		)	ASC	M No.				atement Contrafety LLC	actor (9)				99 83	
Street Address 2333 Route 22 West					100	Street 22 T								
City, State, Zip Code Union, NJ 07083								Zip Code Park, NJ 070	35	1				
Project Manager for Monitoring Firm Rick Eustaquio			Telepho 973-63	ne No. 36-9145	1	Teleph 973-		No. -0099	100000	cense N 1317	o.			$\neg$
Start Date (10) 07/05/2019	Schedul 07/06/2		npletion	Date (11)				SHA Monitor afety LLC						
Occupancy Status During Abatement (0	Check Only Or	ne)		-10-10-50-11-1		Street	Addr	ess						$\neg$
Facility Closed/Vacated During En Abatement Performed Outside of I Other – Describe: 24 Hour Access	Normal Facility	Abaten y Hours	nent				tate,	Zip Code						
	45 1100000					Linco	oln F	Park, NJ 070	35					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Renova Demolit				×	M	ull Containmen lini-Enclosure ilovebag Proce	dure					
	Is	Locat	ion				1 1/1	on-Exempted (	) and iv	оп-глар	le Pro	Abate	ement	
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	) Use Ma	Normal ed Sole iintena todial S (12)	ly by nce/		Desc tos Contai thermal sy surfacir other mis	ystems	lateria s insu T, or	lation,	Amor (Spec SF or	cify	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								<u> </u>		ate	Ġ.
Basement Hallway Outside		X			Pipe Ir	nsula	tion		60 L	.F	X			
Antique Room														
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic Ya	ards		Name of Re	egistered	Landfill				
United Safety LLC		Н	lauler ID 036820	No.	of Waste TBD	9		Fairless L	N <del>≅</del> (100 - 11 - 110 -					
City, State Lincoln Park, NJ					Disposal TBD	I Date		City, State Morrisville	e, PA					
Completed by Vanco Petkov	Title Proje	ect Ma	nager		Sig	nature	34	J. J.		Dat 07		2019		

Check # 9358

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

Date of Notification (1)					NI	- CD 11-11	0 10		D	/		coomingsin		editorio in lati	
	02 /	19	_		20,000	rgo Perl	g Owner/Operator (	(2)		\.	UL	8	2019		
Agencies Notified	Type Notific	ation			Stree	t Address			hed b	ml long					Section 200
☐ EPA									**********	-	neumbullither-trees	modulos	weetowa	-	-
□ DOLWD	☐ Amende	F Statement			City. S	State, Zip C	Code			ASBE	STOS LICEI			1.8	
□ DHSS     □ DASA     □	Amendm					dwell, N.		1	Offendanica	TATA PARTICIPATION OF THE PART	LIGE	1911		riteriumi	automospiese .
DCA (NJAC 5:23-8)	☐ Emerger justificati		cluding	1		of Contac			1.		<b>K</b> 1	200			
(NUAC 3.23-6)	Cancella					rgo Perl			16	elephone	Numb	er			
					FA	CILITY IN	FORMATION					-			
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility	(4)						
N/A								☐ School (K-1							
Street Address								Subchapter	8 (0	ther than	K-12)		21.12		
								Other (i.e., phomes, etc.)		e and co	mmerc	ial bu	ııldıng	S,	
City (5)								Square Feet		of Floor	·c	RI	dg. Ag	10	000000
Caldwell						B-70	Pa 1	2.200	7	2	3		60 + 1		
County (6)					Cour	ty Code (7	)(STATE USE ONLY)	Current Use (P	rior if			- 12 10	00 +	y15.	
Essex					Ooui	ity code (i	NOTATE OSE ONET)		1101 11	being de	emonsn	ea)			
Name of Monitoring Firm	Hirad by Ruil	dina O	unor /	0) [	ASCM	Ma	Name of Aleston	House							
N/A	rilled by bull	ung O	wner (	0)	0.000	NO.	Name of Abateme								
					N/A			laz Mat Remov	val, l	nc.					
Street Address							Street Address								
01 01							494 East 41st	t Street							
City, State, Zip Code							City, State, Zip Co								
							Paterson, NJ	07504							
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		L	icense N	No.				
							973-345-0022		4	00507					
Start Date (10)		Schedu	iled Ci	omple	tion Da	te (11)	Name of OSHA M	lonitor		-11.7.0					
07 /13 /	19	_ 07	7/	_ 28	_ /	19	Same as abo	ve							
Occupancy Status During	Abatement (	Check	only o	ne)			Street Address		-	-					
☐ Facility Closed/Vacate					nent		01100171001000								
☐ Abatement Performed	Outside of No	ormal F	acility	Hours	- Desc	cribe Time	City, State, Zip Co	ada.							
of Abatement:/	AMPN	Λ/	_PM-		_AM		Oity, State, Zip Ct	ode							
Scope of Work (Check all	that apply)														
ocope of Work (Check all	ттат арріу)						☐ Full Cont	ainment with Ne	nativ	a Praceu	re				
≥3 sf or ≥3 If		1	⊠ Rer	novati	on		☐ Mini-Enc		gativ	C i iessu	16				
☐ ≥160 sf or ≥260 lf		[	Der	nolitio	n		☐ Glovebag		_						
			le.	Lanai			☐ Non-Exe	mpted (*) and No	on-Fr	iable Pro	cedure				
Location	of			Locat Iormal			Description					Ab	ateme	nt T	уре
Asbestos-Containing N		1)	Use	d Sole	ly by	Asbes	Description o stos Containing Ma		P	Amoun	t	Re	Re	En	Ē
TO BE ABA	TED			ntena odial S			, thermal systems i	insulation,		(Specif	76	Removal	Repair	cap	Enclosure
IN Facility (13)	У		Gust	(12)	olaii!		surfacing, VAT,			SF or LF	F)	<u>a</u>		Encapsulate	ure
(10)			Yes	No	N/A		other miscellane	ous)						te	1000
Basement										- Sau V					
Dasement			ш	Ш		Pipe Ins	sulation			60 LF					
					П							П	П	П	П
Name of Registered Wast	e Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Regis	stere	d I andfill	l				_
East Coast Haz Mat		nc.		11 503550	auler ID	Manda Silveriana	Waste	G.R.O.W.S				Α			
City, State	×				419		2 Disposal Date	City, State				2000			
Paterson, NJ							6-28-19		. DA						
<u> </u>		7.0						Morrisville	=, PA						Argenes and
Completed By (Print or Ty	pe)	Title	_				Signature	1 10			Date	f			
James E. Unger		Sr.	Estir	mato	/Proje	ect Mgr.	Inda.	1. 116		00	13	-1	. /	i C	6

ASB-41 MAY 11

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	(A)	\ n	OTIF		ate of New			MENT		f		-	-uscusta	www.combo		ninenalista (ne
DOCK NO. 14	BIPA			ursuant	to NJAC	8:60 an	d 12:120	)			<u>) [[</u>	C [	Ē			
Date of Notification (1) 06/26/19	ted (ted	PR 000	Vanue		f Building I WADE		Operator	(2)								
Agencies Notified	Type Notification		-	Street A							<u></u>	UL	-8	-20	119	
	h1			Oli OOL / C	darooo					- Annual Control						
EPA DEP	Initial Amended		1	City, Sta	te, Zip Co	de					ASBE	STO	S CC	ONT	301	2
☑ DOL	Amendment Emergency (		_ [	JERSI	EY CITY	/ NJ. 0	7305.			Entertainment	**************************************	LICE	INS	ING		erenyse
☑ DOH	justification)	molading			Contact					Tel	ephone l	Numb	er			-51
DCA	Cancellation				I WADE		ION			2						
Name of Facility Where	Abatement is Taking	g Place (3	)	FACI	LITTINE	JRMAII	ION	Туре	of Facility	(4)				i de la companya de l		-
PRIVATE									School (K-1	12)						
Street Address								X	Subchapter Other (i.e. petc.)	8 (Othe			ouildi	ings,	home	98,
City (5) JERSEY CITY NJ.	07305.							Squa	re Feet .200	# of	Floors		Ble	dg. A 99	ge	
County (6) HUDSON				County (	Code (7) JSE ONLY			Curre	ent Use (Pri YE:		ng demo	olished	)	<del>oce</del> lle.		
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCN	1 No.				tement Co		53715	ΓAL L	LC			
Street Address	<del>2100 - 100 </del>						Street									
						n			genline A	ve.						
City, State, Zip Code									ip Code York NJ.	กรกจร	3					
Project Manager for Mon	itoring Firm			Telephor	ne No.		Teleph	0.0000000000000000000000000000000000000	(2000) (A. 10.	0,000	License	e No.			Value Value	
, ,	3			( <u>*</u> )			2017				01300	0				
Start Date (10) 06/23/2019		Schedule 06/29/2			Date (11)				HA Monitor							
Occupancy Status During	Abatement (Chec						Street			AL IIVO	,				No. 14 and	
▼ Facility Closed/Vaca				nent					TH. ST.							
Abatement Perform	ed Outside of Norm	al Facility	Hour	S			11.000		ip Code							
Other – Describe: _						<del></del>	NEW	/ YOF	RK N.Y.	10018						
Scope of Work (Check A	II That Apply)						IZ.	1								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli				×	Ful Mir	Il Containm		Negativ	e Pres	ssure	3		
									ovebag Pro n-Exempte		d Non Er	riable	Droo	odur		
		le.	Local	ion			- Land	INO	II-Exemple	u ( ) and	u Non-i i	labic		Abate		
Location	of	N	lorma	lly		De	scription	of				-		Ту	ре	
Asbestos-Containing	Material (ACM)		d Sole	ely by ince/			taining M				mount		7,		En	ш
TO BE ABA		Cust	odial (12)	Staff?	(i.e.	surfa	systems cing, VA	T, or	ation,		Specify or LF)		Remova	Repair	caps	Enclosure
(13)			(12)			other r	niscellan	eous)					oval	air.	Encapsulate	sure
		Yes	No	N/A											ro.	
SECOND F	LOOR		X			WALL	_ PLAS	TER		20	0. SF	X				
	-76															
			L													
Name of Registered Was	te Hauler		4 6 16	NJDEP W Hauler ID		Cubic of Wa	Yards		Name of	Registe	red Land	dfill				
TRI STATE ASSOC	C		192	9051	NO.	TBD	SIC		MINER	RVA E	NTERF	PRISI	ΞIN	IC		
City, State BRONX N.Y.						Dispos	sal Date		City, Stat		RG OF	410				
Completed by		Title				100000000000000000000000000000000000000	Signature	1	L	1 1	70	Date				
CARLOS ESQUIVE	L	SAFE	ETY	MANAC	SER		,	102	Erruyh	mpl)	8	06/2	26/2	019		
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Date of Notification (1) 07-02-19				of Building			r (2)	)			UL	8		400000	L
Agencies Notified  Type Notification  EPA DEP Amended Amendment	ndrook		700 F	Address Hidden Ri tate, Zip Co		oad			La beck	ASBE	STO	S CO	ONTE	ROL	8.
X       DOL       Amendment         Emergency (       justification)         DCA       Cancellation		_	Name o	of Contact of Contrer					100 00000	lephone	Num	ber			
Name of Facility Where Abatement is Taking	Dlass (	3)	FAC	ILITY INFO	ORMAT	ION	_								
Street Address 502 Main Street	y Flace (						L         	ype of Facility    School (K-   Subchapte   Other (i.e.   etc.)	12) er 8 (Oth	ner than & comm	K-12) nercia	buile	dings,	hom	es,
City (5) Fort Lee							520.56	quare Feet 5,000SF	3	f Floors	1		ldg. A 5 yrs		
County (6) Bergen				Code (7) USE ONLY)				urrent Use (Pr	ior if be	ing dem	nolishe				
Name of Monitoring Firm Hired by Building C TTI Environmental, Inc.	)wner (8	)	ASCI	M No.				Abatement Co e Environm							
Street Address 1253 North Church Street						Street 200 E		dress ad Street							
City, State, Zip Code Moorestown, NJ 08057								e, Zip Code dt, NJ 0707	2						
Project Manager for Monitoring Firm Kris Smith			Telepho (609)	one No. 313-8218	3	Teleph	none			Licens					
Start Date (10) 07-08-19(1)07-15-19	Schedul 12-31-		npletion	Date (11)				OSHA Monitor							
Occupancy Status During Abatement (Check		-				Street .									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of al Facility	Abaten y Hours	nent		_	City, St	tate	ackson Ave , Zip Code land City, N		01					
Scope of Work (Check All That Apply)						20119		idild Oity, i		01					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×		Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e cedure						
Location of	1	Locati			-01.00								Abate	ment	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma Cus	ed Sole iintenar todial S (12)	ly by nce/		os Conta hermal surfac	scription aining M systems sing, VAT niscelland	late ins T, o	r	(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement: Boiler Room	Yes	No	N/A		Dina	la a cola d		_		1001 5			4	e	
Basement: Boiler Room			X		1050	Insulat				160LF 00SF	_	x	-	-	
Basement: Fire Pump Room			X			Insulat			1,0	40LF		x x	+	-	
					200			9		100070	-	10	+		$\dashv$
Name of Registered Waste Hauler  Newark Carting, Inc.		H	JDEP W auler ID 509	No.	Cubic Yof Was			Name of G.R.O.				ill			
City, State Jewark, NJ 07105					Dispos TBD	al Date		City, State Morrisv		A 1906	67				
Completed by oseph Patrick	Title Proje	ct Ma	nager		Si	gnature	ζ	1/4			Date 07-0	2-1	9		

ASB-41 (R-06-08)

Print Form

	PA	FICAT				w Jersey ESTOS AB	BATE	MENT		E G I	E (	V	E
Thoric Ni	1.00	ursua	nt to	o <u>N.</u>	J.A.C	8:60 and	12:1	20)		. [][]	8	201	9
Date of Notification	(1) 7-3-2019				ding O	wner / Operato	r (2)		100 300			LUI	J
Agencies Notified EPA	Type Notification	St	reet /	Addres ge Dri	SS				A	SBESTO			OL &
□ DEP □ DOL		Ci	ity, St	ate &	Zip Co				Grant Contract (All Contract C	Int (	ENSI	NG	minimus ex
□ DOH	Emergency	Na	ame o	of Con	NJ 087 itact	54				Telepho	ne N	lumb	er
□ DCA	Cancellation	Mi	ke Bri							732-255-	0400		
Name of Facility Wh	nere Abatement is Taking P	lace (3)	FA	CILITY	INFO	RMATION Type of Facili	ity (4)						
Ocean County Colle Street Address 1 College Drive	ge-Building 9		33anww		×	Other (i.e.)	ter 8	(Other than K	rcial buildi			etc.)	
Oi4 . (F)	10 (0)	10				Square Feet	*	# of Floors		Bldg. Ag	е		
City (5) Toms River NJ	County (6)	Cour	nty Co	ode (7	)	52,000 Current Use (	Prior	if being demo	olished)		45		
Brinkerhoff Environn	Firm Hired by Building Own	ner (8)		ASCN	Л No.	Name of Aba Resource Ma							
Street Address 1085 Atlantic Avenu	e					Street Addres 2115 Hamilto	SS						
City, State & Zip Coo Manasquan, NJ 087	de					City, State &	Zip Co	ode			ar makan		
Project Manager for		Teleph			er	Trenton, NJ C	umber		License			-	$\dashv$
Gary Fleming Scheduled Start Dat		732-22 mpletion	CONTRACTOR OF THE PARTY OF			609-914-4279 Name of OSH	CONTRACTOR OF THE PARTY OF THE	nitor		0118	5		
7-18-2019 Occupancy Status D	Ouring Abatement (Check o	7-31-20	-	THE PERSON OF		J&S Environn		Laboratories	, Inc.				
Facility Clos  Abatement F  Describe:  Facility Occu	ed/Vacated During Entire F Performed during regular of 7:30am – 5:00pm upied During Abatement	eriod of	Abat	emeni s:	t 	2333 Route 2 City, State & Union, NJ 070	Zip Co						
Scope of Work (Che  ≥3 sf or ≥3 lf  ≥160 sf ≥260	•	-		vation olition	i			Full Contain Mini-Enclose Glove Bag F Non-Exemp	ure Procedures	i			
	ocation of os-Containing	ls Lo Norma	catio			Description Asbestos-Con			Amount (Specify			ent T	
Mate TO B	erial (ACM) BE ABATED Facility (13)	Sole Mainte Custod	ely by nance lial St 12)	e or	in	Material (At (i.e., thermal sy sulation, surfact or other miscella	CM) ystem ing, V	s 'AT	SF or LF)	Removal	Repair	Encapsulat	Enclosure
Exterior				<b>X</b> 1	Γransit	e panels			1,000 SF				
			4										
			$\exists \vdash$	뻐								님	
Name of Registered	Waste Hauler				400000000000000000000000000000000000000	Cubic Yards	Nam	e of Register	ed Landfill				
Resource Managem	ent Group, LLC		1	ler ID 5218	Т	of Waste BD		vs Landfill					
City, State Frenton, NJ 08619						Disposal Date BD		State isville, PA					
Completed By (Print	or Type)		Title		5	Signature	1	1/1		Date			
Mr. Brian Haney			Pres	sident				$\mathcal{H} \subset$	and the second second	7-3-2	019		
	MUTIAS	15			1		(,						

			of Building Own				U JU		8	2019	
7/3/2019 Agencies Notified Type Notificatio	n		Address	PER CON	1PANY	Lass	Sent 1			-010	_
× EPA		1 MAI	RKET STRE	ET			ASBES	TOS (	CON	TRO	_ {
DEP Amended Amendmen			ate, Zip Code VOOD PARI	K, NJ 0740	07	Description	t.	Loronanian	1011/1	3	Principle
■ Emergency     ■ DOH justification     ■ DCA Cancellation	1)		of Contact		-		lephone Nu				
			ILITY INFORM	ATION		20	)1-703-64	12			_
Name of Facility Where Abatement is Tak BOILER HOUSE	ing Place (3)				Type of Facility	5 50					
Street Address 1 MARKET STREET						r 8 (Oth	er than K-1 & commerc		dings	, hom	es
City (5) ELMWOOD PARK		MILLO	7-79		Square Feet	# 0	f Floors	E	Bldg. /	\ge	
County (6) BERGEN			Code (7) USE ONLY)		Current Use (Pri	or if be	ing demolis	hed)			
Name of Monitoring Firm Hired by Building N/A	g Owner (8)	ASC	M No.		of Abatement Cor BROTHERS			G, IN	IC.		
Street Address					Address REELAND AV	ENUE					
City, State, Zip Code				1000000	ate, Zip Code DWA, NJ 075	12					
Project Manager for Monitoring Firm		Telepho	ne No.	Telepho 973-9	one No. 956-8700		License N 00494	lo.			
Start Date (10) 7/18/2019 Decupancy Status During Abatement (Che	7/22/201		Date (11)		of OSHA Monitor E AS (9) ABO	VE					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	mal Facility F	atement fours novation molition		City, Sta	ate, Zip Code  Full Containm  Mini-Enclosure		n Negative F	Pressu	ге		
-	_			×	Glovebag Prod Non-Exempted	cedure	d Non-Friah	le Pro	cedur	'Α	
	7,63300	ocation				7			Abate	ement /pe	t
		rmally Solely by	Asbestos C		aterial (ACM)	(5	mount	Rer	Repair	Encapsulate	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Maint Custoo	dial Staff? (12)	su	nal systems rfacing, VAT er miscellane	, or	SF	or LF)	Removal	air	ılate	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	Maint Custoo	dial Staff? (12)	su othe	rfacing, VAT	, or eous)		O LF	noval	air	ılate	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Maint Custoo (	dial Staff? (12)	su othe RO0	rfacing, VAT er miscellane	(, or eous)	6			air	ilate	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Maint Custoo (	dial Staff? (12)  No N/A  NJDEP W	ROC PIPE	rfacing, VAT er miscellane OF FLASH (WRAP &	HING	6	0 LF	X	air	ilate	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  BOILER HOUSE  Iame of Registered Waste Hauler WO BROTHERS CONTRACTING	Yes X	dial Staff? (12) No N/A	ROC PIPE  aste No. of V 3	rfacing, VAT er miscellane DF FLASH (WRAP &	() or eous) HING CUT) Name of WASTE	6 4 Registe E MAN	0 LF 0 LF	X			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  BOILER HOUSE	Yes X	dial Staff? (12)  No N/A  NJDEP W Hauler ID	ROC PIPE  aste   Cut No.   of V 3   Dis	rfacing, VAT er miscellane OF FLASH (WRAP &	HING CUT)  Name of	6 4 Registe E MAN	0 LF 0 LF ored Landfill NAGEME	X			

