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

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Date of Notification (1) 07/16/2019				Name	of Buildin oltz Ass	ng Owner ociates	/Operator	r (2)		□ Che	ck#	1589	200	
Agencies Notified □ EPA	Type Notification	n			t Address liffwood A		e 200						W	
☑ DEP ☑ DOL	☐ Amended Amendmer			City, S Mata	State, Zip wan, Nev	Code w Jersey	07739			JUI	_	9 2	2019	Parties designed
☑ DOH □ DCA	Emergency justification Cancellation		1	Name	of Contac Grigoria	ct an			Telepi 732-9	one Nu	mber 8)S (CON	TROI	8
				FA	CILITY IN	FORMAT	ION					SING		- ~
Name of Facility Where A Private Residence	Abatement is Taki	ng Place (3)			· Ordina	ION	Type of Facility	0.0700.47					Windy Co.
Street Address					+			☐ School (K-1☐ Subchapter☐ Other (i.e. p	8 (Other tha	an K-12) nmercial	bldg:	s, hor	nes, e	tc.)
City (5) Red Bank, New Jersey	07701							Square Feet 3000	# of Flo	oors	1	Bldg. 5	Age 5+	
County (6) Monmouth					Code (7)			Current Use (P	rior if being ite Resider	demolish	ied)			
Name of Monitoring Firm Brinkerhoff Environme	Hired by Building ntal Services In	Owner (8) c.		ASC	M No.		Name Lilich	of Abatement Co Corporation	ontractor (9)					
Street Address 1805 Atlantic Avenue								Address nion Boulevard	i					
City, State, Zip Code Manasquan, New Jers	ey 08736						City, St	ate, Zip Code a, New Jersey	07512					
Project Manager for Moni Gary W Fleming	toring Firm				one No 23-2225			one No. 25-8400	11.025.01	cense No).			
Start Date (10) 07/29/2019		Schedule		mpletior 02/2019	Date (11)		of OSHA Monitor vironmental La		LLC				
Occupancy Status During	Abatement (Chec	k Only On	e)					Address						
☑ Facility Closed/Vaca☐ Abatement Performe	ted During Entire	Period of A	Abater	ment s			2333 F	Route 22 West						40
☐ Other – Describe: Scope of Work (Check All	That Apply)						Union	, NJ 07083						
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kterior				X	Lower	Roof Ve	nt Pipe	Tar	3 SF		Χ			
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city, State otowa, New Jersey				10124		5 Disposa 08/02	al Date /2019	Fairless L City, State Morrisvill	>	20.000				
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Date of Notification (1)	P	*					ISATH CE &		a: NA			7	-
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D DCA	□ Cancell	auon					FARINA						
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Street Address	4000	0 7 7	1100	17 (4				□ School (K-1 □ Subchapter	8 (Other than K-12) -			
		*						Other (i.e. p homes, etc	rivate & commercia	il building	ıs,		
City (5)	,					,,	*	Square Feet	# of Floors	Bldg. /	Age		
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County (6)				T	County	Code (7) (STATE USE		Prior if being demoli	shed)			
Be	erce	~			ONLY)			R	ESIDENC	€			
Name of Monitoring Firm	Hired by B	uilding Owne	F	ASCM	No.		Name of Abatem	ent Contractor	(9)				
(8) Best Removal Inc Street Address / 50 0 0 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2													
City, State, Zip Code		12					Hackensa		07601				
Project Manager for Mon	illorina Firm		Te	elephor	ne No.		Telephone No.	TCK, N.O	License No.	-			
. 10,001			- 1				201-329-	-7444 -	00388				
Start Date (10)		cheduled Co	mplet				Name of OSHA	Monitor					
7/30/19		7/	3.	1/1	9_			Invironm	ental				
Occupancy Status Durin	g Abatemen	t (Check only	y one)	•	-83		Street Address		**				
☐ Facility Closed/Vacate							City, State, Zip C	yler St					
Abatement Performed Other - Describe:	R'a o AA	Normal Facility	ety Ho	ons PA	ч.		A. 27.0		, N.J. 07	606	.5		
Scope of Work (Check a						-	D. Hac	- RCHBack	, 14.0. 07	000			-
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□ ≥ 160 sf or ≥ 260 lf					□ Den		- Glove	ebag Procedure					
						1	□ Non-	Exempted (*) an	d Non-Friable Proc	edure	Ab	netr	ent
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. Location . Location . Asbestos-Containin		ACAM	Use	d Sole	ly by	Acho	Description of stos Containing Ma		Amount	-		FE	
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Name of Registered War	ste Hauler	· 1	N.	DEP V	Vaste H	lauler	Cubic Yards of	Name of Rec	stered Landfill	1		1	
Best Remo		ıc	100000	No.		econtan	Macta						9
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City, State Hackensac	l- NT	T 07	601				Disposal Date	City, State	AND COUNT	172	1.	_	
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Date of Notification	1 (1)				A CONTRACTOR OF THE PARTY OF TH	Owner/Operator	r (2)	IUI	The state of the s		M-SHARIFUTE M-SHARIFUTE	-11
7/16/2019			Ro	ber	t Dru	cker						Medianecs Processors Editoricity
Agencies Notified	Type Notifica	tion	Stree	et Add	ress		**************************************		JUL 1	9 201	}	
[]EPA	[X]Initial						*					
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[X]DOL	[]Amended		Mo	rris	town	,NJ,07960		1	LICEN		ا ساف	St.
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						INFORMATION .			14	•		
Name of Facility Whe		s Taki	ng Pla	ace (3	3)		Type of Faci	lity (4)				
Robert Drucker	r						[]School	(K-12)				
Street Address			•					pter 8 (Otl				
r.	-							(i.e., priv buildings,			-01	
							Square Feet	# of Flo		ldg. A	ge	
City	C	ounty			1 2 2 2	inty Code (7)					_	
Morristown					(ST	ATE USE ONLY)	Current Use	(Prior if h	peing de	molish	ned)	
	and the second s	7960										
Name of Monitoring Fi Owner (8)	irm hired by B	uildin	g ASC	M No.		Name of Abater						
N/A							ANAGEMEN:	r, inc.				
Street Address						Street Address	-					
							topher St	Ε.				
City, State, Zip Code	3					City, State, 2						-11 CONTRACTOR
		2-1-1-1				11	r, NJ 070	142				
Project Manager for M	Conitoring Fire		ephon	e Numl	per	Telephone Numb			License		r	
(-		N/	A	-0000-0000		(973) 744	-8800		0037	/1		
Scheduled Start Date	Transcription I have a section of the	Compl				Name of OSHA M	Monitor					
07 31 19 Month Day Yes			2	19 Year		N/A						
Occupancy Status Duri	ng Abatement	(Check	only	one)		Street Address	1					
[X] Facility Close of Abatement	ed/Vacated Dur	ing En	tire E	Period								
[]Abatement Per	formed Outside	of No	rmal E	acili	ty	City, State, Z	ip Code					
Hours - Descri	be: «OffHours			· · · · · · · · · · · · · · · · · · ·		-						
			Descr	The		L	1					
Scope of Work (Check	all that apply	7)				[]Full (Containment w	ith Negativ	e Press	ure		
[X]>3 sf or >			[]Reno			[X]Mini-E	Inclosure					
[] <u>></u> 160 sf or	: >260 II	L]Demo	TITIOI	n		pag Procedure	ıre				
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Name of Registered Wa AZTECH MANAGE		Ha	DEP Wa			ic Yards Waste .5	Name of Regi Tri - S		ifill			essente fil
City, State		17.	7040		Dá c	posal Date						
Montclair, NJ	07042				1	8/02/19	Bronx.	NY, 104	74			
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Completed By (Print or			67			Signature	3 /	11	Date			
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Date of Notification (1)	ALL		Name	of Building (Owner/One	arator i	(2)		n)		9	=	\mathbb{W}	
7/15/2019			15 25	ate propert		erator	(2)	and the state of t	YI	-	*******		-	The same of the sa
Agencies Notified Type Notifie	ation		10 50	Address	,			- 11	All	11	1.1	1 0	0010	
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DOH justific	ation)	•	122	of Contact				Ĺ		hone N	WIEC 0032 72		40	
DCA Cance	lation		Bruc											
Name of Facility Where Abatement is	Taking Place (3)	FA	CILITY INFO	RMATION		Tuna	of Facility (4)						
Private Property	· annig i iaoc (0)						of Facility (4)						
Street Address								School (K-12) Subchapter 8		than K	12)	100		
							X	Other (i.e. priv	rate & c	ommer	cial b	uildings	, hon	nes,
City (5)								etc.) re Feet	# of FI					
Florham Park							1000		2	0015		Bldg. +50	Aye	
County (6)			County	Code (7)		-	Curre	nt Use (Prior i	f beina	demolis	shed)			
Morris County			(STATE	USE ONLY)		-			9					
Name of Monitoring Firm Hired by Buil	ding Owner (8)			M No.	Na	ame o	f Aba	tement Contra	ctor (9)					
N/A			N/A		A	CM S	Solu	tions Servic	es LL	.C				
Street Address N/A						treet A								
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City, State, Zip Code N/A								p Code						
Project Manager for Monitoring Firm			-					gen NJ 0704	47	22 177	=			
N/A			lelepho	one No.		elepho 01-55			100	cense N	Vo.			
Start Date (10)	Schedule	ed Cor	mnletion	Date (11)					0	1384				
7/26/2019	7/31/20		inbienon	Date (11)				IA Monitor nmental Lab	oroto	rice				
Occupancy Status During Abatement (Check Only On	e)				reet A			- ALO	1165				
X Facility Closed/Vacated During Er			ment					e 22 West						
Abatement Performed Outside of	Normal Facility	Hour	S					o Code						
Other – Describe: 7:00 AM to 4:00	PIVI				2000			7803						
Scope of Work (Check All That Apply)													T	
≥3 sf or ≥3 lf		enova					Full	Containment:	with Ne	gative F	Prese	ure		
≥160 sf or ≥260 lf	X D	emolit	tion			×	Mini	-Enclosure		J-4101	. 555	-10		
							Non	rebag Procedu -Exempted (*)	are and No	n-Friah	le Pr	ocedur	e	
	Is	Locati	ion				-				T		ement	
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Asbestos-Containing Material (ACM TO BE ABATED	Mai	ntenar	nce/	Asbestos	Containin ermal syste	na Mate	erial ((ACM)	Amou				Ш	т.
In Facility	Custo	dial 8 (12)	Staff?	(1.6, 111	surfacing,	VAT,	isulat or	ion,	(Spec		Ren	Re	ncap	incl
(13)		(12)			ther misce					/	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								-		ate	œ.
2nd floor bathroom		240c-11101	х	As	bestos li	inoule	eum		40 S	F	x			
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Name of Registered Waste Hauler		1 1/	IDED !											
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			509					ISES Bethle	ehem	Rd La	indfi	II		
City, State Po Box 5670				D	isposal Da	ate		City, State						
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	Princip	al				20/20	The same	tunito	-0	7/1	15/2	019		

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

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Date of Notification (1) 7/15/2019		7	Name		ng Owner	r/Operator (2	2)		C	<u>E</u>		<u> </u>
Agencies Notified Type Notification	n			Address						1		
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DEP Amended	-1 !!			State, Zip				- Care				
× Emergenc	y (includir	ng		eville Nu				AS	BEST	OS C	ONT	ROL
DOH justification	1)			of Contact	ct			Telephone		GENS	ING	**************************************
				CILITY IN	FORMA	TION		201-398	-6327			
Name of Facility Where Abatement is Tak	ing Place	(3)			ORMA		ype of Facility	(4)	-		-	
Private Property Street Address							School (K	-12)				
Street Address							Subchapte	er 8 (Other than private & comm	K-12)	uildioa	c hon	
City (5)							etc.)		ercial D			165,
Belleville							quare Feet 000	# of Floors		Bldg. +50	Age	
County (6) Essex County			County	Code (7))	C	urrent Use (Pr	rior if being demo	olished)		-	
Name of Monitoring Firm Hired by Building	Owner /	R)		USE ONL	·//							
N/A	Owner (J)	N/A	M No.		ACM S	Abatement Co olutions Se	ontractor (9)				
Street Address						Street Ad		1 11003 LLO				
N/A						1435 5	1st Street					
City, State, Zip Code N/A				2.1112			e, Zip Code			- 7		
Project Manager for Monitoring Firm			Telepho	ana Na			ergen NJ 0					
N/A			releption	one No.		Telephon 201-55		Licens 01384				
Start Date (10)			mpletion	Date (11)		OSHA Monitor					entition.
7/16/2019	7/20/2					Iris Env	ironmental	Laboratories				
Occupancy Status During Abatement (Che						Street Ad	dress oute 22 We	_1				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	nal Facili	Abate ty Hou	ment rs				, Zip Code	St				
Other – Describe: 7:00 AM to 4:00 PM		50					J 07803					
Scope of Work (Check All That Apply)	27					-						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renov				×	Full Containm	ent with Negativ	e Press	ure		
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							Non-Exempte	d (*) and Non-Fr	iable Pr	ocedu	re	
l continue of		s Loca Norma									emen ype	t
Location of Asbestos-Containing Material (ACM)	Us	ed Sol	ely by	Asbes	De: stos Cont	scription of aining Mate	rial (ACM)	Amount		Т.	I	
TO BE ABATED In Facility		zintena stodial	Staff?	(i.e	. thermal	systems ins	ulation,	(Specify	Re	R	Enca	E
(13)		(12)				cing, VAT, o niscellaneou		SF or LF)	Remova	Repair	Encapsulate	Enclosure
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lewark Carting Inc		11 10 60	Hauler ID 4509	No.	of Was	ste		ethlehem Rd		ill		
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o Box 5670						55		plebutter Rd	Bethl	ehem	PA	
Completed by Salo Zumba	Title	inal			Si	gnature		Cen !	ale)	_		- 7
	Princ	ipal			_ -		2-000gu	ma sopo	135/2	019		
SB-41 (R-06-08)						* Do >	2	X				
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Date of Notification (1)				e of Buildir							~		A THE PARTY OF THE
7/16/19			Pati	rick Foul	ke Priv	ate Hor	me	CONTRACTOR OF THE PARTY OF THE	JUL	192	019	and the second second	
Agencies Notified Type Notification			Stree	t Address				144	OOL	J (013		1
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DOH Emergency justification)	(includir	ng		of Contac		10001			Telephone	Number			
DCA Cancellation	1		-	miter					, supplied	114111111111111111111111111111111111111		_	
Name of Facility Where Abatement is Takin	g Place	(3)	FA	CILITY IN	FORMAT	TION	Type of	Facility (4)					
Patrick Foulke Private Home		38070					power	nool (K-12)					
Street Address				*/-			Sul	chapter 8	(Other than I	(-12)		10 2000	
City (5)							etc.)	ate & commo	ercial bu	ildings	s, hon	nes,
Haddon Township NJ 08108							Square F	C	# of Floors		Bldg. 50+	Age	
County (6)			County	/ Code (7)	1			Land I	if being demo	lished)	304		
Carnden Name of Monitoring Firm Hired by Building (USE ONL	γ)	_	House						
N/A	Owner (8	3)	ASC	M No.			of Abatem	ent Contra	actor (9)			3 - 255	
Street Address						-	Address		· · · · · · · · · · · · · · · · · · ·				*
							30x 329						
City, State, Zip Code							tate, Zip C						
Project Manager for Monitoring Firm			Telenh	one No.			t Berlin I	NJ 0809					
			Тоюрії	one IVo.			one No. 753-980	0	License 00727				
Start Date (10) 7/25/19			mpletion	Date (11))	1	of OSHA N		0072			-	
Occupancy Status During Abatement (Check	8/6/19					Sam							
Facility Closed/Vacated During Entire P						Street	Address						
Abatement Performed Outside of Normal Other – Describe:	al Facilit	y Hour	nent s			City, St	ate, Zip C	ode					
Scope of Work (Check All That Apply)										-			
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Dicheron Inc.	Renova Demoli				X	Mini-En Gloveb	iclosure ag Proced	with Negative ure and Non-Fri				
*	1	Locat							4.14.11011111	1010 1 10	Abate		
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		١	Des	cription	of			-	Ту	pe	
TO BE ABATED	Ma	intena todial S	nce/	Aspes (i.e.	thermal	systems	aterial (AC insulation,	M)	Amount (Specify	Z Z	_	Enc	ᄪ
In Facility (13)		(12)	,		surfactory other m	ing, VAT	or (ous)		SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A	1			,			/al	=	ılate	ure
Exterior Siding			х		Exter	ior Sidi	ing		2400 sf	x	-		
	- 1												
Name of the state													
Name of Registered Waste Hauler			JDEP Wauler ID		Cubic \		Na	me of Reg	istered Landf	II			
United Roll Off		1000	2459		5		G	R.O.W.	3.				
City, State Elm NJ					Disposa		7,772,30	/, State					
Completed by	Title	-			8/6/19		7 M	orrisville	PA 19067				
Anthony T Perna	Presi	dent			310	nature			-	ate 7/16/19	9		

Inv#	2901										-		Chrysler		P	rint For
UKSUGI	J PA	ID	NOTI	FICATIO	State of Ne ON OF ASE of to NJAC	BESTOS	ABATE	EMEN 20)	Т			C			\mathbb{V}	
Date of Notification (1) 07/17/19					of Building	Owner/0	Operato	r (2)				JUL	1	9	2019	
Agencies Notified	Type Medicantia			Resi	-						1	UUL		J	2019	- Land
Francis	Type Notification	1			Address	nt Pd N	IE D.	ildina	7, Suite 7		L					
EPA DEP	X Initial Amended				tate, Zip C		ic, bu	liding	7, Suite 7	1	AS	BEST		CON		18
× DOL	Amendmer	nt #			ta, GA 3						*********	Tarahan and	OE1	VIICI	<u> </u>	
⋉ DOH	Emergency justification		g		of Contact					Tele	nhon	e Num	har			
DCA	Cancellatio			Resip	oro							1-019				
None of Facility 148				FAC	ILITY INF	ORMATI	ON					*				-
Name of Facility Where A	batement is Taki	ng Place	(3)					Тур	e of Facility (4)		X=122 -				
Street Address									School (K-12	2)						
Olicel Address								×	Subchapter 8 Other (i.e. pri	3 (Othe	r than	K-12)	buil	dinas	hom	20
City (5)								-	etc.)							CS,
East Orange						556-5			are Feet		Floors			Bldg. A	Age	
County (6) Essex				(STATE	Code (7) USE ONLY)	_	hon			50	nolishe	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.				atement Contr D PROFES			3				
Street Address		1.50					Street 6 Wh		DOVE CO	URT						
City, State, 7ip Code									Zip Code OD, NJ 087	701						
Project Manager for Moni	toring Firm			Telepho	one No.		Teleph 732-6	none N	10.		Licen	se No.	8			
Start Date (10) 07/28/19		Schedu 07/31/		mpletion	Date (11)		Name	of OS	HA Monitor D PROFES							
Occupancy Status During	Abatement (Ched	ck Only O	ne)				Street			0101	**	::: 				
Facility Closed/Vaca Abatement Performe	ted During Entire d Outside of Norn	Period of nal Facilit	Abaten	nent					DOVE COL	JRT					nessoonines	
Other – Describe: Scope of Work (Check All	That Apply					_			OD, NJ 087	701						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тнаг Арріу)		Renova Demolit				×	Min	II Containmen ni-Enclosure ovebag Proceon-Exempted (dure					ρ	
		Is	Locati	on										Abate	ement	
Location			Normal ed Sole			Des	cription	of	77777-2-2-27			-		Ту	ре	
Asbestos-Containing N <u>TO BE ABA</u> In Facilit (13)	TED	Ma	intenar todial S (12)	nce/	Asbest (i.e.	os Conta thermal s surfaci other m	systems ing, VA	insula T, or	I (ACM) ation,	(Sp	ount ecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									<u>a</u>	7	late	ire
INTERIO)R			-	F	PIPE IN	SULA	TION	١	100	OLF	×				
		-														\perp
													-			
Name of Registered Waste	e Hauler		Н	JDEP W auler ID	0.747.5	Cubic Y of Wast			Name of Re	gistere	d Lan	dfill				
City, State			102	1509		5 Dispose 07/31/			City, State	JEN4	D.4	<u> </u>	4377			
Completed by		Title							BETHLEH	TEIVI I	PA .					
IOSEPH PERLSTEIN	I	OWN	IER			Sig	nature					Date 07/1	7/1	9		

