Date of Notification (1)	State of NEW NOTIFICATION OF ASBE (Pursuant to NJAC 8:	STOS ABATERIENT		JUL	E 1	V E	
Agencies Notified Type Notification	Name of Building Ow	ner/Operator (2)		002	L ()	7.010	HI
, SP - I STANDARION	Street Address	P		BEST	OS COL	THOLE	
DEP Amended	City, State, Zip Chide	0. gox 1	, I have been seen	English	ZENONY	101	_
☐ Emergency (including	Name of Contact	UT OSOS	S0				
☐ DCA justification) ☐ DCA ☐ Cancellation	Name of Contact		Telephone		Cac	1 .000	7
Name of Facility Where Abatement is Taking Place (3)	FACILITY INFORM			<u>c 9</u>	80)	999	4
Street Address		Type of Far	ontry (4) ol (K-12)				
		☐ Subch	apter 8 (Other than K- (i.e. private & comme	-12)	idinas ka	mar eta ì	
City (5)	2	Square Feet		aciai van	Bldg A		
County (6)	County Code (7)	Current Use	(Prior if being demoli	shed)			
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.						
Street Address		Name of Abatement (Contractor (9))	14,-	10	
		Street Address /212 1002	. 7	<i>الماطنة بيا</i>	111127:		_
City, State, Zip Code		City, State, Zip Code	U RIA F	The			
Project Manager for Monitoring Firm	Telephone No.	Telephone No.		50)[
Start Date (10)	118	LEST-346-C	1916 License	No.	0		
Steelmen Com	npletion Date (11)	Name of OSHA Monito					
Occupancy Status During Abatement (Check Only One)	1/10	Street Address	-				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:	r di	City State 71: 0					
Other – Describe:		City, State, Zip Code				i	
TI >2 =8>2 to			A)				
Demoliti	ion	☐ Mini-Enclosur	edure				
Is Location of Normally			(*) and Non-Friable	1	e batemen	ıı.	
Asbestos-Containing Material (ACM) TO BE ABATED Maintenant	by Desc Asbestos Contain	ription of ting Material (ACM)	Amount	-	Туре	$\overline{}$	
In Facility Custodial Su (13) (12)	aff? (i.e. thermal system	s insulation, surfacing	(Specify SF or LF)	R .	B. Bheat	Bind	
Yes No	N/A other mis	scellaneous)		Removal	Bassi	Enclosure	
Out side	/		000	1	1		
	Siding		2500 SF	4			
				-	1 1		
Name of Registered Waste Hauler			1	-	1 1	\dashv	
Addition 11 1 Hauli	EP Waste Cubic Yard er ID No. of Waste	L'ente of the	gistered Landfill		1_1	-	
City, State	Disposal Da	16M	of MA				
Completed by Carlotte Title	1.5	الله الله	Whown P.	<u>ب</u>			
Jeph T Hall. K Reader	Iti. Signat	nuc	Date .	جاي	4	77/	20/15
ASB-41 (R-06-08)	1	* Do not use this form for	or asbestos licensure e	exempted	activitie	// C :s.	را ای

Choin)	NO FIC.	Sette of New Jer ATION OF ASSEST ISUARI to NJAC 8:60	OS ABATT	EMENT	DE	G	[]	20	
Date of Notification (1) Agencies Notified Type Notification EPA Initial Amended Amendment	on	Str	eet Address	Operator Delp Delp)Å;					101 G
	r (including n)	Nar	y, State, Zip Oode Sc Well ne of Contact Cos S	N)	08	7 Telephone N 609	_	Maria	44	47
Name of Facility Where Abatement is Taking ReStact Street Address	Place (3)	F	ACILITY INFORMA	ATTON	Type of Facil School Subchap Other (i.		2) cial bui	īdin s s,	home	s, etc.)
City (5) Galam					Square Feet	# of Floors		Bldg	Age	
County (6) Salan			nty Code (7) TE USE ONLY			Prior if being demolisi	hed)			i Propinsi de la companya de la comp
Name of Monitoring Firm Hired by Building (Owner (8)	AS	SCM No.		of Abatement Co		Liii	7:11/2	71 6	100
Street Address				121	Address 2 Diell	r A	THE			
City, State, Zip Code	3.57			1	ate, Zip Code	· NITE	30	:)[-	
Project Manager for Monitoring Firm	8	Telepi	hone No.	Telepho		License	No.	750		
Start Date (10)	5	Completion	Date (11)	Name of	FOSHA Monito	r				-
Occupancy Status During Abatement (Check Of Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other - Describe:	ind of Abare	ment rs		Street Ad City, Sta	ddress te, Zip Code	*				And desired from the state of t
Scope of Work (Check All That Apply)								_		
□ ≥3 sf or ≥3 lf .⊡' ≥160 sf or ≥260 lf		novation molition		الإصاما	Mini-Enclosu Glovebag Pro			dure		des grantes de la companya de la com
Location of	No	ocation rmally	Des	eription of				Abate Ty		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main Custod	Solely by tenance/ ial Staff? 12)	Asbestos Conta (i.e. thermal syster V	ining Mate	erial (ACM) on, surfacing	Amount (Specify SF or LF)	Removal	Repair	Enempsulute	Enclosure
2161	Yes 1	No N/A	0:11				1	4	6	
Eut Sil		+/	7.30	7		7500 SF	1			
		1	-							
Name of Registered Waste Hauler		NJDEP Wa Hauler ID	No. of Waste		Name of F	Legistered Landfill				The state of the s
City, State DE 14100 11.	ĺ			ed _	City, State	llutocin !	7;2			
Completed by Japan T. Hall.	V. RE	sident.	Sign	lature ()	4	Date	4+	5//	7	17

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

Date of Notification (1) 07/20/2018			Ì	Name of I Port Au	Building Owner/C thority of New \	perator (2) ork & New Jersey/ APi	Temif	als C (E	heck N	d . 1	[73]	
Agencies Notified	Type Notification			Street Ad 5080 Mc	dress Lester St		IN				-	
□ EPA 図 DEP 図 DOL	☐ Initial ☑ Amendment # ☐ Emergency (in			Elizabeth	e, Zip Code n, New Jersey (07201			26 20		4	
☑ DOH ☐ DCA	justification) ☐ Cancellation			Name of 0 Sloboda	Contact n Buljevic		201-5	one Numbe 95 48740S LICE	CONT	ROL	. &	
LI DON				FACIL	ITY INFORMATION	ON						
Name of Facility When AQI Drivers Assista	re Abatement is Taking nce Building at APN	Place (3) Termina	I			Type of Facility (4) ☐ School (K-12)						
Street Address 5080 McLester St.						☐ Subchapter 8 (Other ☑ Other (i.e. private &	than K-12 commerci	2) al buildings			.)	
City (5) Elizabeth, New Jers	sey 07207					Square Feet 10,000	# of Flo		Bldg. 50+	Age		
County (6) Union				County C	ode (7) SE ONLY)		Terminal	Drivers P	ssistar	nce E	3ldg	
Name of Monitoring F Brinkerhoff	irm Hired by Building C	wner (8)		ASCM	No.	Name of Abatement Con Lilich Corporation	tractor (9)					
Street Address 1805 Atlantic Ave	enue			1		Street Address 606 McBride Ave						
City, State, Zip Code Manasquan, NJ C)8736					City, State, Zip Code Woodland Park, New	Jersey					
Project Manager for N Jason P. Hooper				Telephon 732-223-		Telephone No. 973-225-8400		icense No. 1104				
Start Date (10) 07/23/2018 ON	te (10) 018 ON HOLD Schedu 08/07/2				Date (11)	Name of OSHA Monitor Iris Environmental Lab	oratories	s, LLC				
Occupancy Status Du	cupancy Status During Abatement (Check Only Coupans)					Street Address 2333 Route 22 West						
☐ Facility Closed/V☐ Abatement Perfo☐ Other — Describe	facated During Entire Formed Outside of Norm:	al Facility H	lours			City, State, Zip Code Union, NJ 07083						
Scope of Work (Chec	All That Apply)											
☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 ii			enova emoli			☐ Full Containm ☐ Mini-Enclosur ☐ Glove Bag Pro ☒ Non-Exempted	e acedure / .	Limited Co.	ntainme	nt &	Tent	
		10	Loca	tion		A NON-Exemples	Ar	mount	Ab	atem		
		N	loma	illy		Description of		of LF)		1)6		
	ation of ning Material (ACM)			ely by ance/	Asbestos C	ontaining Material (ACM)			R	_	Enc	ᄪ
TO BE	ABATED			Staff?	(i.e. therr	nal systems insulation, rfacing, VAT, or			Removal	Repair	aps	Enclosure
	Facility (13)		(12))	othe	er miscellaneous)			val	air I	Encapsulate	ure
		Yes	No	N/A		+:1 d associatos	310 9	SF	X			
Employee Break	k Room & Locker		X		mastic	or tile and associated						
Drivers Reception	on Window Area		X		12x12 tan flo mastic	oor tile and associated	450 9	SF	X			
Old Bank Office	Restroom		X		12x12 tan flo	oor tile and associated	90 S	SF	X			
Hallway along R	lestrooms & Utility	,	X		12x12 tan flo	oor tile and associated	72.5	SF	X			
Rm			X		mastic	() + i) d	330	SE	X	1	-	
AQI Office	Office				associated n							
Main Hallway			X		12x12 brow associated n	n floor tile and nastic	120	151	X			

oupply closet		X			2 brown floor tile	and	24 SF	X		
Telephone Closet		X			brown floor tile a	and	24 SF	Х		
APM Manager's Office		X			brown floor tile a	and	135 SF	X		
Driver's Assistance Office		Х			brown floor tile a	and	530 SF	X		
Throughout building			Х	Black c	omposite window s	sill	110 SF	X		
Throughout building			Х	Interior	r window caulking		23	X		
Throughout building			X	Exterio	r window glazing		23	X		
Main Roof Level;	X			Rolled r	roofing felt		2,880 SF	X		
Overhang Roof level	Х			Rolled r	oofing felt		60 SF	X		-
Main Roof	Х			Flashing	g/sealant compoun	d-roofing	400 SF	X		
Overhang Roof level	X			Flashing	s/sealant compound	d-roofing	50 SF	Х		
Canopy Roof	X			Rolled r	oofing felt		1,800 SF	Х		
Canopy Roof	x			Flashing	/sealant compound	d-roofing	400 SF	Х		
Name of Registered Waste Hauler Asbestos Transportation Co/DBA A7	TC	Hai	DEP Wuler ID		Cubic Yards of Waste 60		egistered Landfil			
City, State Yaphank, New York	-				Disposal Date 08/07/2018	City, State Waynesbu	terprise, LLC			-
Completed by Adriana Oiejarova	ova Title President				Signature		Da	ate 07/20/201	8	

ASB-41 (R-06-08)

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

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2)
Port Authority of New York & New Jersey/ E (check No 11 Telmines PM Date of Notification (1) 07/11/2018 Street Address Type Notification Agencies Notified 5080 McLester St 2 6 2018 IXI Initial City, State, Zip Code ☐ EPA Amendment # Elizabeth, New Jersey 07201 ₩ DEP Emergency (including ⊠ DOL П Telephone Number TEOL & 201-595-4874 SING justification) Name of Contact Cancellation Slobodan Buljevic П DOH D DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) AQI Drivers Assistance Building at APM Terminal ☐ School (K-12) Subchapter 8 (Other than K-12) Si Other (i.e. private & commercial buildings, homes, etc.) Street Address 5080 McLester St. Bldg. Age # of Floors Square Feet 50+ 10.000 Elizabeth, New Jersey 07207 Current Use (Prior if being demolished) APM Terminal Drivers Assistance Bldg County Code (7) (STATE USE ONLY) County (6) Union Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Lilich Corporation Brinkerhoff Street Address 606 McBride Ave Street Address 1805 Atlantic Avenue City, State, Zip Code Woodland Park, New Jersey City, State, Zip Code Manasquan, NJ 08736 License No. Telephone No. Telephone No 01104 Project Manager for Monitoring Firm 973-225-8400 732-223-2225 Jason P. Hooper Name of OSHA Monitor Iris Environmental Laboratories, LLC Scheduled Completion Date (11) Start Date (10) 08/07/2018 07/23/2018 Street Address Occupancy Status During Abatement (Check Only One) 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Union, NJ 07083 Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation Mini-Enclosure Glove Bag Procedure / Limited Containment & Tent □ ≥3 sf or ≥3 lf Demolition Non-Exempted (*) and Non-Friable Procedure ≥160 sf or ≥260 lf Abatement Amount Type (Specify is Location SF of LF) Description of Normally Asbestos Containing Material (ACM) Encapsulate Location of Lised Solely by Enclosure Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, Remova Maintenance/ Custodial Staff? TO BE ABATED surfacing, VAT, or other miscellaneous) In Facility (12)(13)N/A Yes No 12x12 tan floor tile and associated 310 SF X X Employee Break Room & Locker mastic X 450 SF 12x12 tan floor tile and associated X Drivers Reception Window Area mastic 12x12 tan floor tile and associated X 90 SF X Old Bank Office Restroom mastic X 12x12 tan floor tile and associated 72 SF Hallway along Restrooms & Utility X mastic X 330 SF 12x12 brown floor tile and X AQI Office associated mastic X 120 SF 12x12 brown floor tile and X Main Hallway associated mastic

Supply Closet	Ā			חוחאוו ווחחו רווב פ	iiu	47.01	^			
					ted mastic	-			1-1	
Telephone Closet		X			prown floor tile ar	nd	24 SF	X		
					ted mastic				1-1	
APM Manager's Office		X			prown floor tile ar	nd	135 SF	X		
4) PE					ted mastic					
Driver's Assistance Office		X			orown floor tile ar	nd	530 SF	X		
				associa	ted mastic					
Throughout building			X	Black co	mposite window si	II	110 SF	X		
Throughout building			X	Interior	window caulking		23	X		T
Throughout building			X	Exterior	window glazing		23	X		
Main Roof Level;	X			Rolled r	oofing felt	2,880 SF	X			
Overhang Roof level	X			Rolled r	oofing felt		60 SF	X		
Main Roof	X			Flashing	z/sealant compound	d-roofing	400 SF	X		
Overhang Roof level			-	Flashing	g/sealant compound	d-roofing	50 SF	X		+
	X									
Canopy Roof				Rolled r	oofing felt		1,800 SF	X		
	X									
Canopy Roof				Flashing	sealant compound	d-roofing	400 SF	X		
	X	-	-					-		+
Name of Registered Waste Hauler				Waste	Cubic Yards of Waste	Name of I	 Registered Landf	ill		
Asbestos Transportation Co/DBA AT	C	1	1872		60	Minerva E	interprise, LLC			
City, State Yaphank, New York					Disposal Date 08/07/2018	City, State	ourg, Ohio			
Completed by Adriana Olejarova	Title	resider	nt		Signature /	100	2 '	Date 07/11/2	2018	
ASB-41 (R-06-08)					* Do not us	e this form for	asbestos licensi	ire exem	pted a	ativities

Date of Notification (1) July 23, 2018	•	21	NOT	FIFICATION OF A	N.J.A.C. 7:26-2.1	2) Iding C	Owner/Operator (2		E C	26	₩ 2018	
					PSEG Foss	II, LLC						
Agencies Notified (X) EPA (X) DEP		() Initial No.	otification	ification	Street Addre	za	The second secon	A	SBEST	OS CO CENSII	NTROL IG	. &
(X) DOL (X) DOH (X) DCA		() Cancel	led		City. State, Z Newark, NJ	07102	-4109					
					ELVIN V		JR A		Number 418-122	0		
Name of Facility Miles and Ale				FACILITY I	NFORMATION	2112	710.1	1, ,				
Name of Facility Where Aba Sewaren Generating Station	ntement is	Taking Place	(3)		Type of Facil							
					() School (K	12) er 8 (o:	ther than K-12)					
Street Address 751 Cliff Road					(X) Other (i.e	. privat	te & commercial bi	dgs., hor	nes, etc.			
751 Cilli Road												
<u>City (5)</u>	County (6)		County	Code (7)	- Sq. Feet_1,	000,00	0	_ # of Flo	oors 8			
Sewaren	Middlesex			Jse Only)	Bldg. Age 69							
Name of Monitoring Firm Hir	ed by Bld	Ouros (O)	10011		Current Use	prior if	being demolished			ating St	ation	
Traine of Monitoring Film File	ed by blu	g. Owner (8)	ASCM	No.			Name of C	ontractor	(9)			
Other Additional Property of the Control of the Con							Absolut A	ce Inc.				
Street Address					Street Addres	S						
					PO BOX 295							
City, State, Zip Code					City State, Zir	Code						
					Florham Par	k, NJ 0	7932					
Project Manager for Monitori	ng Firm	Telephone	Number		Tolonhana Ni	and a		T				
PARTICIPAL PRODUCTION CONTRACTOR			- TOTTI DOI		Telephone Nu (973) 410-921			00225	e Numbe	<u>er</u>		
Scheduled Start Date (10)		0.1.1.1			, , , , , , , , , , , ,			00223				
July 31, 2018		Scheduled Dec 12, 20	Completio 18	n Date (11)	Name of OSH MECS	A Mon	itor					
0					IVIECS							
Occupancy Status During Ab (X) Facility Closed/Vacated () Abatement Performed Out	During Ent	ire Period of	hatamant		Street Addres 5 Linwood Ct	<u>s</u>	=					
DescribeAREAS WE ARE	E WORKIN	IG WILL BE V	'ACATED		City, State, Zig Hamilton, NJ	Code 08690				731-2-3		
Other - Describe Two Shifts	s, 12 hour	s each, 24 ho	our plant o	coverage								
Source of Work (Check all the	at apply)		_									
() Demolition (X) Renova (X) Large Proj. (>160 SF or > (X) Full Containment with Ne	tion 260 LF AC	ssure (X)	Mini-Enc	60 SF or >10 <20	60 LF ACM) (Glovebag Proce) Mino	or Proj. (<25 SF or	<10 LF	ACM)			
Location of Asbestos- Containing Material (ACM) in	Is Loca	ation Normally by Maint./Cus	Used	Description of	ACM (i.e.		unt (Specify SF or	LF)	Abatem	ent Typ	e	
Facility (13)	Staff? YES	(12) NO	NA	thermal system surfacing, VAT miscell.)	, or other				Derr	D-		
FUEL OIL AREA	X	1	13/7	Pipe insulatio	n	1,500	NIE		Rem.		Encap E	
Air Heaters	X			Thermal Syste	ems		SQUARE FEET			X	X	X
BASEMENT & SERVICE BLDG	×		4	Pipe Insulatio	n	4,000	Linear Feet		X	X	X	X
Name of Reg. Waste Hauler Waste Management of New	Jersey	NJDEP Was 17273	te Hauler	ID#	Cubic Yards of 200	Waste	2		of Reg. L wn Reso		ecover	y
<u>City, State</u> Elizabeth, NJ 07114-2436					*	^	Disp. Date 8-18 thru 12	-18		ty, State	! i, PA 19	007
Completed by (Print or Type)		Title			<u>Signature</u>	1		Data			-	
ROBERT GROGAN		<u>VP</u>			/	PROCESS TO THE PROPERTY OF THE		<u>Date</u> 7-23-18				

