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

Check#8442

		Li l						22				7 (3)	72	VIII E	TH
Date of Notification (1) 07-22-1	7		N	lame of B	OLT b	Muer/O	perator (2	<u>J</u> ac	KI	ar	alt		E		4
Agencies Notified T	ype Notification		S	treet Ad	dress		350	(1)			15				
□ EPA .	Initial Amended		0	tiv. State	e, Zip Cod	9		. \) _		C1 135	NOIL	25	20	19
DEP DOL	Amendment #		_ `	Ho	adde	nf	ielo	M. L	<u>ew J</u>	ere	EY	081	33.	3_	
园 DOH DCA	Emergency (in justification) Cancellation	duding	N	lame or i	Contact LPOI					Tele	phone N	Bedie	os c	ONT	ROIL
E CON IE				FACIL	ITY INFO	SMATIC	ON			-					_
Name of Facility Where Abo								Type of	Facility (4	1)					
Residen	tial Du	uel	lin	9				So	thool (K-12 abchapter	2) 8 (Othe	r than K-	12)			
Street Address	1		A	J			1.	Oi et	ther (i.e. pi c.)	rivate &	commer	cial build			i,
City (5)	ا بن	1 1				>< >		Square		1	Floors		ldg. Aq JOC		
	donflie	old.	16	County C	ado (7)	5)		Current	50 Use (Prio		3 na demoli		100		\dashv
County (6)	den		6	STATE U	SE ONLY)				esic			T1000000			
Name of Monitoring Firm H		wner (8)		ASCM	No.			of Abate	ment Con	tractor	(9)				
Quality Environmenta	il Concepts			None					ironmen	ital Co	incepts				_
Street Address 1053 North Tuckahoe	Road						Street / 1053		Tuckah	oe Ro	ad				
City, State, Zip Code							City, St	ate, Zip	Code		0000	A			
Williamstown, New Jo	ersey 08094								m, New	Jerse		-			-
Project Manager for Monito Edward Knorr	ring Firm			Telephor 856-62	ie No. 9-1166			one No. 529-11		her particular and the second	License 01086				
Start Date (10)	1	Schedule			Date (11)				A Monitor vironmen	rtal Co	ncepts				
Occupancy Status During		Only On		UL	- 1/			Address							
Facility Closed/Vacate	ed During Entire Po	eriod of A	Abatem	ent					Tuckah	oe Ro	ad				_
Abatement Performed Other – Describe:	Outside of Norma	al Facility	Hours					tate, Zip Imstov	o Code wn, New	Jerse	y 0809	4			
Scope of Work (Check All	That Apply)								·. ^						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	C #3	CARCAGONIA	kenova Jemoliti		, *	*1		Mini	Containme Enclosure rebag Pro-	€	Negativo	e Pressu	ire		-
		:						Non	-Exemple	d (*) an	d Non-Fr	iable Pro	ocedur	e	
		ls	Locati	on				•						ement pe	
Location of			Normali d Sole		0-5	Da	escription taining M	Of Interiol	(ACM)	ā	mount	.	T		
Asbestos-Containing N TO BE ABA		Ma	intenar	nce/		therma	systems	s īnsulai		(5	Specify	R	P	nca	Enc
In Facility (13)		Cus	todial S (12)	nan?			icing, VA miscellar			SI	For LF)	Remova	Repair	Encapsulate	Enclosure
(10)	£	Yes	No	N/A				Ų				=		ate.	Ø,
Basement				X	AS	bes	Stos	th	in		-				
	pended				clo				lation	16	SF	X		X	
ceiling				1	inco	-	n 60	-			SSF				
CC 111100	<u> </u>				-	10	duc			Cap	1058	=			
Name of Registered Wast	e Hauler			JDEP W	/aste	Cubic	Yards			Registe	ered Lan	dfill	500	0:1	1
Quality Environmenta	l Concepts			lauler ID 9710	NO.	of Wa	50		Sale		วทบอ	7 50	418C	, 5 2 6	•
City, State Williamstown, New Je	ersey				j.t	-	BD		City, Sta		S	ale	[1]	S	
Completed by	***************************************	Title		d = - 1	13		Signature	• ^	141		1	Date	1000000	. 10	3
Edward Knorr		Vice	Presi	dent		18	سلان	ab.	ンドチ	wa)	07	.CC	- 1.	/

Check No.

193	D'	NOTHEI A	CATION	OF ASBES to NUAC 8:0	TOS A	BATE	MENT		27	ME	(C			7 E
Date of Notification (1) 07/24/2019				Building Ov BELTRAN		perator	(2)				.1111	20	20	10
Agencies Notified Type Notification			Street A	ddress	2002						JUL	()		13
EPA Initial		L	011 01	7. 0.1					2.46		THE PARTY OF	O 5	To a process	201
DEP Amended Amendment				te, Zip Code ILLE N J,		2			-	ASE	ESTO LIC	IS CI		(UL)
DOH Emergency justification)				Contact					Tele	enhone Nii	mher			
DCA Cancellation				el L. Freer		DAI.						-		
Name of Facility Where Abatement is Takin	g Place (3	3)	FACI	LITTINFOR	(IVIA I I C	JN	Туре	of Facility (4)).					
Residence								School (K-12						
Street Address								Subchapter 8 Other (i.e. pri				dings,	home	es,
City (5)								etc.) ire Feet	# of	Floors	TB	ldg. A	ge	
MILLVILLE N J, 08332							190	0	2		5	-		
County (6) Cumberland County.			County (Code (7) JSE ONLY)		_		ent Use (Prior idence	if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building None	Owner (8)		ASCN	l No.				ntement Contr nvironmen						
Street Address			1	A CONTRACTOR OF THE CONTRACTOR		Street 150 (ss wood Dr						
City, State, Zip Code						City, S	tate, Z	ip Code on Crossin	~ D/	19077				
Project Manager for Monitoring Firm			Telephor	ne No		Teleph			y, r <i>r</i>	License N	lo.			
						215-3	313-7	427		01225				
Start Date (10) 8-5-19			npletion (Date (11)		Name same		HA Monitor						
Occupancy Status During Abatement (Chec						Street	Addre	SS			500 - T			
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: exterior						City, S	tate, Z	ip Code		· · · · · · · · · · · · · · · · · · ·				
Scope of Work (Check All That Apply)										-	-			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	parenters	Renova Demolit				×	Mi Gl	Il Containmer ni-Enclosure ovebag Proce n-Exempted	dure				е	
	ls	Locati	ion									Abate	ement	
Location of		Normal ed Sole				cription					-	l y	ре	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	intenal todial S	nce/	Asbestos (i.e. th	ermal	systems	s insul		(S	mount Specify	Re	R	Encapsulate	Enc
In Facility (13)	Ous	(12)	Jan:	c		ing, VA iscellar			SF	or LF)	Remova	Repair	psul	Enclosure
	Yes	No	N/A								1 2		ate	e
Exterior			х		sidin	g mate	erial		20	00 SF	x			
Name of Registered Waste Hauler Service Transport Group		Н	IJDEP W lauler ID W2117	No.	Cubic ` of Was TBD			Name of R Cumberl	11 Table 12 Co.			/eme	nt A	uthc
City, State New Castle DE				1		al Date	٠	City, State Mitteville	, NJ					lia!
Completed by Andre Gosek	Title Proje	ect Ma	anager		100000	gnature		206	>	11 578	ate 7/24/2	2019		

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

	U L	ry re	ursuant	to NJAC 8:60 a	nd 12:12	0)		[[]	EC	E	1	\mathbb{W}	E
Date of Notification (1) 7/23/2019				of Building Owner my Corps of			District /	HUIF	100	PROPERTY NAMED	- O. C O. C		
_	Notification		Street A	Address Lincoln Aver	ue				JU	L	9	2019	9
ĭ DEP □ /	nitial Amended Amendment #		City, Sta	ate, Zip Code esex, NJ 0884	200000				SBES	TOS	CO	NTRO	DL &
Ď DOH ☐ j	Emergency (includin ustification) Cancellation	g		f Contact aul Kara, Adm	nin Cons	stractin	g Office	Telephor (732) 6	ne-Num	ber	MSIN	JG	ATURA MET
			FACI	ILITY INFORMA	TION			1 , ,	20000	2000.0000			
Name of Facility Where Abatem Residentail Property	ent is Taking Place	(3)					of Facility (4) chool (K-12)						
Street Address						S X	ubchapter 8 ther (i.e. pri	Other tha			dings,	home	es,
City (5) Middlesex	08	8-	He			Square 1800	e Feet	# of Floor	rs		ldg. A	ge	
County (6) Middlesex			County (Code (7) USE ONLY)			t Use (Prior Iential	if being de	molishe	ed)			
Name of Monitoring Firm Hired I TBD	by Building Owner (8	3)	ASCN	ΛNo.			ement Contr cting, LLC						
Street Address						Address Valley	Road, S	uite K					
City, State, Zip Code						State, Zip	Code w Jersey	07470					
Project Manager for Monitoring	Firm		Telepho	ne No.		none No.		Lice 008	nse No	•	W		
Start Date (10) 8/6/2019	Schedu 9/6/20		npletion	Date (11)	Name	of OSH	A Monitor						
Occupancy Status During Abate						Address	3012 St. 113 - 103 - 50 - 50 - 50 - 50						_
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	ring Entire Period of ide of Normal Facili	Abatem ty Hours	ent		City, S	State, Zip							
Scope of Work (Check All That A	Apply)				vvay	ne, Ne	w Jersey	0/4/0		- //55			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X	Renova Demoliti			×	Mini- Glov	Containmen Enclosure ebag Proce Exempted (dure				e	
Location of		s Locati		D	escription						Abate	ment pe	
Asbestos-Containing Materia TO BE ABATED In Facility (13)	M (ACIVI)	sed Solel laintenar stodial S (12)	ice/	Asbestos Con (i.e. therma surf	ntaining N	Material (s insulati T, or		Amoun (Specify SF or LF	y	Removal	Repair	Encapsulate	Enclosure
Rear Entrance	163	X	IN/A		VAT			40 SF	8	x		90-20	
								10 01		-			
Name of Registered Waste Haul	er	275	JDEP W		c Yards		Name of Re	egistered La	andfill				
Service Transport Group, I	nc.		auler ID 990	No. of W 10	aste		Minerva I			.C			
City, State New Castle, Delaware				Dispo TBD	osal Date		City, State Waynesb	ourg, Ohio	0				
Completed by Predrag Sarcev	Title Vice	Presid	dent		Signature		> 	-~	7/2)19		