Date of Notification (1) 0 7 1 2 1 9 Agencies Notified	#:	Joseph F Street Addi City, State,	(Pursi puilding Owi Frohlich ress Zip Code , NJ 0705	ner/Operator (2	besto 8:60	s Abatement and 12:120)				SING		The second of th	
DCA Cancellat	ion	Joseph	Frohlich										
			FAC	ILITY INFORM	ATION	I							
Name of facility where abatement Residential Street Address	nt is taking pl	ace (3)					_	Subc	(4) ol (K - 12) napter 8 (O (Private/Co /Homes, e	omm tc.	ercial	(-12) ldg. A	ge
City (5)	Cou	nty (6)				nty Code (7)	=	1,400	02		60		
Passaic, NJ 07055	Pas	saic			(Sta	te use only)		Current Use (F Residential	rior if being	g der	nolish	ed)	
Name of Monitoring Firm Hired b	The second secon			ASCM No.		Name of Abatem	nent C				-		
N/A Street Address City, State, Zip Code						KLOMAX, L Street Address 309 W. End A City, State, Zip Co	Ave	70.10					_
Project Manager for Monitoring Fi			hone Numb			Hopatcong, 1 Telephone Numb 833-455-662 Name of OSHA	er 29		License 02	Num 2007			<u> </u>
Start Date (10)	Sched	d. Completi	ion Date (1	1)		KLOMAX,							
08/01/19		5/2019				Street Address							_
Occupancy Status During Abatem Facility closed/vacated durin Abatement performed outsic Describe: Other-Describe: NORMAL	ng entire peri de of normal	od of abate			_	309 W. End 2 City, State, Zip Co	ode	7843					
Scope of Work (check all that app	ply)						□ F ⊠ M □ G	ull Containment vilini-enclosure slovebag procedu	re			edure	
Location of asbestos-containing material (acm) to be abated in facility (13)		n normally enance/cus No	used solely stodial N/A	1		sbestos-containin		Amount (Specify S	Mind	R e m o v e	Repair	E n c a p	E n c L
Basement		X		Pipe Insulat	ion			90 LF		×			
					OF SEA								
Pagistarad Wasta Haular		<u> </u>			V1-								
Registered Waste Hauler KLOMAX, LLC		EP Hauler 88241		ubic Yards of V I yds	vaste	Name of Registe TULLYTOW		.andfill RESOURCE RI	ECOVER	Y			
City, State Hopatcong, NJ 07843			Disposal D	Date		City, State TULLYTOW				-			
Completed by (Print or Type) Paige Boylan	Title Owner			Signature	12/				Date 07/12/1	10			

145001			NO.	ΓIFIC	ATIO	State of N	BESTOS ABA	TEMENT	IME	C		\mathbb{V}	
188C11	Jnv-	- 12	27	5 (F	ursua	ht TO NJ	AC 8:60 and 5:1	6)	IIK	and the second		- Contraction	areas recording
Date of Notification (1)	0.00		0 0		Nam	e of Buildir	ng Owner/Operator	(2)		UL '	1 0	201	Q
/	16 /	19	9		Vi	cky Fiedl	er			UL	1 3	۷01.	3
Agencies Notified ⊠ EPA	Type Notifi	cation			Stree	et Address			ASBE	STOS	s GO	NTB	01.8
☑ DOLWD	Amende	ed			0.1	0				LICE	NSI	vG.	
□ DOH	Amendr	nent#		_		State, Zip							
DCA (NJAC 5:23-8)	☐ Emerge justifica		ncludin	g		e of Contac	n, NJ 08057		T-I N				
(110/10/3.23-0)	☐ Cancella					cky Fiedle			Telephone Num	iber			
							NFORMATION						
Name of Facility Where A	batement is	Takin	g Plac	e (3)				Type of Facility ((4)				
Fiedler Residence								School (K-12	2)				
Street Address								Subchapter 8 Other (i.e., pr homes, etc.)	(Other than K-12 rivate and comme	?) rcial b	uildin	gs,	
City (5)								Square Feet	# of Floors	B	ldg. A	lae	_
Moorestown								2,760	2		96	go	
County (6)					Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Burlington								Residence					
Name of Monitoring Firm		100		100	ASCN	No.	Name of Abateme						
Management & Env	iro. Consu	iting	Servi	ces				onmental, LLC					
PO Box 341							Street Address						
City, State, Zip Code							623 Cutler Av		<u> </u>				
Chesterfield, NJ 085	515						City, State, Zip Co						
Project Manager for Monit				Tel	ephone	No.	Telephone No.	, 140 00032	License No.		_		
Bill Weisgarber	(AT)					3-4070	856-755-0099		00842				
Start Date (10)				(7)		ate (11)	Name of OSHA M						
					1_/	19	EMSL Analyti	ical, Inc.					
Occupancy Status During Status During							Street Address		3				
☐ Abatement Performed	Outside of N	lormal	Facilit	y Hou	rs - Des	scribe	200 Route 13						
Time of Abatement:	AM	PN	/I/	_PM		_AM	City, State, Zip Co						
Scope of Work (Check all	that apply)						Olimaninison	, NJ 00077					
≥3 sf or ≥3 If			⊠ Re	novat	ion		☐ Full Cont ☐ Mini-Encl	ainment with Nega	ative Pressure				h
☐ ≥160 sf or ≥260 lf				moliti			☐ Glovebag	Procedure					
			la	Loca	lian		Non-Exer	mpted (*) and Non	-Friable Procedu	re			
Location of	of		1	Norma	lly		Description of	f		Ab		ent T	уре
Asbestos-Containing M TO BE ABAT		1)		d Sol	ely by		stos Containing Mat	terial (ACM)	Amount	Ren	Repair	Enc	Enc
IN Facility			Cus	todial	Staff?	(i.e	 thermal systems is surfacing, VAT, 		(Specify SF or LF)	Removal	ai-	apsı	Enclosure
(13)			Yes	(12) No	NIZA	-	other miscellaned	ous)	0, 0, 2,)	=		Encapsulate	Ге
Basement				No No	N/A	Dino Inc	sulation (Wrap ar	ad C4)	40.1.5				
						ripe ins	sulation (wrap at	id Cut)	48 LF				
		-	 							닏		Ц	
											Ш	Ш	
Name of Registered Waste	Hauler		Ц		IDEB	Monto	Cubic Vand						
Freehold Cartage	i iaulėi			10	JDEP \ auler I[O No.	Cubic Yards of Waste	Name of Register Fairless Lar					
City, State			-auce		15939)	1 Disposal Date	City, State	IUIII	-0.00			
Freehold, NJ							07/31/2019	Morrisville,	PA				
Completed By (Print or Typ	e)	Title			<u> </u>		/ Signature	1 00	Da	te			
Margie Muller		Ac	dmini	strati	ve Ma	nager	Y MANA	NUWA_		-11	0-	19	

Ch 1590			NOTII	FICATIO	State of N NOF AS at to NJA	BESTOS	ABATEMEN 12:120		EC		V		T-	Commence
Date of Notification (1) 07/01/2019	W-1287	14		Name 113-1	of Building 17 Midla	g Owner/ nd Aven	Operator (2) lue LLC		JUL	10%	= 20#	9	15	90
Agencies Notified	Type Notification				Address ether Lar	ne			ASBESTO	25.00	MITE	771 S	1	-
☑ DEP ☑ DOL	☐ Amended Amendmen				tate, Zip C nus, New		07452	Land Co.		CENSI			K.	married .
☑ DOH ☐ DCA	Emergency ju	stification)		of Contac vomey	t			Tolonk	••	-			
Name of Facility Where A	Abatement is Takii	ng Place (3)	FAC	CILITY INF	ORMAT	Type of F	acility (4)						
Street Address							☐ Subc	ol (K-12) hapter 8 (Othe (i.e. private &	r than K-12) commercial	buildin	gs, h	omes,	etc.)
City (5) Paramus, New Jersey	y 07452						Square Fe 2,500	eet	# of Floo	rs		8ldg. <i>F</i> 60+	\ge	
County (6) Bergen		W. 11455 12W 63W			Code (7)		Current U	se (Prior if beir Priva	ng demolish te Residen	ed) ce				
Name of Monitoring Firm Detail Associates Inc	Hired by Building	Owner (8)	ASC	M No.		Name of A Lilich Cor	batement Con poration	tractor (9)				43	
Street Address 560 Sylvan Avenue, S	uite 3065			1			Street Add 246 Union	ress Boulevard						
City, State, Zip Code Englewood, New Jerse	ey 07632						City, State, Totowa, N	Zip Code lew Jersey 0	7512					
Project Manager for Mon Anthony Valentine	itoring Firm			Telephi 201-56	one No 39-6708		Telephone 973-225-8		Lice 011	nse No				
Start Date (10) 07/26/2019		Schedu 07/30/2	ed Cor	mpletion	Date (11))	Name of O Iris Enviro	SHA Monitor Inmental Lab	oratories, l	LC				
Occupancy Status During			2007				Street Addi 2333 Rou	ress te 22 West						
☐ Facility Closed/Vacal ☐ Abatement Performs ☐ Other – Describe:	ed During Entire F ed Outside of Norn	eriod of A	Abatem y Hours	ent			City, State, Union, NJ	Zip Code				V. 100 100 110		
Scope of Work (Check Al □≥3 sf or ≥3 if	I That Apply)	157 1	2000	11									******	
⊠≥160 sf or ≥260 lf			Renova Demolit				□ N □ G	ull Containme fini-Enclosure lovebag Proce on-Exempted a	dure / Limite	ed Con	ainm	ent T	ent	
			Locat			Des	scription of		THE THE	0.01.70		Abate Ty	0.000	t
Location Asbestos-Containing TO BE ABA In Facilit (13)	Material (ACM)	Use Ma	ed Sole intena todial (ly by nce/		. thermal surfa	taining Mater systems insucing, VAT, or niscellaneous	ulation,	Amount (Specify SF or LF		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					W		<u>a</u>		late	are
Basement Basement		X			TSI pipe					50 LF				
Justinent		^			Boiler I	nsulatio	on		4	40 SF	X			
Name of Registered Wast	e Hauler			JDEP W		Cubic of Was		Name of R	egistered La	ndfill				
Lilich Corporation City, State				18724		10 Dispos	al Date	Fairless L	andfill					
Totowa, New Jersey						07/30/		City, State Morrisville	e, PA					
Completed by Adriana Olejarova		Title Presi	dent			/s	ignature	10	-	Date 07/	16/2	019		
ASB-41 (R-06-08)							* Do not use	this form for a	isbestos lice	nsure e	exem	pted a	activit	ies.

Proj. #: 19-148 Chiloup J Date of Notification (1) O 7 / 1 6 / 1 9 Agencies Notified Type Notification Type Notification Type Notification DEP Amended Amendment # DOL Emergency (including justification DOH DOH DOH Type Notification Type Noti	etion	Michael I Street Addre	ilding Owr Donnelly ess Zip Code	ner/Operator (2	beste C 8 6	J es Abatement D and 12:120)		ASB	JUL 1 ESTOS (LICEN	9 20)19	The state of the s	The state of the s
DCA Cancellatio	11	Michael	Donnelly	у									
		-		ILITY INFORM	ATIO	N							
Name of facility where abatement Residential Street Address	is taking pl	ace (3)					T	Subch	(4) of (K - 12) napter 8 (0 (Private/0 /Homes, e	Other to		(-12)	
							1 9	Square Feet	# of Floo	282211	В	ldg. A	ge
City (5) Jersey City, NJ 07302		nty (6) dson			1	inty Code (7) ite use only)	-	,300 Current Use (P Residential	02 rior if beir	g den	90 nolish	ed)	_
N/A Street Address City, State, Zip Code Project Manager for Monitoring Firm	2	I Dh	one Numb			KLOMAX, LLC Street Address 309 W. End Avo City, State, Zip Code Hopatcong, NJ Telephone Number	e	43		Niversity			
Start Date (10)		I. Completio				833-455-6629 Name of OSHA Mor	nitor		License 0	2007	oer ——		
07/31/19	465	9/2019				KLOMAX, LL	C						_
Occupancy Status During Abateme Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL F	nt (Check of entire peri	only one) od of abater				309 W. End Ave City, State, Zip Code Hopatcong, NJ)	43					
Scope of Work (check all that apply >3 sf or >3 lf	Renovation Demolition	1					Mini	Containment w -enclosure vebag procedu -Exempted (*)	re			edure	
Location of asbestos-containing material (acm) to be abated in facility (13)		n normally u enance/custo No		1		sbestos-containing		Amount (Specify S LF)	F or	Remove	Repair	Encap	E n c L
Basement		X		Pipe Insulat	ion			155 LF		×			
Registered Waste Hauler KLOMAX, LLC		P Hauler II 8241	2	ubic Yards of V yds	Vaste	Name of Registered TULLYTOWN,			COVER	Y			
City, State Hopatcong, NJ 07843			Disposal D TBD	ate		City, State TULLYTOWN	РΔ						
Completed by (Print or Type) Paige Boylan	Title Owner			Signature		B	, 1		Date 07/16/	19			

CK41084	J	NOTIF (F	ursuant	to NIAG-	ESTOS AB 8:60 and 1	2:120	Harris				n [2019	n-LF of
Date of Notification (1) 178	72				Owner/Ope Schools	erator	(2)		HIL	Jt	JL 1	9	2013	
Agencies Notified Type Notification	1	-	Street A							ASBES	STOS	CON	ITRO	L&
EPA Initial Amended					s Street				L		LICE	NSIN	G	
X DOL Amendmen	-		Aller of National Physics of	ate, Zip Co n, NJ 07										
□ Emergency justification □ Cancellation			Name of	f Contact					Telep	hone Nu	mber			
X DCA Cancellation	n			nce Mira					908	-486-28	300			
Name of Facility Where Abatement is Taki	ng Place (3	3)	FACI	LITY INFO	DRMATION	N .	Type	of Facility (4)				-		
Highland Avenue School No. Ter								School (K-12)						l
Street Address 2801 Highland Ave							R	Subchapter 8 Other (i.e. privetc.)	(Other			dings,	home	es,
City (5) Linden								re Feet	# of F	loors	1000	3ldg. <i>A</i> 50+	ge	
County (6) Union				Code (7) USE ONLY)	1	_	Curre	nt Use (Prior	if being	demolis	hed)			
Name of Monitoring Firm Hired by Building Envirovision Consultants, Inc.	Owner (8)		ASCN 0079	Section and the section of the secti				tement Contra struction &			Inc.			
Street Address 20-21 Wagaraw Road Bldg 35 E							Addres		. n					
City, State, Zip Code		9010 DITE						e 46 Suite 3	טפ					_
Fair lawn, NJ 07410								J 07512						
Project Manager for Monitoring Firm Frederick Larson			Telepho 973-63	ne No. 36-9145	100	- 17	none No 256 7			License N	10.			
Start Date (10) 07/15/2019	Schedul 07/24/			Date (11)	10,000			HA Monitor struction &	Rest	oration,	Inc.			
Occupancy Status During Abatement (Che	eck Only Or	ne)					Addres	NTE						
Facility Closed/Vacated During Entire Abatement Performed Outside of Not Other – Describe: Occupied	Period of a mal Facility	Abate y Hou	ment s		C	City, S	tate, Zi	e 46 Suite 3	BD					
Scope of Work (Check All That Apply)						loto	wa, N	IJ 07512						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov Demol				×	Mir Glo	I Containmen ni-Enclosure ovebag Proced n-Exempted (dure	-			e	
Location of	4	Loca Norma			Descr	intin	a f						ement rpe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	inten	Staff?		tos Contair thermal sy surfacin other mis	ning N stems g, VA	Material s insula T, or		(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A			<u> </u>					_		ite	О
Boiler Room 137		X	-	Boi	ler Breed Pipe In			ting		SF	X			
Boiler Room 137									320) LF	X			
Boiler room 137		X	-			tings				LF	X	-		
Boiler Room 137 Name of Registered Waste Hauler		X	NJDEP W		door pac		/rope/			SF	X			
Bako Constr. & Rest. Inc./Newark		Hauler ID 20889/4	No.	of Waste			Name of Re Fairless I				geme	nt		
City, State Totowa, NJ/Newark, NJ					Disposal 7/26/19			City, State Morrisvill	e, PA					
Completed by Damir Valjevac	Title Proje	ect M	anager		Sign	ature	m-	Kulze	production of the state of	14 0000	ate 7/15/	19		