	S	State of N	ew Je	rsey /\Notif	cation of Asbestos	Abateme	nt		
011 100			مسا مسا	シ /Δ\			me	GEI	VET
(, h las hou).		(Purs	uant to N.J.A.	2. 8.60-7 and 12:120-7)		IUI		
Data of Natification (1)	lat				1				
Date of Notification (1) January 22, 2018					Name of Building Owner			JUL 26 2	2018
Agencies Notified		Notification	Tyne		St. Phillip The Apo	ostie Pari	sn -		-010
, igonolog Holmou				fication	797 Valley Road	-		Non-management has a sufficient before the services.	
X EPA		□Amende			City, State, Zip Code		ASI	BESTOS CON	TROL &
DCA		1		including	Clifton, NJ 07013	<u>{</u>		LICENSING	G
X DOL X DEP		justific			Name of Contact	,	Tolopho	one Number	
x DOH		☐ Cance			Carlos Arias			89.4038	
XBOIT				FACILITY IN	<u> </u> FORMATION		070.0	00.4000	
Name of Facility Where Abate	ement is Tal	king Place (3)			Type of Facility (4)				
St. Phillip The Apost	le Parish	1			☐ School (K-12)				
Street Address					Subchapter 8 (other tha	n K-12)			
797 Valley Road					Other (i.e. private 8		ouildings, h	omes, etc.)	
50.0					Sq. Feet: 30,000	# of Floors:	1 Bldg.	Age: 50 yea	rs
City (5) Clifton	County (6			V Code (7) Use Only)		25 1957			
Ciliton	Passai	С	State	Ose Only)	Current Use (prior if bein	g demolished	i):		
Name of Monitoring Firm Hire	d by Blda (Junor (8)	ASCM	No	Name of Control (0)				
EnviroVision Cons			0007		Name of Contractor (9)				
Enviro vision Cons	unants	me.	0007	3	GREENWOOD ABA	TEMENT C	ONSULT	TANTS INC	
Street Address					Street Address	· Lilleliti O	ONOUL	ratio, iito.	
20-21 Wagaraw Road	l, Bldg#	35E							
City, State, Zip Code					511 MAIN STREET				
Fairlawn, NJ 07410					City State, ZipCode				
Project Manager for Monitorin	a Firm	Telephone N	lumber		Butler, NJ 07405 Telephone Number		T 1:	NI	
Fred Larson	911111	973-636-			Telephone Number		License I	Number	
					973-492-0477		00840		
Scheduled Start Date (10)		Scheduled C			Name of OSHA Monitor				
August 2, 2018		August 6	, 2018		EMOL :				
Occupancy Status During A	hatement (Check only or	20)		EMSL inc. Street Address				
	cated Durin	a Entire Perio	nd of Ah:	atement	Street Address				
Abatement Performed	Outside of	f Normal Faci	lity Hour	'S -	1056 Stelton Road				
Describe			\$		City, State, Zip Code				
Other - Describe: Va	cant				Diagraman, N. I. 00	054			
					Piscataway, NJ 08	854			
Source of Work (Check all tha	t annly)								
Course of Work (Check all tha	t apply)							W. N	
≥ 3 sf or ≥ 3 lf				Renovation		X Full Conti		th Negative Pre	ssure
□≥ 160 sf or > 2				Demolition			Procedure		9
= :::::::::::::::::::::::::::::::::::::	10.00			Demonton		-		; d Non-Friable P	rocedure
						Wrap & C		a mon mable i	roocaare
Location of Asbestos-Containi Material (ACM) in Facility (13)		cation Normall y by Maint./Cu			pestos Containing Material	Amour		batement Type	
material (10M) III acility (13)	Staff		Stoulai	VAT, or other mis	al systems insulation, surfaci	ng, (Speci or LF)	ty SF Re	emove Repair End	cap Enclose
86.117.4	YES	NO	NA		RIDINA()	0. 2. /			
Corridor Next To			X	Plaster Ceilii	ng	24 sf	×	3	
Mechanical Rm									
Name of Reg. Waste Hauler		NJDEP Wast		ID#	Cubic Yards of Waste:		Name of	Registered Land	fill
See Hauler Below # 1 & 2	2	See Below			1			vfill Landfill	
Haulay #1) Creamysed	A la a 4 a			5 // 1116		D: 1.5	G.R.O.V		
Hauler #1) Greenwood NJ DEP # 12			nts, in	c. – Butler, NJ (1/405	Disposal Da		City, State Route 2, Bo	ox 68
Hauler #2) Newark Carti			14500 1	VI DEP # 10221		August 6	, 2010	Bridgeport,	WVA
and and the same card	g,c [terrain, 110	77307,1	10 1011 # 17551				304-842-27	
Completed by (Print or Type)	Т	itle			Signature		Date		
Marin Graure		ENIOR PF	ROJEC	т		scenario de la companio de la compa		3, 2018	
		MANAGER			Marin Graun	re	, -	-,	

Ch 1895		(P	ursuar	State of New Jer DN OF ASBESTO It to NJAC 8:60	and 12:12	20)	т		E C		**********	Print (
Date of Notification (1) 7/23/18				of Building Owne					- 10		0	2018
				a Valintin Priv	ate Hor	ne						
	n		Street	Address					ASBES			
EPA Initial Amended		L	City S	tate, Zip Code		<u> </u>		-	-	ICE	VSIN	G
DOL Amendmen	nt #		STATE OF THE PARTY	ahawkin NJ 0	8050							
☑ DOH ☐ Emergency justification		g -		of Contact	0030			Tolopha	== Nll			
DCA Cancellatio			Mike					releptio	ne Numb	er		
No. of F. W. M.			FAC	CILITY INFORMA	ATION							
Name of Facility Where Abatement is Taki Laura Valintin Private Home	ng Place	(3)				Тур	e of Facility (4)				
Street Address							School (K-1					
ouder Address							Subchapter Other (i.e. r	8 (Other that	n K-12)	مناطانه	as b	
City (5)						X	etc.)	nivate & con	merciai	Juliun	igs, n	omes,
Manahawkin NJ 08050						******	are Feet	# of Floo	irs	1 8	g. Age	3
County (6)		- 17	Country	Code (7)		1000000	00+	1		35	+	
Ocean				USE ONLY)			rent Use (Prid	or if being de	emolished)		
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.	Name		atement Con	tractor (0)			-	
N/A	•	est.		no section of the sec		naco		macioi (9)				
Street Address					Street							
					POI	Box :	329					
City, State, Zip Code			3.0		City, S	State, 2	Zip Code					
Deital					Wes	t Bei	rlin NJ 080	91				
Project Manager for Monitoring Firm		1	Telepho	one No.	Teleph			Lice	nse No.			5-2-0
Start Date (10)							9800	007	727			
8/1/18	8/10/1		pletion	Date (11)			HA Monitor			****	23155	
Occupancy Status During Abatement (Chec				11	Sam							
		a society.			Street	Addre	ess					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of a nal Facility	Abateme y Hours	ent		City S	tate "	Zip Code		-			
Other – Describe:		,			City, S	iale, Z	Th Code					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovati Demolitio			×	Mi Gl	ill Containme ini-Enclosure ovebag Proci on-Exempted	edure				
	le	Location	n		-		Actificed	, / and NON-	nable F	0.00	ateme	ent
Location of	1	Normally		n	escription	of					Туре	3.00
Asbestos-Containing Material (ACM) TO BE ABATED		d Solely intenance		Asbestos Cor	ntaining M	ateria		Amount		T	п	1
In Facility	Cust	todial Sta	aff?	(i.e. therma	al systems acing, VAT		ation,	(Specify SF or LF	, 4	7	n d	Encl
(13)		(12)			miscellan			J. 01 El)	Kepair	Ericapsulate	Enclosure
	Yes	No	N/A						7	-	ale	6
Exterior Siding			х	Ext	erior Sid	ina		1000 SF	-	+	+	+
						9		1000 31		+	+	+
	+	-								_	+	\perp
Name of Registered Waste Hauler												
United Roll Off		1000000	DEP W uler ID	2007/2017/20	Yards aste			egistered La	ndfill		- 1000 /000	
	224	459	3			G.R.O.V	V.S.					
City, State Elm NJ					sal Date		City, State				500	
Completed by	1			8/10			Morrisvil	le PA 190	67			
Anthony T Perna	Title	dont	92		Signature	8			Date			
and only i i ellia	Presi	uent			Cl				7/23/	18		

 $^{^{\}star}\,\mbox{Do}$ not use this form for asbestos licensure exempted activities.

		Ν			MONT	OF ASE	ew Jersey BESTOS ABAT 8:60 and 12-1		Check N	o. <u>5</u> 1	156		TI TOWN TOWN	
					Parameter	/4/			INE	C F	3	1	V//	E
Date of Notification (1)						of NA %	g Owher/Operator	(2)				topy / pr	Ü	L
July 19, 2018 Agency Notified	Type N	otification		_		Address	INJ		1 1	V0000 V0			000000	
	Type N	otilication			5000 0000		Center, 11th F	loor		JUL 2	6	20	118	
□ EPA □ DEP Not required per State Reg. 10-2004	☑ Initia ☐ Ame			-		State, Zip		1001						-
☑ DOL Wildhambaraguand		ndment #				ark, NJ			ASE	ESTOS	ČC	HIT	20	economic L. L.
⊠ DOH		rgency (includi fication)	ng			of Contac			Telephone Nur					
□ DCA		cellation			Uda	y Mehta	1		201-595-48					
					FAC	ILITY INF	ORMATION							
Name of Facility Where A	batemer	nt is Taking Pla	ce (3)	V				Type of Facility	(4)					
George Washingto	n Brid	ge - Admin	istra	tion	Buildi	ng		☐ School (K-12	2)					
Street Address	MA 12 1/2/19			_		-			8 (Other than K-12	2)				
220 Bruce Reynold	ls Blvc	l.						Other (i.e. pr homes, etc.)	rivate & commerci	al buildin	gs,			
City (5)	-							Square Feet	# of Floors	Bldg.	Age		_	_
Fort Lee, NJ 07024	1							30,000	4	67+				
County (6)	•				Count	v Code (7) (STATE USE		r or if being demo	270.00				
Bergen					ONLY		, (01/11/2 002	Office	nor in bonnig donner					
Name of Monitoring Firm	Hired by	Building Owne	er T	ASCN	1 No	· ·	Name of Abatem		9)					
A of NY & NJ	111100 07	Dunumy Own	.	N/A				toration Co.,						
Street Address				11/17			Street Address	torution co.,	mo.					-
241 Erie Street, Ro	om 23	6					223 Randolp	oh Avenue						
City, State, Zip Code	0111 20	<u> </u>					City, State, Zip C							
Jersey City, NJ 073	310						Clifton, NJ 0							
Project Manager for Moni		rm	Te	elepho	ne No.		Telephone No.		License No.					
Uday Mehta			1		95-48	81	973-478-468	1	00120					
Start Date (10)		Scheduled Co	mplet	tion Da	ate (11)		Name of OSHA I	Monitor						
July 21, 2018		August 31	, 201	18			EMSL Analy	tical, Inc.						
Occupancy Status During	Abatem	ent (Check onl	y one))			Street Address							
☐ Facility Closed/Vacated ☐ Abatement Performed ☐ Other - Describe: No	Outside	of Normal Facil	ity Ho	urs	t		City, State, Zip C		2892					
Scope of Work (Check all								,						
≥ 3 sf or ≥ 3 lf		.,			⊠ Ren	ovation		Containment with Enclosure	Negative Pressur	re				
□ ≥ 160 sf or ≥ 260 lf					2007 Hard Co. 2 (4) CO.	nolition	☐ Glove	ebag Procedure						
		I			3100	1	⊠ Non-	Exempted (*) and	d Non-Friable Pro	cedure	Ι Δ	bate	mai	nt
				Locat							^	Ty		16
Locatio Asbestos-Containing TO BE AB IN Faci (13)	g Materia BATED lity	il (ACM)	Use Ma	Norma ed Sole aintena Custod Staff (12)	ely by ince/ ial		Description of stos Containing Ma , thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, r, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A									
Lower Parking Lot of Admi	inistration	Building	X			Tansi	ite pipe		1	21 In ft	X			
	186													
									· · · · · · · · · · · · · · · · · · ·					
Name of Registered Was	te Haule	r	100000		Waste I	lauler	Cubic Yards of	Name of Regis	tered Landfill					
Jimmy Byrne Truc	king		- 333	No. 9551			Waste 2	A service of the serv	nterprises, Inc	c.				
City, State							Disposal Date 09/30/2017 -	City, State	011					
Bronx, NY							09/29/2018	Waynsebu	rg, OH	D-4				
Completed by		Title					Signature	//		Date	204	0		
G. Roger Woodma	п	Project Ma	anag	jer						7/19/	4 01	0		

hake 1

State of New Versey Check No. NOTIFICATION OF ASBESTOS ABATEMEN 5156 (Pursuant to NIAC 8 do and 12-120) Date of Notification (1) Name of Building Owner/Operator (2) July 19, 2018 PA of NY & NJ Agency Natified Type Notification Streat Add/ess 6 2018 2 Gateway Center, 11th Floor E EPA S Initia! MAN SERVICE HELD THE Amended City, State, Zip Code DOL DOL Amendment # Newerk, NJ 07102 Emergency (including ROL& 図 DOH Name of Contact A Tetaphone Numbe justification) WAT ACENSING Cancellation Uday Mehta 201-595-4851 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of fee lity (4) George Weshington Bridge - Administration Building ☐ Soho I (#-12) ☐ Sub : epier 8 (Other than K-12) Street Address Ditho (Le private & commercial buildings, 220 Bruce Reynolds Blvd. honu s. elc.) City (5) Square 'ee' # of Floors Bldg. Age Fort Lee, NJ 07024 30.0CH 67+ County (8) County Code (7) (STATE USE Curren: Ise (Prior if being demolished) ONLY Sergen Offic: Name of Monitoring Firm Hired by Sullding Owner ASCM No. Name of Abatement Con't leter (8) PA OF NY & NJ NIA B&N&K Restoration Co., Inc. Street Address Stroet Address 241 Erie Street, Room 236 223 Randolph Aver ue City, State, Zip Code City, State, Zip Code Jersey City, NJ 07310 Clifton, NJ 07011 Project Manager for Monitoring Firm Telephone No. Telephane No. License No. Uday Mehta 201-595-4881 973-478-4681 00120 Start Date (10) Scheduled Completion Date (11) Name of OSHA Moniter July 21, 2018 August 31, 2018 EMSL Analytical, it s. Occupancy Status During Abatement (Check only one) Street Address 200 Route 130 N Facility Closed/Vacated During Entire Period of Abstament Abatement Performed Outside of Normal Facility Hours City, State, Zip Code 随 Other - Describe: Nonfriable Exterior work Cinnaminson, NJ (1 077-2892 Scope of Work (Check all that apply) ☐ Full Container at with Negative Procesure 2 2 3 sf or ≥ 3 if 2 150 sf or ≥ 260 if Renovation Mini-Enclosur: ☐ Demolition Glovebag Pro: Idure
Non-Exempte: (*) and Non-Frisble Procedure Abstoment is Location Туре Normally Location of Ashestos-Containing Material (ACM) Description of Used Solely by Asbestos Containing Material (A! H) Maintenance/ Amount Encapeatate TO BE ABATED (i.e., thermal systems insulate: Enclosura Custadial Specify Remova Repair IN Facility surfacing, VAT, or Staff? SF OF LF) (13) (12) other miscellaneous) Lower Parking Lot of Administration Building Tansite pipe 21 In ft X Name of Registered Waste Hauler NJDEF Waste Hauler Cubic Yards of Name : Registered Landill ID No. Wasta Jimmy Byrne Trucking 19551 2 Mins: /a Enterprises, Inc. City, State Disposal Date City, \$1 10 Bronx, NY 00/30/2017 -Wen tellurg, OH 59/29/2010 Completed by Signature Date G. Roger Woodman Project Manager 7/19/2018 A\$8.41 * Do not use this form for asbestos licensure exempted activities

Ch 1613		NOTIF (P	ICATION	TOF ASB to NJAC	ESTO	SABATE	MEN 0)	т		E (C	E I	\mathbb{V}	E	
Date of Notification (1) 07-19-18			Name o	f Building Hall	Owne	r/Operator	r (2)			-		26	201	8	
Agencies Notified Type Notification			Street A	ddress		***************************************			الما الما	U	UL		201) banned
EPA Initial DEP Amended		H	City, Sta	ate, Zip Co	ode					ASBE		S CC ENSI		OL &	and a street of
DOL Amendment #		_	Clinto	n, NJ 08					[aliabolativa/organic	L.113	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		enconstruction	200 0/0 -
DOH justification) DCA Cancellation			Name of Cazz I	f Contact Hall					Tel	ephone	Num	ber			
			FACI	LITY INFO	ORMA	TION									
Name of Facility Where Abatement is Taking Private Home	Place (3)					Тур	e of Facility							
Street Address						7110		School (K-1 Subchapter Other (i.e. petc.)	8 (Oth				lings,	home	es,
City (5) Clinton							Squ	are Feet	# 0	Floors		В	dg. A	ge	
County (6) Hunterdon				Code (7) USE ONLY)			Cur	rent Use (Pri	or if bei	ng dem	olish	ed)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCN	/I No.				ntracting L		(9)	-				
Street Address						Street 522									
City, State, Zip Code						1 P. C.		Zip Code ty NJ 0708	37						
Project Manager for Monitoring Firm			Telepho	ne No.		Telepi 201		No. 9603		Licens 0120).			
	Schedul 07-31-		npletion	Date (11)				SHA Monitor ntracting L	LC						
Occupancy Status During Abatement (Check	Only Or	ne)				Street									
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: 7:00 Am - 5:00 Pm	eriod of	Abaten / Hours	nent			100	State,	Zip Code	7						
Scope of Work (Check All That Apply)						Unio	n Ci	ty NJ 0708	57		-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all the same	Renova Demolit				:	M G	ull Containm lini-Enclosure lovebag Pro- on-Exempte	e cedure					_	
***	Is	Locati	ion					OII-EXEMPLE	a () ain	2 14011-1	Парі		Abate	ment	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		Achael		escription		ol (ACM)	٨	mount			Ту		
TO BE ABATED In Facility (13)		intenal todial S (12)	18370 17 (1		therm sur	al systems facing, VA miscellar	s insu T, or	lation,	(S	pecify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A											e e	ω
Basement		х			Pip	e Insula	tion		11	10 LF		X			
			-								_				
Name of Registered Waste Hauler	l	1000	JDEP W		100 M (CO)	c Yards		Name of	Registe	red Lan	dfill				
Delfa Contracting LLC			35240			2		Tullytov		source	Re	COVE	ery F	acilit	у
City, State Union City, NJ						osal Date)6-18		City, Stat							
Completed by Jaime Delgado	Title Proj.	Mana	ager.			Signature)	#			Dat 07-	e -19-1	18		



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

[B : (N :: (B :: (V.								Check #	1380			
Date of Notification (1		,				ng Owner /			 				
Agencies Notified	Type Notifica			- Contract of the Contract of	Address	ional Scho	ol Distric	t	-IME	GE	-	\ <i>I</i> //	ET
, igonoloc Hollica	Type Hotilice	ition		Street	Address				1111/1-12-	9 13		L.J.	
EPA				105 C	edar Brid	dge Road			1150				11
DEP										IUL 2	6 2	018	- 11
DOL	☑ Initia	I		City, S	state & Zi	p Code			Ins. tow	00	0 1	010	į w
⊠DOH	Ame			Manal	nawkin, l	NJ 08050				anta di sa Managalan	Maria Diagram	of Walters	1
DCA	199999110	ndment #	<u> </u>							ESTOS :			
Шоса	Cand	ellation		Name	of Conta	ct			Company of the Control of the Contro	Telephor	and the land	m in admin	rentatura See in 1
									1	699-597-	5481		
				FA	CILITY	INFORM	IATION						
Name of Facility When Southern Regional H	re Abatement	is Taking	Place (3)				pe of Faci						
Street Address						—— <u> </u>		apter 8 (Other tha	up K 12\				
600 Main Street							_	3				40 \	
l and mann our our							uare Feet		commercial building			(C.)	
City (5)							uare reet	# 01 F1	1	ldg. Age	1 yea	ire	
Manahawkin						Cu	rrent Use	(Prior if being de			ı yea	13	
							esidence	(,					
County (6)			County Cod										
Ocean Name of Monitoring Fi	en Hisad hij D		USE ONLY		Taggir								
PARS Environmenta		uliaing O	wner (8)		ASCM		me of Aba natech, Ir	atement Contract	or (9)				
Street Address	,						eet Addre						
500 Horizon Drive, S	uite 540						Radio R						
City, State & Zip Code Robbinsville, NJ 086	04							Zip Code	_				
Project Manager for M	onitoring Firm		Te	lephone N	lumber		tie Egg H lephone N	arbor, NJ 08087		mbar			
Julian Fernandez-Ob	regon			9-890-727			9-296-691		License Nu	0081	7		
Julian Fernandez-Ob Scheduled Start Date		Schedule	ed Completi	on Date (11)	Na	me of OS	HA Monitor					
August 2, 2			Augu	st 31, 201	8	Sy	natech, Ir	ic.					
Occupancy Status Dur Facility Close	ring Abatemer d/ <u>Vacated</u> Du	nt (Check	only one)	Abatamar	. +		eet Addre						
	erformed Outs				IL		Radio R	275.00.002					
Other – Desc		de of No	ormai Hours	•				Zip Code	_				
Facility Occup	100000	atement					ue Egg H	arbor, NJ 08087					
Scope of Work (Check													-
20.50 a. 50.								Full Containme	nt with Negative Pre	ecure			
≥3 sf or ≥ 3 lf				Renovation	on				ne wan reogaare i re	Douito			
≥160 sf or ≥260) If			Demolitio	n		×	Glovebag Proce	edure				
							$\overline{\boxtimes}$	•	(*) and Non-Friable	Procedu	re		
	ation of	* 5140 * 5140 * 524		on Norma			Descript	tion of			atem	ent T	уре
Asbestos-Contain	ning Material (ABATED	ACM)		y Mainten dial Staff		A	sbestos-C		Amount (Specify	1			
	acility		Cusic	l Stail	(12)	(i.	Material etherma	(ACIVI)	SF or LF)	-			
	13)					insu	lation, sur	facing, VAT		72		E I	ш
						or	other misc	cellaneous)	1	Removal	Repair	Encapsulate	Enclosure
										ove	bair	sula	ınsı
			Yes	No	N/A					-		te	e l
Closet 6 (across from	Room 7)		1		Х	FIG	or Tile a	nd Mastic	100 SF	X			\Box
Closet 6 (across from	Room 7)				Х		Transite	Panels	64SF	$-\frac{1}{x}$			
Closet 6 (across from	Room 7)				Х	Pip	e Fittina	Insulation	<3 LF	$-\frac{1}{x}$			
										- ^			
Name of Registered W	/aste Hauler		NJDEP \	Vaste	Cubic \	rards of Wa	aste	Name of Regis	stered Landfill				
			Hauler ID	No.			70.70.70 (F)						
Synatech, Inc.			27	429	4			Fairless Hills					
City, State					Dispos	ai Date		City, State					
Little Egg Harbor, NJ					Septen	nber 4, 201	8	Morrisville, P	A				
Completed By		Title			Signati		20.1		Date				\neg
Diano Alais		-			11	100	111:	7					
Diane Aloia		⊏xecut	ive Admini	strator	1	With	UVIII	-	July 20, 2018				