17V#-13193

NO CHRCIC

Date of Notification (1)					Name	of Buildin	g Ov	vner/Operator (2)	UI :	JIM	A K	2110	
	25 /	19			The	e Gillespi	e G	roup	•	华	3	70	OL	1
Agencies Notified	Type Notific	ation			Street	Address				ITEN IE	MI	= n	71.77	ip-
⊠ EPA	☐ Initial				5 C	hris Cou	rt, S	Suite G		111119	U	5 1	W	IC.
⊠ DOLWD				h	City, S	State, Zip (Code			153				
☑ DOH □ DCA	Amendm Emergen		ing		Day	ton, NJ	088	10			JUL	29	2010	
(NJAC 5:23-8)	justificati		ing	T	Name	of Contac	t			Telephone N		<u> </u>	2013	16
	☐ Cancella	tion			Me	lissa Sen	atoı	re		973-906-1	1862	the street	Fritzidaki	
					FA	CILITY IN	FOI	RMATION		ASE	ESTUS	NSIN	THO	L &:
Name of Facility Where A	batement is	Taking Pla	ice (3))					Type of Facility ((4)	hal Cri	OLD IIV	etilesenimine	
Jefferson Twp. Mide	dle School								School (K-12)				
Street Address									Subchapter 8			المائييما		
1000 Weldon Road									Other (i.e., pr homes, etc.)	ivate and com	merciai	bullali	igs,	
City (5)									Square Feet	# of Floors		Bldg.	Age	
Oak Ridge									100,000	2		60		
County (6)					Cour	ty Code (7)(STA	ATE USE ONLY)	Current Use (Pri	or if being dem	olished)		
Morris									School					
Name of Monitoring Firm	Hired by Build	ding Owne	er (8)	A	SCM	No.	Na	me of Abateme	ent Contractor (9)					
Karl & Associates							1		ntracting, Inc.					
Street Address								eet Address					-	-
20 Lauck Road							1	889 Route 9	. Unit 61					
City, State, Zip Code								y, State, Zip Co						
Mohnton, PA 19540								160	New Jersey 08	755				
Project Manager for Monit	oring Firm	77	T	elep	hone	No.		ephone No.		License No.				
Ed Karl				610	-856	-7700		32-349-9932		00624				
Start Date (10)	5	Scheduled	Com	pletio	on Da	te (11)	Nai	me of OSHA M	lonitor				100	
07 /25 /	19	_07	/ _	26	_ / _	19	Е	.M.S.L. Anal	ytical					
Occupancy Status During	Abatement (Check onl	y one))			Stre	eet Address						
□ Facility Closed/Vacated							1	056 Stelton						
Abatement Performed	Outside of No	ormal Fac	ility Ho	ours	- Des	cribe	City	y, State, Zip Co	ode					
Time of Abatement:	AM	PM/	P	M		AM		•	lew Jersey 088	354				
Scope of Work (Check all	that apply)		1101											
≥3 sf or >3 If			Renov	otio					ainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf			Demol					☐ Mini-Encl	osure Procedure					
									mpted (*) and Nor	n-Friable Proce	dure			
			Is Lo								1	Abater	nent T	уре
Location of Asbestos-Containing N		n U	Norr sed S			Achor	otoo	Description of			2	2 20	Щ	Щ
TO BE ABAT	ΓED	_ N	/lainte		F10000000	(i.e	, the	Containing Matermal systems i	nsulation,	Amount (Specify	Kellova	Repair	ncap	nclo
IN Facility	1	Ci	ustodi 1)		aff?		S	surfacing, VAT,	or	SF or LF)	2		Encapsulate	Enclosure
(13)		Ye	1	lo l	N/A		oti	her miscellaned	ous)				ate	
Rooms 3, 4 & 6 B wing						alue do	ts fr	om chalkboa	ard	24 sf	Σ		+	
Rooms 3, 4, 6 & B win				-				ım & wet wip		24 31				
•	J					nopu ru	-	an a wee wip						
				1								1		H
Name of Registered Waste	Hauler			NII)ED V	Vaste	Cut	oic Yards of	Name of Regist	orod I andfill				
Guardian Contractin				Hai	uler ID	No.	Wa		T.R.R.F.	ered Landilli				
City, State					0223		1 Dist	posal Date	City, State					-
Toms River, New Jer	rsey							/26/19		Pennsylvani	а			
Completed By (Print or Type	oe)	Title			V_100			Signature	1	0	Date	1	-/	
Nicholas Fernicola		Proje	ct Ma	naç	ger				1. to	1	7	12:	5/1	9

necic No. P		NOTI	ICATIO	tate of Nev	ESTOS	ABATE	MEN	т			C	00	Z¢	l
Date of Notification (1) 7-18-	10		Name	of Building ONTRY CL	Owner/	Operato	r (2)	NTGOM	ERVI	DE	G		M	E
Agencies Notified Type Notification EPA Initial			Street	Address OWER L				TTTGOW		And the second s	JUL	29	201	9
DEP Amended Amendmen			City, St	ate, Zip Co SBOROU	^{de} JGH,	NJ 088	44	189	- I	AS	BESTC			JL.
DOH justification) DCA Cancellation		İ		of Contact COE						elephone 008-359	Numbe	FNISI	NG	ATHRICA
Name of Facility Where Abatement is Takir	ng Place (3	3)	FAC	ILITY INFO	RMAT	ION	Type	e of Facility	(4)					
Street Address								School (K- Subchapte Other (i.e. etc.)	-12) er 8 (Ot	her than	K-12) ercial bi	uilding	s, hon	nes,
City (5) SCOTCH PLAINS							Squ 120	are Feet	# 2	of Floors		Bldg.		
County (6) UNION			County (STATE	Code (7) USE ONLY)			Curr	ent Use (Pr	ior if be	eing dem	olished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.		Name DIN	of Ab AGO	atement Co	ontracto	or (9)				
Street Address						Street 339-		ess AYETTE	STRE	ET				
City, State, Zip Code								Zip Code K, NJ 071	05					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one N			Licens 0124				
Start Date (10) 7 - 27 - 19	Schedule			Date (11) 30-19	7	200		HA Monitor						
Occupancy Status During Abatement (Chec		ie)		30-19		Street	Addre	ess						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	Abatem Hours	ent		_	City, S	tate, Z	Zip Code						
Scope of Work (Check All That Apply)											>========			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				7	Mi	ll Containm ni-Enclosur ovebag Pro on-Exempte	e cedure				1227	
Location of	2000	Location			D-			n-Exemple	u () ai	id Non-P	nable Pr	Aba	re temen ype	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maii	d Solel ntenar odial S (12)	ice/	(i.e. th	s Cont hermal surfac	scription taining M systems cing, VA niscellan	ateria insula r, or		(Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
EXTERIOR WALLS	Yes	No X	N/A		TO	ANOIT	_						ate	9
BASEMENT		X		P		ANSIT		J		00SQF. 30LF.	X	-		_
						TOOLA		•		JOLI .	^	-		
Name of Registered Waste Hauler		N	JDEP W	asta	Cubic '	Varde		Name of	Dogista		1511			
NEWARK CARTING INC.		Ha	auler ID 1509		of Was			ISES E	_					
City, State Po. Box 5670,Newark, NJ 07105					Dispos	al Date		City, Stat 2335-a	e ppleb	utter Ro	oad,Be	ethlel	nem,l	PA
Completed by Carlos Gomes	Title Presid	dent			Si	ignature	/	/2			Date	7	18	19

MAI PA	МО		TION O	e of New OF ASBES NJAC 8:	STOS AE		ENT			#	00,	JU	HLJOTPHA)	1114-21
Date of Notification (1) 7-18-19	a U L	Na C	me of B	uilding O	wner/Op	erator (2 S OF N	2) MONT	GOMER	YLE	à E I	C E		W/ I	Ē
Agencies Notified Type Notification			eet Add	Iress VER LA	NE				I Date		<u> </u>	ш	Lad 1	
EPA Initial Amended Amendment #		Cit	y, State	, Zip Cod	le GH . N	J 0884	4			J	UL 2	9 2	019	
DOH Emergency (in justification)		Na	me of C	Contact					Tele	phone Nu 8-359-8	imber 060	CON	TROL	. &
DCA Cancellation				TY INFO	RMATIO						FIOCI,	CHAC	3	
Name of Facility Where Abatement is Taking Street Address	Place (3)						Sc	Facility (4 shool (K-12 sbchapter 8 her (i.e. pr	!) 3 (Othe	er than K-	12) cial buik	dings,	home	s,
City (5) SCOTCH PLAINS							Square 1200	Feet	2	Floors	-	ldg. A -50	ge	
County (6) UNION		Co (S	ounty Co	ode (7) SE ONLY)				Use (Prio DENTIA		ng demoli	shed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.			of Abate GO C	ment Cont ORP.	tractor	(9)				
Street Address						Street A		ETTE S	TRE	ΞΤ				
City, State, Zip Code						City, St NEW		Code NJ 0710	15	Total No. 14 Total Comment				
Project Manager for Monitoring Firm		Te	elephone	e No.		Telepho 973-4	one No. 491-08			License 01240				
Start Date (10) -7-27-19	Scheduled			ate (11) 0 · 19)	Name o	of OSH/	A Monitor						
Occupancy Status During Abatement (Check)				Street	Address	;						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Ab al Facility F	ateme Hours	nt			City, St	tate, Zip	Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(Comment)	enovatio				_	Mini Glov	Containme -Enclosure rebag Prod -Exempted	e cedure				re	
		ocatio										Abat	emen ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	ormally Solely ntenand idial St (12)	by ce/		tos Conta thermal surfac		laterial s insulat T, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
DAOCMENT	Yes	No X	N/A		PIPE II	VISI II I	MOITA			30LF.	X	-	(0	-
BASEMENT		^			1 II L II	WOOL/	11011							
		-												
Name of Registered Waste Hauler NEWARK CARTING INC.		Ha	IDEP Wauler ID 1509		Cubic of Was	Yards ste		Name of ISES L		ered Land FILL	dfill			