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

		(Pursuar	nt to NJA	C 8:60 ar	nd 12:12	0)	In	EC	E	1		2)
Date of Notification (1) 06/20/2019			Name Linc	of Buildin den Pub	g Owner/ lic Scho	Operato	r (2)				U L	<i>J</i> L	3
Agencies Notified Type Noti				Address ast Gibb	ons Str	eet			JU	L 1:	20	19	
DEP Ame Ame	nded ndment #_ rgency (includin		City, S Lind	tate, Zip (len, NJ (Code 07036				ASBES	TOS C		ROL	&
justif	ication) cellation	g		of Contac rence M				T	elephone 908-486	Numbe	manus (CDA)	e/1/27/03/09/	or especia
Name of Facility MA.			FAC	CILITY IN	FORMAT	ION							
Name of Facility Where Abatement Highland Avenue School No.	is Taking Place D. Ten	(3)					Type of Faci						
Street Address 2801 Highland Avenue							Other (i	pter 8 (Ot	her than h & commo	<-12) ercial bu	ıllding	s, hor	nes,
City (5) Linden							etc.) Square Feet 70,000	#	of Floors		Bldg.		
County (6) Union			County (STATE	Code (7)	n		Current Use School	(Prior if be	eing demo	lished)			
Name of Monitoring Firm Hired by Bo Envirovision Consultants, In	uilding Owner (8 C.	3)	ASCI 000	M No.		Name Bak	of Abatement to Construct	Contracto	r (9)	on Inc			
Street Address 20-21 Wagaraw Road Bldg.	35E					Street	Address A Route 46						
City, State, Zip Code Fair Lawn, NJ 07410						City, S	tate, Zip Code owa, NJ 075						
Project Manager for Monitoring Firm Frederick Larson		T	Telepho	one No. 636-914		Teleph	one No.	12	License				
Start Date (10) 07/12/2019	Schedu 07/2/	led Cor 1/2019	mpletion	Date (11)	(2)	Name	-256-7010 of OSHA Monit	tor	0666				
Occupancy Status During Abatement	200000000000000000000000000000000000000						o Construct	ion & R	estoration	on, Inc			
Facility Closed/Vacated During R Abatement Performed Outside of	Entire Period of	Ahatan	nent			265	Address A Route 46	Suite 30)				
Other - Describe: Occupied		y riour	s 		_		ate, Zip Code wa, NJ 075	12					
Scope of Work (Check All That Apply	p-may												
≥3 sfor ≥3 lf ≥160 sfor ≥260 lf	Transmitted.	Renova Demoli				×	Full Contair Mini-Enclos Glovebag P	ure rocedure					
	ls	Locat	ion			- Person	Non-Exemp	leu () an	a Non-Fri	able Pro		emen	t
Location of		Normal ed Sole			Des	cription	of				T	/pe	
Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	Ma Ma	intena todial 8 (12)	nce/	Asbes (i.e.	thermal s	aining Ma systems ing, VAT iscelland		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u>a</u>	'	ate	re
Boiler Room 137	X			Boi	ler Bree	ching/	Ducting	17	70 SF	X	\vdash		
Boiler Room 137	X				Pipe	insulat	ion	32	20 LF	X			
Boiler Room 137	X				Fi	ttings		7	0 LF	х			
Boiler Room 137	X				door pa	cking/r	ope/gasket	<	3 SF	Х			
Name of Registered Waste Hauler Bako Construction & Restorat	ion, Inc.	H	JDEP Wauler ID 1 20889		Cubic Y of Wast 30yd		Name o Fairle	of Registe	red Landf /Waste	ill	geme	nt	
City, State Totowa, NJ					Disposa	Date /2019	City, St.	ate isville, F	PA				
Completed by Damir Valjevac	Title Proj	ect M	anager		Sig	nature	in he	· m	10	ate 06/20/	2019)	-

CK 28 21	t0	NO	TIFI	CATIO	ON OF A	New Jersey SBESTOS ABA IAC 8:60 and 5:	ATEMENT	NE	C		W	E
Date of Notification (1)	0							IKIT	THEOLOGIC	-		
7 / 12 /	19				me of Buildi Rowan Un	ing Owner/Operator	(2)	C. C.	UL 1	9	2019	
Agencies Notified	fication				eet Address						-7.25	
☐ Initial ☐ DOLWD ☐ Amend	lad				THE PERSON NAMED IN	a Hill Road		ASBE	STOS	CON	TRO	1 2
	lment # <u>1</u>	1		1	, State, Zip			A CONTRACTOR OF THE PARTY OF TH	LICEN	ISIN	3	- 0;
☑ DCA ☐ Emerg	ency (in		ng	100		NJ. 08028					5,2	
(NJAC 5:23-8) justifica				100000000000000000000000000000000000000	ne of Conta			Telephone Nu	ımber			
Cancel	lation		-15500	T	om Gallia			856-256-4	154			
Name of Facility 188				F.	ACILITY I	NFORMATION						
Name of Facility Where Abatement is Bole Building	s Taking	Plac	e (3)				Type of Facility (4)				
Street Address							School (K-12)				
201 Mullica Hill Road					88		Subchapter 8	(Other than K-	12)	wildi	200	
City (5)							homes, etc.)	ivate and comm	ici Glai I	Juliuli	iys,	
Glassboro							Square Feet	# of Floors	E	Bldg.	Age	
County (6)				10			40,500	2		+/-	70	
Gloucester				Col	unty Code (7)(STATE USE ONLY)	Current Use (Prid	or if being demo	lished)	1		
Name of Monitoring Firm Hired by Bu	ildina O		(0)	1400			Vacant					
Pars Environmental Services		wner	(8)	ASCN	Comment of	11 17 P. C.	ent Contractor (9)					
Street Address	1			001	137		mental Manage	ment, Inc.				
500 Horizon Drive #540						Street Address	25 32					
City, State, Zip Code						8436 Enterpr						
Hamilton Township NJ. 08691						City, State, Zip C					79	
Project Manager for Monitoring Firm			TTO	lephone	No	Philadelphia	, PA 19153					
Rafael Torres					9 NO. 0-7277	Telephone No.		License No.				
Start Date (10)	Schedu	led C			ate (11)	215-365-5810		1156				
7 / _19_ / _19				8 /	353 554	Name of OSHA M						
Occupancy Status During Abatement							mental Manager	ment, Inc				
☐ Facility Closed/Vacated During Ent	ire Perio	orliy (Ahat	ement		Street Address						
Abatement Performed Outside of N	lormal F	acilit	v Hor	irs - De	scribe	8436 Enterpr						
Time of Abatement: 7:00 AM-11:0	00PM/1	1:PM	- <u>7:0</u>	MA		City, State, Zip Co Philadelphia,						
Scope of Work (Check all that apply)						Filliadelpilia,	PA 19153					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			nova moliti				ainment with Nega losure g Procedure mpted (*) and Non-		ire			
			Loca						_	atem	ent T	vne
Location of Asbestos-Containing Material (ACN	4)		lorma d Sol	ely by	Achor	Description of		120 0		_		
TO BE ABATED	"			ance/	(i.e.	stos Containing Mat , thermal systems i	nsulation.	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Cust	odiai (12)	Staff?		surfacing, VAT.	or	SF or LF)	oval	=	psu	Sur
(10)	,	Yes	No	N/A	1	other miscellaneo	ous)				late	0
Provost Conference Room		J			Pipe Ins	ulation		20 SF				
						200				П		
	Г	7										
				1					\perp \sqcup	Ш	Ш	Ш
Name of Registered Waste Hauler	L				N1-	01:14						
Service Transport				IJDEP \ lauler II 20990	No.	Cubic Yards of Waste 5	Name of Register Minerva Land					
City, State						Disposal Date	City, State					
New Castle De.						7/28/19	Waynesburg	Pa.				
Completed By (Print or Type)	Title					Signature	1/11 /1	Da	ite			
Kevin Meldrum	Proj	ject l	Man	ager		Ken	Mill			12	7	9

CK DRAU	nPA	II	NO	TIFI	CATIC Pursu	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:	TEMENT	In E	i C			$\overline{\mathbb{V}}$	E
Date of Notification (1)	0						ng Owner/Operator	50	HUZE	Print to any other print to the last	(Pennythal	MAD LINE	-	78.Caminyings
	1 /	1	9 🕴			owan Uni		(2)	A The Section of the	JUL	1	9	2019)
Agencies Notified	Type Notif	fication	า	= 1	Stre	et Address			171 77	001	- 6	J	4015	y
⊠ EPA					2	01 Mullica	Hill Road			-	unatur tijn-			~
☑ DOLWD ☑ DHSS	☐ Amend		и		City	, State, Zip	Code		AS	BEST				DLA
⊠ DCA	Emerge			_	G	lassboro	NJ. 08028			Li	シニハ	ISIN	G	WORK THE REAL PROPERTY.
(NJAC 5:23-8)	justifica	ation)	iriciaali	ig	-	ne of Conta			Telephon	o Mumb	0.5	_		3000
W. N. S. W.	☐ Cancel	lation			T	om Gallia			856-25					
					F	ACILITY	NFORMATION		030-23	70-4134	_			
Name of Facility Where Al	batement is	Takir	ng Plac	e (3)		.0.2.11	THE OTHER POOR	Type of Facility (4)		Selicin			
Bole Building								School (K-12						
Street Address								Subchapter 8	(Other than	n K-12)				
201 Mullica Hill Road City (5)	d							Other (i.e., pr homes, etc.)	ivate and co	ommerc	ial b	uildir	ıgs,	
Glassboro								Square Feet	# of Floo	ors	В	ldg. /	Age	-30-2
County (6)						¥1		40,500	2		1	+/- 7	70	
Gloucester					Co	unty Code (7)(STATE USE ONLY)	Current Use (Price	or if being d	lemolish	ed)			
	"							Vacant						
Name of Monitoring Firm F Pars Environmental			Owner	(8)	ASCN	11.4455	The state of the s	ent Contractor (9)						
Street Address	Services				001	31		mental Manage	ment, Inc	: .				
500 Horizon Drive #5	40						Street Address					43		
City, State, Zip Code	940						8436 Enterpr							
Hamilton Township I	NI 00004						City, State, Zip Co							
Project Manager for Monito				1=			Philadelphia,	PA 19153						
Rafael Torres	ring Firm			- University	ephone		Telephone No.		License N	No.				
Start Date (10)		School	tulad C			0-7277	215-365-5810		1156					
_7 / _12 / _						ate (11) 19	Name of OSHA N USA Environ	lonitor mental Manage	ment, Inc					
Occupancy Status During A	Abatement	(Chec	k only	one)			Street Address					_		
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Abate	ement		8436 Enterpri	se Avenue						
Abatement Performed C Time of Abatement: 7:0	Outside of N	lormal	Facilit	y Hou	rs - De	scribe	City, State, Zip Co		Time .		- 8			
		<u>JO</u> PIVI	11.00	1-7:00	AIVI		Philadelphia,	PA 19153						
Scope of Work (Check all the	nat apply)										-07			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			□ Re	enovat emoliti				ainment with Nega osure g Procedure mpted (*) and Non-						
l			No. 1995	Loca Vorma							Aba	atem	ent T	vne
Location of Asbestos-Containing Ma		/ 1)	Use	d Sol	ely by	Ashor	Description of		¥2000000000000000000000000000000000000	t	-	_		
TO BE ABATE		,		intena		(i.e.	stos Containing Mat , thermal systems in	nsulation.	Amoun (Specifi		Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	(12)	Staff?		surfacing, VAT,	or	SF or LF		oval	₹	psu	osur
(10)			Yes	No	N/A		other miscellaneo	ous)					late	œ
Provost Conference Ro	om					Pipe Ins	ulation		20 SF			П	П	
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		-								l				
Name of Registered Waste I	Haules									[
Service Transport	naulei				JDEP \ auler I[Cubic Yards of Waste	Name of Registe						
City, State					20990	S 1	5	Minerva Lan	dfill					
New Castle De.							Disposal Date	City, State						
							7/16/19	Waynesburg	Pa.	40				
Completed By (Print or Type Kevin Meldrum	:)	Title Pr	oject	Mana	ager		Signature	Merl		Date	- /	1-1	9	

State of New Jersey

CHECH # 3394

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

Date of Notification (1)	180 (8)			TN				1 E G 1	5 \	V E	3 1	1
07 /	15 /	10				ng Owner/Operator		1	A MARKET PERSONAL PROPERTY.	-		determine
				21	egier Che	emical & Mineral	Corp.	1	4			Annual Control
Agencies Notified EPA	Type Notifica	ation			et Address			J JUL	1 9 20	119	L	1
☑ DOLWD	☐ Amended	ı				ect Avenue	i de	1			The carlo	*1202400
☑ DHSS	Amendme			City,	State, Zip	Code		ASBESTO	SCONT	BOI	e.	- 6
☐ DCA	☐ Emergend	cy (includia	ng	Pi	scataway	, NJ 08854			ENSING		- 1	-
(NJAC 5:23-8)	justification		100	2500000	e of Conta	7.7	7	Telephone	Number	- No Horseign	ALCOHOL: SAGE	I STEP S
	☐ Cancellati	ion		Cl	nip Ziegle	er		732-752	-4111			
				F	ACILITY II	NFORMATION						
Name of Facility Where A	Abatement is T	aking Plac	æ (3)				Type of Facilit	y (4)				
Comercial bldg.					50		School (K-	12)				
Street Address		240					☐ Subchapte	8 (Other than	K-12)			
600 Prospect Aven	ue, -Wax Blo	ig.					homes, etc	private and con	nmercial	buildir	igs,	
City (5)							Square Feet	# of Floors		Bldg.	Age	
Piscataway, NJ 088	54							W 01110010		Diag. /	ige	
County (6)				Cou	inty Code (7)(STATE USE ONLY)	Current Use (F	Prior if being der	molished)		
Middlesex							,	and and		,		
Name of Monitoring Firm	Hired by Buildi	ing Owner	(8)	ASCN	l No.	Name of Abatem	ent Contractor (9	9)	5 6 1 7 7 7 7 7			-
						Gr Tech LLC		,				
Street Address						Street Address						
						576 Valley Re	oad#283					
City, State, Zip Code						City, State, Zip Co		-				_
						Wayne, NJ 0						
Project Manager for Monit	toring Firm		Tele	ephone	No.	Telephone No.		License No	`			
						973-638-1777		01127				
Start Date (10)	Sc	cheduled (omple	etion Da	ate (11)	Name of OSHA N	lonitor	01127				
07/24/	19	_07		6 /	19	Francisco de la configuración de la constante	Consultants,	Inc				
Occupancy Status During	Abatement (Ci	heck only	cne)			Street Address						
□ Facility Closed/Vacate	d During, Entire	Period of	Abate	ment		20-21 Wagara	w Road Blde	#3/ A				
Abatement Performed	Outside of Nor	mal Facilit	y Hou	rs - Des	scribe	City, State, Zip Co		J.#54 A				
Time of Abatement:	AM	_PM/	PM		AM	Fair Lawn, N.						
Scope of Work (Check all	that apply)					, , ,				-	-	
≥3 sf or ≥3 lf		M D	enovat			☐ Full Cont	ainment with Ne	gative Pressure)			
≥160 sf or ≥260 lf		-	molitic			☐ Mini-Encl ☑ Glovebag						
						☐ Non-Exer	mpted (*) and No	n-Friable Proce	edure			
**************************************	55600	9332	Locat					2		batem	ent T	vpe
Location of Asbestos-Containing M			Norma ed Sole			Description of	f		1000		1	_
TO BE ABAT	TED (ACIVI)	Ma	intena	nce/	Asbes	stos Containing Mat ., thermal systems i	erial (ACM)	Amount	em	Repair	nce	ncl
IN Facility	/	Cus	todial ((12)	Staff?	(surfacing, VAT,	or	(Specify SF or LF)	Remova	=	Encapsulate	Enclosure
(13)		Yes	No.	N/A	-	other miscellaned	ous)				late	Ф
Wax Bldg-2 nd floor			140	-								
wax bidg-2 floor			Ш	\boxtimes	Pipe ins	sulation		100 LF				
										П	П	П
		П	П							1		
		17					_		$ $ \Box		Ш	Ш
Name of Registered Waste	Hauler						20					
Gr Tech LLC	riaulei		11 11 11 11 11	JDEP V auler ID		Cubic Yards of Waste	Name of Regis					
			- 1	00337		TBD	T.R.R.F. In	С				
City, State						Disposal Date	City, State					
Wayne, NJ 07470		1 1 2 2 2 2				TBD	Tullytown,	PA				
Completed By (Print or Typ	e) T	Title				Signature)			Date		- .	0
N.Jevtic		Owner				Hews	c Wenad		Date 7.	12	. /~	4
SB-41						/	0535 550 055 757 5			-		

2 2019 09:23AM NJ Asbestos Co 07/11/2019 08:00PM 9736381 Check#3393	778	IFIC.	IV STION	W#	pag IDU 88 IBESTOS ABA: AC 8:80 and 5:1	TEMENT		9	201	9)3/(
Date of Notification (1)	,	1, -			g Owner/Operator (75516165 	13	TO T	TU:	HI.
Agencies Notified Type Notification			Kris l	i. Huege				NIL		IU	חת
☐ EPA ☑ Initial			Street	Address				UL	7.	4.1	13
☑ DOLWD ☐ Amended ☑ DHSS Amendment #			City,	Stata, Zip (Code			500	1	111	1
DCA (NJAC 5:23-8) Emergency ()r			Essex	Fells, N.	07021	_	I WAY			//	Q2.0
Cancellation				of Contact		Marie VI	Tale phones Allem	BF.	1		
		1000		The second secon	FORMATION			_			
Name of Facility Where Abetement is Taking	Place	(3)				Type of Facility					
Private house Street Address						School (K-1)	2) 8 (Other than K-1 2)				
						K Other (t.e., ;	orivate and commerce	elet b	uilding	18,	
Oity (2)						homes, etc.	# of Floors	IB	ldg. A	ne "	
Essex Fells, NJ 0702) County (8)			Cour	li Anda 173	Invare time William					•	
Essex			Coun	ty 2008 (1)	(8 TATE USE ONLY)	Current Use (Pr	for if being demolis	hed)			
Name of Monitoring Firm Hired by Building	wner	(B)	ASCM	No.	Name of Abetems	ent Contractor (9)			00000	
Street Address					Gr Tech LLC						
					576 Valley Rd #	1283				38	
City, State, Zip Code	8				City, State, Zip C	ode					
Project Manager for Monitoring Firm	<u> </u>	Tele	phone	Na	Wayne, NJ 0747	70	Manage No.			_	
			1 17	5.00	973-638-1777		License No. 01127				
07 / 13 / 19	7 /	_14	ion Da	ta (11)	Name of OSHA N Envirovision Co		1				
Occupancy Status During Abatement (Cheo Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Time of Abatement: AM- P Scope of Work (Check all that apply)	riod of Facility	Ahotes	- Des	cribe AM	Street Address 20-21 Wagaraw City, State, Zip City Fair Lawn, NJ 0	Road, Bldg .# ode 7410					
≥ 180 of or ≥ 260 (f		novetic mailtic			Full Con Mini-Enc	teinment with Ne closure a Procedure	nation with regative getive Preasure]Tent with Negative on-Priable Procedur	Pres			
Location of		Locati Normal	¥		Description of			4	atem	ent T	yps
Asbestos-Containing Meterial (ACM) TO BE ABATED IN Facility (13)	Me	d Spie Intensi todial S (12)	noe/	Asbe (I.6	stos Containing Ma ., thermal systems surfacing, VAT. other miscellane	rterial (ACM) Insulation. or	Amount (Specify SIF or LF)	Removal	Repair	Encapsulate	Enclosure
lst floor	Yes	No	N/A	Heating	duct -wyap&cut	and an analysis of the second	18 LF	×	Proj	E I	
			0	NA CONTRACTOR			14 LE		-	1	금
								X	-	금	
									_	H	H
Name of Registered Waste Hauter		NAO	EP Wast	Hauler ID No.	Cubic Yards of Wast	le Name of Regi	stered Landfly				<u> </u>
Gr Tech LLC Chy, State		0	03378	35	TBD Disposal Date	T.R.R.F. Inc	N 10.000				
W NI 02470				400	TBD	Tullytown, P	A				
Wayne, NJ 07470 Completed By (Print or Type) Title											