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

ChK# 1022

Date of Notification (1)			Mana	f D. :!!! C				CINH	10	11			
07/18/2018				of Building Const			(2)) E	C. E	3 1	7\//	F
Agencies Notified Type Notification			Street A	Address),	U L	, 1	A	5
EPA Initial			1490E	B Jersey /	Ave.				1				
DEP Amended DOL Amendmen				ate, Zip Coo Brunswic		0890	2		L,	JUL 2	6	2018	
Emergency justification)		F		f Contact					ephone N		The Street of the Street		
DCA Cancellation			Jeff V	an Dyk				84	8-7/023	5.886)S	CON	ITRO	L &
Name of Facility Where Abatement is Takir	a Place (2/	FACI	ILITY INFO	RMATIC	NC	Type of Facility	(4)	N D day to be a large to be a	LICE	4011.	<u>U</u>	PATRICIA DE
Residential Property	ig Flace ()											
Street Address							School (K-		er than K	-12)			
							Other (i.e. etc.)				dings	, home	es,
City (5)							Square Feet	H (2) (300	Floors		Bldg. A		
Clark							1,928	2			1900		
County (6) Union				Code (7) USE ONLY)			Current Use (Pr	ior if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	И No.			of Abatement Co		(9)				
Charat Address						25/15/2005	vic Contractin	g LLC					
Street Address							Address South 5th St.						
City, State, Zip Code					-		tate, Zip Code				-		
**							beth, NJ, 072	06					
Project Manager for Monitoring Firm		8	Telepho	ne No.			one No. 906-4123		License				
Start Date (10)	Schedul	ed Com	pletion	Date (11)		10.001000000000000000000000000000000000	of OSHA Monitor		0.000			1000	-
07/28/2018	08/10/					Iris E	invironmental	Labora	atories				
Occupancy Status During Abatement (Chec	k Only O	ne)					Address	27					
Facility Closed/Vacated During Entire					-		Route 22 We	est					
Abatement Performed Outside of Nom Other – Describe:	nai Facility	Hours			_		tate, Zip Code n, NJ, 07083						
Scope of Work (Check All That Apply)							•						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoliti				××××	Full Containn Mini-Enclosus Glovebag Pro Non-Exempte	re cedure				~	
	Τ	1 43					1 Non-Exemple	u () and	I NOH-FII	able Fit	14 4 11 111	ement	t
Location of	1000	Locati	9,000		Des	cription	of				Т	ре	
Asbestos-Containing Material (ACM)		d Solel intenar		Asbesto	s Conta	ining M	laterial (ACM)	250.00	nount			ш	m
TO BE ABATED In Facility		todial S	\$11.744(f)	(i.e. ti	nermal s surfaci	systems ing, VA	insulation, ´ T, or		pecify or LF)	Removal	Repair	сар	nclo
(13)		(12)			other m	iscellan	eous)		858	oval	air	Encapsulate	Enclosure
1	Yes	No	N/A									е	
Basement			Х		Pipe I	Insula	tion	15	0 LF	X			
Basement			Х			VAT		100	00 SF	X			
Rear Bedroom/Stairs			Х		Lin	oleun	1	25	0 SF	X			
Attic			X		Ver	miculi	te	100	00 SF	X			
Name of Registered Waste Hauler	-		JDEP Wauler ID		Cubic Y		Name of	Registe	red Land	fill			
Danvic Contracting LLC			7574		of Wast		Fairles		lfill				
City, State Elizabeth, New Jersey					Disposa TBD	al Date	City, Sta Morris		Д				
Completed by Jeymy Donneys	Title Owner						D			Date 07/18/	2018		

	S	State of No	ew Jer	sey Notific	ation of Asbestos	Abateme	P\$ [G	E I W	7 E	n	
(h3k	Œ		(Pursi	uant to N.J.A.C.	8:00-7 and 12:120-7)		K	1111	2 6 20 1	Ω		
Date of Notification (1) July 19, 2018					Name of Building Owner/ RUTGERS, THE S					0	and the same	
Agencies Notified		Notification	Туре		Street Address	-	-		satgletonen (tilesations)	or the land of the		
V EDA				fication	ENVIRONMENTAL	HEALTH	& SAF	ETYD	NSING	OL &		
X EPA x DCA		Amende		400-15-7-17-16-16-16-16-16-16-16-16-16-16-16-16-16-	27 ROAD 1, BLDG	4086, LI∜	INGST	ON CA	MPUS	WINDS TO SERVICE STATE OF THE	April Care Company	
x DOL		☐ Emerg justific		ncluding	City, State, Zip Code PISCATAWAY, NJ	08854						
X DEP xDOH		□ Cance			Name of Contact		Telep	hone Nur	nber			
XBOIT		150 000001000			Michael Smith ENV HEA SAFETY	LTH &	848	.445.25	50			
				FACILITY INF								
Name of Facility Where Abate					Type of Facility (4)							
Rutgers Busch Camp Bldg# 3842	ous –Ric	naruson A	partm	ents	School (K-12) Subchapter 8 (other)	than K 12)						
Diag# 0042					Other (i.e. private & cor		dinas. ho	mes. etc.)				
Street Address						s: 3 Bldg.						
Busch Campus					Current I les (pries if being	, domolioho	d). Ass	domio				
City (5)	County (6			Code (7)	Current Use (prior if being	j demolisne	u): Acad	aemic				
Piscataway	MIDDL	ESEX	(State	Use Only)								
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)					11,11,000,000	_	
ATC ASSOCIATE	555.5		0098									
Street Address					GREENWOOD ABAT Street Address	EMENT	CONSU	LTANTS	S, INC.			
3 TERRI LANE												
City, State, Zip Code					511 MAIN STREET						_	
BURLINGTON, NJ 08	3016				City State, ZipCode Butler, NJ 07405							
Project Manager for Monitorin		Telephone N	-		Telephone Number		Licens	se Number				
BRIAN KEARNY		609-386-	3800		973-492-0477		0084	ın				
Scheduled Start Date (10)		Scheduled C			Name of OSHA Monitor		000					
August 2, 2018		August 1	3, 201	8	Envirovision, Inc.							
Occupancy Status During A	batement (Check only or	ne)		Street Address						_	
x Facility Closed/Vaca					20-21 Bldg E Wagaraw Road							
Abatement Performed Describe	l Outside d	of Normal Faci	lity Hour	'S -	20-21 Bldg E Wagaraw Road City, State, Zip Code							
☑ Other – Describe:	8am-8p	m -24hrs&	Weeke	ends as								
J	Needed				Fairlawn, NJ							
Source of Work (Check all tha	t apply)											
Source of Work (Offeck all tile	it apply)					x Full C	ontainme	ent with N	egative Pr	essure		
\geq 3 sf or \geq 3 lf				▼ Renovation	on		nclosure		Ü			
$\boxtimes \geq$ 160 sf or \geq 2	260			Demolition			ag Proc		Criabla Dr	aaadur		
Location of Asbestos-Contain	ing Is Lo	ocation Normal	y Used	Description of Asb	estos Containing Material	Amoi		Abateme	Friable Pro	cedure	9	
Material (ACM) in Facility (13)		ely by Maint./Cι f? (12)	stodial	(ACM) (i.e. therm: VAT, or other misc	al systems insulation, surfaci	ng, (Spec	ify SF	Remove	Repair Enca	ap Encl	lose	
	YES		NA	VAT, or other misc	Jen.,	OI LI	,					
Rms		X		Vinyl Sheet 8	& VAT	1,60	0 sf	X				
161,162,163,164,173,												
174,175 & 176 Name of Reg. Waste Hauler		NJDEP Was	te Hauler	 - ID #	Cubic Yards of Waste:		Name	of Registe	ered Landfi	1		
See Hauler Below # 1 &	2	See Below		10 11	30				th Landfi			
Hauler #1) Greenwood		nt Consulta	nts, Ind	c. – Butler, NJ 0	7405	Disposal D			ity, State	rd NASII		
NJ DEP # 12	7000	200 10 2006				August	7, 2018		00 New For oad, Morris		Α	
Hauler #2) Newark Cart	ıng, Inc	- Newark, NJ	04509,	NJ DEP # 19551					9067 15-736-170	iO.		
								2	.0 100-110	•		
Completed by (Print or Type)	100	Title	20 15	\T	Signature	2 0	<u>Date</u>	40.5-	40			
Raymond C. Pedali	D149 (42%)	SENIOR PI		,1	Raymond C. Peda	line	July	/ 19, 20	18			

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Ch1021	F		SATION	ate of Ne OF ASE to NJAC	E\$TOS	ABATE			-h	K#	10)7 i			
Date of Notification (1)	1.3	2		f Building	Owner/0	Operator	r (2))		- 1 17					
07/17/2018 Agencies Notified Type Notification			Greg Street A		2000					M	E	C	E		7 6
			Street P	duress						KI			-	-	
EPA X Initial Amended			City, Sta	ate, Zip Co	ode				-		-	111	2.0	000	0
X DOL Amendment Emergency			Morris	stown, N	IJ, 070	90				ПП	U	UL	20	201	ठ
DOH justification)	_			f Contact					Te	lephone	e Nun	-000	Milektongo	- Office Public	
DCA Cancellation			Greg		001117				.,		_) (SCO	NTR	OL &
Name of Facility Where Abatement is Takin	g Place (3)	FACI	LITY INF	ORMAII	ION	Ty	ype of Facility (4	1)	Winds Special Confession of the Confession of th			-1401	NG	
Residential Property								School (K-1	2)						1
Street Address								Subchapter	8 (Oth				linge	home	
0(0)							×	etc.)							,5,
City (5) Morristown							2000	quare Feet ,084	2	f Floors	S	1 100	ldg. <i>A</i> 951	ige	
County (6)		T	County	Code (7)				urrent Use (Pric	-1000	ina den	nolish		001		
Morris				USE ONLY)			a	111 50	ing don	1011011	ou,			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	Л No.				Abatement Con Contracting		(9)					
Street Address						Street		T- 100 T0							
City, State, Zip Code								outh 5th St.							
City, State, Zip Code								e, Zip Code eth, NJ, 0720	6						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				Licen	se No).			$\overline{}$
200						908-	90	6-4123		013	55				
Start Date (10) 07/27/2018	Schedul 07/31/		pletion	Date (11)		and the same of th		OSHA Monitor	-6	-41-	_				
Occupancy Status During Abatement (Chec						Street		vironmental L	abor	atorie	S				
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of	Abatem				2333 City, S	R State	oute 22 Wes	t						
Scope of Work (Check All That Apply)						Unio	n,	NJ, 07083							
× ≥3 sf or ≥3 lf	N .	Renova	tion				7	Full Containme	ما المالية المالية	Ness	i - D				
≥160 sf or ≥260 lf		Demolit	on			×		Mini-Enclosure Glovebag Proc	edure					-	
	la	Lagati						Non-Exempted	() an	u Non-	rnabi			ement	-
Location of	1	Locati Normali	у		Des	scription	of						Ту	ре	
Asbestos-Containing Material (ACM)		ed Sole			tos Cont	aining M	/late	erial (ACM)		mount		_		щ	ш
TO BE ABATED In Facility		todial S (12)		(i.e.	surfac	cing, VA	T, c			Specify or LF))	Remova	Repair	ıcapı	Enclosure
(13)			_		other n	niscellar	neou	us)				oval	air	Encapsulate	sure
	Yes	No	N/A											Ф	
Basement			X		Pipe	Insula	tio	n	8	0 LF		X			
Name of Decision and Maria Hard					Γο						1611				
Name of Registered Waste Hauler Danvic Contracting LLC		Н	JDEP W auler ID		Cubic of Was			Name of F	350		HITDI				
		37	7574		2			Fairless		JIIII					
City, State Elizabeth, New Jersey					Dispos	sal Date		City, State Morrisvi		Α					
Completed by	Title				0	ignature		A	7		Dat	e			-
Jeymy Donneys	Own	er			1	-1011	1	411	1		1		2018		
ASB-41 (R-06-08)					(Do no	t us	se this form for	asbest	tos lice	nsure	exem	pted	activit	ies.

CK# 513

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

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Date of Notification (1)			Name DV	of Building Owner	Operator	(2)	7				
Agencies Notified Type Notification	1		Street	Address	11h20	119/CC	ASE	ESTO	SCC	NTF	OL
The EPA Minitial			2	359 Re	Saru	h C+		LIC	ENS	NG	
DEP Amended			City, S	tate, Zip Code	JC (C	•	7				
	t#		N	odbridge	VA	2219	72				
DOH justification	1)	9		of Contact			Telephone N				
DCA Cancellatio	n		13	101			19088	79	02	33	3
Name of Facility Where Abatement is Taki	ng Place	(3)	FAC	ILITY INFORMA	TION	Type of Facility	(4)				
PMG PNORTH		(0)			ĺ		H.S. 50				
Street Address					-	School (K-	12) er 8 (Other than K-	12)			
750 Memorial	DOKK	1,10	2./		1	Other (i.e.	private & commer		ldings	, hom	es,
City (5)		000	4			etc.) Square Feet	# of Floors	1 1	Bldg. A	Age	
Phillipsburg					e projective de la constantina della constantina	2000	1	ofoutaban.	65	7	
County (6)				Code (7)		Current Use (Pr	ior if being demoli	shed)	00		
Marren				USE ONLY)	_	Gas S	tation				
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.	Name	of Abatement Co	The second secon	٦			
Charact Bulders					AC		iation (i . , I	7		
Street Address					Street	Address		,			
City, State, Zip Code					142	Mo1410.	se NC				
City, State, Zip Code					1	ate, Zip Code	1 11 -	<u> </u>	$\overline{}$	``	
Project Manager for Monitoring Firm			Telepho	no No	Telepho	IF Mer	11	11	7		
reject manager for monitoring 1 mm		1	reiepiic	me No.	1722	One No.	License	No.	9		
Start Date (10)	Schiedul	ed Co	moletion	Date (11)	Name	of OSHA Monitor	1 00	Ca	· ·		
7/30/18	89	118			Traine c	or occurs with the					
Occupancy Status During Abatement (Cher	ck Only O	ne)			Street /	Address				-	
Facility Closed/Vacated During Entire	Period of	Abate	ment								
Abatement Performed Outside of Norm Other – Describe:	mal Facility	y Hour	S		City, St	ate, Zip Code					
- ,	- + pr	~/									
Scope of Work (Check All That Apply)					(90)	ji					
23 sf or ≥3 lf ≥160 sf or ≥260 lf	- Income	Renova			H	Full Containm	ent with Negative	Pressu	re		
2100 \$1 01 2200 H	DX I	Demoli	uon		H	Mini-Enclosure Glovebag Pro					
				1	X		d (*) and Non-Fria	ble Pro	cedur	е	
		Locat			,	•				ement	
Location of		Norma ed Sole		De	escription of	of		-	1 1	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	aintena	ince/	Asbestos Con (i.e. therma			Amount (Specify	70		5	ш
In Facility	Cus	todial: (12)	Staff?	Surfa	icing, VAT	, or	SF or LF)	Removal	Repair	caps	nclo
(13)	-	_	T	other	miscellane	eous)		oval	air	Encapsulate	Enclosure
	Yes	No	N/A							Ф	120-51 10
exterior			Ø	100 £ 40	Shint		200LF	X			
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Name of Registered Waste Hauler		IN	JDEP W	laste Cubic	Yards	Name of	Registered Landfi	1			
Λ —	T		lauler ID	No. of Wa		C C	registered Landil	12			
Allers, Ict.on (b.)	1-C	-	1700)	\rfloor (h	(175				
City, State				Dispo	sal Date	City, Stat	e 214				
Completed by	Title			18/	9/10	1007	on, pr				
Breen Gure		0100	. 1 -	rewret	ignature	1	. D	ate		8	
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Date of Notification (1)				Na	L	JAC 8 60 and))		L 2 (3 20	118	
Agencies Notified Tv	3 / 1	8		100000		p of Berkeley	atoi (2	,	2	45	3	0	į la
	pe Notification	1			eet Addre				ASBES	1050	ONT	ROI	2
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A CONTRACTOR OF THE PROPERTY O	Amended				y, State, Z								
□ DOH	Amendment #	577 (575)	E.	10 (8)		NJ 08721							
DCA (NJAC 5:23-8)	Emergency (i justification)	ncluding	3		me of Cor	Anna Manager and			Telephone Nun	nber			
1	Cancellation			J	eanette				732-244-74				
		-25/1		F	ACILITY	INFORMATION	N						
Name of Facility Where Aba	tement is Takir	ng Place	(3)		AOILIT	IN ORMATION	35	Type of Facility (4)				
Residence		3	(-)					☐ School (K-12)					
Street Address							-	☐ Subchapter 8	(Other than K-1:				
								Other (i.e., pri homes, etc.)	ivate and comme	ercial bu	uilding	JS,	
City (5)			-					Square Feet	# of Floors	BI	dg. A	ge	_
Bayville								1200 sf	1	1000000	65	90	
County (6)				C	ounty Cod	le (7)(STATE USE ON	VLY)	Current Use (Price	A Service of the serv		-		
Ocean					,	(-),(-),(-),(-),(-),(-),(-),(-),(-),(-),	/	Residence	or it being derrier	onca			
Name of Monitoring Firm Hir	ed by Building	Owner	(8)	ASC	M No.	Name of Aba	temer	nt Contractor (9)					
N/A	, ,				113401/20 5 .5			tracting, Inc.					
Street Address				I		Street Address		arabang, mo.					
						1889 Rou		Unit 61					
City, State, Zip Code						City, State, Zi	2						
								lew Jersey 087	755				
Project Manager for Monitori	na Firm		Te	lepho	ne No.	Telephone No		ow delect del	License No.				
						732-349-9			00624				
Start Date (10)	Sche	duled C	omp	letion	Date (11)	Name of OSH	HA Mo	onitor					
07 /24 /	E-52				/ 18	The state of the s	Analy	/tical					
Occupancy Status During Ab						Street Addres							_
☐ Facility Closed/Vacated D		-		ement	t	1056 Stelf	Sect.						
☐ Abatement Performed Ou	tside of Norma	al Facilit	у Но	urs - D	escribe	City, State, Zi		de .					
Time of Abatement:	AMF	PM/	_PN	Λ	AM			ew Jersey 088	154				
Scope of Work (Check all tha	at apply)			*		- I Tourist	۵,, ۱۰	ow octoby ood	.04				
_	11 27							inment with Nega	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or >260 lf		☐ Re				☐ Mini-		osure Procedure					
23 _ 100 01 01 _ 200 11		M D0	111011	tion				npted (*) and Non	-Friable Procedu	ıre			
				ation							atem	ent T	vpe
Location of			Norm	nally olely by		Descripti				-	T		-
Asbestos-Containing Mat TO BE ABATE				nance/		sbestos Containing (i.e., thermal syste			Amount (Specify	Removal	Repair	Encapsulate	ncic
IN Facility	-	Cus		I Staff	?	surfacing, \	VAT,	or	SF or LF)	oval	=	psul	Enclosure
(13)		Van	(12		.	other miscel	llaneo	us)				ate	Ф
		Yes	No	O. C. S.									
exterior			\boxtimes		asbe	estos siding			1200 sf				
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		1	_							ᆜ		_	-
Name of Device 1111						1.							
Name of Registered Waste F			1115		P Waste	Cubic Yards of Waste	of	Name of Regist	ered Landfill				
Guardian Contracting,	inc.			202		3		T.R.R.F.					
City, State						Disposal Date	Э	City, State					
Toms River, New Jerse						07/25/18		Tullytown,	Pennsylvania		1	1	
	1	1-			71172	T also		/ 1	11 15	-4- 1	1	-	
Completed By (Print or Type)	Titl	ie				Signatur	e	/ \	// [0	ate /			