Print Form

Check # 9358

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

Date of Notification (1)					Name	of Buildin	g Ov	vner/Operator (	(2)	In					itt
	02 /	19			Ma	rgo Perl					JUL	8	2019	}	$\ U$
Agencies Notified	Type Notific	ation			Stree	Address				fetal las	1				lavene
☐ EPA										***************************************	Lancour and the second	CHORIDANIA	aneronomic	endonoven	L
⊠ DOLWD	Amende				City, S	State, Zip (	Code				ASBESTO	ENSIP		11 &	
☐ DHSS	Amendm					dwell, N				er to conservation		Meneralisanini	4 CI Holomores	and the street	BANK CONTRACTOR
(NJAC 5:23-8)	☐ Emerger justificati		uaing			of Contac				ΙΤο	lephone Nur	oher			
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Cancella					rgo Perl				110	icpriorie ivui	ibei			
					FA	CILITY IN	IFO	RMATION					-		
Name of Facility Where A	batement is	Taking F	Place	(3)					Type of Facility	y (4)					
N/A									School (K-1						
Street Address									Subchapter Other (i.e.,	private	her than K-1 e and comme	2) ercial b	uilding	js,	
City (5)						i i i			Square Feet		of Floors	В	ldg. A	ae	
Caldwell						70	Pac.	V -	2.200		2		60 +		
County (6)						)de (7		ATE USE ONLY)	Current Use (F	Prior if				,	
Essex							41-		House	1101 11	boing domoi	isilicu)			
Name of Monitoring Firm	Hire					7	Na	me of Ahatem	ent Contractor (9	2)					
N/A							1582		laz Mat Remo		20				
Street Address						-		eet Address	az wat Kemo	vai, ii	10.				
								194 East 41s	t Stroot						
City, State, Zip Code				_				y, State, Zip Co							
								Paterson, NJ							
Project Manager for Monit	torina Firm			Tele	phone	No	_	lephone No.	07004		icense No.				
	3				p		175	73-345-0022	i	-	00507				
Start Date (10)		Schedul	led Co	omnle	tion Da	te (11)	-	me of OSHA N			00307				
07/13/					/			Same as abo							
Occupancy Status During	Abatement (	Check o	only o	ne)			Str	eet Address							
□ Facility Closed/Vacate					nent		0.1	cci / ida/css							
☐ Abatement Performed	Outside of No	rmal Fa	acility	Hours	- Desc	cribe Time	Cit	y, State, Zip Co	ode						
of Abatement:A	AMPN	Λ/	_PM-		_AM			, , , , , , , , , , , , , , , , , , , ,							
Scope of Work (Check all	that apply)	Allelee	The III							76	200				
≥3 sf or >3 If		D	☑ Rer	novati	on			☐ Full Cont	ainment with Ne	egative	Pressure				
≥160 sf or ≥260 lf			Der					☐ Glovebag							
				16 70				☐ Non-Exe	mpted (*) and N	on-Fri	able Procedu	ıre			
Location	- f			Locat lorma								Ab	atem	ent T	уре
Asbestos-Containing N		1)	Used	d Sole	ly by	Ashe	stos	Description o Containing Ma			Amount	Re	Re	E	ᄪ
TO BE ABA	TED			ntena				ermal systems i			(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)	у		Custo	odial ( (12)	stan?			surfacing, VAT,			SF or LF)	<u>a</u>		Encapsulate	sure
(13)		20	Yes	No	N/A		Ot	her miscellane	ous)					ate	
Basement					$\boxtimes$	Pipe Ins	sula	tion			60 LF		П	П	
		1	7							-		1	H		
		-   -	=												
	d to war	L	=	_						ļ		$\perp$			
Name of Pariety 134		L		Ц			Γ							Ш	
Name of Registered Waste East Coast Haz Mat		20		263	JDEP \ auler ID		Cut	oic Yards of ste	Name of Regi						
	ixemovai, ii	iiC.			419		2			5., No	orth W/M o	PA			
City, State Paterson, NJ							100	posal Date	City, State						
				=11			6	-28-19	Morrisville	e, PA					
Completed By (Print or Ty	pe)	Title	<u>20</u> 1 201	900	1221 H	05020		Signature	1 10		D	ate		8	
James E. Unger		Sr.	Estir	nato	r/Proje	ect Mgr.		Lan	4 19			)-1	- /	19	7

MAY 11

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

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Date of Notification (1)	P			TCATION ursuant Name of	ate of New I OF ASB to NJAC If Building	8:60 and	ABATE d 12:12	0)			) E G	E		// E	17 77 77
The second section of the second seco	Type Notification		-	Street A	Section Constitution					l land	JUL		3 20	119	-11
F-71	_														
EPA L	Initial Amended		t	City, Sta	ite, Zip Co	ode					ASBEST	os o	ONT	ROL	2
X DOL	Amendment		_	JERSI	EY CITY	/ NJ. 0	7305.					CENS		t top long	ore money
☑ DOH	<ul><li>Emergency justification)</li></ul>				Contact					Tel	onhan- hi				
DCA [	Cancellation	1			WADE										
Name of Facility Where At	natement is Takir	a Place (3	1)	FACI	LITY INFO	ORMATI	ON	Type	of Facility (	(4)	· · · · · · · · · · · ·				100
PRIVATE	atomore to Taki	19 1 1000 (0	7						100	5 50					300
Street Address										8 (Oth	er than K-12 & commercia	al build			is,
City (5)	7005								re Feet	240000	f Floors	В	ldg. A	ge	
JERSEY CITY NJ. 0	7305.			Caust 1	2-d- (7)				.200		<u> </u>	ad)	99		
County (6) HUDSON					JSE ONĹY)	)			YE	S	ing demolish	ea)			
Name of Monitoring Firm F $\mathcal{N}/\mathcal{A}$ .	fired by Building	Owner (8)		ASCM	1 No.				tement Cor AST EN'		· (9) VMENTAL	LLC	).		
Street Address							100000000000000000000000000000000000000	Addres 9 Berg	s enline A	ve.					-2-300
City, State, Zip Code								State, Zi	p Code York NJ.	0709	3		77. 111-		
Project Manager for Monito	oring Firm			Telephor	ne No.		1.5	hone No 7760.			License No 01300	Э.	6		
Start Date (10) 06/23/2019		Schedule 06/29/2			Date (11)				ALYTICA		2				Andrews .
Occupancy Status During	Abatement (Che	/					Street	Addres							
Abatement Performed Other – Describe:							City, S	State, Zi	p Code	10019				-	
Scope of Work (Check All	That Apply)						INEV	VIOR	RK N.Y.	10010					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	таст, фругу	-	Renova Pemoli				2	Glo	i-Enclosur vebag Pro	e cedure	n Negative P			Э	
		Is	Locat	tion									Abate	Calle to perfect to a	
Location of	1676		Norma d Sole				scription						Ту	pe	Carlo
Asbestos-Containing N TO BE ABA		Ma	intena	ince/		tos Cont					mount Specify	Z)	_	Enc	Щ
In Facility		Cust	odial (12)	Staff?	(1.0.	surfac	cing, VA	AT, or			F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)				1		other n	niscella	neous)				val	¥.	ulate	ure
OFFICE IN THE	000	Yes	No	N/A		10/011	DI AC				20.05	.,,		w	
SECOND FL	.00R	-	X	-		WALL	- PLAS	SIEK		20	00. SF	X			
				-											
				-											
Name of Registered Waste	Hauler		N	NJDEP W	laste	Cubic	Yards		Name of	Regista	ered Landfill				
TRI STATE ASSOCC			H	lauler ID 9051		of Was				100	NTERPRI	SE II	NC		
011 01 1				3031		100			0:4. 0:						

City, State Disposal Date City, Sta

BRONX N.Y. TBD WAYNESBURG OHIO

Completed by CARLOS ESQUIVEL Title Signature Signature O6/26/2019

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PAI	W.	NOTIF (P	ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE	MEN (0)	ıт [		E G	#26320	0/60:	22	
Date of Notification (1) 07-02-19				of Building on Com			r (2)			JU	L 8	3 20	19	I I
Agencies Notified Type Notification				Address lidden R	idae P	oad			Ed best				patalogical	-
EPA Initial X Amended		-		ate, Zip C	•	oau				ASBES	LICEN	ONT SING	ROL	či
X DOL Amendment		_		TX 750					and the same of th		LICET	and the second division in	HAVE CHARLESTER	Inquancus
∑ DOH Emergency justification)				of Contact					100000000000000000000000000000000000000	lephone N				
DCA Cancellation				Contre					(9	73) 951	-0542			
Name of Facility Where Abatement is Takin	g Place (3	)	FAC	ILITY INF	ORMAT	ION	Typ	oe of Facility	(4)					
	924	8%						School (K-						
Street Address 502 Main Street							×	Subchapte Other (i.e. etc.)	r 8 (Oth	er than K & comme	(-12) ercial bui	ldings	, hom	ies,
City (5) Fort Lee								uare Feet ,000SF	# o	f Floors		Bldg. A		
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Street Address 1253 North Church Street						Street	Addı		Ontar	оогр.				
City, State, Zip Code Moorestown, NJ 08057						City, S	State,	Zip Code	•					
Project Manager for Monitoring Firm		_	Telepho	ne No		Teleph		t, NJ 0707	2	License	Ma		- 1-	
Kris Smith			(609)	313-821				-6565		00756	2.707.70			
Start Date (10) 07-08-19(1)07-15-19	Schedule 12-31-1		npletion	Date (11)		Name Even		SHA Monitor Inc.	9					
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Other – Describe:					_			and City, N	Y 111	01				
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Name of Registered Waste Hauler Newark Carting, Inc.		H	JDEP W auler ID 1509		of Was			G.R.O.	-					
City, State Newark, NJ 07105					Dispos TBD	al Date		City, State		A 19067				
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□ DEP     □ DOL     □ DOCA		C	ity, S	tate &	Zip Co				University of the States	LIU	ENSI	NG	THE PERSON
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1 College Drive						Other (i.e.)	e. priva	te & commer	cial buildi			etc.)	
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Toms River NJ	County (6)	Cou	nty C	ode (7	′)	52,000 Current Use	(Prior if	t being demol	ished)		45		
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Brinkerhoff Environn Street Address	nental Services			1.00.		Resource Ma	ınagem						
1085 Atlantic Avenue						Street Addres 2115 Hamilto	n Ave,						
City, State & Zip Coo Manasquan, NJ 087	36					City, State & Trenton, NJ 0		de					
Project Manager for Gary Fleming	Monitoring Firm	Teleph 732-22			er	Telephone No 609-914-4279	umber		License	Number 0118			
Scheduled Start Date		npletion	Date		-	Name of OSH	HA Mor			OTTO	33	-	
7-18-2019 Occupancy Status D	ouring Abatement (Check o	7-31-20 nly one)		-		J&S Environn Street Addres		Laboratories,	inc.				
☐ Facility Close ☐ Abatement F	ed/Vacated During Entire F Performed during regular or	eriod of perating	Aba Hou	temen rs:	it	2333 Route 2 City, State &		The second secon					
Describe:	7:30am - 5:00pm ipied During Abatement	J				Union, NJ 070		T. T.					
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Resource Manageme	ent Group, LLC			ler ID 5218	332.0	of Waste TBD		s Landfill					
City, State Frenton, NJ 08619			1	-		Disposal Date	City, S Morris	State sville, PA					
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W# 12618 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) 07 03 19 Bellmawr Borough Board of Education Agencies Notified Type Notification Street Address Initial 256 Anderson Avenue □ DOLWD ☐ Amended ASBESTOS CONTROL & City, State, Zip Code ☑ DOH Amendment #\_ LICENSING Bellmawr, NJ 08031 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Glenn Cook 856-912-0257 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bell Oaks Elementary School School (K-12)
Subchapter 8 Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 256 Anderson Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Bellmawr 67.000 2 90 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Camden School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Horizon Environmental Group, Inc. 00073 Shade Environmental, LLC Street Address Street Address PO Box 316 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Thorofare, NJ 08086 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Steve Flanigan 856-848-0800 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_08\_\_/\_\_05\_\_/ 19 08 / 09 / 19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or >260 If □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Repair Encapsulate Enclosure Asbestos Containing Material (ACM) Remova Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) No Yes N/A Room No. 111  $\boxtimes$ Floor Tile and Mastic 814 SF  $\boxtimes$ X Floor Tile and Mastic 814 SF N

Room No. 101 П П  $\Box$ Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Freehold Cartage Hauler ID No. Waste Fairless Landfill 15939 10 City, State Disposal Date City, State Freehold, NJ 08/09/2019 Morrisville, PA Completed By (Print or Type) Title Signature Date Christina Lynch Vice President of Operations

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 07/03/2019 Clifton Public Schools Agencies Notified Type Notification Street Address 745 Clifton Avenue EPA X Initial - 8 ☑ DEP Amended City, State, Zip Code X DOL Clifton, New Jersey 07013 Amendment # Emergency (including DOH Name of Contact Telephone Number CONTHOL & justification) **⊠** DCA Al Marchione Cancellation 973-470-22 KENSING **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Clifton High School School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) 333 Colfax Avenue ☐ Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Clifton, New Jersey 07013 30,000 50+ County (6) County Code (7) Current Use (Prior if being demolished) Passaic (STATE USE ONLY) High School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AHERA Consultants, Inc. 00057 Lilich Corporation Street Address Street Address P.O. Box 385 246 Union Boulevard City, State, Zip Code City, State, Zip Code Oceanville, New Jersey 08231 Totowa, New Jersey 07512 Project Manager for Monitoring Firm Telephone No Telephone No. License No. Domenic D'Errico 609-652-1833 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07/17/2019 08/09/2019 Iris Environmental Laboratories, LLC Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Occupied 6 am - 4 pm Union, NJ 07083 Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf Renovation X Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure П Glove Bag Procedure / Limited Containment &Tent Non-Exempted (\*) and Non-Friable Procedure Amount Is Location Abatement (Specify Normally Туре Location of Description of SF of LF) Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) (i.e. Maintenance/ TO BE ABATED Encapsulate thermal systems insulation, surfacing, Enclosure **Custodial Staff?** Remova In Facility Repair VAT, or (12)(13)other miscellaneous) Yes No N/A Rooms S 112, 114, 116 Χ Cinder Block Mortar 600 SF X Rooms S 112, 114, 116 X 9 x 9, 9 x 9, & 12 x 12 Floor Tiles & Mastic 2375 SF X Hallway Adjacent to S 112, 114, 116 X Cinder Block Mortar (Spot Removal) 10 SF X N 309 X 9x9 Floor Tile & Mastic under 12 x 12 Tiles 1250 SF X Prep Rooms for N 309 X 9x9 Floor Tiles & Mastic 600 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Lilich Corporation 18724 30 Fairless Landfill City, State Disposal Date City, State Totowa, New Jersey 08/09/2019 Morrisville, PA Completed by Title Signature Date Adriana Olejarova President 07/03/2019

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Street Address						Street 11 V		ess LAND AV	ENUE			- 52.000		
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Project Manager for Monitoring Firm			Telepho	one No.		Teleph	none N			Licens 0049				
Start Date (10) 7/18/2019	Schedu 7/22/2		mpletion	Date (11)	)	Name	of OS	HA Monitor S (9) ABO	VE	00,0				
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<ul><li>≥3 sf or ≥3 If</li><li>≥160 sf or ≥260 If</li></ul>		Renova Demolit	200000000			×	Mi Gl	II Containme ni-Enclosure ovebag Proc on-Exempted	edure				Lane V	
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Agencies Notified	Type Notificatio	n		Street	Address BROAD							U	UL		20	19
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X DCA	Cancellation				DEGNA	77.20					32-57					
Name of Facility Where AUDREY CLARK E	Abatement is Taki	ng Place	(3)	FAC	CILITY IN	FORMAT	ION	Тур	e of Facility (	(4)					A11 - 111-	
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City (5) LONG BRANCH								Squa	etc.) are Feet		of Floor			Bldg. A		
County (6) MONMOUTH					Code (7)			Curr	ent Use (Pri	or if be	eing der	molish	ed)			
Name of Monitoring Firm ENVIRONMENTAL	Hired by Building	Owner (8	3)	ASC	M No.				atement Cor				_		- 10	
Street Address		N, INC.		0003	30			O BROTHERS CONTRACTING, INC.								
120 NORTH WARR City, State, Zip Code							1		LAND AVI	ENU	Ε					
TRENTON, NJ 0860 Project Manager for Monit				T-11			TOTO	AWC	, NJ 0751	2						
JORDAN REED	toring Firm				92-4200		Teleph 973-	956-	8700		Licen 004	ise No 94				
Start Date (10) 7/15/2019		Schedu 7/23/2		mpletion	Date (11)				HA Monitor S (9) ABO	VE						
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Name of Registered Waste TWO BROTHERS CO			Н	NJDEP Waste Hauler ID No.  18743  Cubic Yard of Waste				Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					s.			
City, State ΓΟΤΟWA, NJ					Disposal Date City, State 7/23/2019 MORRISVILLE, PA						100000					
Completed by VIVECA RAMOS		Signature Date 7/2/2019														