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

- TI 00 - 12	且的		(i-	ursua	ant to NJ	AC 8:60 and 5:1	16)	X 10	50	13		
Date of Notification (1)				Nan	ne of Buildi	ng Owner/Operator	(2)) E P	C I	W	R	
7 / 10 /	19			В	OARD OF	rg Owner/Operator TRUSTEES-ATI	L COMMUNITY	COLTEGE_		V		1
Agencies Notified Type Notif	ication			Stre	et Address						-	
☐ EPA ☐ Initial ☐ Amend				51	100 BLAC	K HORSE PIKE	Total or Control or Co	111.	192	วกาด	-	IJ
☑ DOLWD ☐ Amend ☑ DOH Amend				City,	State, Zip	Code	15	002	J	.013	- And	-
☐ DCA ☐ Emerge			- -	M.	AYS LAN	DING, NJ 08330	displayed.	<u></u>	******	-		
(NJAC 5:23-8) justifica	ation)		9	Nam	e of Conta	ct	-	Telephone	S CON	TROI	. &	
☐ Cancell	ation						L	609 625-1		3	Mary and	Cornegue
No 15 W. Indian				FA	ACILITY II	NFORMATION						
Name of Facility Where Abatement is							Type of Facility (4)				
ATLANTIC CAPE COMMUNIT Street Address	Y COL	LLEG	E BL	DG A	9		School (K-12)	(2.1	1000000			
5100 E BLACK HORSE PIKE							Subchapter 8 Other (i.e., pr	Other than K- ivate and comr	-12) nercial h	uildin	as	
City (5)							homes, etc.)				90,	
MAYS LANDING							Square Feet	# of Floors	E	Bldg. A	ge	
County (6)				10			>50,000			55		
ATLANTIC				Cou	inty Code (7)(STATE USE ONLY)	Current Use (Price	or if being dem	olished)			
Name of Monitoring Firm Hired by Bui	ilding C	Owner	(8)	ASCN	1 No	Name of Abateme	ent Contractor (0)					
BRINKERHOFF ENVIRONMEN			(0)	001		DELTA/BJDS						
Street Address						Street Address	, 1140					
1805 ATLANTIC AVENUE						1345 INDUST	RIAL BLVD					
City, State, Zip Code						City, State, Zip Co			e e i i i i			
MANASQUAN NJ 08736							ON PA 18966					
Project Manager for Monitoring Firm	30 10 10 10 10 10 10 10 10 10 10 10 10 10		Tele	phone	No.	Telephone No.		License No.				
GARY W. FLEMING			7	32 223	3-2225	215 322-2900		00783				
					ate (11)	Name of OSHA M	onitor			-		_
7 /24 /19				_ /	19	N/A						
Occupancy Status During Abatement (Street Address				_	_	
Facility Closed/Vacated During Ent	ire Peri	iod of	Abate	ment		N/A						
Abatement Performed Outside of N Time of Abatement: <u>7AM-4PM/</u>	lormal i	Facility	/ Hou	s - Des	scribe	City, State, Zip Co	de					
		-	_AIVI			N/A						
Scope of Work (Check all that apply)						Mana				-		
≥3 sf or ≥3 lf		⊠ Rei	novati	on			ainment with Nega	tive Pressure				
≥160 sf or ≥260 lf		☐ Der				☐ Glovebag	Procedure					
		ls	Locat	ion	T	⊠ Non-Exen	npted (*) and Non-	Friable Proced				
Location of		N	lorma	lly		Description of			Ab	ateme	ent Ty	/pe
Asbestos-Containing Material (ACN	1)		d Sole ntena		Asbes	stos Containing Mat	erial (ACM)	Amount	Re	Repair	E	En
TO BE ABATED IN Facility			odial S		(i.e.	, thermal systems in surfacing, VAT,		(Specify	Removal	pair	caps	Enclosure
(13)	-		(12)			other miscellaneo	ous)	SF or LF)	<u>ai</u>		Encapsulate	ure
		Yes	No	N/A							te	
nterior and exterior window fram	nes				Window	Caulk-total for a	all	500 LF	\boxtimes			
A102,A103,A113,A117, A132,												
Restroom, A134,A137,A139A,A1	39B		\boxtimes									
A141,A144,A145 Restroom			\boxtimes									
Name of Registered Waste Hauler			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JDEP V		Cubic Yards of	Name of Register	red Landfill				
SERVICE TRANSPORT GROUP	,		11.19160	auler ID 20990		Waste	MINERVA LA	NDFILL				
Dity, State	Saltodationera					Disposal Date	City, State					
58 PYLES LANE NEW CASTLE	DE						WAYNESBU	RG, OHIO				
Completed By (Print or Type)	Title					Signature	\	/ D	ate	-		_
CHRISTINE DEL VISCIO	AS	ST A	DMI	JISTR	ATOR	1/11/2 -	· / 1	1			7 -	0

Inv#12722 PA		NOT	IFICATION	State of NON OF AS	SBESTO	SABATE	EMENT 20)	C.K.	# (7.51	20	112		
Date of Notification (1) 07/11/19			Name	e of Buildin er Truck	ng Owner Body (r/Operato	r (2)	In	EC				5 1	M
Agencies Notified Type Notification	n		Street	t Address					<u></u>	/ (=	U	U 5		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
EPA Initial				U.S. Hig		22 East		$\ \eta\ $. 1		240	Principles	
DEP Amended Amendmer	nt #			State, Zip (ide, NJ (- 44	L	9 2	019	- 11	المسا
Emergency	(includin	g		of Contac									egetstan	
DCA justification Cancellatio				David Vil					Telepi 908-	none N 307≓5	Z150	TROL	હૈ	CONCENSOR OF
Name of Facility Where Abatement is Taki	na Dia	(0)	FAC	CILITY IN	FORMA	TION		<u> </u>	1000	PROES	OINC	7	-	
Heller Truck Body Corp.	ng Place	(3)					Type of Fa							
Street Address 138 U.S. Highway 22 East							Subc	ol (K-12 hapter 8) (Other t vate & co	han K-	12)	ildina	, bor	
City (5)							etc.)				Jai Du			nes,
Hillside							Square Fe 7,500 +	et	# of Flo	oors		Bldg. 50 +	Age	
County (6) Union			County (STATE	Code (7)	Y)		Current Us Warehou	e (Prior	if being	demolis				
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.		Name	of Abateme Contractir	nt Contr	actor (9)	a a m t a l	0			
Street Address					· ·	Street	Address		IVIIOIIII	nentai	Con	SUITII	ig, i	nc.
City, State, Zip Code	Wild					City, St	Route 23 tate, Zip Coo	de						
Project Manager for Monitoring Firm			Telepho	one No.		Lancard Control	ne, NJ 074 one No.	170	111					
Start Date (40)							328-9200			cense N 1408	10.			
Start Date (10) 07/24/19	08/30/	19	mpletion	Date (11)			of OSHA Mo Contractin		vironm	nental	Con	sultin	a Ir	nc.
Occupancy Status During Abatement (Chec						Street A	Address Route 23						9,	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility	Abater Hour	nent s			City, St	ate, Zip Cod	le						
Scope of Work (Check All That Apply)					_	Wayn	ie, NJ 074	170						
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	-	Renova Demoli				×	Full Conta Mini-Encl Glovebag	osure Proced	ure					
	Is	Locati	on	7.55			Non-Exer	npted (*)	and No.	n-Friab	le Pro		e emen	
Location of Asbestos-Containing Material (ACM)		lormal d Sole			Des	cription o	of						ре	
TO BE ABATED	Mai	ntenar	nce/	Asbest (i.e.	tos Conta	aining Ma systems i	terial (ACM insulation,)	Amour (Speci		- T		四	m
In Facility (13)	Cust	odial S (12)	olaii?	1.10.00	surfac	ing, VAT	, or		SF or L		Remova	Repair	caps	Enclosure
© 0	Yes	No	N/A		oulei II	iiscellarie	ous)				oval	air	Encapsulate	sure
Exterior		X		R	oofing			7,400 \$	SF	X	,			
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Name of Registered Waste Hauler			JDEP W		Cubic Y		Name	e of Reg	istered L	andfill				\dashv
J.R. Contracting & Environmental Co	nsul., Ir	17	auler ID 1 '819	NO.	of Wast	te			itral La					
City, State Vayne, New Jersey					Disposa	al Date	City,		Penns	vlvon!				
Completed by	Title				Sig	nature	7	yayı,	i-enns	Date				_
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Thus I Pli3 OK 30955 IP Date of Notification (1)	AI	NO	TIFI (Pursi	ON OF A	SB	w Jersey ESTOS ABA 38:60 and 5:	16)		C E		<u>₩</u> 019	
07 / 12	19	9		1	ime of Build Borough o		Owner/Operator	(2)			100		
Agencies Notified Type Not							igniands		ASSE	ESTOS (CONT	HOL	. å
⊠ EPA	nication			1	eet Address				of the same believe beautiful to the same to the		Designation of the	- Commence	- Contraction
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	dment #		_	100	y, State, Zip								
DCA Emerg	ency (in	ncludi	ng		lighlands me of Conta		07732						
Cance				81	David Milm				Telephone				
									732-233	-1363			
Name of Facility Where Abatement i	s Taking	n Plan	re (3)		ACILITY	NF	ORMATION	1-					
Building	o raking	9 1 140	JC (J)					Type of Facility	4				
Street Address								School (K-12	2) 8 (Other than I	K 12)			
159 Navesink Avenue								Other (i.e., p	rivate and con	nmercial	buildi	ngs,	
City (5)								homes, etc.)					
Highlands								Square Feet	# of Floors		Bldg.	Age	
County (6)				Co	unty Code	(7)/9	TATE USE ONLY)	4000 sf	3		60		
Monmouth		Y.			unity Code	(1)(0	TATE USE ONLY)	Current Use (Pr	for it being der	nolished))		
Name of Monitoring Firm Hired by Bu	uilding C	Owner	(8)	ASC	M No.	IN	lame of Abatem	Building ent Contractor (9)					
						1		ntracting, Inc.					
Street Address						15	treet Address	nuacung, inc.					
							1889 Route 9	Unit 61					
City, State, Zip Code						C	ity, State, Zip Co					16	
						- 4		New Jersey 08'	755				
Project Manager for Monitoring Firm			Te	lephon	e No.	_	elephone No.	itew beisey 06	License No				
							732-349-9932		00624	•			
Start Date (10)	Schedu	uled (Comp	etion [Date (11)		ame of OSHA M		00024				
07 /25 /19	_ 0	7_ /	/ _3	1_/	_19	1	E.M.S.L. Anal						
Occupancy Status During Abatement	(Check	only	one)			-	reet Address						
☐ Facility Closed/Vacated During En	tire Peri	iod of	Abat	ement		17583	1056 Stelton						
Abatement Performed Outside of I	Normal F	Facilit					ty, State, Zip Co	ide					
	PM	1/	PN		_AM			lew Jersey 088	854				
Scope of Work (Check all that apply)													
'☑ ≥3 sf or ≥3 if ☑ ≥160 sf or ≥260 if		□ Re □ De						ainment with Nega osure Procedure npted (*) and Non					
1			Loca	-							patem	ent T	vne
Location of Asbestos-Containing Material (ACI	M)		Norma ed So	ely by	Asha	ata.	Description of			75.00	_	T	
TO BE ABATED			inten	ance/ Staff?	(i.e	, the	Containing Mate	erial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	(12)				surfacing, VAT,	or	SF or LF)	oval	=	psu	Sur
(,-,		Yes	No	N/A	1	01	ther miscellaneo	ous)				late	0
exterior			\boxtimes		asbesto)S S	idina		3760 sf		-		
exterior					roof flas				20 sf		H		
		П					.9		20 SI		닏		믬
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Name of Registered Waste Hauler			1		Waste	Cul	bic Yards of	Name of Registe	arod Landen			Ш	Ш
Guardian Contracting, Inc.			0.000	lauler l	D No.	Wa	ste	T.R.R.F.	sieu Landfill				
City, State				2022	3	Dis	posal Date						
Toms River, New Jersey							7/31/19	City, State Tullytown, F	Penneylyani				
Completed By (Print or Type)	Title						Signature						
Nicholas Fernicola	Pro	ject	Man	ager			Signature	/	1 .	Date	1	,	
ASB-41	17:00000	o conto de la		Ÿ			1 V)		f	/1/1	11	7	

Inv#12900	TID NO	OTIFIC	CATIO	N OF A	New Jersey SBESTOS ABA IAC 8:60 and 5:	TEMENT	DEC	E L 1	9 2	V	
Date of Notification (1)			Nan	ne of Buildi	ing Owner/Operator	(2)	14 17 00				-
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Agencies Notified	cation		Stre	et Address	3			ICEN			- Ot
☑ DOLWD ☐ Amende	ad						A CONTRACT DESCRIPTION OF				
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□ DCA □ Emerge	ncy (includ	ing			, NJ 07726						
(NJAC 5:23-8) justifica				ne of Conta			Telephone Nu	mber			
Name of Facility Where Abatement is	Taking Pla	ce (3)	F#	ACILITY	NFORMATION	T (5 100)					
Residence	rannig i la	00 (0)				Type of Facility ☐ School (K-1					
Street Address	-					Subchapter	8 (Other than K-1	2)			
						Other (i.e.,)	private and comm	ercial b	uildin	gs,	
City (5)					F	homes, etc.					
Manalapan						1400	# of Floors	E	8ldg. <i>A</i> 65	\ge	
County (6)			Cou	inty Code (7)(STATE USE ONLY)		rior if being demo	liahad\			
Monmouth				850	.,	Residence	nor it being derno	iisiieu)			
Name of Monitoring Firm Hired by Buil	ding Owne	r (8)	ASCN	1 No.	Name of Abatem)			/ 1	
N/A					The second secon	ntracting, Inc.					
Street Address		- 100			Street Address	3,					
					1889 Route 9	, Unit 61					
City, State, Zip Code					City, State, Zip Co	ode				-	
					Toms River,	New Jersey 08	3755				
Project Manager for Monitoring Firm		Tel	lephone	No.	Telephone No.		License No.				
Start Date (10)					732-349-9932		00624				
07 / _26 / 19	Scheduled 07		etion Da 9/		Name of OSHA M						
Occupancy Status During Abatement (E.M.S.L. Ana	lyticai					
☐ Facility Closed/Vacated During Enti			ement		Street Address 1056 Stelton						
☐ Abatement Performed Outside of N	ormal Facil	ity Hou	ırs - Des	scribe	City, State, Zip Co	4-					
Time of Abatement:AM	PM/	PM	I	_AM		lew Jersey 08	054				
Scope of Work (Check all that apply)					1 ISCALAWAY, 1	vew Jersey 06	004				
☐ ≥3 sf or ≥3 lf					☐ Full Cont	ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf		enovat				osure Procedure					
					⊠ Non-Exer	npted (*) and No	n-Friable Procedu	ire			
Location of	1	s Loca Norma						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACM) Us	ed Sol		Ashe	Description of stos Containing Mat			Z.	R	ш	ш
TO BE ABATED	M	aintena	ance/ Staff?	(i.e	., thermal systems i	nsulation,	Amount (Specify	Removal	Repair	ncar	nclo
IN Facility (13)	Cu	(12)			surfacing, VAT, other miscellaned	or	SF or LF)	Val	7	Encapsulate	Enclosure
	Yes		N/A		other miscellaned	ous)				ate	
exterior				ashesto	os siding		1400 - 5	57			_
		17	Ti-		- Julius		1400 sf		Ш	Ш	Ш
		1									
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Name of Registered Waste Hauler			JDEP V		Cubic Yards of	Name of Regis	tered Landfill			_	
Guardian Contracting, Inc.		F	lauler IE 20223	2 0.803	Waste 3	T.R.R.F.					
City, State					Disposal Date	City, State			-		-
Toms River, New Jersey					7/29/19	Tullytown,	Pennsylvania				
Completed By (Print or Type)	Title				Signature	1		ite /	í		
Nicholas Fernicola	Projec	t Man	ager			10 t.	1 1.	1.	6/	19	
SB-41 AN 13	100000		12		as licensura avamet	1 10		1//	w / 1	′	

TIN# 12910 PANOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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A CONTRACTOR OF THE PROPERTY O		JUL	1	9 ;	2019	VALIDA ANDREAS CONTRACTOR OF THE ANDREAS CON	U
The same of the sa	ASBI		CENS			18	

Date of Notification (1)	101			-	1						J	IUL	19	2010	. 1
07 /	12 /	19	9					ng Owner/Operator F Highlands	(2)		1-7	11	31-	~~~	
Agencies Notified					-			riigillarius		1	ASBE	gine	CEL	Tripe	
⊠ EPA	Type Notifi Initial	cation			11	reet Add					-	LICE	NSIN	G	儿齿
□ DOLWD	☐ Amende	ed			-	42 Shor								thundry-	
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DCA	☐ Emerge	ncy (in	ncludir	ng	_			NJ 07732							
(NJAC 5:23-8)	justifica	13.50			7.0	me of Co				100	none Nu			+	
	- Odriodii	ation				David M	1000000			732	-233-1	363			
Name of Engility Whose A	hata	T 1:		101	l	FACILIT	Y IN	NFORMATION							
Name of Facility Where A Building	idatement is	lakin	g Plac	e (3)					Type of Facility	9.1.5					
Street Address									School (K-12	2)		400			
171 Bay Avenue									Subchapter 8 Other (i.e., pr	rivate an	d comm	12) nercial	buildin	gs,	
City (5)									homes, etc.) Square Feet		loors	- 1	Oldo /		
Highlands									40,000 sf	# of F	loors	1	8ldg. <i>A</i> 60	\ge	
County (6)					C	ounty Co	de (7)(STATE USE ONLY)	Current Use (Pri	or if bein	g demo	olished)	1.500,01		1110
Monmouth									Building						
Name of Monitoring Firm		lding (Owner	(8)	ASC	M No.		Name of Abateme	ent Contractor (9)						
Guardian Contractin	ng, INc.							Guardian Co	ntracting, Inc.			52			
Street Address								Street Address				-			
1889 Route 9, Unit 6	51							1889 Route 9	, Unit 61						
City, State, Zip Code							-	City, State, Zip Co	ode						
Toms River, NJ 087								Toms River, I	New Jersey 087	755					
Project Manager for Monit	oring Firm			Te	lephoi	ne No.		Telephone No.		Licens	se No.				
Nicholas Fernicola						49-9932	500	732-349-9932		006	24				
Start Date (10)	40					Date (11		Name of OSHA M							
					31	19	_	E.M.S.L. Anal	ytical						
Occupancy Status During	Abatement (Check	only	one)		11 - 11		Street Address							
Facility Closed/Vacated Abatement Performed	During Enti	re Per	riod of	Abat	ement			1056 Stelton							
Time of Abatement:	AM-	PN	racilit M	y Ho	urs - D //-	escribe AM		City, State, Zip Co	de						
Scope of Work (Check all								Piscataway, N	lew Jersey 088	54					
								☐ Full Conta	ainment with Nega	ative Pre	ssure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐, Re						osure						
				arront	1011			☐ Glovebag ☒ Non-Exer	npted (*) and Non	-Friable	Proced	ure			
				Loca							. ,0000	_	patem	ent T	vne
Location of Asbestos-Containing M	f latarial (ACN)	41		Norm	ally lely by	1.		Description of	70 000000000000000000000000000000000000				T		T
TO BE ABAT		1)	Ma	inten	ance/	_ ^	sbes (i.e.	stos Containing Mat , thermal systems in	erial (ACM)		ount	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todia (12	Staff?	?	(1.0.	surfacing, VAT,	or		ecify or LF)	ova	=	ıpsu	unsc
(13)			Yes	No		Α .		other miscellaneo	ous)			-		late	Ġ.
interior						asbe	esto	s floor tile		47	82 SF		\vdash		
exterior		\boxtimes		wind	dow	caulk		-	0 If		H				
	110		П	П	T	+									
Name of Registered Waste	Hauler				NJDEF	P Waste	Т	Cubic Yards of	Name of Registe	ared Lan	dfill			Ш	
Guardian Contracting				1 1 2 2	Hauler	ID No.		Waste	T.R.R.F.	oreu Laff	ulli				
City, State					202	23	-	Disposal Date							
Toms River, New Jer	sey						07/31/19	City, State Tullytown, F	Pennsvl	lvania					
Completed By (Print or Typ	e)	Title						Signature	/1 0			ate /	- 1		
Nicholas Fernicola		Pr	oject	Mar	ager			1			-	7/	, Î,	6	
SR-41								In.	-1/1			11/2	-11	1	