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Date of Notification (1)				Name	of Building	g Owner	Operator	(2)	- 111	11.	11 2	6 2	010	+
	Assertion (1) July 23, 2018 PMC Global Street Address Bloomfield, NJ 07003 Name of Contact Project Manager FACILITY INFORMATION Type of Facility (4) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, i etc.) Square Feet Square Feet Gurrent Use (Prior if being demoilshed) business oring Firm Hired by Building Owner (8) ASCM No. O021 The MACK Group, LLC. Street Address Street Address		UIU	-										
Agencies Notified T	ype Notification			Street	Address							Suc sour		-
⊠ EPA □	Initial			55 La I	France A	Ave				ASBES	STOS C	CONT	ROL	&
DEP	Amended			City, St	tate, Zip C	ode			Lamo		HOEN	SINC	-	
DOL DOL			_	Bloomf	field. NJ	07003	3							
DOH L										Telephon	e Numb	er		
DCA				Project	Manag	er				Contract Contract				
							ION			373-041-	-1730			
Accessor and an accessor and a second and a	atement is Takir	ng Place (3	3)					Туре	of Facility (4	1)	,			
General Plastics									School (K-1	2)				
Street Address									Subchapter	8 (Other than	n K-12)			
55 La France Ave								\boxtimes	Other (i.e. p	rivate & com	mercial I	ouildir	gs, hor	nes,
City (5)								Saua		# of Floor	c	Bld	n A no	
Bloomfield								- 400		01 1 10013		DIO	y. Aye	
County (6)				County	Code (7)			Curr	eni Usa (Prin	r if being do-	nollahad	Ļ		
Essex)		Oun	000 (1110			1		
	red by Buildina	Owner (8)	-	ASC	M No.		Name	of Ah	tement Cont		ess			
AET, Inc							1 200 00000			Control of the Contro				
Street Address				0021						.U.				
28 North Pennell Road									777 TO					
City, State, Zip Code										STE 209				
Media, PA 19063							25/11							
	ing Firm		-	T										
Ron Khachadourian	ing i iiiii			anaman di S		20				Licen	ise No.			
Start Date (10)		Cabadal					-			0078	1			
ECOSES CONTRACTOR		Schedule	d Co				1,000,000,000,000							STALKA TO
				8/31/1	8					.C.				
		10. 1914.0					Street /	Addre	SS			S I THE		
Facility Closed/Vacated	During Entire	Period of A	bate	ment			1500 K	ings	HWY N, S	STE 209				
Abatement Performed (Other - Describe:	Outside of Norm	ial Facility	Hour	S			City, St	ate, Z	ip Code					
							Cherry	Hill,	NJ 08034					
Scope of Work (Check All Th	nat Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	a	The same of	enova emoli				Σ	Mir Glo	ni-Enclosure ovebag Proce	nt with Negati edure *) and Non-Fri			e	
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TO BE ABATE			ntena		Asbesi	ios Cont	aining Ma systems	aterial	(ACM)	Amount			m	_
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ranie or Registered Waste H	nauler			IJ DEP W. lauler ID I		Cubic of Was			Name of Re	egistered Lan	dfill			-
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City, State				450	17	Disnos	3.5 al Date			TRRF Lar	natill			
Newark, NJ									City, State	DA				
Completed by		Title	_		1		/31/18		Tullytown,	PA				
Michael Cooper		Preside	nt			ع ا	ignature	7		2	Date			
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M345	95	NC	TIF	IC/ (Pu	NOITA	OF ASE	M Jersey ESTOS ABAT C 8:60 and 5:16	EMENT	DEG				
Date of Notification (1)							Owner/Operator (2	2)	II LI JUL	11	20	1	TL
07/2	20 /	18			Not	re Dame	High School		1 5	10	25)	
- NTO	ype Notificat	ion			Street	Address			ASBESTO	OS CO		OL 8	k
	Initial				601	Lawrenc	eville Road		LI	YEINO!	140	- Printers	Ladenycai
☑ DOLWD [Amended Amendmer	nt #			City, S	tate, Zip C	ode						
102] Emergency		— lina		Law	rence To	wnship, NJ 086	48					
(NJAC 5:23-8)	justification		9		Name	of Contact			Telephone Numb	er			
	☐ Cancellation	on			Bria	n Malloy			609-882-7900)			
					FAC	ILITY IN	FORMATION						
Name of Facility Where Aba	atement is Ta	king Pla	ace (3)	747020			Type of Facility ((4)				
Notre Dame High Sch	nool	· · · · · · · · · · · · · · · · · · ·						School (K-12					
Street Address									(Other than K-12)				
601 Lawrenceville Ro	ad							homes, etc.)	rivate and commer	ciai bu	ilaing	s,	
City (5)				_				Square Feet	# of Floors	Blo	dg. Ag	ie.	
Lawrence Township								50,000 sf	2		35	,-	
County (6)				_	Coun	ty Code (7)	(STATE USE ONLY)		or if being demolis				_
Mercer					Coun	ty Code (1)	(STATE OSE ONET)	School	or it being derilons	neu)			
Name of Monitoring Firm H	irod by Buildi	na Own	or /9	\ T	ASCM	No	Name of Abateme						_
USA Environmental I			ei (o	,	0011	1,017,01							
	vianagemer	nt .		(F)	0011	2		ntracting, Inc.					_
Street Address	,						Street Address						
344 West State Stree	t						1889 Route 9	<u> </u>					
City, State, Zip Code							City, State, Zip Co						
Trenton, New Jersey,								New Jersey 08					
Project Manager for Monito	ring Firm				ephone	950 1000	Telephone No.		License No.				
William Weisgarber					09-656		732-349-9932	20	00624				
Start Date (10)		chedule				8 10 11	Name of OSHA M						
07/30/	18	09	_ / .	_ 03	3_/_	18	E.M.S.L. Ana	lytical					
Occupancy Status During A	batement (C	heck on	ly or	ne)			Street Address						
□ Facility Closed/Vacated	During Entire	Period	of A	bate	ment		1056 Stelton						
☐ Abatement Performed C			cility			생김 경기에 기계를 받는데 기계를 받는데 되었다.	City, State, Zip Co	ode					
Time of Abatement:	AM	_PM/_	-	_PM		AM	Piscataway, I	New Jersey 08	854				
Scope of Work (Check all the	nat apply)												_
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			Ren				☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure n-Friable Procedur	re .			
			ls l	oca	tion					Ab	atem	ent Ty	уре
Location of				orma			Description of			D	R	т	Ш
Asbestos-Containing Ma TO BE ABATI					ely by ance/	Asbes	stos Containing Ma , thermal systems	iterial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
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(13)				(12)		-	other miscellane	eous)				ate	Œ
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Auditorium				\boxtimes		acousti	cal ceiling plast	er	10,862 sf				
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			-	=	160.00					15			
			4	Ш							Ш	Ш	Ш
Name of Registered Waste	Hauler			1.2	NJDEP I		Cubic Yards of	Name of Regis	stered Landfill		1		
Guardian Contracting	g, Inc.			I	Hauler II		Waste	T.R.R.F.					
City, State	e we steel a sea				20223	5	Disposal Date	City, State					
Toms River, New Jer	sev						09/03/18		Pennsylvania				
Completed By (Print or Typ		Title					HEAT DESIGNATION	1	-9	to	,	7	
Nicholas Fernicola	c)		004	R//			Signature		Da	-		1,-	e:
CONTRACTOR		Proj	ect	iviar	nager			ter		7/	20	119	
ASB-41 JAN 13		* Do	not u	ıse t	his form	for asbest	os licensure exem	oted activities.		1		7.	

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Chits	104		NOTII	FICATIO	tate of Ne N OF ASE t to NUAC	BESTOS	ABATE	MENT	Al	g a	£ 2		, ,	,	
Date of Notification (1)			· ·					2.50	(I	era	147	XU	1		
7/20/18					of Building nnelli Bro		perator	(2)			ν		-		
Agencies Notified	Type Notification	1			Address	Juleis				HA!	EC	E	$\mathbb{I}_{\mathbb{V}}$	7 [5	
				E	South Riv	ver Stre	et			HUIT		La	U U	-	
DEP	X Initial Amended			100000000000000000000000000000000000000	tate, Zip Co		-			III					
▼ DOL	Amendmen		619		ensack,		301				JUL	26	201	8 .	
× DOH	 Emergency justification 		9		of Contact					Telephone	Numbe	r	3000		
DCA	Cancellatio			Nino	Colonne	elli				201-44C	1-1118		all the second s	MIT SOM PURSON	
				FAC	ILITY INF	ORMATIC	ON			AS	SBEST	OS GO DENSI	MTR NG	OL 8	
Name of Facility Where A home	batement is Taki	ng Place ((3)					Type of Fa	acility (4)	AND DESIGNATION OF THE PARTY OF	Feed 1.	23 (363)	denter whether	AND STATES	
									ol (K-12)						
Street Address									hapter 8 (Other than	K-12)	.11 -12			
0: 75								Othe etc.)	r (i.e. priva	ate & comn	nercial b	uldings	s, hom	es,	
City (5) Moonachie								Square Fe	et	# of Floors	3	Bldg.	Age		
SERVICE AND AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT ASSESSMEN								2600		2		73			
County (6) Bergen				County (STATE	Code (7) USE ONLY	1			se (Prior if	being dem	olished)				
Name of Monitoring Firm I	dirad by Building	0						home							
Name of Worldoning Firm	nied by Building	Owner (8)	ASCI	M No.			of Abateme							
Street Address								Environn	nental S	ervices,	LLC				
								Address	1 E Coto	ate Drive					
City, State, Zip Code								tate, Zip Co		Drive					
								wood, NJ							
Project Manager for Monito	oring Firm		T	Telepho	ne No.	-		one No.	07410		se No.				
								764-2276		703	se ivo.				
Start Date (10)		Schedu	ed Cor	mpletion	Date (11)		Name	of OSHA Me	onitor	1.00					
7/25/18		7/29/1	8												
Occupancy Status During	Abatement (Che	ck Only O	ne)				Street	Address					20.00		
Facility Closed/Vacate	ed During Entire	Period of	Abaten	nent											
Abatement Performed X Other – Describe: un	d Outside of Norr	nal Facilit	y Hours	S			City, St	ate, Zip Co	de						
						_		A							
Scope of Work (Check All	That Apply)	_					32.5								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		(Contracting Contracting Contr	Renova					Full Con	tainment v	with Negati	ve Press	ure			
E100 81 01 2200 11		× [Demolit	lion				Mini-End	losure g Procedu	ire					
							×	Non-Exe	mpted (*)	and Non-F	riable Pr	ocedu	re		
			Locati									Abat	ement		
Location of		1 175.25	Normal ed Sole				cription					T	уре		
Asbestos-Containing M TO BE ABAT			intena		Asbest	tos Contai	ining M	aterial (ACN	A)	Amount			ш	_	
In Facility		Cus	todial S	Staff?	(i.e.	surfacii		insulation,		(Specify SF or LF)	Ren	Re	nca	Encl	
(13)			(12)			other mis				Of Of Er)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A							- B		ate	re	
trailer				X		ro	ofing			480 LF		+-			
. 507400000550040				-		10	oning		-	400 LF	X				
				-											
Name of Registered Waste	Hauler			JDEP W	(C) (C) (C) (C) (C)	Cubic Y		Nan	ne of Regi	istered Lan	dfill				
ABS Environmental S	ervices		100000	auler ID 04248	NO.	of Waste	9	We	stern B	erks Lan	dfill				
City, State			11	07270		Disposa	l Date								
Glenwood NJ						TBD	Date	1	, State dsboro,	ΡΔ					
Completed by		Title				31/1-3/1-000	nature	77	435010,	1 A	Date				
A. Scott Higgins		Pres	ident			1 3		A	- Sagrana		7/10/1	8			

W (N)	NOT ()	IFICA Pursua	State of New Jersey TION OF ASBESTOS ABA ant to NJAC 8:60-7 and 12:1	TEMENT	II.							
Date of Notification (1)			Name of Building C	Owner/Operator	(2)			W				
430 720 755 555 550 550 550 550 550 550 550 55			PB NUTCLIF MAST	ER LLC/PRISM I	PROPERTYSER	VICE'S	LFE 1	ע ני				
7 / 20 /2018			Street Address					-				
Agencies Notified Type Notificati			340 KINGSLAND ST	TREET		1111	26 2	0110				
EPA Initial Not DEP X Amended Cancellal	d Notificatio	n #5	City, State, Zip Code NUTLEY, NEW JER	SEY 07110		JUL	- 4 0 - 2	910				
X DOH On Hold	uon		Name of Contact		Telephone Num	BEST	15 LIUV	1801				
	ENCY NOT	IFICA ⁻		N	973-235-3105	LIC	ENSINO	à				
Name of Facility Miles Abets - 41- T	11 51	(0)	FACILITY INFORMATION		18							
Name of Facility Where Abatement is Ta	iking Place	(3)		Type of Facilit	ty (4)							
HACKENSACK MERIDAIAN BLDG. 102					er 8 (Other than I							
Street Address				X Other (ie. Square Feet	private & commo		, homes, Bldg. Age					
340 KINGSLAND STREET				125,000	5		50 Slug. Age	, I				
City (5) County (NUTLEY ESSEX	6)		County Code (7) (STATE USE ONLY)	Current Use (P COMMERCIAL	rior if being demo	lished)	Pharm. L	ab.				
Name of Monitoring Firm Hired by Build OMEGA ENVIRONMENTALA	ling Owner	(8)	ASCM No.	Name of Abate	ement Contracto							
Street Address			17	PAR ENVIRON Street Address	IMENTAL CORPO	DRATIO	N					
280 HUYLER STREET				313 SPOOK RO								
City, State, Zip Code				City, State, Zip				-				
S. HACKENSACK,	ACKENSACK, NEW JERSEY 07606 SUFFERN, NEW YORK 10901											
Project Manager for Monitoring Firm			Number	Telephone Num	nber Lice	ense Nu	mber					
ANTON REZIN Expected State Date (10)		489-8	8700 etion Date (11)	845-369-7500	110	1						
7 / 19 /18		отіріє 7 /	20 /18	Name of OSHA OMEGA #1	Monitor 0504							
Month Day Year	Month		Day Year	OWEGA #1	0304			- 1				
Occupancy Status During Abatement (Che	ck only one	;)		Street Address								
Facility Closed/Vacated During Abatement Performed Outside of	entire Perio	od of A acility	Abatement Hours - Describe:	280 HUYLER S	TREET							
X Other - Describe: MONDAY	-FRIDAY 7	AM-3:	30 PM	City, State, Zip	Code							
Scope of Work (Check all that apply)					HACKENSACK,	NJ 0760	06					
Demolition X	Renovatio	n	Mini-Enclo	ninment with Neg	ative Pressure							
X >3SF OR LF				Procedure								
>160 SF OR 260 LF	_		Non-Friab	le Procedure								
Location of	Is Loca		Description of As				tement T					
Asbestos-containing Material (ACM)	normally solely		Containing Materia (ie. Thermal sys	al (ACM)	Amount		ENCA	ENCL				
TO BE ABATED	Maint/Cus		insulation, surfacir		(Specify SF or LF)	REMOVAL	ENCAPSUL	15				
in Facility (13)	Staff (or other miscella		31 01 11)	≨ ?	R ∥PS(OSUR				
	Yes No	N/A		9101911150 4		-	-	고				
4TH FLOOR ROOM C403		X	PIPE INSULATION		6 LF							
4TH FLOOR ROOM A403		X	PIPE INSULATION		6 LF	X						
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						+	_	\vdash				
NEWARK CARTING INC.	Hauler ID	No.	CUBIC YARDS	GRAND CENTE	I RAL SANITARY L	ANDFIL	L	H				
369 RAYMON BLVD.	913	-C-95/1/2	OF WASTE : 2				-	_				
City, State NEWARK, NEW JERSEY 07105			Disposal Date 6/29-7/29/18	City, State								
Completed by (Print or Type) Title			0123-1123/10	PLAINFIELD TO	WINSHIP, PA							
BENJAMIN SANCHEZ DIRE		OPER	RATIONS SIGNATURE	1-1	DAT	E7	-70-	70				

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

Date of Notification (1)				Name of PB NUTC	Building C CLIF MASTI	wner/Operator ER LLC/PRISM F	(2) PROPERTY SEF	VICES	s Cec		
7 / 18	/2018			Street Ad	dress			1			
	pe Notificatio	n				REET					
EPA DEP X DOL X DOH	Initial Noti Amended Cancellati On Hold	fication Notificatio on		City, State NUTLEY,	e, Zip Code NEW JER	SEY 07110	Telephone Nur	nbép B	JUL	2 6 55 Cc	2018 2018
DCA _	EMERGE	NCY NOT	FICATION	Street Address 340 KINGSLAND STREET							
				LITY INFOR	RMATION						
Name of Facility Where Abat HACKENSACK MERIDAIAN B		king Place	e (3)			School (K	-12)	K-12\			
						X Other (ie.			s., ho	mes,	etc.)
Street Address 340 KINGSLAND STREET						The state of the property of t	ACCOUNTY TO SERVICE				
City (5)	County (6	i)				Current Use (P	rior if being demo	lished			ab.
NUTLEY Name of Monitoring Firm His	ESSEX	na Owner	(0)					(0)			
OMEGA ENVIRONMENTALA		ng Owner	(0)	l A					ION		
Street Address											
280 HUYLER STREET City. State. Zip Code							75/2 (COUNTY OF A COUNTY OF A				
	CKENSACK,	NFW JFRS	SEY 07606								
Project Manager for Monitoring			phone Nur					ense N	Jumbe	er	-
ANTON REZIN	~	201	-489-8700				Market Anna Carlotte	01			
Expected State Date (10)	790745	Sched. C	ompletion	Date (11)							
7 / 19	/18	1	7 /			OMEGA #1	0504				
Occupancy Status During Aba Facility Closed/Vac Abatement Perform X Other - Describe:	ated During E ned Outside o MONDAY	Entire Perion of Normal F	e) od of Abate	ment rs - Describ	e:	280 HUYLER S City, State, Zip S.	Code HACKENSACK	, NJ 07	7606		
Scope of Work (Check all that Demolition X >3SF OR LF >160 SF OR 26	apply) X 0 LF	Renovatio		X	Mini-Enclo	Procedure	ative Pressure				
Location of		Is Loca				47.6 Table 17.5 Table 1.					
Asbestos-containir Material (ACM) TO BE ABATED in Facility (13)		normally solely Maint/Cu: Staff (Yes No	by stodial	(ie. insulat	Thermal sylion, surfacil	stems ng, VAT,	(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
4TH FLOOR ROOM C403		100 110		E INSULAT	ION		61F	×	1	+	
4TH FLOOR ROOM A403									1		\Box
							102.				
	-		\vdash				-	+	+	-	H
NEWARK CARTING INC. 369 RAYMON BLVD. City, State	-	Hauler ID 913		OF WAS			RAL SANITARY	LAND	FILL		
NEWARK, NEW JERSEY 071	23,034					PLAMPIELD TO	OWNSHIP, PA		1		
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRE		OPERATI	ONS SIG	NATURE/		DA	TE	1/	10/	1 d
					1	()>/>			11	8/	10

