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

Inv-12794

CM #3602

Date of Notification		The state of the s						Owner / Opera			CEI		land			
A N-4'G-d	7/12/2019	4.						orcross Aca	dem	ny 5	GEL	I V E	<u> </u>			
Agencies Notified EPA	Type Notific	cation		Stree			ss <b>Stree</b>	4	IN	3						
□ DEP		al	- L				Zip C				JUL 16	2019				
□ DOL		ended					-	19103	LI (	lad.	JUL 10	2013				
□ DOH	☐ Eme	ergency		Name					-				Telepho	ne N	umb	er
□ DCA	☐ Can	cellation		Dave	e M	illm	nan			ASB	ESTOS CO	NTROL &	(856) 9	66-9	600	
				FA	CIL	IT)	Y INF	ORMATION		W-100-000-000	LICENSI	VG	e-tonomorphi			
Name of Facility Wh	nere Abatem	ent is Taking P	lace (					Type of Fa	cility	(4)			/30-5			
Charles Sumner	Public Sch	nool (Vacant)						Schoo								
Street Address											her than K-					
1600 South 8Th S	treet			1	3 /	00	1				& commer				etc.)	
0:: (5)		Ta	(	11	)/(		7	Square Fee	et	#	of Floors		Bldg. Ag			
City (5)		County (6)	Co	unty	Cod	de (	7)	60000			3			76		
Camden		Camden						The state of the s			eing demol	lished)				
NI	Fine Disease	D 1111 O	(0)		T.			School (v				0.				
Name of Monitoring TTI Environment		by Building Owi	ner (8)	6	P	ISC	M No.	Name of Al BRISTOL								
Street Address 1253 North Churc	ch Street							Street Add			FFT					
City, State & Zip Co Moorestown, NJ	de							City, State	& Zip	p Code	)					
Project Manager for		Firm	Telep	hone	- Nı	ımh	er	BRISTOL Telephone			1	License I	Number			
Mike Stocku	Worldoning i		609-				Ci	215-788-6				License	0050	9		
Scheduled Start Dat	te (10)	Scheduled Cor						Name of O			or					
7/29/19			8/13	3/19		51		BRISTOL	EN	VIRO	MENTAL	. INC				
Occupancy Status E								Street Add								
The state of the s		During Entire P Outside of Norm						1123 BEA								
Describe:	10pm -6am		ai no	urs –	/ ai	11 10	Spin	City, State								
State		Abatement						BRISTOL	, PA	1900	1					
Scope of Work (Che						-								-		
				T)					$\geq$		ull Containr		Vegative	Pres	sure	à
≥3 sf or ≥3 li			$\bowtie$		nova				L		ini-Enclosu					
≥160 sf ≥260	JIT			Dei	moli	ition			L		love Bag P			. D	d.	
10	ocation of		le	Locat	tion			Descript	ion	***	on-Exempte	Amount				уре
	os-Containir	ng		nally				Asbestos-Co				(Specify	Aba	lenn	3111. 1	ype
	erial (ACM)	-	S	olely	by			Material (				SF or LF)	1 7		Ē	m
	BE ABATED Facility		Main Cust	tenar				(i.e., thermal					(èm	Repair	cap	ncls
	(13)		Cust	(12)		11.5		nsulation, surf or other misc					Remova	air	Encapsulate	Enclsoure
	A. activ		Yes	No		/A				,			-		te	CD
Boiler Room			$\boxtimes$		T			Boiler Rib In	nsul	lation		600 LF		П	П	П
Boiler Room			$\boxtimes$				Во	iler Packing	g Ins	sulatio	on	500 SF				
Boiler room			$\boxtimes$				M	isc. Interior	Ins	ulatio	n	350 SF				
			Щ	Ц	L											
Nome of Desistand	Masta Hay	la-	Ш			D 14	14-	0.1:			(D ) .					Ш
Name of Registered	vvaste Hau	ier					- 400	Cubic Yards of Waste		vame o	of Registere	ed Landfill				
SERVICE TRANS	PORT GRO	OUP, INC.		9.5383	990			10	N	MINER	VA LAND	FILL				
City, State YARDLEY, PA								Disposal Date		City, St	ate ESBURG	OH				
Completed By (Print	or Type)			Tit	le			Signature				, 511	Date			
PATRICK T. DeC				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	stin	nato			1 ~		$\wedge$ $\alpha$	M	7/12/	2019	9	
								ravuc	ll	111	DeCar	0/Y/K	-			

Inv-12793		(F	ursuant	N OF ASB	ESTOS 8:60 an	ABATE d 12 12	0)	T CX	10	128				
Date of Notification (1) 07/12/2019				A PROPERTY OF THE PROPERTY OF	Owner/0	Operator	r (2)		- Commenter	· (2 (a)	172	D	77 1	
Agencies Notified Type Notification			1,000							) 12 16	E	il	$\mathbb{W}$	Eli
			Street	Address					115			************		
EPA Initial Amended		ŀ	City St	ate Zin Co	nda					1111	4	0 0	3273	-111
DEP Amended Amendment	#								141	J <sub>i</sub> JUL	- 1	0 2	119	i in
Emergency ( justification)	including	+			-				-Tol	enhono Nur	nhor		view in the second	
DOH justification Cancellation									11 161	. Vou		1		&
			FAC	ILITY INFO	DRMAT	ION				had	UIN.	SHVG	No. of Parison	cat pressent in
Name of Facility Where Abatement is Taking	Place (	3)					Тур	e of Facility (4	)			-110/250		
Private residence								School (K-12	2)					
Street Address		Maria de						Subchapter 8	(Oth	er than K-12	2)	AST (SC)		
							×		ivate a	& commerci	al buil	dings	, hom	es,
City (5)							Squ		# 0	Floors	E	Bldg. A	Age	
Clifton							7.00							
County (6)							Cur	rent Use (Prior	r if bei	ng demolish	ned)			
Passaic			(SIAIE	USE ONLY)	. —	-								
Name of Monitoring Firm Hired by Building C	wner (8)		ASC	A No.		Name	of Ab	atement Cont	ractor	(9)				
~						Rem	nova	Safety LL0	0					
Street Address														
O't. Out. 7: O. I														
City, State, Zip Code														
Designat Manager for Maria 1														
Project Manager for Monitoring Firm			Telepho	ne No.		100000000000000000000000000000000000000					0.			
Start Date (10)	0 1 1 1									01332				
07/23/2019				Date (11)										
Occupancy Status During Abatement (Check														
		3.44.9.4.				Street	Addre	ess						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: 8:00am - 4:30pm	eriod of / al Facility	Abatem Hours	nent		_	City, S	state, i	Zip Code					1.7411.500	
Scope of Work (Check All That Apply)												-		
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>						×	M G	ini-Enclosure lovebag Proce	dure				۵	
	le	Locati	on						/ /		1			
Location of	1	Vormal	ly		Dec	scription	of					Ту	ре	
Asbestos-Containing Material (ACM)					os Cont	aining M	/ateria		A	mount			т	
TO BE ABATED In Facility	N N N N N N N N N N N N N N N N N N N			(i.e.				lation,			Rei	R	nca	Enc
(13)		(12)			other n	niscellan	neous	)	51	or LF)	Nou	epai	psu	losu
	Yes	No	N/A				15				<u>a</u>	-	late	ıre
Basement		1.270			Pine	insula	tion		11	OLE	v		v	
			-		, ibo	mouna	11011		- 11	U LI	Α.		Α	
Name of Registered Waste Hauler		1000000		373 T. T. T. T.	Cubic	Yards		Name of R	egiste	red Landfill				
Removal Safety, LLC		100				ste			85 <del>5</del> 6					
City, State	NOTTIFICATION OF ASBESTOS (ABATEMENT (Pursuitor) Companies of Companie													
Paterson, NJ		Street Address   Facility (A)   School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 9 (Ot												
Completed by	Title			in of a seesito and izi izion  in to Alac sido and izi izion  in the Alac sido and izi izion  in to Alac sido and izi izion  in the Alac sido and										
Lasko Veskov	100000000000000000000000000000000000000	ident			9	gnature	/3	Went.	-1			2019		

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3h 2994		NOTIF (P	ICATION	ate of Ne V OF ASB to NJAC	ESTOS	ABATE	MEN 0)	IT		N-	1111	16	2010	
Date of Notification (1) 7/12/19	-12774	/		of Building	Owner/0	Operator	(2)		14		الاز	Lb	2013	
	Notification		Street A				-		-	ASB	ESTO	SCC	NTR(	1 8 JC
	nitial								Intration	Personal Property Control		ENS		margaretti veni
X DOL A	Amended Amendment # <u>1</u>	_		ate, Zip Co ale, NJ (										
	mergency (including ustification)		Name o	f Contact					Tel	ephone !	Mine	-		
DCA C	Cancellation			t Ricco	OPMAT	ION								
Name of Facility Where Abatem	ent is Taking Place (	3)	1 70	LITT IN	JINIATI	ION	Тур	oe of Facility (4	1)					
Residential Home Street Address								School (K-12 Subchapter	2) 8 (Oth	er than k	(_12)			
							×	Other (i.e. pr	rivate	& comme	ercial b	uilding	js, hom	ies,
City (5) Hillsdale								uare Feet		f Floors		- 2.75	. Age	
County (6)		Т	County	Code (7)				rrent Use (Prio	2 r if bei	na demo	lished	65 -	<del>-</del> /-	
Bergen			(STATE	USE ONLY		_	Re	esidential Ho	ome					
Name of Monitoring Firm Hired to Project Manager	y Building Owner (8)		ASCN	/I No.				batement Cont es Abateme		(9)				
Street Address						Street	_							
City, State, Zip Code						0 20/01/20/5	Anne Ar	Aidland Ave						
Oity, State, Zip Gode						1 2000		Zip Code Brook, NJ 0	7663					
Project Manager for Monitoring F	irm		Telepho	ne No.		Teleph 201-		No. -3184		License 01305				
Start Date (10) 7/15/19	7/20/1		npletion	Date (11)		Name	of O	SHA Monitor						
Occupancy Status During Abater	ment (Check Only Or	ne)	11/1-2/			Street	Addı	ess						
Facility Closed/Vacated Dur Abatement Performed Outs Other – Describe:	ing Entire Period of / ide of Normal Facility	Abatem Hours	nent			City, S	tate,	Zip Code	-					
Scope of Work (Check All That A	.pply)								-					
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	× F	Renova Demolit	tion ion			×	, N	ull Containmen lini-Enclosure Blovebag Proce Ion-Exempted	edure				ura	
	Is	Locati	on					I Exempted	/ / 411	3 14011-11	labic i	Ab	atemen	t
Location of Asbestos-Containing Materia	L(ACM) Use	Normali d Sole	ly by	Ashasi		scription		ial (ACM)	٨	mount	-		Туре	
TO BE ABATED In Facility	ivia	intenar todial S			thermal	systems	s insi	ulation,	(S	pecify or LF)	Z	7 7	Enca	Enc
(13)	Yes	(12) No	N/A			niscellan			31	or LF)	CHIOVA	кераіг	Encapsulate	Enclosure
Dining Room		Х			F	Plaster			60	)1 SF	x			
Computer Room		Х			F	Plaster			34	4 SF	x			
Laundry Room		х				VAT			3	8 SF	×			
Name of Decision 133														
Name of Registered Waste Haule Newark Carting	er	Н	JDEP W auler ID 4509		of Was 10 yd	ste		Name of R Grand C				andfi	II	
City, State Newark, NJ					Dispos	al Date		City, State Pen Arg		Δ				
Completed by	Title	007				ignature	7	11/	y1, 17		Date			
Richard Cristofol	Presi	dent				/					7/12/	19		

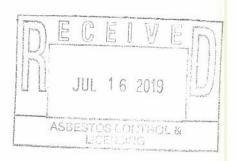
Ch 2021		NOTIF (P	CATIO	tate of New Je N OF ASBEST to NJAC 8:60	OS ABATE	MEN 0)	T	1000	) <u>E</u>	G	E L	U L	int E
Date of Notification (1) 7/12/19	76			of Building Own os Latin Kito		r (2) L		ked		441_	ناس		J
Agencies Notified Type Notification  EPA Initial				Address lamburg Tnp	ok.				ASB	ESTO LIC	S OC ENS	ONTF ING	OL &
DEP Amended Amendmen		_		ate, Zip Code oton Lakes, N	NJ 07442			7311770				11000110000	erth-out Sear Spring.
DOH justification	)`		Name o	of Contact elo Rodrigue		8			ephone No				
	97/			ILITY INFORM					0 001 0	201			
Name of Facility Where Abatement is Takin Restaurant	ng Place (3	3)				Тур	e of Facility (4)						
Street Address 719 Hamburg Tnpk.						×	School (K-12) Subchapter 8 Other (i.e. pri- etc.)	(Othe			ildings	, hom	es,
City (5) Pompton Lakes						Squ 400	are Feet	# of	Floors		Bldg. /		
County (6) Passaic				Code (7) USE ONLY)		Re	rent Use (Prior staurant			shed)			
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)		ASC	И No.	All S	stage	es Abatemer		(9)				
Street Address					Street 280		<sub>ess</sub> Iidland Ave.	d					
City, State, Zip Code							Zip Code Brook, NJ 07	663					
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph 201-		No. 3184		License 01305	No.			
Start Date (10) 7/13/19	7/15/19		pletion	Date (11)	Name	of OS	SHA Monitor						
Occupancy Status During Abatement (Chec	ck Only Or	ie)			Street	Addr	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A	Abatem	ent		City, S	State,	Zip Code						
Scope of Work (Check All That Apply)										e-m			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× R	denova demoliti	tion on		×	M G	ull Containmen ini-Enclosure lovebag Procedon-Exempted (	dure				e.	
Location of	1	Location Normall	у		Description						Abate	ement /pe	f
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Solel intenar odial S (12)	ice/	su	ontaining N nal systems rfacing, VA er miscellar	s insu T, or	lation,	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Vitalaan	Yes	No	N/A		) /A T					Д_		ate	Œ.
Kitchen		X			VAT			40	5 SF	X			
Name of Registered Waste Hauler		N.	JDEP W	/aste Cul	oic Yards		Name of Re	gister	ed Landfi	11			
All Stages Abatement		H	auler ID 036592	No. of \	Vaste		Grand Ce				ndfill		
City, State Saddle Brook, NJ				Dis TB	posal Date D		City, State Pen Argy	I, PA					
Completed by Richard Cristofol	Title Presi	dent			Signature	We .		2	1000	ate 7/12/1	9		

Inv-12	192	N	IOTIF (P	ICATION	of New OF ASBI to NJAC	ESTOS	ABATE	MENT	CK	12	27	•	-		
Date of Notification (1)					Building (					25.95 <sub>0</sub>	) F	2 15	n	W/ I	
07/11/2019				(750)	on Boar	d of E	ducation	on				9) (5	- U	U I	=
Agencies Notified	Type Notification			Street Ac		1026			=	7200					
☐ EPA	× Initial			000000000000000000000000000000000000000	hancello		nue			-	11	11 1	6 2	019	
DEP	Amended				te, Zip Co					1 100	W-4				Event.
X DOL	Amendment Emergency		- L		on, NJ (	)7111				-	- Landerson	Section and supering and	er care a san	******	ــــــــــــــــــــــــــــــــــــــ
DOH DCA	justification)			Name of						1	ephone Nu	11/25		v.	&
DCA	Cancellation	i			a Figuer					-97	3-399-6	800 x	270	cms **southern	on the Contraction of the
Name of Facility Where	Abatament is Takin	a Place /2	1	FACIL	LITY INFO	DRMATI	ON	Tim	e of Facility (	41					
Irvington High Scho		ig i idoc (o						×	School (K-1 Subchapter	2) 8 (Oth				420.000.00	
1253 Clinton Ave									Other (i.e. p etc.)	rivate 8	& commer	cial buil	dings	home	es,
City (5)					1).			Squ	are Feet	# 0	Floors	E	Bldg. A	ge	
Irvington															
County (6)				County C				Curi	rent Use (Prid	or if bei	ng demolis	shed)			
Essex				(STATE U	ISE ONLY)										
Name of Monitoring Firm The Saban Engine				ASCM	No.	3021-			atement Con		(9)				
Street Address							Street								
201 Stuyvesant Av	enue						8 Cr	osby	/ Ave				25.4100.10		
City, State, Zip Code	74						177		Zip Code	_					
Lyndhurst, NJ 070									n, NJ 0750	2					
Project Manager for Mor Stephen Pharai	litoring Firm			Telephor 212-37	ne No. 72-0338		Teleph 973-		No. -8711		License 01332				
Start Date (10)		Schedule	ed Cor	mpletion [	Date (11)		Name	of OS	SHA Monitor						-
07/20/2019		07/30/2	2019												
Occupancy Status During	g Abatement (Che	ck Only On	e)				Street	Addr	ess						
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norr	Period of A	Abaten Hour	nent s			City, S	State,	Zip Code			<del>11, 11, 11, 11, 11, 11, 11, 11, 11, 11,</del>	-		
Scope of Work (Check A	Il That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ш таструу)		denova Demoli				<u> </u>	M G	ull Containme lini-Enclosure llovebag Prod on-Exempted	e cedure				e	
		Is	Locat	ion									Abat	ement	t
Location Asbestos-Containing		Use	lorma d Sole	lly ely by	Asbes		scriptior		al (ACM)	Δ	.mount		Ty	ре	
TO BE AB		2000	intena odial	nce/ Staff?	(i.e.	thermal			ılation,		Specify	Re	Z.	Encapsulate	Enclosure
In Facil (13)			(12)				cing, VA niscellar		)	SI	or LF)	Removal	Repair	psu	losı
(*************************************		Yes	No	N/A					, I			<u>a</u>	-	late	лге
Classroom	n #330	100	140	X		F	loor til	е		1,3	300 SF	x	-	х	
Classroom	#330			х			Mastic				300 SF	1,,	1		
Olassioon	1 #330			^			iviasiic			1,0	000 SF	x	1	Х	
													_		
Name of Registered Was Removal Safety, LL			ŀ	NJDEP W Hauler ID	No.	of Wa	Yards ste		Name of Fairles	8	ered Landf	711			
	<b>-</b>			0037007	7	8			100	534					
City, State Paterson, NJ						Dispo:	sal Date	1	City, Stat		PΑ				
Completed by		Title				5	Signatur	é'	, / ,			Date			
Lasko Veskov		Pres	ident			1	Val		1611	1		07/11	/2019	9	

Ch 352		NOT	FICATIO	State of N ON OF AS nt to NJA	BESTO	SARATE	EMEN 20)		(D)-	E C		$\mathbb{V}$		
Date of Notification (1) 6/28/2019	419		Name Res	of Building	g Owne	er/Operato	or (2)			JUL	1.6	2019		W
Agencies Notified Type Notificati	on			Address O Piedmo	ont Ro	oad						ngey trothing		inuteral .
DEP Amended Amended Amended	ent #		City, S Atlai	State, Zip C nta GA 3	ode 0305				ac economic	ASBESTO Li	OS CO CENSII	NTRO VG	)L &	ween and the
DOH justification Cancellate		ig <sub>.</sub>		of Contact ri Borg					Te	o'				
Name of Facility Where Abatement is Ta N/A	king Place	(3)	FA	CILITY INF	ORMA	TION	Тур	e of Facility	y (4)					
Street Address							×	School (K Subchapt Other (i.e etc.)	er 8 (Oth	ner than K & comme	(-12) ercial bu	ildings	s, hon	nes,
City (5) Paterson							Squ 1,5	are Feet	# 0	of Floors		Bldg. 1900		
County (6) Passaic			County (STATE	Code (7)	)		Curr	ent Use (P sidence	rior if be	ing demo	lished)			
Name of Monitoring Firm Hired by Buildin	g Owner (8	3)	ASC	M No.		Name Che	of Ab ckma	atement Cark Indus	ontractor strial	r (9)				
Street Address						Street 54 N		ess an Dr						
City, State, Zip Code						City, S Spar	tate, z	Zip Code J 07871						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 973-	one N 570-	lo. 2645		License 01334				
Start Date (10) 6/29/2019	7/6/20	019	mpletion	Date (11)				HA Monito Irk Indus						
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire	Period of	Abaten	nent			Street . 54 N		15015-day						
Abatement Performed Outside of No Other – Describe:	rmal Facilit	y Hour	S		_			Zip Code J 07871						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If	×	Danassa					1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Section 1	Renova Demolit				×	Mii Glo	ll Containm ni-Enclosur ovebag Pro n-Exempte	re ocedure					
Location of	100	Locati Normal								71011111	100	Abate	ement pe	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole aintenar todial S (12)	nce/	Asbest (i.e.	os Cor therma surfa	escription staining M Il systems acing, VAT miscellane	aterial insula r, or	(ACM) ation,	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A			oor Tile:			4.0	70.05			ate	ге
									1,2	70 SF	X			
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic	Yards		Name of	Pegister	ed Landfi				
Newark Carting  City, State		H	auler ID	No.	of Wa					l Sanita		dfill		
Newark NJ					Dispo	sal Date		City, Stat Pen Ar						
Corey Stankovic	Title CEO				S	Signature	×	Jacko	·		ate 6/28/2(	)19		

Ch 2822	59	/	NOT	(Pt	ATION ursuan	OF AS	ew Jersey BESTOS ABAT C/8:60 and 5:10	6)		E	Total Control	<u> </u>	
Date of Notification (1)	In	17	YK	(C)			g Owner/Operator (		III JUI	_ 1	6 2	019	
/		19			Cap	be May C	ounty Freeholds	res					
Agencies Notified  ⊠ EPA	Type Notific	ation				Address	- d		ASBEST	ros o	DON	FROL	. &
⊠ DOLWD	☐ Amended	d							VIIII VIII VIII VIII VIII VIII VIII VI	ICEN	STAIL	Ż	Transport Contract
☑ DHSS	Amendm	ent#_			32.0	State, Zip C		00040					
☐ DCA	☐ Emergen		luding		-		ourt House NJ.	08210	T= 1 1 1 1				
(NJAC 5:23-8)	justificati	50			110000000000000000000000000000000000000	of Contac			Telephone Numb				
	LI Caricella	uon				son Han			609-465-106	o 			
					FA	CILITY IN	IFORMATION						
Vacant Building	Abatement is 1	Taking	Place	(3)				☐ School (K-12	2)				
Street Address											ildina	15	
3801 Route 9 S										0.0.		101	
City (5)						001	wh	Square Feet	# of Floors	BI	dg. A	ge	
Rio Grande					(	18/	14/2	68,500	1		+/- 7	0	
County (6)					Coun	ity Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Cape May								Vacant					
Name of Monitoring Firm	Hired by Build	ding O	wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Health & Safety S	Services						USA Environ	mental Manag	ement, Inc.				
Street Address							Street Address						
PO Box 365							8436 Enterpr	ise Avenue					
City, State, Zip Code							City, State, Zip Co	ode					
Berlin, NJ 08009				0			Philadelphia,	PA 19153					
	itoring Firm						Telephone No.		License No.				
							215-365-5810		1156				
Start Date (10)	0.00000												
			- 7		_ / -	19	USA Environ	mental Manag	ement, Inc		Constant III		
	•						Street Address						
		1 10 10 10 10				201	Philadelphia,	PA 19153					
Scope of Work (Check a	II that apply)						☐ Full Cont	tainment with Ner	native Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>							☐ Mini-Enc ☐ Gloveba	losure g Procedure		e			
										Ab	atem	ent Ty	уре
		.					Description o	of	V	Z.	Z.	ш	Щ
		<sup>(1)</sup>	Ma	intena	ance/					ome	pai	ncap	nclos
IN Facil			Cust			(,,,	surfacing, VAT,	, or	SF or LF)	val	~	Sula	sure
(13)		ŀ	Vos	1000	1		other miscellane	ous)				ate	
Canopy Roof Flashir	ng				X	Tar Flas	shing Non Friab	le	100				
Canopy Facia			П	П	x	Tar Sea	lants Non Friab	le	825	X	П	П	П
	e & Mastic				+	Floor	Tile & Mastic			+			
_ALE = STATE CO.			_	_					,	+			
		1			J.IDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfill	1-			ш.
				1000			Waste						
			-					A STATE OF THE STA				-	
Subchapter 8 (Other than K-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (Other (Le., private and commercial buildings, homes, etc.)													
500	County Code (7)(\$TATE USE ONLY)												
Kevin Meldrum		Pr	oiect	Man	ager		1	VULLA	17	12 40			

Location of Asbestos- Containing Material (ACM) in Facility (13)	Solely	tion Normal by Maint./Co Staff? (12)	ustodial	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other	Amount (Specify SF or LF)	Abatem			
	YES	NO	NA	miscell.)		Rem.	Rep.	Encap	Enclose
Food Area			X	Floor Tile & Mastic	10,500	X			
Movie Area			X	Floor Tile & Mastic	3,600	X			
Pizza Shop Area			X	Floor Tile & Mastic	2,000	X			
								_	-
							-	+	
								+	
								+	



Date of Notification (1)    0     7     1   1     1   9    Agencies Notified   Type Notification   EPA   Initial	Name of Building Ow	suant to NJAC	pestos Abatement 78:60 and 12:120)	DE N	JUL 16 2019  BESTOS CONTROL & LICENSING
□ DEP □ Amended  Amendment #: □ □ Emergency (including justification) □ DCA □ Cancellation	City, State, Zip Code  Westfield, NJ 07  Name of Contact  Luis Lu  FA		ATION	Telephon	e Number
Name of facility where abatement is to Residential Street Address				Subcha Other (Bldgs./	I (K - 12) apter 8 (Other than K-12) Private/Commercial Homes, etc. # of Floors Bldg. Age
City (5)  Westfield, NJ 07090  Name of Monitoring Firm Hired by Bloom N/A  Street Address  City, State, Zip Code	County (6)  Union dg. Owner (8)	ASCM No.	County Code (7) (State use only)  Name of Abatement  KLOMAX, LLo  Street Address  309 W. End Av  City, State, Zip Code	Current Use (Pr Residential at Contractor (9)	02 60 rior if being demolished)
Project Manager for Monitoring Firm  Start Date (10)  07/23/19  Occupancy Status During Abatement (  Facility closed/vacated during en Abatement performed outside of Describe:	ntire period of abatement. normal facility hours-		Hopatcong, NJ Telephone Number 833-455-6629 Name of OSHA Mo KLOMAX, LI Street Address 309 W. End Av City, State, Zip Cod	07843 nitor .C	License Number 02007
	enovation emolition s location normally used sole by maintenance/custodial taff(12) Yes No N/A		on of asbestos-containing	Full Containment w Mini-enclosure Glovebag procedur	e and Non-friable procedure  R R E E E N N D C N N D C C C C C C C C C C C C C
Basement  Registered Waste Hauler KLOMAX, LLC		Pipe Insulat	Vaste Name of Registere	d Landfill , RESOURCE RE	
City, State Hopatcong, NJ 07843  Completed by (Print or Type) Paige Boylan  C	Disposal TBD  itle owner o not use this form for asbes	Date	City, State TULLYTOWN		Date 07/11/19