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Date of Notification (1) 07 / 12	/ 1	9		N				r/Operator	(2)		JUL	19	20	9	
	otification					rough of		ınas					74		36
		1		S		t Address					ASBESTO	OS CC CENSI		QL.	Ĝ.
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■ 1000 x (100 x	ndment		_			State, Zip		20							
	rgency (i	ncludi	ng			hlands, of Contac		32							
	cellation					vid Milm					Telephone N 732-233-				
					FA	CILITY IN	NFORM	ATION						1,535 (1)	
Name of Facility Where Abatemen	t is Takir	ng Plac	ce (3))					Type of Faci	lity (4)		_		
Building									School (H	(-12)	*				
Street Address									Subchap	ter 8 (Other than K	(-12)	ne cen		
151 Navesink Avenue									homes, e	tc.)	ate and com	mercia	buil	dings	5,
City (5)									Square Feet		# of Floors		Bld	g. Ag	е
Highlands									3000 sf		2				
County (6)				C	Cour	nty Code (7	7)(STATE	USE ONLY)	Current Use	(Prior	if being dem	nolished	1)		
Monmouth									Building						
Name of Monitoring Firm Hired by	Building	Owner	(8)	AS	CM	No.			ent Contractor						
Street Address							Gua	rdian Co	ntracting, Ir	ic.					
Street Address							Street	Address		-11-11-1					
City, State, Zip Code									9, Unit 61						
Oity, State, Zip Code								tate, Zip C							10
Project Manager for Monitoring Firr	_		1=						New Jersey	0875	55				
. To jobs Manager for Monitoring Fill			16	elepho	ne l	No.		one No.			License No.				
Start Date (10)	School	dulad (-latina	D -	te (11)		349-9932			00624				
07 /25 /19)7					The commence of the	of OSHA N							
Occupancy Status During Abateme					<u> </u>	13	-	S.L. Ana	lytical						
Facility Closed/Vacated During I	nt (Unec	k only	one)	tomo			100000000000000000000000000000000000000	Address							
Abatement Performed Outside of	f Normal	Facilit	v Ho	urs - F	nesi Desi	cribe		Stelton							
Time of Abatement:AM-	PI	VI/	_PI	M		AM	200-00	ate, Zip Co							
Scope of Work (Check all that apply	1)						PISC	ataway, r	New Jersey	0885	4				
⊠ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if	,	□ Re					E	Mini-Enc	losure Procedure			dure			
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Location of Asbestos-Containing Material (A	CM)			olely by	у	Ashes	De stos Con	scription o	f terial (ACM)		**************************************		,	D I	
TO BE ABATED	*			nance/ al Staff		(i.e.	, therma	l systems i	insulation,			1 2	-	epai	nclo
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exterior					1	roof flas	shing			+	20 sf	D	1 1	7/1	$\exists \Box$
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Name of Registered Waste Hauler		ш	1000	NJDE	DV	lasts	Out in M		T.,			L] [] [
Guardian Contracting, Inc.				Haule	r ID		Cubic Y Waste	arus or	Name of Reg	gistere	ed Landfill				
City, State				202	23		1 Disposa	Date	City, State						
Toms River, New Jersey							07/31		1	n Po	nnevlvania				
Completed By (Print or Type)	Title				_			nature	A	,,,,,			_	7	
Nicholas Fernicola	10 888	oject	Mar	nager			Joig		4	2 60 Int Use (Prior if being demolished) Idding Itractor (9) Ing, Inc. 61 Persey 08755 License No. 00624 Persey 08854 It with Negative Pressure dure 'and Non-Friable Procedure CM) Amount (Specify SF or LF) Amount (Specify SF or LF)					

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Date of Notification (1) 7/17/19				Name	of Buildin	g Owner/	Operato	r (2)							Pichery or
Agencies Notified	Type Notification	l.		Street	Address			arry	tred total	1,1	<u> </u>	20	1()	lane	
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DOL	Amendmen Emergency			Mays	Landin	g, NJ (08330			4586	STOS CO LICENS		ROL &	ž.	Distance of the last of the la
DOH DCA	justification) Cancellation	65	3		of Contact e O'Don	7.0					ephone Nu 1-960-02				
Name of Facility Where A	Abatement is Takir	ng Place	(3)	FAC	CILITY IN	FORMAT	ION	Type	e of Facility (4	1					
Atlantic City Electric	Company, Ple	easantv	ille O	peratio	ons			П	School (K-12	22					
Street Address 2542 Fire Road								×	Subchapter 8 Other (i.e. pr	(Othe	er than K-1 commerc	2) ial bui	ldings	, hom	es,
City (5) Egg Harbor Townsh	ip							Squa	etc.) are Feet	# of	Floors		Bldg. /	Age	
County (6) Atlantic					Code (7)			Curre	ent Use (Prior	if beir	ng demolis		-30		
Name of Monitoring Firm	Hired by Building	Owner (8)	1000	M No.	./	Name		nporary wo						
Street Address							ecos	ervic	es, LLC						
700 Turner Industria	l Way	2					Street 303 E		ss ional Road	i					
City, State, Zip Code Aston, PA 19014									ip Code 19341						
Project Manager for Monit Dave Turotsy	toring Firm		T		one No. 58-8902)	Teleph 484-8	one N	0.		License N	0.			
Start Date (10)					Date (11)		Name	of OSI	HA Monitor		01161				
7/29/19 Occupancy Status During	Abatement (Chec	7/30/1 k Only O					EMSI Street		-						
Facility Closed/Vacat	ted During Entire F	Period of	Abater	nent					130 North						
Abatement Performe Other – Describe: W	d Outside of Norm fork in a segregated	al Facilit I area	y Hours	S					ip Code son, NJ						
Scope of Work (Check All	That Apply)								•						\dashv
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolii				×	Mir	Containmen i-Enclosure vebag Proce n-Exempted (dure					
		1000	Locati					1401	i-Exempled () and	NOH-FIIAD		Abate	ment	
Location of Asbestos-Containing M	Material (ACM)	Use	Normal d Sole	ly by	Asbes	Des	cription		(ACM)	Am	nount		iy	pe	
TO BE ABAT	<u>TED</u> /		intenar todial S (12)			thermal surfac	systems ing, VAT	insula , or		(Sp	ecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		other m	niscellane	eous)				oval	air	sulate	sure
Shack Control	l Room			X		Trans	site Sid	ing		900) SF	X			
Name of Registered Waste			100	JDEP W auler ID		Cubic \ of Was			Name of Re	gistere	ed Landfill				\neg
PSC Industrial Outsou	ırcing, LP		5 19 19 19 19	289/3		20			Atlantic C	ounty	/ MUA				
City, State Union, NJ						Disposa TBD	al Date		City, State Egg Harb	or To	wnship,	NJ			
Completed by Jack Bally		Title Sr. P	roject	Manag	ger	Si	gnature	12		<i></i>	Dat				
ASB-41 (R-06-08)							7		is form for as	bestos				activiti	es.

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Date of Notification (1) 7/16/19				e of Buildin		r/Operato	or (2)		115		G	3	W	E
Agencies Notified Type Notification				n Cooga	n		0- 30				<u> </u>	- U	U	
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X DOL Amended Amendme	nt#			State, Zip (ds, NJ 0					1					
Emergence	y (includir	ıg		of Contac						O-1	-		-	~~~
DCA justification				Coogar					Tele	phone	Limbe Limbe	CON	TRO	L8
				CILITY IN		TION							7	muno:
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITIN	FURNIA	HON	Typ	e of Facility	(1)					
home							.,,,							
Street Address							×	School (K Subchapt Other (i.e.	er 8 (Othe	r than K comme	-12) rcial bu	ilding	s, hon	nes,
City (5)							Sau	etc.) are Feet				138	10	
Fords							2	are reet	# 011	Floors		Bldg.	Age	
County (6) Middlesex				y Code (7) EUSE ONL	Y)		Curr	ent Use (P	rior if being	g demol	ished)			
Name of Monitoring Firm Hired by Building	Owner (8	1)	1000	CM No.		T	hor							
g amount	owner (c	")	ASC	IVI NO.		Name	of Ab	atement Co	ontractor (9	9)				
Street Address		-				-		ironment	al Servic	ces, LL	.C			
						Street			2-t- D :					
City, State, Zip Code								183, 4 E (sate Dri	ve ———				
								Zip Code d, NJ 07	110					
Project Manager for Monitoring Firm		Telepho	one No.		Teleph						_			
						973-				icense 703	No.			
Start Date (10)	Schedu	ed Co	mpletion	Date (11)				HA Monitor		03			100-11	
7/27/19	8/12/1	9						· ii · ivioriiioi						
Occupancy Status During Abatement (Che	ck Only O	ne)				Street	Addre	SS						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: attic	Period of mal Facility	Abater y Hour	ment s			City, St	ate, Z	ip Code						
Scope of Work (Check All That Apply)														
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		Jernoin	11011					ni-Enclosure ovebag Pro						
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	22	Locati										Abate	ement	
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TO BE ABATED	Ma	intenar	nce/	Asbest	tos Cont	aining Ma systems	aterial	(ACM)	Amo				ш	_
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ity, State					Disposa	al Date	-				, _a	saint.		
lewark NJ					TBD	ui vale		City, State Pen Arg						
completed by	Title					gnature		2011 AIG	yi, PA	15	4 -			
. Scott Higgins	Presid	dent			319	Suatule		/// _	_	Da				
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State of New Jersey

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Date of Notification (1) 7/16/19			Name	e of Buildin ureen Bo	g Owne	er/Operato	or (2)	M				W	世
	on		Stree	t Address					111	1 1	0 (1040	
DEP Amended Amended Amended	ent#					1			10	<u>L '</u>	9 /	019	
DOH justificatio	Name of Building Owner/Operator (2) Maureen Boak Maureen Maureen Boak Mau					<u>_</u>							
Name of Facility Whore Abstract is Tol	. 5		FA	CILITY IN	FORMA	TION				= /		-	-
home	ang Place	(3)					Type of Facilit	y (4)					
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City (5) Wyckoff							Square Feet	\$500 mx	Floors			Age	
County (6) Bergen			County (STATE	y Code (7) E USE ONL	y)		Current Use (F	770	ng demoli	shed)	10		
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	CM No.		Name	of Abatement C	ontractor	(9)				
Street Address						Street	Address			C			
City, State, Zip Code								Gate Dr	ive			_	
Project Manager for Monitoring Firm			Telepho	one No				418					
Start Date (10)						973-7	764-2276	100		No.			
7/28/19	8/12/	19	mpletion	Date (11)		Name o	of OSHA Monito	г					
From State of the						Street A	Address						
Abatement Performed Outside of Norm Other – Describe: family room	Period of mal Facili	Abater ty Hour	nent s			City, St	ate, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	property.					×	Mini-Enclosur Glovebag Pro	e cedure					
Location of		Normal	ly		Day	porintion o					Abate	emen	t
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ABS Environmental Services, LLC		Ha	auler ID I	No.	of Was						-1000		
City, State		10	14248		Accompany.	al Date			oanitar	y Lar	atıll		
Glenwood NJ Completed by	Title				TBD								
A. Scott Higgins	Allor (1) Name of Building Owner/Operator (2) Maureen Boak Initial			10.70-10									

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Ch 2233			NOTIF	ICATIO ursuan	tate of New N OF ASBE t to NJAC 8	STOS AI	BATE 12:12	0)			i C		W	G	
Date of Notification (1).	-IMAI	el			of Building C		erator	(2)			JUL	19	201	9	laner of
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DEP	Amended		İ		ate, Zip Coo				Longon	-	III.	ENS	10 (3)		Chicheson and as
	Amendment # Emergency (ir		_		ood Park,	, NJ 074	407								
DOH DCA	justification) Cancellation				of Contact Goldenb	erg				Tel	ephone N	umber			
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Street Address								H	School (K-12 Subchapter	8 (Oth	er than K-	12)			
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City (5) Elmwood Park								Squa 190	are Feet	# of 2	f Floors		Bldg. /		
County (6) Bergen					Code (7) USE ONLY)				ent Use (Prio sidential Ho		ng demolis				
Name of Monitoring Firm Hire Project Manager	d by Building Ov	wner (8)	ASCI	M No.			of Aba	atement Cont s Abateme	ractor	(9)				
Street Address				1			Street			111					
						1 8			idland Ave						
City, State, Zip Code					Zip Code rook, NJ 07	7663									
Project Manager for Monitoring		Telepho	ne No.		eleph 201-6				License I	No.					
Start Date (10) 7/25/19		npletion	Date (11)	N	lame	of OS	HA Monitor								
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Scope of Work (Check All Tha	t Apply)						_								
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		ls	Locati	on				1 140	II-Exempled	() and	поп-гпа	DIE Pro	CONTROL SERVICE	e ement	12
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Name of Registered Waste Har All Stages Abatement	uler		Ha	JDEP Wauler ID 036592	No.	Cubic Yar of Waste 2 yd	rds		Name of Re Grand Ce				ndfill		
City, State Saddle Brook, NJ			100	,50552	[z yu Disposal [TBD	Date		City, State Pen Argy			,			
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Richard Cristofol												15/19	9		

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Date of Notification (1) 7/15/19 Agencies Notified Type Notification	345	3	Paul	of Building a Bravo	g Owner	/Operato	r (2)				UL ·	1 9	2019	9	
	nt # <u>1</u>		City, S	Address tate, Zip C Milford,		646			A CONTRACTOR OF THE PROPERTY O	ASBE	STOS LICE	NSIN	NTRO IG	DL&	
DOH justification Cancellation)	g	Name	of Contact a Bravo					Tel	ephone N	umber				
Name of Facility Where Abatement is Takir	ng Place	(3)	FAC	ILITY INF	ORMAT	ION	I T					uildings, homes, Bldg. Age 65 +/- Eure Abatement Type Enclosure Repair			
Residential Home	ng r idoo	(0)						of Facility (
Street Address								School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe	er than K- commer	12) cial bu	ildings	s, hon	nes,	
City (5) New Milford County (6)							Squar 2200	re Feet)	2	Floors					
Bergen Name of Monitoring Firm Hired by Building	Owner /9	\	(STATE	Code (7) USE ONLY	2		Resi	nt Use (Prid dential H	lome		shed)				
Project Manager	Owner (8	,	ASC	M No.		All S	of Abat tages	ement Cor Abateme	ntractor ent	(9)					
Street Address							Addres N. Mic	s lland Ave	.						
City, State, Zip Code							tate, Zi	o Code ook, NJ 0	7663						
Project Manager for Monitoring Firm			Telepho				one No 600-3			License N	No.				
Start Date (10) 7/17/19	Schedul 7/20/1		mpletion	Date (11)		Name	of OSH	A Monitor							
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Addres	3							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: 8 A.M to 4 P.M	Period of nal Facility	Abate / Hour	ment rs			City, St	tate, Zip	Code							
Scope of Work (Check All That Apply)						371							2019 NTROL & G s, homes, Age /-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demoli				×	Mini- Glov	Containme Enclosure ebag Proc	edure						
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City, State Saddle Brook, NJ						al Date		City, State Pen Arg	VI DA						
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all man			NO.	ΓΙΕΙ	:ATIC	State of	New	Jersey	TEMENT		E	<u>C</u>			
Ch 1700 .	Inv.	-15	186	1C		8.9		8/60 and 5:1			.1		19	20	119
Date of Notification (1)							200	wner/Operator		Look Mark		<u> </u>	1 0		110
/17	<u>7</u> / .	19	_		T	ownship	of B	erkeley Heig	hts	AND DECEMBER 1	· · · · · · · · · · · · · · · · · · ·	THE RESERVE	patitiona fun	November of	
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□ DCA 🛛	Emerger			- Ig	В	erkeley I	leigh	nts, NJ 07922							
(NJAC 5:23-8)	justificat			-	Nan	ne of Cont	act			Telephone	Numl	per		Over all	
	Cancella	ation			Li	iza Viana				908-464	-270	0			
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Name of Facility Where Abate	ement is	Taking	Place	e (3)					Type of Facility	y (4)					
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29 Park Avenue									homes, etc	private and cor .)	mmen	ciai d	וומות	js,	
City (5)									Square Feet	# of Floors	3	В	dg. A	ge	
Berkeley Heights															
County (6) Union					Co	unty Code	(7) <i>(</i> S7	ATE USE ONLY)	Current Use (P	rior if being de	molis	hed)			
NOTIFICATION OF THE PARTY OF TH															
Name of Monitoring Firm Hire		ding O	wner	(8)	ASC	ΛNo.	Na	ame of Abateme	ent Contractor (9))					
Mark Jovic Consulting Street Address	LLC							ALL PRO MA	NAGEMENT	LLC					
							St	reet Address							
87 Main Street, Suite A								27 Outwater	Lane						-
City, State, Zip Code							Ci	ty, State, Zip Co	ode						
Lincoln Park, NJ 07035				_				Garfield, NJ	07026						
Project Manager for Monitorin	ig Firm				ephone		Te	elephone No.		License No	0.		- /		
Mark Jovic Start Date (10)						0-0932	!	973-928-4888		1188					
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Scope of Work (Check all that	apply)							□ Eull Cont	-1						
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Asbestos-Containing Mater TO BE ABATED	riai (ACIVI)	Ma	inten	ance/	Asb	estos	Containing Matermal systems in	terial (ACM)	Amount		Removal	Repair	Encapsulate	Enclosure
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(13)		-	Yes	(12) No	N/A	+	of	ther miscellaned	ous)	J. G. Z.,	'	=		ulate	6
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						Clean	Up			Unknow	n				
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Name of Registered Waste Ha	uler					Waste	Cul	bic Yards of	Name of Regis	stered Landell	_		П	Ш	
D&A Contracting, LLC					lauler l	D No.	Wa	ste	Fairless La						
City, State					NJ95	1		Needed posal Date		and the					
Parsippany, NJ								BD	City, State	DA					
Completed By (Print or Type)		Title					<u> </u>		Morrisville	, PA					
Allen Monchik			nio of	R/I	ager			Signature	2.1 1.	,	Date				
20 44		-10	Jec.	ivian	ayer			Allen.	Monchik	2	7/1	7/1	9		