Disposal Date

Signature

Title PRESIDENT

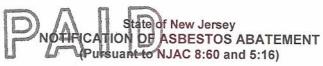
Date

7-18-19

City, State

Completed by CARLOS GOMES

City, State PO.BOX 5670, NEWARK, NJ 07105



Date of Notification (1)		-		Name	of Buildin	g Owner/Operator (2)	F	0 F		M	E
07 / 23	/ 19	1		1000700		g Owner/Operator (00.7%	10,50	0 5	1.90	7	7
Agencies Notified Type	Notification				t Address			1 (00)		Y I	E f	
⊠ EPA □ Ini				2000000		n Springs Road		JI	JL 2	9	201	9
☑ DOLWD ☐ Ar	nended				State, Zip (The second secon		1000 500.5				
4 R -1, 7333334.	nendment#		eir		croft, NJ			4000	STOC	001	UTO/	01.0
	nergency (in	cluding	g					ASBE	LICE	NSIA	IG IG	JL or
	stification) incellation			100000000000000000000000000000000000000	of Contac			Telephone Numb		And the last of th	e-vanterior	maleuniedache
	incenation				nn Eisem			732-766-192	9			
				FA	CILITY IN	IFORMATION						
Name of Facility Where Abatem		500	(3)				Type of Facility (600				
Hominy Hill Golf Course-	Bldg 1301						School (K-12					
Street Address								(Other than K-12) rivate and commer		ildino	IS.	
92 Mercer Road							homes, etc.)			~	-1	
City (5)							Square Feet	# of Floors	Ble	dg. A	ge	
Colts Neck							3000 sf	2		80		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Monmouth							Building					
Name of Monitoring Firm Hired b	y Building (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Briggs						Guardian Co	ntracting, Inc.					
Street Address						Street Address						
3 Crosswicks Street						1889 Route 9	, Unit 61					
City, State, Zip Code						City, State, Zip Co	ode			7		
Bordentown, NJ 08505						Toms River,	New Jersey 087	755				
Project Manager for Monitoring I	irm		Tele	ephone	No.	Telephone No.		License No.				
Mike Hoodak			6	09-298	-5520	732-349-9932		00624				
Start Date (10)	Sched	luled C	omple	etion Da	ite (11)	Name of OSHA M	lonitor					
07 /24 /19		7_ /	_ 2	5 /	19	E.M.S.L. Ana	lytical					
Occupancy Status During Abate	ment (Check	c only o	one)			Street Address			-			
□ Facility Closed/Vacated During				ment		1056 Stelton						
☐ Abatement Performed Outsid	e of Normal	Facility	y Hou	rs - Des		City, State, Zip Co	nde					
Time of Abatement:A	MP	VI/	PM		AM	Participation of the second se	New Jersey 088	854				
Scope of Work (Check all that ap	(ylac					· icoatanay, i	tow octoby out					
Valence of the second s	,						ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Re				Mini-Enc Glovebag						
			arronti	011		☐ Non-Exe	mpted (*) and Nor	n-Friable Procedur	е			
		Is	Loca	tion					_	atem	ent T	vpe
Location of			Vorma			Description o			-	_		T
Asbestos-Containing Materia TO BE ABATED	I (ACM)	10,000,000	intena	ely by ance/		stos Containing Ma		Amount	em	Repair	nca	nclo
IN Facility		Cus		Staff?	(i.e	 thermal systems is surfacing, VAT, 		(Specify SF or LF)	Remova	 	Encapsulate	Enclosure
(13)			(12)	1	-	other miscellane			-		llate	9
		Yes	No	N/A		44.5.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.						
1 st floor					wrap &	cut pipe insulat	ion	16 If				
		П	П	П		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			П			
			1		-				1	1	1	
		Ш	Ш						Ш	Ш	Ш	Ш
Name of Registered Waste Haul	er		-332	NJDEP !		Cubic Yards of	Name of Regist	tered Landfill				
Guardian Contracting, Inc	. .		1	lauler II 2022:		Waste 3	T.R.R.F.					
City, State				2022		Disposal Date	City, State		-		-	
Toms River, New Jersey						07/25/19	F	Pennsylvania				
Completed By (Print or Type)	Title)				Signature	1	// Da	e l	1171-1	1	
Nicholas Fernicola		roject	Man	ager		Signature		//		1	1,0	
ASB-41		. 0,000	man	~9ci		V	· Tel	1	10	-31	119	
AN 13 TH 104	1217.	Do not	use ti	his form	for asbest	tos licensure exemp	ted activities.		50			

1/00/d D) [[Той	Fic	ATIO	ate of N	ew Jersey BESTOS ABA	TEMENT	and the second s		F1	D II	T.
Coto L	L	T	L(P	ursua	nt to NJA	BESTOS ABA	6)	In	9 6		\mathbb{V}	
Date of Notification (1)				Name	of Building	g Owner/Operator	(2)	1181			-	_
/	19			Re	sipro			IIII J	16 2	9 1	2019	No.
Agencies Notified Type Notific	cation			Stree	t Address			East Durk				-
☑ EPA ☑ Initial ☑ DOLWD ☐ Amended	d					tree Road NE S	uite 1500	Transfer.	STOS	CON	TRC	神神
☑ DOH Amendm				THE STATE OF	State, Zip C				TIOE			J
DCA Emergen		cluding	1		anta, GA							
(NJAC 5:23-8) justificati					of Contac ry Hagop			Telephone Num	nher	.29	20	1
												_
Name of Facility Where Abatement is	Taking	Place	(3)	FA	CILITY IN	FORMATION	Type of Engility /4		TO COTO	0.00	em in in it mean	200
Residence	raking	1 lace	(3)				Type of Facility (4 ☐ School (K-12)	ASE	ESTO LIC	B U. ENS		1
Street Address							Subchapter 8		2)	- Date (Title Acc)		166
							Other (i.e., priv homes, etc.)	ate and comme	ercial bu	uilding	js,	
City (5)		0000	_			110000	Square Feet	# of Floors	BI	dg. A	ge	-
Piscataway		0	ST	35			2000 sf	1		70	30	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Prior	r if being demoli	shed)			-
Middlesex							Residence					
Name of Monitoring Firm Hired by Build	ding O	wner (8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
Guardian Contracting, Inc.						Guardian Co	ntracting, Inc.					
Street Address 1889 Rte. 9, Unit 61						Street Address 1889 Route 9), Unit 61					
City, State, Zip Code						City, State, Zip C	•					_
Toms River, New Jersey 08755	5						New Jersey 087	55				
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.			-	
Nicholas Fernicola			7:	32-349	-9932	732-349-993	2	00624				
			1,000		te (11)	Name of OSHA						
				5 / .	19	E.M.S.L. Ana	lytical					
Occupancy Status During Abatement (Street Address						
 ☐ Facility Closed/Vacated During Entil ☐ Abatement Performed Outside of No. 					cribe	1056 Stelton						
Time of Abatement:AM	PN	1/	_PM		AM	City, State, Zip C						
Scope of Work (Check all that apply)		100			***	Piscataway,	New Jersey 0885	04				_
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 		⊠ Rer □ Der	novati			☐ Mini-End ☐ Gloveba	tainment with Nega closure g Procedure mpted (*) and Non-		ıre			
		200	Locat						Ab	atem	ent T	
Location of Asbestos-Containing Material (ACM	(1)		lorma d Sole	ely by	Ashe	Description of stos Containing Ma		Amount	Re	Re	m	
TO BE ABATED	1		intena	ince/ Staff?	(i.e.	, thermal systems	insulation,	(Specify	Removal	Repair	Encapsulate	
IN Facility (13)		Gusti	(12)			surfacing, VAT other miscellane		SF or LF)	/al		sula	
1		Yes	No	N/A		other miscellane	043)				é	
			\boxtimes		asbesto	s pipe insulation	n	120 If			П	
basement										П		
basement												-
basement			П									
basement												
					Naste	Cubic Varda of	Name of Perist	rod Landéll				
Name of Registered Waste Hauler Guardian Contracting, Inc.			550	IJDEP Vilauler III	O No.	Cubic Yards of Waste	Name of Registe	red Landfill				
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State			550	IJDEP \	O No.	Waste 3 Disposal Date	T.R.R.F. City, State					_
Name of Registered Waste Hauler Guardian Contracting, Inc.	Title		550	IJDEP \	O No.	Waste 3	T.R.R.F. City, State	ennsylvania				