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) 6 18 / 19 Verizon Communications Agencies Notified Type Notification Street Address □ EPA ASBESTOS CONTROL & 15 East Montgomery Street ☑ DOLWD M Amended LICENSING City, State, Zip Code X DOH Amendment #1-7/3/19 Pittsburgh, PA 15212 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Anthony Porta 412-633-4021 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Pompton Lakes Central Office ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 8-12 Hamburg Pike homes, etc.) City (5) Square Feet # of Floors Bldg. Age Riverdale 33.035 +- 50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Morris Verizon Communications Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Health Investigations, Inc. BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 655 West Shore Trail 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Sparta, NJ 07871 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Tom Januszeski 973-729-5649 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 00 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 Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_ PM/5:00PM-1:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Asbestos-Containing Material (ACM) Removal Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement Mech. Equip. Room П X VAT/Mastic 350 SF X П П Basement Power Room П X VAT/Mastic 900 SF X Basement Mech. Equip. Room  $\boxtimes$ Pipe Fittings 3 LF X П **Basement Power Room**  $\boxtimes$ Pipe Fittings 2 LF X Name of Registered Waste Hauler Cubic Yards of NJDEP Waste Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State YARDLEY, PA TBD WAYNESBURG, OH Completed By (Print or Type) Title Signature Date Dillan DeCaro Estimator ASB-41

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

00 19041

**JAN 13** 

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

	110				SBESTOS ABA AC 8:60 and 5:1		Chit	3	59	2			
Date of Notification (1) 6 /18 /	19		1		ng Owner/Operator	(2)	DEC			<u> </u>			
Agencies Notified Type Notific ☐ EPA ☐ Initial ☐ Amende			15		ntgomery Street		JUL JUL	- 8	3 20	19	And the second second		
DOH 5357 Amendr	nent # ncy (includi	ng	Pit	State, Zip ttsburgh, e of Contac	PA 15212		ASBESTO	OS C	ONT	ROL	<u>.</u> &		
(NJAC 5:23-8) justifical				thony Po			412-633-402						
			FA	CILITY II	NFORMATION								
Name of Facility Where Abatement is		ce (3)				Type of Facility	(4)						
Pompton Lakes Central Office Street Address 8-12 Hamburg Pike	9	-25-125-1				Other (i.e., p	8 (Other than K-12 rivate and commer	) cial b	uildin	gs,			
City (5)						homes, etc.) Square Feet	# of Floors	I D	lda /	\ a a	_		
Riverdale						33,035	3	1000	ldg. A +- 5				
County (6)			Cou	nty Code (7	7)(STATE USE ONLY)			- 1					
Morris					1.5		urrent Use (Prior if being demolished) Verizon Communications						
Name of Monitoring Firm Hired by Buil Environmental Health Investig	10.7		ASCM	No.		nent Contractor (9) NVIRONMENTAL, INC.							
Street Address					Street Address								
655 West Shore Trail					1123 BEAVE	1123 BEAVER STREET							
City, State, Zip Code					City, State, Zip Co	ode							
Sparta, NJ 07871					BRISTOL, PA	19007							
Project Manager for Monitoring Firm		0.000	lephone		Telephone No.								
Tom Januszeski			73-729		215-788-6040 00509								
Start Date (10)	Scheduled 7	12			Name of OSHA M BRISTOL EN	lonitor VIRONMENTAL	L, INC						
Occupancy Status During Abatement (					Street Address						1111		
Facility Closed/Vacated During Enti				0 <u></u>	1123 BEAVER	R STREET							
Abatement Performed Outside of Notice     Time of Abatement:AM				cribe	City, State, Zip Co BRISTOL, PA								
Scope of Work (Check all that apply)					BRISTOL, PA	19007			-				
<ul> <li>≥3 sf or ≥3 if</li> <li>≥160 sf or ≥260 if</li> </ul>	Remark .	enova emoliti	70.77.73.0		☐ Mini-Encl	Procedure	ative Pressure	8					
	1	s Loca						-	atem	ent T	vpe		
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility	1) Us Ma	aintena stodial	lely by ance/ Staff?	Asbes (i.e.	Description of stos Containing Mat thermal systems in surfacing, VAT,	terial (ACM) nsulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
(13)	Yes	(12) No	1		other miscellaned	ous)	500 TEXASON (1			late	9		
Basement Mech. Equip. Room				VAT/Ma	stic		350 SF		П	П			
Basement Power Room				VAT/Ma	stic		900 SF						
Basement Mech. Equip. Room			$\boxtimes$	Pipe Fit	tings		3 LF						
Basement Power Room													
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP	, INC.	1000	NJDEP Waste Cubic Yard Hauler ID No. Waste 20990		Cubic Yards of Waste	Fig. 1997 Common Company of Carlo	Name of Registered Landfill MINERVA LANDFILL						
City, State YARDLEY, PA					Disposal Date TBD	City, State WAYNESBU	JRG, OH						
Completed By (Print or Type) Dillan DeCaro	Title Estima	tor			Signature,	r DeCar	/o Date	e -1	19-	19			

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) 6 17 1 Verizon Agencies Notified Type Notification Street Address ☐ EPA 15 East Montgomery Place, Lower Level ASBESTOS CONTROL & □ DOLWD LICENSING City, State, Zip Code ☑ DHSS Amendment #1-7/1/19 Pittsburgh, PA 15212 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number □ Cancellation Anthony Porta 412-633-4021 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Mullica Hill Central Office ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 9 Woodland Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Mullica Hill County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Gloucester Office Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **USA Environmental Management** BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8436 Enterprise Ave 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7 / 1 / 19 ON HOLD 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 Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/\_\_\_\_PM-\_\_\_AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ≥3 sf or >3 If □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Removal Encapsulate Asbestos Containing Material (ACM) Enclosure Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Upper & Lower Roofs  $\boxtimes$ **Duct Seam Caulking** 60 LF X 1st Floor-Mechanical Yard X **Duct Seam Caulking** 165 LF M П Upper Roof  $\boxtimes$ Roof Flashing 12 SF  $\boxtimes$ Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. SERVICE TRANSPORT GROUP, INC. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State YARDLEY, PA WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature Brian Scafiro Estimator ASB-41 B S19051

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

				0178					1000			-	-			
Date of Notification (1)	17 /	19			II	e of Buildir erizon	ng Owner/Operator	(2)	D)EG	5	$\mathbb{V}$					
Agencies Notified  EPA	Type Notifi  ☑ Initial	cation			100000000000000000000000000000000000000	et Address East Mo	ntgomery Place,	Lower Level	JUL JUL	- 8	2019	7	the second of			
Ø DOLWD €170	☐ Amende				_	State, Zip	2007.0		12 61		2010	_	i lene			
Ø DHSS 6 \63	Amendr	-					PA 15212	- September 1	<u> </u>				J			
DCA (NJAC 5:23-8)	☐ Emerge justifica		cludin	9		e of Contac		-	ASBESTOS Telephone Numb			2 10				
(	☐ Cancella				An	thony Po	orta	L	412-633-402	-	40	NAMES	- Indiana			
					1		NFORMATION		412-000-402							
Name of Facility Where A	hatement is	Taking	Dlace	(3)	ГР	CILITY	NFORMATION	Type of Facility	<i>(</i> ()							
Verizon Mullica Hill		·	riace	(3)				Type of Facility ☐ School (K-12	710.7							
Street Address	Cential O	mce							r 8 (Other than K-12)							
9 Woodland Avenue	<b>?</b>							Other (i.e., p homes, etc.)	rivate and commer	cial bu	gnibliu	js,				
City (5)								Square Feet	# of Floors	BI	dg. A	ne.				
Mullica Hill								Oqualo 1 cct	# 011 10013		ug. A	ge				
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)						
Gloucester						100 MP.		Office								
Name of Monitoring Firm I			wner	(8)	ASCM	No.	Name of Abatement Contractor (9)									
USA Environmental	Managem	ent					BRISTOL ENVIRONMENTAL, INC.									
Street Address							Street Address									
8436 Enterprise Ave								123 BEAVER STREET								
City, State, Zip Code							City, State, Zip Co	Code								
Philadelphia, PA 191							BRISTOL, PA	, PA 19007								
Project Manager for Monito	oring Firm				phone		Telephone No.		License No.							
Mark Jenkins						5-5810	215-788-6040									
Start Date (10)	6-550					ate (11)	Name of OSHA M	onitor								
////	19	7	_ /	10	/	19_	BRISTOL EN	VIRONMENTA	L, INC.							
Occupancy Status During		•					Street Address									
☐ Facility Closed/Vacated							1123 BEAVER	RSTREET								
Abatement Performed ( Time of Abatement: 7:0	Dutside of N	lormal f	Facility	Hour	s - Des	scribe	City, State, Zip Co	de								
				VI			BRISTOL, PA	19007								
Scope of Work (Check all t	hat apply)						F7 = 11 0	otainment with Negative Processes								
≥3 sf or ≥3 lf			⊠ Rei	novati	on											
≥160 sf or ≥260 lf				molitio			☐ Glovebag	ag Procedure								
					• period		☐ Non-Exer	npted (*) and No	n-Friable Procedure	:						
Location o	£			Locati Iormal			December 1	.		Ab	ateme	ent Ty	ype			
Asbestos-Containing M		A)	Use	d Sole	ly by	Asbes	Description of stos Containing Mat		Amount	Re	Re	En	En			
TO BE ABAT	ED	*		ntenal odial S			., thermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure			
IN Facility (13)			Oust	(12)	Jian :		surfacing, VAT, other miscellaned		SF or LF)	/al	.	Encapsulate	ure			
()			Yes	No	N/A		other miscellanet	jusj				ate				
Upper & Lower Roofs				$\boxtimes$		Duct Se	am Caulking		60 LF							
1st Floor-Mechanical Y	ard			$\boxtimes$		Duct Se	am Caulking		165 LF		П	П				
Upper Roof				$\boxtimes$		Roof Fla	ashing		12 SF			ᆔ				
						Vaste	Cubic Yards of	Name of Regist	Name of Registered Landfill							
and the control of th						No.	Waste	MINERVA L								
City, State					20990		Disposal Date	City, State								
YARDLEY, PA								WAYNESB	URG, OH 44688							
Completed By (Print or Type) Title							Signature		Date							
Brian Scafiro	XX	Est	timat	or			Paida	Scalin	191-1	· n –	17.	-10	1			

IN#1260						F								
		TIEIC	ATIO	State of I	New Jersey SBESTOS ABA	TEASENT	A E C		$\mathbb{V}$		5			
UL68680 PAI		(F	ursua	ant to NJ	AC 8:60 and 5:	16)								
Date of Notification (1)	nem control		Nam	ne of Buildir	ng Owner/Operator	(2)	III JUL	- 3 2	2019	- 1	1			
7 / 1 /	19		Re	owan Uni		i lu	71 005	5 (	.015	- Annah Anna	الحمحا			
Agencies Notified Type Notifi  ☐ EPA ☐ Initial	ication		100000000000000000000000000000000000000	et Address	Hill Road		ASBESTO			L &				
☑ DOLWD ☐ Amende	ed			State, Zip			LIC	ENSIN	<u> </u>	-	1344-44-4			
☐ DHSS Amendr		-	1000000		NJ. 08028									
□ DCA     □ Emerge     (NJAC 5:23-8)    □ justifica	ency (includir	ng		e of Contac			1							
Cancell				m Gallia	Ot .		Telephone No 856-256-4							
			FA	CILITY II	NFORMATION									
Name of Facility Where Abatement is	Taking Place	e (3)				Type of Facility	(4)			-				
Bole Building						School (K-1	A(3), A(3)							
Street Address						☐ Subchapter	8 (Other than K-	12)						
201 Mullica Hill Road						homes, etc.	private and comm	nercial b	gs,					
City (5)						Square Feet	# of Floors	IB	lda. A	de				
Glassboro						40,500	2		Bldg. Age +/- 70					
County (6)			Cou	nty Code (7	7)(STATE USE ONLY)		rior if being demo	olished)						
Gloucester						Vacant	3	,						
Name of Monitoring Firm Hired by Bui	Iding Owner	(8)	ASCM	No.	Name of Abatement Contractor (9)									
Pars Environmental Services			001	31		mental Manag	non-companies (2)							
Street Address	,				Street Address		3							
500 Horizon Drive #540					8436 Enterpr	ise Avenue								
City, State, Zip Code			ECH LYON		City, State, Zip Co									
Hamilton Township NJ. 08691					Philadelphia,	PA 19153								
Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone No.	License No.			COLCET					
Rafael Torres		6	09-890	-7277	215-365-5810	1156								
	Scheduled (	Comple	etion Da	ate (11)	Name of OSHA N	1			200					
_7 / _12 / _19	_7/	16	3_/	19	USA Environ	mental Manag	ement, Inc							
Occupancy Status During Abatement (	Check only	one)			Street Address				_	-				
☐ Facility Closed/Vacated During Enti	ire Period of	Abate	ment		8436 Enterpri	ise Avenue								
Abatement Performed Outside of N	ormal Facilit	y Hou	rs - Des	scribe	City, State, Zip Co						_			
Time of Abatement: 7:00 AM-11:0	0PM/11:PN	1- <u>7:00</u>	AM		Philadelphia,		19153							
Scope of Work (Check all that apply)														
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	-	novati				ainment with Neglosure	gative Pressure							
≥ 100 St 01 ≥200 ft	□ D€	emolitio	on		☐ Glovebag	g Procedure mpted (*) and No	n Eriabla Brasad	lues						
	ls	Locat	tion			mpted ( ) and No	11-1 Hable I Toced		otono	T				
Location of		Norma ed Sole		50 3/2	Description of				atem		T			
Asbestos-Containing Material (ACN TO BE ABATED	" Ma	intena	nce/		stos Containing Mai		Amount	Removal	Repair	nca	Enclosure			
IN Facility	Cus	todial	Staff?	(	surfacing, VAT,	or	(Specify SF or LF)	ova	¥	psu	uso			
(13)	Yes	(12) No	N/A	-	other miscellaned	ous)	N-2007/1982-2004/2-01/2019-1	-		Encapsulate	9			
Provost Conference Room			N/A	Pipe Ins	sulation		20 SF							
							20 01	-						
		Ш	1							Ц				
		Ш												
									П	П	П			
Name of Registered Waste Hauler		N	JDEP V	Vaste						_				
Service Transport		Н	auler ID		Waste Minerya Landfill									
City, State			20990		5 Disposal Date	City, State		***	1,440					
New Castle De.					7/16/19	Waynesbur	g Pa.							
Completed By (Print or Type)	Title				Signaturé	1.1		ate						
Kevin Meldrum	Project	Mana	ager		Le	Meth-		7- /	1-1	9				

IN # 121000									-					Pı	int
8403 P		NOTI (	FICATIO	State of N N OF AS nt to NJA	BESTOS	ABATE	EMEN 20)	IT	D.	E (	CE		7	<b>/</b> [	0.00
Date of Notification (1) 07/03/19	whole stories and a second			of Buildin I Food	g Owner/	Operato (	or (2)			Jl	UL -	8	20	19	
Agencies Notified Type Notification	n		F 5000000000000000000000000000000000000	Address Clifton A	venue					10050	2700				-
EPA Initial DEP Amended Amendment	nt#			tate, Zip (		1				ASBE	LICE	VSI	VG	1UL	4
Emergence justification Cancellati	n)	g	Name	of Contac I Food				-		ephone 8-910-					
Name of Facility Where Abatement is Tal	ing Place	(3)	FAC	ILITY INI	FORMAT	ION	Tyr	e of Facility					_		
403 Clifton Avenue Street Address								School (K-	12)						
403 Clifton Avenue							×	Subchapte Other (i.e. etc.)	r 8 (Othe private 8	er than k comm	K-12) ercial t	ouildi	ngs,	hom	es,
City (5) Lakewood							Squ	uare Feet	# of	Floors		Blo	dg. A	\ge	
County (6) Ocean				Code (7) USE ONL			Cur	rent Use (Pri	or if beir	ng dem	olished	)			
Name of Monitoring Firm Hired by Buildin	g Owner (8	)	ASCI	M No.		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		patement Co							
Street Address						Street	Addr								
City, State, Zip Code						City, S	State,	Zip Code DOD, NJ 0				-			
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	none	No.		Licens				**************************************	222
Start Date (10) 07/15/19	Schedu 07/17/		mpletion	Date (11)		Name	of OS	9078 SHA Monitor		1200	<u> </u>	-			
Occupancy Status During Abatement (Che	1					Street		AD PROFE	33101	VALS			- 1100		
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	Period of mal Facilit	Abater y Hour	ment s			City, S	tate,	Zip Code		-			-		
Scope of Work (Check All That Apply)						LAK	EWC	OOD, NJ 0	8701						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	M G	ull Containmo ini-Enclosure lovebag Prod on-Exempted	e cedure						
		Locat			2005				. ( / aa		Table 1			ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intena todial (12)	ely by nce/	Asbes (i.e	tos Cont thermal surfac	scription aining M systems cing, VA niscellan	fateria s insu T, or	35.000	(Sp	nount pecify or LF)	T.C.III.O.Va	Domou	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A		DIDE II	10111 1	~				2	-		ate	ге
INTERIOR					PIPE II	NSULA	110	N	50	)LF	x	+			
												1			
Name of Registered Waste Hauler NEWARK CARTING			JDEP W		Cubic of Was			Name of I	Register	ed Land	dfill				
City, State		0	4509		5 Dispos	al Date		City, State	)					-	
NEWARK, NJ Completed by	Title				07/17			BÉTHLE			Det				
JOSEPH PERI STEIN	OWN	IED			Si	ignature					Date	1/40			