Ch 5881	) Time	. 1	NOT	IFIC (P	ATIO	NOFAS	lew Jersey BESTOS ABAT AC 8:60 and 5:1	EMENT	RE	GE		$\mathbb{V}$	
Date of Notification (1)	411	- 11	1	XX	Nam	e of Buildin	ig Owner/Operator (	(2)		UL 1	6 2	040	10
07 /	12 /	19		•	The second second		lercy of the Ame		ntic Commun	itv	0 2	UIJ	West
Agencies Notified	Type Notific	ation				t Address			The state of the s	minute and decrease	gen and the general series	birming or the	
⊠ EPA	☐ Initial	auon			70000		mery Avenue		ASBE	STOS (	MOC	TROL	. &
□ DOLWD	☐ Amende	d			1	State, Zip	THE PROPERTY OF THE PERSON NAMED OF THE PERSON		I manufacture and the second	LICEN	SING	X	O. B. Carelline
☑ DOH	Amendm					erion, PA							
DCA	☐ Emerger		cluding	g	-	e of Contac			I=				
(NJAC 5:23-8)	justificati  Cancella				1 1000000000000000000000000000000000000		5574		Telephone Nu				
	L Caricella	uon				lleen Gia			484-562-1	512			
					FA	CILITY IN	NFORMATION						
Name of Facility Where A		Taking	Place	(3)				Type of Facility (					
Mount Saint Mary A	Academy							School (K-12		10)			
Street Address								Subchapter 8	ivate and comm	12) nercial b	uildin	as.	
1645 Route 22								homes, etc.)				J-,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Watchung								20,000	3		80		
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Somerset								School					
Name of Monitoring Firm	Hired by Build	ding C	wner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)					
TTI Environmental,	Inc.						Shade Enviro	onmental, LLC					
Street Address							Street Address						
1253 North Church	Street						623 Cutler Av	/enue					
City, State, Zip Code							City, State, Zip Co	ode					
Moorestown, NJ 08	057						Maple Shade	, NJ 08052					8
Project Manager for Moni	toring Firm			Tel	ephone	No.	Telephone No.		License No.				
Mike Stocku				8	56-84	0088-0	856-755-0099	)	00842				
Start Date (10)		Sched	uled C	ompl	etion D	ate (11)	Name of OSHA M	Ionitor					
07 /24 /	_19_	_ 0	7_ /	_ 2	6 /	19	EMSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (	Check	only	one)	211-20		Street Address		+				
			7	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ement		200 Route 13	0 North					
Abatement Performed						scribe	City, State, Zip Co			-			
Time of Abatement: _	AM	PN	//	PN	1	_AM	Cinnaminson						
Scope of Work (Check all	that apply)						Ommaninison	1, 140 00077					
	mar appiy)						☐ Full Cont	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			Re				☐ Mini-Enc	losure					
☐ ≥100 St 01 ≥200 II			Пре	molit	юп		☐ Glovebag	g Procedure mpted (*) and Nor	n-Friable Proced	lure			
			Is	Loca	ation						atem	ent T	vne
Location				Norm			Description o				_	_	
Asbestos-Containing I TO BE ABA		1)			lely by ance/		stos Containing Ma		Amount	Removal	Repair	ince	Enclosure
IN Facilit			Cus		Staff?	(1.6	e., thermal systems surfacing, VAT,		(Specify SF or LF)	ova	₩	squ	nso
(13)				(12	122		other miscellane		,	-		Encapsulate	e
			Yes	No	N/A								
Lower Level Laundry	Room			$\boxtimes$		Floor T	ile and Mastic		132 SF				
											П	П	
			10 Table 10		100.00	-					1	=	
												Ц	Ш
Name of Registered Wast	te Hauler			1.0	NJDEP		Cubic Yards of	Name of Regist	tered Landfill				
Freehold Cartage					Hauler I 1593		Waste 1	Fairless La	ndfill				
City, State					.000		Disposal Date	City, State					
Freehold, NJ							07/26/2019	Morrisville,	PA				
Completed By (Print or Ty	rpe)	Title					Signature	1 00	1	Date		- 2 2	
Margie Muller	90 M	A	dmini	strat	ive Ma	nager	UMIN	157 (1) A		-1-1	7-	10	

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Date of Notification (1)	4110	0-1	01					7 6		1111	1.6	20	119
/	11 /	19	-		La	wrence	Township Public	Schools		UUL	. 0	20	10
F7		cation			Stree	et Address			Annual Control of the		and the same	estation of the	an and arthurs.
1 (1.10 pt 10) (1.11 pt 10) (1.10 pt 10)					25	65 Princ	eton Pike		ASE				ROL
					City,	State, Zip	Code		Luciani de la companya della companya della companya de la companya de la companya della company	Jul V.	Mari 400	21 4 4.4	MATERIAL PROPERTY.
			luding		La	wrencev	ille, NJ 08648						
(NJAC 5:23-8)			luuliig	J	_				Telephone Nun	nher			
8					Th	omas El	dridae						
				_	_				000-071-04.				
Name of Facility Where Ab	atement is	Taking I	Place	(3)		to Li i i	IN ORMATION	Type of Facility (/	1)				
		15-0200 to 11 <del>-0</del> 100											
Street Address								Subchapter 8	(Other than K-12	2)			
2525 Princeton Pike								Other (i.e., pri	vate and comme	rcial b	uildin	gs,	
City (5)									4 - 5 = 1				
Lawrenceville												ge	
County (6)					Cou	ntu Codo /	TVOTATE HOE ON 10			91	70		
					Cou	nty Code (	()(STATE USE ONLY)	A CONTRACTOR OF THE PROPERTY O	r if being demoli	shed)			
	lired by Ruil	dina Ou	mas (1	0)	ACCNA	AT-	T.,						
		aing Ow	mer (a	8)		(v))(n, #100)							
	ic.				000	03		onmental, LLC					
	Au4												
	treet												
THE CONTRACTOR OF THE PROPERTY							The second of th						
							Maple Shade	, NJ 08052					
	ring Firm				J.		Telephone No.		License No.				
									00842				
07 /22 /	19	07	_ /	24					•				
							Street Address						
Facility Closed/Vacated	During Entir	re Perio	d of A	bate	ment		200 Route 13	0 North					
Time of Abatement	outside of No	ormal Fa					City, State, Zip Co	de					
		FIVI/_		_PIVI-		AIVI	Cinnaminson	, NJ 08077					
Scope of Work (Check all the	nat apply)												
$\boxtimes$ $\geq$ 3 sf or $\geq$ 3 lf $\square$ $\geq$ 160 sf or $\geq$ 260 lf							☐ Mini-Encl ☐ Glovebag	osure Procedure		re			
										1	atem	ent T	vne
	torial (ACM	,									7		
		'	Main	ntena	nce/	Asbe	stos Containing Mat	erial (ACM)	11,000	em	epa	nca	ncl
IN Facility					Staff?	(	surfacing, VAT,	or	SF or LF)	ova	=	ıpsı	nsc
(13)		_			NI/A		other miscellaned	ous)		-		ılate	6
Room No. 102	,		-	-	-	Floor T	ile		7 SF				
Room No. 124						Dino Inc	oulotion (Mass 9	0.40		-			
				_		Pipe in	sulation (wrap &	Cut)	2 LF	M	Ш	Ц	Ш
		L											
										П	П	П	П
	Hauler			1000000			Cubic Yards of	Name of Register	red Landfill				-
Freehold Cartage				0.000			Waste						
City, State					15939		THE RESERVE OF THE PARTY OF THE						
Second   Control   Contr													
1													
Margie Muller		Adm	inist	trativ	e Mar	nager	47/1/	11/10/1/			j	9	

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CK 3390			- 5 S					JUL	. PP	IUE	03/04
Check#339Z	NO	TIFIC.	ATIO	NOF A	New Jerrey BESTOS ABA AG 8:60 and 6:1	PEMENT	AS	DES:	iGEN	<del>001</del>	<del>1790</del> 1-&
Date of Notification (1)					ng Owner/Operator		OCL - 10 C				<u> </u>
	19		Fan 2		a - mar operator		2 4 10 0	11.18			
Agencies Notified Type Notificel	tion		Stree	t Address		<del></del>	<del></del>			_	_
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☑ DHSS Amendme	nt #	-	Acres 197000	Stets, Zip			7	1	1	$\dashv$	$\neg$
(NJAC 5:23-8) Justification	n)	rg.	Name	awn, NJ	07410 et	11/1	TelephoneiNum	200	<u> </u>	_	
Cancellation	מנ		Fan Z	heng		h	T sephonering	HORE!	. ( )		
Name of Feditor When Above			FA	CILITY	NFORMATION				_		—
Name of Facility Where Abetement is Ta Private house	king Piac	8 (3)				Type of Facilit					
Street Address			_			School (K-	12) (8 (Other than K.s.)	21			
						Other (i.e.,	r 8 (Other than K-1 ) private and comme	rcial b	uildin	gs,	
City (S)						Square Feet	of Floors	TP	idg. A	100	
Fair Lawn, NJ 07410 County (5)			T Carr	lu Osta in	ACTANE INC.			1		-0 *	
Bergen			rann	ty Coda (7)	(STATE USE ONLY)	Current Use (F	rior if being demoli	shad)		_	
Name of Monitoring Firm Hired by Bulldh	пф Омпет	(8)	ASCM	No.	Name of Abatems	nt Contractor (	9)				
Street Address					Gr Tech LLC						1
					Street Address			× = = = =			-
City, State, Zip Code			_		576 Valley Rd #						
D-1-11					Wayne, NJ 0747						
Project Manager for Monitoring Firm		Tale	рпопе	No.	Telephone No.		License No.				$\dashv$
Sterl Date (10)	heduled C	ometer	ion tio	m /4 41	973-638-1777		01127				
07 / 12 / 19		14			Name of OSHA M				-	5.9	
Occupancy Status During Abatament (Ch	neck only	(enc			Envirovision Co Street Address	risultants, Inc					_
Facility Olosad/Vecated During Entire	Period of	V HAUE	. Des	oriha	20-21 Wagaraw	Road, Bldg .#	35E				
Abatement Pariproped Outside of North	mai radiii		J - Dez		City, State, Zip Co	ode					$\neg$
Abatement Parformed Outside of Non Time of Abatement: AM-	_PM/	PM_	-	AM		7410					
Time of Abatement:AM	_PM/	PM_		AM	Fair Lawn, NJ 0	and decentam	mation with necessive	n brás	Allia	-	
Abatement Performed Outside of North Time of Abatement:  Scope of Work (Check all that apply)	_PM/	PM_	n	AM	Fair Lawn, NJ 0	and decentami	ination with negative	e pres	suré		
Abatement Parformed Outside of Nor Time of Abatement: AM- Scope of Work (Check all that apply)	_PM/	PM_	n	AWI	Fair Lawn, NJ 0	and decontami tainment with No losure	ogative Pressure Trent with Negative	n Draw			
Abatement Parformed Outside of Normal Time of Abatement:  Scope of Work (Check all that apply)  3 of or >3 if  160 at or >260 if	PM/R	PM_ enovation	on n	ANI	Fair Lawn, NJ 0	and decontami tainment with No losure	egative Pressure	e Press	sure	ent T	(00
Abatement Performed Outside of Non- Time of Abatement: Affin Scope of Work (Check all that apply)  >3 af or >3 !! > 160 at or >260 !!  Location of Asbestos-Conteining Material (ACM)	PM/	PM_ emolitions Locations Normal	on on ly ly by	Ashe	Fair Lawn, NJ 0' Clean up Full Cont Mini-End Gleveba Non-Exe  Description a stos Containing Mal	and decontemination to the contempted (*) and N	Tent with Negative on-Friable Procedu	Press	sure petern	_	
Abatement Performed Outside of Normal Performance Outside	PM/	PM_ enovative molitions s Locati Normal ad Sole intensi todia) (	on on ly ly by	Ashe	Fair Lawn, NJ 0' Cleen up Full Cont Mini-End Gloveba Non-Exe  Description of stos Conteining Mal ., thermal systems i	and deconteminationment with No losure Procedure mpted (") and No losure mpted (") and No losure mpted (ACM)	Tont with Negative on-Friable Procedu Amount (Specify	Press	sure petern	_	
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Abatement Performed Outside of Non- Time of Abatement: AM- Scope of Work (Check all that apply)  >3 af or >3 if > 160 af or >260 if  Location of Asbestos-Conteining Material (ACM) TO BE ABATED IN Facility (13)	PM/	PM_ enovative molitions s Locati Normal ad Sole intensi todia) (	on on ly ly by	Ashe (i.e	Fair Lawn, NJ 0' Clean up Full Cont Mini-End Glaveba Non-Exe  Description of stos Containing Mal L, thermal systems I surfacing, VAT. other miscellane	and deconteminationment with Net losure procedure proced	Font with Negative on-Friable Procedu Amount (Specify - SIF or LF)	A Removal	euro Repair	Encapsulate	
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Abatement Performed Outside of Non- Time of Abatement: AM- Scope of Work (Check all that apply)  >3 af or >3 if > 160 af or >260 if  Location of Abbestos-Conteining Material (ACM) TO BE ABATED IN Facility (13)  Basement st floor	Ref De Use Mee Cus	PM_senavation of the control of the	on on ly ly by hock/ Staff?	Ashs (i.a Pipe inst	Fair Lawn, NJ 0' Clash up Full Cont Mini-End Gloveba Non-Exe  Description of stos Conteining Mal ., thermal systems is surfacing, VAT, other miscellaneo  Alation	and deconteminationment with Net losure procedure proced	Font with Negative On-Friable Procedu  Amount (Specify SIF or LF)  60 LF	Pressore A Removal	ato Repair	Encapsulate 🔲 🔲	
Abatement Performed Outside of Non- Time of Abatement: AM- Scope of Work (Check all that apply)  >3 of or >3 !! > 160 at or >260 !!  Location of Abbestos-Conteining Material (ACM)  TO BE ABATED IN Facility  (13)  Basement	RRI Usa Mie Cus	PM_snovatics and state and	on on ly by hoce/	Aehe (i.a	Fair Lawn, NJ 0' Clash up Full Cont Mini-End Gloveba Non-Exe  Description of stos Conteining Mal ., thermal systems is surfacing, VAT, other miscellaneo  Alation	and deconteminationment with Net losure procedure proced	Tent with Negative On-Friable Procedu Amount (Specify SIF or LF)	Ada Removal	sure Repair	Encapsulate 🔲 🔲	Encinsure 🔲 🔲 🔲
Abatement Performed Outside of Normal Time of Abatement:  Scope of Work (Check all that apply)  >3 af or >3 !!  > 160 af or >260 !!  Location of Asbestos-Containing Material (ACM)  IO BE ABATED  IN Facility	Ref De Use Mee Cus	PM_snovatile amolition is Locati Normal and Sole intensated (12)	on ly by hoel/ Staff?	Ashe (i.a Pipe inst Pipe Inst VAT flo	Fair Lawn, NJ 0' Clean up Full Cont Mini-End Glovebs; Non-Exe  Description of stos Containing Male, thermal systems is surfacing, VAT, other miscellane  plation  plation  or tiles	and decontemitationment with No losure  Procedure  Procedure  mpted (") and N  of  terial (ACM)  insulation,  or  ous)	Tent with Negative On-Friable Procedu  Amount (Specify SIF or LF)  60 LF  200 SF	Pressore A Removal	euro Repair	Encapsulate 🔲 🔲	
Abatement Performed Outside of Non- Time of Abatement: AM- Scope of Work (Check all that apply)  >3 af or >3 !! > 160 af or >260 !!  Location of Abbestos-Conteining Material (ACM)  TO BE ABATED IN Facility (13)  Basement  St floor  Registered Weste Hauler  Tech LLC	RRI Usa Mie Cus	PM_shovatile molitions Locatile molitions Locatile molitions and Sole intensational (12)	on ly by hoel/ Staff?	Ashe (i.a. Pipe inst VAT flo	Fair Lawn, NJ 0' Clash up Full Cont Mini-End Gloveba Non-Exe  Description of stos Conteining Mal ., thermal systems is surfacing, VAT, other miscellaneo  Alation	and decontemitationment with Notice of Procedure mpted (*) and Notice of Regions	Font with Negative On-Friable Procedu  Amount (Specify SIF or LF)  60 LF  200 SF	Ada Removal	sure Repair	Encapsulate 🔲 🔲	Enciosure 🔲 🔲 🔲
Abatement Performed Outside of Non- Time of Abatement: AM- Scope of Work (Check all that apply)  >3 af or >3 !! > 160 af or >260 !!  Location of Abbastos-Conteining Material (ACM)  TO BE ABATED  IN Facility  (13)  Basement  st floor  Basement  Name of Registered Weste Hauler  or Tech LLC City, State	RRI Usa Mie Cus	PM_shovatile molitions Locatile molitions Locatile molitions and Sole intensational (12)	on non non non non non non non non non	Ashe (i.a. Pipe inst VAT flo	Fair Lawn, NJ 0' Cleen up Full Cont Mini-End Glovebar Non-Exe  Description of stos Containing Mala., thermal systems is surfacing, VAT. other miscellaned  Alation  Cubic Yards of Waste	and decontemitationment with No losure  Procedure  Procedure  mpted (") and N  of  terial (ACM)  insulation,  or  ous)	Font with Negative On-Friable Procedu  Amount (Specify SIF or LF)  60 LF  200 SF	Ada Removal	sure Repair	Encapsulate 🔲 🔲	Enciosure 🔲 🔲 🔲
Abetement Performed Outside of Non- Time of Abatement: AM- Scope of Work (Check all that apply)  >3 of or >3 if > 160 at or >260 if  Location of Asbestos-Conteining Material (ACM)  TO SE ABATED IN Facility (13)  Basement  St floor  Registered Weste Hauler or Tech LLC City, State  Wayne, NJ 07470	RRI Usar Me Cus	PM_shovatile molitions Locatile molitions Locatile molitions and Sole intensational (12)	on non non non non non non non non non	Ashe (i.a. Pipe inst VAT flo	Fair Lawn, NJ 0' Clean up Full Cont Mini-End Gloveba, Non-Exa  Description of stos Containing Mal , thermal systems is surfacing, VAT, other miscellane  Alation  Ilation  Cubic Yards of Wasia  TBD  Disposal Date TBD	and decontaminationment with Notice procedure	Tent with Negative On-Friable Procedu  Amount (Specify Siff or LF)  60 LF  200 SF	A Remioval	sure Repair	Encapsulate 🔲 🔲	Enciosure 🔲 🔲 🔲
Abatement Performed Outside of Non- Time of Abatement: Affi- Scope of Work (Check all that apply)  >3 af or >3 if > 160 at or >260 if  Location of Abbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Basement  Sasement  Name of Registered Weste Hauler  Trech LLC City, State  Wayne, NJ 07470  Completed By (Print or Type)	RRI Usa Mie Cus	PM_shovatile molitions Locatile molitions Locatile molitions and Sole intensational (12)	on non non non non non non non non non	Ashe (i.a. Pipe inst VAT flo	Fair Lawn, NJ 0' Cleen up Full Cont Mini-End Glovebar Non-Exe  Description of stos Containing Mala., thermal systems is surfacing, VAT. other miscellaned  Alation  Cubic Yards of Waste  TBD Disposal Date  TBD Signature	and decontaminationment with Notice procedure procedure mpted (*) and N of terial (ACM) insulation, or out)  Name of Region T.R.R.F. Inc. City, State	Tent with Negative On-Friable Procedu  Amount (Specify SIF or LF)  60 LF  200 SF	Ada Removal	sure Repair	Encapsulate 🔲 🔲	Enciosure 🔲 🔲 🔲

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Date of Notification (1) 7-11-2019 Thu /- Dld	12			Building O						) JUL	1 6	20	19	To Constitution of the Con
Agencies Notified Type Notification		S	Street Ac	ddress					feet b	and i				Inco
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DEP Amended				te, Zip Cod							CENS			
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DOH justification)	noluding	- 1		Contact	1					ephone Num				
DCA Cancellation				Honigfeld					97.	3271-22	48			
Name of Facility Where Abatement is Taking	Place (3)		FACIL	LITY INFOR	RMATIC	N	T	ype of Facility (4	1)					
Commercial	11 1000 (0)						_	_						
Street Address							F	School (K-12 Subchapter		er than K-12)	)			
119 Columbia Turnpike							2	Other (i.e. pr	rivate 8	& commercia	l build	ings,	home	S,
City (5)							S	etc.) quare Feet	# of	Floors	BI	dg. A	ge	
Florham Park, NJ 07932							4	9000	2		75	5+		
County (6)				Code (7)			C	urrent Use (Prio	r if bei	ng demolishe	ed)		and the space	
Morris		(		ISE ONLY)										
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	l No.				Abatement Con Environment			С			
Street Address						Street 235		dress ginia Avenue	9					
City, State, Zip Code								e, Zip Code						
								City, NJ 073	04					
Project Manager for Monitoring Firm		T	elephor	ne No.		Teleph				License No	),			
				5 1 7441				3-8855		01174				
Start Date (10) 7-12-2019	Scheduled 7-13-20		pletion l	Date (11)				OSHA Monitor Environment	al Se	rvices 11	C			
Occupancy Status During Abatement (Chec	AND THE STREET, SALE				-	Street			ui 00	111000, 22				
Facility Closed/Vacated During Entire F	975 N. N Marin - Andrew (1984)		ont					ginia Avenue	9					
Abatement Performed Outside of Norm			ent		-	City, S	Stat	e, Zip Code						
Other – Describe:					-	Jers	еу	City, NJ 073	04					
Scope of Work (Check All That Apply)	00 11 00 00 00 00													
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≥160 sf or ≥260 lf	× De	emoliti	on			E		Mini-Enclosure Glovebag Prod						
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In Facility	Custo	odial S (12)	taff?			ing, VA		5233	SI	F or LF)	Removal	Repair	Encapsulate	Enclosure
(13)					other m	iisceiia	med	ous)			val	=	late	ure
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Roof		X			F	lashin	ıg		12	200 SF	X			
Name of Registered Waste Hauler		N	JDEP V	Vaste	Cubic	Yards	-117-2	Name of	Regist	ered Landfill		L		
Green Environmental Services, LLC			auler ID		of Was	ste		Fairless	s Lan	dfill				
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Date of Notification (1) 7/11/2019					Building ON BO				ATION	-		11 1	6	2019	1,111,111,111
	Type Notification			Street Ad	ddress OODLA	ND RO	DAD			441			ar orbit	Democratic No.	
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L BOX	Caricellation				ITY INFO	ORMATI	ON								
Name of Facility Where All MADISON JUNIOR		g Place (3)	)					Typ	oe of Facility (4) School (K-12						
Street Address 160 MAIN STREET									Subchapter 8 Other (i.e. pri etc.)	(Oth			dings	, hom	es,
City (5) MADISON								Squ	uare Feet	# of	Floors		3ldg.	Age	
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Name of Monitoring Firm I RK OCCUPATIONAL	얼마 보고 있었다. 얼마면 바다 하는 것이 없었다. 나는 나는 사람이 없다.		L '	ASCM	No.				batement Contr ROTHERS C			VG, II	IC.		
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City, State, Zip Code PHILLIPSBURG, NJ	08865						1 TO A T. ST. ST. ST. ST. ST. ST. ST. ST. ST.		Zip Code A, NJ 07512	2					
Project Manager for Monit JON GILBERT	oring Firm			Telephor	ne No. 4-6316		Teleph 973-		No. 6-8700		License I	No.			
Start Date (10) 7/22/2019		Schedule 7/29/20		mpletion [	Date (11)	V.C			SHA Monitor AS (9) ABOV	Έ					
Occupancy Status During	Abatement (Chec	k Only On	e)				Street	Add	ress						
Facility Closed/Vacat Abatement Performe Other – Describe: Lll	d Outside of Norn	nal Facility				_	City, S	State,	, Zip Code						
Scope of Work (Check All	That Apply)					1									
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		Yes	No	N/A									-	te	
CAFETERIA	HALL		X			VAT	& MAS	STIC		90	00 SF	X			
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City, State TOTOWA, NJ						100000000000000000000000000000000000000	sal Date 201/9		City, State	SVIL	LE, PA				
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Date of Notification (1)				Name		g Owner/Operator	(2)	I I I hand h	9 5	1	14	L
7/12/19				H	-	INIA	Kuior	115				
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Name of Facility Where					•		Type of Facility	(4)				
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Street Address	1	00 (100-101)	<i>*</i>			•	Subchapter	8 (Other than K-12 rivate & commercia	) I buildine	DS.		
							homes, etc.			,-,		
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Name of Monitoring Firm		er .	ASCM	No.		Name of Abaten	nent Contractor (	9)				
(8)						Best Re	moval In	С				
Street Address						Street Address						-
				50		450 Sou	th River	St				
City, State, Zip Code						City, State, Zip C						
	9					Hackens	ack, N.J	. 07601				
Project Manager for Mor	nitoring Firm	Te	lephon	e No.		Telephone No.		License No.				
	<b>1</b>	-				201-329	-7444 -	00388				
Start Date (10)	Scheduled Co		-	e (11)		Name of OSHA	***************************************					
7/24/1		25/	19			Omega 1	Environm	ental				
Occupancy Status Durin	g Abatement (Check on	ly one)		7/		Street Address		٠				
☐ Facility Closed/Vacate	ed During Entire Period	of Abah	ement				uyler St			10140		
Ahatement Performer	Outside of Normal Faci	lify Hor	ITS			City, State, Zip C						X2277
Other - Describe:	simph ad i	5:00	ser	•		S. Ha	ckensack	,N.J. 07	606			
Scope of Work (Check a	Il that apply)		_		_		Containment with	Negative Pressur	е			
-23 sf or ≥ 3 lf			-		ovation	Mini	-Enclosure		35			
□ ≥ 160 sf or ≥ 260 lf			0	u Den	nolition		ebag Procedure Frommted (*) an	d Non-Friable Prod	edure			
<u> </u>					Т	□ POI	-versition ( ) qu	- HOLL SEEDIC FIOC	1	Ab	atem	ent
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. Locati Asbestos-Containir		Use	d Sole	ly by		Description stos Containing M		Amount		.	200	
TO BE A			intenar			sios containing m , thermal systems		(Specify	1	Rei	Repair	Enclosure
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Name of Registered Wa	ste Hauler	I NJ	DEP V	Vaste F	lauler	Cubic Yards of	Name of Regi	stered Landfill				
Best Remo		100000	No.			Waste ,						
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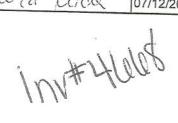
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Date of Notification (1) 7/9/2019				of Building Owne te Property	r/Operato	r (2)		EG	E		VE
Agencies Notified Type Notification				Address			1 200				
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				ILITY INFORMA	TION					-	
Name of Facility Where Abatement is Taking	g Place (3	()				Type of Facility (4	1)				
Private Property						School (K-12	2)				
Street Address						Subchapter	8 (Other than	K-12)			
						Other (i.e. pr etc.)	rivate & comm	nercial bu	ildings	, hon	nes,
City (5)			A-01	207		Square Feet	# of Floors		Bldg.	Age	
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County (6)				Code (7)		Current Use (Prio	r if being dem	olished)			
Hudson County		1	(STATE	USE ONLY)							
Name of Monitoring Firm Hired by Building (	Owner (8)			M No.	Name	of Abatement Cont	ractor (9)				
N/A			N/A		ACM	Solutions Serv	rices LLC				
Street Address					Street	Address					
N/A					1435	51st Street					
City, State, Zip Code	1 10 10 10 10 10 10 10 10 10 10 10 10 10				City, S	state, Zip Code					
N/A					Norti	n Bergen NJ 07	047				
Project Manager for Monitoring Firm			Telepho	ne No.	0.0000000000000000000000000000000000000	none No.	Licens	se No.			
N/A					201-	552-9685	0138	4			
Start Date (10)			npletion	Date (11)		of OSHA Monitor					
7/19/2019	7/25/20	100000			Iris E	nvironmental La	aboratories	;			
Occupancy Status During Abatement (Check	Only One	e)			Street	Address					
Facility Closed/Vacated During Entire P	eriod of A	baten	nent		2333	Route 22 West					
Abatement Performed Outside of Normal Other – Describe: 7:00 AM to 4:00 PM	al Facility	Hours	6		100 ST 10	tate, Zip Code					
					Unio	n NJ 07803					
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	personne.	enova			×	Full Containmer	nt with Negativ	ve Press	ure		
≥160 sf or ≥260 lf	× De	emolit	ion		×	Mini-Enclosure					
					×	Glovebag Proce Non-Exempted		riable Pr	ocedur	P	
	ls l	ocati	on							emen	t
Location of	N	ormal	ly	D	escription	of			Ту	ре	
Asbestos-Containing Material (ACM)		l Sole ntenar		Asbestos Cor	ntaining M	laterial (ACM)	Amount			т	
TO BE ABATED In Facility	Custo				al systems acing, VA	insulation,	(Specify	Re	Z	nce	Enc
(13)		(12)			miscellan		SF or LF)	Remova	Repair	Encapsulate	Enclosure
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Roof	1								-		
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Name of Registered Waste Hauler		N	JDEP W	aste Cukia	Yards	Nome of D	nalatano d I :	1611			
Newark Carting Inc		Н	auler ID				egistered Lan				
		04	1509			ISES Bet	hlehem Ro	Landf	II		
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Po Box 5670						2335 Apr	lebutter Ro	Bethl	ehem	PA	
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ASB-41 (R-06-08)