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

Name of Building Owner/Operator (2) Arbor Management, LLC Type Notification Agencies Notified Street Address ☐ EPA 4 Denny Road JUL 1 9 2019 **⊠** DOLWD ☐ Amended City, State, Zip Code □ DHSS Amendment # Wilmington, DE 19809 ☐ Emergency (including ☐ DCA ASBESTOS CONTROL & Telephone NUERSING (NJAC 5:23-8) Name of Contact justification) ☐ Cancellation **Guy Pollice** 302-761-7301 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Burlington Manor Apartments** ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 255 S. Pearl Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Burlington County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Burlington Apartments Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brightfields, Inc. BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 801 Industrial Street 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Wilmington, DE 19801 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Sean Scanlon 302-656-9600 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8 / 12 / 19 8 / 19 / 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: 8:30AM-5:30PM/____PM-___AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\square \ge 3$ sf or ≥ 3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Encapsulate Asbestos Containing Material (ACM) Removal Amount Maintenance/ nclosure TO BE ABATED (Specify (i.e., thermal systems insulation, Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) Yes No N/A 1st Floor Community Room X Floor tile and mastic 1,900 SF X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State YARDLEY, PA WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature Brian Scafiro Estimator

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

State of NJ Notification of Asbestos Abatement

(Pursuant to NNAC 8:60-7 and 12:120-7) SUB Chapter 8 Check # 9422 Date of Notification (1) Name of Building Owner/Operator (2) E 10 17 1/11 15 1/11 19 1 **Dumont Board of Education** Agencies Notified Type Notification Street Address X EPA 25 Depew Street X Initial JUL 1 9 2019 ☐ DEP City, State, Zip Code X DOL Amendment Dumont, NJ 07628 Telephone Number X DOH Name of Contact Cancellation ☐ DCA Paul Cordts 201-387-1600 **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Dumont High School (Sub chapter 8) Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 101 New Milford Avenue Square Feet Bldg. Age # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Dumont Bergen school Sub 8 Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) Westchester Environmental LLC 00127 B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 1248 Wrights Lane City, State, Zip Code City, State, Zip Code West Chester, PA 19380 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number License Number Phone Number (973)696-6869 00378 Philip Conteh 610-431-7545 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 07/29/2019 08/03/2019 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition ✗ Renovation Full Containment w/negative pressure Glovebag procedure Mini-enclosure $\square > 3 \text{ sf or } > 3 \text{ lf}$ Non-friable procedure ≥160 sf or ≥260 lf Is location normally used solely E Location of E е by maintenance/custodial e n Amount asbestos-containing Description of asbestos-containing n m staff(12) p material to be (Specify SF or C material (ACM) 0 a abated in facility (13) LF) Yes No N/A p Cafeteria Hallway plastic ceiling/hangers & supports 480 sf X × pipe insulation Cafeteria Hallway 120 If X X pipe fittings 10 lf Cafeteria Hallway X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste | Name of Registered Landfill B & G Restoration, Inc. 19563 8 Grand Central Landfill Disposal Date City, State Lincoln Park, NJ 08/03/2019 Pen Argyle, PA

Signature

Gordana Luna

Date

07/15/2019

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Ch5418		/~ ^) 	Pursu	ant to NJ	SBESTOS ABA	ATEMENT 16)	IKI T				
Date of Notification (1)	YIV-	1991	77	Na	me of Build	ing Owner/Operator	r (2)	HH JUL	1 9	20	119	- 11
/		19	/			vn Mall LLC		6-2457 Chk. #	‡ 5 478		17839 	
	ype Notific	ation		Stre	eet Address	3		ASBEST	OS C	ONT	ROL	CL CL
Management	Initial			4	00 W Rou	ite 38	1	LI	CEN	SING		Maurinia
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				F.	ACILITY I	NFORMATION						
Name of Facility Where Abat	ement is T	Taking Pla	ce (3)				Type of Facility	(4)				
Moorestown Mall							School (K-12	7 - 7				
Street Address							☐ Subchapter	8 (Other than K-1	12)			
400 West Route 38							homes, etc.)	rivate and comm	ercial	buildi	ngs,	
City (5)							Square Feet	# of Floors	Т	Bldg.	Λαο	
Moorestown							1,068,00 SF		[56	, ige	
County (6)				Co	unty Code (7)(STATE USE ONLY)		or if being demo	lished)			
Burlington							Retail	3				
Name of Monitoring Firm Hire		ing Owne	r (8)	ASC	ЛNo.	Name of Abatem	ent Contractor (9)					
Hillmann Consulting LI	LC						d Mold Service					
Street Address	8					Street Address						
304 Harper Drive Suite	207					3859 Sylon E	Boulevard					
City, State, Zip Code						City, State, Zip C	ode					
Moorestown NJ 08057						Hainesport, I	NJ 08036					
Project Manager for Monitoring	g Firm		1000	ephone		Telephone No.		License No.				
Rafael Torres					1-9055	609-702-0400)	00862				
Start Date (10) 7 /26 /19	So	cheduled			ate (11) 19	Name of OSHA M						
	The second second			<u>'</u>		EMSL Analyt	ical, Inc.					
Occupancy Status During Abat Facility Closed/Vacated During	tement (Ci	heck only	one)			Street Address						
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≥3 sf or ≥3 If		M D	enovat	ion		Full Cont	ainment with Nega	ative Pressure	nela	CHA	,	
≥160 sf or ≥260 lf			emoliti			☐ Mini-Encl		L	110(0	30614		
						☐ Non-Exer	mpted (*) and Non	-Friable Procedu	re			
Location of			S Local Norma							atem	ent T	vpe
Asbestos-Containing Materi	ial (ACM)		ed Sole		Achor	Description of		T#1001000000000000000000000000000000000		_	1	T
TO BE ABATED	,	1.0	intena		(i.e.	stos Containing Mat , thermal systems in	nsulation.	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	todial (12)	stan?		surfacing, VAT,	or	SF or LF)	oval	=	nsq	Sur
V:=7		Yes	No	N/A	1	other miscellaneo	ous)				ate	Ф
Throughout					Sheet FI	ooring, Floor tile	e & Mastic	16 SF				
hroughout					Floor tile			16 SF		H		
hrougout				×	Mastic			400 SF				
hroughout					Cove Ba	se Mastic		80 LF				
ame of Registered Waste Hau	ler		N	JDEP V	Vaste	Cubic Yards of	Name of Registe			Ш	ш	
Waste Management				auler ID	No.	Waste	Grand Centr					
ity, State				17273		5 Disposal Date		w.				
Lafayette, NJ						8/2/19	City, State Penn Argyle	, PA				
completed By (Print or Type)	1000	itle		- 17:1-		Signature	. 1	Da	te			\dashv
Kaysi Gruner		Office A	ssist	ant		Luh	1.48		1/17	1/1	9	
SB-41						1	-		111	11 1		

Date of Notification (1)		NO	OTIF	(Purs	ON OF A	New Jersey SBESTOS ABA JAC 8:60 and 5:	16)			7 1		The state of the s		
7 /	17 /	19				ing Owner/Operator of Newark Acade	22 20 20				10	1		
Agencies Notified	Type Notification						my / Jo	0.#1904-243	0 Chk	. # N	1			
	☐ Initial	UII		100	reet Address			L	LICENS	SING	OL	X		
From the second						Drange Avenue			Transmission of the	CHEMICAL COMP	economic des	Firemey		
☑ DHSS	Amendmen			1000	y, State, Zip				7					
DCA	☐ Emergency	(includ	ing	-		, NJ 07039								
(NJAC 5:23-8)	justification)				me of Conta			Telephone I	Number					
	☐ Cancellation	1			Brian Step	The second secon		201-247	Number (-1617) K-12) mmercial buildings, Bldg. Age 1965 molished) But Repair					
Name of Engility Where Al				I	ACILITY I	NFORMATION								
Name of Facility Where Ab Newark Academy	atement is Tak	ing Pla	ce (3)				Type of Facility							
Street Address							School (K-12	2)						
							Subchapter	8 (Other than I	K-12)					
91 South Orange Ave	enue						homes, etc.)	rivate and con	nmercia	l buildi	ngs,			
City (5)							Square Feet	# of Floors	Chk. # MA TOS CONTROL & ICENSING Number 1617 C-12) Intercial buildings, Bldg. Age 1965 Inclished) During Children Abatement Type Removal During Children Abatement Type Removal During Children C-12) During Children					
Livington							250,000	2		Abatement Tyl Removal Abatement Tyl Removal Abatement Tyl Removal				
County (6)				Co	unty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being den	molished		_			
Essex							School	3		thk. # NA COCNTROL & NSING Cocntrol & Coc				
Name of Monitoring Firm H	ired by Building	Owne	r (8)	ASC	M No.	Name of Abatem	ent Contractor (9)			9 2019 nk. # MA CONTROL & NSING Der 7 Cial buildings, Bldg. Age 1965 ned) Abatement Typ. Removal				
Envirovision						Asbestos an	d Mold Service	s. Corp.						
Street Address						Street Address		-,,-		9 2019 k. # MA CONTROL & ISING al buildings, Bldg. Age 1965 ad) Abatement Tyl Repair U				
20-21 Wagaraw Road	, Bld. 35 E					3859 Sylon E	Boulevard) cial buildings, Bldg. Age 1965 hed)				
City, State, Zip Code						City, State, Zip C				_				
Fair Lawn, NJ 07410						Hainesport, I	NJ 08036							
Project Manager for Monitor	ring Firm		Te	lephon	e No.	Telephone No.		License No	1	165.0575				
Fred Larson			1	73-63	3-9145	609-702-0400	i e	00862						
Start Date (10)	Sche	duled (Comp	etion [Date (11)	Name of OSHA M	lonitor	00002						
6 / _24_ / _	19	7	/ _2	2 /	19	EMSL Analyt	ical, Inc.							
Occupancy Status During Al	batement (Chec	ck only	one)			Street Address	•					S-00		
Facility Closed/Vacated [During Entire Pe	eriod of	Abat	ement		200 U.S. Rou	te 130 North							
Abatement Performed O₁	utside of Norma	I Facili	hy Hou	ire - Da		City, State, Zip Co								
Time of Abatement:		/IVI/	PN	l	_AM	Cinnaminson								
Scope of Work (Check all that	at apply)						, 110 00077		_					
] ≥3 sf or ≥3 lf _⊠ ≥160 sf or ≥260 lf			enova			☐ Mini-Encl	ainment with Nega osure Procedure npted (*) and Non							
		Is	Loca	tion			- Prod () dila rion	-1 Hable 1 Toce		h - t	ings, Age 65			
Location of			Norma	ally ely by		Description of			7		T	T		
Asbestos-Containing Mat TO BE ABATEI	eriai (ACIVI) D	Ma	inten	ance/	Asbes	stos Containing Mat	erial (ACM)	Amount	Ren	Rep	Enc	Enc		
IN Facility			todial	Staff?	(1.6.	, thermal systems in surfacing, VAT,	nsulation, or	(Specify SF or LF)	SVOI	a:	aps	losu		
(13)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(12)	1	-	other miscellaneo	us)	01 01 11)	=		ulat	le le		
		Yes	No	N/A				2.7			(D)			
hroughout					Ceiling	Plaster		4,400 SF	×					
hroughout									_	-	Idings, g. Age 965			
hroughout							I			1 1 1 1		\Box		
hroughout		100		-								_		
hroughout														
	oulor	100												
ame of Registered Waste H	auler			JDEP		Cubic Yards of	Name of Registe							
ame of Registered Waste H Waste Management	auler				D No.	Cubic Yards of Waste 5	Name of Registe							
ame of Registered Waste H Waste Management ty, State	auler			IJDEP lauler I	D No.	Waste								
ame of Registered Waste H Waste Management ity, State Lafayette, NJ	auler			IJDEP lauler I	D No.	Waste 5	Grand Centr	ral						
ame of Registered Waste H Waste Management ity, State Lafayette, NJ completed By (Print or Type) Kim Trumbetti	auler Title			IJDEP lauler I	D No.	Waste 5 Disposal Date	Grand Centr City, State	, PA			ings, Age 65			

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_CK#	7 77		NOT	EIG/E	State of N	lew Jers	у _ [-		MEG		\mathbb{V}		
Jn1-12	AND		NOTI	Pursua	nt to NUA	BESTOS 6 8:60 ar	ABATE d 12:12	EMEN 20)	NT [13		3 3		
Date of Notification (1)	100			- 1	of Buildin	-1 1	1 .	11		11 11 1111	10	201	0-	
	1/18/2	019		PSE		ig Owner	Орегато	T(2)		II II JUL	1 9	201	9	
Agencies Notified	Type Notification				Address									-
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DEP	Amended				State, Zip (- 1	L	CENS	NG	CANADA CONTRA	
X DOL	Amendment Emergency		10		TH PLA		D, NJ 7	7080)		* *			į
Ď DOH □ DCA	justification)		9	A	of Contac	17.5		10000000		Telephone i			65 - 6500	
LI BOA	Cancellation				RNAR			20 /	<u>ں</u>	973-	27	1-4	141	2
Name of Facility Where A	batement is Takin	g Place	(3)	FAC	CILITY IN	FORMAT	ION	Tvi	pe of Facility	, (A)				
	+ G	700-0100000						,,,	School (K	500				
Street Address		1						Ħ	Subchapte	er 8 (Other than K	-12)			1
284 N	ORTH ;	PAR	K S	ST				×	Other (i.e. etc.)	private & comme	rcial bu	ildings	, hon	nes,
City (5)								1.0	uare Feet	# of Floors		Bldg.	Age	
County (6)	ORAN	J 6-	5						56,200	The second secon		99	VA	25
ESS &	=×			County (STATE	Code (7)	Y)		Cui		rior if being demo			1	
Name of Monitoring Firm		Dumer /S	31	300-129-120-2	M No.	-	Ne	-5 ^	OFF.	CE/WA	RE	Hou	150	5
ENVIRONMENTAL	TACTICS	JWHEI (C	>)	004			ININIC	OT AI	batement Co	ontractor (9) IS OF AMERI	ο Δ IN	0		
Street Address							Street			NO OF AMERICA	υA, IIV	C .		
64 BROAD STREET									TEHEAD	AVE.				
City, State, Zip Code	47	72.5							Zip Code					
MATAWAN, NJ 0774							SOU	ITH	RIVER, N	J 08882				1
Project Manager for Monit TOM GEIGER	oring Firm				one No.	,	Teleph			License	No.			
Start Date (10)		0-5-1	1.10		90-2217				-8350	01111				
8/3	119	Scheau	led Cor	npletion 5	Date (11))			SHA Monitor		24 181	_		
Occupancy Status During	1 1	Only O	ne)	3//	7		Street			IS OF AMERIC	A, IN	<u> </u>		
Facility Closed/Vacat			1 50	nont.					TEHEAD	AVF				
Abatement Performe	d Outside of Norm	al Facilit	y Hours	ient		ŀ	Charles Annual Charles		Zip Code			-		
Other - Describe:									RIVER, N	J 08882				
Scope of Work (Check All	That Apply)	91902000												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		M	Renova	tion				F	ull Containm	ent with Negative	Pressu	re		
= 100 \$1 01 2200 II			Demolit	ion			X	il IAI	ini-Enclosur lovebag Pro	C				
									on-Exempte	d (*) and Non-Fria	ble Pro	cedur	е	
82		1103	Locati	(C) (C) (C)								Abate		
Location of Asbestos-Containing M			Normali ed Sole				cription				-	Ту	ре	
TO BE ABAT	ED	Ma	aintenar	rice/	Asbes	stos Conta thermal:	ining Ma systems	ateria	al (ACM)	Amount (Specify	7		En	т
In Facility (13)		Cus	todial S (12)	itaff?	(surfac	ing, VAT	T, or		SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)					4	other m	iscellane	eous))		oval	a:	sulai	sure
		Yes	No	N/A									е	
BASEMENT	T		×		ACM	P:PE	IN	Sa	IATION	POLF	X			
						V I								
											+			
Name of Registered Waste	Hauler		N.	JDEP W	l /aste	Cubic Y	ards		Name of	Registered Landfi	1			
VEOLIA				auler ID		of Wast				RLESS				
City, State			100	06313	oóa	Dienos	I Data	· <u></u>			>			
FLANDERS, NJ					•)	Disposa TBD	ii Date		City, State	e SVILLE, PA				
Completed by		Title				33,316,217.00	nature		1		ate			_
CAROL RAIMO		OFFI	CE M	GR.			(18/1	3/20	Parma	ate 7	10	/10	3