Name of Building Owner/Operator (2) Past of Notification (1) Past of	_**		State of New Jersey ON OF ASBESTOS ABA t to NJAC 8:60-7 and 12:1			E (D E		V
Agencies Notification			Name of Building C	wner/Operator					
Agencies Notified FPA Initial Notification SPA Amended Notification SPA	Date of Notification (1)		PB NUTCLIF MAST	ER LLC/PRISM F	ROPERTY S			0 0	
EPA DEP X Armended Notification DCA DOH X On Hold DCA DCA EMERGENCY NOTIFICATION Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Name of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (O			Street Address		THE.	JU	L 2	0 2	018
DEP X Anended Notification #3	Agencies Notified Type Notificati	on	340 KINGSLAND ST	REET	1				- 1
DCA	DEP X Amender X DOL Cancella	d Notification #3	NUTLEY, NEW JER			ASBES	TOS JOEN	COM	TROI 3
Name of Facility Where Abatement is Taking Place (3)		TNOV NOTIFICATIO							
Name of Facility Where Abatement is Taking Place (3) HACKENSACK MERIDAIAN BLDG. 102 Street Address Add KINSSLAND STREET City (5) LESSEX County Code (7) SCHORT (19 Find Provide & commot. bldgs , homes, etc.) 125,000 So City (6) ESSEX County Code (7) STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) MEGA ENVIRONMENTALA Street Address	DCAEMERGI			V	973-235-310	5			
AcKENSACK MERIDAIAN BLDG. 102 Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Other (lie, private & commol. bldgs., homes, etc.)	Name of Facility Where Abatement is T.	FA	ACILITY INFORMATION	Type of Engilit	(4)				
Street Address		aking riace (5)		School (K Subchapte	-12) er 8 (Other tha				
340 KINGSLAND STREET	Street Address								
City (5)					and the second of the second o	5	7. C. C. C. C. C. C.		
Name of Monitoring Firm Hired by Building Owner (8)		(6)	County Code (7)			molished			ab.
DREGA ENVIRONMENTAL 17	NUTLEY ESSEX						, , , ,,		.
280 HIVLER STREET	OMEGA ENVIRONMENTALA	ding Owner (8)	1 II (127)	PAR ENVIRON			ON		
City, State, Zip Code S. HACKENSACK, NEW JERSEY 07606 SUFFERN, NEW YORK 10901					OCK BOAD				
S. HACKENSACK, NEW JERSEY 07606									
ANTON REZIN		NEW JERSEY 076	606)1			
Expected State Date (10)	Project Manager for Monitoring Firm	Telephone I	Number				lumbe	r	
7 / 6 / 18				845-369-7500	11	1101			
Month Day Year Month Day Year Street Address Stre					0.190.700		11525772		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM Scope of Work (Check all that apply) Demolition X Street Address 280 HUYLER STREET City, State, Zip Code S. HACKENSACK, NJ 07606 S. HACKENSACK, NJ 076		() ÷ (OMEGA #1	0504				
Scope of Work (Check all that apply) Demolition	Occupancy Status During Abatement (Che Facility Closed/Vacated During Abatement Performed Outside	eck only one) Entire Period of Ab of Normal Facility F	patement Hours - Describe:	280 HUYLER S					
Asbestos-containing Material (ACM) Material (ACM) TO BE ABATED in Facility (13) 4TH FLOOR ROOM C403 ATH FLOOR ROOM A403 X PIPE INSULATION ATH FLOOR ROOM A403 X PIPE INSULATION ATH FLOOR ROOM BLVD. NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105 Completed by (Print or Type) Amount (Specify Sor LF) NEWARK (ACM) (ie. Thermal systems (iii. Thermal systems (iii	Scope of Work (Check all that apply) Demolition X >3SF OR LF	_	Full Conta Mini-Encl X Glovebag	S. Ainment with Neg o , Procedure	HACKENSAC		606		
Staff (12) Yes No N/A 4TH FLOOR ROOM C403 X PIPE INSULATION 6 LF X 4TH FLOOR ROOM A403 X PIPE INSULATION 6 LF X NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105 Completed by (Print or Type) Title			Description of As	sbestos-		Al	batem	ent Ty	уре
4TH FLOOR ROOM C403	Material (ACM) TO BE ABATED	solely by Maint/Custodial Staff (12)	(ie. Thermal sy insulation, surfaci	stems ng, VAT,	(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUF
ATH FLOOR ROOM A403 X PIPE INSULATION 6 LF X NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105 Completed by (Print or Type) Title X PIPE INSULATION 6 LF X CUBIC YARDS OF WASTE: 2 Disposal Date City, State 6/29-7/29/18 PLAINEJELD TOWNSHIP, PA	ATH ELOOP POOM CASS		DIDE INCLUATION		015	-	\vdash	-	~
NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105 Completed by (Print or Type) Hauler ID No. CUBIC YARDS OF WASTE: 2 Disposal Date City, State Disposal Date City, State PLAINFJELD TOWNSHIP, PA							-		
369 RAYMON BLVD. 913 OF WASTE : 2 City, State	4TH FLOOR ROOM A403	X F	PIPE INSULATION		6 LF	X	-	-	
369 RAYMON BLVD. 913 OF WASTE : 2 City, State									
369 RAYMON BLVD. 913 OF WASTE : 2 City, State									
369 RAYMON BLVD. 913 OF WASTE : 2 City, State	NEWARK CARTING INC		OLIDIO VACCO	LODALID CT		T			
NEWARK, NEW JERSEY 07105 Completed by (Print or Type) One of the complete of	369 RAYMON BLVD.	913	OF WASTE: 2		KAL SANITAR	Y LANDE	-ILL		
Completed by (Print or Type) Title				City, State	2				
BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS SIGNATURE DATE DATE C			0/29-7/29/18	PRINFFELDY	JWNSHIP, PA	1	1 1		
	BENJAMIN SANCHEZ DIF		ATIONS SIGNATURE /	XX	10	DATE	01	10	\vdash

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) PB NUTCLIF MASTER LLC/PRISM PROPER SERVICESTLOF /2018 Agencies Notified Type Notification 340 KINGSLAND STREET Initial Notification City, State, Zip Code DEP Amended Notification #2 JUL 26 2018 NUTLEY, NEW JERSEY 07110 DOL Cancellation DOH On Hold Name of Contact Telephone Number ESTOS CONTRO DCA EMERGENCY NOTIFICATION RICK MARGERISON 973-235-3105 LICENSING Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) School (K-12) HACKENSACK MERIDAIAN BLDG. 102 Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address 340 KINGSLAND STREET Square Feet # of Floors Bldg. Age 125,000 City (5) 50 County (6) County Code (7) Current Use (Prior if being demolished) Pharm. Lab. NUTLEY ESSEX (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) COMMERCIAL Name of Abatement Contractor (9) ASCM No. OMEGA ENVIRONMENTALA 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 280 HUYLER STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code S. HACKENSACK, NEW JERSEY 07606 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number ANTON REZIN License Number 201-489-8700 845-369-7500 Expected State Date (10) 1101 Sched. Completion Date (11) Name of OSHA Monitor 7/ 29 /18 OMEGA #10504 Day Year Occupancy Status During Abatement (Check only one) Day Year Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: 280 HUYLER STREET Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM City, State, Zip Code S. HACKENSACK, NJ 07606 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing Abatement Type normally used Containing Material (ACM) Amount Material (ACM) REMOVAL solely by REPAIR ENCAPSUL ENCLOSUR (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 4TH FLOOR ROOM C403 X PIPE INSULATION 6 LF X 4TH FLOOR ROOM A403 X PIPE INSULATION 6 LF X NEWARK CARTING INC. Hauler ID No. CUBIC YARDS GRAND CENTRAL SANITARY LANDFILL 369 RAYMON BLVD. 913 OF WASTE: 2 City, State Disposal Date NEWARK, NEW JERSEY 07105 City, State

6/29-7/29/18

SIGNATURE

DIRECTOR OF OPERATIONS

Completed by (Print or Type)

BENJAMIN SANCHEZ

POWNSHIP, PA

DATE

PLAINFIELD

2

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

Date of Notification (1) 8				Nam	e of Building	Owner/Operat	tor (2)	Invertion			
G	Date of Notification (1)			PB N	UTCLIF MAS	TER LLC/PRIS	M PROPERTY	SERV	ICES L	ie I	7\//
Agencies Notified EPA	6 / 28 /20	18		_				TIE	U -	15	[1]
EPA	Agencies Notified Type Not	ification		1000		STREET		31			
DCA	DEP X Ame	ended Notification acellation	n #1	City, NUTL	State, Zip Co -EY, NEW JE	de	Anna depart y	1		26	2018
FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Su			EICATIO			211	Telephone	Numb	er	10 000	
Name of Facility Where Abatement is Taking Place (3) HACKENSACK MERIDAIAN BLDG. 102 Street Address Street Address Street Address Super Facility Where than K-12) Subchapter 8 (Other than K-12) Super Facility (19) Subchapter 8 (Other than K-12) Super Facility (19) Super Facility (19) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other Indicator 8) Super Facility (19) Subchapter 9 (State Vine) Subchapter 9 (State Vine) Subchapter 9 (State Vine) Subchapter 8 (Other Indicator 9) Subchapter 9 (State Vine) Subchapter 8 (Other Indicator 9) Subchapter 9 (State Vine) Subchapter 8 (Other Indicator 9) Subchapter 9 (State Vine) Subchapt		LINGLINGT NOTI	- merinate in the	Tario Company			973-285-3	105	J010	IS GUI	M MUL M
Ackensack Meridaian Bldg. 102 School (K-12) School (K-12) Street Address Subchapter 8 (Other files private 8 commol. bidgs., homes, etc.)	Name of Facility Where Abatement	is Taking Place	(3)	JILITY IN	FORMATION		1114 - (4)	4-1-10	400 1 1/12 1 1 1 1 1	Plant Track	** ** ** ** ** ** ** ** ** ** ** ** **
Square Feet			(0)			School Subcha	l (K-12) apter 8 (Other I	than K-	12)		
125.000 50 50 50 50 50 50 50						X Other	ie. private & co	mmcl.	bldgs.,	homes,	etc.)
City (5)	340 KINGSLAND STREET						사람이 사이를 다 가는 것이 없는데 없는데 없는데 없다.	oors	ь		е
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 17 PAR ENVIRONMENTAL CORPORATION Street Address 313 SPOCK ROAD Street Address 313 SPOCK ROAD City, State, Zip Code S. HACKENSACK, NEW JERSEY 07606 Project Manager for Monitoring Firm Telephone Number 201-489-8700 Expected State Date (10) 6 / 29 /18 / 7 / 29 /18 / 78 / 98 / 18 / 100 / 10	NUTLEY	SEX		Count (STATE	y Code (7) USE ONLY)	Current Use	(Prior if being	demolis	hed) P		.ab.
Street Address	Name of Monitoring Firm Hired by	Building Owner	(8)			Name of Ab	atement Cont	ractor (9)		
Street Address Stre					17			ORPOR	RATION		
S. HACKENSACK, NEW JERSEY 07606	280 HUYLER STREET					313 SPOOK	ROCK ROAD				
Project Manager for Monitoring Firm ANTON REZIN Expected State Date (10) Month Day Year Sched. Completion Date (11) For the project Manager for Monitoring Firm Sched. Completion Date (11) Month Day Year Year Month Day Year Sched. Completion Date (11) For the project Manager for Monitoring Firm Month Day Year Month Day Year Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Month Describe: Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) For the project Manager for Monitoring Month Month Day Year Occupancy Status During Abatement (Check only one) For the project Manager for Monitoring Month Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code Sched. Kensack, NJ 07606 Scope of Work (Check all that apply) Demolition Month-Friable Procedure		ACK NEW JERS	FY 0760	6				004			
ANTON REZIN	Project Manager for Monitoring Firm		_						co Nium	hor	
Sched. Completion Date (11)		201-4	189-8700)				- 100 miles	se mun	inei	
Month Day Year Month Day Period of Abatement Period Outside of Normal Facility Hours - Describe: Street Address				n Date (1	1)			11101			-
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:	20 /10	The contract of the Contract o	/			OMEGA	#10504				
Full Containment with Negative Pressure Full Containment with Negative Pressure Mini-Enclo	Facility Closed/Vacated Du Abatement Performed Outs X Other - Describe: MON	(Check only one) uring Entire Period side of Normal Fa	of Abat	ement urs - Des		280 HUYLER City, State, Z	R STREET	ACK N.	1.07606		
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	BENJAMIN SANCHEZ		PERAT	IONS S	IGNATURE	***		DATE(10/	787	10

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

CK#32298

Date of Notification (1)					owner/Operator SR LLC/PRISM F		24056	2116		
	•					ER LLC/PRISIVIT	RUPERITSER	MICH.			\mathbb{W}
6 / Agencies Notified	18 /2018 Type Notificatio	n		Street A	ddress IGSLAND ST	REET			2	3 LJ	bd
EPA DEP X DOL	X Initial Noti Amended Cancellati	fication Notification	n	City, Sta	ate, Zip Code Y, NEW JER		l man	J	IL 2	6 2	2018
X DOH DCA	On Hold EMERGE	NCY NOT	IFICAT	Name o	f Contact ARGERISON	1	Telephone Nur 973-235-3105		STOS	CON	TROI
				ACILITY INFO	RMATION					પક્ષામાં	
Name of Facility Whe		king Plac	e (3)			Type of Facilit					
HACKENSACK MERI	DAIAN BLDG. 102					X Other (ie.	er 8 (Other than private & comm	K-12) cl. blda	s ho	mes,	etc.)
Street Address 340 KINGSLAND STR	REET					Square Feet 125,000	# of Floors 5	T	Bld	g. Age 50	
City (5) NUTLEY	County (6 ESSEX)			Code (7) SE ONLY)	Current Use (Pr	rior if being demo	olished) Pha	rm. La	ıb.
Name of Monitoring OMEGA ENVIRONME		ng Owne	r (8)		ASCM No.	Name of Abate	ment Contracto	or (9)	ION		
Street Address 280 HUYLER STREET	Г					Street Address 313 SPOOK RO		Ortivi	1014		
City, State, Zip Code	S. HACKENSACK, I	VEW JER	SEY 0	7606		City, State, Zip SUFFERN, NEV	Code			-524857	
Project Manager for M			_	Number		Telephone Num		ense N	lumbe	er	-
ANTON REZIN		201	-489-8	700		845-369-7500	111	01			
Expected State Date 6 /	29 /18		comple 7 /	etion Date (11) 29) /18	Name of OSHA OMEGA #1	Monitor 0504				
Month Da		Month	,	Day	Year						
Occupancy Status Dui Facility Clo Abatement X Other - Des	sed/Vacated During E Performed Outside o	Entire Peri f Normal I	od of A acility	Hours - Descr	ibe:	Street Address 280 HUYLER S City, State, Zip	Code				
Scope of Work (Check Demolition X >3SF OR L >160 SF O	.F]Renovati	on	X	Mini-Enclo	inment with Neg	HACKENSACK ative Pressure	, NJ 07	'606		
Locati		Is Loca			cription of As		/// 10 TV	A	baten	ent Ty	/pe
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4TH FLOOR ROOM C	403		X	PIPE INSULA	TION		6 LF	X			
4TH FLOOR ROOM A	The state of the s		X	PIPE INSULA			6 LF	X			
Rene seriore			-					-	-		
NEWARK CARTING I 369 RAYMON BLVD. City, State	NC	Hauler ID 913	No.	CUBIC OF WA	STE:2	GRAND CENTR	I RAL SANITARY	LANDF	ILL		
NEWARK, NEW JERS				6/29-7/29/18		PLAINFIELD TO	OWNSHIP, PA				
Completed by (Print of BENJAMIN SANCHEZ			OPF	 RATIONS SI	GNATURE	1/XX	IDA	TE /	1	A	0.7
					1	100	10/	0	1/2	3//3	

Check # State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT 1028 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) .1111 2 6 2018 18 Sweet Sisters Re Assoc. LLC 07 Agencies Notified Type Notification Street Address **ASBESTOS CONTROL &** ☐ EPA 407 Washington Street LICENSING ☐ Amended **⊠** DOLWD City, State, Zip Code Amendment # ☑ DHSS Hoboken, NJ 07030 ☐ Emergency (including □ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) Cancellation Marzena Sobilo as Agent for Owner 201948-8702 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 407 Washington Street homes, etc.) Bldg. Age City (5) Square Feet # of Floors Hoboken 4000 4 65 + yrs. County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hudson Store and Apartments ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) N/A MAK-B Pro, Inc. Street Address Street Address 104 Market Street City, State, Zip Code City, State, Zip Code Garfield, NJ 07206 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-931-3293 01365 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08 / 01 / 18 08 / 20 / 18 Same as above Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time City, State, Zip Code of Abatement: AM-4PM/ PM-12AM Scope of Work (Check all that apply) ☑ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Remova Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) N/A Yes No Rasement \boxtimes Pipe Insulation \boxtimes 130 LF Basement П X Wallboard X 100 SF NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Newark Carting, Inc. G.R.O.W.S., North W/M of PA

Completed By (Print or Type)
Biljana Nestorova

2

Disposal Date

8-31-18

Signature

City, State

Morrisville, PA

Date

7-20-18

11222

Title

President

City, State

Newark, NJ

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

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Date of Notification (1) 07 / 2	20 /	18					of Buildin		vner/Operator ((2)	II JU	L 26	201	8	
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DCA (NJAC 5:23-8)	Emergen justificati		cluding	g	-		of Contac	_			Telephone No	umber			
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				192110	1	FAG	CILITY IN	IFOI	RMATION						
Name of Facility Where Aba	atement is 7	Taking	Place	e (3)						Type of Facility	<i>i</i> (4)				
Residence										School (K-1		40)			
Street Address											8 (Other than K- private and comr		uildin	is.	
										homes, etc.	.)		A		
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Management & Enviro	-	5375		(5) 533	ASI	JIVI	NO.	1		ent Contractor (9 onmental, LLC	5				
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Chesterfield, NJ 0851	5							1	Maple Shade						
Project Manager for Monitor	ring Firm	-		Tel	lepho	ne l	No.	-	lephone No.	,	License No.				
Bill Weisgarber	-				. 1 - 2 - 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-4070		356-755-0099)	00842				
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City, State Freehold, NJ									posal Date 8/06/2018	City, State	DA				
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			0000	F	ACILITY	INFO	RMATION								
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County (6)				Co	unty Code	(7)(STA	TE USE ONLY)	Current Uso	(Prior	if being	demoli	shed)			
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Name of Monitoring Firm Hired by Bu			V81.050	ASCI	И No.	Na	me of Abateme	ent Contracto	r (9)	76					
Management & Enviro. Cons	ulting	Servi	ces			S	Shade Enviro	onmental, L	LC						
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PO Box 341						6	23 Cutler Av	/enue							
City, State, Zip Code						City	y, State, Zip Co	ode							-
Chesterfield, NJ 08515						N.	Maple Shade	, NJ 08052							
Project Manager for Monitoring Firm			Te	lephon	e No.	Tel	ephone No.			Licens	e No.				_
Bill Weisgarber			6	609-29	8-4070	8	56-755-0099)		0084	12				
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City, State				1000		_	oosal Date	City, State							
Freehold, NJ						12	8/03/2018	Morrisv	ille. P	PA					
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Christina Lynch	1		esid	ent of	Operation	ons	me	alt	\supset		1000	7/2	àA	Q)	

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Date of Notification (1) /	19 /	18			7,37,000	of Buildin Iren Isle		r/Operator	(2)			JU	IL 2	6	2018		Ш
Agencies Notified	Type Notifica	ation			Street	Address						NO PERSONAL PROPERTY.	OLONA PROGRAMO	-	SPETMING NO.		
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☑ DOH □ DCA	Amendm.		uding		Me	rchantvi	lle, NJ	08109									
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Name of Monitoring Firm	Hired by Build	ding Ov	vner (8)	ASCM	No.	Name	of Abatem	nent C	Contractor (9)	<u> </u>	-					_
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Bill Weisgarber				(C) (S) (C)	09-298			3-755-0099	9			0842					
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Shade Environmental 1 > 609-633 066 .