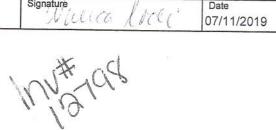
INV# 12797

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

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Project#	$'/\Delta'$	LON	IFICAT	ON OF A	SBEST	OS ABATE	MENT	Ī	Check	# 46	68		_	
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Date of Notification (1)			Nam	e of Build	ing Own	er/Operato	r (2)	4	7) 1	= (6			11//	
07/12/2019			Neto	ong So	chool E	District		4	JI		and the same of th	n-vertronio	mental dep	Majatres
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Name of Facility Where Abatement is Tal	king Place	e (3)			di Orden	A I I O I I	Type of Facil	ity (4)			-			
School						***	ERECTOR 1	5081 78						
Street Address							School ( Subchar	K-12) oter 8 (Ot	hou the	- 1/ 10				
26 College Rd							Other (i.	e. private	& com	n K-12 mercia	) i build	inas i	nome	20
City (5)							etc.)			11/12/19				,
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Morris			(STAT	E USE ON	Ĺŋ		Current Use (	Prior if be	eing dei	molishe	ed)			
Name of Monitoring Firm Hired by Building	Owner (	(8)	LASC	CM No.		I Mana	-501 :							
Aero Environmental	, <u>,</u>	(0)	1	JIVI INO.			of Abatement (		or (9)					
Street Address							Restoration	LLC						
275 Rt 10 East						1	Address				14.0.017			
City, State, Zip Code							ookside Rd							
Succassuna, NJ 07876							tate, Zip Code			0.55				
Project Manager for Monitoring Firm			~				olph, NJ 07	869						
Michael Berta				one No.		1 2	one No.		Licer	se No				
Start Date (10)	1011		9/3-9	20-906	1	97393	3-2550		0135	58				
7/13/2019				Date (11	1)	1	of OSHA Monit						-	
	07/15	/2019				Nick F	Restoration	LLC						
Occupancy Status During Abatement (Che							Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of	f Abate	ment			72 Bro	okside Rd							
Abatement Performed Outside of Nor Other – Describe:	mal Facili	ity Hour	S			City, St	ate, Zip Code							_
Scope of Work (Check All That Apply)						Rando	lph, NJ 078	369						
Design Company of the														
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli					Full Contain Mini-Enclose Glovebag Pr	ire ocedure						
		s Locat		T		Kind	Non-Exempt	ed (*) an	d Non-F	riable			_	_
Location of		Norma									A	batem Type		
Asbestos-Containing Material (ACM)	Us	ed Sole	ly by	Ashe	Stos Cor	escription of	of iterial (ACM)	١.	9	-	T	Type	_	_
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(13)		(12)			surfa	acing, VAT	or	SF	or LF)		Remova	Renair		nclo
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EPA Initial			91 Cd	ollidge :	St					9	106		50
DEP Amended			City, S	State, Zip	Code								
DOL Amendme			Irving	ton, NJ	07111					ACRI	ESTO	SCO	TMC
DOH Emergence		ıg		of Contac					Telephone N	lumbe	r LIC	ENS	NG
DCA Cancellati			Eduar	rdo Loc	or					-	NO SHIERWAY	(DELASTRUM)	OWNERS OF THE PERSONS
			FAC	CILITY IN	FORMAT	TION			<del>-</del>		1		
Name of Facility Where Abatement is Take	ing Place	(3)				14	Тур	e of Facilit	y (4)				
Residence								School (K	(-12)				
Street Address								Subchapt	er 8 (Other than K-	-12)			
								Other (i.e etc.)	. private & commer	rcial b	uilding	s, hon	nes,
City (5) Elizabeth, NJ 07201							Squ	uare Feet	# of Floors		Bldg.	Age	
County (6)			County	Code (7	)		Cur	rent Lies /E	Prior if being demoli	ichad		-	
Union				USE ONL			Gui	Terri USE (F	nor ii being derholi	isried)			
Name of Monitoring Firm Hired by Building	Owner /	8)	LASC	M No.		Namo	of AL	natement C	ontractor (9)				
J 2, Danding	J	-,	7.00			1							
Street Address						Street		toration	LLC				
City, State, Zip Code								side Rd					
,, -ma, -p 3330								Zip Code	000				
Project Manager for Monitoring Firm			Telenh	one No.		Teleph		n, NJ 078		NI-			
			, cieptii	OHO NO.					License	140.			
Start Date (10)	Schedu	iled C	I	Date (11	1)	97393		SHA Monito	01358				
07/21/2019	07/24/			Date (11	,								
Occupancy Status During Abatement (Che	100000000000000000000000000000000000000					Street		oration L	LU.				
		-335						ess side Rd					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	Abate	ement			The second second		Zip Code					
Other – Describe:	aoii	.,			-				00				
Scope of Work (Check All That Apply)						rando	oipn	, NJ 078	69				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov Demo	33703			J	M G	ini-Enclosu lovebag Pri				re	
		s Loca	ation						1, 21, 21, 110, 11, 110	1	100000	temen	t
Location of		Norma			D-	corintia-	o.f					уре	-0
Asbestos-Containing Material (ACM)		ed Sol	ely by	Asbe	stos Con	scription taining M	ateria	al (ACM)	Amount		T		
TO BE ABATED In Facility	100	700000	Staff?	(i.€	e. thermal	systems	insu	lation,	(Specify	Re	Z	Encapsuliate	Enc
(13)		(12)	)			cing, VAT		)	SF or LF)	Remov	Repair	Bal	Enclosu
	Yes	No	N/A	1		test !			Ì	1 5	1	te ili	9.E
asement area	res	-	N/A	TSI					1001=	+	_	Φ.	
	+	X	+	101			_		130 LF	×			
										+	+	-	
Name of Registered Waste Hauler			NJDEP W	/aste	Cubic	Varde		Nome of	Pogietored Law 351				
ick Restoration LLC		H	Hauler ID	No.	of Was	100000000000000000000000000000000000000			Registered Landfil	H			
		0	03378	2	TBD			G.R.O.	W.S				
City, State Randolph, NJ					Dispos	al Date		City, Sta	te				
					TBD			Tullytov	vn, Pa				ij
Completed by	Title	800			S	ignature	g igen	. //		ate			
likica Mrda	Presi	dent				NI	111	Ca 1	07 C/ 107	1111	2010		



nov# 1/20 P/			DATION	ate of Nev OF ASBI to NJAC	ESTOS	ABATE			- Annual -	( <del>-</del>	2 1	<i>p</i>	7 1	7 tr	
ack 100 u u	n u	- ensis								<u>IE I</u>	G	5	<u> </u>	/ [	7
Date of Notification (1) 07/11/2019		100		f Building ( outh Re				ict	IK						
Agencies Notified Type Notification	<u> </u>		Street A		gioriai	301100	וו טוטנו	i Ci		1	UL	16	20	19	_
		1 1		nan J Fi	eld Wa	av			14 1	0	06			10	
EPA Initial Amended		1		ite, Zip Co						The second secon	josephykolini,	permethen)		ENCHER TREA	-
X DOL Amendment				Falls N		24				ASBE	STO	SCO	ONTI ING	ROL	Š
■ Emergency justification)	including		Name o	f Contact					Tele	phone	Numb	er	HING		-
			Andre	w Teeple	е				732	2-542-	581	5			
			FACI	LITY INFO	DRMAT	ON									
Name of Facility Where Abatement is Takin	g Place (3	3)					Туре с	of Facility (4	1)						
Monmouth Regional High School Street Address								chool (K-1			( 10)				
1 Norman J Field Way								ubchapter ther (i.e. p				build	ings,	hom	e
							u е	tc.)		Floors					_
City (5) Tinton Falls NJ 07724							Square N/A	ereet	W/A			5.355	dg. A /A	ge	
County (6)			County	Code (7)			0.000	t Use (Prio	2000000		liche		,,,		
Monmouth				USE ONLY)			Scho			ig delile	-II-OII IC	-/			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	/ No.		Name	100010000000000000000000000000000000000	ement Con	tractor	(9)		V 700 - 1			-
Ahera Consultants Inc	10/		1	つらそ				tracting L							
Street Address				- V [			Addres								-
PO BOX 385						POE	30X 7	34		0					
City, State, Zip Code							tate, Zip								-
Oceanville NJ 08231						Woo	dland	Park NJ	07424	1			D-01.5		
Project Manager for Monitoring Firm			Telepho			- W	one No			Licens					
Donna D'Errico				52-1833		200 00	5692-6			0126	6				
Start Date (10) 08-24-2019	Schedule 08-30-		pletion	Date (11)		Market Branch		A Monitor	1.0						
Occupancy Status During Abatement (Chec	100 - EX 31 - EX 30	and the same					Address	tracting L	LC						_
							3OX 7								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn						interessor.	tate, Zir								
Other – Describe: OCCUPIED BUILDI	NG							Park NJ	07424	4					
Scope of Work (Check All That Apply)									200000						-
≥3 sf or ≥3 lf	×	Renova	tion			×	Full	Containme	nt with	Negativ	e Pre	essur	е		
x ≥160 sf or ≥260 lf		Demoliti	ion			-		-Enclosure rebag Proc							
								ebag Prod -Exempted		Non-F	riable	Proc	edur	е	
	Is	Location	on						3256				Abate		t
Location of		Normall			De	scription	of				-	-	Ty	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED		ed Solel iintenar				taining M				nount		- I		E	
In Facility	Cus	todial S (12)	Staff?	(i.e.	surfa	cing, VA	T, or	ion,		pecify or LF)		Remova	Repair	Encapsulate	
(13)		(12)	_		other	niscellar	neous)				1	oval	air	sulat	
	Yes	No	N/A				, , , , , , , , , , , , , , , , , , ,							ė	
Gymnasium bleacher area South			Х	wood fle	oor/ho	masote	e sub8	mastic	52	0 SF		Х			
Gymnasium bleacher area North			х	wood fl	oor/ho	masote	e sub8	mastic	68	0 SF		X			
Name of Registered Waste Hauler		11 125/65	JDEP Wauler ID		Cubic of Wa	Yards		Name of I	Registe	red Lan	dfill				1
Amax Contracting LLC		0.00%	336184		50 C			Fairless	Hills						
City, State	20 111111					sal Date		City, State	9						
Woodland Park NJ 07424					500000000000000000000000000000000000000	7-2019		Morrisv		١					
Completed by	Title	1122	7.00			Signaturie	)				Date				_
Tome Maslarkov	Proje	ect Ma	anager			$\Lambda \lambda$	_				07-	11-2	2019	)	

Danix,

The state of the s							NAME AND ADDRESS OF TAXABLE PARTY.	SANTAL CONTRACT			-		
CK#4671 PL		IFICATION	ate of New Je OF ASBEST to NJAC 8:60	OS ABATE	EMENT		B		C			$\mathbb{V}$	
Date of Notification (1) 07/09/19			Building Own			istrict		J		1	6	2019	The Column
Agencies Notified Type Notification		Street A	ddress	•					onuran		AOO.		1 1
EPA Initial Amended		-	erty Place te, Zip Code	-			-	ASBE	SI	OS OS	HISH	G_	
X DOL Amendment #		Weeha	awken, NJ	07086			El projection de la constitución						
DOH justification)  Cancellation	nordan ig		Contact y Vlietstra				Telepho 201-42						
			LITY INFORM	IATION			1						
Name of Facility Where Abatement is Taking Theodore Roosevelt School	Place (3)					of Facility (4							
Street Address 1 Louisa Place					R	School (K-12 Subchapter Other (i.e. pr	8 (Other tha			buildi	ings,	home	
City (5) Weehawken						etc.) re Feet 100	# of Floo	ors			dg. A	ge	
County (6) Hudson		County C	Code (7) USE ONLY)			ent Use (Prio nool	r if being de	emolis	shed	d)			
Name of Monitoring Firm Hired by Building C New Wave Environmental	wner (8)	ASCN	1 No.	5 S S S S S S S S S S S S S S S S S S S		struction	100	ation	, In	C.			
Street Address PO Box 54					t Addres	ss e 46 Suite	3D			535-05			-
City, State, Zip Code Wayne NJ 07474						ip Code IJ 07512							
Project Manager for Monitoring Firm Nadine Bello			31-4850	40 25	hone N 256 7		48	ense 1 666	No.				•
Start Date (10) 07/13/2019	Scheduled C 07/14/201		Date (11)			HA Monitor	& Restora	ation	. In	c.			•
Occupancy Status During Abatement (Check	(Only One)			Stree	t Addres	ss							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Abat al Facility Ho	tement urs		City,	State, Z	e 46 Suite lip Code NJ 07512	3D						
Scope of Work (Check All That Apply)						CAPB CU				-		Silvini	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X Rend	ovation olition			Fu Mir Glo	Il Containme ni-Enclosure ovebag Proc on-Exempted	ent with Neg edure					e	
	100000000000000000000000000000000000000	cation nally									Abate		-
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custodia	olely by	(i.e. the	Description Containing rmal syster urfacing, V ner miscella	Materia ns insula AT, or		Amou (Spec SF or I	Į,	WAPAC	Remova	Repair	Encapsulate	
	Yes N	lo N/A							13			ê	
Room 103	+	<u> </u>		sulation '			10 L		X				The second second
Art Room Storage Room in boiler Room		(	-	sulation		-	4 LF		X				-
Storage Room in poller Room	>	<u> </u>	Pipe In	sulation	wrap &	x Cut	5 LF		X	-			
Name of Registered Waste Hauler Bako Construction & Restoration, In	c.	NJDEP W Hauler ID 20889	No. of	ubic Yards Waste BD		The server	Registered Hills Wa			nag	eme	nt	The second
City, State Totowa, NJ	The second secon	L.,		isposal Dat 7/15/2019		City, State Morrisv							
Completed by Damir Valjevac	Title Project	Manager	1	Signatu	re	1650	,	1.500	ate	09/1	9		-

									d 8	IN	#	16	16	<del>60</del>
Ch3151	NO	(Pu	rsuant to	NJACA	STOS A	12 120				EC[		$\mathbb{V}$		
Date of Notification (1) 7-9-2019					Owner/Op Estate					JUL	16	2019		
Agencies Notified Type Notification		1 83	Street Add		n Stree	et, 5th	ı Fl	loor		1000000	0.001		1 0	
EPA Initial Amended  DEP Amended Amendment #	i		City, State	e, Zip Coo	de				l lanemasses	ASBESTO LICI	ENSIN		1 6	PRODUZED POR
X DOH     DCA     DCA     X Emergency (ii justification)     Cancellation     Cancellation		1	Name of C	Contact					725-25-30	elephone Nun 01-214-752				
			FACIL	ITY INFO	RMATIO	N	-	- F 10a -	/4)					
Name of Facility Where Abatement is Taking Commercial	Place (3)						13	ype of Facility  School (K-						
Street Address 597 Piermont Road							×	Subchapte Other (i.e.	r 8 (Ot	her than K-12 & commercia	!) al build	ings, l	nomes	s,
City (5) Closter, NJ								etc.) quare Feet 1071	1	of Floors		dg. Aq	je	
County (6)			County Co					urrent Use (P	rior if be	eing demolish	ied)			
Bergen  Name of Monitoring Firm Hired by Building C	wner (8)		ASCM					Abatement Co Environme			.C			
Street Address						Street		dress ginia Aven	ue					
City, State, Zip Code					_	City, S	State	e, Zip Code City, NJ 07						$\neg$
Project Manager for Monitoring Firm		1	Telephon	e No.		Telepl	hon		304	License N 01174	0.			
Start Date (10)	Scheduled	Com	pletion D	ate (11)	-	Name	of	OSHA Monito						_
	7-10-20							Environme	ntal S	ervices, LL	.C			_
Occupancy Status During Abatement (Check			ont			Street 235		ginia Aven	ue					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Dust Control					_	200		e, Zip Code City, NJ 07	7304					
Scope of Work (Check All That Apply)							_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				Ė		Full Contains Mini-Enclosu Glovebag Pr	ire	ith Negative F e	Pressur	e		
					-		×	Non-Exempt	ed (*) a	and Non-Friab		cedure Abate		
Location of	No	ocati ormal	ly		Des	cription	n of	f				Ту		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	10.000.000.000	Sole ntenar odial S (12)	nce/		thermal	system sing, V	ns ir AT,			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
A - L Clara Witch	Yes	No	N/A			VAT			-	200 SF	x		Ф	
1st Floor Kitchen under concrete	-	^	$\vdash$			VAI			+-	200 01	-			
									1		1			
Name of Registered Waste Hauler		H	JUDEP Walauler ID	No.	Cubic of Was			Name (		stered Landfil	l			
Green Environmental Services, LLC	<u>'</u>	0	034889		5 Dispos	al Date	Δ.	City, St		ridiii				
City, State Jersey City, NJ				- Carlotte San	7-10-2	2019		Morris						
Completed by Liliana Serrano	Title Office	Mai	nager		S	ighatur	re	0000	Q.I. I		ate -9-20	19		

hory#15lda [	) /	иоті	FICATIO	State of New N OF ASBE It to NJAC 8	STOS	ABATEMENT		Iny#	5(	F7	8	5
Date of Notification (1) 07/05/2019			Name	of Building O Public Sch	wner/C	Dperator (2)		Check No. 15	66E		V	E
Agencies Notified Type Notification				Address lifton Avenu	10			1131		_	000	
図 EPA   □ Initial     図 DEP   図 Amended     図 DOL   Amendment #			City, S	tate, Zip Cod	е	013	<del></del>			5	201	3
□ Emergency (in justification) □ DCA □ Cancellation	cluding			of Contact rchione				Telephone Num 973-470-2276	TOS LOE	COI	YTRI IG	Ol .
			FAC	CILITY INFOR	RMATI	ON					-	
Name of Facility Where Abatement is Taking Clifton High School	Place (	3)				Type of Fac	cility (4)					
Street Address 333 Colfax Avenue						☐ School☐ Subcha☐ Other (i.	pter 8 (Other th	an K-12) mmercial building	s, hom	nes, e	etc.)	
City (5) Clifton, New Jersey 07013						Square Feet 30,000		# of Floors 3	Blo 50	g. Ag	ge	
County (6) Passaic				Code (7) USE ONLY)		Current Use	(Prior if being of High Sch	demolished) ool				
Name of Monitoring Firm Hired by Building (AHERA Consultants, Inc.	Owner (8)		ASC 000	M No. 57		Name of Aba Lilich Corpo	atement Contractoration	ctor (9)			77 - 17	
Street Address P.O. Box 385			· ·			Street Addre						100
City, State, Zip Code Oceanville, New Jersey 08231						City, State, Z Totowa, Ne	ip Code w Jersey 075	12				
Project Manager for Monitoring Firm Domenic D'Errico			Telepho 609-6	one No 52-1833		Telephone N 973-225-84		License No. 01104				
Start Date (10) 07/18/2019	Schedul 08/09/2		mpletion	Date (11)		Name of OSI Iris Environ	HA Monitor mental Labora	atories, LLC				
Occupancy Status During Abatement (Check	Only O	ne)				Street Addres						
☐ Facility Closed/Vacated During Entire Pe ☐ Abatement Performed Outside of Norma ☑ Other – Describe: Occupied 6 ar	I Facility	Hours				City, State, Z Union, NJ 0	ip Code	=				
Scope of Work (Check All That Apply)			-							5000000		
□ ≥3 sf or ≥3 If ⊠ ≥160 sf or ≥260 If		Renova Demoli				☐ Mir	ni-Enclosure ove Bag Proced	with Negative Produce / Limited Core	ntainm	ent 8	Ten	t
	Is	Loca	tion				1 7	Amount (Specify	7/25	bater		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	intena todial (12)	ely by ance/ Staff?	Asbesto therm	os Con al syste	Description of taining Materia ems insulation VAT, or er miscellaneou	, surfacing,	SF of LF)	Removal	Typ	Encapsulate	Enclosure
Rooms S 112, 114, 116	168	No	N/A	Cinder Block	Mortar			600 SF	Х			-
Rooms S 112, 114, 116	1	X	-			x 12 Floor Tile	s & Mactic	2375 SF	X			-
Hallway Adjacent to S 112, 114, 116	-	X	-			ar (Spot Remo	#000 W000 DU-J000 O O O	10 SF	X			-
N 309		X	-			lastic under 12		1250 SF	X			-
Prep Rooms for N 309		X		9x9 Floor Ti				600 SF	X			-
Name of Registered Waste Hauler		(500)	NJDEP V Hauler ID	Vaste (	Cubic \	Yards		istered Landfill				
City, State Totowa, New Jersey			18724	1	30 Dispos 08/09/	al Date	City, State					
Completed by Adriana Olejarova	Title Pre	esider	nt			gnature	Morrisville, F	Date	05/20	19		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

No Ch.				FICATIO	State of No N OF ASE at to NJAC	BESTOS	ABATEM							
Date of Notification (1) 07/03/2019				Name	of Building Public S	Owner/			(	Check No. 1	565			
Agencies Notified	Type Notification				Address lifton Ave	enue			[[]	FCI		W	F	Tr.
☑ DEP ☑ DOL	☐ Amended Amendment # ☐ Emergency (ii			City, St Clifton	tate, Zip C ı, New Je	ode rsey 07	013		K		a U	<del>- Lil</del>		97
☑ DOH ☑ DCA	justification)  Gancellation	notability			of Contact chione				9	elephone Num 73-470-2276	iþeb	2019	3	
Name of Facility Wher	a Abatamant is Takir	os Diese (	31	FAC	ILITY INF	ORMAT				İ.,				-
Clifton High School	e Abatement is Takit	ig Place (.	o)					f Facility (4) hool (K-12)		ASBESTO: LICI	SCON		)L 8	en sa renej
Street Address 333 Colfax Avenue							□ Sul	ochapter 8 (Oth er (i.e. private	er than & comm	n K-12) mercial buildin	gs, hon	nes, e	etc.)	
City (5) Clifton, New Jersey	07013						Square 30,000		3	of Floors	Bio 50	g. Ag	ge	
County (6) Passaic					Code (7) USE ONLY	)	Current	Use (Prior if b High	eing de Scho				Si Hill Common	
Name of Monitoring Fit AHERA Consultants	rm Hired by Building s, Inc.	Owner (8)		ASCI 0005	M No. 57		Name o Lilich C	f Abatement Co corporation	ontracto	or (9)				
Street Address P.O. Box 385							Street A 246 Un	ddress ion Boulevard	<u> </u>				18080	- 10-
City, State, Zip Code Oceanville, New Jer	sey 08231						City, Sta Totowa	te, Zip Code , New Jersey	07512	2				
Project Manager for Me Domenic D'Errico	onitoring Firm			Telepho 609-68	one No 52-1833		Telepho 973-22			License No 01104				
Start Date (10) 07/17/2019		Schedul 08/09/2		mpletion	Date (11)			f OSHA Monito ironmental La		ories, LLC				
Occupancy Status Dur	ing Abatement (Chec	k Only Or	ne)	-			Street A	ddress	-					
☐ Facility Closed/Vac ☐ Abatement Perform ☑ Other – Describe:	ned Outside of Norm	al Facility	Hours	ent			City, Sta	oute 22 West te, Zip Code NJ 07083						
Scope of Work (Check							J			74		2000000		
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	,		Renova Demolit	3707000			×	Full Contains Mini-Enclosu Glove Bag Pr Non-Exempte	re ocedur	th Negative Pr	ntainm	ent &	Ten	t
Locati	on of	F 5000	Locat						. , ,	Amount (Specify		pater Typ		
Asbestos-Containir TO BE A In Fac	ng Material (ACM) BATED cility	Ma	d Sole intena todial: (12)	nce/		stos Cor mal syst		aterial (ACM) (i ation, surfacing r		SF of LF)	Remova	Repair	Encapsulate	Enclosure
	<i>*</i>	Yes	No	N/A		Olin	or misoene	ineous)			val	Ħ.	ulate	ure
Rooms S 112, 114, 116			Х		Cinder Blo	ck Morta	r			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 1	12, 114, 116		Χ		Cinder Bl	ock Mor	tar (Spot F	Removal)		10 SF	X			
V 309			Х	ĺ	9x9 Floor	Tile & N	Nastic und	er 12 x 12 Tiles	5	1250 SF	Х			
Prep Rooms for N 309			Х		9x9 Floor	Tiles & I	Mastic			600 SF	Х			
Name of Registered With Lilich Corporation	aste Hauler		H	IJDEP W lauler ID 18724		Cubic of Was	560F70F70F70	Name of Fairless	Ē	ered Landfill				
City, State Totowa, New Jersey			I	.47			al Date /2019	City, Sta Morrisyi	te					
Completed by Adriana Olejarova		Title Pre	siden	t		Linear Control	ignature		义	Date	/03/20	19		

Do not use this form for asbestos licensure exempted activities.