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Inv # 1059	+					r			-			
CK 2075 I	PAID		CATION	tate of New Je N OF ASBEST to NJAC 8:60	OS ABATE			CE		<u> </u>		The state of the s
Date of Notification (1) 07/03/2019				of Building Own old Townshi		(2)		JUL -	8 20	119		]
	ıl nded		City, Sta	V. Main Streete, Zip Code			ASBI	ESTOS (	CONT		200	- The second sec
≥ DOH	ndment # rgency (including ication) cellation	_		old, NJ 0772 of Contact Rowan	28		1000000	ephone N 2-462-8				
Name of Facility Where Abatement Central Administrative Office	is Taking Place (3	3)	FACI	ILITY INFORM	ATION	Type of Facility	167 (5)					
Street Address 384 West Main Street						Subchapt Other (i.e. etc.)				ldings,	home	es,
City (5) Freehold						Square Feet	# of	Floors		Bldg. A	\ge	
County (6) Monmouth				Code (7) USE ONLY)		Current Use (P Offices	rior if bei	ng demoli	ished)			
Name of Monitoring Firm Hired by B Ahera Consultants	uilding Owner (8)		ASCN	A No.		of Abatement C Company In		(9)	-			
Street Address PO Box 385		,			11.000000000000000000000000000000000000	Address Piaget Avenu	 е					
City, State, Zip Code Oceanville, NJ 08231					City, S	State, Zip Code						
Project Manager for Monitoring Firm Eric Clarkson		- 1	Telepho 609-65	ne No. 52-1833	10 10 10 10 10 10 10 10 10 10 10 10 10 1	none No. 253-8828		License 00704	No.			
Start Date (10) 07/15/2019	Schedule 07/17/2		npletion	Date (11)		of OSHA Monito						
Occupancy Status During Abatemer						Address			-			
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	Entire Period of A of Normal Facility	Abatem Hours	ent		City, S	tate, Zip Code						
Scope of Work (Check All That Appl	у)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× F	Renova Pemoliti	tion ion		×	Full Containr Mini-Enclosu Glovebag Pr Non-Exempt	re ocedure					
8.5		Location				14011-Exempt	Jane	111011-1116	able Fit	Abate	ement	
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	CM) Use Ma	Normali d Solel intenar todial S (12)	ly by nce/	Asbestos C (i.e. therr su	Description ontaining Mal systems of the control of	faterial (ACM) s insulation, T, or	(S	mount pecify or LF)	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A								ate	Ф
Storage		X		Pi	pe insula	tion	3	3 LF	×			
Name of Registered Waste Hauler		LN	IDED W	(t	i. V.							
Newark Carting Inc		H	JDEP W auler ID 5409		bic Yards Vaste	Name o		red Landf	111			
City, State Newark, NJ				Dis	posal Date	City, Sta Morris	ite ville, PA	4				
Completed by Voytek Roszkowski	Title Presi	dent			Signature	the same of the sa		10	Date 07/03/:	2019		

Ta # 1250	15													Prin	it Fo
CK33PAID	МО		ATION	te of New OF ASBE to NJAC 8:	STOS /	ABATE		T		E (	G [	0 0 0			n n n
Date of Notification (1)				Building O Township				cation		J	UL	- 8	201	9	and the state of the
Agencies Notified Type Notification			treet Ad 239 Mo	ldress orris Ave	nue					to an april are the se					- Lander
EPA Initial Amended Amendment				te, Zip Cod NJ,0708					na, n <sub>a s</sub> a anno anno	ASDE	LICI	S C( ENS	ING	OL.	3
DOH justification) DCA Cancellation				Contact Loessel		100				ephone 8-333					
			FACIL	ITY INFO	RMATI	ON	_		-						
Name of Facility Where Abatement is Takir Washington School	ng Place (3)						Typ	e of Facility ( School (K-1							
Street Address 301 Washington Avenue					****		B	Subchapter Other (i.e. p	8 (Oth			build	ings, I	ome	s,
City (5) Union							Squ N//	are Feet	# o N/	f Floors A			dg. Ag	е	
County (6) Union				Code (7) ISE ONLY)		_		rent Use (Pri chool	or if bei	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building Omega Environmental Services,Ir		ASCM No. Name of Abatement Co 00120 EHW ABATEMEN								(9)					
Street Address 208 Huyler Street		Street Address 89 FRANKLIN ST							STREET						
City, State, Zip Code South Hackensack,NJ,07606								Zip Code SON,NJ,07	524						
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. Telephone No. 973-333-5144							Licens 0127						
Start Date (10) 07/12/2019	Scheduled 07/30/20								LLC						
Occupancy Status During Abatement (Che	ck Only One)	89 FRANKLIN ST							REET						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:			ent		_	City, S	State,	Zip Code SON,NJ,07							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio nolitio				E	- 1	Full Containm Mini-Enclosur Glovebag Pro	е	n Negati	ive Pre	essur	re		
						<b>►</b>	1	Non-Exempte	d (*) an	d Non-F	riable			100	
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Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used : Maint Custoo	enand	ce/	(i.e. t	s Cont hermal surfa		Mater s ins AT, or	г	(	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
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Room 105		Х				VAT			10	00 SF		Х			
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Name of Registered Waste Hauler		NJ	DEP W	aste	Cubic	Yards		Name of	Regist	ered Lar	ndfill				
EHW ABATEMENT LLC			uler ID 37095		of Wa			TRI ST		TRANS	SFEF	3			
City, State PATERSON,NJ					TBD	sal Date		City, Sta Bronx,	ie NY						
Completed by Victor Espiritu	Title Projec	t ma	nager		S	Signatur	e /	111	M	D	Date 06	e /27/2	2019		

#### TNV#12592 B & G proj. #: 2019-148

Gordana Luna

Secretary/Treasurer

#### State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) NON Sub 8 Date of Notification (1) Name of Building Owner/Operator (2) 10 |7 |/10 |5 |/ |1 |9 | County of Essex Agencies Notified Type Notification Street Address 2019 JUL EPA 900 Bloomfield Avenue X Initial □ DEP City, State, Zip Code X DOL ASBESTOS CONTROL & Amendment Newark, NJ 07102 LICENSING X DOH Name of Contact Telephone Number Cancellation □ DCA Sanjeev Varghese 973-226-8500 **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Essex County Veterans Courthouse Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 50 West Market Street Bldg. Age # of Floors Square Feet City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Newark, NJ 07102 Essex court house (non sub 8) 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. 07/15/2019 07/19/2019 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-LincolnPark, NJ 07035 X Other-Describe: start work @ 7:00 am Scope of Work (check all that apply) Demolition X Renovation Full Containment w/negative pressure Glovebag procedure × >3 sf or >3 lf ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of E by maintenance/custodial e e asbestos-containing Amount Description of asbestos-containing n staff(12) m p C material to be (Specify SF or material (ACM) C a abated in facility (13) а LF) Yes No N/A 5th Floor Mechanical Room pipe elbow / joint insul (wrap & cut) 98 elbows/joints X X pipe elbow / joint insul (wrap & cut) Basement chiller room 30 elbows/joints X Registered Waste Hauler NJDEP Hauler ID# 19563 Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. Grand Central Landfill Disposal Date City, State City, State Lincoln Park, NJ 07/19/2019 Pens Argyl, PA Completed by (Print or Type) Signature Gordana Luna

07/05/2019

28 2019 03:32PM NJ Asbestos (	Control	609.6	533,066	64		page	1	ME	C	E	7	$\overline{\mathbb{W}}$
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Name of Facility Whore Abatement is Taking	Plane (3)		FACIL	LLA INDOM	MATION	Type	of Facility (4	1		anace in	_	
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city (6) AND CITY						30	ire Foot ) BUL	e of Floors		dg. A	200	
County (6) BENZGEL		0	STATE U	ode (7) de only)		Cum	where	r is being demolished	处,	c.É		
Name of Monitoring Firm Hired by Building C	wher (8)		ASCM	No.			stement Con Ontracting					
Girest Address					0.000,000,000	Vreel	and Ave.					
City, State, Zip Code							Zip Code Perk, NJ D	7432				
Project Manager for Monkeding Firm			elephor	le No.		-262-		Licensé No 00166	2,		•	
Shart Date (10) / 9	Schedule	5/1	plation E	7ite (11)			HA Moniter nvironmer	ntal Servicer Inc	).			
Occupancy Status During Abatement (Char		(1)				Huvie	ne or Street					
Fedity Closed/Vacated During Entire I Abatement Performed Outside of Norm Other - Describe:	si Feoilty	House	4111		City,	State.	zip Code ack, NJ 07	608			,,,,,,	
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l and the set		Locati			Desemble					Abati	erneri /pe	
Location of Aspestor-Containing Material (AOM) TO BE ABATED In Facility (13)	Usse Mal	s Solel ntenar odial S (12)	ly by 10e/ Italit?	(l.e. ti	Descriptions Conteining to Conteining the Conteining type in aurianing, vother miscell	Materi me Insu /AT, or	ilation,	Amount (Specify SF or LF)	Germonal	Rugair	Епсаража	Endeums
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	1-1								-	-	-	-
Name of Registered Waste Hauter Newark Certing Inc.		H	DDEP W lauler ID 4509		Cusic Yerds of Wests /		1 .	Registered Lendfill Central Sanitary		ndfill	-	
City, State Newark, NJ 07105					Disposal Da	190	City, Sta Pen Ar	gyl, PA 08072		,		
Completed by R. MoDonald	Title Presi	dent			Signali	DESCRIPTION OF THE PERSON NAMED IN	P.MS	Dald Do	6/	38	119	

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Date of Notification (1)	01 /	19	9			ne of Buildin h <b>eryl Har</b> ı	ng Owner/Operator grave	(2)	M JUL	- 3	2019		$\parallel$			
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DOH □ DCA	Amend		700	_			NJ 08083	-	and the state of t		-	Mileston on	-			
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					1		NFORMATION									
Name of Facility Where A	batement is	Takin	g Plac	e (3)		· · · · · · · · · · · · · · · · · · ·	VI OKWATION	Type of Facility	· (A)							
Hargrave Residence			×					School (K-1								
Street Address								─ Subchapter	8 (Other than K private and com		uildin	gs,				
City (5)								Square Feet	# of Floors	P	ldg. A	100				
Somerdale								2.040	2		59. 7	ige				
County (6)					Cou	inty Code (	7)(STATE USE ONLY)		rior if being dem	olished)						
Camden						, (	702 002 0.121)	Residence	nor ii being den	iolisticu)						
Name of Monitoring Firm I	Hired by Bui	ilding (	Owner	(8)	ASCM	1 No.	Name of Abatem	ent Contractor (9	1			-				
Management & Envi								nade Environmental, LLC								
Street Address							Street Address									
PO Box 341							623 Cutler A	3 Cutler Avenue								
City, State, Zip Code					-		City, State, Zip C	ode		-						
Chesterfield, NJ 085	15						Maple Shade									
Project Manager for Monito	oring Firm			Tel	ephone	No.	Telephone No.		License No.							
Bill Weisgarber				6	09-298	3-4070	856-755-0099	9	00842							
Start Date (10)						ate (11)	Name of OSHA N	Monitor								
07 /12 / _	19	_0	7_ /	1	5_/	19	EMSL Analys	tical, Inc.								
Occupancy Status During	Abatement (	(Check	only	one)			Street Address					-				
☐ Facility Closed/Vacated							200 Route 13	0 North								
Abatement Performed (	Dutside of N	lormal	Facilit	y Hou	rs - Des	scribe	City, State, Zip C	-								
Time of Abatement:	AIVI	P/\	///	PM		_AM	Cinnaminson	n, NJ 08077								
Scope of Work (Check all t	hat apply)							20180 ot 175001450					0.22.5			
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			⊠ Re	novat	3.70		☐ Mini-End ☐ Gloveba	tainment with Ne closure g Procedure empted (*) and No		dure						
3000 - 5000 - 50				Loca							atem	ent T	ype			
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TO BE ABAT	ED	"		intena		(i.e	, thermal systems	insulation,	Amount (Specify	Removal	Repair	ncar	nclo			
IN Facility (13)			Cus	(12)	Staff?		surfacing, VAT other miscellane		SF or LF)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-	Encapsulate	Enclosure			
(13)		I	Yes	No	N/A		other miscellane	ous)				ate				
Basement				$\boxtimes$		Floor Ti	le and Mastic		200 SF							
										П		П	П			
			П	П	$I_{\Box}$											
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Name of Registered Waste	Hauler		ш		JDEP \	Nanta	Cubic Vords of	[N				Ш	Ш			
Freehold Cartage	- Tradici		- T-2	1,0870	lauler II 15939	O No.	Cubic Yards of Waste 1	Name of Regis								
City, State							Disposal Date	City, State				0-00				
Freehold, NJ					18		07/15/2019	Morrisville	, PA							
Completed By (Print or Typ	e)	Title					Signature			Date						
Christina Lynch		Vi	ce Pr	eside	nt of (	Operation	is ( MARIA	7		2/1/	10					

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Date of Notification (1)		(	Pursua	nt to NJAC 8:60 a	nd 12:12	0)		- {	3 20	19	
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Agencies Notified Type Notification	1		-	Address //	6/1	DUKE	ASBEST	<del>08 0</del>	ONTI	1OL	<u>a</u>
EPA Initial							المار	SENS	HNG		Designar, Sever 4-4-
DEP Amended DOL Amendmer	it#		City, S	State, Zip Code	-, /			_			
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Name of Facility Where Abatement is Taki	ng Place	(3)	FAC	CILITY INFORMAT	TION	Type of Facility	(4)	4 44	· ·	(B) B-	-
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Street Address						Subchapte	er 8 (Other than K-1 private & commerce	2)	Idinaa	bom	
Ony (J)						etc.)			1988		es,
HADDONF16/12						Square Feet	# of Floors		Bldg. ا	Age ノング	
County (6)			County	Code (7) USE ONLY)		Current Use (Pr	ior if being demolis	hed)	-	13	
Name of Monitoring Firm Hired by Building	Owner (8	3)	100 	M No.	Mana	RESIDE	OTIAL.	2.00			
ATTAS FRU INSP			ASC	WI NO.		of Abatement Co	ntractor (9) COUSTR	1 30	-	red .	
Street Address	, ,				Street	Address		الما الما الما الما الما الما الما الما	100	.00	
PO BOX /1645  City, State, Zip Code,					10	BOX 1	1582				
PHE/12 PA 19/16					City, St	ate, Zip Code	PA 191	11			
Project Manager for Monitoring Firm			Telepho	one No.	Telepho	one No.	License N	lo.			
BRIAW S Start Date (10)	Schodu	lod Cor	47-7	7844693 Date (11)	267	784-46	94 01	2/	6		
7-2-19	Scriedu	3-/	ripletion	Date (11)	Name o	of OSHA Monitor					
Occupancy Status During Abatement (Chec	k Only O	ne)	/		Street A	Address					
Facility Closed/Vacated During Entire   Abatement Performed Outside of Norm Other – Describe:	Period of nal Facilit	Abaten y Hours	nent S		City, Sta	ate, Zip Code					
Scope of Work (Check All That Apply)		/									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Income	Renova Demolit				Mini-Enclosure Glovebag Prod	cedure				
	Is	s Locati	on			Non-Exemple	d (*) and Non-Friab	le Pro	7-87	ement	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole			scription o			_	Ту	ре	
TO BE ABATED In Facility (13)	Ma	aintenar todial S (12)	nce/			insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		N.	JDEP W	/aste Cubic	Yards	Name of F	Registered Landfill				
FRYMAR CONSTRUCT	You	Ha	auler ID			la 455	Teo. 2	-6	L	j.	
City State PA	,	10		060	al Date	City, State		OK.	71 2.	_	
Completed by	Title		110	Si	ignature	7)152	25,0000 Dat	e,	4		
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□ DCA [	_ Emerger	ncy (ir		g		llmawr, I		8031	<u>i</u> _			LIUL	INORN	-		
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- 4					FΑ	CILITY II	NFO	RMATION								
Name of Facility Where Ab	atement is	Takin	g Plac	e (3)					Type of Facili	ty (4)					200 (20)	
Casey Residence									School (K-							
Street Address							112-01-0		Subchapte Other (i.e., homes, et	priva	other than ite and co	n K-12 omme	2) ercial bu	uilding	gs,	
City (5)									Square Feet		# of Floor	rs	BI	dg. A	ge	-
Bellmawr									1,638		2			60		
County (6)					Cou	nty Code (	7)(ST	ATE USE ONLY)	Current Use (	Prior i	if being de	emoli	shed)			
Camden									Residence	9						
Name of Monitoring Firm Hi				1000000	ASCM	No.			ent Contractor (							
Eagle Industrial Hygic Street Address	ene Asso	ciate	s, Inc				-		onmental, LL	С		-				
359 Dresher Road							Section.	reet Address								
City, State, Zip Code							-	S23 Cutler A								
Horsham, PA 19044							100	y, State, Zip C Maple Shade								
Project Manager for Monitor	rina Firm		-	Tele	phone	No	-	lephone No.	, 140 00002		License N	lo.				
Larry Nagelberg				1	15-768		1000	356-755-0099	)		00842					
Start Date (10)		Sched	uled C	1		ite (11)		me of OSHA N			00042				of a large	
07 /12 /	Salara and				5_ /	Marie San Charles	E	MSL Analyt	ical, Inc.							
Occupancy Status During A	batement (	Check	only	one)			Str	eet Address								
☐ Facility Closed/Vacated I							2	00 Route 13	0 North							
Abatement Performed Of Time of Abatement:							City	y, State, Zip Co	ode							
			/1/	PIVI-		AM	C	innaminson	, NJ 08077							
Scope of Work (Check all th	at apply)							⊠ Full Cont	rainmant with M		Б.					
$\boxtimes \ge 3$ sf or $\ge 3$ If $\boxtimes \ge 160$ sf or $\ge 260$ If			⊠ Re	novati molitic				☐ Mini-Enc ☐ Glovebag		5			re			
				Locat				131		T			1	ateme	ent T	уре
Location of Asbestos-Containing Ma	terial (ACM	n d		Norma d Sole		Ashe	stas	Description o Containing Ma			Amoun		Re	Re	m	m
TO BE ABATE				intena todial			., the	rmal systems i	insulation,		(Specify	y	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)				(12)	otan:			surfacing, VAT, her miscellane			SF or LF	=)	/al		sula	ure
			Yes	No	N/A		2.750								te	
Lower Level				$\boxtimes$		Sheetro	ck a	and Joint Co	mpound		155 SF	:				
							**************************************									
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Freehold Cartage				H	auler 10 15939		Was	ste	Fairless L	.andi	fill					
City, State					.0000			oosal Date	City, State					-		
Freehold, NJ							0	7/15/2019	Morrisville	e, PA	4					
Completed By (Print or Type	)	Title						Signature	1_			Da	te	******		
Christina Lynch		Vi	ce Pr	eside	nt of (	Operation	ıs	Omb	2	>		7	-11-	17		