ASI 184	ID)	/62	TIFÎ	ATIO	N OF AS	BESTOS ABA	TEMENT	the state of the s		D.P. '	- n	in the second
ICCKNO.5	827	馬				AC 8:60 and 5:1		NECE		W		
Date of Notification (1)	4			Nam	e of Buildir	ng Owner/Operator	(2)	<u> </u>				Ť
	23 / _	19		NJ	IDPMC			JUL 8	29	2019		-
Agencies Notified	Type Notifica	tion		Stree	t Address		le le	J. bad		2124334		
	☐ Initial			20	West Sta	ate Street	-	ASBESTO	2 001	VTBO	1.8	union refe
☑ DOFMD	Amended Amendme	nt#		City,	State, Zip	Code	# P 25 P 44	ASBESTO:	EMSIP	IG		net 190
□ DCA	☐ Emergenc		na	Tre	enton, N.	J 08608	L	content of the end under the content of the content	especialistic menor and an extension	un mandinument		
(NJAC 5:23-8)	justificatio		5	Name	e of Contac	ct		Telephone Num	ber			_
	☐ Cancellation	on		Jo	seph Fer	rogine		609-292-686	9			
				FA	CILITY II	NFORMATION						
Name of Facility Where A		100	ce (3)				Type of Facility	(4)				
Beneficial Insect R	earing Labor	atory					School (K-12		20			
Street Address							Subchapter 8	8 (Other than K-12 rivate and comme	l) rcial h	uilding		
20 State Police Driv	re						homes, etc.)		I Clai D	ununig	٥,	
City (5)				,			Square Feet	# of Floors	В	ldg. A	ge	
West Trenton		(360	78		21,000	2		34		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			
Mercer							Laboratory					
Name of Monitoring Firm	Hired by Buildi	ng Owne	r (8)	ASCM	No.	Name of Abatem	ent Contractor (9)					_
Matrix New World E	ingineering					Shade Enviro	onmental, LLC					
Street Address						Street Address						_
26 Columbia Turnp	ike, Second I	Floor				623 Cutler A	venue					
City, State, Zip Code				100000		City, State, Zip C	ode					
Florham Park, NJ 0	7932					Maple Shade	, NJ 08052					
Project Manager for Moni	toring Firm		Te	lephone	No.	Telephone No.		License No.				_
Gavin Gilmore			1	201-738	3-3311	856-755-0099)	00842				
Start Date (10)	Sc	cheduled	Comp	letion Da	ate (11)	Name of OSHA N	Monitor					_
08 /01 /		08	/ _0	06 /	19	EMSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (Cl	heck only	one)			Street Address						_
□ Facility Closed/Vacate						200 Route 13	0 North					
Abatement Performed	Outside of Nor	mal Facil	ity Ho	urs - Des		City, State, Zip Co	ode		11			
Time of Abatement:	AIVI	_PM/	PN	Λ	_AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check all	that apply)						7/30 10 7/30 10 7/30	NAME OF THE PARTY				
		⊠R	enova	tion		☐ Full Cont	tainment with Neg	ative Pressure				
		-	emolit			☐ Gloveba	g Procedure					
			- 1			Non-Exe	mpted (*) and Nor	n-Friable Procedu	re			
Location	of	'	s Loca Norm			Description			Ab	ateme	nt Ty	/pe
Asbestos-Containing N			ed So	lely by	Asbe	Description of stos Containing Ma		Amount	Re	Re	E	Ξ
TO BE ABA		633.54		ance/ Staff?		., thermal systems	insulation,	(Specify	Removal	Repair	Encapsulate	Liciosuie
IN Facilit (13)	у	- Ou	(12			surfacing, VAT other miscellane		SF or LF)	/al		sula	2
V. 10-7		Yes	No	N/A		other modelland	003)				ē	
Boiler					Gasket	s		6 SF			П	
				 								
											Ш	
Name of Registered Wast	e Hauler			NJDEP		Cubic Yards of	Name of Regist	tered Landfill				
Freehold Cartage				Hauler II 15939		Waste 1	Fairless La	ndfill				
City, State				10308	,	Disposal Date	City, State					_
Freehold, NJ						08/06/2019	Morrisville,	PA				
Completed By (Print or Ty	pe)	Title				Signature _	100	Da	te			_
Margie Muller			istrat	ive Ma	nager	4 7771				2-	10	

ASB-41 JAN 13 + 12

Inv-13155 Ch4700

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

7	E	C	E		W	E	In
4				U			
							1

Date of Notification (1)				N	lame of	Building O	wner/Operator (2	2)	II II JOE	29	2015	j	1
	26 / 1	9			McWi	lliams Fo	orge Company						-time-api-
Agencies Notified	Type Notification	1		S	treet A	ddress			ASBESTO)L&	
☐ EPA	Initial				387 F	ranklin A	ve.	Į.	LIC	ENSIL	(J	College Street, and	
☑ DOLWD	☐ Amended			C	City, Sta	te, Zip Coo	ie						
⊠ DOH	Amendment	915-01-1915			Rock	away, NJ	07866			With the second			
DCA	☐ Emergency (justification)		ng	N	lame of	Contact			Telephone Numb	er			
(NJAC 5:23-8)	☐ Cancellation				Willia	m Hunni	cutt	- A	973-627-0200)			
					FACI	LITY INF	ORMATION						
Name of Facility Where	Abatement is Taki	no Pla	ce (3)	}	17,0			Type of Facility (4)		****		
McWilliams Forge			(-,	r:				School (K-12))				
Street Address	Company							Subchapter 8	(Other than K-12) ivate and commercial	cial build	linas.		
387 Franklin Ave								homes, etc.)	ivate and demine.				
					-			Square Feet	# of Floors	Bldg	. Age		
City (5) Rockaway								10,000	1	50)+		
County (6)					County	Code (7)(5	STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)		6.060 -0.0	
Morris													
Name of Monitoring Firm	Hired by Building	a Owne	er (8)	TA	SCM N	0.	Name of Abatem	ent Contractor (9)					
N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3					Bako Constr	uction & Resto	ration, Inc.				
Street Address							Street Address						
Street Address							265A Route	46 Suite 3D					
City, State, Zip Code							City, State, Zip C	ode					
Oity, Otalo, 2ip oods						1	Totowa, NJ (7512					
Project Manager for Mor	nitorina Firm		1	Telep	hone N	lo.	Telephone No.		License No.				
1 Tojour managor to mo							973-256-701	D	0666				
Start Date (10)	Sch	nedule	d Con	nplet	ion Date	e (11)	Name of OSHA						
08 / 07	2 22				_ / _		Bako Consti	ruction & Resto	oration, Inc.				
Occupancy Status Durin		neck on	ily on	e)			Street Address						
☐ Facility Closed/Vaca					nent		265A Route	46 Suite 3D					
Abatement Performe	ed Outside of Norr	mal Fa	cility I	Hours	s - Desc	ribe	City, State, Zip C	Code					
Time of Abatement:	AM	_PM/_		PM-	F	AM	Totowa, NJ	07512	_				
Scope of Work (Check	all that apply)								D				
		53	Ren	a a ti	200		☐ Full Co	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Dem				☐ Gloveb	ag Procedure					
1 2100 St Gt 2200 II							⊠ Non-Ex	empted (*) and No	on-Friable Procedu			- 1 T	170
				ocat			Description	of		-	ateme	-	
Location					ely by	Asbes	Description stos Containing N	laterial (ACM)	Amount	Remova	Repair	Enca	Enclosure
Asbestos-Containin TO BE Al		1		ntena		(i.e	., thermal system	s insulation.	(Specify SF or LF)	NOV	air	sqe	uso
IN Fac			Custo	(12)	Staff?		surfacing, VA other miscellar	1, or eous)	SFOILF)	1 2		Encapsulate	6
(13)	Y	es l	No	N/A	1	Odio: miodona.	,				w	
	taida	1	1	\boxtimes		Transite	e Pipe		30 LF	M			
Laboratory bldg ou	itside	_			-	Transition					П	П	
		L								-	=		
											П	Ш	
		Г	7	П	\Box								
Name of Registered W	laste Hauler	1.		1	NJDEP '	Waste	Cubic Yards of		istered Landfill	-			
Bako Construction		on. Inc	. .	1.6	Hauler I	D No.	Waste	Fairless I	Hills/ Waste Ma	nagem	ent		
		,			20889	3	Disposal Date	City, State					
City, State							TBD	Morrisvil	le, PA				
Totowa, NJ		Till					Signature			Date			
Completed By (Print or	r type)	Title	sico+	140-	12000		ATT.	un ful	~	1071	20	119	
Damir Valjevac		Pro	yect	ivial	nager		X /000	100		- 1/	1		

INV 131	18	N	IOTI			ON		EST	ersey OS ABAT		DEC	E		\mathbb{V}	E	
Ulaur	41			(1		Ž.	U &	J	m m	in the second						
Date of Notification (1)	25 /	19					of Building nty of Pa		er/Operator (2	2)	JUL	. 2 9	3	2019	3	L
Agencies Notified	Type Notificati	ion	_	_	Str	reet A	Address							unath-rithin	www.m.o	1
☐ EPA	☐ Initial	1011			-		Grand St	reet			ASBEST				S JC	Ł
☐ DOLWD	☐ Amended						ate, Zip Co					ICEN:	SIL	1(1	-4A-MATTER	netwith the
☑ DHSS	Amendmer				- N		rson, NJ		05							
DCA (NUAC 5:33.8)		A CONTRACTOR OF THE PARTY OF TH	uding		1		of Contact				Telephone Nun	nber				
(NJAC 5:23-8)	☐ Cancellation						rew Thor	nps	on		(973) 881-4					
					1	-0.10100000			MATION							
Name of Facility Where A	batement is Ta	kina l	Place	(3)		. Ao	icii i iivi	011	III/TIOIT	Type of Facility	(4)		- W.H.			
Passsaic County Co					a					School (K-12						
Street Address										Other (i.e., p	8 (Other than K-1 rivate and comme	2) ercial b	ouile	dings	,	
63 Hamilton Street										homes, etc.		1 0	Nels	. ^ ~		
City (5)										Square Feet 35,000	# of Floors		- 20	g. Ag 27 y ı		
Paterson					- 10	·	0-1-(7)	OTAT	T LICE ON M		3	iahad)	0.576	21 y	5	_
County (6) Passsaic						ount	y Code (7)	(SIAI	E USE ONLY)	Vacant	ior if being demo	isnea)				
Name of Monitoring Firm	Uirad by Duildi	na O:	unor (01	TASI	CM N	lo.	Non	o of Abatama	ent Contractor (9)	V		_			
Langan	rilled by Bullul	ng ov	wilei (0)	800000	0099	0.0000			tement Inc	·					
Street Address						0033	,		et Address	itement ine				-1.75		-
300 Kimball Drive									Henderson	Drive						
City, State, Zip Code								-	State, Zip Co	HOTSO SINKE		01-11-				
Parsippany, NJ 070	54									II, NJ 07006						
Project Manager for Moni	Y-V			Te	elepho	one N	lo.		phone No.	,	License No.		_			
Vijay Patel	tornig i iiii						-4900		73) 808-161	16	00411					
Start Date (10)	Sc	chedu	led Co		·	503	e (11)	1.7	ne of OSHA M					347		
07 /26 /	1,0000	7		econ-ce;	29		73.500	and the second		tement Inc						
Occupancy Status During	Abatement (C	heck	only o	ne)				Stre	et Address							
□ Facility Closed/Vacate	ed During Entire	e Peri	od of	Abat	temer	nt		2	Henderson	Drive						
☐ Abatement Performed							ribe	City	State, Zip Co	ode						
Time of Abatement: _	AMPM/		_PM-	_	A	IVI		W	est Caldwe	II, NJ 07006						
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)		⊠ Re □ De		ation ition				☐ Mini-End	g Procedure	gative Pressure	ure				
					ation							A	Aba	teme	nt Ty	/ре
Location					nally olely l	bv	Ashas	****	Description of		Amount	2	0	Re	Ē	E
Asbestos-Containing TO BE ABA		1	Ma	inte	nance	e/			Containing Ma rmal systems		(Specify	Kellioval		Repair	Encapsulate	Enclosure
IN Facili	ty		Cust	todia (1:	al Sta	ff?			urfacing, VAT		SF or LF)	2	<u> </u>	.	sula	ure
(13)		t	Yes	N		N/A		otn	er miscellane	eous)					te	
Ground Floor behind	New Elevator	or					Wall Pla	ster			32 SF	Σ	3			
1st Floor Ceiling of St	tairs 125			\boxtimes	1 [Ceiling	Plas	ter		25 SF	D	3			
2 nd Floor Multi Purpo	se Room 201	1		\boxtimes	1 [Ceiling	Plas	ter		5 SF	D	3			
] [, , , , , , , , , , , , , , , , , , , ,							
Name of Registered Was						EP W	Vaste No.	Cub	ic Yards of ste	Name of Regi	stered Landfill				y	
	Jioup, inc				SI	W21	17	1(W.101111					
City, State Yardsley, PA									oosal Date arious	City, State Waynesbu	ırgh, OH					
Completed By (Print or T	vpe)	Title				-			Signature			Date	_			
Nick Petrovski	150)	NEW TO	eside	ent					-///	The 11/1	Man	7	2	5	-1	7