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

IN O COE IT AI	且且为	1.		IL TO MOM				CK	7	40	57						1054154 ps	
Date of Notification (1) 7/8/19		Renovation Demolition  Is Location Normally Used Soiely by Maintenance/ Custodial Staff (12)  Yes No No Normally No		of Building			r (2)		-	15	E	C			1	//	E	Ī
Agencies Notified Type Notifica	ation			n Count	y Colle	ge				IJ			L				=	-
	tuorr			Address Springt	ield Av	enue			-	7							No. State of Street, or other Persons	Self-Lame Plan
EPA Initial Amende	ed			tate, Zip C		Citac				11	-	JU	1	15	20	19	1	-
DOL Amendr	ment #			ford NJ						incl	Market Street						and the second	22
X   DOH     X   DCA     J   Emerge justificat     Cancella     Cancella	ncy (includin tion)	g	Name	of Contact						T	eteph	one t	Nun	ıber.	)		- 9	-
□ Cancella				ert Hoga					76	1	eteph 908-	709	70	500	NG	HUL	čt	
Name of Equilibrity Where Abstract is T	-Li- Di-	(0)	FAC	ILITY INF	ORMAT	ION			_		-		.101		., ., .,		-	7
Name of Facility Where Abatement is T Health Technology Building Ur			000				Тур	e of Facility	y (4	1)								
Street Address	non count	y Con	ege					School (K	-12	2)								
1776 Raritan Road							M	Subchapt Other (i.e	er . pr	8 (O ivate	ther the	nan K mme	(-12) ercia	) Il build	dinas	. horr	nes.	
City (5)								etc.)	•						(039)		,	
Scotch Plains NJ 07076							373727873	are Feet		3	of Flo	ors			ldg. A	\ge		
County (6)			County	Code (7)				ent Use (P	) ri o				12-1-		0+			_
Union				USE ONL	)		Cui	ent ose (F	110	IIID	eing c	iemo	IISNE	eu)				
Name of Monitoring Firm Hired by Build	ing Owner (8	3)	ASCI	M No.		Name	of Ab	atement C	ont	racte	or (9)							_
TTI Environmental Inc.			003			Perr					o. (o)							
Street Address						Street	Addre	ess		-								-
1253 N Church St						PO	Box 3	329									20	
City, State, Zip Code						City, S	tate, 2	Zip Code						1000	150512	-		-
Moorestown NJ 08057						Wes	t Ber	rlin NJ 08	309	91								
Project Manager for Monitoring Firm			Telepho			Teleph				V-511-	1000000	ense						
James Guilardi				40-8800				9800			00	)727	7					
Start Date (10) 7/22/19			npletion	Date (11)				HA Monito	r									
Occupancy Status During Abatement (C						Sam							_					_
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	ire Period of	Abaten	nent s					Zip Code		100		<u> </u>						
Scope of Work (Check All That Apply)												-	-		-			_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf						X	Mi	III Containn ni-Enclosu ovebag Pro on-Exempte	re oce	dure	9							
		s I ocati	ion				- 110	T Exempte	T	74	110 140	11-110	abie		S. Dat	emen	t	-
Location of		Normal	ly		Des	scription	of								Ту	ре		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma Cus	aintenar stodial S (12)	nce/ Staff?	(i.e.	tos Cont thermal surfac other n	aining M systems cing, VAT niscellan	ateria insula r, or eous)	ation,		- (	Amou (Speci SF or L	ify		Removal	Repair	Encapsulate	Enclosure	Control of the contro
<u>Pm 440</u>	165	INO	N/A		ne Ho		Account to the second		L		per?	SF	_	X				
Rm 528		K		F	ume H	lood Tr	ansi	te		1	28 S	F		x				
Ground Floor		х			Ce	iling Til	e			40	630 8	SF		x				
1st Floor		х			Ce	iling Til	е			82	230 8	SF		x				
2nd Floor		х			Cei	ling Til	е			78	883 5	SF		х				_
Name of Registered Waste Hauler		0.8	JDEP W		Cubic '	Yards		Name of	Re		1-10-1	100				-		-
Two Brothers Con.		200	auler ID 7512	No.	of Was	te		G.R.O	.W	/.S.								
City, State						al Date		City, Sta	te						-		100	-
Totowa					9/6/19	9		Morris		le P	A 19	067	,					
Completed by	Title				Si	gnature		L				1	Date					-
Anthony T Perna	Pres	ident				(	A		eroene	W TOO A	-	-	7/8/	49				

IN#12806	Secretary Secret	D) PIE (P	CATION	ate of New Jerse OF ASBESTOS to NJAC 8:50 an	ABATE	MENT 0)	DE	C		VP.	inti
Date of Notification (1) 07/13/2019		I		f Building Owner of District of Ch				JUL-	1-6-	2019	
Agencies Notified  EPA DEP DEP DOL  Type Notification  X Initial Amended Amendmen			City, Sta	yersville Road ite, Zip Code		i i	ASB	ESTOS LICE	CON		L &
X DOL Amendmen Emergency justification Cancellation	(including	_	Name of	am, NJ 07928 Contact Cataldo		tte ver thought a last a second a last a	Telephone 973-457-				
Name of Facility Where Abatement is Takin Chatham Middle School Street Address 480 Main Street	ng Place (3)		FACI	LITY INFORMAT	ION				ildings	, hom	es.
City (5) Chatham						etc.) Square Feet 80,000	# of Floors		Bldg. 7		2223
County (6) Morris Name of Monitoring Firm Hired by Building	Owgar /9)		County C	JSE ONLY)	T N'-	School	ior if being demo	lished)			
RK Occupational&Environmental Street Address		nc.	0009		Bak	of Abatement Co o Construction Address		n, Inc.			
401 St. James Avenue City, State, Zip Code Phillipsburg, NJ 08865					City, S	Route 46 Suite State, Zip Code owa, NJ 07512		***			
Project Manager for Monitoring Firm Jon Gilbert				4-6316	Teleph	none No. 256 7010	License 00666				
Start Date (10) 07/22/2019 Occupancy Status During Abatement (Che	Scheduled 07/22/20	)19	npletion [	Date (11)	Bako	of OSHA Monitor Construction		n, Inc.			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Limited occupancy	Period of Ab	atem	nent		Street Address 265 Route 46 Suite 3D City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If		nova molit			Totowa, NJ 07512  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED	No Used Maint	tenar	ly ly by nce/	De: Asbestos Cont (i.e. thermal		Naterial (ACM)	Amount		Ty	emeni /pe 	
In Facility (13)	-	dial S (12) No	Staff?	surfa	cing, VA niscellar	T, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Auditorium Hall	Tes	X	INIA	Pipe	insula	tion	9 LF	X			
Name of Registered Waste Hauler Bako Construction & Restoration, I	nc.	Н	JDEP Waller ID I		Yards ste	1	Registered Land		geme	ent	
City, State Totowa, NJ					sal Date 3/2019		City, State Morrisville, PA				
Completed by Damir Valjevac	Title Project	t Ma	anager	S	Signature	nature   Date   07/13/2019				)	

TOV# 12808	Ž –							ĺ	Least /	E C	Ē	ΠF	Fiff
hoor		NOT	S IFICATIO (Pursuan	tate of N N OF AS t to NJA	BESTOS	ARATE	MENT			JU			201
Date of Notification (1) 7/9/19				of Building		Operatoi	(2)			JU		0 2	_01
Agencies Notified Type Notification	1		1	elle Irvir	ne 					SBES	menuan	and the same	TB
X EPA X Initial			Cuccin	laaress					FOR THE PARTY AND ADDRESS.			ISIN	
DEP Amended Amendmer	o+ #+ 1		0.20.002	ate, Zip C		000							
Emergency	(including	9		nawken,		086		I To	lephone I	M to	07		
DOH justification Cancellatio				elle Irvin				1 16	iepriorie i	vumber			
Name of Facility Where Abatement is Taki	ng Place (	(3)	FAC	ILITY INF	ORMAT	ION	Type of Facili	ty (4)					
Residential Home	5						School (I	20 100					
Street Address							Subchap	ter 8 (Oth e. private	& comme	(-12) ercial bu	ildings	, hom	nes
City (5) Weehawken							Square Feet 3300	# c	f Floors	1.0	Bldg. 1	-	
County (6) Hudson		1		Code (7)			Current Use (I	Prior if be	ing demo				
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC		.,	Name	Residential of Abatement C		(9)				
Project Manager							tages Abate		(5)				
Street Address							Address N. Midland A	11/0				-0110	2-10
City, State, Zip Code							tate, Zip Code	we.					
						Sado	lle Brook, N	J 07663					
Project Manager for Monitoring Firm		Telephone No.											
Start Date (10) 7/22/19	Schedul 7/25/1		ed Completion Date (11) Name of OSHA Monitor										
Occupancy Status During Abatement (Che					-	Street	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of a	Abate y Hou	ment rs			City, St	ate, Zip Code						
Scope of Work (Check All That Apply)						L							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	⊠ F	Renov Demol	ation ition			×	Full Contain Mini-Enclose Glovebag Pr Non-Exempt	rocedure				۵	
		Loca				1112-25-3-5					Abate	emen	t
Location of Asbestos-Containing Material (ACM)	Use		ely by	Asbes		scription taining M	of aterial (ACM)	Α	mount	-	1,	pe _	Г
TO BE ABATED In Facility			Staff?	(i.e.	. thermal	systems cing, VAT	insulation,	(8	pecify or LF)	Ren	Re	Enca	1
(13)		(12)	_			niscellan			OI LI )	Removal	Repair	Encapsulate	Lincipadio
Main Basement Area	Yes	No X	N/A			VAT		0.0			-	ė	
Laundry Room						VAT			55 SF	X	-		-
Bathroom		X				VAT			7 SF 9 SF	X	-		
Utility Room		×				VAT		-	5 SF	X			
lame of Registered Waste Hauler	1	1	NJDEP W		Cubic		Name o	of Registe		X			
Il Stages Abatement			Hauler ID 0036592		of Was 5 yd	ste		d Centra			ndfill		
City, State Saddle Brook, NJ					Dispos	sal Date	City, Sta	ate krgyl, PA	1				
Completed by	Title					ignature	de s	yyı, PA		ate			_
Richard Cristofol	Presi	ident				1	11/1/	/	and the same of th	7/9/19			

In #12654 Ch 2217		NOTIF (F	FICATIO	State of No IN OF ASI	BESTOS	ABATE	ME	NT			JU			<u>₩</u>	ri框F
Date of Notification (1) 7/9/19				of Building		'Operator	r (2)		1	1	JU		n.	2013	
Agencies Notified Type Notification	n			ent Gaut	ieri				-wonaz	1		areasan 105	T ( 11)	THO	11 2
			Olicci	Audiess					Response			ICE			il or
DEP Amended			1000	tate, Zip C											
DOL Amendmer		-		clair, NJ	3010012-0011-0-8	}									
DOH justification Cancellation	)			of Contact ent Gauti					Te	lephon	e Nur	nber			
Name of Facility Where Abatement is Taki	na Diana (C		FAC	ILITY INF	ORMAT	ION	_								
Residential Home	ng Place (3	5)					Ту	pe of Facility (4							
Street Address							×	School (K-12 Subchapter Other (i.e. pretc.)	8 (Oth	er thar & com	n K-12 mercia	2) al bui	dings	, hom	es,
City (5) Montclair							1 32	juare Feet 300	# o 2	f Floor	S		3ldg. /		
County (6) Essex				Code (7) USE ONLY	n			rrent Use (Prio esidential Ho		ng den	nolish	ed)		-	
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)		ASCI	M No.				batement Cont es Abateme		(9)					
Street Address						Street		35333 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -							
City, State, Zip Code							Soften I	Midland Ave							
,,, <u></u> ,								, zip Code Brook, NJ 07	7663						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none				se No	).			
Start Date (10) 7/10/19	Schedule 7/12/19		npletion	Date (11)		Name	of C	SHA Monitor							
Occupancy Status During Abatement (Che						Street	Add	ress							
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: 8 A.M to 4 P.M	Period of A mal Facility	batem	nent			City, State, Zip Code									
Scope of Work (Check All That Apply)													141		
≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	enova emolit				×	1	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	dure					ρ	
Location of	N	Locati ormal	ly		Des	scription							Abate	ment	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	d Sole ntenar odial S (12)	nce/		tos Cont thermal surfac	aining M systems cing, VAT niscellan		Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A									a		ate	ге
Basement		X		Pipe Wrap					3	1 LF		X			
							_								
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of Re	egister	ed Lar	ndfill				
All Stages Abatement		5.00	auler ID 036592		of Was 1 yd			Grand C				Lan	dfill		
City, State Saddle Brook, NJ					Dispos TBD	sposal Date City, State BD Pen Argyl, PA									
Completed by Richard Cristofol	Title Presid	dent			S	Signature Date 7/9/19									

										Р	rint I			
# 1743 Date of Notification (1) 07/03/2019		(Pursua Name	State of New Jer ON OF ASBESTO IN TO NJAC 8:60 of Of Building Owner VARK PUBLIC	S ABATE and 12:12 r/Operato	r (2)		The state of the s	N# EC	3.6	15	3S W			
Agencies Notified Type Notification  EPA Initial	1		Address MUHAMMAD	ali ave	ENUE	ROOM 2	09	JU	[ ]	5 2	019			
DEP Amended Amendmen		100000000000000000000000000000000000000	State, Zip Code VARK NJ 0710	08				ASBES"	TOS (	ONT	ROL			
DOH Emergency justification Cancellation	)		of Contact	ADEYO			Telephoni 973-733	e Numbe	ICEVI	SING	agentable?			
		FA	CILITY INFORMA	TION										
Name of Facility Where Abatement is Takin BARRINGER HIGH SCHOOL	ng Place (3)				Туре	of Facility (4	+)							
Street Address 90 PARKER STREE					×	School (K-12 Subchapter of Other (i.e. preetc.)	8 (Other than	n K-12) mercial bu	uildings	, hom	es,			
City (5) NEWARK NJ 07104	101111				Squa 17,0	are Feet	# of Floors	S	Bldg	Age				
County (6) ESSEX			y Code (7) E USE ONLY)			ent Use (Prio HOOL	r if being den	nolished)						
Name of Monitoring Firm Hired by Building WHITEMAN	Owner (8)	ASC 001	CM No. 10			atement Cont SPOINT C		ING C	ORP.					
Street Address 7 PLEASANT HILL ROAD				Street 1125		ss ANBURY F	ROAD							
City, State, Zip Code CREANBURY NJ 08512		City, State, Zip Code UNION NJ 07083												
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. Telephone No. License No. 732-390-5858 973-372-2177 01238												
Start Date (10) 07/05/2019	Scheduled 07/10/20		n Date (11)			HA Monitor			IES					
Occupancy Status During Abatement (Chec	ck Only One)	1		Street										
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Aba mal Facility Ho	atement ours		City, S	tate, Z	T 36TH ST		JITE 10	1					
Scope of Work (Check All That Apply)				NEV	V YO	RK, NY 10	018							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation nolition		×	Mi	Il Containmer ni-Enclosure ovebag Proce n-Exempted	edure			e.				
Location of	Nor	cation mally		escription					Abat	emen /pe	t			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mainte Custodi	Solely by enance/ ial Staff? 12)	olely by nance/ al Staff?  Olescription or Asbestos Containing Material (ACM) (i.e. thermal systems insulation, Surfacing VAT or Surfacing VAT or					Remova	Repair	Encapsulate	Enclosure			
		No N/A					XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			ate	Œ			
ROOM 101	X			R TILE/N			132	X						
ROOM 219	X		FLOOF	R TILE/N	MAST	IC	11514	X						
ROOM 250	X		FLOOF	R TILE/N	MAST	IC	1144	X						
LOCKER ROOM & OFFICE	X		FLOOF	R TILE/N	MAST		540	Х						
ame of Registered Waste Hauler RI-STATE TRANSFER ASSOCIA	TES	NJDEP V Hauler II SW189	O No. of W	c Yards aste			egistered Lar 'A ENTER		ASSC	DC. I	NC			
ity, State RONX, NY 10474			Disp	osal Date	0	City, State	SBURG, C	)H 4468	38					
Completed by MEKA OKEKE	Title PRESI	DENT		Signature	L	ales	59	Date 07/03	/2019					

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Project #	1000	1	NOT	TICATIO	State of N	ew Herse	ру	1		_						
Project #			NO II	Pursuan	to NJA	BES 108	10.12:12	MEN 0)	Г	10	heck	#	466	7		
Date of Notification (1)					of Buildin						L					-
07/10/2019					Live BC		Operator	(2)			In			מ		$\mathbb{W}$
	Type Notification	1			Address	<i></i>					111	/				
	anny				S 206 I	North					lin	1				
EPA DEP	Initial Amended				tate, Zip C							1	. 11	1	6	201
DOL .	Amendmen	t#		The Control of the Co	ers, 078						led 6	2	0.0	_	12	201
■ DOH	<ul> <li>Emergency justification</li> </ul>		g	_	of Contac					Te	lephor	ė Ni	mber	p.verbr.om	nanadara	Water ton
DCA	Cancellatio			Glenn	Miller							AS	BES	TOS	CO	NTR
				FAC	ILITY IN	FORMAT	ION				AND PROVIDE		Westerner-	ICI-	KICH	III.
Name of Facility Where Ab	atement is Taki	ng Place	(3)					Туре	e of Facilit	y (4)						nicovn-
School									School (K							
Street Address						- Fe//			Subchapt	ter 8 (Oth	ner than	n K-1	2)			
498 Sand Shore Rd	****				£0.			L	Other (i.e etc.)	. private	& com	merc	iai bu	liaing	, non	nes,
City (5) Budd Lake NJ								Squa	are Feet	# 0	f Floor	s		Bldg.	Age	
County (6)	Ž.				Code (7)			Curr	ent Use (F	rior if be	ina der	molis	hed)			
Morris				(STATE	USE ONL	n			· · · · · · · · · · · · · · · · · · ·				,			
Name of Monitoring Firm H	ired by Building	Owner (8	)	ASC	M No.		Name	of Aba	atement C	ontracto	r (9)		-			
Aero Environmental									oration l							
Street Address							Street									
275 Rt 10 East							72 Br	ooks	ide Rd							
City, State, Zip Code			= Wiles	Chart			City, S	tate, Z	Zip Code							
Succassuna, NJ 078																
Project Manager for Monito	ring Firm		Telephone No. Telephone No.								Licer	nse N	lo.			
Michael Berta					20-9061		97393	1000			0135	58				
Start Date (10)				mpletion	Date (11)		Samuel Control		HA Monito							
07/11/2019	1.01	07/12/2							oration L	LC						
Occupancy Status During A		- 8	200				Street /									
Facility Closed/Vacate Abatement Performed	d During Entire	Period of	Abater	nent					ide Rd					0		
Other – Describe: 2.	30 pm	iai i aciii	y Houi	5			Maria Market School		ip Code							
Scope of Work (Check All T	hat Apply)						Kando	oipn,	NJ 078	69						
≥3 sf or ≥3 lf			20000													
≥160 sf or ≥260 lf		Particular Control	Renova Demoli				d		II Containn ni-Enclosu		Negat	tive F	ressu	re		
								Glo	ovebag Pro	ocedure						
	-	Τ.			Г			No	n-Exempte	ed (*) and	d Non-	Friab	le Pro			
1			Locat Norma												emen pe	1
Location of Asbestos-Containing Ma		Use	ed Sole	ly by	Ashes	Des tos Conta	scription		(ACM)		mount					1
TO BE ABATI			intena todial		ation,	1	pecify		Z.		Enc	m				
In Facility (13)			(12)				ing, VAT			SF	or LF)		Remova	Repair	aps	Enclosure
		Yes	No	N/A		J		,000					val	=	Encapsulate	ure
Halloway By 143			×	1			2 elbows X									
Halloway By room 17:	5											-	×			
Halloway By room 186					THE STATE OF THE S					2 elbo	N/1172 B.11	-	X			
Room 143 Men's bath					loc the	0 10 1 5	for -	1.4.1-			// A       -		×		_	-
Name of Registered Waste			IN	JDEP W		Cubic \		1 4 10	cation Name of			4611	X			
Nick Restoration LLC			Н	auler ID	No.	of Was			An er o		red Lar	IGITI				
City, State			0	033782	2	TBD			G.R.O.	W.S						
Randolph, N	J	Disposal Date City, State														

Completed by

Nikica Mrda

Title

President

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W C | Date | 07/10/2019

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Date of Notification (1) 07.10.2019			Name	of Buildir r M. Na	ng Owner	/Operato	r (2)			IUL 1	6	2019	- 11	
Agencies Notified Type Notification	1			Address	ngeroni	l .								
EPA Initial Amended									ASBE	ESTOS LICEI			L &	
DEP Amended Amendmen	t #			tate, Zip id Brook		OOLE		(arenorma	Mineral Property Services	La I C'hal mardenter eve	47311 A	ing mpasaranini	NOT PERSONAL PROPERTY.	
▼ DOH Emergency justification)	(includin	g		of Contac		3005		T Te	elephone	Numbe				
DCA Cancellation				M. Nai				1	Siopriorio	, anno				
Name of Facility Where Abatement is Takir	ng Place	(3)	FAC	CILITY IN	FORMAT	TION	Type of Fac	lity (4)						
Private House							School	25/2/20						
Street Address							Subcha X Other ( etc.)	pter 8 (Ot i.e. private	her than & comm	K-12) ercial bu	ilding	s, hon	nes,	
City (5) Bound Brook, NJ 08805						,	Square Feet 2,016	2	of Floors		Bldg.			
County (6) Somerset County			County (STATE	Code (7) USE ONL	Y)		Current Use Residentia	(Prior if be	ing demo	olished)				
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.		Name Spes	of Abatement Contractin	Contracto	г (9)					
Street Address						Street	Address Vieriline Ave			a ille: ille			2010000	
City, State, Zip Code						City, S	tate, Zip Code							
Project Manager for Monitoring Firm			Telepho	ne No.			dland Park,	NJ 0742	24 Licens	e No.				
Start Date (10)	Schedul	led Co	mplation	Date (11)			307-6330		01383					
07.20.2019	07.21.	2019	npiedon	Date (11)	'		of OSHA Moni Contracting							
Occupancy Status During Abatement (Check	000000000000000000000000000000000000000	800031					Address Meriline Ave	Linit C	200		-			
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of a lacility	Abater y Hour	nent s			City, St	ate, Zip Code							
Scope of Work (Check All That Apply)		2700				Woodland Park, NJ 07424								
≥3 sf or ≥3 lf   x ≥160 sf or ≥260 lf		Renova Demolit				×	Full Contain Mini-Enclos Glovebag F Non-Exemp	ure rocedure						
	Is	Locati	on				Non-Exemp	ned ( ) and	J NON-FN	able Pro	550 B	re ement		
Location of Asbestos-Containing Material (ACM)		Normal d Sole		Ashaa	Des	scription	of			-	T	уре	-	
TO BE ABATED In Facility	10000000	intenar todial S		(i.e.	thermal:	systems	aterial (ACM) insulation,	(S	mount pecify	Re	R	Enc	En	
(13)		(12)				ing, VAT iiscellane		SF	or LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A							=		ate	Те	
Basement - throughout			X	TS	I - Duct	work In	sulation	16	0 SF	X				
								-		-				
								-		-				
Name of Registered Waste Hauler		18 A 8 A 8	JDEP Wa	PRODUCTION OF	Cubic Y		Name	of Register	ed Landf	FII				
Spes Contracting LLC			38075	vo.	of Wast 2.5	le	Fearle	ess Land	fill					
City, State Woodland Park, NJ 07424					Disposa TBD	al Date	City, St Morris	ate sville, PA						
Completed by Branislav Pavlov	Title projec	t mar	nager		Sig	gnature	Date 07.10.2019							