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Date of Notification (1) 07/01/2019			Nam	e of Building	g Owner	/Operato	or (2)		八官	G		Z W	F
Agencies Notified Type Notification	on			et Address	iai					9 1	- u	U	
EPA X Initial			Ouce	ot riddiess					1)		20		
DEP Amended			City,	State, Zip C	ode				<u>                                     </u>	IJĽ.	- 8	2019	
X DOL Amendme	nt#_		Cra	nford, NJ	07062			Í					- Annual
DOH justificatio	y (incluai n)	ng		e of Contact				II Te	elephone	Rimhe	rcci	ITRO	11 0
DCA Cancellati	on		Jose	eph Krem	ar			11 12	bio Histories	فكتأ تآك	W.		11. 6
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY INF	ORMAT	TION						-	WOULDER DAY
Residential Property	ing i idoo	- (0)					Type of Facili						
Street Address							School (	K-12)	her than K	40)			
							X Other (i.e	e. private	& comme	-12) rcial bu	uilding	s, hor	nes.
City (5)		19-14-15-15-15-15-15-15-15-15-15-15-15-15-15-					etc.) Square Feet		of Floors				
Cranford							1,781	2	DI FIOORS		Bldg. 1926		
County (6)			Count	y Code (7)			Current Use (I		ing demol	shed)	1020		
Union			(STAT	E USE ONLY		_			mig donion	oricu)			
Name of Monitoring Firm Hired by Building	Owner (	8)	ASC	CM No.		Name Dany	of Abatement C	ontractor	r (9)				
Street Address						Street	Address	ig LLO					
City, State, Zip Code					,		S 5th St.						
						City, Si Elizal	tate, Zip Code beth, NJ 072	06					
Project Manager for Monitoring Firm			Teleph	one No.		Teleph	one No.		License	No.			
Start Date (10)	Schedu	iled Co	moletion	n Date (11)			006-4123		01355				
07/13/2019	07/19	/2019	inpietioi	TDate (11)			of OSHA Monito nvironmenta		otorios I				
Occupancy Status During Abatement (Che-	ck Only C	ne)				Street A		Labura	atories, i	nc.			
× Facility Closed/Vacated During Entire	Period of	Abater	nent				Route 22 W	est					
Abatement Performed Outside of Norr Other – Describe:	nal Facili	ty Houn	S		ŀ		ate, Zip Code						
					-		, NJ 07083						
Scope of Work (Check All That Apply)	Organia (A					3000							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Full Contains	nent with	Negative	Pressu	ire		
	П	Demon	1011			×	Mini-Enclosu Glovebag Pro	re					
	-						Non-Exempte	ed (*) and	l Non-Frial	ole Pro	cedur	e	
		s Locati										ement	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by		Des	cription o	of			_	Ty	ре	
TO BE ABATED	Ma	aintenar stodial S	nce/	Aspesto (i.e. ti	os Conta hermal s	iining Ma systems i	iterial (ACM)	1100000	nount pecify	-		g	m
In Facility (13)	Cus	(12)	can?	1	surfaci	ng, VAT,	, or		or LF)	Removal	Repair	cap	nclo
3172		T	Γ		otner mi	scellane	ous)			oval	air	Encapsulate	Enclosure
Pagament	Yes	No	N/A									te	
Basement			Х		Pipe I	nsulation	on	8	LF	Х			
										-			-
Name of Registered Waste Hauler			JDEP W		Cubic Y		Name of	Registere	ed Landfill				
Danvic Contracting LLC			auler ID 574	100000	of Waste 2	9	Fairless						
City, State Elizabeth, New Jersey					Disposa FBD	l Date	City, Stat					25-1-1-15-X	
Completed by	Title				100 000 000	notive	Morrisv	ille, PA					
Jeymy Donneys	Owne	er				nature 24jmu	Q )		) Dat	e /01/2	019		

Do not use this form for asbestos licensure exempted activities.

.06.2019 09:29 AM A	. Mac	Con	itrac	ting		2	201262	0321			P	AGE	Ξ.	2
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Pale of Notification (1) 6/28/15				Building !	Owner10	person A H &	CAM		Led "lest		11)	/		
gendles Notified Type Notification		T	Street A	ddreas					ROA	DE 1	17	SC	ONT	Re
EPA Initial DEP Amended Anrenders		_	City, Sta	le, Zip Co HCLAL	de	UJ.	02	4		PPI	101	ED	IIIVCI .	
DOH Emergency   Lettication   Cameallation			Name of	Contact PYLY / ./	E				Telepho	ne Num	ber			**
Isme of Facility Where Abatement is Takin	no Place (3)		FACH	LITY INFO	PRIMATI	ON	Typs of F	ANTIN IA			_			_
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OAKLAND UJ							Equare P	901 S CJ	# of Floo			dg. A	9e /	_
County (8) BEYEFER			County (	Dode (7) We daily		_	Current	ES	If being de	malleh	ed)			
Name of Monitoring Firm Hired by Building	Owner (6)		ABON	No.			of Abetem ac Contr	ent Cont						
Street Address		-Marine States		•			Address	Aun						_
Chy, State, Zip Code	-		*******			City, 5	itala, zip o and Park	5de	432			-		
Project Manager for Monitoring Firm		T	Teléphoi	Ne No.		Telepi	1908 No. 262-564		Lion	nas Ni	»,			
G/28/17	7	15	pletion I	Date (11)			d OSHA I		tel Sarvio	er Ind	<del></del>			
Docupancy Status During Absternett (Che Facility Closed/Veceted During Entire Absternent Performed Outside of Nor	Parlod of A	- -baten	nent			280	Address Huyler 8			***********				
Other - Describe:	mai racility	MOUIS	· 		_		itate. Zip C kansabk,		308					
Scope of Werk (Check All That Apply)  2 all ef or all it 2180 of or 2280 if		enoys emol(t					Full Oc Mini-Ei	ntainmer nolosure	nt with Neg					_
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Location of	l h	Locali Iemai d Sole	lv		Det	scription	of					Ty		
Asbestos-Centelning Material (ACM) TO RE ARATED In Facility (13)	Mai	ntensi odiai 8 (12)	nce/	Asbes (Ls.	thermal surfe	eining h system ting, VA niscallar	deterial (A) s insulation (T, or 16 que)	DM)	Amour (Spaci SF or L	lt (y F)	Remount	Rupair	Encapsulate	
BASEMENT			X		PI	PE			50	LE	X			-
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Verns of Registered Waste Hauler		ГЪ	Joep W.	este	I Cubie	Yarda	TN	sma st	egistered l	and Mi			eta un sego	
lework Certing Inc.		H	Euler ID		of Wa		11	•	entral Se		Len	dfill		
Dity. State Newerk, NJ 07105					6/2	19/19		ky, State en Arg	yl, PA 08	072				-
Completed by R. McDonald	Free	dant				Ignatun	Letter Letter	Mel			10	36	/10	_

Check # 9358

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

Date of Notification (1)					Name	of Buildin	g Ov	wner/Operator (	2)	Tm	1			-	-	
07/	02 /	19			Ма	rgo Perl			and the state of t	A 100	JU	L	8	2019		
Agencies Notified	Type Notific	ation			Stree	t Address				N/S G						
□ EPA		81								-	LACOFO		NO.	ITPO	ntrunum I O	
☑ DOLWD ☑ DHSS	Amende Amendm	37			City,	State, Zip (	Code	e			_ASBES	LICEN			La	
□ DCA	Emerger		ıdina		Ca	ldwell, N	J 07	7006	1	ertenaturatura	Startytus oeseytse	NATIONAL PROPERTY OF THE PARTY	usters		teritor (tiposit	BASIN PROPERTY.
(NJAC 5:23-8)	justificat		ading		Name	of Contac	t			Te	lephone N	Numbe				
	☐ Cancella	ition			Ma	rgo Perl										
					FA	CILITY IN	IFO	RMATION						_		
Name of Facility Where A	batement is	Taking F	Place (	3)					Type of Facility	(4)						
N/A									School (K-1	2)						
Street Address									☐ Subchapter ☐ Other (i.e., homes, etc	private	her than ke and com	K-12) nmercia	ıl bu	ilding	S,	
City (5)									Square Feet		of Floors		Ble	dg. Ag	ie.	
Caldwell						570	12	V =	2.200		2			60 +		
County (6)					Cour	nty Code (7	)(ST	ATE USE ONLY)	Current Use (P	rior if	being den	nolishe				
Essex									House		<b>J</b>		22.60			
Name of Monitoring Firm I	lired by Buil	ding Ow	ner (8)	) .	ASCM	No.	Na	ame of Abateme	ent Contractor (9	3)			-		-	
N/A					N/A		1	East Coast H	az Mat Remo	val, l	nc.					
Street Address							Sti	reet Address			9 9 9 9 9 9	77.57	200			
							1	494 East 41st	Street							
City, State, Zip Code				7			Cit	ty, State, Zip Co	ode							
							F	Paterson, NJ	07504							
Project Manager for Monit	oring Firm			Tele	phone	No.	Те	lephone No.		L	icense No	).				
							5	973-345-0022			00507					
Start Date (10)		Schedule	ed Con	nplet	ion Da	te (11)	Na	me of OSHA M	lonitor							
07 /13 / _	19	07	_ / _	28	_ / .	19	5	Same as abo	ve							
Occupancy Status During							Str	reet Address					-			
☐ Facility Closed/Vacated																
Abatement Performed of Abatement:A	Outside of No MPN	ormal Fa M/	cility H _PM	lours	- Desc _AM	cribe Time	Cit	y, State, Zip Co	ode							
Scope of Work (Check all	that apply)	-														
≥3 sf or >3 If		×	Reno	vatio	on			☐ Full Cont	ainment with Ne	gative	Pressure	9				
☐ ≥160 sf or ≥260 lf			Dem					⊠ Glovebag								
								☐ Non-Exe	mpted (*) and No	on-Fri	able Proce	edure				
Location o	£			ocati rmal				_					Aba	ateme	nt Ty	уре
Asbestos-Containing N		1)	Used :	Sole	ly by	Asbes	stos	Description of Containing Mar			Amount		Re	Re	Ē	Ē
TO BE ABAT	ED		Maint Custoo				., the	ermal systems i	nsulation,		(Specify		Removal	Repair	cap	Enclosure
IN Facility (13)				12)	ran:			surfacing, VAT, ther miscellaned			SF or LF)		<u>a</u>		Encapsulate	ure
	and the second second second	Y	'es	No	N/A		0.	inoi miscollarioi	Jus)			1			te	
Basement					$\boxtimes$	Pipe Ins	sula	ition			60 LF		$\boxtimes$			
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		Г	7	7									=		$\overline{\Box}$	$\exists$
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Name of Registered Waste	Hauler		_   _	N	JDEP V	Naste	Cul	bic Yards of	Name of Regi	ctoro	Londell		_	Ш	Ш	Ш
East Coast Haz Mat I		nc.		На	auler IE 419			iste	G.R.O.W.S			of DA	ko .			
City, State								posal Date		., .,		OI F	•			
Paterson, NJ								-28-19	City, State  Morrisville	, DA						
Completed By (Print or Typ	ι <b>α</b> )	Title					0		WOTTSVIlle	, PA		_				
James E. Unger	(0)	900	Ecti-	ata-	/D=c:	of Man		Signature	1 11			Date			·	
annes L. Onger		Sr. 1	_5um	ator	rroje	ect Mgr.		fair	4 192			) -	2	-/	7	

MAY 11 /W/#1057/

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
CIC 5154

711/1/10	211 MANU	J (	rurst	iant v	O NJAC	, 8:60 and 12:	120)	p					
Date of Notification (1)					of Buildi	ng Owner/Operato	r (2)	IIN E	GE		1	ij	E
7/0/19				~	PR.	PETERBI	+ KA Rici	+ He					
Agency Notified	Type Notification			Street	Address					0			
□ EPA	Ja Initial								UL -	8	20	19	
D DEP Z DOL	Amended Amendment#	5		City, S	State, Zip			030.5					
2 DOL	☐ Emergency (included)	ling			<u> </u>	iFION	. 100.	Telephoné Num	250000	( ) /	1011	111	
DCA	justification)  □ Cancellation	17-01 -			of Conta	a 1 KANICH		Telephone Num	berus		NAI	nu	LC
- DOA	2 Odikesadoli										-	tun	weight
Name of Facility Where	Abatamant is Taking D	- in (2)		FAC	LITYINE	ORMATION			_				
					- 0		Type of Facili	ty (4)					
Street Address	Peter 34	ICA	Ka	CE1	JAS		School (K-						
Sdeet Address	20				100	740		r 8 (Other than K-12 private & commercia		ngs,			
City (5) .				311-317-23-4	· · ·		homes, etc	:.)					
Curto	. \					1.44	Square Feet		Bidg.			,	
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County (6)	ACC		1	ONLY		) (STATE USE		Prior if being demolis こらいるさい ほ					
Name of Monitoring Firm		er	ASCIV	A No		Name of Abaten							
(8)	, the same of the		710011	1 140.		1 .							
Street Address						Best Re		ic		-	-		_
				25		450 Sou		- 01					
City, State, Zip Code				<del></del>		City, State, Zip C	ode KIVEI	5.5.		_	-	-	-
	*					Hackens		1. 07601					
Project Manager for Mon	itoring Firm	Te	elepho	ne No.		Telephone No.		License No.					
						201-329-	-7444 -	00388					
Start Date (10)	Scheduled C			te (11)		Name of OSHA	Monitor						
7/15/19	/	20/				Omega I	Invironm	nental			_		
Occupancy Status Durin	g Abatement (Check bri	ly one)				Street Address		•			Territoria de		
☐ Facility Closed/Vacate	d During Entire Period	of Abat	ement	t			ıyler St						
Abatement Performed	Outside of Normal Fac	ility Ho	UTS O LI	7.9		City, State, Zip C		. N T 07	(0)				
Scope of Work (Check a			110			р. пас	Refisack	,N.J. 07	000			_	-
□≥3sfor≥3lf				<del>-</del> 6	ovation			h Negative Pressure					
22 ≥ 160 sf or ≥ 260 lf			•	□ Den			Enclosure ebag Procedure		7				
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, Locatio			Vormal d Sole			Description of	of				T	T	$\neg$
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(13	)		(12)			other miscellane	eous)			Val	Repair	ulat	Enclosure
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Best Remo	val Inc	ID	No.	109		Waste	Polyo	ا ا ا ا	. ,	14 -		NO.4	
City, State			Τ/	103		8 c75	COMBELL	AND COUNTY	LAN	UT	14	_	1
	k , N.J. 07	601				Disposal Date 7/22/19	City, State	ROH, PA.	172	1	_		
Completed by	Title	001				Signature /		,	7 / Z Date 1	4			-
J.Maiorano	Est	imat	or			VM	مصر دادی	ا کس	7/	1/1	q		
ASB-41				n for as	bestos lic	ensure exempted	activities		-1/	11		_	

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$\cap V$	7414	K	PAT	m '		CATION	ate of Nev I OF ASBI to NJAC I	ESTOS A	ABATE			JE JE	N#	19	-5.	74 s r	51
Date of 7/2/19	Notification (1)	0					f Building ( er Kram						65	Ш	<u> </u>	5	CONTRACTOR STATES
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X EP			nitial mended		-	City, Sta	te, Zip Co	de		-	VD.				-		and the same
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	f Facility Where A er Kramer Pr				3)					_	of Facility	505					
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City (5)											etc.) re Feet	# of F	loors	B	ldg. A	ae	
	on Twp NJ 08	3108					6)			100		2	10010	1000	5÷	90	
County						County (	Code (7) USE ONLY)			Curre	ent Use (Pr JSE	ior if being	g demolish	ed)			
Name of	f Monitoring Firm	Hired b	y Building	Owner (8)		ASCM	l No.			of Aba	ntement Co	ntractor (9	9)				
Street A	ddress		·1.**			1			Street	Addre	ss					19	
City Sta	ate, Zip Code								ST INSTITUTE	Box 3	29 ip Code						
Oity, Ota	ate, zip Gode								2/20		lin NJ 08	091					
Project I	Manager for Mon	nitoring F	irm			Telepho	ne No.			none N -753-9			License No 00727	o.			
Start Da						npletion l	Date (11)				HA Monitor						
7/12/	19 ncy Status Durin	a Abata	ment (Chec	7/27/1					Street	Addres							
X Fac	cility Closed/Vacatement Perform	ated Du	ring Entire I	Period of /	Abatem	nent					ip Code						
Scope o	of Work (Check A	VII That A	Apply)										511				
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				le	Locati	ion				23 140	II-Exemple	d ( ) and	INOTI-L'Habi		Abate		
	Location			1	Normal ed Sole	ly			cription					-	Ту	pe I	
Asb	estos-Containing TO BE AB In Facil (13)	ATED lity	al (ACM)	Ma	intenar todial S (12)	nce/		tos Conta thermal surfac other m	system sing, VA	s insula T, or	ation,	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
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Namo	walls f Registered Wa		or		I N	JDEP W		rown p		packir			00sf ed Landfill				
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City, Sta								7,100,000	al Date		City, Sta Morris	te ville PA	19067				14
Comple				Title	20000	<u> </u>		200000000000000000000000000000000000000	ionatur	9.00			Da	te			

President

Anthony T Perna

7/2/19

IN#1	241	3										
Date of Notification (1) 06/27/2018			NO	State of N. FIFICATION OF ASI (Pursuant to NJAC	8:60 and 1:	2:72(1)	m ne	C	E		$\mathbb{V}$	EMI
Agencies News	/			Name of Building La Casa don		ator (2)				_		Principal de la composition de la composi
EPA I	lotification			Street Address				JUL		Ö	2019	计划
DOL A	nended nendment.	#		317 Roseville			ASE	FST	ns (	CON	TRO	2
DOH LE LIUS	nemency (i tification)	ncludi	ng	Newark ,NJ,07	107				ICEN			
Name of Facility Where Above	ncellation			Chris Pagan			Teleph	none	Numb	er		
Name of Facility Where Abatemen Private House Street Address	t is Taking	Place	(3)	FACILITY INFO	MATION	Type	3/3-	485-	7555	i		
		_					of Facility (4) School (K-12)					$\neg$
City (5) Newark	_	-				11 1 3	Subchapter 8 (Other the other (i.e. private & corte.)	an K-	·12)	-78 -3r_		
County (6) Essex			- 17	200		Square N/A	Feet # of Floo	ors	-		gs, hor	nes,
Name of Monitoring Firm Hired by Bu N/A	ilding Own	Or (0)	1	County Code (7) STATE USE ONLY)		Current	N/A Use (Prior if being de	molis	hed	N/A	- nge	
Street Address		GI (0)		ASCM No.	Name	of Abota						
City, State, Zip Code					Street A	ddress	-IAICIAL LLC					
Project Manager for Monitoring Firm					City, Sta	anklin S						$\dashv$
Start Date (10)		_	Te	ephone No.	1 alers	ion,NJ,	07524					
06/29/2019	Sche	duled 0	Comple	tion Date (11)	Telephor 973-33	3-5142		e No.		_		-
Occupancy Status During Abatement (C	heck Only	One)			Name of Ehw A	DAIEM	onitor ENT LLC	_	_	_	_	$\dashv$
Abatement Performed Outside of N Other - Describe: OCCUPIE	re Period o	of Abat	ement		Street Add 89 Fran	free		_	_			
I I I I I I I I I I I I I I I I I I I				-	City, State Paterso	Zin Cos	la	_	_			
≥3 sf or ≥3 if ≥160 sf or ≥260 if	V	Renov	ration			1,110,0	7524					
	Ц	Demoi	lition		F	ull Conta lini-Enclo	inment with Negative	Press	sure			
Ashartan a Location of	Is	Local	tion	T	frond (r	Ovensa	Procedure pted (*) and Non-Friat					
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	Use Mai	Vorma d Sole intena	ly by	Ashestos Conta				T	Abat		nt	1
(13)	Cust	odial 8 (12)	Staff?	Asbestos Contai (i.e. thermal sy surfacin	O VAT OF	l (ACM) ation,	Amount (Specify	7		T	T_	
BASEMENT	Yes	No	N/A	other mis	cellaneous)		SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	+-	Х		PIPE INS	ULATION		20LF			ilate	ure	
	+ +	$\dashv$					ZULF	X	4			
Name of Registered Waste Hauler								1	+	1	$\dashv$	
LITTY ABATEMENT LLC		I Hai	DEP Waller ID 137095	No. of Waste		Name of	Registered Landfill					
City, State PATERSON,NJ		008		N/A Disposal D		Iri Sta	te Transfer					
Completed by Victor Espiritu	Title	_		IBD	,	City, State	NY /				-	
	Project	Man	ager	Signal	u'ey)/	1)	Date	7/00	-	-	-	
ASB-41 (R-06-08)					t	N	W // L06/2	7/20	119			