11.					П		1		m	E C	E		₩Pr	int F
Shu 19 EDS19-051		NOTIF (P	ursuan	N OF ASE	BESTOS A 8:60 and	ABATE 1 12:12	MENT	Г	Check	#4776		-	2010	
Date of Notification (1) 07/26/2019 TW 131	53			of Building FerryBC	Owner/C	perator	(2)			JU	L 2	9 2	2019	
Agencies Notified Type Notifica	tion			Address iberty S	treet				1	SBES	TOS			_ &
EPA Initial Amende	1770 C			ate, Zip C Ferry, N					Bernard Commence		and the second second	t App. weeks may	ITHOUSES	CONTROL OF
DOH Emerger		3	Name o	of Contact						one Nu				
DCA Cancella	ition			Ibanese	ORMATIC	ON			201-6	41-61	92			
Name of Facility Where Abatement is T Memorial Middle School	aking Place ((3)	FAU	ILII I INF	ORWATI	JN		e of Facility (4						
Street Address							×	School (K-12 Subchapter 8		nan K-1	2)			
130 Liberty Street							П	Other (i.e. pr etc.)				dings	, home	es,
City (5) Little Ferry							40 (are Feet 000+	# of Flo		4	3ldg. <i>A</i> 10+	Age	
County (6) Bergen				Code (7) USE ONL	0	_		ent Use (Prio ucational	r if being o	demolisi	hed)			
Name of Monitoring Firm Hired by Build Westchester Environmentol	ing Owner (8)	ASCN 127	И No.		Name GL G		atement Cont Inc.	ractor (9)					
Street Address 1248 Wright Lane						Street 140 l		ess burg Turnik	(e					
City, State, Zip Code West Chester, PA 19380								Zip Code dale NJ 07	403					
Project Manager for Monitoring Firm Philip A Conteh			Telepho	ne No. 31-7545	;	Teleph 201-	none N	lo.	Lic	cense N 084	0.			
Start Date (10) 08/01/2019	Schedu 08/08/		npletion	Date (11)		Name GL G		HA Monitor						
Occupancy Status During Abatement (C	heck Only O	ne)				Street						-		
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	ire Period of Iormal Facilit	Abaten y Hours	nent			City, S	tate, Z	ourg Turnik Zip Code						-
Scope of Work (Check All That Apply)						Blooi	ming	dale NJ 07	403					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Proposition 1	Renova Demolit				×	Mi Gl	III Containmer ni-Enclosure ovebag Proce on-Exempted	edure					
	Is	s Locati	on				1 140	n-Exempled	() and ive	ni-i nab	10	Abate	ement	
Location of	Llas	Normal ed Sole				cription					-	Ту	ре Г	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	aintenar stodial S (12)	nce/		tos Conta thermal s surfaci other m	systems ing, VA	insula T, or	ation,	Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure
Room 101	Yes	No	N/A		0-:"	ne Til	0.5		4000	0.			le l	10
	X	-	-			ng Til			1008		X			
Room 102 Room 103	X					ng Til			1408		x			
Room 104	×					ng Til			960 5		X			
ame of Registered Waste Hauler	X	I NI	JDEP W	/acto	Cubic Y	ng Til	es	Name of R	1080		X			
L Group Inc.		Н	auler ID 033034	No.	of Wast			GROWS			/			
City, State Floomingdale					Disposa TBD	al Date		City, State Morrisvill	e, PA					
Completed by Elena Solakov	Title	ident			Sig	gnature	5	n (1	N i	Da	te	0010		

T- 12.110													
Inv 13148									E C	<u> </u>		7/	7 6
H1738	NOT	TIFIC.	ATLO	tate of No OF ASI It to NJA	BESTO	S ABAT	EMENT		<u> </u>	<u> </u>	<u> </u>		
Date of Notification (1)		1,-	U	LJ in	اسا د	Summer?			JU	Li	9	20	19
07 / 25 /	19			of Building an Aloia	g Owner/C	operator (2)						
					5				ASRES	TOS	200	NTE	201
Agencies Notified Type Notific ☐ EPA ☐ Initial	ation		Street	t Address						LICE	NSI	NG	un community of
☑ DOLWD ☐ Amended	t		City	Chata Zia C	Sada.							135 Miles	100000000
□ DOH		-		State, Zip C ona, NJ (
DCA Emergen justificati	icy (includin	g		of Contact				Telephone	a Numbe	25			
☐ Cancellat			Wa	rren Spra	ake			relephone	o marrio	-1			
				CILITY IN	10.00	TION					7/ -		
Name of Facility Where Abatement is 7	Taking Place	e (3)		0,2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. Ortanzi	iion	Type of Facility ((4)					
Residential							School (K-12)					
Street Address							☐ Subchapter 8 ☐ Other (i.e., pr	Other than	n K-12)	ial br	ildine	10	
							homes, etc.)		ommerc	iai bu	niun iç	js,	
City (5)							Square Feet	# of Floo	rs	BI	dg. A	ge	
Verona, NJ													
County (6) Essex			Cour	nty Code (7)(STATE US	SE ONLY)	Current Use (Pri	or if being d	lemolish	ed)			
Name of Monitoring Firm Hired by Build	diaa Oumar	(0)	ACCNA	NI-	L								-75
Mark Jovic Consulting LLC	aing Owner	(8)	ASCM	No.			nt Contractor (9) NAGEMENT LI	^					
Street Address					Street A		NAGEWENT LI	_C					_
87 Main Street, Suite A					100000000000000000000000000000000000000	utwater L	ane						
City, State, Zip Code					10000 8860	te, Zip Co							
Lincoln Park, NJ 07035						eld, NJ (
Project Manager for Monitoring Firm		Tele	phone	No.	Telepho	ne No.		License	No.				
Mark Jovic		9	73-650	-0932	973-9	28-4888		1188					
	Scheduled C				Name of	OSHA M	onitor						
08 /03 /19			_ / _	19	ALLF	PRO MAI	NAGEMENT LL	_C					
Occupancy Status During Abatement (0					Street A								
☑ Facility Closed/Vacated During Entir☑ Abatement Performed Outside of No				oribo		itwater L							
Time of Abatement:AM	PM/	PM-	- Des	AM	100000000000000000000000000000000000000	te, Zip Co							
Scope of Work (Check all that apply)			80 mm/m18		Garrie	eld, NJ (7026						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		enovati emolitic				Mini-Encl Glovebag	ainment with Neg- osure Procedure npted (*) and Nor						
(4)		Locat						7. 11.000.0	00000.0		atem	ent T	vpe
Location of Asbestos-Containing Material (ACM		Norma		Ashor		cription of				-	_		1
TO BE ABATED	Ma	aintena todial			, thermal	systems in		Amour (Speci		Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	Cus	(12)				ing, VAT, iscellaned		SF or L	.F)	val	,	sula	sure
V.7/	Yes	No	N/A		outor III)					te	
Crawlspace				Aircell F	Pipe Inst	ulation		25 LI	=				
Kitchen				Linoleu	m/Tile			220 S	F				
										П	П		П
Name of Registered Waste Hauler		IN	JDEP V		Cubic Ya	irds of	Name of Regist			<u>.</u>	ļ		1
Century Waste, LLC / Newark C	arting		32797		Waste As Ne	eded	GROWS North Grand Central			Lan	dfill /		
City, State Elizabeth, NJ / Newark, NJ					Disposal TBD		City, State Morrisville,			PΔ			
Completed By (Print or Type)	Title				14500 44500	nature		. A / I GII	Date				
Allen Monchik	Project	t Man	ager		7.500		Monchik		7/2		q		



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

M	E	C	E		[//	Prir	Term
K				min cité	-		
111	Ç	Hele	#247	98	2019		
Cutatoristical	STREET, AND LOSS OF THE PARTY O	un dissilance i ex	urteisenninner	www.mum	and advance.		