		St	tate of New Jersey		· In E	C	E	W	7.6
MACH	NOTIFICA (Pursu	MOITA	N OF ASBESTOS ABAT N NJAC 8:60-7 and 12:12	EMENT 20-7)		<u> </u>	اك		
Date of Notification (1)	(i dioc		Name of Building Ov NJIND TALMADGE R	wner/Operator (2	2)	JUL	16	20	19
7 / 1 /19			Street Address	DI DV GOTH FI	004				
Agencies Notified Type Notified			2 TOWER CENTER	BLDV., 201H FL	AS	EST	OS CO	NTF	ROL
	Notification aded Notification #4		City, State, Zip Code EAST BRUNSWICK,	NEW JERSEY	08816		CENS	NG	MINISTER OF
	ellation					>	-	_	
X DOH On H	old RGENCY NOTIFICA	TION	Name of Contact MOSHE STERN		Telephone Numb 732-509-8931	30,5		<i>ا</i>	
DCA EME	AGENCY NOTIFICA		CILITY INFORMATION			1.,			
Name of Facility Where Abatement i	s Taking Place (3)	TAO	METT HAI OTHER TOTAL	Type of Facility					
				School (K-	·12) er 8 (Other than K-	.12)			
				X Other (ie.	private & commcl.	bldgs.,	, home	s, etc	c.)
Street Address				Square Feet	# of Floors		Bldg. / 52	Age	
145 TALMADGE ROAD				645,000	1 ior if being demoli	shed)	-	Trong and	
0.19 (0)	nty (6) DLESEX		County Code (7) (STATE USE ONLY)	COMMERCIAL	ioi ii beirig demon	Sileu) i	TIQ!!!		
Name of Monitoring Firm Hired by E			ASCM No.	Name of Abate	ment Contractor	(9)			
GZA			17	PAR ENVIRON Street Address	MENTAL CORPO	HATIO	IN	-	$\neg$
Street Address 55 LANE ROAD				313 SPOOK RO	OCK ROAD				
City State Zip Code				City, State, Zip	Code				
FAIRFIELD	, NEW JERSEY 07 Telepho	004	umbor	Telephone Num	W YORK 10901 Ther Lice	nse Nu	mber		$\dashv$
Project Manager for Monitoring Firm	973-774			845-369-7500	110	1			
Expected State Date (10)	Sched. Com		on Date (11)	Name of OSHA	Monitor				1
6 / /14 19	7 / Month		1 /19 Day Year	QUALITY ENV	IRONMENTAL				
Month Day Year Occupancy Status During Abatement	(Check only one)			Street Address					
Facility Closed/Vacated Du	iring Entire Period o	f Aba	atement	1376 ROUTE 9	<b>)</b>				
Abatement Performed Out  X Other - Describe: MON	SIDE OF NORMAL FACI NDAY - FRIDAY 7A	M - 3	3:30 PM	City, State, Zip WAPPIN	Code GERS FALLS, N	W YO	RK 12	590	
Scope of Work (Check all that apply)				with Negative Pre	essure				
Demolition	X Renovation		Mini-Encl Glovebac	Procedure					
>3SF OR LF X >160 SF OR 260 LF	entre service en			ble Procedure		T		1 T.	
Location of	Is Location	2.5	Description of A Containing Mater		Amount		ateme		m
Asbestos-containing Material (ACM)	normally us solely by		(ie. Thermal s)		(Specify	REM	REP/	ENC/	NCL
TO BE ABATED	Maint/Custo		insulation, surfac	ing, VAT,	SF or LF)	MOVAL	AIR	APSUL	LOSUR
in Facility (13)	Staff (12)		or other miscell	aneous)		-		=	H
	Yes No N	I/A	LOOR TILE & MASTIC		700 SF	X			
1ST FLOOR SUITE 107	<del>-      </del> ^	-1	LOON TILL & WING TO						
	-+++	+							
		+							
	-+++	+				T			
		+							
		+							
		+			1				
		+							
									1
V (D. 7.1	INJDEP Wa	ste Id	Cubic Yards of Waste	Name of Regi	stered Landfill				
Name of Registered Waste Hauler NEWARK CARTING	Hauler ID N		20	GRAND CEN	TRAL SANITARY	LANDE	FILL		
er trade de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de la companya	913		Disposal Date	City, State		7			
City, State NEWARK, NJ 07105			6/13-9/30/2019	PLAINTELD	TOWNSHIP, PA	10	1.		
Completed by (Print or Type)	Title	חפרי	Signature /		P	19 /	419		
BENJAMIN SANCHEZ	DIRECTOR OF	JEEH	TATIONS //	// () /		1-1	-		

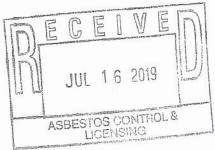
State of New Jersey  NOTIFICATION OF ASBESTOS ABATEMENT  (Pursuant to NJAC 8:60-7 and 12:120-7)										
	V.5			to NJAC 8:60-7 and 12:1	20-7)	11111	<u> </u>		U	5
Date of Notification (1)				NJIND TALMADGE				12		
6 / 18 /19				Street Address		ШШ	JUL	16	2013	9
Agencies Notified Type Notifi	cation			2 TOWER CENTER	R BLDV., 20TH F	LOOR				
DEP x Amer	Notification		#3	City, State, Zip Code EAST BRUNSWICK		088 6 AS	BESTO	OS CO	NTRO	S JC
X DOL Canc	ellation old			Name of Contact		Telephone Nur	ALTONOMOTO TO		A ARM STREET	NO WINDSHA
		IOTIF	ICAT	ON MOSHE STERN		732-509-8931				
				CILITY INFORMATION						
Name of Facility Where Abatement is	s Taking P	lace	(3)		Type of Facilit					
						er 8 (Other than private & comm		s., hor	nes, e	tc.)
Street Address 145 TALMADGE ROAD			(0-5-01) - 9		Square Feet 645,000	# of Floors		Bldg	. Age	
City (5) Cour	nty (6)			County Code (7) (STATE USE ONLY)		rior if being dem	olished	) Phar	m. Lal	b.
Name of Monitoring Firm Hired by B	LESEX uilding Ov	vner	(8)	ASCM No.	Name of Abate	ement Contract		IONI		
GZA Street Address				17	Street Address	IMENTAL CORF	UHAT	NON		
55 LANE ROAD					313 SPOOK RO					
City, State, Zip Code FAIRFIELD	, NEW JEF	RSEY	07004			W YORK 10901				
Project Manager for Monitoring Firm		Telep	ohone	Number	Telephone Nun	nber Lie	cense N	lumbe	r	
BEN SALLEMI	- 10 .		774-33		845-369-7500		01			
Expected State Date (10) 6 / /14 19 Month Day Year			mple /	ion Date (11) 30 /19 Day Year	Name of OSHA QUALITY ENV					
Occupancy Status During Abatement	Check only	one)			Street Address					
Facility Closed/Vacated Du Abatement Performed Outs	side of Norr	nal Fa	acility	lours - Describe:	1376 ROUTE 9					
X Other - Describe: MON	IDAY - FRII	DAY	/AIVI -	3:30 PW		IGERS FALLS, N	VEW Y	ORK 1	2590	
Scope of Work (Check all that apply)	<del></del>		1200		with Negative Pre	ssure				
Demolition >3SF OR LF X >160 SF OR 260 LF	X Reno	ovatio	n		g Procedure ble Procedure					
Location of	Is	Locat	ion	Description of A				batem	ent Ty	
Asbestos-containing		nally		Containing Mater	90 90	Amount	REMOV	REPAIR	ENCAP	ENCLO
Material (ACM) TO BE ABATED		olely	by todial	(ie. Thermal sy insulation, surfac		(Specify SF or LF)	Ó	All	CAP	150
in Facility (13)	S	taff (1	2)	or other miscell			AL	12	JUS	SUR
10T FLOOR SUITE 107	Yes	No	N/A X	FLOOR TILE & MASTIC		700 SF	X	+	<u> </u>	1
1ST FLOOR SUITE 107			1	LOOK HEE & MACHO		7000.	Ť			
			-					+	-	-
		-	-				-	+		
								-		
						1		-	-	-
Name of Registered Waste Hauler NEWARK CARTING		ler ID	No.	Cubic Yards of Waste 20	Name of Regis	stered Landfill "RAL SANITAR)	/ LAND	FILL		
City, State		913	ř	Disposal Date	City, State					-
NEWARK, NJ 07105	Test			6/13-9/30/2019	PLAMFIELD T	OWNSHIP, PA	ato	,	. 0	10
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTO	ROF	OPE	RATIONS Signature	<del>3</del>	D	ate (	01	1 X	1/7

- 1 to 1					50.000 (c)						#40	
7 :					State of New TION OF ASBI ant to NJAC 8:6	ESTOS ABA		lesanes maran	FC	· [5	7 1	\//
Date of Notification (1)				urout	Name o	f Building (	Owner/Operato				<u> </u>	/ <u>i/</u>
6 / 14 /1	9				Street A	ddraee					2 2	040
	otificatio	n					R BLDV., 20Th	FLOOR	JU	L 1	6 2	119
TEPA III	itial Noti	ficatio	on			te, Zip Code						
DEP A	mended ancellatio	Notifi		n			, NEW JERSE	Y 08816 A	SBES	TOS	CONT	TRO
	n Hold MERGEI	NÇY	NOTI	FICA		Contact STERN		Telephone-Nu 732-509-8931			MEDICITION	-
Name of Facility When Aboten	-A !- T-I		21	(0)	FACILITY INFO	RMATION						
Name of Facility Where Abateme	nt is Tak	ang i	Piace	(3)			Type of Faci School		K 10)			
							X Other (i	e. private & comm	icl. bld	as., ho	mes,	etc.)
Street Address							Square Fee		Т,	Bld	g. Age	
	ounty (6			5-5-11/2	County C		645,000 Current Use	Prior if being dem	olished		52 rm. La	ab.
	IDDLES			(0)	(STATE US		COMMERCIA			vA TOURSE	100-100-10	32.00
Name of Monitoring Firm Hired b GZA	y Bullali	ng O	wner	(8)	1 '	ASCM No. 17		tement Contract		101		
Street Address		-	-			- 17	Street Addres	ONMENTAL CORF	ORAI	ION		
55 LANE ROAD								ROCK ROAD				
City, State, Zip Code							City, State, Z	ip Code				
FAIRFIE		V JEF		26.000000000	000			IEW YORK 10901				
Project Manager for Monitoring Firm	n				e Number		Telephone No	E CONTRACTOR DE	cense i	Numbe	er	
BEN SALLEMI Expected State Date (10)		Cah		774-3		845-369-7500	0.00	01				
6 / /14 19		SCITE		ompi	etion Date (11) 30	/19	Name of OSH	NONITOR				
Month Day Year			onth	200	Day	Year	GOALITT EN	VIIIONWENTAL				
Occupancy Status During Abateme					***************************************		Street Addres	SS				
Facility Closed/Vacated							1376 ROUTE	9				
Abatement Performed O  X Other - Describe: Mo					- 3:30 PM	oe:	City, State, Zi	p Code			100000000000000000000000000000000000000	
Scope of Work (Check all that apply	<i>ι</i> \					Criticala u		NGERS FALLS, N	NEW Y	ORK 1	2590	
Demolition	" X 1	Reno	ovatio	n		Mini-Encl	vith Negative P	ressure				
>3SF OR LF	[]	11.101.10	,,,,,,,,	**:			Procedure					
X >160 SF OR 260 LF					X	Non-Friab	ole Procedure					
Location of		Is	Loca	tion	Desc	ription of As	sbestos-		A	batem	ent T	vpe
Asbestos-containing		norr	nally	used		ining Materi		Amount	RE	B	Щ	E
Material (ACM)			olely			Thermal sy		(Specify	N N	EPAIR	Ó	
TO BE ABATED in Facility (13)				todial		tion, surfaci		SF or LF)	MOVAL	Ē	PS	000
in Facility (13)		Yes	taff (1	N/A	orot	her miscella	ineous)		12		NCAPSUL	CLOSUR
1ST FLOOR SUITE 107	-24 = 27,402	. 00	110	X	EL COD TILE (	MACTIC		1700.05	+	+	-	-
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					15					-	-	-
Name of Registered Wests Haules	1	NID	=D \A	ooto	I Cubia Varda -	Most-	Mana - (D					
Name of Registered Waste Hauler NEWARK CARTING		NJD	=P W er ID		Cubic Yards of 20		GRAND CENT	stered Landfill TRAL SANITARY	LANDE	E11 1		
TENAM CANTING		iauli	913	IVU.	20		GRAND CEN	THAL SANTIARY	LANU	-ILL		
City, State			3.0		Disposal Date		City, State			-		-
NEWARK, NJ 07105					6/13-9/30/2019		BLANFIELD	TOWNSHIP, PA		,	. /	
Completed by (Print or Type)	Title			00-	Sign	nature /	XX	Da	te/- /	14	111	1
BENJAMIN SANCHEZ	DIRE	CTO	H OF	OPE	RATIONS	1/	$0 \times $		21	//	110	7

		NOTI	FICA	State of New Jersey TION OF ASBESTOS ABA	TEMENT [	homes (E)	a 12	17 n	I IP	Justine 1
				ant to NJAC 8:60-7 and 12:	120-7)		C E			117
Date of Notification (1)				Name of Building ( NJIND TALMADGE		(2)				And the second s
6 / 4 /19				Street Address	1		UL T	6 20	19	I had
Agencies Notified Type Notific	ation			2 TOWER CENTER	R BLDV. , 20TH	LOOR	0.0			
DEP Amend	Notificatio		1	City, State, Zip Code EAST BRUNSWICK	e (, NEW JERSEY	08816ASBE	STOS	CONTR	10L &	Lucino
X DOL Cance				Name of Contact		Telephone i	LICEN	SING	Art transmiss	ADDRESS OF THE PARTY.
	GENCY I	NOTI	FICAT	가수가 있다면 보고 10 집에 보고 있어 전한다. 그런 전에서 전한 경험 하지만 하고 있는데 모양하다 하다.		732-509-89				
				ACILITY INFORMATION						
Name of Facility Where Abatement is	Taking F	Place	(3)		Type of Facilit					
					School (K	12) er 8 (Other th	an K-12	v.		
						private & con			mes,	etc.)
Street Address					Square Feet	# of Floo			g. Age	
145 TALMADGE ROAD	(6)			C	645,000	1 1		11 61	52	,
City (5) Count EDISON MIDDL	SESEX			County Code (7) (STATE USE ONLY)	Current Use (P COMMERCIAL		emolishe	ed) Pha	.rm. La	ID.
Name of Monitoring Firm Hired by Bu		wner	(8)	ASCM No.	Name of Abate	ement Contra	actor (9)			
GZA	2277.			17	PAR ENVIRON	IMENTAL CO	RPORA	TION		
Street Address 55 LANE ROAD					Street Address 313 SPOOK R	OCK ROAD				
City, State, Zip Code			-		City, State, Zip	Code				
FAIRFIELD,	NEW JEF				SUFFERN, NE					
Project Manager for Monitoring Firm BEN SALLEMI				Number	Telephone Nun	nber	License	Numb	er	
Expected State Date (10)	ISche		774-3	etion Date (11)	845-369-7500 Name of OSHA	Monitor	1101	-		
6 / /14 19 Month Day Year	Mo	9 onth	1	30 /19 Day Year	QUALITY ENV		L			
Occupancy Status During Abatement (C					Street Address					
Facility Closed/Vacated Duri Abatement Performed Outsid X Other - Describe: MOND	de of Norr	mal F	acility		1376 ROUTE 9 City, State, Zip					
A Journal - Describe. Works	A1 - 1 1111	DAI	/ Alvi	- 3.30 1 101		GERS FALLS	S, NEW	YORK	12590	
Scope of Work (Check all that apply)				Criticals	with Negative Pre					
Demolition >3SF OR LF	Rend	ovatio	n	Mini-Encl	o , Procedure					
X >160 SF OR 260 LF					ole Procedure					
Location of		Loca		Description of As				Abaten		
Asbestos-containing		mally		Containing Mater		Amount	m	REPAIR	ENCAPSUL	ENCLC
Material (ACM) TO BE ABATED		olely	by stodial	(ie. Thermal sy insulation, surfact		(Specify SF or LF	,   §	PA	CA	Ѥ
in Facility (13)	100000000000000000000000000000000000000	taff (1		or other miscella		0, 0, 1,	) VAL	P	JSc	SUR
•	Yes	No	N/A						-	Ē
1ST FLOOR SUITE 107		_	X	FLOOR TILE & MASTIC		700 SF	X		_	_
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									+	-
Name of Registered Waste Hauler	INID	EP W	acto	Cubic Yards of Waste	INIama of Basis	tored Landfill				-
NEWARK CARTING		er ID		20	Name of Regist GRAND CENT	RAL SANITAF	RY LANI	OFILL		
		913								
City, State NEWARK, NJ 07105				Disposal Date 6/13-9/30/2019	City, State/ PLAWFIELD T	OWNSHID D	٨			
Completed by (Print or Type) 17	itle			Signature	A LYNNELLU II	OVVINSHIP, P	Date	111	1.	0
	IRECTO	ROF	OPE	RATIONS /	NA		61	14	112	1

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TOUTH TO HOUSE	Stat CATION		BES	TOS ABAILEIVIE Zano 12: 120-7)	rotor (2)	tin.	666	1			
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1110-4		BIVE	HVIL	-11			JUL 1	6 2	019		1
e of Notification (1)		Stre	et Ad	dress VIEW PLAZA		-   Li Li					
7 / Time Notification					EV 07701	and the same of th	ASBESTOS	CON	ITROI	8	ACTION AND ADDRESS OF THE PARTY
	. #11	RE	D BA	te, Zip Code NK, NEW JERS	TT:	elephone N	umber Livi	NSIN	G	Specific Assessment on a	mod .
EPA Initial Notification Amended Notification Cancellation		Na	me o	f Contact	7	32-450-268	9			1	
X DOL On Hold	IFICATION	. 100	IC M	ALISON		(4)					
		CILITY	INF	ORMATION	ype of Facility (	2)	-an K-12)				
Name of Facility Where Abatement is Taking Place	e (3)			t	School (K-1	8 (Ollier a	nan K-12) Immcl. bldgs., oors E	home	s, etc.)	1	
Name of Facility Where Abdress RIVERVIEW MEDICAL CENTER											
BIVEHVIEW					250,000 Current Use (Pr	ior if being	demolished)	Pharm	. Lab.	1	
Street Address Street Address A7A-1ST & 2ND FLOORS		_	coun	ty Code (7)						1.40 KG	
1 RIVERVIEW FLAZ.		(S	TATE	USE ONLY)  ASCM No.	HOSPITAL  Name of Abate PAR ENVIRON	MENTAL	CORPORATIO	NC		7	
City (5) MONMOUTH  MONMOUTH  MONMOUTH  MONMOUTH	ner (8)			17	Street Address	S OV DOA	n			$\dashv$	
City (5) MONMOUTH  RED BANK  Name of Monitoring Firm Hired by Building Own  NAME ON MENTAL TACTICS					313 SPOOK	100rt	-24			$\rightarrow$	
ENVIRONMEN							License N	Vumbe	er	1	
	RSEY 077	47	bor		Telephone N	U.	1101			-	
City, State, Zip Cook MATAWAN, NEV 3	The Property of the Control of the C	-AAAG			845-369-750 Name of OS	HA Monitor	ENTAL				
Project Manager for Monitoring Firm	732-290 ned. Com	oletio	n Dat	te (11) 20 /19	Name of OS QUALITY E	MAIHOM					
Functed State Date (10)	9 /		Day		Caroot Allul	ess					
1/ Year Year	Nonth nly one)	, Abo	tome	ent	1376 ROUT	E 9				0	
Month Day Year Check of Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entity Closed/Vacated Outside of Nabatement Performed Outside Outsi	re Period	ility H	ours	- Describe:	City, State,	Zip Code PINGERS	FALLS, NEW	YOR	K 1200		1
Latement Performed Outon	RIDAY 7 F	M-4:3	30 AN	/I	als with Negative	e Pressure					
X Other - Describe				X Mini-	Enclo,						+
Scope of Work (Check all that apply)	Renovation	1		NION	ebag Procedure -Friable Procedu	ire		Aba	temer	nt Type	1
-3SE OR LF			_		r Achaetas-		Amount (Specify	HEN I	REP/	ENCLO	
150 SF OR 200	Is Local	tion used		Containing	mal systems	1	SF or LF)	REMOVAL	AIR	APSUL	
Location of Asbestos-containing	colely	by	1			1		1=			4
Material (ACM) TO BE ABATED	Maint/Cu Staff	121	- 1	or other r	niscellaneous)		32 LF	X	1_	1-	$\dashv$
in Facility (13)	Yes No	N/A	7	PE INSULATION	V complete		,352 SF	X	1	1-1	$\dashv$
		X	-PI	AT & MASTIC	Complete		,552 SF	X	+	++	$\dashv$
2ND FL WEST -FAMILY HEALTH CNTR	1	-X	10	VALL MASTIC	complete		1,300 SF	X	+	+	$\neg$
2ND FL WEST -FAMILY HEALTH CNTR	++	$\frac{1}{x}$	1	AT & MASTIC	complete		1,056 SF	-X	+	+	
2ND FL WEST -FAMILY NEW YORK 2ND FL MED SURG/OBSERVATION W.	1Y	$\dashv_{x}$	. 1	NALL MASTIC	complete		478 LF	-X		+	
2ND FL MED SURG/OBSERVATION W 2ND FL MED SURG/OBSERVATION W	AY	-1	, 1	PIPE INSULATION	ON complete  K complete		20 SF	-\x			
2ND FL MED SURG/OBSERVATION W	AY	-1	. [	WINDOW CAU	K complete		40 LF	-	X		1
2ND FL MED SURG/OBSERVATION W	IAY	1	x	PIPE INSULAT	nlote		144 SF	-	×		1-1
EL EAST CORRIDOR	-+-		X	WALL MASTIC	1.10		2 SF	-	X	1	1
WEST CORRIDOR	-+		X	WINDOW CAL	JEIT		960 SF		X	1	+-
2ND FL WEST CORRIDOR  2ND FL WEST CORRIDOR	EHAB		X	COLUMN MAS	ATION complet	е	1,260 SF 420 SF		X	1	1
2ND FL CARDIAC RESPIRATORY R		L	X	T DIOR V	VALL MASTICOS		14 LF		X	$\vdash$	+
OT EL KITCHEN		1	X	EXTENION .	ATION COMPIG		79 LF		X	1-1	+
2ND FLOOR NORTHWALE		1	X	TOURS INSUL	ATION COMPIN	7.0	158 LF		X	++	-
TINING BOOM		+	-K	THE INSIII	ATION comple	ete	66 LF		X	+	-
- WEST DISH WASITY		+	-K	THE INCLU	ATION		25 LF		X		
1ST FL KITCHEN FOOD AREA  1ST FL KITCHEN FOOD PREP AF	EA	+	-\f	TOURS EITTI	NG INSULATION	N					
SIB BASMENT LVL-NOTH PERIN	METER			<u> </u>							
SUB BASMENT LVL											

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T FLOOR DOCTORS LOUNGE  RST FLOOR CAFETERIA ame of Registered Waste Hauler EWARK CARTING	Waste Touble 1	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL  City, State PLAINFIELD TOWNSHIP, PA  Date 7 - 1 - 1 9
Sity, State NEWARK, NJ 07105 Completed by (Print or Type) SENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS Signature	



	NO	TIFICAT	ON OF A	New Jersey SBESTOS A 8:60-7 and	BATE	MENT	[Free ]	EP	35	901/	
	-	(Pursuar	Nam	e of Buildir	g Ow	ner/Operator (2	)	5 W	<u>L</u>	ע נו	-
ate of Notification (1)			RIVE	ERVIEW ME	DICA	L CENTER	lood!				
40			Stre	et Address				JUL	1 (	3 201	9
gencies Notified Type Notification	\ <u>\</u>		10000000	VERVIEW P		·		UUL		-	_
Initial Notific	cation	0200000	City	State, Zip C	Code	RSEY 07701	autoritacionalmi	rosus appropriate and the	agazzane	and the second	201
DEP Amended N		tion	IHEL	) BAINN, INC	VV JLI	1321 07701		ASBEST	OS (	SHIG	1014
On Hold	#	10		ne of Contac	t		Telephone N 732-450-268	Ullivelanor	ale recto	KE CHROSIA	C-S CODA
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					1	X Other (ie.	private & com	ımcı. bldgs	., hor	nes, et	c.)
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City (5) County (6)	)		(STAT	inty Code (7	) -Y)	HOSPITAL					
RED BANK MONMOU  Name of Monitoring Firm Hired by Buildin	ng Owi	ner (8)	(OTA)	ASCM		Name of Abate	ment Contra	ctor (9)	INC		
ENVIRONMENTAL TACTICS				17		PAR ENVIRON Street Address	MENTAL CO	RPURATION	JIV		
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MATAWAN, NEV	N JERS	SEY 0774	47 . N			SUFFERN, NE Telephone Nur	nber	License N	umbe	r	
Project Manager for Monitoring Firm		Telephon 732-290-1	e Number			845-369-7500		1101			
THOMAS GEIGER	ISched	d. Comp	letion Dat	e (11)		Name of OSHA	Monitor				
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	NOT	IFIC/	ATION	OF ASBESTOS ABATE NJAC 8:60-7 and 12:12	-MEN I 0-7)	MEC	) E		VI E	Hn
<u>/                                     </u>	(	Puisu	ant to	Name of Building Ow	ner/Operator (2)	11),-5-9			Ann halfrage promits	
Date of Notification (1)				RIVERVIEW MEDICA	L CENTER	1 2 2		2 0	2/0	-111
6 / 6 /19				Street Address 1 RIVERVIEW PLAZA			JL 1	6 2	119	l but
Agencies Notified Type Notification				City, State, Zip Code	`					-
EPA Initial Notification	ation	on		RED BANK, NEW JE	RSEY 07701	ASBES	STOS	CON	TROL	&
DEP Amended No Cancellation						elephone-Numbe	1105	1CHAIC	Section of the sectio	MARTINE STATES
X DOH X On Hold	#9		OITA	Name of Contact ERIC MATTSON	73	32-450-2689				
DCA EMERGENC	TNO	111 107	FAC	ILITY INFORMATION						$\dashv$
Name of Facility Where Abatement is Takir	ng Plac	e (3)			Type of Facility (4 School (K-12	<b>!</b> )				
RIVERVIEW MEDICAL CENTER					Subshanter 8	(Other than K-	12)		- oto	,
			0.52		X Other (ie. pri Square Feet	vate & commcl. # of Floors	blags.,	nome	Age	4
Street Address					250,000	6		65		
1 RIVERVIEW PLAZA-1ST & 2ND FLOORS  City (5)   County (6)			1	County Code (7)	Current Use (Prior	r if being demolis	shed) F	harm	. Lab.	1
MONMOUT	Н			(STATE USE ONLY)	HOSPITAL Name of Abatem	ent Contractor	(9)			
Name of Monitoring Firm Hired by Buildin	g Own	er (8)		ASCM No.	PAR ENVIRONM	ENTAL CORPO	RATIO	N		_
ENVIRONMENTAL TACTICS Street Address					Street Address 313 SPOOK ROC					
64 BROAD STREET					City State, Zip Co	ode				
City, State, Zip Code MATAWAN, NEW	JERS	EY 0	7747		SUFFERN, NEW	YORK 10901	nse Nu	mber		$\dashv$
Project Manager for Monitoring Firm	T	eleph	one N	umber	Telephone Numb 845-369-7500	110				
THOMAS GEIGER	7	32-29	0-223	6 on Date (11)	Name of OSHA N	Monitor				
Expected State Date (10)  1/ / 23/ 19	Sched	9 /		30 /19	QUALITY ENVIR	ONMENTAL				
Name Day Year	Mon			Day Year	Street Address					
Occupancy Status During Abatement (Chec			of Ab	atement	1376 ROUTE 9					
Abatement Performed Outside o	Norm	al rac	Jilly I	ours - Describe:	City, State, Zip C	Code		DI 10	2500	
X Other - Describe: MONSAT	. / Alvi	127		Contracto	with Negative Pres	ERS FALLS, NI	EW YO	יחו ומ	2330	
Scope of Work (Check all that apply)	Renov	ration		X Mini-End	olo ,	0410				
Demolition X >3SF OR LF	Tuello	alion	,	X Gloveba	g Procedure able Procedure					
X >160 SF OR 260 LF				X Non-Frie				atem	ent Typ	эе
Location of		.ocati nally u		Containing Mate	rial (ACM)	Amount	REMO	REP.	EN	ENCLC
Asbestos-containing Material (ACM)	so	olely b	ру	(ie. Thermal s	systems	(Specify SF or LF)	þ	AIR	ENCAPSUL	Ğ
TO BE ABATED		Cust aff (1	todial	insulation, surfa or other misce	llaneous)		VAL	-	SUL	SUR
in Facility (13)	Yes						1,	+		-
2ND FL WEST -FAMILY HEALTH CNTR			Х	PIPE INSULATION CO	mplete	832 LF	X	-		
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC CO	mplete	1,352 SF	X	+		$\neg$
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC CO	mplete	1,552 SF	X	+		$\overline{}$
2ND FL MED SURG/OBSERVATION WA	Y		X	VAT & MASTIC CO	omplete	1,300 SF	X X	+	+	
2ND FL MED SURG/OBSERVATION WA			X	WALL WINGTH	omplete	1,056 SF	X	+	+	
2ND FL MED SURG/OBSERVATION WA			X	PIPE INSULATION C	omplete	478 LF	X	+	_	
2ND FL MED SURG/OBSERVATION WA			X	WINDOW CAULK C	omplete	20 SF	X	+	+	$\vdash$
2ND FL EAST CORRIDOR			X	PIPE INSULATION C	omplete	40 LF	X	+	+	
2ND FL WEST CORRIDOR			X	WALL MASTIC C	omplete	144 SF	X s	-	1	$\vdash$
2ND FL WEST CORRIDOR	-		Х	WINDOW CHEEK	omplete	2 SF	- X	+	+	
2ND FL CARDIAC RESPIRATORY REH.	AB		X	COLUMN	complete	960 SF	- X	+	1	
1ST FL KITCHEN			X	DUCT INSULATION		1,260 SF	- X	+	-	
2ND FLOOR NORTHWALL			X	EXTERIOR WALL MA		420 SF	X	+	+	+
ZIND I LOOK NOTHING			X	PIPE INSULATION	complete	14 LF	X	+	-	+
1st FL DINING ROOM			Α.	1.11			11/	1	1	
1st FL DINING ROOM		$\pm$	X	PIPE INSULATION	complete	79 LF	X	+	+	+-
1st FL DINING ROOM 1ST FL WEST DISH WASH AREA 1ST FL KITCHEN FOOD AREA				PIPE INSULATION		79 LF 158 LF 66 LF	X X	+	+	+