Time	+1259	9													Print
71/17	L 1921	AUT	NOT	IFICATION	State of ON OF A	New Jers SBESTO	Sey S ARATI	EMENT							
CK 840	t PA	ALL		(Pursua	nt to NJ	AC 8:60 a	ind 12:12	20)		) E	@ F	= n	חח ו	7 7	
Date of Notification (1) 07/03/19				Name	of Buildi	ng Owner	r/Operato	or (2)		11/5	G		W [		<del>M</del>
Agencies Notified	Type Notificatio	n			uda Dre			54200							
EPA	Emmi	11		Street	Address					Ш	JUL -	- 3 2	019		1
DEP	Amended			City, S	State, Zip	Code	,		-	+				-	
X DOL	Amendmer Emergency	nt # / (includin	na .			NJ 0870	01		The state of the s	ASE	ESTOS	CONT	ROL	l &	
DOH DCA	justification Cancellation	1)	.9		of Conta Ida Dre					I	elephone	NSING.		Water to	
Rance 1		45.5				IFORMA	TION					-			
Name of Facility Where	Abatement is Taki	ng Place	(3)			. Oraniz	non	Туре	of Facilit	y (4)					
Street Address									School (K	(-12)					
								×	Subchapt Other (i.e	ter 8 (Ot . private	her than & comm	K-12) ercial bu	ıildinas	. hon	nes
City (5)									etc.) re Feet		of Floors		Bldg.		
Lakewood								- 400		1	01110015		blug.	Age	
County (6) Ocean				County (STATE	Code (7	) Y)		Curre	ent Use (F	rior if be	eing dem	olished)			
Name of Monitoring Firm	Hired by Building	Owner (8	3)		M No		Namo	of Abo	tement C		(0)			- 5/3.50	
							AAA	LEAD	PROF	ESSIC	NALS				
Street Address								Addres							
City, State, Zip Code									DOVE (	COURT					
у, ,									p Code DD, NJ	08701					
Project Manager for Mon	itoring Firm			Telepho	one No.		Teleph	one No	D.		Licens	e No.			
Start Date (10)		Cobod	1-10					668-9			1200				
07/14/19		07/17/	led Coi '19	mpletion	Date (11	)			A Monito PROF		NIALC				
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street				INALS				
Facility Closed/Vaca	ated During Entire	Period of	Abaten	nent			6 WH	IITE D	OVE C	OURT					
Abatement Performe  Other – Describe:	ed Outside of Norn	nal Facilit	y Hours	S			City, St			20704					
Scope of Work (Check Al	l That Apply)						LANE	VVOC	DD, NJ (	38701					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova	ition				Full	Containm	nent with	Negativ	a Pracci	IFO		
≥160 sf or ≥260 lf		×	Demolit	ion			H	Mini	-Enclosur ebag Pro	re	···ogaliv	0 1 10000	110		
		1					×	Non	-Exempte	d (*) an	d Non-Fr	iable Pro	cedur	е	
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Project Manager for Monitoring F	irm		Te	lephone	∋ No.	Philadelphia Telephone No.	PA 19136	Trianno M				-146
North Bergen NJ 07047						City, State, Zip C						
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2200 Patterson Plank Rd.	Unit 7					Street Address	_					
A.E.S.L Street Address				002	21	CPR Enviro	nmental Service					
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CV IDSON	LAL	The	ווווע	CATI	ON OF A	SBESTOS AB	ATEMENT	MEC			7 [	0 0
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Print Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1 Name of Building Owner/Operator (2) 7/3/19 NJ Abaters Agencies Notified Type Notification Street Address PO Box 643 **EPA** Initial DEP Amended City, State, Zip Code X DOL Amendment # Middlesex NJ 08846 Emergency (including DOH Name of Contact justification) Telephone-NumberCONTROL & DCA Cancellation Raphael Rodrigues 908-361-0889NSING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) home School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, X City (5) Square Feet # of Floors Bldg. Age New Brunswick 1900 73 County (6) County Code (7) Current Use (Prior if being demolished) Middlesex (STATE USE ONLY) home Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/13/19 7/26/19 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code × Other - Describe: basement Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure X ≥160 sf or ≥260 If Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Normally Location of Type Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, In Facility Custodial Staff? (Specify Removal Enclosure surfacing, VAT, or (12)SF or LF) (13)other miscellaneous) Yes No N/A basement X pipe insulation 200 LF x Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting Grand Central Sanitary Landfill 04509 TBD City, State Disposal Date City, State Newark, NJ TBD Pen Argyl PA Completed by Title Signature Date A. Scott Higgins President 7/3/19

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1 Name of Building Owner/Operator (2) 7/3/19 Jennifer Benigno Agencies Notified Type Notification Street Address EPA Initial City, State, Zip Code DEP Amended X DOL Amendment # Morris Plains NJ 07950 Emergency (including Name of Contact Teleghoge Nomber ONTROL & DOH justification) Jennifer Benigno DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) home School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, X etc.) City (5) Square Feet # of Floors Bldg. Age Morris Plains 1800 70 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Morris home Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/17/19 7/26/19 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: basement × Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure X ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A basement X pipe insulation 60 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting Grand Central Sanitary Landfill 04509 TBD City, State Disposal Date City, State Newark, NJ Pen Argyl PA TBD Completed by Title Signature Date A. Scott Higgins President 7/3/19

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Name of Monitoring Firm Hired by Building N/A	Owner (	3)	ASC	M No.	Name	of Abatement C	ontracto	r (9)			77	
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City, State, Zip Code						tate, Zip Code wa, NJ 0712						
Project Manager for Monitoring Firm			Telepho	one No.		ione No.		License	e No.			
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X Other - Describe: Occupied		7 1 10 011				ate, Zip Code va, NJ 07512						
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City, State Wayne, NJ				Dispos TBD	al Date	City, State		×.				
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Name of Monitoring Firm Hired by Building N/A	Owner (8	)	ASC	M No.		Name D&S	of Aba	tement Co	ntractor	r (9)				
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Project Manager for Monitoring Firm			Telepho	ne No.		Toto		J 0712		License N	lo.			
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Name of Registered Waste Hauler Atlantic Carting		Н	JDEP Wauler ID I		Cubic \ of Was TBD			Name of Grand (		red Landfill I				
City, State Wayne, NJ					Dispos	al Date	1	City, State		(				$\neg$
Completed by Oliver Hegedis	Title Proje	ct Ma	nager			gnature	(1	j. mar en en	.,	Da	te /03/2	2019		

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.  Hauler ID No. 17040  Disposal Date 07/31/19  Completed By (Print or Type) Constantine Vivian  Disposal Date 07/31/19  Signature  Date 7/2/2019	TIN	# 1200	ノナ		State (	of Ne	w Jersey			Chec	k # 16	673	1
T/2/2019   Agencies Notification   Trank Markey   Street Address   Trank Markey   Trank Markey   Street Address   Trank Markey   Tr	CK 110(07)	2 PA	NOT	IFIC.	ATION (	OF AS	BESTOS ABATEMENT		E	2 G	1 W		S I
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Street Address  Street Address  86 Christopher St.  City, State, Zip Code  City, State, Zip Code  Project Manager for Monitoring Firm Relephone Number N/A  Scheduled Start Date (10)								Current Use	(Prior if be	eing d	emolis	hed	L)
Street Address  Street Address  86 Christopher St.  City, State, Zip Code  Montclair, NJ 07042  Project Manager for Monitoring Firm Relephone Number N/A  Scheduled Start Date (10)  O7 31 19  Month Day Year Month Day Year  Occupancy Status During Abstement (Check only one)  [X] Facility Closed/Vacated During Shrine Period of Abstement [Check only one)  [X] Scheduled Start Date (10)  [X] Facility Closed/Vacated During Ratire Period of Abstement [Date (11)]  [X] Scheduled Start Date (10)  [X] Facility Closed/Vacated During Shrine Period of Abstement [Date (11)]  [X] Scheduled Start Date (10)  [X] Facility Closed/Vacated During Shrine Period of Abstement [Date (11)]  [X] Scheduled Start Date (10)  [X] Facility Closed/Vacated During Shrine Period of Abstement [Date (11)]  [X] Scheduled Start Date (10)  [X] Facility Closed/Vacated During Shrine Period of Abstement [Date (11)]  [X] Scheduled Start Date (10)  [X] Facility Closed/Vacated During Shrine Period of Abstement [Date (11)]  [X] Scheduled Start Date (10)  [X] Facility Closed/Vacated During Shrine Period of Abstement [Date (11)]  [X] Scheduled Start Date (10)  [X] Facility Closed/Vacated During Shrine Period of Abstement [Date (11)]  [X] Scheduled Start Date (10)  [X] Facility Closed/Vacated During Shrine Period of Abstement [Date (11)]  [X] Scheduled Start Date (11)  [X] State (12)  [X] Scheduled Start Date (11)  [X] Scheduled Start Date (12)  [X] Scheduled Start Date (13)  [X] Sched	Name of Monitoring F: Owner (8)	irm hired by E	Buildin	g A	SCM No		Name of Abates	ment Contrac	tor (9)				
Street Address  86 Christopher St.  City, State, Zip Code  Montclair, NJ 07042  Project Manager for Monitoring Firm Relephone Number N/A  Scheduled Start Date (10) Sched. Completion Date (11) O7 31 19  Month Day Year Month Day Year Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement (Check only one) (X) Facility (Check all that apply)  [X] Street Address	N/A						AZTECH M	ANAGEMEN	IT, Inc.				
City, State, Zip Code  Montclair, NJ 07042  Telephone Number N/A  Scheduled Start Date (10)	Street Address						Street Address	3				-	
Project Manager for Monitoring Firm Telephone Number N/A (973) 744-8800 (0371  Scheduled Start Date (10) O7 29 19 O7 31 19 Month Day Year Occupancy Status During Abatement (Check only one) [XI) Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Ferformed Outside of Normal Facility Hours - Describe: coffidure Descripts [ ] Jother - Describe: coffi	-1.						86 Chris	topher S	t.				
Froject Manager for Monitoring Firm Felephone Number (973) 744-8800	City, State, Zip Code												
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Scheduled Start Date (10)  07 29 19  07 31 19  Month Day Year Month Day Year  Occupancy Status During Abatement (Check only one)  [X]Facility Closed/Vacated During Entire Period of Abatement [] Abatement Ferformed Outside of Normal Facility Hours - Describe: @Officurs Descript> [] Jother - Describe: @Officurs Description of Abatement Type   Descripti	rroject manager for M	onitoring Fir	201	-	ne Num	ber			F			er	
O7	Scheduled Start Date	(10) Sahad								003	71		
Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: **OffHours Descript**  Scope of Work (Check all that apply)  [X] 23 sf or >3 lf [] 2160 sf or >260 lf [] Demolition [] 10 pemolition []	0.0					(11)	The second secon	onitor					
City   State   Signature   Period of Abatement   Period of Abatement   State   Signature   Period of Abatement   State   Signature   Period of Signature   Period of Signature   Period of Abatement   State   Signature   Period of Signature   Period of Signature   Period of Abatement   State   Signature   Period of Sig		ar Mon	th r	1211	Von	r	IN/ EL						
Of Abatement Performed Outside of Normal Facility Hours - Describe: <a href="https://doi.org/10.1001/j.com/doi.org/">City, State, Zip Code</a> City, State, Zip Code  City, State  Constantine Vivian  City, State  Constantine City, St	[X] Facility Close	ng Abatement ed/Vacated Dur	(Check	only	one)	1	Street Address			-			
Hours - Describe: «Other Occupancy Descript»   Scope of Work (Check all that apply)   [X] So of various of [X] Staff (12)   Yes   No   N/A	of Abatement												
Scope of Work (Check all that apply)  [X] Sope of Work (Non-Friable Procedure  [X] Mini-Enclosure  [X] Mini	Hours - Descri	be: «OffHours	Descri	ot»		ty	City, State, Z	ip Code					
[X] S or \$\geq 3 \text{ 1f}  [X] Renovation [X] Mini-Enclosure [X	[ ]other - Descri	be: «Other Occ	upancy	Desc	cript»								
Intervolution   Intervolutio	Scope of Work (Check	all that apply	A)										
Location of Asbestos-Containing Material (ACM) Solely By Maintenance/ Custodial Staff (12)  In Facility (13)  Basement    Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.   17040   17040   170474   17047	[X] >3 sf or >	3 lf					[X]Mini-E	ontainment : nclosure	ith Negative	Press	ure		
Location of Asbestos-Containing Material (ACM) (Solely By Maintenance/Custodial Staff (12) Yes No N/A  Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. Haller ID No. 17040  Location Normally Used Asbestos-Containing Material (ACM) (Specify MER R C C C C C C C C C C C C C C C C C C	[ ]≥160 sf or	≥260 lf	[	]Dem	olitio	n	[X]Gloveb	ag Procedure					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Basement  Normally Used Solely By Main- tenance/ Custodial Staff (12) Yes No N/A  Pipe Insulation  Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.  Hauler ID No. 17040  Disposal Date O7/31/19  Description of Asbestos-Containing Material (ACM) (Specify M P A L (Specify M P	Tarabian		Te		on		[ ]NOII-FE	Table Proced	lure	Aba	temen	t T	me
Name of Registered Waste Hauler  AZTECH MANAGEMENT, INC.  Name of Registered Waste Hauler  AZTECH MANAGEMENT, INC.  Disposal Date  Material (ACM)  Solely  By Maintannee/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Wame of Registered Waste Hauler  AZTECH MANAGEMENT, INC.  Disposal Date  O7/31/19  Material (ACM)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  A R U R L R  Cubic Yards of Waste 1.5  Tri - State  City, State  Montclair, NJ 07042  Disposal Date  O7/31/19  Signature  Date  7/2/2019		-		rmal	ly							E	E
In Facility Custodial Staff (12)		785 E		colel	У		Material (A	CM)		E	E	C	C
Basement    Staff (12)			te	nanc	e/		(i.e., thermal	systems	SF or	0	2	P	0
Basement  X Pipe Insulation  130 LF  X  Name of Registered Waste Hauler  AZTECH MANAGEMENT, INC. Hauler ID No. 17040  Disposal Date 07/31/19  Completed By (Print or Type) Title  Constantine Vivian  Date 7/2/2019	(13)		Sta	ff (	12)		or other miscell	aneous)	LF.)	A	D	U	U
Name of Registered Waste Hauler  AZTECH MANAGEMENT, INC.  Hauler ID No.  17040  Disposal Date  O7/31/19  Completed By (Print or Type)  Constantine Vivian  Disposal Date  O7/31/19  Signature  Signature  Date  7/2/2019	Basement		Yes	No		Din	a Inculation	-	120			-	
AZTECH MANAGEMENT, INC. Hauler ID No. 17040 of Waste 1.5 Tri - State  City, State  Montclair, NJ 07042 Disposal Date 07/31/19 Bronx, NY, 10474  Completed By (Print or Type) Title  Constantine Vivian President Signature Date 7/2/2019					-		e insulatio	11	T20 TF.	X		+	
AZTECH MANAGEMENT, INC. Hauler ID No. 17040 of Waste 1.5 Tri - State  City, State  Montclair, NJ 07042 Disposal Date 07/31/19 Bronx, NY, 10474  Completed By (Print or Type) Title  Constantine Vivian President Signature Date 7/2/2019	Nome of a									+		+	
City, State Montclair, NJ 07042  Disposal Date 07/31/19  Completed By (Print or Type) Constantine Vivian  Disposal Date 07/31/19  Bronx, NY, 10474  Signature Date 7/2/2019										ill			
Montclair, NJ 07042  Completed By (Print or Type) Constantine Vivian  Date 7/2/2019		, TIAC	17			01		Tri - S	State				
Completed By (Print or Type) Title Signature Date 7/2/2019		7042											
Constantine Vivian President	3,000					1	71/31/19	Bronx,	NY, 1047	4			
1/2/2019	Completed By (Print or Constantine Viv			ıt			Signature	754	1/20-		0010	-	
	57 Crane St.						- 1 Che	1Chris	11)1100	1/2/2	.019		