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Laboratory Analysis Report - PLM

3 Crosswicks Street, Bordentown, NJ 08505 609-298-5520 fax 601 -29%-5477

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Date of Notification (1) 07/17/2018	, , , ,				f Building (a Weinsl			(2)			JUL	2 6	5	018	And the second second
	ype Notification			Street A	ddress		18			AS	BESTO	S C	NC	FROL	. &
EPA DEP DOL	Initial Amended Amendment #	ŧ	-		ate, Zip Co wood, N		.0			Privativasuspessisses	HO	ENS	INC	n a management	Project APP P
☑ DOH DCA	Emergency (in justification) Cancellation			Name o	f Contact a Weinsl					T-' nhone	e Numbe	r			
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City (5) Maplewood								Squ N/A	etc.) are Feet	# of Floors	s	Bldg N/A	g. A	ge	
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Name of Monitoring Firm Hi	ired by Building O	wner (8)		ASCN	/ No.				atement Cont tement, Inc	A CONTROL OF THE PROPERTY.					
Street Address							Street 11 R		ess igren Aven	ue					
City, State, Zip Code									Zip Code NJ 07512		-				
Project Manager for Monitor	ring Firm			Telepho	ne No.		Teleph 973-		No. 8685	Licer 013	nse No. 11				
Start Date (10) 07/27/2018		Schedul 07/28/2		npletion	Date (11)				HA Monitor tement, Inc).					
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NO 25131998UE	5UNOT	St TIFICATION (Pursuant	tate of New Jel N OF ASBESTO to NJAC 8:59	rsey OS ABATE and 12: 20	MENT 0)		DE	G		₩	
Date of Notification (1) 07/17/2018			of Building Owner Rothstein	er/Operator	(2)			JUL	26	2018	3
Agencies Notified Type Notification		Street A	Address				ASI	BESTO			DL &
X EPA			ate, Zip Code eck, NJ 0766	36			This is hereby to the property on all plans.	110	ENSI	N (4	odni - one (2-10)
Emergency (ir justification)		Name o	of Contact		100-24100-1		Telephone N	Number			
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Name of Facility Where Abatement is Taking House	Place (3)	TAG	ILITT INTONIA	ATION		of Facility (4)					
Street Address							(Other than K				
Cit. (E)					E	etc.)	vate & comme				es,
City (5) Teaneck					N/A	e Feet	# of Floors N/A		Bldg. / N/A	Age	
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Name of Monitoring Firm Hired by Building On N/A	wner (8)	ASCI	M No.			tement Contr ement, Inc	A TO A COLOR OF THE STATE OF TH	Trace			
Street Address		1			t Addres Roseng	s gren Avent	ue				
City, State, Zip Code				1016742744650	State, Zi wa, N	p Code J 07512					
Project Manager for Monitoring Firm		Telepho	one No.	12.5	hone No -345-8		License 01311				
	Scheduled (07/31/201		Date (11)			IA Monitor ement, Inc					
Occupancy Status During Abatement (Check	Only One)			100000000000000000000000000000000000000	Addres		10				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: Occupied				City, 8	State, Zi	p Code J 07512	ie e				
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D&S Abatement, Inc.		20996	TE	3D			lanagemen	t of PA	١		
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× EPA × DEP × DOL	Initial Amended Amendment	#1		City, Sta	ate, Zip Co des Par	ode				1	AN ACTION OF THE PARTY OF THE P	LIO	-1.44	J1140	<i></i>	charge with
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Name of Monitoring Firm Hire N/A	ed by Building (Owner (8)	(ASCM	/ No.				patement Cor atement, In		(9)					
Street Address							Street 11 R		ress ngren Aver	nue						
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Project Manager for Monitorin	ng Firm			Telepho	ne No.		Teleph 9733	none	No.		Licens 0131					
Start Date (10) 07/18/2018		Schedule 07/29/2		mpletion I	Date (11)		Name	of O	SHA Monitor atement, In	·	0101	<u> </u>				
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City, State Totowa, NJ							sal Date	,	City, State		Α					
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Burlington Coat F	actory Sto	ore #226	ice (3))			Type of Fac							
Street Address								55 G.7.0	Other th	nan K-12)				
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City, State & Zip Code							City, State &							
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Frank Westfall	normorning F		eleph			ber	Telephone N 215-788-60			License I				ļ,
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SERVICE TRANSPO	JKI GKU	JP, ING.		209	90		40 Cu Yd			ILLS LANDF	LL			
IEW CASTLE, DE 1	19720						Disposal Date TBD	City, S		LE, PA				
completed By (Print or				Title			Signature	MORI	MAIL	LE, FA	Dot-	-		
ATRICK T. DeCAR			- 1		imate			1	, Qu	aro/if	Date 7/20/1	8		
							rarrefe	e A-	NL	aro/K	. 1201			

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) Date of Notification (1) 7/10/18 Burlington Coat Factory Agencies Notified Type Notification Street Address X EPA 1830 US Route 130 North DEP Initial City, State & Zip Code JUL 26 2018 M DOL X Amended R#1-7/20/18 **Burlington NJ 08016** \boxtimes DOH Emergency Name of Contact Telephone Number DCA Cancellation Mike Woods 917-838-4314 ASBEST FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) **Burlington Coat Factory Store #226** School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) 2495 Route 1, Suite 1 Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 72500 50 Lawrenceville Mercer Current Use (Prior if being demolished) Retail Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ESIS** BRISTOL ENVIRONMENTAL INC Street Address Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Frank Westfall 215-640-5320 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/24/18 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm X City, State & Zip Code Describe: (10:00 PM - 6:00 AM) BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure TO BE ABATED Maintenance or (i.e., thermal systems Remova Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes N/A No Receiving Area Mastic 4,000 X Aisle Way C-D @ Column 4 Mastic 436 SF X Aisle Way C-D @ Column 2 Mastic 436 SF Aisle Way D-E @ Column 1-2 X Mastic 300 SF Vestibule G-H @ Column 2-5 Mastic 1100 SF Vestibule J & Cashwraps Mastic 900 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 40 Cu Yd FAIRLESS HILLS LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720 TBD MORRISVILLE, PA Completed By (Print or Type) Title Signature Date

Estimator

Patrick J. D'Con fil

7/20/18

PATRICK T. DeCARO

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

Date of Notification (1) Name of Building Owner / Operator (2) 7/10/18 **Burlington Coat Factory** Agencies Notified Type Notification Street Address 1830 US Route 130 North DEP Initial City, State & Zip Code X DOL9555 Amended Burlington NJ 08016 ASBESTOS CONTROL & DOH9982 Emergency Name of Contact DCA Telephone Number Cancellation Mike Woods 917-838-4314 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Burlington Coat Factory Store #226** School (K-12) Street Address Subchapter 8 (Other than K-12) 2495 Route 1, Suite 1 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 72500 50 Lawrenceville Mercer Current Use (Prior if being demolished) Retail Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC Street Address Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Frank Westfall 215-640-5320 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/24/18 8/20/18 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm X City, State & Zip Code Describe: (10:00 PM - 6:00 AM) BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Asbestos-Containing Abatement Type Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Maintenance or Encapsulate (i.e., thermal systems Remova Enclsoure in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Sales Floor Mastic 4.300 Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 MINERVA LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720 TBD WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature PATRICK T. DeCARO Date Estimator Patrick T. DeCar 7/10/18 PD 18055

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

Date of Notification (1) 07/20/2018			N	lame of IJ Dep	Building Ov artment of	wner/O Huma	perator (2) an Services	Che	CK NO. 1146	1 W	ß	Γ.	7
Agencies Notified	Type Notification			Street Ac 22 Sou	ddress uth Warrer	Stree	et		15 9 5	U U	15	The same of the sa	No. of Concession, Name of Street, or other Persons, Name of Street, or ot
□ EPA ☑ DEP ☑ DOL	☐ Initial ☑ Amended Amendment #_		C	ity, Sta renton	te, Zip Code , New Jers	e sey 08	625		JUL 26	2018	3		J
☑ DOH ☑ DCA	☐ Emergency (inc justification) ☐ Cancellation	cluding			Contact Tye-Harla	ın			Telephone Number 609-292-1856	ONTRO	DL &		and the same
				FACI	LITY INFOR	MATIC		Unconsense	LIVER	211111	- December 2014	*******	
Name of Facility When Greystone Hospital	re Abatement is Taking	Place (3)					Type of Facility School (K-	12)					
Street Address 59 Koch Avenue								8 (Other that ivate & com	mercial buildings, l				
City (5) Morris Plains, New	Jersey 07950						Square Feet 800		# of Floors 1	Bldg. 50+	Age		
County (6) Morris	and the state of t				Code (7) JSE ONLY)		Current Use (P	Garage					
Name of Monitoring F The Whitman Comp	irm Hired by Building (panies	Owner (8)		ASCN	1 No.		Name of Abates Lilich Corpora		actor (9)				
Street Address 7 Pleasant Hill Driv	е						Street Address 606 McBride						
City, State, Zip Code Cranbury, New Jers	sey 08572						City, State, Zip Woodland Pa	Code rk, New Je	rsey				
Project Manager for M Kevin Lovely	Monitoring Firm			Telepho 732-39	ne No 0-5858		Telephone No. 973-225-8400)	License No. 01104				
Start Date (10) 07/23/2018	ON HOLD	Scheduled 07/28/201	Com 18	pletion	Date (11)		Name of OSHA Iris Environme	Monitor ental Labo	ratories, LLC				
	uring Abatement (Chec			ent			Street Address 2333 Route 2						
☒ Facility Closed/N☒ Abatement Perfo☒ Other – Describe	/acated During Entire F rmed Outside of Norm :	al Facility H	ours	_			City, State, Zip Union, NJ 07	Code 083					
Scope of Work (Chec	ck All That Apply)												
□ ≥3 sf or ≥3 lf 図 ≥160 sf or ≥260 li			enovat emoliti				☐ Mini-	Enclosure e Bag Proce	t with Negative Pre	ntainme	ent &T	Tent	
							□ Non-l	Exempted (*	and Non-Friable Amount		atem	ent	
Asbestos-Contain TO BE In F	ation of ning Material (ACM) ABATED Facility (13)	Used Mair	Locati ormal d Sole ntenar odial S (12)	ly ly by nce/	Asbe (i.e	stos Co therm	Description of ontaining Materia nal systems insulated facing, VAT, or in miscellaneous)	ation,	(Specify SF of LF)	Removal	Type Repair	Encapsulate	Enclosure
		Yes	No	N/A								Œ	
Southern Bay of the	e 4 Bay Garage			Х	Pipe Insul	ation I	ncl. Elbows & Jo	ints	100 LF				
Southern Bay of the	e 4 Bay Garage			X	Ceiling B	oard			800 SF	X			
Name of Registered	Waste Hauler		10.00	NJDEP V Hauler II		Cubi of W	c Yards		Registered Landfill				
Lilich Corporation			'	18724			10	Fairless				_	
City, State Woodland Park, N	lew Jersey						osal Date 8/2018	City, State Morrisville	e, PA	t			
Completed by Adriana Olejarova	a	Title Pre	esider	nt			Signature	(W)	/	7/20/20			
ASB-41 (R-06-08)							* Do not use t	his form for	asbestos licensure	e exemp	oted a	ctivi	ties

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

						and 12:120)		1 (O) I	2 N	7.7	7	2000
Date of Not lication (1) 06/21/2018			N	IJ Depa	rtment of h	ner/Operator (2) Iuman Services	Che	GR)405145 6	3	\mathbb{V}		
Agencies Notified Type N	Notification		2	treet Add 22 Sout	iress th Warren	Street	abrophopus absolute	N JUL 2	26 2	018		1
⊠ DEP □ /	Initial Amended Amendment #		C	ity, State renton,	e, Zip Code New Jerse	y 08625			uet vormanticaes	alann gu turk	or or the sea topology	submit
☑ E ☑ DOH j	Emergency (inclustification) Cancellation	luding		lame of 0	Contact Tye-Harlar			Telephone Numbe 609-292-1856	NSING	HUL	. Et	intro-ui
a box	34110011011			FACIL	ITY INFORM	TATION						_
Name of Facility Where Abate Greystone Hospital	ment is Taking	Place (3)		, дол		Type of Facili ☐ School (K						
Street Address 59 Koch Avenue						IVI Subchanter	8 (Other than	n K-12) mercial buildings, h	iomes, i	etc.)		
City (5) Morris Plains, New Jersey	07950					Square Feet 800		# of Floors 1	Bldg. 50÷	Age		
County (6)			(County C	ode (7) SE ONLY)		Prior if being Garage	demolished)				
Name of Monitoring Firm Hire The Whitman Companies	ed by Building C	wner (8)		ASCM	No.	Name of Abat Lilich Corpor		ctor (9)				
Street Address 7 Pleasant Hill Drive					- 11-01	Street Addres 606 McBride						
City, State, Zip Code Cranbury, New Jersey 085	572					City, State, Zi Woodland P	p Code ark, New Je	rsey				
Project Manager for Monitorin Kevin Lovely				Telephor		Telephone No 973-225-840		License No. 01104				
Start Date (10) 07/23/2018		Scheduled 07/28/20	d Com	pletion D	Date (11)	Name of OSH Iris Environr	lA Monitor nental Labor	ratories, LLC				
Occupancy Status During Ab				10000 1 0000		Street Address 2333 Route	ss 22 West					
Facility Closed/Vacated Abatement Performed O Other – Describe:	During Entire F utside of Norm	Period of At al Facility H	oatem lours	ent ·		City, State, Zi Union, NJ 0	ip Code 7083					
ATT TO ASSESS THE STATE OF THE										0.8(2)(4)		
Scope of Work (Check All Th ⇒3 sf or ≥3 if ≥160 sf or ≥260 if	iat Apply)	-	enovat emoliti			☐ Mir	ni-Enclosure	with Negative Pre	ntainme	nt & T	Tent	9
						□ Non	-Exempted (*) and Non-Friable	Procedu	ıre	_	
		(I)	Locati			Manage and a second		Amount (Specify SF of LF)		Type		
Location of		Use	lormal d Sole intena	ely by nce/	Asbes (i.e.	Description of tos Containing Mater thermal systems insu	ulation,	SF OILI)	Ren	Repair	Encapsulate	Enclosure
Asbestos-Containing Ma TO BE ABATE In Facility (13)		Cust	(12)	Starr?		surfacing, VAT, or other miscellaneous	s)		Removal	air	e	4
Asbestos-Containing Ma TO BE ABATE In Facility (13)	<u>:D</u>			N/A		surfacing, VAT, or other miscellaneous	s)	10015			e	
Asbestos-Containing Ma TO BE ABATE In Facility	<u>:D</u>	Cust	(12)	N/A X		surfacing, VAT, or other miscellaneous tion Incl. Elbows &	s)	100 LF	_ x		fe .	
Asbestos-Containing Ma TO BE ABATE In Facility (13)	Garage	Cust	(12)	N/A	Pipe Insula	surfacing, VAT, or other miscellaneous tion Incl. Elbows &	s)	100 LF 800 SF	_ x		te	
Asbestos-Containing Ma TO BE ABATE In Facility (13) Southern Bay of the 4 Bay	Garage	Cust	(12)	N/A X		surfacing, VAT, or other miscellaneous tion Incl. Elbows &	s)		_ x		te	
Asbestos-Containing Ma TO BE ABATE In Facility (13) Southern Bay of the 4 Bay	Garage	Cust	No	N/A X X	Ceiling Bo	surfacing, VAT, or other miscellaneous tion Incl. Elbows & J ard	s) Joints	800 SF	_ x		te	
Asbestos-Containing Ma TO BE ABATE In Facility (13) Southern Bay of the 4 Bay Southern Bay of the 4 Bay Name of Registered Waste	r Garage r Garage	Cust	No	N/A X	Ceiling Bo	surfacing, VAT, or other miscellaneous tion Incl. Elbows &	Name of F	800 SF	_ x		te	
Asbestos-Containing Ma TO BE ABATE In Facility (13) Southern Bay of the 4 Bay Southern Bay of the 4 Bay	Garage Garage Hauler	Cust	No	N/A X X NJDEP V	Ceiling Bo	surfacing, VAT, or other miscellaneous tion Incl. Elbows & Jard Cubic Yards of Waste	Joints Name of F	800 SF	X		te	

Ch 1178	Į.i	NOTIF (P	ICATIO	tto"NJ#C-	ESTOS. 8:60 an	ABATEMENT d 12:120)		-						
Date of Notification (1) 07/ 20 /2018			Name t	of Building	Owner/C	perator (2) opment Corp).	IF	Phe K	G 16	8		V/	5
Agencies Notified Type Notification				Address Washing	ton St									The same of the sa
区 EPA 区 Initial 区 DEP □ Amended 区 DOL Amendment #			City, St Newar	ate, Zip Co k, NJ 071	ode 02			l led	L J	JUL 2	6	-20	18	-
☐ Emergency (in justification)				of Contact					ephone N 3-643-31				ROL	&
□ DCA □ Cancellation					DRIATI	ON		Legendrate		Named to the second			L-summer on	Procedure)
Name of Facility Where Abatement is Takin St. James AME Towers	g Place (3	3)	FAC	ILITY INFO	JRIVIATI	Type of Fac	5 885 =							
Street Address 440 Washington St							pter 8 (Other e. private & co			dings, h	ome	s, e	tc.)	
City (5) Newark, NJ 07102						Square Fee	t		Floors h-rise		3ldg 50+	. Ag	е	
County (6) Essex				Code (7) USE ONLY)	_	Current Use	(Prior if being		olished)					
Name of Monitoring Firm Hired by Building Environmental Tactics, Inc	Owner (8)		ASCI	M No. 0045		Name of Aba Lilich Corpo	atement Contra oration	actor	(9)					
Street Address 64 Broad Street						Street Addre								
City, State, Zip Code Matawan, NJ 07747	-					City, State, Z Woodland F	ip Code Park, New Je	ersey						
Project Manager for Monitoring Firm Thomas P. Geiger			Telepho 732-29	ne No 0-2217		Telephone N 973-225-84			License 01104	No.				
Start 08/06/2018	Schedul 08/ 13 /		mpletion	Date (11)		Name of OSI Iris Environ	HA Monitor mental Labo	rator	ies, LLC					
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street Addres								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:			nent			2333 Route City, State, Z Union, NJ 0	ip Code					-		
Scope of Work (Check All That Apply)														\dashv
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	⊠ F	Renova Demolit				☐ Mir	Containment ni-Enclosure ove Bag Proce n-Exempted (*)	dure	/ Limited	Contair	nme		Tent	
	Is	Locat	ion				LACTIFICA		Amount	100	-		nent	
Location of	1	Norma	lly		D	escription of			Specify F of LF)		_	Тур	е	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena todial ((12)	nce/		estos Co e. therma surf	ntaining Materi al systems insu acing, VAT, or miscellaneous	ulation,				Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							1	7		te	Ф
apartment- 21B			Х	Popcor	n ceilir	ng		13	300 SF)	(
apartment- 21B			Х	VAT an	d Mast	ic		13	300 SF	Х				
Name of Registered Waste Hauler		IN	JDEP V	Vaste	Cubic	Yards	Name of Re	aiste	red Landf	fill				
Lilich Corporation		H	lauler ID		of Was					1000				
City, State Woodland Park, New Jersey			18724			sal Date /2018	Fairless L City, State Morrisville	10.000	111					
Completed by Adriana Olejarova	Title Pre	esiden	ıt		S	ignature	(1)	\		Date 07/20	/20°	18		

chill	9	N	OTIFI (F	@ATIO	ate of Ne VOF ASB to NVAC	ESTOS	ABA	TEMENT :120)		y necessary.			7.7		
Date of Notification (1) 07/23/2018				Name o Camara	f Building Epps	Owner/O	pera	ator (2)	(check	No. 1179		\mathbb{V}	E	M
Agencies Notified	Type Notification		1	Street A	ddress						1431	2 6	2010		
□ EPA 図 DEP 図 DOL	☑ InitialAmended☐ Amendment	4			ate, Zip Co		704	n		H	JUL	L ()	2010	CHARLE	Lungar
DOH DCA	☐ Emergency (i justification) ☐ Cancellation	-	+		f Contact					Ţ	ASBESTO	S COL	VTRC IG	18	Politicana (Carrilla
Name of Facility Where	Abatement is Taking	Place (3)		FAC	ILITY INFO	ORMATI	ON	Type of F	acility (4)						
Private Residence Street Address									apter 8 (C						
											mmercial bu		ili.	-	C.)
City (5) Maplewood, New Jersey	07040							Square F	eet	2	of Floors		ldg. A 5+	.ge	
County (6) Essex County					Code (7) USE ONLY)			Current U Private R		f being	demolished	1)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASC	/I No.			me of Aba ch Corpora		ontracto	or (9)				
Street Address							1907.53	eet Addres 6 McBride							
City, State, Zip Code								y, State, Zi oodland Pa		ersey 0	7424				
Project Manager for Mon	itoring Firm			Telepho	ne No.			lephone No 3-225-8400			License 01104	No.			
Start Date (10) 08/06/2018		Scheduled 08/07/201		pletion	Date (11)			me of OSH S Environr			es, LLC				
Occupancy Status During	g Abatement (Check	Only One	:)					eet Addres 33 Route 2							
☐ Facility Closed/Vacate ☐ Abatement Performed ☐ Other – Describe:				nt			Cit	y, State, Zi ion, New J	p Code	83		-			
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enova					⊠ Mir	ni-Enclosi ove bag Pr	ure ocedu	th Negative e nd Non-Fria			0	
		ls L	ocati	on					II-Exemple	eu () a	na Non-File	bierio	Abate	ement	t
Location Asbestos-Containing		Used		ly by	Ashes			tion of ng Material	(ACM)		Amount		1 9	pe	
TO BE AB/ In Facili (13)	ATED `	Custo	itenar dial S (12)			thermal surfac	syst	ems insula VAT, or ellaneous)		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	
Basement				X	Duct Insu	lation				10 SF		Х			
Name of Registered Was Lilich Corporation	ste Hauler		Н	JDEP W auler ID 3724		Cubic of Was		ls	Name of Fairless		tered Landf	ill			
City, State Woodland Park, New Jer	sey	7000				Dispos 08/07/2			City, Sta Morrisvil	ite lle, Per	ınsylvania				
Completed by Adriana Olejarova		Title Preside	nt			S	igna	ture	(0)	A	1000	ate 7/23/20	18		
ASB-41 (R-06-08)		1				1	* D	o not use t	his form fo	or asbe	stos licensu	ire exer	npted	activi	ties.