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER Date of Notification (1) L Street Address /19 5 1 RIVERVIEW PLAZA Type Notification Agencies Notified ASBESTOS CONTRIDL & City, State, Zip Code Initial Notification **EPA** RED BANK, NEW JERSEY 07701 Amended Notification #8 LICENSING DEP Cancellation DOL Telephone Number Name of Contact On Hold DOH EMERGENCY NOTIFICATION 732-450-2689 ERIC MATTSON DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) RIVIERVIEW MEDICAL CENTER Other (ie. private & commol. bldgs., homes, etc.) # of Floors Square Feet Bldg. Age Street Address 65 250,000 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS Current Use (Prior if being demolished) Pharm. Lab. County Code (7) County (6) City (5) (STATE USE ONLY) HOSPITAL MONMOUTH RED BANK Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION 17 **ENVIRONMENTAL TACTICS** Street Address Street Address 313 SPOOK ROCK ROAD 64 BROAD STREET City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 MATAWAN, NEW JERSEY 07747 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 1101 845-369-7500 732-290-2236 THOMAS GEIGER Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) QUALITY ENVIRONMENTAL 9 / 30 19 1/ /23/ Year Day Month Month Day Year Street Address Occupancy Status During Abatement (Check only one) 1376 ROUTE 9 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code MON.-SAT. 7AM-12 AM Other - Describe: WAPPINGERS FALLS, NEW YORK 12590 Criticals with Negative Pressure Scope of Work (Check all that apply) Mini-Enclo, Renovation Demolition Glovebag Procedure >3SF OR LF Non-Friable Procedure >160 SF OR 260 LF Abatement Type Description of Asbestos-Is Location Location of Amount REPAIR ENCAPSUL ENCLOS Containing Material (ACM) normally used REMOVAL Asbestos-containing (Specify (ie. Thermal systems solely by Material (ACM) SF or LF) insulation, surfacing, VAT, Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) JA in Facility (13) Yes No N/A X 832 LF PIPE INSULATION 2ND FL WEST -FAMILY HEALTH CNTR X 1,352 SF VAT & MASTIC 2ND FL WEST -FAMILY HEALTH CNTR 1,552 SF WALL MASTIC X 2ND FL WEST -FAMILY HEALTH CNTR X 1,300 SF X VAT & MASTIC complete 2ND FL MED SURG/OBSERVATION WAY X 1,056 SF complete 2ND FL MED SURG/OBSERVATION WAY WALL MASTIC X 478 LF PIPE INSULATION complete X 2ND FL MED SURG/OBSERVATION WAY X 20 SF WINDOW CAULK 2ND FL MED SURG/OBSERVATION WAY X X 40 LF complete X PIPE INSULATION 2ND FL EAST CORRIDOR X 144 SF WALL MASTIC 2ND FL WEST CORRIDOR X 2 SF X WINDOW CAULK 2ND FL WEST CORRIDOR X 960 SF COLUMN MASTIC complete 2ND FL CARDIAC RESPIRATORY REHAB X 1,260 SF X DUCT INSULATION 1ST FL KITCHEN X EXTERIOR WALL MASTIC 420 SF X 2ND FLOOR NORTHWALL Х 14 LF X PIPE INSULATION 1st FL DINING ROOM X 79 LF X PIPE INSULATION 1ST FL WEST DISH WASH AREA X 158 LF X PIPE INSULATION 1ST FL KITCHEN FOOD AREA X 66 LF PIPE INSULATION 1ST FL KITCHEN FOOD PREP AREA

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	(	Pursu	ant to	NJAC 8:60-7 and 12:120 Name of Building Ow	ner/Operator (2)	III) E	3 6	占	1	V E	IF
Date of Notification (1)				RIVERVIEW MEDICA	L CENTER			-			7
				Street Address			1611	4	0 00	140	
Agencies Notified Type Notification				1 RIVERVIEW PLAZA	4		JUL		6 20	Щ	1
Initial Notifica	ition			City, State, Zip Code RED BANK, NEW JE	DSEV 07701						
DEP X Amended No	tificati	on #7		RED BANK, NEW JE		AS	BEST				i.
X DOL Cancellation On Hold				Name of Contact		Telephorie Number 732-450-2689	LI(	CEN	SING	enter Parent alla	SHIPVON
DCA EMERGENC	A NO.	TIFIC	ATIO	ERIC MATTSON		102 100 EUT					
Lie Tokie	~ Dla	20 (3)		ILITY INFORMATION	Type of Facility	(4)					
Name of Facility Where Abatement is Takin	y Flat	ce (0)			School (K-1	2) 8 (Other than K-1	2)				
RIVIERVIEW MEDICAL CENTER					X Other (ie. p	rivate & commcl. b	lags., no	omes	s, etc.		
					Square Feet	# of Floors 6	Blo	ig. A 65	ge		
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS				2 1 (7)	250,000	or if being demolish	ned) Ph	107.00	Lab.	$\neg$	
City (5) County (6)				County Code (7) (STATE USE ONLY)	HOSPITAL			_			
RED BANK Name of Monitoring Firm Hired by Building	a Owr	ner (8	)	ASCM No.	Name of Abater	ment Contractor ( MENTAL CORPOR	9) RATION				
Name of Monitoring First filled by Ballania ENVIRONMENTAL TACTICS				17	Street Address		.,,				
Street Address				24.00	313 SPOOK RC	OCK ROAD				$\dashv$	
64 BROAD STREET City, State, Zip Code			A Contragant		City, State, Zip	V YORK 10901			(i)		
MATAWAN, NEW	JERS	SEY 0	7747	Number	Telephone Num	ber Licen	se Num	ber			
Project Manager for Monitoring Firm		732-29			845-369-7500	1101	0.71100-001-0			$\dashv$	
THOMAS GEIGER Expected State Date (10)	Sched	d. Cor	nplet	ion Date (11)	Name of OSHA QUALITY ENV	RONMENTAL					
1 / /23/ 19	Mor	9 /		30 /19 Day Year						-	
Month Day Year Cocupancy Status During Abatement (Chec	conly	one)			Street Address 1376 ROUTE 9					1	
Facility Closed/Vacated During E Abatement Performed Outside of	ntire F	eriod	of Ab cility b	atement Hours - Describe:	Western State of the State of t					$\dashv$	
Doscriba: MONDAY	-FRIU	AT /	MIVI- I	2 AM	City, State, Zip	Code IGERS FALLS, NE	W YOR	K 12	590		
SATURDA	Y 7AN	Λ-3:30	) PM	Criticals	with Negative Pre						
Scope of Work (Check all that apply)  Demolition	Reno	vation	1	X Mini-End	clo , ag Procedure						
>3SF OR LF	•			X Gloveba X Non-Fria	able Procedure						
X >160 SF OR 260 LF	Is	Locat	ion	Description of A	Asbestos-	Amount	Aba	teme	m I	m	
Location of Asbestos-containing	norn	nally i	used	Containing Mate (ie. Thermal s	erial (ACM)	(Specify	REMC	REPAIR	ENCA	ENCLO	
Material (ACM)		olely l t/Cus		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	cing, VAT,	SF or LF)	OVAL		PSUL	OSUR	
TO BE ABATED in Facility (13)	S	taff (1	2)	or other misce	ellaneous)		=		UL.	H	
iii aciiity (10)	Yes	No	N/A			832 LF	X				
2ND FL WEST -FAMILY HEALTH CNTR	-	_	X	PIPE INSULATION		1,352 SF	X				
2ND FL WEST -FAMILY HEALTH CNTR	-	-	X	VAT & MASTIC		1,552 SF					
2ND FL WEST -FAMILY HEALTH CNTR	-	-	X	WALL MASTIC	omplete	1,300 SF	X				
2ND FL MED SURG/OBSERVATION WA	Y	-	X	VIII CONTRACTOR	omplete	1,056 SF	X				
2ND FL MED SURG/OBSERVATION WA	Y	-	X	WALL IVII COLLE		478 LF	Х				
2ND FL MED SURG/OBSERVATION WA	Υ	-	X	I II E III COL	omplete	20 SF	X				
2ND FL MED SURG/OBSERVATION WA	Y	+	X	WINDOW CAULK	acmolete	40 LF	X				
2ND FL EAST CORRIDOR	-	-	X	FII E INCOLATION	complete	144 SF	X				
2ND FL WEST CORRIDOR	-	-	X	WALL MASTIC		2 SF	Х				
2ND FL WEST CORRIDOR		+	X	WINDOW CAULK	nomplete	960 SF	X				
2ND FL CARDIAC RESPIRATORY REHA	AB	1	X	COLONITATION	complete	1,260 SF	X				
1ST FL KITCHEN		-	X	DUCT INSULATION	CTIC	420 SF	X				
2ND FLOOR NORTHWALL			X	EXTERIOR WALL MA	13110	14 LF	х		T		
1st FL DINING ROOM			X	PIPE INSULATION		79 LF	X				
1ST FL WEST DISH WASH AREA			X	PIPE INSULATION		158 LF	x				
1ST FL KITCHEN FOOD AREA			Х	PIPE INSULATION		66 LF	X				
1ST FL KITCHEN FOOD PREP AREA			X	PIPE INSULATION		100 E1		T			1

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Date of Notification (1)				Name of Building RIVERVIEW MED	Owner/Oper	ator (2)			UL	16	20
4 / 12 /19				Street Address	TOTAL OLIVIER		154 54		30000000		1.771.771
Agencies Notified Type Notifica				1 RIVERVIEW PLA	AZA			A COL	الرام ماليوانية <sub>(</sub> . (1986مايية (1986)	0.00	ellandari ellandari
EPA Initial No	otifica	ition		City, State, Zip Coo	de			ASBE	to 10	S CU <del>CHS#</del>	VO VO
X DOL X Amende	ed No	tification	on #6	RED BANK, NEW	JERSEY 077	01	Passorut Passorus	MEDICAL PROPERTY.	PARTITION OF THE	ene maritan	
X DOH On Hold				Name of Contact		Talani	none N	ımb			
DCA EMERG	ENC	Y NOT	IFICA	ATION ERIC MATTSON			50-268				
Name of Facility Where Abatement is T	akino	Plac	e (3)	FACILITY INFORMATION							
RIVIERVIEW MEDICAL CENTER			- (-/		Subch	ol (K-12) napter 8 (Ot	her tha	1 K-12			
Street Address	-				X Other Square Fe	(ie. private	& comr	ncl. blo	lgs., h		
1 RIVERVIEW PLAZA -1ST & 2ND FLOO City (5)   County (					250,000		6		Bi	dg. Ag 65	e
City (5) County ( RED BANK MONMO	(6) UTH			County Code (7) (STATE USE ONLY)	Current Use	(Prior if be	ing den	nolishe	d) Ph		ab.
Name of Monitoring Firm Hired by Build	ding (	Owner	r (8)	ASCM No.	Name of Al						va v. v. v.
ENVIRONMENTAL TACTICS Street Address				17	PAR ENVIR	ONMENTA	L COR	PORA	TION		
64 BROAD STREET					Street Addre	ess					
City, State, Zip Code					City, State,		AD				
MATAWAN, NE Project Manager for Monitoring Firm	W JE			47 e Number	SUFFERN,	NEW YORK	(1090				
THOMAS GEIGER			-290-2		Telephone N		100	cense	Numb	er	
Expected State Date (10)	Sch			etion Date (11)	845-369-750 Name of OS			01			
1 / /23/ 19 Month Day Year	1 1	lanth	9 /	30 /19	QUALITY E	VVIRONME	NTAL				
Occupancy Status During Abatement (Che	ck on	ly one	)	Day Year	Street Addre	ce					
Facility Closed/Vacated During	Entire	Perio	nd of A	Abatement	1376 ROUT						
Abatement Performed Outside of X Other - Describe: MONDAY	-FRI	DAY	7AM-	12 AM	City State 3	lin Code					
MONDAY SATURD	-FRI	DAY	7AM-	12 AM	City, State, 2 WAPP	Zip Code	ALLS 1	JFW Y	OBK	12500	
SATURD, Scope of Work (Check all that apply)	-FRI AY 7A	DAY AM-3:3	7AM- 30 PM	12 AM Criticals v	WAPF with Negative F	INGERS FA	ALLS, 1	IEW Y	ORK	12590	
SATURD, Scope of Work (Check all that apply) Demolition >3SF OR LF	-FRI AY 7A	DAY	7AM- 30 PM	12 AM Criticals v X Mini-Encle	WAPF with Negative F o,	INGERS FA	ALLS, N	IEW Y	ORK	12590	
SATURD, Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF	-FRI AY 7A	DAY AM-3:3 ovatio	7AM- 30 PM	Criticals v  X Mini-Encle X Glovebag X Non-Friab	WAPF with Negative F o , Procedure ble Procedure	INGERS FA	ALLS, N	IEW Y	ORK	12590	
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Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing  Material (ACM)  TO BE ABATED	Ren Is non s Mair	DAY AM-3:3  ovatio  Locat mally solely lat/Cus	7AM- 30 PM in tion used by todial	Criticals v X Mini-Enclo X Glovebag X Non-Friab Description of As Containing Materio (ie. Thermal systems) insulation, surfacin	WAPF with Negative F o , Procedure ble Procedure bbestos- al (ACM) stems ng. VAT.	PINGERS FA Pressure Am (Sp		A RE	baten	nent T	ype
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Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)	Ren Is non s Mair	DAY AM-3:3  ovatio  Locat mally solely int/Cus Staff (1	7AM- 80 PM in tion used by todial 2) N/A	Criticals v X Mini-Encle X Glovebag X Non-Friab Description of As Containing Materia (ie. Thermal system or other miscella	WAPF with Negative F o , Procedure ble Procedure bbestos- al (ACM) stems	Pressure  Am (Sp SF c	ount ecify or LF)	REMOVAL X	baten	nent T	ype m
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DCA EMERG	ENCY	NOTIFIC	ATION	ERIC	C MAT	TTSON			732-450-2		ber				
Name of Facility Where Abatement is T	aking	Place (3)	FACIL	ITY IN	NFOR	MATION	12	/ E							1
RIVIERVIEW MEDICAL CENTER		(0)						of Facilities School (No. 1) Subchape		than K	-12)				
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1 RIVERVIEW PLAZA -1ST & 2ND FLOC	RS						Squ	are Feet	# of Flo	ors	T	Bldg	ı. Ag	е	1
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RED BANK MONMO	UTH		(S	TATE	USE	ONLY)	HOSE	nt ose (P PITAL	rior if being o	aemoli	shed)	Phar	m. L	ab.	1
Name of Monitoring Firm Hired by Build ENVIRONMENTAL TACTICS	ding O	wner (8)			AS	CM No.	Name	of Abate	ement Contr	ractor	(9)				•
Street Address						17			MENTAL CO	ORPO	RATIC	N			_
64 BROAD STREET								Address POOK R	OCK ROAD						
City, State, Zip Code	344 155	20511					City, S	State, Zip	Code						-
Project Manager for Monitoring Firm	VV JEH	Telepho					SUFF	ERN, NE	W YORK 10	901					
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Facility Closed/Vacated During	Entire	Period of	Abatem	ent				Address ROUTE 9							
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X Other - Describe: MONDAY	- FRII	DAY 2 PN	Л- 10:30	PM			City, S	tate, Zip	Code						
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		X	WALL	MAS	TIC				1,552 SF						
2ND FL MED SURG/OBSERVATION WAY	_	X	VAT &	MAS	TIC	comp	olete		1,300 SF	>					
2ND FL MED SURG/OBSERVATION WAY		X	WALL	MAS	TIC	comp	olete		1,056 SF	×					
2ND FL MED SURG/OBSERVATION WAY		X	PIPE I	NSUL	ATIO	N comp	lete		478 LF	×		1			
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2ND FL WEST CORRIDOR		X	WALL								_	-	-	-	
2ND FL WEST CORRIDOR		X	WINDO						144 SF	X		-	-	$\dashv$	
2ND FL CARDIAC RESPIRATORY REHAB		X					let		2 SF	X		-		_	
1ST FL KITCHEN			COLUM				iete		960 SF	X					
Name of Registered Waste Hauler	NIDE	P Waste	DUCT Cubic \				Name	1	1,260 SF	X					
NEWARK CARTING		ID No.	Cubic		120		GRAND	CENTP	red Landfill AL SANITAR	N I V	IDEIL			_	
City, State	to contract the contract of	913						no man	AL GAINTI AH	I LAN	INTILL				
NEWARK, NJ 07105			Dispos		te	1	City, Sta	ate /							
Completed by (Print or Type)   Title			1/11/20		ignatu	ire /	PLAINF	IEXU TO	WNSHIP, PA	1	3	_			
BENJAMIN SANCHEZ DIRE	CTOR	OF OPE	RATION	s	5	10	XX	- )	1	Date 🤾	12	5/	10	,	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) RIVERVIEW MEDICAL CENTER JUL 1 6 2019 /19 Street Address Agencies Notified Type Notification 1 RIVERVIEW PLAZA ASSESTOS CONTROL & **EPA** Initial Notification City, State, Zip Code LICENSING DEP Amended Notification #3 RED BANK, NEW JERSEY 07701 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** ERIC MATTSON 732-450-2689 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) RIVIERVIEW MEDICAL CENTER Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS 250,000 City (5) County (6) County Code (7) Current Use (Prior if being demolished) Pharm. Lab. RED BANK MONMOUTH (STATE USE ONLY) HOSPITAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ENVIRONMENTAL TACTICS** 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NEW JERSEY 07747 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 732-290-2236 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 1/ /23/ 19 9 / 30 /19 QUALITY ENVIRONMENTAL Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 2 PM- 10:30 PM City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590 Scope of Work (Check all that apply) Criticals with Negative Pressure Demolition Renovation Mini-Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR **ENCLOS** REMOVAL ENCAPSU Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) UR Yes No N/A 2ND FL WEST -FAMILY HEALTH CNTR X PIPE INSULATION 832 LF 2ND FL WEST -FAMILY HEALTH CNTR X VAT & MASTIC 1.352 SF X 2ND FL WEST -FAMILY HEALTH CNTR WALL MASTIC 1,552 SF 2ND FL MED SURG/OBSERVATION WAY X VAT & MASTIC 1,300 SF 2ND FL MED SURG/OBSERVATION WAY X WALL MASTIC 1,056 SF X 2ND FL MED SURG/OBSERVATION WAY X PIPE INSULATION 478 LF X 2ND FL MED SURG/OBSERVATION WAY X WINDOW CAULK 20 SF X 2ND FL EAST CORRIDOR X PIPE INSULATION 40 LF X 2ND FL WEST CORRIDOR WALL MASTIC 144 SF X WINDOW CAULK 2ND FL WEST CORRIDOR X 2 SF Χ 2ND FL CARDIAC RESPIRATORY REHAB X COLUMN MASTIC 960 SF X 1ST FL KITCHEN **DUCT INSULATION** 1,260 SF Name of Registered Waste Hauler Cubic Yards of Waste NJDEP Waste Name of Registered Landfill **NEWARK CARTING** Hauler ID No. 120 GRAND CENTRAL SANITARY LANDFILL 913 City, State Disposal Date City, State NEWARK, NJ 07105 1/11/2019 AMFIELD TOWNSHIP, PA Completed by (Print or Type) Signature Date < BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

		NOTIFIC	Sta	te of New Jersey OF ASBESTOS ABA	TEMENT	In	G	E	7	// E
				NJAC 8:60-7 and 12:	120-7)		9	느	U L	
Date of Notification (1)				Name of Building ( RIVERVIEW MEDIC		(2)	1111	1	6 20	10
1 / 22 /19				Street Address		14 64	JUL		0_7	13
Agencies Notified Type Notificati				1 RIVERVIEW PLA			-	Tabbat (A)	- Anna Anna	CAROLINA MARIA
EPA Initial No				City, State, Zip Cod RED BANK, NEW J		AS		OS C		ROL 8
X DOL Cancella	tion					Lancon Companyor and Companyor	MITTING STEELS	LEDWON NEEDS	CALL COME	(#HSO-DHIRECONS
X DOH X On Hold EMERGE	ENCY I	VOTIFIC	ATION	Name of Contact ERIC MATTSON		Telephone Nun 732-450-2689	nber			
				ITY INFORMATION		702 400 2000				
Name of Facility Where Abatement is Ta	iking F	Place (3)			Type of Facility					
RIVIERVIEW MEDICAL CENTER					School (K	-12) er 8 (Other than I	K-12)			
					X Other (ie.	private & commo				
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOO	RS				Square Feet 250,000	# of Floors 6		- 2	g. Age 65	
City (5) County (				County Code (7)	Current Use (Pi	rior if being demo	lished	) Pha	rm. La	ıb.
RED BANK MONMO  Name of Monitoring Firm Hired by Build		wner (8)	(8	ASCM No.	HOSPITAL Name of Abate	ment Contracto	r (9)			
ENVIRONMENTAL TACTICS				17	PAR ENVIRON	MENTAL CORP		ION		
Street Address 64 BROAD STREET					Street Address 313 SPOOK RO	OCK BOAD				
City, State, Zip Code				-	City, State, Zip	Code				
Project Manager for Monitoring Firm	W JEF	Telepho		her	SUFFERN, NEV		ense N	lumbe	ar .	
THOMAS GEIGER		732-290		50.	845-369-7500	110		vui i i b	51	
Expected State Date (10)  1 / /23/ 19	Sche		oletion	Date (11)	Name of OSHA					
Month Day Year	Mo	9 / onth	D	30 /19 ay Year	QUALITY ENVI	RONMENTAL				
Occupancy Status During Abatement (Che Facility Closed/Vacated During	ck only	one)	Abatan	cont	Street Address	···				
Abatement Performed Outside					1376 ROUTE 9					
X Other - Describe: MONDA	' - FRII	DAY 7AN	1-3:30PI	M	City, State, Zip			ODK 4	10500	
Scope of Work (Check all that apply)				Criticals v	with Negative Pres	GERS FALLS, N ssure	⊏VV Y	JHK	12590	
Demolition X >3SF OR LF	Reno	vation		X Mini-Encl	ο,					
X >160 SF OR 260 LF					Procedure de Procedure					
Location of		Location		Description of As			-		ent Ty	
Asbestos-containing Material (ACM)		nally use olely by		Containing Materi (ie. Thermal sy		Amount (Specify	REV	REF	ENC	ENC
TO BE ABATED	Main	t/Custod	al	insulation, surfaci	ing, VAT,	SF or LF)	REMOVAL	EPAIR	NCAPSUL	NCLOSUR
in Facility (13)	Yes	taff (12) No N/		or other miscella	aneous)		P		SUL.	SUR
2ND FL WEST -FAMILY HEALTH CNTR	1.00	X		INSULATION		832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR		X	VAT	& MASTIC		1,352 SF	X	T		
2ND FL WEST -FAMILY HEALTH CNTR		Х		L MASTIC	1000	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY		Х	VAT	& MASTIC		1,300 SF	×			
2ND FL MED SURG/OBSERVATION WAY	1	X	WAL	L MASTIC		1,056 SF	X			
		X	PIPE	INSULATION		478 LF	X			
2ND FL MED SURG/OBSERVATION WAY	1	X	WINI	OOW CAULK		20 SF	Х			
2ND FL MED SURG/OBSERVATION WAY 2ND FL MED SURG/OBSERVATION WAY	1	X	PIPE	INSULATION		40 LF	X			
2ND FL MED SURG/OBSERVATION WAY		X	WAL	L MASTIC		144 SF	X			
2ND FL MED SURG/OBSERVATION WAS 2ND FL EAST CORRIDOR				L MASTIC DOW CAULK		144 SF 2 SF	X			
2ND FL MED SURG/OBSERVATION WAT 2ND FL EAST CORRIDOR 2ND FL WEST CORRIDOR	В	X	WINI				_			
2ND FL MED SURG/OBSERVATION WAY 2ND FL EAST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL CARDIAC RESPIRATORY REHA 1ST FL KITCHEN	T	X X X	WINI COL DUC	DOW CAULK  JMN MASTIC  T INSULATION		2 SF 960 SF 1,260 SF	Х			
2ND FL MED SURG/OBSERVATION WATER STREET CORRIDOR 2ND FL WEST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL CARDIAC RESPIRATORY REHALD	NJD	X X X X EP Wast	COL DUC Cubic	DOW CAULK JMN MASTIC	Name of Regist	2 SF 960 SF 1,260 SF	X X	-ILL		
2ND FL MED SURG/OBSERVATION WAY 2ND FL EAST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL CARDIAC RESPIRATORY REHA 1ST FL KITCHEN Name of Registered Waste Hauler NEWARK CARTING	NJD	X X X X EP Wast	WINI COL DUC Cubic	DOW CAULK  JMN MASTIC  T INSULATION C Yards of Waste  120	GRAND CENTE	2 SF 960 SF 1,260 SF ered Landfill	X X	FILL		
2ND FL MED SURG/OBSERVATION WAY 2ND FL EAST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL CARDIAC RESPIRATORY REHA 1ST FL KITCHEN Name of Registered Waste Hauler NEWARK CARTING City, State NEWARK, NJ 07105	NJDE Haul	X X X X EP Wast	WINI COL DUC Cubic	DOW CAULK  JMN MASTIC  T INSULATION C Yards of Waste 120  posal Date 2019		2 SF 960 SF 1,260 SF ered Landfill RAL SANITARY L	X X X ANDF	FILL /		
2ND FL MED SURG/OBSERVATION WAY 2ND FL EAST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL CARDIAC RESPIRATORY REHA 1ST FL KITCHEN Name of Registered Waste Hauler NEWARK CARTING City, State NEWARK, NJ 07105 Completed by (Print or Type) Title	NJD! Hauli	X X X X EP Wast	WINI COL DUC Cubic Dispo	DOW CAULK  JMN MASTIC  T INSULATION C Yards of Waste 120  psal Date 2019    Signature   //	GRAND CENTE	2 SF 960 SF 1,260 SF ered Landfill RAL SANITARY I	X X X ANDF	1/2	121	79