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	Date of Notification (1) June 12, 2019			Name	of Buildi	ng Owner	/Operato	r (2)			JUL	_1_	9 2	019
	Agencies Notified Type Notif	ication			Address					AS	REST	ns c	ON:	FROL
	X EPA Initial				Grand					- CO		CEN		
	☐ Emer	nded ndment # gency (includir	ng		state, Zip rson, N	Code J 07505	5							
	Ŭ DOH justific	cation) ellation	ig	1 - 201 - 201 - 201	of Conta hen Or					phone N -881-4		r		
ł	Name of Facility Where Abatement is	Taking Place	(3)	FAC	CILITY II	NFORMAT	TION							
	Old Passaic County Courthou	ISE	(3)					Type of Facilit						
	Street Address 71 Hamilton Street							School (R Subchape Other (i.e etc.)	(-12) ter 8 (Other . private &	than K- commer	12) cial bu	uilding	s, hor	mes,
	City (5) Paterson							Square Feet 45,000	# of F	loors		Bldg.	Age	
	County (6) Passaic			County (STATE	Code (7	.) 		Current Use (F	Prior if being	g demoli	- 1			
	Name of Monitoring Firm Hired by Bu Langan Engineering and Envi	ilding Owner (8	8) Servic	ASC e 0009	M No.		Name	of Abatement C	ontractor (9	9)				
	Street Address 300 Kimball Drive, 4th Floor						Street	Address						
	City, State, Zip Code Parsippany, NJ 07054						City, S	ain Street, State, Zip Code						
1	Project Manager for Monitoring Firm			Telepho				dbridge, NJ 0		icense l	Vn			
	Vijay Patel Start Date (10)	Cabada	1-10-		60-490			273-1122	0	1324				
	7/15/2019	12/31/	/2019	mpletion	Date (11)		of OSHA Monito o Environme						
(Occupancy Status During Abatement (275-3250				Street	Address						
	Facility Closed/Vacated During El Abatement Performed Outside of Other – Describe:	ntire Period of Normal Facilit	Abater y Hour	ment s				ain Street, Su ate, Zip Code	ite #9					- 1
5	Scope of Work (Check All That Apply)						Wood	lbridge, NJ 0	7095					
	23 sf or ≥3 lf		Renova Demoli			a	×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
		11.000	Locati	0.000					7	on mac	T	1-515-1-57m	emen	t
	Location of Asbestos-Containing Material (ACN	(I) Use	Normal ed Sole	ly by	Asha		cription o		20		-	Ty	ре	
	TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	611 T (760	(i.e	thermal s	systems ing, VAT	iterial (ACM) insulation, , or	Amo (Spec SF or	cify	Remova	Re	Encap	Encl
	(13)	Yes	No	N/A		other m	iscellane	ous)			ioval	Repair	Encapsulate	Enclosure
	Boiler Room	х				Bre	eching		700 \$	SF	x			
	Boiler Room	x					Fittings		100 1		x			
	Boiler Room	x			F	Fire Bric			760 5	X026	x			-
	Throughout Building		x				Fittings		150 L	Contract of the contract of th	x			\dashv
	ame of Registered Waste Hauler		0.000	JDEP Wa		Cubic Y	ards	Same and the same	Registered		1			-
	ewark Carting, Inc.		1 200	09		120	c	Grand (Central S	anitary	Lan	dfill		
Ne	ty, State ewark, NJ 07105					Disposa	I Date	City, State Pen Arc	yl, PA 18	3072				
	ompleted by symond Blum	Title Opera	ations	Manag	jer	Sig	mature	/		Dat	e ne 12	20	19	
						1.7	1	-/		301	12	, -0		

E C E Wintform

INV-12887 CHECH #3395

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant 10 NJAC 8:60 and 5:16)

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	- Control of the cont	JUL	19	2019		U	SALANDA SELECTOR SECURIOR SECU
	AS	BESTO LIC	S CO	NTRO VG)L &		Toursday.
	Telepho	ne Num	ber				
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(K-1 apter i.e., p	2) 8 (Other th private and	an K-12 comme	rcial bu	iildings	s,		
et	# of Flo	oors	Ble	dg. Ag	е		
se (Pr	rior if being	demolis	shed)				
or (9))						

	15 / 1	19			ne of Buildi ina Kliat	ing Owner/Operator	(2)		JUL	1.9	201	9	
Agencies Notified	Type Notificatio	n		Stre	et Address	3		1	>=>==	0.00	A 1 1 1 1 1 1		
☐ EPA ☑ DOLWD	☐ Initial							ASI	BESTO LIC	SOL		OL	3
☑ DHSS	Amended Amendment	#		City	, State, Zip	Code			CONTRACTOR COMM	well-delayed	SHOW SELVE	AMERICA	
☐ DCA	☐ Emergency (na	D	umont, N	J 07628							
(NJAC 5:23-8)	justification)			Nan	ne of Conta	ect		Telephor	ne Numi	per			
	☐ Cancellation			12.00	ina Kliat								
Name of Facility Where Al	antomont in Tale	DI	(0)	F	ACILITY I	NFORMATION							
Private house	datement is Taki	ng Plac	æ (3)				Type of Facility						
Street Address							School (K-1	2) 8 (Other the	an K-12				
							Other (i.e.,	private and o	commer	cial b	uildin	gs,	
City (5)							homes, etc.	10	ore	I D	Ida A	~~	
Dumont, NJ 07628								# 011100	015		ldg. A	ige	
County (6)			-3	Cou	unty Code ((7)(STATE USE ONLY)	Current Use (P	rior if being	demolis	hed)	-	_	_
Bergen								· **					
Name of Monitoring Firm F	lired by Building	Owner	(8)	ASCN	ΛNo.	Name of Abatem	and the second of the second o)					
Street Address						Gr Tech LLC							
Officer Address						Street Address							
City, State, Zip Code						576 Valley Ro							
						Wayne, NJ 0							
Project Manager for Monito	oring Firm		Tel	ephone	No.	Telephone No.	7470	License	No				
						973-638-1777	•	01127					
Start Date (10)	0.00				ate (11)	Name of OSHA N	lonitor						
07 /25 /				<u>6</u> /	19	Envirovision	Consultants,	Inc					
Occupancy Status During A						Street Address							
 ☑ Facility Closed/Vacated ☐ Abatement Performed C 	During Entire Pe	eriod of	Abate	ment		20-21 Wagara	aw Road, Bldg	.#34 A					
Time of Abatement:	AMP	i Facilit M/	y Hou PM	rs - De: -	scribe AM	City, State, Zip Co							
Scope of Work (Check all the						Fair Lawn, N.	J 07410						
AND	iat apply)					☐ Full Cont	ainment with Neg	native Press	ure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				osure	ganve i ress	uic				
			inont	JII			procedure mpted (*) and No	n-Friable Pr	ocedure				
		10000	Loca								ateme	ent T	vpe
Location of Asbestos-Containing Ma	aterial (ACM)		Norma ed Sole		Asha	Description of							
TO BE ABATE			intena		(i.e	stos Containing Mat ., thermal systems i	rerial (ACM)	Amour (Speci		Removal	Repair	nca	nclo
IN Facility (13)		Cus	(12)	Staff?		surfacing, VAT,	or	SF or L		val	=	Encapsulate	Enclosure
()		Yes	No	N/A		other miscellaned	ous)					ate	(b)
Basement					Pipe ins	sulation		25 LI	F		П	П	
			П			P. Liga Steeder College							
						+						늬	_
										Ц	Ш	Ш	Ш
Name of Registered Waste I	Hauler	ш		JDEP \	Masta	Cuti-Value							
Gr Tech LLC			10000	auler II	O No.	Cubic Yards of Waste	Name of Regist		II				
City, State				00337	785	TBD Disposal Date							
Wayne, NJ 07470						TBD	City, State Tullytown,	ΡΔ					
Completed By (Print or Type) Title	1				Signature /	1 anytowii,	. ~	Det				
N.Jevtic		wner				// //	who wena	S	Date	7.	15.	10	7.
SB-41							- 1 - 0 - 10(E.C.	/	· (1	

10 6774605226		NOT	(Pursuan	N OF AS	8:60 a	nd 12:12	9)			<u> </u>			The state of the s
Date of Notification (1) 07/13/2019	83			of Building Bernard		Operato:	r (2)	II L	JUL	1 9	20	19	0.000
Agencies Notified Type Notification	n		Street /	Address					ASSEST	OS CO		ROL	ß.
DEP Amended Amendme Emergence		<u> </u>	Nutle	tate, Zip 0 y, NJ 07	7110			Louis	Gast V	02110	1140		
DOH justification Cancellation	1)	5		of Contac Bernard	-			Te	lephone N	umber			
Name of Facility Where Abatement is Tak	DI-	(0)	FAC	ILITY INF	ORMAT	ION							
House Street Address	ng Place	(3)					Type of Facility School (K	-12)					
							Other (i.e etc.)	er 8 (Oth private	ner than K- & commer	12) cial bui	ildings	, hom	ies,
City (5) Nutley							Square Feet N/A	# c N/	of Floors A	7450	Bldg. N/A	Age	
County (6) Essex			County (STATE	Code (7) USE ONL	Y)		Current Use (P House	rior if be	ing demolis	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.			of Abatement Co Abatement, I		(9)				
Street Address						Street	Address osengren Ave						
City, State, Zip Code						City, S	tate, Zip Code wa, NJ 07512						-
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one No. 458685		License I	No.			
Start Date (10) 07/25/2019	Schedu 07/26/	iled Co	mpletion	Date (11)		Name	of OSHA Monito		01311			-	
Occupancy Status During Abatement (Che						Street	Abatement, I						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of mal Facilit	Abate	ment rs				osengren Ave	enue					
Scope of Work (Check All That Apply)					_		wa, NJ 07512	!					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov Demoli				×		re ocedure				e	
Location of		s Local Norma			Des						Abate	emen	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial (12)	ance/ Staff?	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems cing, VAT niscelland	aterial (ACM) insulation, Γ, or	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A		D:							ite	æ
Dasement					Pipe	Insulat	ion	13	30 LF	X			
Name of Registered Waste Hauler			NJDEP W	aste /	Cubic '	Yards	Name of	Registo	red Landfill				
Atlantic Carting		H	Hauler ID	10.0	of Was		Grand						
City, State Wayne, NJ					Dispos TBD	al Date	City, Star						
Completed by Oliver Hegedis	Title Proje	ect Ma	anager		Si	ignature			Da	ite 7/13/2	2019		

No 25914425141		NOTI	FICATIO	tate of No N OF ASI t to NJA	BESTOS	ABATE	MENT) E C	E		V I	
Date of Notification (1) TV-128	82			of Building ord Bagr		Operato	F-(2)		and the state of t	L JUI	_ 1	9 2	019	- Control
Agencies Notified Type Notification Type Notification Initial Amended			City, St	Address ate, Zip C						ASBEST		CON		&
X DOL Amendme Emergence justification Cancellatio	y (including i)		Name o	le Park, of Contact rd Bagn		204			Te	elephone Nu	ımber			
Name of Facility Where Abatement is Tak	ing Place /3	2/		ILITY INF		ION	T =							
House Street Address	ing i lace (c						×	School (K- Subchapte Other (i.e. etc.)	-12) er 8 (Ot	her than K-1	2) ial bui	ildings	s, hom	es,
City (5) Roselle Park							Squa N/A	ire Feet	# N	of Floors /A	1.05	Bldg. N/A	Age	
County (6) Union				Code (7) USE ONL)		Curre		rior if be	eing demolis	hed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	И No.				atement Co tement, I		or (9)				
Street Address						Street 11 R		ss gren Ave	nue					
City, State, Zip Code						City, S	state, Z	ip Code IJ 07512						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 9733	none N	0.		License N	lo.			
Start Date (10) 07/24/2019	Schedule 07/25/2			Date (11)		Name	of OS	HA Monitor ement, Ir		0.011				
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Occupied	Period of A	bater	nent s				osen	ss gren Ave ip Code	nue					
Scope of Work (Check All That Apply)						Toto	wa, N	IJ 07512						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova				×	Mir	ni-Enclosur ovebag Pro	e cedure	h Negative F			°P	
Location of	N	Locat	lly		Des	scription						Abat	ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntena odial ((12)			tos Cont thermal surfac	aining M	laterial insula T, or		(5	Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A	_	Dina	la a colad	L!			2015			ate	- Э
Basement		^			Pipe	Insulat	tion		- 3	30 LF	X			
Name of Registered Waste Hauler Atlantic Carting		H	 JDEP Wa auler ID 6085		Cubic of Was			Name of Grand (ered Landfill al				
City, State Wayne, NJ					Dispos TBD	al Date	J	City, State		Α				
Completed by Oliver Hegedis	Title Projec	et Ma	nager		Si	ignature	1	/		Da	te /13/2	2019		

Print Form

Ch52039	a southern and the second	NOTA	FICATIO	State of N N OF ASI to NJAC	BESTOS 8:60 ar	ABATE d 12:12	0)	т			5 6	<u>L</u>	-	**********		
Date of Notification (1) 07/13/2019	885	diam's	Name Pame	of Building ela Nava	Owner/ arrete	Operator	(2)		T.		JUL	19	-21	019	and the same	9
	tification		Street	Address						A	SBEST	OS CO			. &	-
× DEP Am Am	ended endment #			tate, Zip C						-	L.,1	CENO	HVC	A	and the name of	
DOH just	ergency (including ification) ncellation		Name o	of Contact						Te	lephone	Numb	er			
Name of Facility Where Abatement	is Taking Place (3)	FAC	ILITY INF	ORMAT	ION	Tun	o of Fooil	114/4							
House		-,					Тур	e of Facil School	1-200							
Street Address							×	Subcha Other (i. etc.)	pter 8	(Oth	er than & comm	K-12) nercial b	ouild	ings,	hom	es,
City (5) Linden							Squ N/A	are Feet		# c	of Floors A			dg. A	ge	
County (6) Union				Code (7) USE ONLY)			rent Use i USE	(Prior	if be	ing dem	olished)			
Name of Monitoring Firm Hired by B N/A	Building Owner (8)		ASCI	M No.				atement tement			(9)					
Street Address						Street 11 R		ess ngren A	venu	ie						
City, State, Zip Code						City, S	tate, i	Zip Code NJ 0751								
Project Manager for Monitoring Firm	1		Telepho	one No.		Teleph 9733	one N	No.			Licens 0131					
Start Date (10) 07/23/2019	Schedule 07/24/2		npletion	Date (11)		Name	of OS	HA Monitement,			0101					
Occupancy Status During Abatement						Street /	Addre	ess								
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: Occupied	Entire Period of A of Normal Facility	baten Hours	nent S			City, St	ate, z	gren Av Zip Code		ie						
Scope of Work (Check All That App	ly)					lotov	va, N	NJ 0751	12							
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		enova emolit				×	Mi GI	III Contair ni-Enclos ovebag P	ure roce	dure						
	- ID	Locati			- 33-1-1-111		INC	n-Exemp	itea () and	Non-F	nable F		bater		
Location of Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility	CM) Used	ormal d Sole ntenar odial S	ly by nce/		tos Conta thermal	scription aining Ma systems sing, VAT	ateria insul			(S	mount pecify or LF)	70		Typ		Enc
(13)	Yes	(12) No	N/A			iscellane				OI.	OI LI)	Nemoval		Repair	Encapsulate	Enclosure
Basement		X			Pipe	Insulat	ion			5	0 LF	Х	1			
													1			
									+			-	+		-	
Name of Registered Waste Hauler Atlantic Carting		H	JDEP Wauler ID 8085		Cubic \ of Was TBD			Name of Grand			red Land	fill				
City, State Vayne, NJ					Dispos: TBD	al Date	1	City, St		. PA						
Completed by Dliver Hegedis	Title Projec	t Ma	nager			gnature	1)		- 011			Date 07/13	/20	19		

							[-		***********	-	-
no Ch			NOT	TIFICATION OF (Pursuant to	ASBESTOS ABA N.J.A.C. 7:26-2.	ATEMENT 12)	By Personal Programme Company	DEC	BE I	\mathbb{V}	
Date of Notification (1) July 12, 2019					Name of Bu PSEG Foss	ilding Owne il, LLC	r/Operator (2)	JU	L 19	2019	
Agencies Notified		Notification	Туре		Street Addre	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	-	ASBES	TOS CO	NTROL	2
(X) EPA		() Initial No	tification		80 Park Pla	za			ICENSII		
(X) DEP (X) DOL (X) DOH (X) DCA		(X) Amen () Cancell		ification	City, State, Newark, NJ	07102-410	9				
					Name of Co ELVIN V			Tel. Number (973)418-1			
N 65 W 110				FACILITY	INFORMATION	LIVIORA		(0.0)110-1	220		
Name of Facility Where At Sewaren Generating Star	patement is	Taking Place	3)		Type of Faci						
Sowaren Scherating Sta	uon				() School (ł () Subchap		than 1/ 10)				
Street Address					(X) Other (i.e	e, private & o	tnan K-12) commercial blo	das homes (etc		
751 Cliff Road											
City (5)	County (6)		County	Code (7)	Sq. Feet_1	,000,000		# of Floors	8		
Sewaren	Middlesex			Jse Only)	Bldg. Age 6	9					
Name of Manitorina Firm	E d b Did	0 (0)			Current Use	(prior if bein	g demolished) Electric Ger	nerating S	Station	
Name of Monitoring Firm F	irea by Blac	. Owner (8)	ASCM	No.				ontractor (9)			
0							Absolut Ad	ce inc.			
Street Address					Street Addre						
City, State, Zip Code					City State, Zi Florham Par	<u>pCode</u> k, NJ 07932	2				
Project Manager for Monito	oring Firm	Telephone i	Number		Telephone N (973) 410-92			License Nui 00225	mber		
Scheduled Start Date (10) July 22, 2019		Scheduled (Dec 12, 201		n Date (11)	Name of OSI MECS	A Monitor		l.			
Occupancy Status During A	Abatement (C	Check only on	e)		Street Addres						
(X) Facility Closed/Vacated () Abatement Performed C	During Ent	ire Period of A	hatement		5 Linwood C	t					
DescribeAREAS WE A	RE WORKIN	IG WILL BE V	ACATED		City, State, Zi	p Code					
Other - Describe Two Shir				coverage	Hamilton, NJ	08690					
Source of Work (Check all t	hat apply)										
() Demolition (X) Renov (X) Large Proj. (>160 SF or (X) Full Containment with N	ation	CM) () SM Pro	oj. (>25<1 Mini-Enc	60 SF or >10 <2	60 LF ACM) Glovebag Proce	() Minor Pr	oj. (<25 SF or	<10 LF ACM)			
Location of Asbestos-	Is Loca	tion Normally	Used	Description of	ACM (i.e.		Specify SF or	LF) Aba	tement Ty	me	
Containing Material (ACM) i Facility (13)	Staff? (thermal syster surfacing, VA		,		,	torriont 1	<u> </u>	
FUEL OIL AREA	YES	NO	NA	miscell.)				Rem			Enclose
Air Heaters	X			Pipe insulation Thermal Syst		1,500 LF		X	X	X	X
BASEMENT & SERVICE	X			Pipe Insulation		4,000 Lin	UARE FEET	X	X	X	X
BLDG				,		+,000 EIII	cai i cet	^	X	X	X
Name of Reg. Waste Hauler	. — —	NIDEDIM	o Usul	ID #							
Waste Management of Nev	v Jersey	NJDEP Wast 17273	e Hauler I	# UI	Cubic Yards o	f Waste		Name of Rec Tullytown R	Landfill esource	Recove	ry
City, State							Disp. Date		City, Sta	te .	
Elizabeth, NJ 07114-2436							8-19 thru 12-	19	Tullytow		9007

Signature

<u>Date</u>

7-12-19

Completed by (Print or Type)