							,			CHEEK	#21798	3 201	9	1
Date of Notification (1) 07/25/019		11			of Building Ridge B		Operator (2	2)			TO SECURE	mathanid undergoo	um and	
Agencies Notified	Type Notification				Address sckack	Road			F TWO SHOWS COME	ASBESTO LIC	OS CC DENSI		OL &	
X EPA X DEP X DOL	Initial Amended Amendmen	t #			ate, Zip C Ridge, N		56							
X DOH X DCA	Emergency justification	Y		Name o	of Contact obert W					lephone N 01-573-1				-
					ILITY INF		ION			71-070-1	203			
Name of Facility Where Park Ridge High S		ng Place (3	3)					Type of Facility School (K-	#0.05%)		-7127			
Street Address 2 W Park Ave.	1							Subchapte Other (i.e. etc.)	r 8 (Oth			ldings	, hom	ies,
City (5) Park Ridge			291				1,000	Square Feet 20 000+	# 0	of Floors	41.5	Bldg. A	Age	
County (6) Bergen County					Code (7) USE ONLY)		Current Use (Pri Educational	ior if be	ing demoli	shed)			
Name of Monitoring Firm Westchester Enviro		Owner (8)	22	ASCN 127	M No.			Abatement Co	ntracto	r (9)				
Street Address 1248 Wright Lane							Street Ad 140 Ha	ddress amburg Turn	pike					
City, State, Zip Code West Chester, PA	19380							te, Zip Code ingdale, NJ (07403	1				
Project Manager for Mor Philip Chester, PA	nitoring Firm			Telepho 610-43	one No. 31-7545		Telephor	720		License 01084	No.			
Start Date (10) 08/02/2019		Schedule 08/07/2		npletion	Date (11)			OSHA Monitor						
Occupancy Status Durin	g Abatement (Ched	k Only On	ie)				Street Ad	3.5						
Facility Closed/Vac Abatement Perform	ated During Entire ned Outside of Norn	Period of A	Abaten	nent				amburg Turn ie, Zip Code	pike					
Other – Describe:						_	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ingdale, NJ (07403	5				
Scope of Work (Check A ≥3 sf or ≥3 lf	All That Apply)	X R	lenova	tion			×	Full Containm	ant:41	- Nasati	D			
≥160 sf or ≥260 lf		-	emolit				F	Full Containm Mini-Enclosure Glovebag Pro-	e cedure					
		lo	Locati	00				Non-Exempte	d (*) ar	d Non-Fria	ble Pro	1241	e emen	t
Location		l N	lormal d Sole	ly	0.000	Des	scription of				_		ре	1
Asbestos-Containing TO BE AB		Mai	intenai	nce/			aining Mat systems in	erial (ACM)	50	mount Specify	727		En	m
In Facil	lity	Cust	odial 9 (12)	Staff?	(,,,,,	surfac	cing, VAT,	or		F or LF)	Remova	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		oulei ii	riiscellariec	ius)			val	₹	ulate	ure
Band Store	Room		Х		Wood	Shelvi	ing With	Floor Tile	7	'0 SF	x			
						an	d Mastic							
Name of Registered Was GL Group Inc.	ste Hauler		Н	JDEP W auler ID	No.	Cubic of Was				ered Landfi		rlaaa	l on	4 £11
City, State			00	033034	ļ	TBD	ol Det			th Landf	ııı/ral	iess	Lan	uilli
Bloomingdale, NJ						TBD	sal Date	City, State Morrisv		A				
Completed by		Title				S	ignature	The state of the s		D	ate			
Elena Solakov		Presid	ent				Ele	ru Stullo		0	7/25/	2019		

EDS19-033	8		NOTIF (F	ICATION	LOF ASB	ESTOS	ABATE	MEN D)	Т	K	eck #477	82.0	204	10	
Date of Notification (1) 07/24/2019	11/314	7			of Building Ridge B		Operator	(2)			CCK ARE	<u> </u>	201	9	1 100
Agencies Notified	Type Notification			Street A	NOT THE OWNER OF THE OWNER.	and			To the state of th		ASBEST			OL 8	Ž.
EPA DEP DOL	Initial Amended		-	2070/75 2753/75	scack R ate, Zip Co				Į.	Pittohioù Sécoul	LI(CENS	NG	euro-prosens	market entere
X DOL	Amendment Emergency		_		Ridge, N		6								
X DOH X DCA	justification)				f Contact obert Wr	riaht					ephone Nu 1-573-60		1200		
X DCA	Cancellation			200000000000000000000000000000000000000	ILITY INF		ON			20	1-575-00)00 X	1208	4 22	1020
Name of Facility Where A		g Place (3	3)	170	LITT HAT	ORMATI	ON	Тур	e of Facility	(4)					
Street Address 2 W Park Ave.								×	School (K- Subchapte Other (i.e.	r 8 (Oth			dings,	home	es,
City (5) Park Ridge								5.75	etc.) uare Feet 000+	# 0	f Floors		8ldg. <i>A</i>	ge	
County (6) Bergen County					Code (7))		Cur	rent Use (Pri		ng demolis				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN		/	Name		patement Co	ntractor	(9)				
Westchester Enviro	nmental	<u> </u>		127				Grou	p Inc.						
1248 Wright Lane									ess nburg Turn	pike					
City, State, Zip Code West Chester, PA 1	19380								Zip Code gdale, NJ (07403					
Project Manager for Mon Philip A Conteh	itoring Firm			Telepho	ne No. 31-7545		Teleph 201-		No. -9725		License I	No.			
Start Date (10) 08/02/2019		Schedule 08/07/2		mpletion	Date (11)				SHA Monitor p Inc.				2,-7		
Occupancy Status During	g Abatement (Chec					=======================================	Street	Addr	ess	320					
Facility Closed/Vaca Abatement Perform									burg Turn Zip Code	pike					
Other – Describe:						_			gdale, NJ (07403	5				
Scope of Work (Check A	ll That Apply)	[D] .					IV	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		processor.	Renova Demoli				Ê	N G	ull Containm lini-Enclosure Blovebag Pro	e cedure					
		T	20 50					<u> </u>	lon-Exempte	d (*) an	d Non-Fria	ble Pro		e ement	
Location	of	1	Locat Vorma	lly		Des	scription	of						ре	1
Asbestos-Containing TO BE ABA			d Sole intena				aining M	/lateri	al (ACM)		mount	77		Ē	m
In Facili		Cust	todial ((12)	Staff?	(1.6.	surfac	cing, VA	T, or			Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		Outer II	liscellal	ieous	''			Val	Ŧ	ulate	ure
Band Store	Room		х		Wood	Shelvi	ng Wit	th FI	oor Tile	7	'0SF	x			
						and	d Mast	ic							
		-										-			
Name of Registered Was	te Hauler		TN	JDEP W	aste /	Cubic	Yards		Name of	Registe	red Landfil				
GL Group Inc.				lauler ID 033034		of Was	ste			(1931	th Landfi		irless	s Lar	ndfill
City, State Bloomingdale, NJ						Dispos	al Date		City, Stat Morrisv		Α				iui .
Completed by		Title				1.	ignature			-,	D	ate			
Elena Solakov		Presi	dent				0	7	C/ 1.	7	0	7/2/15	2010		

CK412	4	1		FICATION	of New John John John Jac 8:6	TOS ABATE			0	E (G E	2 [] [7 E	
Date of Notification 07/26/2019	Tn1/13/1	46	2		Building Ow k Public S		r (2)			Jl	JL 2	9	20	19	
Agencies Notified	as Notified Type Notification Amended Amendment Emergency justification Cancellation To Facility Where Abatement is Take Street School Address Address An Street Address North Church Street ate, Zip Code estown, NJ 08057 Manager for Monitoring Firm s Guilardi ate (10) 1/2019 1/2			Street A	ddress										1
	V laikial			190 M	udammad	Ali Avenu	e		T-MINISTER (STATE OF	ASBES	STOS	CC	NTF	01.8	
EPA DEP DOL				City, Sta	te, Zip Code						LICE			(OL U	
▼ DOL	Amendment			Newar	k, NJ 0710	08							THE RESERVED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF TH	MANAGE MACHINE	- Attractputputput
DOH DOH				Name of	Contact				Tele	phone N	Numbe	er			
DOH DCA	Cancellation			Benjar	min Olagad	deyo			973	3-938-	7544	5			
				FACII	LITY INFORM	NOITAN	-								
(2)		ig Place (3	3)					of Facility (4	20						
Street Address	1001							School (K-12 Subchapter (r than K	(_12)				
30 Ann Street								Other (i.e. pr				ouild	ings,	home	es,
City (5)								etc.) re Feet	# of	Floors		T RI	dg. A	00	
Newark							19,5		5	110013		74		ge	
County (6)				County C	Code (7)	Net Joseph Transport		nt Use (Prio	r if beir	ng demo	lished)			
Essex					JSE ONLY) _		Sch	20		0		,			
		Owner (8)		ASCM	l No.		of Aba	tement Cont	tractor	(9)					
Street Address						Street	t Addres	SS							
								Midland A	Ave						
City, State, Zip Coo						20.00		ip Code ook, NJ 0	7663						
50				Telephor	ne No.		hone No		7 000	License	e No.	-			
James Guilard	Section of the sectio				10-8800		-791-6			01110					
Start Date (10) 07/29/2019		Schedule 08/02/2		mpletion [Date (11)			HA Monitor alytical, Inc	c.						
The state of the s	During Abatement (Chec	SASSESSES BL	The Section Se			A 100 M	Addres								
-			52	ment		105	6 Shel	ton Ave							
Abatement Pe	erformed Outside of Norm	nal Facility	/ Hou	rs				ip Code ay, NJ 088	54						
Scope of Work (Ch	eck All That Apply)					1 100	Jatawe	29, 110 000							
≥3 sf or ≥3 lf ≥160 sf or ≥26	60 lf	-	Renov Demol				Mir Glo	I Containment ni-Enclosure ovebag Proce n-Exempted	edure					9	
		Is	Loca	ition							T	190	Abate	ment	
Lo	cation of		Vorma			Description	n of				-		1 y	ре	
				lely by ance/		Containing I rmal system				nount pecify		ח		En	Ш
		Cus		Staff?		surfacing, V		auon,		or LF)		Remova	Repair	Encapsulate	Enclosure
****	(13)		(12)	,	ot	her miscella	neous)					oval	air	sula	sure
		Yes	No	N/A										e	360
Ro	oom 2A		X		Floo	or Tile and	Mast	ic	23	7 SF	X	2			
Ro	oom 3A		X		Floo	or Tile and	Mast	ic	24	2 SF	X				
Ro	oom 3C		X		Floo	or Tile and	Mast	ic	24	7 SF	X				
Ro	om 209		X			Vapor Ba	rrier		70	0 SF	X	2			
Name of Registere	d Waste Hauler	-		NJDEP W	STATE OF THE RESERVE	ubic Yards		Name of R	Register	red Land	dfill				
SMAC Corp.				Hauler ID 18590	4			Grows L		II					
City, State Saddle Brook, N	NJ 07663					isposal Date 8/02/2019		City, State Morrisvi		Α					
Completed by		Title				Signatur			1		Date				
Borce Gjorsosk	i	Pres	iden	t		BOR	erre	Goean	uf		07/2	26/2	2019		