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuantite NUACIS:60 land 5:16)														
C114448			(P	ursua	nt/fo NV	AC 8	:60 and 5:1	6)	In E	C	E		\mathbb{V}	E
Date of Notification (1)				Nam	e of Buildir	ng Ow	ner/Operator	(2)	13				MICHEL WAR	
07/20/	18	_		W	inslow To	owns	hip School	District		1111	2	6 2	018	
Agencies Notified Type Notific	ation	777.5		Stree	et Address				tel tal	JUL	-	0 6	1010	
⊠ EPA ⊠ Initial				20	Coopers	s Foll	y Road			Named and Address of the	Submerioris	tutnema		
☑ DOLWD☑ Amende☑ DOHAmendm				City,	State, Zip	Code			ASE	BESTO	S	CON	TRO	L&
□ DCA □ Emerger		luding	1	At	co, NJ 08	3004			Later and the second second	LIU	EN	SIN	j 	
(NJAC 5:23-8) justificat	tion)	33333000		100000000000000000000000000000000000000	e of Conta				Telephone N	lumber	9			
☐ Cancella	ition			Te	d Linden	nann	(Thermal Pi	ping)	609-724-0	0006				
				FA	CILITY	NFOF	RMATION							
Name of Facility Where Abatement is	Annual States	Place	(3)					Type of Facility (*********					
Winslow Township Middle Sci	nool							School (K-12 Subchapter 8		(-12)				
Street Address								Other (i.e., pr			bu	ilding	ıs,	
30 Coopers Folly Road								homes, etc.)						
														- 1
County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)														
														İ
Camden School														
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Epic Environmental Services, LLC Shade Environmental, LLC														
Street Address	LLC					-	eet Address	oninental, LLC						
1930 Brown Road						1000	23 Cutler A	venue						
City, State, Zip Code							, State, Zip C							
Newfield, NJ 08344							/, otate, zip o /laple Shade							- 1
Project Manager for Monitoring Firm			Tal	ephone	No		ephone No.	, 140 00002	License No		_			
Jim Eberts			2.50550		5-1077		56-755-0099	9	00842					
	Schedu	iled C			ate (11)		me of OSHA N		00042					-
07 / 30 / 18					18	1000000	MSL Analyt							
Occupancy Status During Abatement (eet Address							
☐ Facility Closed/Vacated During Ent	* Contract of the Contract of			ement		Bornal Peter	00 Route 13	n North						
☐ Abatement Performed Outside of N					scribe		, State, Zip C				_			_
Time of Abatement:AM	PM	/	_PM	l	_AM	100000	innaminsor							
Scope of Work (Check all that apply)								,,			3,45,74			
	- 1						Full Con	tainment with Neg	ative Pressure	9				
\boxtimes \geq 3 sf or \geq 3 lf \subseteq \geq 160 sf or \geq 260 lf		⊠ Re □ De					☐ Mini-End	closure g Procedure						
	57							empted (*) and Nor	n-Friable Proc	edure				
		-	Loca								Aba	atem	ent Ty	уре
Location of	ΔN		Norma	ally lely by	Ach	octor i	Description of Containing Ma		Amount		Re	Re	En	En
Asbestos-Containing Material (ACM TO BE ABATED	<i>n</i>)	Ma	inten	ance/			rmal systems		(Specify		Removal	Repair	cap	clos
IN Facility		Cus	todial (12)	Staff?			urfacing, VAT		SF or LF)		/al		Encapsulate	Enclosure
(13)		Yes	No		+	oti	ner miscellane	eous)					ate	
Entryways					Caulki	ng			80 LF		\boxtimes			
Office & Hallway		П		\Box	Floor	Tile a	nd Mastic		70 SF	1	X	П	П	П
- Training			000		11001	i iio ui	na mastro		700.		_			
					-						ᆜ			
					1	1				[Ш	Ш	Ш
Name of Registered Waste Hauler			100	NJDEP Hauler	Waste ID No.	Cub Was	oic Yards of ste	Name of Regist						
Freehold Cartage		-		1593		5			indiiii					
City, State Freehold, NJ						1	oosal Date 8/06/2018	City, State Morrisville,	PΑ					
Completed By (Print or Type)	Title						Signature	inorriovine,		Date				
Christina Lynch		e Pr	esid	ent of	Operation	ons	h e	مالك)	7/2	20	110)	

				_	F-12									Pri	nt Fo
Ch 6886	N	OTIF (P	ICATION tursuant	ate of New I OF ASBE to NJAC 8	Jersey STOS A :60 and	BATE 12:42	MENT	Danasan Property		E C	; <u>E</u>		\mathbb{V}	5	M
Date of Notification (1) 7/20/18				f Building O Private		perator	(2)			JUI	L 2	6	2018		
Agencies Notified Type Notification		+	Street A							0000	TOC	201	ITDO	1 0	
X EPA DEP X Initial Amended		-	City, Sta	ite, Zip Cod	de				A:	SBEST	ICEN			L G	sindrouter.
DOL Amendment in Emergency (i		_ [onfield N		3									
DOH justification) Cancellation	noidding		Name of Steve	f Contact					Tele	phone	Numb	er			
				LITY INFO	RMATIC	N									
Name of Facility Where Abatement is Taking Venne Private Home	Place (3)						_	of Facility (4	8						
Street Address								School (K-12 Subchapter 8	(Othe						
07.75								Other (i.e. pr etc.)			ercial				es,
City (5) Haddonfield NJ 08033							Squa 100	re Feet 0+	# of	Floors		1000	dg. A 5+	ge	
County (6) Camden			County (Code (7)			Curre	ent Use (Prio	r if bein	g demo	olishe	d)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCN				of Aba	tement Cont	ractor ((9)					\neg
Street Address							Addre	1937/1							
City State 7in Code							Box 3					-08.7			
City, State, Zip Code								ip Code Iin NJ 080	91						
Project Manager for Monitoring Firm			Telepho	ne No.			none N -753-9			Licens		ii			
Start Date (10) 7/30/18	Scheduled 8/10/18		npletion I	Date (11)	53	Name		HA Monitor							
Occupancy Status During Abatement (Check							Addres	ss							_
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of Al al Facility	baten Hours	nent s		_	City, S	itate, Z	ip Code	•						
Scope of Work (Check All That Apply)													= +		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova				XXXX	Mir Glo	Il Containme ni-Enclosure ovebag Proce	edure						
	Isl	ocat	ion			<u> </u>	<u> </u>	n-Exempted	() and	NOII-F	TIADIE		Abate	ment	
Location of	N-	ormal		0-1		cription					-		Ту		-
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair Custo	ntena		(i.e. tl	os Conta hermal s surfaci other mi	ystem: ng, VA	s insula T, or		(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
No. 1	Yes	No	N/A	· ·								<u>a</u>		ate	6
Kitchen			x		Flo	or Tile	Э		15	0 SF		х			
Basement			x		Pipe I	nsula	ition		30) LF		x			
Stairway			х		Duct i	nsula	tion		12	SF		X			
Name of Registered Waste Hauler		l N	JDEP W	laste I	Cubic Y	'arde		Name of R	egister	ed I an	dfill				
United Roll Off		H	lauler ID 2459	No.	of Wast		201	G.R.O.V		ou Lail	- Cilli				
City, State Elm NJ					Disposa 8/10/1			City, State Morrisvi		1006	37				
Completed by	Title					gnature)	MOTTISVI	10 1-7-	1300	Date				\dashv
Anthony T Perna	Presid	dent					1	~~			7/2	0/18	3		

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Ch 6878	1	ноті З)	rsuant	OF Y BE	v Jersey ESTOS AB 8:50 and 1	وطونط								201	<u>_</u>	3	
Date of Notification (1)					Owner/Ope		7.7			un l	JUI		0	201	Ü	1	P
7/20/18 Agencies Notified Type Notification					egional S	Scho	ols				-		-		Frohronso		
			Street A	aaress Hooper /	Avenue					AS	BEST	TOS IGEN	CO	ATA	OL	3	
EPA Initial Amended		H		ate, Zip Co					and the same of	****	L.	IUEI	1011	(L)	-		-
DOL Amendment				River N.													
□ Emergency justification) □ DCA □ Cancellation				f Contact Gordan							none N			t 34	03		
			FACI	LITY INFO	RMATION	I							-				-
Name of Facility Where Abatement is Takin Tom River High School South	g Place (3	3)						of Facility	Michigan Michigan								
Street Address							M	School (K- Subchapte	-12) er 8 (Ot	ther t	han K	-12)					
55 Hyers Street								Other (i.e. etc.)	private	e & c	omme	rcial b	uild	ings,	home	es,	
City (5)							Squa	re Feet		of FI	oors		1	dg. A	ge		
Toms River NJ 08753			<u> </u>	0 1 (7)			200		1					0+			
County (6) Ocean				Code (7) USE ONLY)		_	Curre	ent Use (P	rior if b	eing	demol	ished)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	/ No.	N	lame	of Aba	tement Co	ontracto	or (9)	1						1
Health & Safety Services Inc. Street Address			117				aco										
PO Box 365					1		Addre										
City, State, Zip Code								ip Code					-			_	+
Berlin NJ 08009								lin NJ 08	3091								
Project Manager for Monitoring Firm James Proctor			Telepho 856-4	ne No. 52-1311			one N 753-9	o. 9800			0727						
Start Date (10)	Schedule	ed Con		Date (11)			22020	HA Monito	r		0, 1,						1
8/2/18	8/5/18					Sam											
Occupancy Status During Abatement (Chec			20		S	treet	Addre	ss									
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:					_ c	ity, S	tate, Z	ip Code	-	•							1
Scope of Work (Check All That Apply)									N M	14-1-						-	+
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mir	li Containn ni-Enclosu ovebag Pro	re ocedure	е							
	T			Γ			No	n-Exempte	ed (*) a	and N	on-Fri	able F					-
Location of	100	Locati Normal			D1	mt'-	o.f						_ ′	Ty	ment pe		
Asbestos-Containing Material (ACM)		d Sole			Descri os Containi	ing M	lateria			Amo	unt				ш		1
TO BE ABATED In Facility		todial S		(i.e. t	thermal sys surfacing			ation,		(Spe SF or	cify LF)		Remova	Repair	ncap	Enclo	
(13)		(12)			other misc								laval	pair	Encapsulate	Enclosure	
	Yes	No	N/A									_			te	(b)	
Boiler Room	Х		-		Pipe In:	-			-	30 1		2	-				-
Boiler Room	X		-		Pipe F	ittin	gs		12	2 Fit	ings	2					-
	-											-	-				-
Name of Registered Waste Hauler		N	JDEP W	aste I	Cubic Yar	rde		Name of	Pagie	tere	Hand	FIII					-
Pernaco Inc.		Н	lauler ID 1787		of Waste	us		G.R.C			Land	1111					
City, State West Berlin NJ					Disposal I	Date		City, Sta Morris		D A 4	aea						1
Completed by	Title					áfure	30-3	IVIOTTIS	ville i	A		Date					+
Anthony T Perna	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ident			0.311	ن اسد	C	1	manuscript,"	and the same of the same of		7/20	/18				

Oh Sp5 Date of Notification (1)		NOTIF (P	ersuain	to NJAC	y Jelsey STOS ABAT 8:50 and 12:1	120)			E C	E 1	2018	G	intFo
7-23-18				f Camde		tor (2)	had bush	002			i	lumined
Agencies Notified Type Notification		\dashv	Street A						SBESTO	10 001	ITDO	1 0	
☐ EPA 🗵 Initial			520 M	larket St	reet				LIO	ENSIN	G	ne ox	- 1
DEP Amended				te, Zip Co					100000000000000000000000000000000000000	A STATE OF THE PARTY OF THE PAR	CALL PROPERTY.	PRET, THE CONCES	eracus, n
DOL Amendment Emergency	_	-		en, NJ 0	8105								
DOH justification) DCA Cancellation				f Contact w Ricco				100	lephone N 56.466.6				
cancellation			STUDENT STREET		RMATION	7			0.400.0	452			_
Name of Facility Where Abatement is Takin	g Place (3)				T	Type of Facilit	y (4)					
Vacant Building							School (H						
Street Address 2641 Federal Street									er than K- & commer		dinas.	. hom	es.
City (5)				·			etc.)						
Camden							Square Feet		f Floors		Bldg. A	age	
County (6) Camden				Code (7) USE ONLY)	-		Current Use (F	Prior if be	ing demoli	ished)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCN	1 No.			f Abatement C Construction						
Street Address					Stre	et A	ddress						
01. 01.4 71.0							reek Road						
City, State, Zip Code							ite, Zip Code awr, NJ 080	031					
Project Manager for Monitoring Firm			Telepho	ne No.			ne No. 31.3366		License 0133				
Start Date (10)	Schedule	ed Con	npletion l	Date (11)			f OSHA Monito w Ricco	OF					
Occupancy Status During Abatement (Chec	k Only On	e)					ddress						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm							reek Road ite, Zip Code						-
Other – Describe:					— Be	llm	awr, NJ 080	031					
Scope of Work (Check All That Apply)		-											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					Full Contain Mini-Enclose Glovebag P	ure rocedure	1522				
	1 1-						Non-Exemp	ied (*) an	a Non-Frie	able Pro	Abate		
Location of	N	Locati Iormal	ly		Description	on r	of				100000000000000000000000000000000000000	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntenar odial S (12)	nce/	Asbest (i.e.	os Containing thermal syste surfacing, \ other miscell	Ma ms i	terial (ACM) insulation, , or	(\$	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							-		lte	CD
Interior Basement			Х	Ther	mal Syster	n Ir	nsulation		80 SF	X			
Interior Basement			Х		Insulation	Во	ard	<	3 SF	Х			
								-		-			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic Yards		Name	of Registe	ered Landf	ill .	l		
Ricco Construction Corp		Н	auler ID 28909	No.	of Waste TBD			n Coun					
City, State Bellmawr, NJ			(4)		Disposal Da · TBD	te	City, St	ate ay, NJ	71				
Completed by Andrew Ricco	Title Owne	er		,	Signatu	ine	Mes	-//		Date 7-23-1	8		



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

Cle # 3407

Date of Notification (1)	1. 33	<u>LI</u>			I Manua	(D 11.11	- 0 10		0.0.0		-		
	11 /	18			The management		g Owner/Operator (mmunications	(2)	MEC	0 [W	E
Agencies Notified	Type Notific	ation			Stree	et Address			-HVI				
☐ EPA					0.140.000	Madison	Ave						
☑ DOLWD		d			34	State, Zip (1	2 6	201	8
☑ DOH	Amendm						NJ 07034						
DCA	☐ Emerger		cluding	3	-	e of Contac				TOWN TOWN			
(NJAC 5:23-8)	justificati Cancella					ian Kings	M2		Telephone \$1868 201 356 5166	LICE	COI NSIN	VTRO	B JC
					F/	CILITY IN	FORMATION						
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility	(4)			-	_
Verizon Bergen Cer			90	hat.				School (K-12					
Street Address		-						Subchapter 8	(Other than K-12)				
71 Madison Ave								Other (i.e., p homes, etc.)	rivate and commerc	ial bu	ilding	js,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Jersey City								113,347	7		+-50	200	
County (6)					Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			
Hudson								Verizon Cor	nmunications				
Name of Monitoring Firm	Hired by Buil	ding C)wner ((8)	ASCN	l No.	Name of Abateme	ent Contractor (9)	(A)		-	-	
ESIS							BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Street Address						
10 Exchange Place,	13th Floor						1123 BEAVE	R STREET					
City, State, Zip Code					-		City, State, Zip Co	ode					-
Jersey City							BRISTOL, PA						
Project Manager for Monit	toring Firm	Statement	5359950	Tel	ephone	No.	Telephone No.		License No.				
Brian Kingsbury				1		5 5166	215-788-6040	E	00509				
Start Date (10)	15	Sched	uled C	ompl	etion D	ate (11)	Name of OSHA M	lonitor				-	
7 /23 /						18	BRISTOL EN	VIRONMENTAI	L. INC				
Occupancy Status During	Abatement (Check	only o	ne)			Street Address						
☐ Facility Closed/Vacate					ement		1123 BEAVE	RSTREET					
Abatement Performed						scribe	City, State, Zip Co						
Time of Abatement:	AM	PN	1/ <u>5:00</u>	PM-2	2:00AN	1	BRISTOL, PA						1
Scope of Work (Check all	that annly)						DINIOTOL, FA	13007					
	and apply)							ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re					losure					
☐ ≥ 100 St 01 ≥200 II			∐ De	moiit	ion				n-Friable Procedure				
			Is	Loca	ation	T		The Control of the Co	Transit recodule		atem	ant T	vne
Location of				Norma			Description o	f		-			
Asbestos-Containing N		1)			lely by ance/	Asbe	stos Containing Ma	terial (ACM)	Amount	Rem	Repair	nc	incl
TO BE ABAT					Staff?	(I.e	., thermal systems i surfacing, VAT,		(Specify SF or LF)	Removal	ai.	sde	Enclosure
(13)	,			(12)	_	other miscellane		SF OI LF)	=		Encapsulate	Гe
			Yes	No	N/A							Œ	
Elevator Cab Floor						VAT & I	Vlastic		40 SF				
Elevator Shaft					\boxtimes	Pipe Ins	sulation (Wrap &	Cut)	140 LF				
Elevator Machine Roo	om				\boxtimes	Pipe Ins	sulation		40 LF				
Basement Hallway					\boxtimes	Pipe Ins	sulation		38 LF				
Name of Registered Waste	e Hauler			1111111	NJDEP	MANAGER STORY	Cubic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPO	RT GROUP	, INC	:	1	lauler l		Waste 3	MINERVA I					
City, State							Disposal Date	City, State					
NEW CASTLE, DE							TBD	WAYNESB	URG, OH				
Completed By (Print or Type	pe)	Title	S-311-1-1-				Signature		Date				
Dillan DeCaro		Es	timat	or			Dillan	n Dalan.	1(M2)	17	2-	10	