ROBERT GROGAN

Title

 $\underline{\mathsf{VP}}$

			NOT	TFICATION OF A (Pursuant to <u>N</u>	SBESTOS ABA I.J.A.C. 7:26-2.1),屋	C E			
Date of Notification (1) July 23, 2018					Name of Bui	lding Owne	r/Operator (2)	J	UL 1	9 20	19	
Agencies Notified (X) EPA (X) DEP		Notification () Initial No	tification		Street Addre	za		ASBI	ESTOS	CONT	ROL &	
(X) DOL (X) DOH (X) DCA		(X) Amen () Cancell		fication	City, State, Z Newark, NJ	07102-410	9		gga-vaya, zue ent. A	nguyangi 25 e Ardidi	(Angelonial Control of Control	gray and the second
70. 10					Name of Cor ELVIN VI				lumber 418-122			
Name of Facility Where Ab	atomont in 3	Colsina Diago	2)	FACILITY II	NFORMATION							
Sewaren Generating Stat	ion	aking Place (3)		Type of Facil () School (K () Subchapt	(-12) er 8 (other	than K-12)					
Street Address 751 Cliff Road					(X) Other (i.e	. private &	commercial b					
	County (6)		County	Code (7)	- Sq. Feet_1,	000,000		_ # of Flo	oors 8			
Sewaren Name of Monitoring Firm H	Middlesex	0	(State L	Ise Only)	Bldg. Age 69 Current Use) (prior if bein				rating S	tation	
	пеа ву віад	. Owner (8)	ASCM	No.			Name of C Absolut A	ce Inc.	(9)			
Street Address					Street Address PO BOX 295							
City, State, Zip Code					City State, Zip Florham Par		2					
Project Manager for Monitor	ring Firm	Telephone N	Number		Telephone Nu (973) 410-921	ımber 17		<u>Licens</u> 00225	e Numb	<u>ber</u>		
Scheduled Start Date (10) July 31, 2018		Scheduled (Dec 12, 201	Completion 8	n Date (11)	Name of OSH MECS	IA Monitor						
Occupancy Status During A (X) Facility Closed/Vacated () Abatement Performed O	During Enti	re Period of A	hatement	8	Street Addres 5 Linwood Ct							
DescribeAREAS WE AR					City, State, Zin Hamilton, NJ	0 Code 08690						
Other - Describe Two Shift		s each, 24 ho	ur plant o	coverage								
Source of Work (Check all the	nat apply)											
(X) Demolition (X) Renov (X) Large Proj. (>160 SF or (X) Full Containment with N	>260 LF AC	M)()SM Pro	oj. (>25<1 Mini-Enc	60 SF or >10 <26	60 LF ACM) (Glovebag Proce) Minor Pr	oj. (<25 SF o	r <10 LF /	ACM)			
Location of Asbestos-	Is Loca	tion Normally	Used	Description of	ACM (i.e.		Specify SF or	IF)	Ahate	nent Ty	ne	
Containing Material (ACM) in Facility (13)	Solely I Staff? (by Maint./Cust	todial	thermal system	ns insulation,	,			ributo	none ty	50	
	YES	NO NO	NA	surfacing, VAT miscell.)	, or other				Rem.	Rep.	Encap	Enclose
FUEL OIL AREA	X			Pipe insulation	n	1,500 LF			X	X	X	X
Air Heaters BASEMENT & SERVICE	X		-7	Thermal Syste		2,000 SQ	UARE FEET		X	X	X	X
BLDG	X			Pipe Insulation	n	4,000 Lin	ear Feet		X	Х	Х	Х
Name of Dea West 11												
Name of Reg. Waste Hauler Waste Management of New	/ Jersey	NJDEP Wast 17273	e Hauler I	<u>D#</u>	Cubic Yards of 200	Waste		Name of Tullyto			Recover	ry
<u>City. State</u> Elizabeth, NJ 07114-2436							Disp. Date 8-18 thru 12	-18		ity, Stat ullytow	<u>e</u> n, PA 19	9007
Completed by (Print or Type)		<u>Title</u>			Signature			Date				
ROBERT GROGAN		<u>VP</u>						7-23-18				

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12) Date of Notification (1) Name of Building Owner/Operator (2) June 25, 2018 PSEG Fossil, LLC Agencies Notified Notification Type Street Address 80 Park Plaza (X) EPA (X) Initial Notification (X) DEP () Amended Certification City, State, Zip Code ASBESTOS CONTHOL & LICENSING (X) DOL () Cancelled Newark, NJ 07102-4109 (X) DOH (X) DCA Name of Contact Tel. Number ELVIN VENTURA (973)418-1220 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Sewaren Generating Station () School (K-12) () Subchapter 8 (other than K-12) Street Address (X) Other (i.e. private & commercial bldgs., homes, etc. 751 Cliff Road Sq. Feet__1,000,000 # of Floors 8 City (5) County (6) County Code (7) Sewaren Middlesex (State Use Only) Bldg. Age 69 Current Use (prior if being demolished) Electric Generating Station Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Absolut Ace Inc. Street Address Street Address PO BOX 295 City, State, Zip Code City State, ZipCode Florham Park, NJ 07932 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number (973) 410-9217 00225 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor July 10, 2018 Dec 1, 2018 MECS Occupancy Status During Abatement (Check only one) Street Address (X) Facility Closed/Vacated During Entire Period of Abatement 5 Linwood Ct () Abatement Performed Outside of Normal Facility Hours -Describe AREAS WE ARE WORKING WILL BE VACATED City, State, Zip Code Hamilton, NJ 08690 Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage Source of Work (Check all that apply) () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure Location of Asbestos-Is Location Normally Used Description of ACM (i.e. Amount (Specify SF or LF) Abatement Type Containing Material (ACM) in Solely by Maint./Custodial thermal systems insulation, Facility (13) Staff? (12) surfacing, VAT, or other YES miscell.) NO Rem Rep Encap Enclose **FUEL OIL AREA** Х Pipe insulation 1,500 LF X X X Air Heaters X Thermal Systems 2,000 SQUARE FEET X X X X BASEMENT & SERVICE X Pipe Insulation 4,000 Linear Feet X X X X BLDG Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Reg. Landfill Waste Management of New Jersey 17273 200 Tullytown Resource Recovery City, State Disp. Date Elizabeth, NJ 07114-2436 City, State 8-18 thru 12-18 Tullytown, PA 19007 Completed by (Print or Type) Title Signature Date ROBERT GROGAN VP 6-25-18

Date of Notification (1) 7-9-2019 Agencies Notified EPA DEP DOL DOH DCA Name of Facility Where Abatement is Takin exterior excavation area	nt # (includir		Street 125	Army Co	ng Owner/ Orp of Er	Operator	(2)		JUL	19	201	9	111
EPA Initial Amended Amendmen Emergency justification Cancellation Name of Facility Where Abatement is Taking	nt # (includir		Street 125	Address		igniccis	I	- 1					-
DEP Amended Amendmen Emergency justification Cancellation	(includir			South E	Broad St			AS	BESTO	S CO	NTRO	OL &	
DOH justification Cancellation	(includir			tate, Zip			L		LIO	CIVOII	YG Comment	Constanting	en e
Name of Facility Where Abatement is Takin	n	ng	Name	of Conta					ephone N		r		
Name of Facility Where Abatement is Takin exterior excavation area				Taylor	FORMAT	TON		856	6-516-2	676			
and and an	ng Place	(3)		JICH III	ORMAI		Type of Facilit	y (4)					
Street Address 16 East Lafayette Street							School (F Subchap Other (i.e	K-12) ter 8 (Othe . private 8	er than K-	12) cial bu	ıilding:	s, hor	nes.
City (5) Trenton							etc.) Square Feet 1		Floors	1	Bldg.		
County (6) Mercer			County (STATE	Code (7)		Current Use (F	Prior if bein	ıg demoli		30+		
Name of Monitoring Firm Hired by Building not applicable	Owner (8	3)		M No.		Name of	exterior exc Abatement C	ontractor (
Street Address						Neube Street A	er Env. Svcs	s., Inc.					
City, State, Zip Code							Grosser Ro	ad, Suite	C				
							te, Zip Code sville, PA 1	9525					
Project Manager for Monitoring Firm			Telepho	ne No.		Telephor 610-93	ne No. 3-4332		License I	No.			
Start Date (10) 7/15/2019	Schedu 7/15/2	led Cor	mpletion	Date (11)		OSHA Monitor r Env. Svcs						
Occupancy Status During Abatement (Chec						Street Ad	Idress						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: exterior excavation a	al Facilit	Abaten y Hours	nent s			City, Stat	e, Zip Code						
Scope of Work (Check All That Apply)						Gilbert	sville, PA 1	9525					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure					
	120	Locati	70.00					() 4.10	voir r nat	10	Abate	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	Normal ed Sole iintenar todial S	ly by nce/	Asbes (i.e	stos Conta . thermal s	cription of aining Mate systems in ing, VAT, o		(Spe	ount	Re		pe Enca	Enc
(13)	Yes	(12) No	N/A		other mi	iscellaneo	ns)	SF 0	r LÉ)	Removal	Repair	Encapsulate	Enclosure
exterior excavation area			Х		16" tra	nsite pip	ре	20	LF	X			
Name of Registered Waste Hauler													
forizon Disposal Svcs		Ha	JDEP Wa auler ID 1 416		Cubic Y of Waste 10			Registered S/Tulley		andfil	ı		
City, State renton, NJ					Disposa 7/2019		City, Stat	e					
Completed by eff LaRiviere	Title Presid	dent				nature			Dai	te 9-201	ο.	11 10	
SB-41 (R-06-08)						1	e this form for						

n/h													
Project#				State of	New Jers	sey							
. roject#		NO	(Pursu	TON OF A	SBESTO	SARATE	EMENT		Check#	466	R		
Date of Notification (1)							(COE)	Inches of	IS IT	15		\\//	10
07/12/2019				ne of Buildi			r (2)	111)	5	E	-	- IV	1
			Net	cong Sc	hool Dis	strict		115					
	ion			et Address				1111					
EPA Initial DEP	10		26 (College F	₹d			14 1	<u> </u>	_ 1	9	2019	
DOL Amended			City,	State, Zip	Code			1	1				
Emergen	cv (includ	ling	Neto	ong, 07	857			-	ASBEST	202	~~\\	ITOO	inoresi I
DOH justification Cancellate	on)			e of Conta				1 1.7	Telephone I	lumbe	GIN	G G	1
				Stabile					973) 347-			Sinceritares	same
Name of Facility Where Abatement is Ta	king Plac	e (3)	- 1-1	ACILITY IN	FORMAT	TON	T						
School							Type of Facil						
Street Address							School	(K-12)					
26 College Rd							Subcha Other (i.	oter 8 (O	ther than K	-12)	uildin	h-	
City (5)							etc.)			Gai D	unanı	JS, NO	me
Netcong, 07857							Square Feet	#	of Floors		Bldg	. Age	
County (6)			Count	ty Code (7)			Cument						
Morris			(STAT	E USE ONL	n		Current Use (Prior if b	eing demol	shed)			
Name of Monitoring Firm Hired by Buildin	g Owner	(8)	IAS	CM No.		I Nama	-6 Ab -4 - 1					15-2-3100	
Aero Environmental							of Abatement		or (9)				
Street Address							Restoration Address	LLC					
275 Rt 10 East							okside Rd						
City, State, Zip Code							ate, Zip Code						
Succassuna, NJ 07876				50			olph, NJ 07	000					
Project Manager for Monitoring Firm			Teleph	one No.		Telepho	one No	009	Linana	11-			
Michael Berta			973-9	20-9061	1		3-2550		License 01358	No.			
Start Date (10) 07/13/2019			mpletio	n Date (11)		Name o	of OSHA Monit	or	01336				
	07/15	/2019					estoration						
Occupancy Status During Abatement (Che						Street A							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	f Abater	nent		1	72 Bro	okside Rd						
Abatement Performed Outside of Non Other – Describe:	mal Facili	ty Hour	S			City, Sta	te, Zip Code						_
Scope of Work (Check All That Apply)					- 1		lph, NJ 078	69					
	Talleran										_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova					Full Contains	nent with	h Negativo I	2			
-		Demoli	ion			H	Wini-Enclosu	ire		10000	ne		
							Glovebag Pr Non-Exempt	ocedure	d Nan Erial	de De			
	1	s Locati	on				Tren Exempt	T an	u Non-Friat	T Pro		re temen	
Location of Asbestos-Containing Material (ACM)	He	Normal			Desc	cription o	f.					ype	
TO BE ABATED	Ma	ed Sole aintena	nce/	Asbest	tos Conta	ining Ma	terial (ACM)	A	mount		1		Г
In Facility	Cus	todial 8 (12)	taff?	(i.e.	thermal s	ystems in ng, VAT,	nsulation,	(5	Specify	Re	R	Encapsulate	1
(13)		(12)]	other mi	scellane	ous)	51	or LF)	Remova	Repair	sqe	riicioanie
	Yes	No	N/A							<u>a</u>	7	late	2
allway		×		TSI						-	_		
		-		101				7 LF	53.7	×			
	-												
	-												
ame of Registered Waste Hauler													_
ck Restoration LLC		N.	DEP W	aste	Cubic Ya		Name of	Register	red Landfill				_
			33782		of Waste	•	G.R.O.						
ity, State Randolph, NJ	ESSENCE-	100	20,02		Disposal	Date	City, Stat						
	5.5			-	TBD	Jale							
ompleted by	Title				Sign	naturé	Tullytov	vn, Pa					
kica Mrda	Presid	dent			2.9	1/11	in 1	Inlo		70			
aca Mrda	Presid	dent			J Gigi	Pu	ia L	trole	Dat 07/	e 12/2(019		

Date of Notification (1) 07/11/2019 Agencies Notified Type Notification X EPA X DEP X DOL Amendment in Emergency (in Emergenc	}	Reservational Servation of the Servation	Name Monr Street 1 Nor City, St	tate of New York Ask YOF ASE TONJAC T	Owner egiona ield W	SABATE nd 12:12 Operator I School	0) r (2)			JL	JL	S C	20°	pencontributi	Property of the state of the st
DOH justification)				of Contact					1 100000	ephone l					
X DCA Cancellation			- HERO CONT 1-1-1	ew Teep					73	32-542-	581	5			
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility	(4)						
Monmouth Regional High School Street Address 1 Norman J Field Way		a ()					×	School (K-1 Subchapter Other (i.e. petc.)	12) r 8 (Oth	er than k & comme	(-12) ercia	l build	dings	hom	es,
City (5) Tinton Falls NJ 07724							5.700	re Feet	100000000000000000000000000000000000000	f Floors			ldg. A	\ge	
County (6)			County	Code (7)			N/A	nt Hos (Dri	N/A		12 - 1		1/A		
Monmouth Name of Monitoring Firm Hired by Building C	/6		(STATE	USE ONLY) <u> </u>	_	Sch				IISNE	ea)			
Ahera Consultants Inc	wner (8))		NNO.				tement Cor ntracting		(9)					
Street Address PO BOX 385							Addres		77						
City, State, Zip Code Oceanville NJ 08231	,							ip Code I Park NJ	07/12	1		77-31-			
Project Manager for Monitoring Firm			Telepho			Teleph	none N	0.	0742	License	e No				
Donna D'Errico Start Date (10)	0-1	10		52-1833			5692-	<u> </u>		01266	3				
07-22-2019	08-09-	2019	npietion	Date (11)		The state of the s		HA Monitor ntracting I	LLC						
Occupancy Status During Abatement (Check							Addres								
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma	I Facility	Abatem / Hours	nent			B 577	3OX 7	/34 ip Code							
Other - Describe: OCCUPIED BUILDIN	G ′				_	100		Park NJ	0742	4					
Scope of Work (Check All That Apply)	-					_	_								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×	Min	l Containme i-Enclosure vebag Prod n-Exempted	e cedure					e	
	CH53	Locati												ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cusi	Normalid Sole intenar todial S (12)	ly by nce/ staff?		tos Con therma surfa	scription taining M I systems cing, VA niscellan	faterial s insula T, or		(S	mount pecify or LF)		Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A											ro .	
Gymnasium Field			X	wood fl	oor/ho	masote	sub8	&mastic	780	00 SF	-	X			
											-				
Name of Registered Waste Hauler		1000	JDEP W			Yards		Name of F	Register	red Land	fill				
Amax Contracting LLC			auler ID 036184		of Wa 50 C	Υ		Fairless	100.000.00						
City, State Woodland Park NJ 07424						sal Date 3-2019		City, State Morrisy		Annual Section Section 1997	1				
Completed by	Title					Signatyre		-		1	Date				
Tome Maslarkov	Proje	ct Ma	nager				/_				07-	11-2	019		

HIBM P	A	tod tooms	State of New Jer ION OF ASBESTO and to NJAC 8:60	OS ABATEI and 12:120	a 2019	Theck	- 573	9		53
Date of Notification (1)	19		e of Building Owne		hare	Ross	N			
Agencies Notified Type Notification ☐ EPA Initial	1771 - 10	Stree	et Address . Ad	edectac	CONTROL &	Street				
DOL Amended Amendmen			State, Zip Code	eth.	Ambox	NJ	088	36 1	1	
DOH justification)		Nam	e of Contact Karen	Ross	-5.	Telephone N				
Name of Facility Where Abatement is Takir	ng Place (3)	ACILITY INFORMA	ATION	Type of Facility	(4)				
Street Address Street Address	11/4	DW	elling			12) r & (Other than K- private & commer		dings	, hom	es,
City (5) Perth Ambo	× 1	VIT	08861		Square Feet	# of Floors	8	Bldg. A	Age	_
County (6) Middlesex	County Code (7)				Current Use (Pr	ior if being demoli	ished)	_/(<i>)</i> (
Name of Monitoring Firm Hired by Building	Owner (8) AS	SCM No.	Name	of Abatement Co		- 2-1	ø		
Street Address	37	3	17/14	Street	Address	chnole 337	316		Ir	
City, State, Zip Code	N.	7 0	35.33	City, St	ate, Zip Code	CU tar	70	94	2	2
Project Manager for Movif ril g Firm			hone No.		one No. 758-330	License	No.	70	U	
Start Date (10)	Schedul	ed Completio	on Date (11)		of OSHA Monitor		<u> </u>		1	
Occupancy Status During Abatement (Chec	100	ne)			Address	hnologie	SL	nc		*
ŠU Facility Closed/Vacated During Entire I □ Abatement Performed Outside of Norm □ Other – Describe:	Period of an all Facility	Abatement y Hours		City, St	ate, Zip Code				1.	12 452 24
Scope of Work (Check All That Apply)				Įve	w Egypt	NJ	083	53	3	
≥3 sf or ≥3 if □ ≥160 sf or ≥260 if		Renovation Demolition	•		Mini-Enclosur Glovebag Pro			re	g PA	
	11.01	Location Normally						Abate	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Solely by sintenance/ todial Staff? (12)	Asbestos Co (i.e. therm sur	Description Asbestos Containing M (i.e. thermal systems surfacing, VA other miscellan		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
5)	Yes	No N/	A		4 4	12			ite	е
Basement	X		Pipe.	Lnsu	lation	100 LF	= X			
			-							
Name of Registered Waste Hauler		NJDEP	Waste Cub	ic Yards	Name of	Registered Landfi	ill			
EPC Technologie	<u> </u>	Hauler	000	Vaste 2	Wast	e Manage		101	e P	A
City, State New Egypt	NJ	8	Disp 8	oosal Date	City, Stat	isville	PA			
Steve Schenker	Pitte	sident	-	Signature	Sol.	L D	ate 7	17	-10	3