Jul 03 2	2019 03:53PM NJ Asbestos Control	609,633,0	664	penicus	age_1						
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Ļ	AIM BE	DHOTEL	ATION OF	Naw Jemey RERESTOR AL VIAC 8:50 and	ATEMENT (2:120)	8 2019		1	7		
	Date of Notification (1) July 3.	1019	Vernouch Bu	nising Owner/Op	WESEN	CONTRO	Tvika		T.,		
** 4.	Agencies Notified Type Notification		Street Addr			18	111	Line	7	1	
	D EPA Initial DEP DAmended Amendment #_		City, State,	Zip Cade	delon	The	TO ADA	TITE	سيناء	3	
	DOH   Emergency (income   DOH	golbus	Name of C	Territories	1	1. 11	Velephone Number	N COM	۵.۵		
			FACILI	Y INFORMATIO	DM .	Facility (4)					-
	Name of Facility Where Abatement is Taking F	Y [	We.	lins	□ s	choci (K-12)					
	Street Address	7		1	0 (30)	unchapter s ther (i.e. pri .o.)	(Other than K-12) vets & commercial		-	mæe,	
	Chy (6) Haddon To	, M D	N:	50810	Squan	Feet	# of Floors		Age O V	_	
p <sup>el</sup>	County (a)	1,61,	County Co	E OWLY)	Curren	il Usa (Prior	if being demolate	d)			-
	Name of Menitoripo Firm Harad by Building Ov	vner (8)	ASCM	No.	Name of Abab	ement Cont	PODIO	26	I	n	
	Street Address Ro. Box 3	7			Street Address	BOX (		-	٠.	d), at	
	City, State, Zip Code	N2	08	533	New	Egy		OE	5	3.	5
	Project Manager for Managers of Jam		Telephone	58-3365	609 758	-336	5 Licenta No	13	9		_
	Start Date (10) July 5 2019	Scheduled Co	mpleton D	ato (11) 2019	Name of OSF	Tech	mologies	In	<u></u>		
	Occupancy Status During Abatement (Check	Only One)			Street Address	Bar	337			di Ya	
	Facility Closed/Vecased During Entire P.  Abstament Performed Outside of Norms  O Other - Describe:	eriod of Abate al Facility Hou	ement		City, State, Z	ip Code	~	085	3	3	
	Scope of Work (Check All That Apply)			**		-					
,	23 sf or 23 ff 2160 sf or 2280 ff	Renor Demo	vation .		D MI	nuspion3-in	ent with Wagelive P cadure 1 (*) and Non-Prizab				
		is Loo		4.0				A	Typ		
	Location of Asbestos-Containing Material (ACM)	Used St Mainter	lely by	Ashestas Col	ascription of Maining Meteria al systema insul	I (ACM)	Amount (Specify	30	70	E	Enc
W.	TO BE ABATED in Fadility (13)	Custodia (1)		suri	incing, VAT, or miccelleneous		SF or LF)	Removal	Repair	Encapaniale	Euchostas
	7	Yes N	o NA	0.	Fac. 1.1	,	24 LF	E	$\dashv$		
	Basement Frank Well	1×		- Pipe	Insulati	<i>v-</i> 9					
								$\vdash$			-
	A AND AND AND AND AND AND AND AND AND AN	1	NJDEP V	Vineta Cub	ole Yards ,	Name o	Registered Landfill	1	-		
	Name of Registrated Wasta Hauler EPC Technologie	S	Hauler II	No. of Y	Vante <	Oity, Str			10	E	JA:
	New Equat	NJ.	`	17	-8-19 Signature	Mor		PA			
	Stelle Schenker	Pices	ident		Steel	Sch	ich	7	-3	-1	4

Ch 1158	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)										Pin S8		
Date of Notification (1) 6/28/2019 JN 1- 120	770		Nar	me of Build	ing Owne			diament of the state of the sta	JUL ·	- 8	2019		
Agencies Notified Type Notificat	tion			et Address					ASBESTOS LICE	CON	ITRO	L&	
DEP Amended Amended	ent#		City	, State, Zip anchville	Code	26					inaugurist.	may to see	- Lucanomi
DOH Emergen justification Cancellat	on)	ding	Nam	ne of Conta	ict		•		Telephone	Numb	per		
Name of Facility Where Abatement is Ta	king Plac	9 /2)		ACILITY II		TION							
Private Property	King Flac	e (3)						of Facility (					
Street Address  City (5)							X O	ther (i.e. p	2) 8 (Other than rivate & comm	K-12) ercial	buildir	ngs, ho	omes,
Branchville NJ							Square 12000	Feet	# of Floors			g. Age	
Sussex County			Coun (STAT	ty Code (7	) .Y)		Current	Use (Pric	or if being dem	olished			
Name of Monitoring Firm Hired by Buildin N/A	g Owner	(8)		CM No.		Name	of Abate	ment Con	tractor (9)				
Street Address N/A						Street	Address	-	nices LLC				
City, State, Zip Code N/A				1435 51st Street  City, State, Zip Code  North Bergen NJ 07047							_		
Project Manager for Monitoring Firm N/A			Teleph	none No.		Telepho	one No.		047 License	No.			
Start Date (10) 7/9/2019	Sched	uled (	Completion	n Date (11)		Name o	52-968 f OSHA	Monitor	01384				
Occupancy Status During Abatement (Che	ck Only (	one)				Iris Er Street A		nental La	aboratories				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 7:00 AM to 4:00 PM	Period of		tement urs		-		Route 2	22 West					
Scope of Work (Check All That Apply)					_		NJ 078						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Reno Demo	vation olition			×	Gloveb	ag Proced	t with Negative				
Location of	ls.	S Loca Norm	ation ally		AC 25			lempted (	) and Non-Fria	ble Pri	Abat	emen	t
Asbestos-Containing Material (ACM)  TO BE ABATED	Use Ma	ed So inten	lely by ance/	Asbest	os Contai	ription of ning Mat	erial (AC	M)	Amount	-	T	уре	$\Box$
In Facility (13)	Cus	todial (12)	Staff?	(i.e.	tnermal s	ystems in	sulation,		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior	Yes	No	N/A X		Ch:1					/al	Ť	ulate	ure
					Sningi	es sidin	g	-	1200 SF	х			
ame of Registered Waste Hauler		1 -											
ewark Carting Inc		1	NJDEP Wa Hauler ID N 4509		Cubic Ya of Waste	rds			stered Landfill ehem Rd La				
ty, State D Box 5670					Disposal	Date	City,	State	, ,	9			
Completed by Galo Zumba  Title Principal							733	5 Apple	butter Res	ethlel	hem	PA	

		NO	TIEL	` A TI	Platapi	New Jersey	[7]	lower 1	(A) [	= n	1\/7	
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Date of Notification (1)	1-1910						THE PARTY OF THE P					_
07	03	19		1		ding Owner/Operat	or (2)		UL -	- 8	201	Q
Agencies Notified	Type Notification				id Brook			tend (mal)				-
⊠ EPA	Initial	On		Stre	eet Addres	S		ACDI	OTOC	000	hallada katalan	
☑ DOLWD	Amended				D1 - 1 - 7			ASBE	LICE	NSIN	VIRU IG	JŁ
DHSS	Amendmen		_		, State, Zij				of any seement or	Name and Address of	To the latest designation of the latest desi	-
DCA (NJAC 5:23-8)	Emergency justification	(includi	ng	Pisc	ataway, N	NJ 08854						
(10/10 0.20 0)	Cancellation			1		act		Telephone Nu				
		-			id Brook	INICODE		· 1.27. FEE	(i)			
Name of Facility Where A	batement is Tak	ing Plac	e (3)	Γ.	ACILITY	INFORMATION	T = 1 = 1					
Private house			c (5)				Type of Facil					
Street Address				-071			School (K	12) er 8 (Other than K-1	2)			
							Other (i.e	., private and comme	ercial t	uildin	igs,	
City (5)							homes, e					
Piscataway, NJ 08854							Square Feet	# of Floors	E	Bldg. A	∖ge	
County (6)				Cou	inty Code (7	) (STATE USE ONLY	Current Use	Prior if being demol	links d'			_
Middlesex							, Journal USE	(i iioi ii beilig demol	isneo)			
Name of Monitoring Firm	Hired by Building	) Owner	(8)	ASCN	No.	Name of Abate	ment Contractor	(9)				_
Charles						Gr Tech LLC		1 6				
Street Address						Street Address						-
City, State, Zip Code			7			576 Valley Rd	#283					
oity, otate, zip code						City, State, Zip	Code		- 54 17			
Project Manager for Monit	oring Firm		Tolo	phone	NI	Wayne, NJ 074	170					
5	3		Tele	pilone	INO.	Telephone No.		License No.				
Start Date (10)	Sche	eduled C	omple	tion Da	ate (11)	973-638-1777 Name of OSHA	Monitor	01127				
07 /14 / _		07 /										
Occupancy Status During						Envirovision C	onsultants,Inc		/#5-T-10-0			
VI	I During Entire B	eriod of	Abate	ment			D. I DII					
Facility Closed/Vacated	Duning Littlie F	cilou ui					A KUSU FIGA 4	4 25 L				
Abatement Performed (	Outside of Norma	al Facilit	Hour	s - Des	scribe	20-21 Wagarav	Code	7 336				
Abatement Performed ( Time of Abatement:	Outside of Norma AMF	al Facilit	Hour	s - Des	scribe _AM	City, State, Zip (	Code	7 336				
Abatement Performed ( Time of Abatement:	Outside of Norma AMF	al Facilit	Hour	s - Des	scribe _AM	City, State, Zip (Fair Lawn, NJ)	Code 07410 up and decontam	ination with negative	e press	sure		
Abatement Performed ( Time of Abatement:  Scope of Work (Check all t	Outside of Norma AMF	al Facility	y Hour PM_		scribe _AM	City, State, Zip ( Fair Lawn, NJ Clean to Full Co.	Code 07410 up and decontam ntainment with N	ination with negative	e press	sure		Manage
Abatement Performed ( Time of Abatement: Scope of Work (Check all t	Outside of Norma AMF	al Facility PM/ ☐ Re	Hour	on	scribe _AM	City, State, Zip ( Fair Lawn, NJ Clean t Full Col Mini-En Gloveba	Code 07410 up and decontamentainment with Noclosure ag Procedure	ination with negative egative Pressure	e Press			
Abatement Performed ( Time of Abatement:  Scope of Work (Check all t	Outside of Norma AMF	Re De	PM_ novatio	on n	scribe AM	City, State, Zip ( Fair Lawn, NJ Clean t Full Col Mini-En Gloveba	Code 07410 up and decontamentainment with Noclosure ag Procedure	ination with negative	e Press			_
Abatement Performed ( Time of Abatement:  Scope of Work (Check all t  > 3 sf or > 3 If  > 160 sf or > 260 If	Outside of Norma AMF hat apply)	Re De	y Hour PM_ novation molition Locati	on on ly	scribe _AM	City, State, Zip ( Fair Lawn, NJ ( Clean to Full Cou Mini-En Gloveba Non-Ex	Code 07410 up and decontam ntainment with N closure ag Procedure empted (*) and N	ination with negative egative Pressure	e Press		ent T	ур
Abatement Performed ( Time of Abatement:  Scope of Work (Check all t  3 sf or >3 If  160 sf or >260 If  Location of Asbestos-Containing Main	Outside of Norma  AM  hat apply)  f aterial (ACM)	Re De	PM_ novation molition Location Normal d Sole	on on ly ly by	AM	City, State, Zip of Fair Lawn, NJ Clean of Full Colon of Mini-En Gloveba Non-Ex	Code 07410 up and decontam ntainment with N closure ag Procedure [ empted (*) and N of aterial (ACM)	ination with negative egative Pressure	Press re Ab	sure ,		-
Abatement Performed ( Time of Abatement:  Scope of Work (Check all t  > 3 sf or > 3 If  > 160 sf or > 260 If  Location of Asbestos-Containing Main of Asbestos-Containing	Outside of Norma  AM  hat apply)  f aterial (ACM)	Re De	novation Locati Normal d Sole intenarodial S	on on ly ly by	AM	City, State, Zip of Fair Lawn, NJ Clean of Full Colon of Mini-En Gloveba Non-Ex	Code 07410 up and decontam ntainment with N closure ag Procedure [ empted (*) and N of aterial (ACM) insulation,	ination with negative egative Pressure  Tent with Negative Ion-Friable Procedu  Amount (Specify	Press re Ab	sure ,		-
Abatement Performed ( Time of Abatement:  Scope of Work (Check all to the company of the c	Outside of Norma  AM  hat apply)  f aterial (ACM)	Re De	novation Locati Normal d Sole intenar	on on ly ly by	AM	City, State, Zip of Fair Lawn, NJ Clean of Full Colon of Mini-En Gloveba Non-Ex	Code 07410 up and decontam ntainment with N closure ag Procedure [ empted (*) and N of aterial (ACM) insulation, , or	ination with negative egative Pressure  Tent with Negative lon-Friable Procedu	e Press	sure		-
Abatement Performed ( Time of Abatement:  Scope of Work (Check all t  > 3 sf or >3 If  > 160 sf or >260 If  Location of Asbestos-Containing Mail of BE ABAT IN Facility (13)	Outside of Norma  AM  hat apply)  f aterial (ACM)	Re De Is Na Cust	novation Locati Normal d Sole intenarodial S	on on ly ly by nce/ staff?	AM	City, State, Zip of Fair Lawn, NJ of Clean to Full Color Mini-En Gloveba Non-Ex.  Description stos Containing Mathematics, thermal systems surfacing, VAT	Code 07410 up and decontam ntainment with N closure ag Procedure [ empted (*) and N of aterial (ACM) insulation, , or	ination with negative egative Pressure  Tent with Negative Ion-Friable Procedu  Amount (Specify	Press re Ab	sure ,	nt Encapsulate	ур
Abatement Performed ( Time of Abatement:  Scope of Work (Check all t  > 3 sf or > 3 If  > 160 sf or > 260 If  Location or  Asbestos-Containing Ma  TO BE ABAT  IN Facility  (13)	Outside of Norma  AM  hat apply)  f aterial (ACM)	Re De	novation location loc	on ly ly by nce/ Staff?	AM	City, State, Zip of Fair Lawn, NJ Clean of Full Confine Mini-En Gloveba Non-Ex  Description Stos Containing Material systems surfacing, VAT other miscellane	Code 07410 up and decontam ntainment with N closure ag Procedure [ empted (*) and N of aterial (ACM) insulation, , or	ination with negative egative Pressure  Tent with Negative Ion-Friable Procedu  Amount (Specify	e Press re Removal	sure ,		-
Abatement Performed ( Time of Abatement:  Scope of Work (Check all to the content of the content	Outside of Norma  AM  hat apply)  f aterial (ACM)	Re De Is Na Cust	novation location loc	on on ly ly by nce/ staff?	Asbe (i.e	City, State, Zip of Fair Lawn, NJ Clean of Full Colon of Mini-En Gloveba Non-Ex  Description stos Containing Management of Containing Management o	Code 07410 up and decontam ntainment with N closure ag Procedure [ empted (*) and N of aterial (ACM) insulation, , or	Ination with negative egative Pressure  Tent with Negative Ion-Friable Procedu  Amount (Specify SIF or LF)	e Press re Ab Removal	ateme Repair		-
Abatement Performed ( Time of Abatement:  Scope of Work (Check all to the content of the content	Outside of Norma  AM  hat apply)  f aterial (ACM)	Re De	novation location loc	on on ly by hoce/Staff?	Asbe (i.e	City, State, Zip of Fair Lawn, NJ Clean of Full Colon of Mini-En Gloveba Non-Ex  Description stos Containing Management of Containing Management o	Code 07410 up and decontam ntainment with N closure ag Procedure [ empted (*) and N of aterial (ACM) insulation, , or	egative Pressure  Tent with Negative lon-Friable Procedu  Amount (Specify SIF or LF)	e Press re Removal	sure ,		-
Abatement Performed ( Time of Abatement:  Scope of Work (Check all to the content of the content	Outside of Norma  AM  hat apply)  f aterial (ACM)	Re De Is Nuse Mai Cust	novation location loc	on on lly lly by nce/Staff?	Asbe (i.e	City, State, Zip of Fair Lawn, NJ Clean of Full Colon of Mini-En Gloveba Non-Ex  Description stos Containing Management of Containing Management o	Code 07410 up and decontam ntainment with N closure ag Procedure [ empted (*) and N of aterial (ACM) insulation, , or	Ination with negative egative Pressure  Tent with Negative Ion-Friable Procedu  Amount (Specify SIF or LF)	e Press re Ab Removal	ateme Repair		-
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Abatement Performed ( Time of Abatement:  Scope of Work (Check all t  > 3 sf or >3 If  > 160 sf or >260 If  Location or  Asbestos-Containing Ma  TO BE ABAT  IN Facility  (13)  Corage room-1st floor  rawl space	Outside of Norma  AM-  Phat apply)  f aterial (ACM)  ED	Re De Is Nuse Mai Cust	novation molition Locati Normal d Sole intenar odial S (12)	on on ly ly by nce/Staff?	Asbe (i.e	City, State, Zip of Fair Lawn, NJ Clean of Full Colon of Full Colon of Mini-En Gloveba Non-Ex  Description stos Containing Management of Colon of Mini-En Gloveba Non-Ex  Description stos Containing Management of Colon of Mini-En Gloveba Non-Ex  Description stos Containing Management of Colon of Colo	Code  07410  up and decontam  ntainment with N  closure  ag Procedure [ empted (*) and N  of  aterial (ACM)  insulation,  or  cous)  tel Name of Regi	ination with negative egative Pressure  Tent with Negative Ion-Friable Procedu  Amount (Specify SIF or LF)  20 SF  150 SF	e Press re Ab Removal	ateme Repair		-
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Scope of Work (Check all t  > 3 sf or > 3 If  > 160 sf or > 260 If  Location of Asbestos-Containing Main of the ABAT IN Facility	Outside of Norma  AM-  Phat apply)  f aterial (ACM)  ED  Hauler	Re De Is Name of the Island Cust Yes	novation molition Locatification Mormal of Sole international S (12)  No	on on lly lly by nce/Staff?	Asbe (i.e	City, State, Zip of Fair Lawn, NJ Clean of Full Colon of Full Colon of Full Colon of Mini-En Gloveba Non-Ex.  Description stos Containing Max., thermal systems surfacing. VAT other miscellane ulation ap&cut  Cubic Yards of Wast TBD  Disposal Date TBD  Signature	Code 07410 up and decontamntainment with N closure ag Procedure rempted (*) and N of aterial (ACM) insulation, or eous)  T.R.R.F. Inc City, State	Ination with negative egative Pressure  Tent with Negative Ion-Friable Procedu  Amount (Specify SIF or LF)  20 SF  150 SF	Press re Ab Removal	ateme Repair		-