TINU-131/15							p			war Paras No.	Michigan de la comp	
Inv-13145			9	tata of N	our larger		IME	CE		\mathbb{W}	E	
1K1723	NOT		ATION	TOF AS	ew Jersey BESTOS ABA (C)8:60 and 5:1			onada na mangamana m	-	0 metro-ressure		
Date of Notification (1)		•	Parket.	5	7 1 1)	11111.	JUL 2	9 %	2019		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	40		100		g Owner/Operator							
	19		Mu	iberry Gi	reen Realty, LLC		1000		make streme	OTE STORY		
Agencies Notified Type Notific	ation		Street	Address			ASB	ESTOS LICE	NSIN		}L &	
☐ EPA ☐ Initial ☐ Amended			9 K	ensingto	n Place			Fig. 7 Call En-	um encoura	ensulferaze	POSTORIO	
☑ DOLWD ☐ Amended ☑ DOH Amendm	73		City, S	State, Zip (Code							
□ DCA □ Emergen		a a	Ros	seland, N	IJ 07068							
(NJAC 5:23-8) justificati	125		Name	of Contac	t		Telephone Nu	ımber				
☐ Cancella	tion		Jos	e Lopez			973-578-4	599				
			FA	CILITY IN	IFORMATION							
Name of Facility Where Abatement is	Taking Place	(3)			(1)	Type of Facility ((4)					
Commercial						School (K-12		40)				
Street Address						☐ Subchapter 8 ☐ Other (i.e., pr			ildina	S		
58 Green Street						homes, etc.)	rrate and comm	ioroiar bi	andin ig	٥,		
City (5)				m-	11100	Square Feet	# of Floors	BI	dg. Ag	je		
Newark, NJ				\cup	1100							
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)				
Essex												
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Mark Jovic Consulting LLC			VANCOUS CONTRACT LEGITOR	NAGEMENT LI	_C							
Street Address	ess Street Address											
87 Main Street, Suite A					27 Outwater							
City, State, Zip Code					City, State, Zip Co							
Lincoln Park, NJ 07035					Garfield, NJ	07026						
Project Manager for Monitoring Firm			phone		Telephone No.		License No.					
Mark Jovic			73-650		973-928-4888	·	1188					
100 100 100 100 100 100 100 100 100 100	Scheduled C				Name of OSHA M							
08 /03 /19	08 /			19	ALL PRO MA	NAGEMENT LL	_C					
Occupancy Status During Abatement (Street Address							
☐ Abstoment Performed Outside of No.					27 Outwater	20220220						
Abatement Performed Outside of No Time of Abatement:AM					City, State, Zip Co							
				,	Garfield, NJ	07026						
Scope of Work (Check all that apply)					□ Full Con	tainment with Neg	otivo Deceause					
≥3 sf or ≥3 lf		novati			☐ Mini-End		alive Plessure					
⊠ ≥160 sf or ≥260 lf	☐ De	molitic	on			g Procedure	Fish B					
	Is	Locat	ion		⊠ Non-Exe	mpted (*) and Nor	1-Friable Proced		a ,		No.	
Location of		Vorma	lly		Description of	ıf			ateme			
Asbestos-Containing Material (ACM		ed Sole intena		Asbe	stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure	
TO BE ABATED IN Facility		todial		(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	nova	air	aps	losu	
(13)	800000	(12)		1	other miscellane		SF OI LF)	<u>n</u>		Encapsulate	ле	
	Yes	No	N/A							Ф		
Exterior- Roof				Black R	Roofing Material		1,200 SF					
									П	П	П	
1										-][
		_						\Box	Ш	Ш	Ш	
Name of Registered Waste Hauler		100	JDEP V		Cubic Yards of	Name of Regist		2001 2000		2000	AS	
Century Waste, LLC			32797		Waste As Needed	GROWS No	orth Landfill /	Fairles	s Lar	ndfill	1	
City, State					Disposal Date	City, State						
Elizabeth, NJ					TBD	Morrisville,	PA					
Completed By (Print or Type)	Title				Signature	L		Date				
Allen Monchik	Project	Man	ager		Allau.	Manchib	(-	7/25/1	9			

Inv lok	44					State of N	lew Jersey	Γ	E 6	F	17.0	7	-
01/51115			NOT		ATIO	N OF AS	BESTOS ABAT		n E C		\mathbb{V}	15	I
009419				(F	ursua	int to NJ	AC 8:60 and 5:1	6)	K				
Date of Notification (1)				- I	Nan	e of Buildin	g Owner/Operator ((2)	JUL	29	201	n	
	25 /	19)	-			e at Grace LLC/		1 Chk. #5415	E 9	201	y	I found
Agencies Notified	Type Notific	cation			Stre	et Address		li liter		- Carrier and a second			
⊠ EPA	Initial				SUPERIOR STATE		ge Drive Ste 11	and the second s	ASBEST	08 00	NTA	OL &	
⊠ DOLWD	☐ Amende					State, Zip		<u> </u>	LIC	DENSI	40	T-Married Street	-harman
☑ DHSS ☐ DCA	Amendm			7		ACTUAL OF THE PARTY OF THE PART	NJ 08083						
(NJAC 5:23-8)	☐ Emerger justificat		iciuain	g		e of Conta			Telephone Nu	mher			
M is libraratual	☐ Cancella	0.00			G	eorge Cho	ollaj/MCR		856-317-00				
							NFORMATION						
Name of Facility Where A	batement is	Taking	q Place	e (3)		(OILITTII	VI ORMATION	Type of Facility	(4)				
The Reserve @ Gra		- 1/2/10/12/10/19		,				School (K-12					
Street Address								☐ Subchapter 8	Other than K-1				
35 North White Hors	se Pike							Other (i.e., p homes, etc.)	rivate and comm	ercial b	uildin	gs,	
City (5)				111-2-2				Square Feet	# of Floors	IR	ldg. A	ne	
Somerdale								Various	Various		Vari		
County (6)					Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pri		ished)	vaii	ous	
Somerdale							//	C. C	tory/Church/S		Gvm	IRAS	side
Name of Monitoring Firm	Hired by Buil	ding C	Owner	(8)	ASCN	No.	Name of Abateme		tory/ Orial orial	0110011	Oy	11100	nuo
Finog Environmenta				. ,				d Mold Service	s. Corp.				
Street Address							Street Address		о, остр.			_	_
617 Stokes Road, S	uite 4-318						3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co						
Medford, NJ 08055							Hainesport, N						
Project Manager for Monit	toring Firm			Tel	ephone	No.	Telephone No.		License No.				_
Rebecca Rubnitz				8	88-71	5-2211	609-702-0400		00862				
Start Date (10)		Sched	uled C	ompl	etion D	ate (11)	Name of OSHA M	onitor					-
_8 / _12 /	19	_ {	B /	_ 2	0_/	19	EMSL Analyti	cal, Inc.					
Occupancy Status During	Abatement (Check	only	one)			Street Address						-
□ Facility Closed/Vacated	d During Enti	re Per	riod of	Abate	ment		200 U.S. Rout	te 130 North					
Abatement Performed	Outside of No					scribe	City, State, Zip Co						_
Time of Abatement:	AM	PN	Λ/	PM		_AM	Cinnaminson						
Scope of Work (Check all	that apply)									20			
☐ ≥3 sf or ≥3 lf			☐ Re	nova	ion			ainment with Neg	ative Pressure	Encio	SU	e	
≥160 sf or ≥260 lf			☑ De				☐ Glovebag						
							☐ Non-Exer	mpted (*) and Nor	n-Friable Procede	ıre			
			100	Loca						Ab	atem	ent T	уре
Location of Asbestos-Containing N		1)			ely by	Ashe	Description of stos Containing Mat		A	R	R	ш	Щ
TO BE ABAT	ΓED	,	Ma	inten	ance/		., thermal systems i		Amount (Specify	Remova	Repair	cap	clos
IN Facility (13)	/		Cusi	(12)	Staff?		surfacing, VAT,		SF or LF)	<u>a</u>		Encapsulate	Enclosure
(13)			Yes	No	N/A		other miscellaned	ous)				ate	"
Gymnasium Area						Double	Layer Tile and M	lastic	5,000 SF		П		
Room at Bottom of St	eps Outsid	е				-	le and Mastic		270 SF				
Gymnasium Entrance						100000000000000000000000000000000000000			27001				H
									*				
Name of Registered Waste	e Hauler				JDEP	Waste	Cubic Yards of	Name of Regist	ered Landfill			П	
Waste Management				100	lauler I	D No.	Waste	Grand Cent					
City, State					1727	3	5 Disposal Date						
Lafayette, NJ							8/20/2019 _a	City, State Penn Argyl	e. PA				
Completed By (Print or Type	oe)	Title					Signature	()		oto	-		
Kimberly A. Trumber				Coor	dinato	r	autoli e	()		ate	- 1	nica	
SR_41						:		V		7-21	2-1	011	