		N		TION OF A	ASBE	w Jersey ESTOS ABA 60-7 and 12:1		[ e		P	3.3	3 2	98
Date of Notification (1)				09,000		of Building O	wner/Operator	(2)	()	L	(b)		
1 / 11 /19				Stre	eet A	ddress		- 11					-
Agencies Notified Type Notif	ficatio	n				RVIEW PLAZ	Α	11			JUL	16	2019
DEP Ame		fication Notifica	tion			ate, Zip Code NK, NEW JE	ERSEY 07701	1	J half	into was	Hermania.	and the second	a etcetc
X DOH On F	Hold	NCY NC	TIFICA			f Contact ATTSON		Telephone 732-450-26	Numb			S CC EMSI	NTROL NG
				FACILITY I	NFC	DRMATION							-
Name of Facility Where Abatement RIVIERVIEW MEDICAL CENTER	is Tak	ing Pla	ce (3)				Type of Facility School (K		nan K-	12)			
								private & cor			s., hor	nes, e	etc.)
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FI	_OOR	S					Square Feet 250,000	# of Floo 6			Bldg	. Age 55	
	nty (6					Code (7)	Current Use (Pr	ior if being d	emolis	shed	) Phar	m. La	b.
RED BANK MON Name of Monitoring Firm Hired by E	MOU		or (8)	(STAT		SE ONLY) ASCM No.	HOSPITAL Name of Abate	mont Contr	notor /	(0)			
ENVIRONMENTAL TACTICS	- unul	ing Own	(0)			17	PAR ENVIRON	MENTAL CO	RPOR	RATI	ON		
Street Address					-		Street Address						
64 BROAD STREET City, State, Zip Code							313 SPOOK RO						
MATAWAN	, NEV	V JERS	EY 077	47			City, State, Zip SUFFERN, NE\		901				
Project Manager for Monitoring Firm		T	elephon	e Number			Telephone Num			se N	lumbe	r	_
THOMAS GEIGER			32-290-		40.00		845-369-7500		1101				
Expected State Date (10)  1 / /23/ 19		Sched.	Compl	etion Date 30		) /19	Name of OSHA QUALITY ENVI		1				
Month Day Year		Mont	h	Day	,	Year	QOALITI LIVI	NONWENTA	\L				
Occupancy Status During Abatement							Street Address						
Facility Closed/Vacated Du Abatement Performed Outs					escri	ibe:	1376 ROUTE 9						
				3:30PM			City, State, Zip	Code					
Score of Mark (Charle all that and )					_	70-111		GERS FALLS	S, NEV	N YC	ORK 1	2590	
Scope of Work (Check all that apply)  Demolition	X	Renova	tion		X	Mini-Enclo	ith Negative Pres	ssure					
>3SF OR LF	73	11011510			X	Glovebag							
X >160 SF OR 260 LF					X		e Procedure						
Location of Asbestos-containing			cation Ily used			cription of Asl aining Materia		Amoun	.		patem		
Material (ACM)	- 6		ly by	1		. Thermal sys	605	(Specif	v	REMOVAL	REPAIR	ENCAPSUL	ENCL
TO BE ABATED			Sustodia	l ir		ation, surfacin		SF or LF	F)	Ò	AF	AP	6
in Facility (13)			f (12)		or o	ther miscellar	neous)			AL.	~	SUI	OSUR
OND EL WEGT, EARNING LIEN EN ON		Yes N		1		TION			-		$\vdash$	-	~
2ND FL WEST -FAMILY HEALTH CN		-	X	PIPE INS				832 LF		X	-	-	
2ND FL WEST -FAMILY HEALTH CN			X	VAT & MA				1,352 SF		X	-		
2ND FL WEST -FAMILY HEALTH CN			X	WALL MA				1,552 SF					
2ND FL MED SURG/OBSERVATION			$  $ $^{\times}$	VAT & MA				1,300 SF		X	-		
2ND FL MED SURG/OBSERVATION	1500000		X	WALL MA		embereda.		1,056 SF	-	X	-		
2ND FL MED SURG/OBSERVATION	WAY		_X	PIPE INS	ULA	TION		478 LF		X			
2ND FL MED SURG/OBSERVATION	WAY		X	WINDOW	CA	ULK		20 SF		X			
2ND FL EAST CORRIDOR			×	PIPE INS	ULA	TION		40 LF		X			
2ND FL WEST CORRIDOR			Х	WALL MA	STI	С		144 SF		X			
2ND FL WEST CORRIDOR	F387)		X	WINDOW	/ CA	ULK		2 SF		X			
2ND FL CARDIAC RESPIRATORY RI	EHAB		X	COLUMN	MA	STIC		960 SF		X			
1ST FL KITCHEN			X	DUCT IN:	SUL	ATION		1,260 SF		X			
Name of Registered Waste Hauler		NJDEP	Waste	Cubic Yar			Name of Regist						
NEWARK CARTING		Hauler q			12	20	GRAND CENTE	RAL SANITAI	RY LA	NDF	ILL		,
City, State			ID No. 13	Disposal	Date		City, States		NOW 2000	NDF	ILL /	-/	
	Title			Disposal 1/11/2019	Date				NOW 2000	NDF	ILL /	/	10

3618001:	Inv-12	TON SIZ	IFIC.	<b>10ITA</b>	LOF AS	ew Jersey BESTOS ABA C 8:60 and 5:1	TEMENT 6)	DE C	E	0	$\mathbb{V}$	
Date of Notification (1)	11 / 1	0		upon.	4400	g Owner/Operator ( town LLC	(2)	JUL JUL	1 (	6 2	019	Complete on the
Agencies Notified  ☑ EPA  ☑ DOLWD  ☑ DHSS  □ DCA	Type Notification Initial Amended Amendment	<u>‡0</u>		On City,	t Address e Fayette State, Zip ( nshohoc		ji	ASBEST	OS C	ONT	TROL	. &
(NJAC 5:23-8)	☐ Emergency (in justification)	ncludin	g		of Contac	TOPING AND DESCRIPTION OF		Telephone Numb	ner			
(,	☐ Cancellation			Jer	ту МсМи	llen		610-834-726				
						FORMATION		010-004-120	•			
Name of Facility Where A	batement is Takin	g Place	e (3)	- ' '	OILIT I	II ORIMATION	Type of Facility (	(4)				
Street Address 779 Delsea Drive							School (K-12		cial bu	uildin	gs,	
City (5)							Square Feet	# of Floors	BI	dg. A	ae	
Glassboro, NJ 0802	8						100,000	1	-	45	3-	
County (6)				Cour	nty Code (7	)(STATE USE ONLY)		or if being demolis				
Gloucester							Vacant	<b>5</b>				
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Vertex				NA		Alliance Envi	ironmental Sys	tems				
Street Address						Street Address						
700 Turner Way						550 East Unio	on St.					
City, State, Zip Code						City, State, Zip Co	ode					
Aston, PA 19014						West Cheste	r, PA 19382					
Project Manager for Moni	toring Firm		Tele	phone	No.	Telephone No.	Water to the English of the	License No.	67-200-			
Dave Turotsy			6	10-558	-8902	610-701-9000	ř	00508				
Start Date (10)		duled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
7 / 25 /		9 /	13	3_/_	19	AET						
Occupancy Status During	Abatement (Chec	k only	one)			Street Address						
□ Facility Closed/Vacate	d During Entire Pe	riod of	Abate	ment		28 N. Pennel	Road					
Abatement Performed Time of Abatement: 7/	Outside of Norma AMPM/3:3	I Facilit 0PM	y Hou	rs - Des AM	cribe	City, State, Zip Co Media, PA 19						
Scope of Work (Check all	that apply)											_
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			novat molitic			Mini-Enc     Glovebag	g Procedure	ative Pressure	e			
		010	Locat						Ab	atem	ent T	уре
Asbestos-Containing M TO BE ABA IN Facilit (13)	Material (ACM) TED	Use Ma	Norma ed Sole intena todial (12)	ely by ince/	Asbe: (i.e	Description o stos Containing Ma ., thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Main Sales Floor					Floor Ti	ile / Mastic		84,800 SF			П	
Throughout					Pipe Fit			175 EA				
Caulk					Exterio	r		1000 LF	$\boxtimes$	П	П	П
Flashing					Roof			300 SF				
Name of Registered Wast	e Hauler			JDEP V		Cubic Yards of	Name of Regist				Ц	Ш
Richard Burns & Co			FI (1) 6/6	lauler II 19955	No.	Waste 80		erks Community	Lan	dfill		
City, State Phila., PA						Disposal Date TBD	City, State Birdsboro,	PA				
Completed By (Print or Ty Mark Griffin	1000	e stima	tor			Signature	TH	Dat	e /	) /	1,9	)
ASB-41						PVI KI	W		1	-/	0 8	8

Chamla		V	OTHE	ATION	e of New Je	Isey		Promote		100 1	<b>2</b> N	11/17	IC
Date of Notification (1)			(Pur	s)any to	F ASBEST	OS ABAT and 12:1	EMENT 20)		) <u>, E</u>	G	E U	W	
7/10/19 Thu -1/	noin		N	ame of B	uilding Own	er/Operat	or (0)		1				
Agencies Notified Type No	otification		- 1	milon F	alls Scho	ol Distric	ct			JUL	16	2019	
☑ EDA			St	reet Add	ress								
	ial ended				on Ave.				ASRI	ESTO	soo	NTRO	71 8
Am Am	endment #2		Ci	ty, State,	Zip Code				2300		ENSI		15 0
Em Li Em	ergency (incl	luding	-	Inton F	alls, NJ 0	7724		Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-C				ile Constant	
IVI DCA	ification)			me of Co				1 7					
			V	in Dani					elephon	e Num	ber		
Name of Facility Where Abatement	is Taking Pl	ace (3)		FACILIT	Y INFORMA	NOITA			32-46	U-240	16	201-100	
Swimming River Elementary Street Address	/ School	(-)					Type of Faci	ility (4)					
220 Hance Ave.							School	53 1935					
							Subcha	nter 8 (O	her than	K-121			
City (5)							etc.)	.e. private	& comn	nercial	buildir	ngs, h	ome
Tinton Falls, NJ 08231 County (6)							Square Feet		of Floors				
Monmouth			Cou	nhi Carl	(77)		12000	1 1			50	g. Ag	3
			(STA	nty Code	ONLY)		Current Use (	(Prior if be	ing dem	olishaa	1)		
Name of Monitoring Firm Hired by B AHERA Consultants	uilding Owne	er (8)	1	SCM No.			Liementar	y School	nl .	21101160	-)		
Street Address		. ,	10000	36M No. 057		Name	of Abatement (	Contracto	(0)				
PO Box 385						rann	uzzi Enviroi	nmental	Service	ces. Ir	nc.		
City, State, Zip Code						Sueet	Address				10.		
Oceanville, NJ 08231					-,	135 K	Cinnelon Rd	. Suite 1	102				
Project Manager facility						City, St	ate, Zip Code						
Project Manager for Monitoring Firm Kris Lis			Telen	hone No		Kinne	lon, NJ 074	-05					
			609	-652-18	222	Telepho	ne No.		License	e No			
Start Date (10)			000		1.1.5	1 000 1	10		-1001101				
Start Date (10) 7/13/19	Sche	duled C	ompletio	on Date (	11)		48-5709		01228				
7/13/19	Sche 7/24	duled C	Completic	on Date (	11)	Name of	f OSHA Monito	or	01228	3	1110-1-11		
7/13/19  Occupancy Status During Abatement  Facility Classes	(Check Only	One)	ompletio	on Date (	11)	Name of Yannu	f OSHA Monito Izzi Environ	or mental	01228	3			
7/13/19  Occupancy Status During Abatement Facility Closed/Vacated During E	(Check Only	One) Of Abate	Completio	on Date (	11)	Name of Yannu Street A 135 Ki	f OSHA Monito IZZi Environ ddress nnelon Rd.	mental	01228 Service	3	С		
7/13/19 Occupancy Status During Abatement Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe: Occupied by o	(Check Only ntire Period of Normal Factors on Struction of Structure o	One) Of Abate	Completio	on Date (	11)	Name of Yannu Street A 135 Ki City, Sta	f OSHA Monito IZZI Environ ddress nnelon Rd. te, Zip Code	mental Suite 1	01228 Service	3	С		
7/13/19  Occupancy Status During Abatement Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe: Occupied by c	(Check Only ntire Period of Normal Factors on Struction of Structure o	One) Of Abate	Completio	on Date (	11)	Name of Yannu Street A 135 Ki City, Sta	f OSHA Monito IZZi Environ ddress nnelon Rd.	mental Suite 1	01228 Service	3	С		
7/13/19 Occupancy Status During Abatement Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe: Occupied by c Gcope of Work (Check All That Apply)  ≥3 sf or ≥3 if	(Check Only ntire Period Normal Fac onstruction p	One)  of Abate ility Housersonne	ement urs	on Date (	11)	Name of Yannu Street A 135 Ki City, Sta	f OSHA Monito IZZi Environ ddress Innelon Rd. te, Zip Code on, NJ 0884	Suite 1	01228 Service	3 es, Ind			
7/13/19  Occupancy Status During Abatement Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe: Occupied by c  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If	(Check Only ntire Period of Normal Factors on Struction of Structure o	One) Of Abate	ement urs	on Date (	11)	Name of Yannu Street A 135 Ki City, Sta Kinnel	FOSHA Monitor IZZI Environ Iddress Innelon Rd. Ite, Zip Code	Suite 10	01228 Service	3 es, Ind			
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Date of Notification (1) 7/12/2019  Agencies Notified	NV-198 Type Notification	309	}	La	anXess		Operator (2		hos		JUL 1	6	2019	12.780
✓ EPA					t Address	Park	West D	ir						ALL SALES STREET, SALES
DEP	Initial Amended	65			State, Zip 0			•		ASB	ESTOS			L&
☑ DOL	Amendment Emergency		g		ttsburg		15275		- International		LICE	12115	J moreome	married and
☑ DOH ☐ DCA	justification) Cancellation			No constitution	e of Contac oe Ballo					ephone 1 908) 6		325		
					CILITY IN		TION		(3	500) 0	10-00	000		
Name of Facility Where A							T	ype of Facility	(4)					
LanXess Solution Street Address 1000 Convery B		erin	AMD	oy P	iant			School (K- Subchapte Other (i.e.	r 8 (Othe	er than K & comme	(-12) rcial bui	ldings	, hom	nes,
City (5) Perth Amboy							So	etc.) quare Feet	# of	f Floors		Bldg. /	Age	
County (6) Middlesex					y Code (7) E USE ONL			urrent Use (Pri Manufactu		ng demol	lished)			
Name of Monitoring Firm N/A	Hired by Building (	Owner (8	3)	AS	CM No.		Name of A	Abatement Con	ntractor		actors	:		
Street Address							Street Add	dress			***********			
City, State, Zip Code				<del></del>			City, State	Main Stre	et Ext	t., Suit	te 10		17 17 2 2 2 2	
Project Manager for Monit	oring Firm		— т	Toloni	none No.		The second secon	ville, NJ						
	oring rimi			relebi	ione No.		Telephone	25-0100		License 0075				
Start Date (10) 7-31-19		3,	7.7	mpletio	n Date (11)			SHA Monitor nmental 7	Tactic	S				
Occupancy Status During					-/		Street Add	1000 To Table 1000 (100)						
Facility Closed/Vacate Abatement Performed Other – Describe:	Outside of Norma	al Facilit	Abater y Hour	nent s			64 Bro		7747		-			
Scope of Work (Check All	That Apply)						Wataw	an, 140, 0	7747					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renov Demoli	- 2				Full Containme Mini-Enclosure Glovebag Pro Non-Exempted	cedure	<del>-</del>			e	
			s Locat Normai									Abate	ement pe	t
Location of Asbestos-Containing M TO BE ABAT In Facility (13)	laterial (ACM) ED	Use Ma	ed Sole aintena todial (12)	ly by nce/		tos Cont thermal surfa	scription of taining Mater systems ins cing, VAT, or niscellaneou	ulation, r	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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Piping on tanks F3	01,& F302			1	Pipe i	nsula	tion and	fittings	110Lf	f	<b>✓</b>	Ш	Ш	H
					]			1					П	
News		-	DUNE STRENGE			,						H	H	Ħ
Name of Registered Waste	Hauler	111122-012-1110	A1 833.23	JDEP 1		Cubic of Was		Name of F			II			
Freehold Carting				5939		5		GROW		ındfill				
Freehold, NJ							al Date 2019	City, State Morris		PA				
Completed by John Evanovich		Estir	nato	r		S	ignature	Evano	5	2- 7	ate 7/12/2	019	ĺ	

## State of NJ

Notification of Asbestos Abatement

78 & G proj. #:	2019-146		(P	ursuant	to NJAC 8:	60-7 a apter 8	nd 12:120-7)		Check # 9	390				
Date of Notification	(1)	1 l No	no of Build	ing Owner	(Operator (2)	U								
10 17 1/11 12		11	inden Bo					15	n E C	E	W	E		1)
Agencies Notified	Type Notification	-11	et Address					11	<del>划                                    </del>				III	H
☐ EPA	X  Initial	11	East Gi		treet				7)	4.0	004	0		
☐ DEP	[2] Initial	11 _	, State, Zij					+	100	<del>-16</del>	201	<del>) -</del>	- Annual and a	+
X DOL	☐ Amendme		inden, N		3						or General Proper		_	-
X DOH		11	ne of Conta	act					Teléphone N	lumbérO ICENSII	NTH NG	OL &		-
☐ DCA	Cancellati	ion   -	Larry Mir	randa				Lon	908-862-		SALTHAT PROPERTY	unalizative.		merni
				FACIL	ITY INFORM	ATION								
Name of facility wi	here abatement is	taking plac	e (3)				-		of Facility (4)  School (	K - 12)				
Field House (	(Sub 8)								Subchapt	er 8 (Oth			2)	
Street Address							and the same of th		Other (Pri			cial		
700 West Cu	ırtis Street						and the second	Squa		of Floors	-	Bldg	. Ag	е
City (5)		Count	y (6)			25-2007-000-00	y Code (7)	50,0	00 2			50+		
Linden, NJ C	7036	Unic	n			(State	use only)		rent Use (Prior			lished	1)	
				<u> </u>	ASCM No.	116	lame of Abatement		h School (r	ion sub	0)			
Name of Monitorii EnviroVisior	ng Firm Hired by B	lag. Owner	(0)	1	0079									
	1					=   5	B & G Restora	don, m	IU.					
Street Address 20-10 Maple	e Avenue, Buil	dina 35E					105 Ryerson F	Road	ALTERNATION OF THE PARTY OF THE					
City, State, Zip Co						<del>  c</del>	ity, State, Zip Code							
Fair Lawn, I	NJ 07410						Lincoln Park,	NJ 07						
Project Manager fo	or Monitoring Firm	111111111111111111111111111111111111111	1	one Numb			elephone Number (973)696-686	39		icense N 003		er		
Frederick L				3-636-91			Name of OSHA Mor						_	
Scheduled Start D	ate (10)		Completio	n Date (11	)		B & G Restora	ation, Ir	nc.	2001011-00-00-00				
07/25/2019		08/0	9/2019				Street Address			<u> </u>				
Occupancy Status							105 Ryerson F							
Facility closed Abatement	ed/vacated during performed outside	entire perion of normal f	d of abater acility hour	ment. s-			City, State, Zip Code							
Describe:	ribe: occupied						LincolnPark, N	NJ 070	35					
	check all that apply	1)												
☐ Demolition	X	Renovatio	n			X FL	ill Containment w/n	egative	pressure	] Gloveb	Official Inc.			
× >3 sf or >3	If 🔲	≥160 sf or	≥260 lf			$\square$ M	ini-enclosure			] Non-fri	iable p	roce	lure	
Location of		Is location	normally i	used solely	/						R	R	E	E
asbestos-c	ontaining	by mainte staff(12)	nance/cus	lodial			bestos-containing		Amount (Specify SF	or	m	р	С	п
material to abated in fa		Yes	No	N/A	material	(ACM)			LF)		O V	a i	a p	L
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Boiler room				X	Breechin		ting s, joints, straigh	nts	45 sf 100 lf		X	H	片	
Boiler Room Boiler Room				×	11		king / rope / gas		40 sf		X			
Builei Room				÷				-						I
					1									
Registered Waste			EP Hauler 19563	ID# (	Cubic Yards o	fWaste	Name of Register Grand C	ed Land Central	fill Landfill					
B & G Restor			10000	Disposal		0/10	City, State Pen Arg			Company Company				
Lincoln Park Completed by (P		Title		0//2	Signature		<u></u>			Date				-
Gordana Lui			ry/Treas	urer		(	Gordana Luno	z		07/1:	2/20	19		

### State of NJ

Notification of Asbestos Abatement

JB & G proj. #: /2	805	_	(				and 12 120-7)	Check #	<sup>‡</sup> 9418			_
Date of Notification (1)	000	LIN	ome of Bui	Idina Own	J L	1 to 1						
10 17 1/11 12 1/1	1 , 9 ,			e Johnso	er/Operator (2)	)		ME	C E I	W	E	lunion
	pe Notification				11			11015	CEI	W	E	IN
Agencies Notified Ty	pe Notificatio	II St	reet Addre	SS				IIK				
D DEP	Initial							Address of the second s	1111 1-6	2040		
	1		ity, State, Z	TO SECURE OF THE PARTY OF THE P				السا اسا	001 10	2010		*MELETING A
X DOL	Amendm	ent	Glen Ric	dge, NJ (	07028			AMORE CHANGE CONTRACTOR AND ADDRESS.	enand-constructions and an	empuselano		
X DOH		Na	ame of Con	tact				Telephone	NumberCO		L&	
□ DCA □	Cancellat	tion	Marianr	ne Johns	on				LICENSI	VG		
2				FACI	LITY INFORM	IATION	l .	·				
Name of facility where a	abatement is	taking pla	ce (3)					Type of Facility (4	<sup>1)</sup> (K - 12)			
Marianne Johnson	n								pter 8 (Other	than k	12)	
Street Address									Private/Comm		-12)	
Oticet Address									Homes, etc.			
Cib. (E)		Coun	ty (6)			I Cou	nty Code (7)	Square Feet	# of Floors	В	ldg. A	ige
City (5)		Coun	(U)				te use only)	Current Use (Pri	ior if being de	molish	ed)	
Glen Ridge, NJ 0	7028	Ess	ex				,	residential	.0 20			
Name of Monitoring Fire	m Hired by B	Idg. Owne	er (8)	T	ASCM No.	<u>'                                    </u>	Name of Abatement	Contractor (9)				
				1			B & G Restorati	on, Inc.				
Street Address						-	Street Address					
							105 Ryerson R	oad				
City, State, Zip Code						-	City, State, Zip Code					
							Lincoln Park, I	NJ 07035				
Project Manager for Mor	nitoring Firm		Ph	one Numb	er		Telephone Number (973)696-686		License Nun 00378			
Scheduled Start Date (1)	0)	Sched	. Completic	on Date (11	1)	-	Name of OSHA Moni	5753				
07/24/2019	-/		25/2019	•			B & G Restorat Street Address	ion, Inc.				10
Occupancy Status Durin	a Abatamani						105 Ryerson R	oad				
Facility closed/vac				ment			City, State, Zip Code					
Abatement perform							City, State, Zip Code					
Describe:						-	Lincoln Park, N	J 07035				
Other-Describe: Scope of Work (check a						_						12.1
Demolition		) Renovatio				П	Full Containment w/neg	native pressure F	⊠ Glovebag i	rocad	ure	
_						State	Mini-enclosure	gative pressure	Non-friable			
>3 sf or >3 lf		≥160 sf or				X N	willi-eliciosure	L	I R			
Location of			n normally enance/cus	used solely todial	1		W 2. 0. 0. 0. 0.	Amount	e	R	E n	E
asbestos-containii material to be	ng	staff(12)			Descript material		sbestos-containing	(Specify S	F or m	p	C	n
abated in facility (	13)	Yes	No	N/A	matorial	(, 1011)		LF)	v	i	a p	L
				71-12	l nine ineu	otion		50.16	e X	1	1	1
basement				X	pipe insu	alion		53 lf		H	ዙ	
				#						H	ዙ	H
										H	片	日
										岩	ዙ	11
Pagistared Wasta Haula		TALIDI	EP Hauler	D# 1 C	ubic Yards of	\//aste	Name of Registered	Landfill				
Registered Waste Haule B & G Restoration,			19563	, J	1	2 - 40(0	Grand Centra					
City, State				Disposal D	ate		City, State					
Lincoln Park, NJ				07/2	25/2019		Pen Argyl, PA					μ
Completed by (Print or T		Title Secreta	ry/Treası	urer	Signature		Gordana Luna		Date 07/12/20	19		