Date of Notification (1)		NOT	(Pursua	int to Na	New Jers SBESTO AO 8:50 a	nd 12:12			D),E	C	E	] [	7 6
7-1-2019 Type Notificatio	<u>)</u>		The	Jasco t Address Mill Roa		/Operato	C C			JUL	- 8	201	9
DEP Amended Amendmen Emergency justification	(includi	ng	City,	State, Zip	Code NJ 073	02					ENSI		OL &
DCA Cancellatio	n		Cath	ny Hurw	ritz				elephone 1 01-469-		r		
Name of Facility Where Abatement is Taki Residential	ng Place	(3)	FA	CILITY	NFORMAT	TION	Type of Facility	(4)					
Street Address City (5)							School (Konstant) Subchapte Other (i.e. etc.)	er 8 (Oth	ner than K & comme	(-12) rcial bu	ıilding	s, hor	nes,
Jersey City, NJ 07306 County (6)							Square Feet 20000	# c	f Floors		Bldg. 75+	Age	-
Hudson			County (STATE	y Code (7 E USE ON	') LY)		Current Use (Pr	rior if be	ing demo	lished)			
Name of Monitoring Firm Hired by Building  Street Address	Owner (	8)	ASC	M No.		Gree	of Abatement Co n Environmer	ontractor otal Se	(9) rvices,	LLC			
City, State, Zip Code						235 \	Address Virginia Avenu	ıe					
						City, S Jerse	tate, Zip Code by City, NJ 07:	304					
Project Manager for Monitoring Firm				one No.		College and the college and th	one No. 333-8855		License 01174	No.			
Start Date (10) 7-11-2019	7-25-2	2019	mpletion	Date (11	)		of OSHA Monitor n Environmen			1.0			
Occupancy Status During Abatement (Chec	Pariod of	Abatas	nont			Street A	Address Virginia Avenu		vices, L				
Other – Describe:	al Facili	ty Hour	s			City, St	ate, Zip Code y City, NJ 073						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf						00130	y Oity, 143 073						
≥160 sf or ≥260 lf		Renova Demolit	ition ion			×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure					
Location of	100	s Locati Normal			576.0			2 ( ) and	NOII-FIIA	Die Pro	Abate	emen	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use	ed Sole aintenar todial S (12)	ly by nce/	Asbes (i.e	stos Conta thermal s surfac	cription of ining Ma systems ing, VAT iscellane	iterial (ACM) insulation, or	(Sp	nount pecify or LF)	Remova	Repair	e Encapsulate	Enclosure
Deef	Yes	No	N/A							/al	=	ılate	ure
Roof		X				g Mate	rial	70	000	Х			
11001		X			Fla	shing		186	0 SF	X			
Name of Decision									-				$\dashv$
Name of Registered Waste Hauler Green Environmental Services, LLC		Ha	JDEP W	No.	Cubic Y of Waste		Name of R						
City, State 135 Virginia Avenue		100	34889		Disposa		Fairless City, State		11				_
Completed by iliana Serrano	Title	\ M=-			7-25-20   Sig	nature	Morrisvill	le, PA	Da	te			
	Office	Mana	ager		1	1000	1889 121	1817	17 7-	1-201	9		

							74				
Proj. #: 19-137  Date of Notification (1)    0   7   /   0   3   /   1   9    Agencies Notified Type Notified Initial	Cation	Name of Max R	Building Ov	State fication of Assument to NA	sbes C8:	NJ tos Abatement 60 and 12:120)		JUL -	ONT	e de timbelle	
DEP Amended Amendmen  DOL Emergen (including justification  DCA Cancella	t #: cy J on)	Berna Name of 0	e, Zip Code rdsville, N Contact n DiFaglia	J 07924			Telepho	ne Number		-	
			FA	CILITY INFORM	MATIC	DN					-
Name of facility where abateme  Residential  Street Address	nt is takii	ng place (3)					Subch	ol (K - 12) apter 8 (Othe (Private/Com /Homes, etc.	mercia	ıl	
City (5)  Bernardsville, NJ 07924  Name of Monitoring Firm Hired by		County (6) Somerset				ounty Code (7) tate use only)	2,000 Current Use (P Residential	# of Floors 02 rior if being d	90		\ge
	у ыад. С	Owner (8)		ASCM No.		Name of Abatement	Contractor (9)				
N/A Street Address						KLOMAX, LLC					
oucot Address						Street Address					
City, State, Zip Code  Project Manager for Monitoring Fire	rm	F	Phone Numb	per		309 W. End Ave City, State, Zip Code Hopatcong, NJ ( Telephone Number		License Nu			
Start Date (10)						833-455-6629 Name of OSHA Moni		0200	7		
5 5	So	ched. Comple	tion Date (1	1)		KLOMAX, LLC					
07/22/19	0	7/25/2019				Street Address					
Occupancy Status During Abatem  Facility closed/vacated durin  Abatement performed outsic Describe:  Other-Describe: NORMAL	g entire le of nor	period of abat	ement. urs-	***************************************		309 W. End Ave City, State, Zip Code					
Scope of Work (check all that app			- NOW CONTRACT		-	Hopatcong, NJ 0	7843				
≥3 sf or >3 If     ≥160 sf or ≥260 If	Renov	lition					ull Containment water Mini-enclosure Blovebag procedure Non-Exempted (*) a	9		cedure	
Location of asbestos-containing material (acm) to be abated in facility (13)					n of a	sbestos-containing	Amount (Specify SF LF)	or Remov	Repai	E n c a p	E n c L
1st Floor				Pipe Insulati	on		45 LF	e	In	П	П
									十	H	H
									后	I	古
									后	ī	
Registered Waste Hauler KLOMAX, LLC		JDEP Hauler 0038241		ubic Yards of W	aste	Name of Registered L		COVERY			
City, State			Disposal D			City, State	LIGOUNCE KE	OVERY			
Hopatcong, NJ 07843			TBD		_/!	TULLYTOWN, I	PA				
Completed by (Print or Type)	Title			Signature	10			Date			

			9	t=to (	of Moss	Jersey as						
Tour home	1			1	brown of	11 1-	3		Check	# 166	75	
Th. M. 170	16	NOTI (Pursu	FICA	TION C	F ASBE	STOS ABATEMENT	7	1	F	9 F	П	7.77
Date of Notification	(1)	1	Name	of B	uildif	Owner/Operato	r (2)	<del>                                     </del>	13-1		11	W
7/3/2019			M:	igue	l Pe	rez		113		₩ .		The second second
Agencies Notified	Type Notifica	tion	Stre	et Ad	dress				31	1 - 0	- 0	040
[ ]EPA	[X]Initial								JU	L - 8	2	019
[ ]DEP	Notifica	tion	City	, Stat	te, Zir	Code			SECURIT PRODUCTION			
[X]DOL	[ ]Amended					NJ,07088	*		ASBES	TOS CO	INC	TROL.
[X] DOH	Notifica	tion	<u> </u>		ontact			Landingson		JCENS	ING	i
[ ]DCA	[ ]EMERGENCY	:	1		l Per	*@7	Teleph	one Number				
I 1200	[ ]Cancellat	ion		.gue.	r 261	-64	1					
						INFORMATION						
Name of Facility Whe	re Abatement i	s Takin	ng Pl	ace (	3)		Type of Fac:	ility (4)				
Miguel Perez							[ ]School					
Street Address								apter 8 (Oth				
	*							buildings,				
							Square Feet	# of Flo	ors E	ldg. A	ge	
City	C	ounty				inty Code (7)						
Vauxhall	L				(S	PATE USE ONLY)	Current Use	(Prior if be	eing de	emolish	ned)	,
·	of Monitoring Firm hired by Building ASCM						Ц					
Owner (8)	rm nired by B	uilding	AS	CM No.	•	Name of Abate						
N/A							ANAGEMEN'	r, inc.				
Street Address						Street Address						
City Chata Sin Cal							topher S	ε.				
City, State, Zip Code	1					City, State, 2		240				
Desirat Manager San N							r, NJ 070					
Project Manager for M	ionitoring Fir	n Tel N/		ne Num	ber	Telephone Numb		F	icense		er	
School 1 - 1 - 1 - 1 - 1	440.					(973) 744			003	11		
Scheduled Start Date 07 12 1	9 Sched	Comple		Date		Name of OSHA M	Monitor					
Month Day Yes	ar Mont	h D	av	Yea		IN/A						
Occupancy Status Duri [X] Facility Close	ng Abatement	(Check	only	one)	,	Street Address	3					
of Abatement	ed/ vacated bur	ing Ent	ire	reriod	1							
[ ]Abatement Peri Hours - Descri				Facili	ty	City, State, Z	ip Code					
[ ]other - Descri				ript»								
Scope of Work (Check	all that apply	7)				ll						
[8]75 05 00 7	2.16						Containment w	ith Negative	Press	ure		
[X]>3 sf or > [ ]>160 sf or		2000		vatio		[X]Mini-E [X]Gloveb	Enclosure Dag Procedure					
			~-		·		ciable Proced	ure				
Location	of		Is cati			Description	n of		Aba	temen	EI	ype E
Asbestos-Cont			rmal. Used	_		Asbestos-Cont	aining	Amount	R	R	N	N
Material (A TO BE ABAT	77-54 H-**	By	olely Main	i-		Material (A (i.e., thermal		(Specify		1 5	A	CFOSD
In Facili	ty	Cus	nance	al	1.50mmc	sulation, surfa	cing, VAT,	LF)	V A	1 - 1	S	S
(13)		Yes	ff (: No	N/A	- '	or other miscel	laneous)		L		Ĕ	R
Basement				X	Pipe	Insulatio	on	40 LF	X		1	
											$\forall$	
											+	
Name of Registered Was	ste Hauler	NJD	EP W	aste	Cul	ic Yards	Name of Regi	stered Land	fill			
AZTECH MANAGEI	MENT, INC		ler 040	ID No.	of	Waste 1.0	Tri - S	tate				
City, State	- Aller Anna Control				Dis	posal Date	City, State					
Montclair, NJ	07042				0	7/15/19	Bronx,	NY, 1047	4			
Completed Pro (Daint and	man a land							1				
Completed By (Print or Constantine Viv		siden	+			Signature	7-1.	Main	Date 7/3/2	0010		
		المتالية عند احد				1 ( Gh	Stal Wel	1 IVICA	1/3/2	.013		
9 Maple Ave									oo ottie ee ee	LONG TO SERVICE		a-co

								4 4				
Jnv-126 Proj. #: 19-134	73		Noti (Purs	fication of A	e of l sbest 8:6	os Abatement d and 12:120)			E G JUL	<b>E 1</b>	₩ 2019	
Date of Notification (1)		Name of B	uilding Ow	ner/Operator (	(2)			idas bias				(distress)
10 6 1/12 18 1/11 19		Bridget S	Seifert						CDECT/	25 00	NTROL	R
Agencies Notified Type Notific	ation	Street Addr						- A	SDES!	33 00 32 10 11	19	_ CI
☐ EPA ☐ Initial ☐ Amended								Lineagenchina recorder	Decide Citable State	ALERON STATE OF THE	Managed Challengary Car	Charles and Charle
DEP Amended Amendment	#.   <del> </del>	City, State,	Zin Code									
DOL Emergence				4								
DOH (including	11	Name of Co	NJ 0704	-4								
DCA justification	1)							Telephor	ie Numb	er		
Cancellation	on	Bridget	Seifert					_ 6				15 3 5 5 5 5 5
			FAC	CILITY INFORM	OITAN	N	3-1					
Name of facility where abatement	is taking p	lace (3)					Тур	e of Facility (	4)			
Residential								Schoo	I (K - 12	2)		
Street Address								And the second s			han K-1	2)
									Private/0 Homes,		rcial	
							Sa		# of Floo		Bida	. Age
City (5)	Cou	nty (6)			T Co	unty Code (7)	1,2		# 01 1 100 02		70	. Age
						ate use only)	_	irrent Use (Pr		na dem		
Verona, NJ 07044	Ess					N-3-20		sidential	101 11 001	ing don't	onsticu	ls.
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatemer	t Contra	actor (9)				
N/A				13.5 500000000000000000000000000000000000		KLOMAX, LL	2					
Street Address						Street Address						
						309 W. End Av	e					
City, State, Zip Code						City, State, Zip Code	)		•			
						Hopatcong, NJ	07843					
Project Manager for Monitoring Fire	n	Pho	one Numb	er	_	Telephone Number			License	Numb	er	
						833-455-6629			0	2007		
Start Date (10)	Sched	l. Completio	n Date (1	1)	-	Name of OSHA Mo	nitor				1	
07/15/19	07/10	/2010				KLOMAX, LL	C					
Occupancy Status During Abateme		9/2019				Street Address						
Facility closed/vacated during			mont			309 W. End Av						
Abatement performed outside	of normal	facility hour:	11 <del>0</del> 111. S-			City, State, Zip Code						
Describe: NORMAL F		-			_							
Scope of Work (check all that appl					-	Hopatcong, NJ	07843					]
V . 2 . 6 2 . 15								ntainment w/	negative	pressu	ıre	
_ 🖂	Renovatio	n				×		nclosure				
≥160 sf or ≥260 lf	Demolition	j				H	Non-F	ag procedure xempted (*) a	and Non-	friable	procedu	re
Location of		n normally u						7,00 ( ) 6		R	R E	
asbestos-containing material (acm) to be	staff(12)	nance/custo	odial	Description	on of a	sbestos-containing		Amount		e m	e n	l E
abated in facility (13)	Yes	No	NIZ	material (	ACM)			(Specify SF LF)	or	0	p c a	С
	.03	NU	N/A					/		v e	i p	1 1
Basement		X		Elbows			60	EA		Ň		
								1 = 5		TIT		III
										Fili	FIF	ili
					Calkanna					H	FIF	ili
											극남	11
Registered Waste Hauler		P Hauler ID	# Ct	ubic Yards of V	Vaste	Name of Registered	Landfil	1		الار		1111
KLOMAX, LLC	038			yds		TULLYTOWN,			COVER	Y.		
City, State Hopatcong, NJ 07843		D	isposal Da	ate	7	City, State						
Completed by (Print or Type)	7.11		TBD	Cii		TULLYTOWN	PA					
Paige Roylan	Title			Signature	3	***			Date			

Date of Notification (1)			and the		0.00	and 12:12	.0)		E C		J W		
06/27/2019	1240-	7				er/Operato			JUL	8	201	Q	and the same of the same
Agencies Notified Type Not		u .	Street	Address MEHRH					Oktal Delectors to the				
X DOL Ame	nded ndment #			tate, Zip ( LE FER		7643		A	SBESTO	ENSI		OL 8	-
DOH justin	rgency (includir ication) cellation	ıg	4	of Contac		10			phone Ni - 951-				
Name of Facility Where Abatement	is Taking Place	(3)	FAC	ILITY IN	FORM	ATION	Type of Facili						
PRIVATE Street Address 100 EAST BROADWAY (UN	IIT 3)						School ( Subchar  Other (i.etc.)	K-12) oter 8 (Other e. private &	than K-	12) cial bui	ildings	, hor	nes
City (5) (RT. 4) Elmwood Park NJ	E .				<del></del>		Square Feet 3.000 SF.	# of I	loors		Bldg.		78
County (6)			County (STATE	Code (7) USE ONL	n		Current Use (	Prior if being	g demolis	hed)			
Name of Monitoring Firm Hired by B CNS ENVIRONMENTAL	uilding Owner (8	3)	ASCI	M No.			of Abatement (						
Street Address 208 NEWTOWN RD,						Street	Address BERGENLI						
City, State, Zip Code PLAINVIEW NEW YORK						City, S	tate, Zip Code ST NEW YOR		กดร				
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one No. 776 -0642		icense N	lo.			
Start Date (10) 06/29/2019	Schedu 07/05		mpletion	Date (11)		Name	of OSHA Monito	or	71300				
Occupancy Status During Abatemen	(Check Only O	ne)				Street	Address						
Facility Closed/Vacated During Abatement Performed Outside of Other – Describe:	Entire Period of of Normal Facilit	Abater ty Hour	ment rs				NEWTOWN tate, Zip Code	RD,		-00.0			_
Scope of Work (Check All That Apply	)					PLAI	NVIEW NEV	V YORK.					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Full Contain Mini-Enclose Glovebag Pr Non-Exempt	ire ocedure				re.	
I Y		s Locat Norma									Abate		t
Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	(M) Use	ed Sole aintena stodial (12)	ely by ance/ Staff?		stos Co therma		aterial (ACM) insulation, r, or	Amo (Spe SF or	cify	Remova	Repair	Encapsulate	
First Floor.	Yes	No X	N/A	FLO	OD T	II E AND	MACTIC					ate	L
1 1131 1001.		^		FLO	UK I	ILE ANL	MASTIC	2.650	. SF.	X			F
Name of Registered Waste Hauler		H	JDEP Water ID I		Cubi of Wa			 f Registered RVA ENT		SE II	VC		
City, State BRONX N.Y.	15				Dispo	osal Date	City, Sta	ite IESBURO	OHIO	8			
Completed by CARLOS ESQUIVEL	Title	ETY I	MANAG	ER		Signature	1 Stipe in	lung A	Dat	e	2019		

Jul 02 2019 04:07PM NJ Asbestos Control 609,633,0664

F	~~	3.		State	of New Jersey			INE	C.	E	
Date of Notification	51	NOT	(Purs	ATION O	F ASBESTOS A NJAC 8:80 and uliding Owner/O ada Board of F	112:120) perator (2)	IT Lib bear				57 0
07/02/2019 Agencies Notified	Type Nollfication	<u>(pr)</u>	Str	reet Addr	ress				iggt No	7	3' 2
D EPA	Initial Amended		CH	v. State.	Zip Code			- 10 DAY	SESTO	)\$ C	ONT
E DOL	Amendment #_ Emergency (inc	Sluding	Ne	me of C		ey 08052	1	eisphone Nymo	and and and	TENS	SING
D DCA	Justification)  Cancellation		1	FACULT	ele Ty information	5N		-11/	4	上	_
Name of Facility W Howard Yooum	there Abstement is Taking Elementary School	Place (3)			:	Type of F	WAIVER		D_		
Street Address 748 North Forkis	anding Road					D Subc	hapter 8 (Other than (i.e. private & comm	n K-12) narolal bulldings	, homes	e, etc.)	_
City (5) Maple Shade, N	ew Jersey 08052					Square F 20,000	2		50+	. Aga	
County (6) Bergan				ounty Co TATE US:		Gunent L	Jae (Prior if being de Elementary	emolished) School			
Name of Monitorin	ng Firm Hired by Building ( Design Inc.	Jwner (B)	1	ASCM N	do.	Name of A	Abatement Contract progration	or (9)			
Street Address 5434 King Aven	ine					Street Ad 245 Unio	dress on Boulevard				
City. State, Zip Co Pennsauken, N	ode ew Jersey 08109					City. State Tolows,	s, Zip Code New Jersey 0751	12			
Project Manager f	for Menitoring Firm			olephone 56-616-		Telsphon 973-225	a No. -5400	License No. 01104			
Start Date (10) 07/03/2019	•	Scheduled C 07/06/201		Rion Date	(11)	Name of	OSHA Monker ronmental Labora	itories, LLC	9 20		
	s During Abatement (Char		223			Street Ac 2333 Ro	idress oute 22 West				
Abetement P	d/Vacated During Enline Periormed Outside of Normalibe:  Theorem All That Apply)	al Facility Ho	one	-		City, Star Union, I	te, Zip Code NJ 07083			_	
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