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

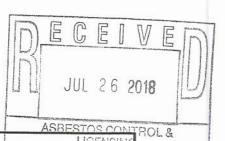
Ch # 3401

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Date of Notification (1) 7 /	11 /	18	1					wner/Operator (unications	2)		G		\mathbb{W}	E
								unications						
Agencies Notified EPA	Type Notific	ation			2000000	et Address	A				1111	0.0	0011	_
DOLWD 0/26	☐ Amende	d				Madison					JUL	26	2018	3
DOHOOG6	Amendm	nent#				State, Zip								
☐ DCA	☐ Emerger		cludin	g		rsey City		07034		ASB	ESTO	1001	ITRO	3 16
(NJAC 5:23-8)	justificat Cancella					e of Contac				Telephone Ni	imber	NSIN	G	A. CI
	L Cancella	mori				ian Kings				201 356 5	166	A BUTTON OF THE COM	No trainer	Jacob Str.
Name of Earth 187					FA	CILITY IN	\FO	RMATION						
Name of Facility Where A			g Place	e (3)					Type of Facility (
Verizon Bergen Cer	ntrai Office								☐ School (K-12☐ Subchapter 8		12)			
Street Address 71 Madison Ave									Other (i.e., pr			uildin	gs,	
City (5)									Square Feet	# of Floors	TE	Bldg. A	ae	
Jersey City									113,347	7		+-50		
County (6)					Cou	nty Code (7	7)(ST	ATE USE ONLY)	Current Use (Pri	or if being demo	olished)	N. T.		
Hudson									Verizon Con	nmunications	3			
Name of Monitoring Firm	Hired by Buil	ding C	Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					
ESIS	28.						1	BRISTOL EN	VIRONMENTAL	., INC.				
Street Address							Str	reet Address						
10 Exchange Place,	13th Floor							1123 BEAVER	RSTREET					
City, State, Zip Code							Cit	y, State, Zip Co	ode					
Jersey City							E	BRISTOL, PA	19007					
Project Manager for Monit	toring Firm			Te	lephone	No.	Te	lephone No.		License No.				
Brian Kingsbury				2	201 356	5166	2	215-788-6040		00509				
Start Date (10)	constant to the con-				etion Da		Na	me of OSHA M	onitor					
					0_/	18_	E	BRISTOL EN	VIRONMENTAL	., INC				
Occupancy Status During							Str	eet Address						
☐ Facility Closed/Vacate							1	123 BEAVER	RSTREET					
							1	y, State, Zip Co						
Scope of Work (Check all				•			1	BRISTOL, PA	19007					
	cr oppijj								ainment with Nega	ative Pressure				
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								Non-Exer Non-Exer	npted (*) and Non	-Friable Proced	dure			
			. 070	Loca			4				A	batem	ent T	уре
Location of		.		Norm	ally lely by		74	Description of			R	R	т	m
Asbestos-Containing N TO BE ABAT		1)			ance/			Containing Mat ermal systems in		Amount (Specify	Remova	Repair	nca	nclo
IN Facility		-	Cust	Charles Services	Staff?	(5	surfacing, VAT,	or	SF or LF)	oval	=	ncapsulate	Enclosure
(13)		1	Vac	(12 No		1	ot	her miscellaned	ous)				ate	CD
Elevator Cab Floor			Yes	No	N/A	VAT & I	Vias	tic		40 SF				
Elevator Shaft								tion (Wrap &	Cut)	140 LF		-		H
Elevator Machine Roo	m		$\overline{\Box}$			Pipe Ins	-			40 LF				
						po				40 LI		H		
Name of Registered Waste	e Hauler			_	NJDEP '		Cut	oic Yards of	Name of Regist	ered Landfill				
SERVICE TRANSPO		, INC	:.		Hauler II 2099(D No.	Wa	ste	MINERVA L					
City, State		F177			2000		_	posal Date	City, State					
NEW CASTLE, DE							T	BD	WAYNESBU	JRG, OH				
Completed By (Print or Typ	oe)	Title						Signature	.0 .	, [Date ,			
Dillan DeCaro		Es	timat	or				Dillan	L De Caro,	1 je	7/1	1/1	8	

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Date of Notification (1)				1 .		1	and the second			III N	EVE	0 2	UIC
	20 ,	1 8		Na	me of Bull	ding Owner/Operato	r (2)			W U	HY		-
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	ype Notification	3n			eat Addres				11111		SEN	SING	114
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(NJAC 5:23-8)	Emergency justification)	(includi	fig	BOL	ind Brook	NJ 08805	L	VV	AIVER AF	อกก	1/100		
1/2	Cancellation			1	me of Cont	tl			Telephone N	mber.	71.	/	+
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lama of F. Litt. In				F	AGILITY	INFORMATION			W.L.				
isms of Facility Where Abs	itement is Tak	ing Pla	Ge (3)	T	-		T) pe c	Facility	4 (28)			-	-
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ound Brook, NJ 08805						1	Square	.96	# of Floors	1	Bidg. F	ag.P	
ounty (8)				1						1		100	
merset		35		Co	mul A Code (V) (STATE USE ONLY	Curren	USE (P	rior if being demi	olished			
erus of Monitoring Firm Hu	AJEN BOOM							and the state of t					
at worstoking Little Mil	ed by Building	Owner	(8)	ASCI	M No.	Name of Abaten	nent Contr	0:6: (5))				
						Gr Tech LLC	111	(4					
raet Address				1	-	Stroat Address							
ty. State, Zip Code				+		576 Valley Rd	77283						
					1	Chy, State, Zip (N 200	A 18 19 19 19			***************************************
roject Manager for Monitori	ng Firm		Tel	ephone	a'Ne	Wayne, NJ 074	70						
	AND RESERVE		1,61	ehuoi!	s : 140.	Telephone No.			License No.				
art Date (10)	0.1			-		973-638-1777			01127				
07 / 21 /	i g	bewor	Compli	ation D	Date (11)	Hame of DSHA	Manttor						
		07	1 _ 2	4 1	_18	Envirovision ()	ones trans	1			0.		
Coupancy Status During Ap	atement (Che	ck only	one)	1		Street Address	OTTOW DOLL!	744113					
Facility Closed/Vacated b	luring Entire P	eriod o	Abate	ment	1		Dand "	1.4	250				
Abetameré Performed Ou	unice of Morm	al Facili	ty Hou	rs - De		City, State, Zg, C	COS .	E.#	JJE				_
	TOTAL DESIGNATION OF THE PERSON NAMED IN COLUMN 1	PIA/	Pa 14	<u> </u>	_AM			F.					200
Auto of Magnetiality	•	-				Fair Lewn, NJ (7/410	Record of the last	nation with negat	Management			
cope of Work (Chack all tha	d apply)				1	I hul. Cor	SED DING UP	ith Na	nation with negat gative Pressure	wa pras	SULE		-
cope of Work (Check all the	t apply)	E-3	20121211	1000					Sente Lizasnie				
cope of Work (Chack all tha	d apply)		anovat			MADI EN	CIDSULO	_	NAME OF THE PARTY				
ope of Work (Chack all tha	il apply)		anoval emolitic			Gloveba	ciosure la Proceri	re .	Tent with Negati	ve Pres	eure		
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>3 af or >3 if >160 af or >280 if	The state of the s	00	emolitic s Local Norma	on Non		Gloveba Non-Ext	processing Processing Processing Processing	and No	Tent with Negation-Frishle Proces	lure	a terre	ent Ty	/pe
cpe of Work (Check all the >3 af or >3 if > 160 af or >280 if Location of Ascestos-Containing Mate	erie: (ACM)	1 1 Us	s Local Norma	tion Bly bly by	Aso	Description (setos Containing Ma	sig Procect in Procect impled (*) of stariat (At)	and No	Tent with Negation-Frisble Process Amount	lure Ak	a terre		
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ope of Work (Chack all that >3 af or >3 if > 160 af or > 280 if Location or Astastos-Containing Mate TO BE ABATES IN Facility (13)	erie: (ACM)	Us Mi Cus	s Local Norms ad Sole aintena stedial (12) No	on thon thy by ance/ Staff?		Description destos Containing Mars surfacing. VAT other miscellens	proceding Proceding Proceding Proceding Proceding (*) of insulation of the proceding (Ar)	sne Ne	Amount (Specify 8IF or LF)	A Ransoval	a terre		
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ope of Work (Chack all that >3 af or >3 if >160 af or >280 if Location of Ascestos-Containing Mate TO BE ABATER IN Facility (13) ement the of Registered Wester H fech LLC Facility Facilit	ariai (AÇM)	Us Mil Cur	s Local Norma ad Sole aintens (12)	on the think the	Duct in	Description destos Containing Maries Auriscing, VAT other miscellens Cubic Yards of Wast TBD: Dispose Date	e Nama T.R.R. City, Si	Regis	Amount (Specify SIF or LF)	A Removal	a terre		
Location of Ascestos-Containing Materials (13) Location of Ascestos-Containin	eriei (ACM)	Yes	s Local Norma ad Sole aintens (12)	on the think the	Duct in	Description destos Containing Maries, thermal systems surfacing. VAT other miscellens Cubic Yards of Wast TBD Dispose Date TBD	e Nama	Regis	Amount (Specify SIF or LF)	A Removal	a terre		
cope of Work (Check all the >3 of or >3 if > 160 af or >280 if Location of Ascestos-Containing Mate TO BE ABATE! IN Facility (13) cement The of Registered Wester Hotel LLC y, State	ariai (AÇM)	Us Milcus	s Local Norma ad Sole aintens (12)	on the think the	Duct in	Description destos Containing Maries Auriscing, VAT other miscellens Cubic Yards of Wast TBD: Dispose Date	e Nama T.R.R. City, Si	Regis	Amount (Specify SIF or LF)	A Removal	a terre		

Uh IDE)		NOT	(Pt	rsuar	to NJA	C 8	:60 and 5:10	EMENI 6)		IUL â	2 6	20	1Ω	The state of the state of
Date of Notification (1)					Name	of Buildin	g Ow	ner/Operator (2)	HILL	IUL (_ U	20	10	
/	24 /	18	_				-	ruction LLC				menuen	rsinuenta	The Assess	
Agencies Notified	Type Notific	ation			Street	Address				ASBE	ESTOS LICE			ROL	. &
					492	C Cedar	Lan	e, Suite 310		Larran and the second	LIUE	OVI		-	PROMOTE STATE
⊠ DOLWD	☐ Amended					State, Zip C									
Ø DOH	Amendm	100			Tea	neck, N.	076	666							
DCA (NJAC 5:23-8)	☐ Emergen justificati		ciuaing	1		of Contac				Telephone N	lumber		_		
(10/10/0.20/0)	☐ Cancella	- 63				anuel Kl				201-918-					
					FAG	CILITY IN	IFO	RMATION							
Name of Facility Where A	batement is 7	Taking	Place	(3)					Type of Facility	(4)					
Residential									School (K-12						
Street Address									Subchapter						
								4	Other (i.e., p homes, etc.)		mercial	buil	ding	s,	
City (5)									Square Feet	# of Floors		DIA	g. Ag		_
Jersey City									oquare reet	# 01110015		Did	y. Ay	jc	
County (6)					Cour	ty Code (7	VSTA	TE USE ONLY)	Current Use (Pr	ior if being den	nolishor	4/		_	
Hudson					Jour	ity code (i	ДОТА	TIL OOL ONLT)	Current Ose (F)	ior ii beirig deri	ionsile	1)			
Name of Monitoring Firm	Hired by Build	dina O	wner (8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)						_
Bio Terra Solutions	0.550		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-/			~ ~ ~		NAGEMENT L						
Street Address				-	C-117		-	eet Address	INAULINI L	LO					
P.O. Box 1224								7 Outwater I	ane						
City, State, Zip Code								y, State, Zip Co							-
Union, NJ							10000	Sarfield, NJ							
Project Manager for Monit	oring Firm			Tele	phone	No.	Tel	ephone No.		License No			_		
Rick Estaquio				97	3-494	-3762	9	73-928-4888		1188					
Start Date (10)	5	Sched	uled C	omple	ion Da	te (11)	Nai	me of OSHA M	onitor						
08 /02 /	18	_ 0	8_ /	17	_ / _	18	Α	LL PRO MA	NAGEMENT L	LC					
Occupancy Status During	Abatement (Check	only o	ne)			Stre	eet Address							\dashv
□ Facility Closed/Vacated							2	7 Outwater L	_ane						
Abatement Performed							City	, State, Zip Co	de						\neg
Time of Abatement:	AM	PN	1/	_PM-		AM	G	arfield, NJ	07026						
Scope of Work (Check all	that apply)														
≥3 sf or ≥3 If			□Re	novati	าท				ainment with Neg	gative Pressure	9				
≥160 sf or ≥260 lf			☑ De		0.00			Glovebag	Procedure						
									mpted (*) and No	n-Friable Proce	edure				
Location of				Locat Iormal								Aba	teme	nt Ty	/ре
Asbestos-Containing N		n 1		d Sole	-	Ashe	stos	Description of Containing Mat		Amount	- 1:	R	Re	m l	g
TO BE ABAT	ΓED			intena				rmal systems i		(Specify		Remova	Repair	cap	clos
IN Facility	/		Cust	odial ((12)	stan?			urfacing, VAT,		SF or LF)		Va	7	Encapsulate	Enclosure
(13)		1	Yes	No	N/A		Oti	her miscellaned	ous)					ate	
2 nd Floor Kitchen						Grav Pl	aste	r/Wall Joints		416 SF	-				
3 rd Floor Hallway						VAT				300 SF		X X			
1st and 2nd Floor			$\overline{\Box}$			VAT				600 SF					
Exterior- Lower Roof			П			Black R	oofi	ing Material		80 SF		<u> </u>		П	금
Name of Registered Waste	e Hauler				JDEP V			oic Yards of	Name of Regis					ш	
ATC				1 200	auler ID	No.	Wa		Minerva E						
City, State					SW-24	1310		s Needed posal Date	A STANSON OF THE STAN						
Shirley, NY							100	BD	City, State Waynesbu	ra OH					
Completed By (Print or Ty	201	Title					_ '		waynesbu	ig, on					
Allen Monchik	pe)	11.10.10.10.00		Mer				Signature		,	Date				
Anon Mondille		Pr	oject	wana	ger			Allen	Monchis	e	7/24	1/18	3		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET

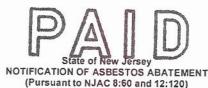


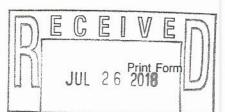
		-	198			ASBESTOS CONT				
	Is Location Normally Used Solely by Maintenance/Cust odial Staff (12)			105 Brunswick Street	Abatemē	nt Type	LICENSIN			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)				Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a l	R e p a i r	E n c a p s u	E n c l o s u r e	
Exterior- Lower Roof	Yes	No	N/A							
	_	_	Х	Black Base Flashing	46 SF	X				
Exterior- Main Roof	_		Х	Black Base Flashing	300 SF	Х				
								-		
							-			
			-				-			
	_									
	- 1				1		- 1			

Completed by: (Print or type)		5		
	Title:	Project Manager	Signature:	Date:
Allen Monchik				
			Allen Monchik	7/24/18

			ע ע	/Δ\	OHEROPO PROPERTY PROP					n)_	G	6	5	P	Int HE		
Ch 4199	ı	IOTIF (F	ICATIO	N OF ASI	BESTOS	ABATE	MEN 0)	NT			J	UL	26	20	18		
Date of Notification (1) 07/24/18	Name of Union	of Building n Schoo	Owner/ I BOE	Operator	r (2)		-		Parketanon,	Material page	Total on poor	Marie and the	W. W. Connection				
Agencies Notified Type Notification	Street Address 239 Morris Avenue ASBESTOS CONTE											3OL (
X EPA X Initial Amended Amendment	#		City, St	tate, Zip C													
DOH Emergency justification)	Amendment # Emergency (including justification)					Telephone Number											
		Barry Loessel 908-313-4877 FACILITY INFORMATION															
Name of Facility Where Abatement is Takir Burnet School	g Place (3))	17.0		Ordinar	ION	Ту	pe of Facility (00511		*****	-700					
Street Address 100 Caldwell Avenue	Other (i.e. pri						8 (Oth	2) 8 (Other than K-12) rivate & commercial buildings, homes,									
City (5) Union		etc.) Square Feet N/A						# of N/	f Floors	S	Bldg. Age N/A						
County (6) Union	T		unty Code (7) ATE USE ONLY) Current Use (Prior if being demolished School							ed)							
Name of Monitoring Firm Hired by Building Omega Environmental services ,ir	ASCI 001	M No. 20		Name of Abatement Contractor (9) EHW ABATEMENT LLC													
Street Address Str								t Address FRANKLIN STREET									
City, State, Zip Code South Hackensack ,NJ,07606	State, Zip Code erson,NJ,07524																
Project Manager for Monitoring Firm Geiser Fajardo	Telepho	ne No.		Teleph	phone No. License No. 01274							-					
Start Date (10) 08/03/2018	d Cor	npletion	Date (11)		Name EHW	of O	SHA Monitor BATEMENT	or .									
Occupancy Status During Abatement (Chec				Street	Addi	ess											
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	nent 89 FRANKLIN STREET City, State, Zip Code PATERSON,NJ,07524								-								
Scope of Work (Check All That Apply)						TAIL		5014,140,073	024						_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	tion ion			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure													
		ocati				- Indicate		On Exempled	() and	I NOII-I	Tiable		Abatement				
Location of Asbestos-Containing Material (ACM)	ormal Sole	y by	Ashes	Des	Description of Intaining Material (ACM)			۸۰	Amount			Туре					
TO BE ABATED In Facility (13)	Custo		Staff? (i.e. thermal s			systems insulation, cing, VAT, or niscellaneous)		(S	(Specify SF or LF)			Repair	Encapsulate	Enclosure			
	Yes	N/A									Removal	=	late	ıre			
Kitchen/Hallway	Χ				VAT			110									
									-		+	-	-		_		
Name of Desistered Wests Hard														7			
Name of Registered Waste Hauler EHW ABATEMENT LLC	H	auler ID No of Mosto						of Registered Landfill state Transfer									
City, State PATERSON,NJ				Dispos TBD	al Date		City, State Bronx,N	Υ		: 1741			***				
Completed by Victor Espíritu		Si	gnature A M	1	~ W	4/	1	Date 07/2	24/2	018							

Ch 1980





ASBESTOS CONTROL & Date of Notification (1) Name of Building Owner/Operator (2) LICENSING July 24, 2018 Franklin Township Board of Education Agencies Notified Type Notification Street Address 1755 Amwell Road Initial V DEP City, State, Zip Code Amended DOL Somerset, NJ 08873 Amendment # Emergency (including Name of Contact DOH Telephone Number justification) Jon Toth DCA 732-873-1373 Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Sampson G. Smith School School (K-12) Street Address Subchapter 8 (Other than K-12) 1649 Amwell Road Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Somerset 134,200 50 years County (6) County Code (7) Current Use (Prior if being demolished) Somerset (STATE USE ONLY) K-12 school Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. AHERA Consultants Peter V. Pirozzi General Contracting LLC Street Address Street Address PO Box 385 64 Sand Bridge Road City, State, Zip Code City, State, Zip Code Oceanville, NJ 08231 Pittsgrove, NJ 08318 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Donna D'Errico 609-652-1833 856-521-0749 01279 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor August 6, 2018 August 26, 2018 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation. (Specify Enclosure Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Windows/Soffit Window Sill/Transite Panels X 3.579 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. 17297 of Waste Carnevale Disposal Tullytown - GROWS City, State Disposal Date City, State Hamilton Twp., NJ August 27, 2018 Morrisville, PA Completed by Signature Date Thomas Pirozzi Project Manager July 24, 2018

Do not use this form for asbestos licensure exempted activities.