## INV-12804 B & G proj. #: 2019-153

# State of NJ Notification of Asbestos Abatement

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

Check # 9417

					100, 99	dist	19.01111	- CHOOK					
Date of Notification	(1)	111	Name of	Building Owr	l L	house	E @ E I DI E						
10 17 1/11 12	1/11 19 1				nds Board o		ucation						
Agencies Notified	Type Notificat	tion	Street Ad			- District	0. 2. (2. (2. (2. (2. (2. (2. (2. (2. (2.	112	111				
☐ EPA	X Initial	11		illside Ave	nue				III 1 0 0040				
☐ DEP	initial	1		e, Zip Code					JUL 1 6 2019				
₩ DOL	Amend		AND DESCRIPTION OF THE PARTY OF	dale, NJ 0	7401								
X DOH		N	lame of C	Contact				Telephon	SRESTOS CONTROL & e Number ENSING				
☐ DCA	Cancell	ation	Jaimi	e Atchinso	on			ADMINISTRATION OF THE PARTY OF	23-0494				
				FAC	ILITY INFORM	IATIOI	N						
Name of facility wh	ere abatement i	s taking pla	ace (3)					Type of Facility (	4)				
Northern High	lands Region	nal High	School	(NON Sul	0 8)				I (K - 12) apter 8 (Other than K-12)				
Street Address									Private/Commercial				
	venue							Bldgs./l	Homes, etc.				
City (5)		Cour	nty (6)			Cor	unty Code (7)	Square Feet   100,000   2	# of Floors Bldg. Age 50+				
							ate use only)		ior if being demolished)				
Allendale, NJ	07401	Be	rgen					High School	,				
			5855		ASCM No.		Name of Abatement	Contractor (9)					
RK & Occupa	ational & Env	rironmen	tal Ana	lysis			B & G Restorati	on, Inc.					
Street Address							Street Address						
401 St James	s Avenue						105 Ryerson R	oad					
City, State, Zip Code	NII OOOGE						City, State, Zip Code						
						_	Lincoln Park, I	NJ 07035					
		1		Phone Numb			Telephone Number (973)696-6869	a.	License Number 00378				
				908-484-			Name of OSHA Moni		00376				
Scheduled Start Dat	te (10)	Sched	d. Comple	etion Date (1	1)		B & G Restorat						
07/22/2019		07/2	27/2019	9			Street Address						
Occupancy Status D	During Abateme	nt (Check o	only one)				105 Ryerson Ro	oad					
							City, State, Zip Code						
Describe:		of normal	facility ho	ours-									
M Other-Describ	e: occupied		****			_	LincolnPark, N.	1 0 / 0 3 5					
Scope of Work (che	Name of facility where abatement is  Northern Highlands Region  Street Address 298 Hillside Avenue  City (5)  Allendale, NJ 07401  Name of Monitoring Firm Hired by E RK & Occupational & Envi  Street Address 401 St James Avenue  City, State, Zip Code Phillipsburg, NJ 08865  Project Manager for Monitoring Firm Jonathan Gilbert  Scheduled Start Date (10) 07/22/2019  Occupancy Status During Abatemen Facility closed/vacated during abatement performed outside Describe:  Cother-Describe: Occupied  Scope of Work (check all that apply Demolition Scope of Work (check all that apply Demolition Asbestos-containing material to be abated in facility (13)  Room 247  Room 248  egistered Waste Hauler & & G Restoration, Inc.												
Demolition	X	Renovation	n			□ F	Full Containment w/neg	ative pressure	Glovebag procedure				
> 3  sf or $> 3 $ If	X	≥160 sf or	≥260 If				Mini-enclosure	12	Non-friable procedure				
Location of				ly used solel	у				RREE				
asbestos-conf		by mainte staff(12)	enance/c	ustodial			asbestos-containing	Amount					
		Yes	No	N/A	material (	(ACM)		(Specify SI	o a a c				
		165	INO						e r P.I.				
				X	VAT & ma			950 sf	X D D D				
Room 248				X	VAT & ma	astic		950 sf					
	-												
Bagistored Wests III	oulor			-10# 10	Subic Yards of V	Macto	Name of Registered	Landfill					
		EP Haule 19563	FILID#	20	vasie		tandili ntral Landfill						
City, State				Disposal D			City, State						
		TW			Pen Argyle, PA								
Gordana Luna	or type)	Title Secreta	ry/Trea	surer	Signature		Gordana Luna	Date 07/12/2019					

Date of Notification (1) 6/14/2019	., [	NOTIE	Name	State of Ner NOF ASB of LONJAC of Building	8:60 an	ABATE d 12:12	0)	Transcription of the second of	D <sub>r</sub>	E C			/ E	The second secon	
Agencies Notified Type Notification  EPA Initial	4			nica Mati Address	hieson			and the state of t		JUI	Adoral a langua	(Polemo, 2			
DEP Amended Amendment Emergency ( justification) Cancellation		g -	Tean	tate, Zip Co eck NJ of Contact nica Math	- Aug			loso	AND THE PERSON NAMED IN		ICENS	ING	of the Contract of the Contrac	With an in the Control	
Name of Facility Where Abatement is Taking N/A	Place (	(3)	FAC	CILITY INFO	ORMAT	ION		of Facility (4	S.						
Street Address			Subchapt  Other (i.e etc.)					Other (i.e. pretc.)	K-12) oter 8 (Other than K-12) e. private & commercial buildings, ho						
City (5) Teaneck								Square Feet # of Floors Bldg 1,212 2 193					. Age 30		
County (6) Bergen				Code (7) USE ONLY)	Curre	ent Use (Prio dence	r if bei	ng demo	olished)						
Name of Monitoring Firm Hired by Building C	wner (8	)	ASC	M No.		Name Che	of Aba ckma	tement Cont rk Industri	ement Contractor (9) k Industrial						
Street Address								ss n Dr							
City, State, Zip Code					ip Code 07871										
Project Manager for Monitoring Firm	ct Manager for Monitoring Firm Tele						one No 570-2	o. 2645		License 01334					
Start Date (10) 6/15/2019	Schedul 6/25/2	led Con 2019	npletion	Date (11)				IA Monitor k Industria	al						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po	250		ont			Street . 54 N	Addres	27							
Abatement Performed Outside of Norma Other – Describe:	al Facilit	y Hours	ient		_			p Code 07871							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	×						Full Containment with November 1								
≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	Renova Demoliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu					ure			
Location of	1	Location Normall	У		Doo	cription						Aba	atemer Type	it	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma Cus	ed Solel iintenar todial S (12)	rice/ staff?		os Conta thermal surfac	aining M systems sing, VA hiscellan	aterial insula T, or		Amount (Specify SF or LF)			Kepair	Encapsulate	Enclosure	
Basement	Yes	No X	N/A		pipe	insulat	tion		20	) LF	Х	+	œ ·		
												-			
Name of Registered Waste Hauler Newark Carting	JDEP Wauler ID		Cubic Yof Was			Name of Re Grand C				ndfi	I				
City, State Newark NJ								City, State Pen Argy	yl, PA						
Completed by Corey Stankovic	Title CEO				Si	gnature							0.000		

Ch351	N	IOTIF (P	ICATION	of New OF ASB to NJAC	ESTOS	ABATE	Provided in the second	) E	E		V [						
Date of Notification (1) 6/21/2019 JUI-12/00	0		Name of ResiP	Building ro	Owner/C	Operator	(2)		Ù JU	IL 1 (	5 2	019					
Agencies Notified Type Notification  EPA Initial			Street Ad 3630 I	<sup>ddress</sup> Piedmor	nt Rd.			-Action	ASBESTOS CONTROL &								
DEP Amended  DOL Amendment #				ite, Zip Co a GA 30				nuntineo.		LICEN			Number to receive				
DOH Emergency (in justification)  DCA Cancellation	ncluding		Name of Sheri					11	Telenhone M								
hannel —			FACII	LITY INFO	DRMATI	ON					-						
Name of Facility Where Abatement is Taking N/A	Place (3	)					Type of Fac	cility (4)									
Street Address								apter 8 (C	K-12) oter 8 (Other than K-12) e. private & commercial buildings, homes,								
City (5) Fair Lawn							etc.) Square Fee 1,316		f of Floors		Bldg 194	Age 7					
County (6) Bergen								e (Prior if I	peing demo	lished)							
Name of Monitoring Firm Hired by Building O	ASCM	l No.			of Abatemer ckmark Inc		tor (9)										
Street Address				100000000000000000000000000000000000000	Address Morgan Dr	Or											
City, State, Zip Code						itate, Zip Coorta NJ 078											
Project Manager for Monitoring Firm		Telephor	ne No.			none No. 570-2645		License 01334									
Start Date (10) 6/22/2019	Schedule 6/30/20		npletion [	Date (11)			of OSHA Mo ckmark Inc										
Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire Po	58:	100					Address Iorgan Dr										
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal Other – Describe:																	
Scope of Work (Check All That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu					ure						
	1.0	Locat	5175100								Abatement						
Location of Asbestos-Containing Material (ACM)		ormal d Sole		A = b = = =		scription				-	Т	Туре	Т				
TO BE ABATED In Facility (13)	1	ntena odial ( (12)	nce/ Staff?		thermal surfa				Amount (Specify SF or LF)	Remova	Kepaii	Encapsulate	Enclosure				
	Yes	No	N/A							-		ite	Φ.				
Basement		X			9"x 9	9" floor	tile		650 SF	X							
Basement		Χ			flue	packi	ng		3 SF	Х	T						
					V = (V20 1200)						+	+					
Name of Registered Waste Hauler	1 83	JDEP W			Yards	Nan	ne of Regi	stered Land	dfill	1	_						
Newark Carting	lauler ID	NO.	of Wa	0.83			ntral Sani	tary La	andf	ill							
City, State Newark NJ			Dispos	sal Date		, State n Argyl,	PA										
Completed by Corey Stankovic	Title CEO				S	Signature	(Sta	Date 6/21/2019									

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT 1 Jul #3599 (Pursuant to N.J.A.C. 8 60 and 12:120) Date of Notification (1) Name of Building Owner / Operator 7/10/2019 Warren Township BOE Agencies Notified Type Notification Street Address EPA 213 Mount Horeb Road DEP Initial City, State & Zip Code X DOL Amended Warren NJ, 07059 X DOH Emergency Name of Contact Telephone Number ASBESTOS CONTROL & DCA Cancellation Michael Pate 908-753-5300 LICENSING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Mount Horeb School School (K-12) Street Address Subchapter 8 (Other than K-12) 80 Mount Horeb Road Other (i.e. private & commercial buildings, homes, etc.) # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) 20000 76 Warren Current Use (Prior if being demolished) Somerset School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental BRISTOL ENVIRONMENTAL INC Street Address Street Address 1253 North Church Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Moorestown, NJ 08057 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mike Stocku 609-304-3969 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/2619 7/29/19 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours City, State & Zip Code Describe: BRISTOL, PA 19007 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 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Remova Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)or other miscellaneous) (12)Yes No N/A Room 11C Chalkboard mastic 50 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 MINERVA LANDFILL City, State Disposal Date City, State YARDLEY, PA TBD WAYNESBURG, OH Completed By (Print or Type) Title Signature Date PATRICK T. DeCARO Estimator 7/10/19

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Inv-198	302	(Pi	urst	la	4	9 1	IJ.A.	2.8:60 and	2520)	EIV		州#	3	60	10			
Date of Notification								Owner / Operato				$\parallel$						
	7/10/19			-		-		mouth 📗	U JUL	16 20	19 11	1						
Agencies Notified EPA	Type Notific	ation					ress	a Complex 20	d El- 200 H	lelle Mil	I Bood							
□ DEP		al .					& Zip (	s Complex, 2 <sup>n</sup>	ASBESTO	S CONT	Road	-						
⊠ DOL		ended			The second		, NJ 07		LIC	ENSING	70L &	1						
☑ DOH		ergency			-		ontact	720 Industries	- United the state of the state	Secretario de Company de la Co	IT	Telephone Number						
DCA		cellation		120			rnstra					732-43			-			
								ORMATION						-				
Name of Facility Wh	ere Abatem	ent is Taking P	lace (					Type of Facili	ity (4)									
Former Division	of Weights	and Measur	es					School (K-12)										
Street Address							Subchapter 8 (Other than K-12)											
1911 Wayside Ro	7-	7-	7/	1,1	Other (i.e.)						tc.)							
			(	ノ	1	10	14	Square Feet	# of F	loors	В	ldg. Age	9					
City (5)		County (6)	C	oun	ty C	ode	(7)	3500		2			55+					
Tinton Falls		Monmouth						Current Use (		g demolis	hed)							
		1						Office Space	e									
Name of Monitoring	Firm Hired I	by Building Owr	ner (8	)		100000	CM No											
NV5						00	030	Bristol Env		, Inc.								
Street Address								Street Addres										
850 Bear Tavern								1123 Beave										
City, State & Zip Co								City, State &										
Trenton, NJ 0862 Project Manager for		Eirm	Tele	nho	no	Nium	hor	Bristol, PA Telephone No		Ti	icense N	umbor						
Ryan Broadwater		11111	609					(215)788-60			00509	umbei						
Scheduled Start Dat		Scheduled Cor						Name of OSH			70000	-						
8/1/19	.0 (10)	Concadica Con	8/2			٠,٠	• /	Bristol Envi		Inc.								
Occupancy Status D	Ouring Abate	ment (Check or						Street Addres										
		During Entire P			Aba	tem	ent	1123 Beave	r Street									
☐ Abatement F	Performed C	outside of Norm	al Ho	ours	- 7	am	to 3pm	City, State & 2	Zip Code									
Describe:								Bristol, PA	19007									
		Abatement																
Scope of Work (Che	eck all that a	pply)							- F.110		- 4 341- N.I		D					
≥3 sf or ≥3 lf	F				2 on	ovat	ion			Enclosure	ent with N	egative	Pres	sure	1			
≥160 sf ≥260			$\boxtimes$	- 27		olitic			- Glove	Bag Pro								
2100 01 2200	J 11				20111	Onto	511		A	_	and Non	-Friable	Pro	cedu	re			
1.0	cation of	- 1100	Is	10	catio	าท	T	Description	- Ferman		mount		teme					
	os-Containir	ng	1,000			sed	1	Asbestos-Con		100	Specify	1.00			7,50			
	erial (ACM)				ly b			Material (AC		SI	or LF)			Ē	т			
	BE ABATED		Mair					(i.e., thermal sy				Rem	Re	cap	ncls			
II.	Facility (13)		Cus		ai 5 2)	tan:		insulation, surfact or other miscella				Remova	Repair	Encapsulate	Enclsoure			
	(10)		Yes		10	N/A		or other miscent	aneous			-		ate	O.			
Exterior window	ononinge		П		<b>3</b>		-	Window cau	Ilkina	2	88 LF		П					
LAterior Willdow	openings		H	1	7	H	+	willidow cau	iikiiig		OO LI		H	뉘	H			
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Name of Registered Waste Hauler					NJI	)FP	Waste	Cubic Yards	Name of Re	egistered	Landfill							
Training or Fragration of				ID No.	of Waste	1101110	9.010.00											
Service Transport Inc.					209	990		1 Cu Yd Minerva Landfill										
City, State									City, State									
Yardley, PA								8/2/19 Waynesburg, OH										
Completed By (Print	The second secon			Title Sig				Signature										
Gino Pizzigon	İ					ojec		Dino Pinnogoni / 7/10/19										
				9	Ma	nac	ier	12/1/10	Willy K	)  \/\	-/-							

State of New Jersey NOTIFICATION OF ASBESTIOS ABATEMENT M#3601 (Pursuant to NJAC 8:60 and 5:16) Name of Building-Owner/Operator (2) 10 / Verizon Communications Type Notification Agencies Notified Street Address **⊠** EPA 15 East Montgomery Avenue 1 6 2019 **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Pittsburgh, PA 15212 ☐ DCA ☐ Emergency (including) (NJAC 5:23-8) Name of Contact Telephone Number CONTROL & justification) Cancellation Anthony Porta 412-633-4021 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Moorestown Central Office School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 105 East Main Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Moorestown, NJ 08057 25,977 +-75 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Burlington Verizon Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Chubb Global Risk Advisors BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 10 Exchange Place 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Jersey City, NJ 07302 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Brian Kingsbury 201-356-5166 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7 / 29 / 19 8 / 9 / 19 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal 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) ≥3 sf or ≥3 lf □ Renovation ≥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 Remova Encapsulate Enclosure Asbestos-Containing Material (ACM) 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 Boiler Room X VAT/Mastic 400 SF Basement AC Room  $\boxtimes$ **Duct Insulation** 25 SF X 1st Floor Lobby  $\boxtimes$ VAT/Mastic 10 SF П

X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 City, State Disposal Date City, State YARDLEY, PA TBD WAYNESBURG, OH Completed By (Print or Type) Title Signature Dillan DeCaro Estimator JAN 13 DD19060 \* Do not use this form for asbestos licensure exempted activities.

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14 mana	ENV-	NO.	19 OTIF	O(	) TION	ate of Ne	w Je BEST	rsey	EMENT	DE	: C [	E 1	$\mathbb{V}$						
'h(')								0 and 5:16			1111	4.0	004	0					
Date of Notification (1)					Name (	of Building	Own	er/Operator (2	2)	food bank	JUL-	Lb_	201	4					
07 /	12 /	19						1	ban Renewal,	LLC			-						
Agencies Notified	Type Notificat	ion	_		Street	Address	11-		AS	ASBESTOS CONTROL									
⊠ EPA	✓ Initial				650	East Swe	edes	ford Road,	Suite 400	LICENSING									
⊠ DOLWD	Amended			F	City, St	ate, Zip C	ode							$\neg$					
☑ DOH □ DCA	Amendmer  Emergency		dina		Way	ne, PA 1	9087	,											
(NJAC 5:23-8)	justification		ullig		Name	of Contact		Telephone Nu	mber										
	☐ Cancellation	on			Jona	athan Pa	yne			610-648-17	700								
					FAC	ILITY IN	FOR	MATION											
Name of Facility Where A	batement is Ta	aking Pl	lace (	(3)					Type of Facility (	4)									
Commercial									☐ School (K-12☐ Subchapter 8		12\								
Street Address									Other (i.e., pr			ildings	,						
357 Wilson Avenue									homes, etc.)										
City (5)					1	711	15		Square Feet	# of Floors	Blo	lg. Age	9						
Newark						111	/0747	E 110E 011114	0	161-1-1	F-1D			_					
County (6) Essex					Count	y Code (7)		E USE ONLY)	Current Use (Pri	or if being demo	olisnea)								
Name of Monitoring Firm	(6)	ing Owr	ner (8	B) /	ASCM I	No.			ent Contractor (9)	200-200									
Mark Jovic Consult	ing LLC								NAGEMENT LI	_C									
Street Address								et Address											
87 Main Street, Suit	e A		<u> </u>				1000	Outwater					$\dashv$						
City, State, Zip Code	7025							, State, Zip Co <b>arfield, NJ</b>											
Lincoln Park, NJ 07 Project Manager for Moni			-	Tolor	ohone N	do		phone No.	07020	License No.			_	-					
Mark Jovic	toring r irin				3-650-			73-928-4888		1188									
Start Date (10)	S	chedule	ed Co	38313		NEW YORK OF THE PARTY OF THE PA	97.00	ne of OSHA M		1				-					
_ 07 / 22 /				1889	1				NAGEMENT L	LC									
Occupancy Status During							Stre	et Address					-						
□ Facility Closed/Vacate				0.5	nent			7 Outwater	Lane										
Abatement Performed						cribe	City	, State, Zip Co	ode	<del>27</del>									
Time of Abatement: _	AM	PM/_		_PM		ΔM	G	arfield, NJ	07026										
Scope of Work (Check all  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	that apply)	-		novatio				☐ Mini-End	g Procedure										
								Non-Exe     Non-Exe	mpted (*) and No	n-Friable Proce		944		0000					
Location	of			Locati Iormal				Description of	of		-	ateme							
Asbestos-Containing	Material (ACM)	)		d Sole				Containing Ma	aterial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure					
TO BE ABA			1000	odial S		(i.e		rmal systems urfacing, VAT		(Specify SF or LF)	ova	¥	psu	osur					
(13)	7	-		(12)	T			ner miscellane			-		late	e.					
Unit #6,7,8 (attached	)- Roof	_	Yes	No	N/A	Built-U	n Ro	ofina		25,000 SF		П	П	П					
Unit #11- North & South						Windov				30 LF			귀						
											믬								
Unit #11- Roof				Roof FI	ashi	ng		1,600 SF	0.7	Ш	Ц	Ш							
Name of Registered Was Century Waste, LL		arting		1.00	JDEP V	O No.	Wa	77 TO 100		stered Landfill th Landfill / Fai al Sanitary Lan		ndfill /							
City, State					32/9/	/ / 0283		s Needed posal Date	City, State	ourmany Lan									
Elizabeth, NJ / New	ark, NJ / Ga	rfield,	NJ				T	BD	Morrisville	, PA / Pen A	rgyl, PA								
Completed By (Print or T	ype)	Title						Signature			Date								
Allen Monchik	58 57	Pro	ject	Man	ager			Allen	Monchis	é	DEVAME.								

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NOCK	7.1	FICATION	te of New Jer OF ASBEST o NJAC 8:60	OS ABATE				D),LE N	<u>G</u>	5					
Date of Notification (1) 7/12/19		•	Building Own ot. of Treas		100000000000000000000000000000000000000				JUL	7 6	-20	13			
Agencies Notified Type Notification		Street Ad 20 Wes	dress st State Str	eet, 3rd F	***	ASBESTOS CONTROL LICENSING									
EPA Initial DEP Amended Amendment #1	2	TO 100 TO	e, Zip Code n, NJ 0862	Bathalips	Interest and Company of the account of the American Company of the										
Emergency (inclining justification)  DCA  Emergency (inclining justification)  Cancellation	uding	Name of Michae	Contact O'Reilly					one Numb 273-35							
Email —		FACIL	ITY INFORM	ATION			2 2								
Name of Facility Where Abatement is Taking Pl Edna Mahan Correctional Facility	ace (3)					Facility (4)									
Street Address 30 Route 513						bchapter 8 her (i.e. pri				igs, h	omes,				
City (5) Clinton					Square		# of Flo	oors	Bld	g. Age	9				
County (6) Hunterdon		County C	Code (7) ISE ONLY)			Use (Prior ctional fac		demolishe	ed)						
Name of Monitoring Firm Hired by Building Own Environmental Connection	ner (8)	ASCM 00030			Name of Abatement Contractor (9) Pow/R/Save Inc										
Street Address 120 N. Warren Street					Street Address 15 Somerset Place										
City, State, Zip Code Trenton, NJ 08608					State, Zip on, NJ (										
Project Manager for Monitoring Firm Jordan Reed		S S	392-4200		hone No. 3) 470-0			icense No 0357	).						
07/08/19	07/13	ompletion I	Date (11)	Name	Name of OSHA Monitor										
Occupancy Status During Abatement (Check C	Only Øne)	1		Stree	t Address	3									
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:				City,	State, Zip	Code						-			
Scope of Work (Check All That Apply)									-		====	-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Separation .	ovation olition	n.•77		Mini Glov	Containme -Enclosure vebag Proc	edure								
lands-ref		cation mally		Di-#	v 82	Lxcmpled	() and	TVOTI-T TIED	1		ment				
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mainte Custod	solely by enance/ ial Staff? 12)	(i.e. th	Description Containing	Material ms insula /AT, or		(Sp	ecify or LF)	Remova	Repair	Encapsulate	Enclosure			
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			F 17	TING!	5 (4	/)	8	LF	7						
Name of Registered Waste Hauler Progreen		Hauler II 22051		Cubic Yard of Waste	S	Contraction of the	AND CONTRACTOR OF THE PROPERTY	red Landfi Fairless							
City, State East Brunswick, NJ				Disposal D	ate	City, Sta Morris		Ą							
Completed by Sharon Hendee	Title Presid	ent		Signa	Signature Date						1/12/19				

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nock		NO		ATION	te of New J DF ASBEST NJAC 8:6	TOS ABA				Name of Street					$\mathbb{V}$	
Date of Notification (1)	7/12/19				Building Ow t. of Trea					la		JU	L 1	6	2019	Land page
Agencies Notified	Type Notification			treet Ad 20 Wes	dress t State St	treet, 3r	d Flo	oor		-	AS	SBES	TOS	CO	NTRO	OL &
EPA DEP DOL	Amended Amendment #	12			e, Zip Code ı, NJ 0862					_	- Saltamazeren		JÖE		4.000	energe Co
DOH DCA	Emergency (in justification)  Cancellation	ncluding	900	lame of 0	Contact I O'Reilly					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	phone N 9) 273					
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Name of Facility Where A		Place (3)							f Facility (4	30						
Street Address 30 Route 513								S O	chool (K-12 ubchapter 8 ther (i.e. pr cc.)	(Othe			uildir	igs, h	omes	
City (5) Clinton	-							Square		# of	Floors		Bld	g. Ag	е	
County (6) Hunterdon				County C	ode (7) SE ONLY)				t Use (Prior ctional fa		ig demo	lished	)			$\neg$
Name of Monitoring Firm Environmental Con		wner (8)		ASCM 00030				of Abate	ement Cont e Inc	ractor (	(9)					
Street Address 120 N. Warren Stre	eet							Address	et Place							
City, State, Zip Code Trenton, NJ 08608		W = 05.00 ( 0 de -				1 5685			Code 07012							
Project Manager for Mor Jordan Reed	nitoring Firm		1	elephon (609) 3	e No. 92-4200	100		one No 470-0			License 00357			9110		
Start Date (10)	~ ~ ~	Scheduled	Com	pletion D	Date (11)	N	ame o	of OSH	A Monitor							
Occupancy/Status Durin	ng Abatement (Check		- F			St	treet /	Addres	S							$\exists$
	cated During Entire F ned Outside of Norm					C	ity, St	tate, Zi	p Code							
Scope of Work (Check	All That Apply)															$\dashv$
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Commenced Co.	enovat emoliti				 	Min Glo	Containme i-Enclosure vebag Prod -Exempted	edure					2	
			Locatio	200.70									A	Abate	ment	
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0 / 10	,	Yes	No	N/A	D. A	<u> </u>				100	LF		1/		w	
Chapel b	gsimint				Wrap	ng H	CU	1		_ 10_	LF		Х			
Name of Registered W	laste Hauler			NJDEP V	Vacto	Cubic Y	ord-		Name of	Dorin	ored!	n 450				
Progreen	Sole i idulei		F	Hauler IE 2051	377 X Y	of Wast			Grows							
City, State East Brunswick, N	J					Disposa	al Date	e	City, Sta		PA					
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								IN	147	_			41	1	/	

#### Printform State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification Name of Building Owner/Operator (2) C NJ Dept. of Treasury, DPMC Agencies Notified Type Notification Street Address ASBESTOS CONTROL & LICENSING 20 West State Street, 3rd Floor EPA × Initial City, State, Zip Code DEP Amended X DOL Amendment ## Trenton, NJ 08625 Emergency (including Name of Contact Telephone Number DOH justification) Michael O'Reilly DCA Cancellation (609) 273-3561 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Edna Mahan Correctional Facility School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 30 Route 513 etc.) City (5) Square Feet # of Floors Bldg. Age Clinton County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Hunterdon correctional facility Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Connection** 00030 Pow/R/Save Inc Street Address Street Address 15 Somerset Place 120 N. Warren Street City, State, Zip Code City, State, Zip Code Trenton, NJ 08608 Clifton, NJ 07012 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jordan Reed (609) 392-4200 (973) 470-0200 00357 Start Date (10) , Scheduled (10) , Sched Scheduled Completion Date (11) Name of OSHA Monitor Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) Yes No N/A

Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Progreen Grows North/Fairless 22051 City, State Disposal Date

City, State East Brunswick, NJ Morrisville, PA Completed by Title

President

Signature

Sharon Hendee