ASB-41 MAY 11

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 9 / 19 / Job #1906-2460 Chk. NA Airport Investors, LP Agencies Notified Type Notification Street Address **ASBESTOS CONTROL & ⊠** EPA ☐ Initial LICENSING 484 Evesham Road #7 ☑ DOLWD City, State, Zip Code X DHSS Amendment #1 Cherry Hill, NJ ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Jeffrey Hipple 856-428-5750 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Airport Plaza School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 7941 - 7953 Crescent Blvd homes, etc.) City (5) Square Feet # of Floors Bldg. Age Pennsauken 34725 50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden Commercial Property Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Finog Environmental Asbestos and Mold Services, Corp. Street Address Street Address 617 Stokes Road, Suite 4-318 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Medford, NJ 08055 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rebecca Rubnitz 888-715-2211 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __7__ / _ 22 / 19 7 / 29 / 19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) M Full Containment with Negative Pressure FNC DSW/J □ Renovation □ Demolition ≥3 sf or ≥3 lf Mini-Enclosure ≥160 sf or ≥260 lf Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Used Solely by Removal Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify **Custodial Staff?** IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) Yes No N/A Space #7945, Unit 4 \boxtimes Floor Tile & Mastic 2,050 SF П П П П П П 7 П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management **Grand Central** 17273 5 City, State Disposal Date City, State Lafayette, NJ 7/29/19 Penn Argyle, PA Completed By (Print or Type) Title Signature Date Kaysi Gruner Office Assistant 1-25-1

ASB-41 MAY 11

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) JUL 2 9 2019 7 17 / 19 Trustees of Newark Academy / Job #1904-2430 Chk. #NA Type Notification Agencies Notified Street Address ASBESTOS CONTROL & **⊠** EPA ☐ Initial LICENSING 91 South Orange Avenue **⊠** DOLWD M Amended City, State, Zip Code ☑ DHSS Amendment #3 Livingtson, NJ 07039 □ DCA ☐ Emergency (including justification) Name of Contact (NJAC 5:23-8) Telephone Number ☐ Cancellation **Brian Stephenson** 201-247-1617 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Newark Academy School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 91 South Orange Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Livington 250,000 1965 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Essex School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Envirovision Asbestos and Mold Services, Corp. Street Address Street Address 20-21 Wagaraw Road, Bld. 35 E 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Fair Lawn, NJ 07410 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Fred Larson 973-633-9145 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __6__ / __24__ / __19__ 7 / 26 / 19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-___PM/___PM-_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf ⊠ Renovation ☐ Mini-Enclosure ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Removal Repair 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 Throughout П X Ceiling Plaster 4,400 SF X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management **Grand Central** 17273 City, State Disposal Date City, State Lafayette, NJ 7/26/19 Penn Argyle, PA Completed By (Print or Type) Signature Kim Trumbetti **Ops Coordinator**

ThV131	39		255						TO E @	C	7 11	\ <i>[</i> 7]	FF
Jh 1650		NO	TIFIC (Pu	Tio	of Assi to NSAC	w Jersey ESTOS 8:60 and	ABATE d 12 12	PNT	DE C			<u> </u>	
Date of Notification (1)	i.)		4	Name of	Building	Owner/C	perator	(2) IELD SC	100 U 019)19	Periode British Peter
	Type Notification Initial		S	Street A				- 2	ASBES"		CONT		&
EPA DEP DOL	Amended Amendment #				te, Zip Co n 1 h	ode P (Cain	field	N.5	II AT-1V	211/10		
DOH DCA	☐ Emergency (in justification) ☐ Cancellation	cluding	0.00	12000-07	Contact TOM	11	HTI	1 15	Telephone No	mber	60	58	
Name of Facility Where A				FACI	LITY INFO	DRMATI	ON	Type of Facility	(4)				
Street Address 12 HARRISE	90 HOOR			(270	Vol'	7		12) er 8 (Other than K-1 private & commerce		ldings,	home	es,
City (5) NORTH PU	PINFIELD)	1	7,5				Square Feet	# of Floors	1	Bldg. A	ge	
County (6) SOMERSET					Code (7) USE ONLY))		Current Use (P	ior if being demolis	shed)			
Name of Monitoring Firm				ASCM	No.		1	of Abatement Co					
Street Address	/	LONGE	WTA(Street	Address	L VELCKYB	-	<u>i</u>	-(-	\subseteq
City State 7in Code	Bucard St						City, St	tate. Zip Code	" STREE		AT	7:	
Project Manager for Monit	K N.	2	ĪΤ	elephor	no Ma			WARU one No.	NS		10	3	
BRUCE	WOLF		2	01-6	52-	1119	913	216 56	177 613	73	5		
Start Date (10)	19	Scheduled Og.C	12.				11115		N MENTAC			4766	165
Occupancy Status During Facility Closed/Vaca		- 1500 C		ant.			Street /	Address 5 US H	wy 77.	Ne	(T		
☐ Abatement Performe ☐ Other – Describe:				211L			City, St	ate, Zip Code	ON NS			2	
Scope of Work (Check All	That Apply)								7-,0		" (/)		\neg
□ ≥3 sf or ≥3 if ⊠ ≥160 sf or ≥260 if		Rei Dei	novati molitio					Mini-Enclosu Glovebag Pro				•	
		0.000000	ocatio				count	1 Hon-Exemple	d () and Non-i ha	Dierre	Abate	ement pe	
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Used Maint Custoo	enand	/ by ce/		tos Cont thermal surfac		aterial (ACM) insulation, T, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								ate	Ге
2004 : 3			-		VAT	119	MST	1C	90056	1	-		
Name of Registered Wast			Ha	IDEP W	No.	Cubic of Was		1150	Registered Landfi		Li		
City, State NEWARK			10	1,000		Dispos	sal Date	City Sta		-			
Completed by 30VAN SULL	20561	Title	(L)	VEN	2	1	ignature		T n	ate		20	13

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 6 17 / Princeton University-Office of Design and Construction Agencies Notified Type Notification Street Address ☐ EPA Initial **ASBESTOS CONTROL &** 200 Elm Dr. LICENSING □ DOLWD ☐ Amended City, State, Zip Code Amendment #1-7/19/19 **⊠** DHSS Princeton, NJ 08544 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Robert Ortego 609-258-1841 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Princeton University-Firestone Library School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, Washington Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Princeton 70 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Mercer Library Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental Inc. BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 1253 North Church Rd 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Michael Keehn 609-386-8800 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor _ / _ 1__ / 19 8 / 30 / 19 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-5:30PM/ PM-BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 If □ Renovation Mini-Enclosure ≥ 160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Repair Asbestos Containing Material (ACM) Amount Maintenance/ ncapsulate TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior of Penthouses 1 and 2 X Waterproofing 280 LF X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. BRISTOL ENVIRONMENTAL, INC. Waste FAIRLESS LANDFILL 18706 City. State Disposal Date City, State BRISTOL, PA 19007 FAIRLESS HILLS, PA Completed By (Print or Type) Title Signature Brian Scafiro Estimator ASB-41 B 5/90 80

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

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

Chutt 3591

Date of Notification (1)					Nam	e of Buildir	na O	wner/Operator	(2)	0,7-1	_			
	7//	19	_		1		1.5		of Design and	Construction (GI	EI	W	7 E
DEPA DOLWD 6 19 1	ype Notifica Initial Amended Amendma Emergend justification Cancellat	d ent #_ icy (inc on)	cludin	- g	City, Pr	et Address 0 Elm Dr. State, Zip inceton, e of Contact bert Orte	Code NJ 0			Telephoneshume	bens	2 g	VTBO	9
					FA	CILITY II	NFO	RMATION					at an arcaves	
Name of Facility Where Abat Princeton University-F Street Address Washington Road City (5)				€ (3)					Other (i.e., pr homes, etc.)) (Other than K-12 ivate and commer	rcial b			
Princeton									Square Feet	# of Floors	2	Bldg. A	\ge	
County (6) Mercer								ATE USE ONLY)	Library	or if being demolis	hed)	70		
Name of Monitoring Firm Hire TTI Environmental Inc Street Address		ling Ov	wner	(8)	ASCM	Ņo.	E		ent Contractor (9) VIRONMENTAL	., INC.				
1253 North Church Rd			_toon:				12	1123 BEAVE						
City, State, Zip Code							1	y, State, Zip Co						
Moorestown, NJ 08057 Project Manager for Monitorin				1-1	-1			BRISTOL, PA	19007					
Michael Keehn	ig Firm				phone 09-386		100	lephone No.		License No.				
Start Date (10)7 /1 /1	Access to the second			omple		ite (11)	Na	215-788-6040 me of OSHA M BRISTOL ENV		00509				
Occupancy Status During Aba	atement (C						-	eet Address						
☐ Facility Closed/Vacated Du					ment			123 BEAVER	STREET					
Abatement Performed Out Time of Abatement: 7:00	side of Nor	rmal F	acility	/ Hou	s - Des	cribe	City	y, State, Zip Co	ode					
Scope of Work (Check all that	apply)				5//									
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	1,520/1000/00			novati molitic					ainment with Nega osure procedure npted (*) and Non-		e			
				Locat				There is a second			At	atem	ent T	ype
Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)			Use Mai Cust	lorma d Sole ntena odial (12)	ely by nce/ Staff?	Asbes (i.e.	, the,	Description of Containing Matermal systems in surfacing, VAT, her miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Enterior of Doubles and		-	Yes	No	N/A								LD.	
Exterior of Penthouses 1	and 2	_				Waterpr	roofi	ing		280 LF				
													П	П
											П	П	П	
Name of Registered Waste Ha BRISTOL ENVIRONMEN		С.		Н	JDEP V auler ID 18706	No.	Cub	ic Yards of ste	Name of Registe		10			
City, State BRISTOL, PA 19007					.0700		Disp	oosal Date	City, State FAIRLESS H	IILLS, PA				
Completed By (Print or Type) Brian Scafiro		Title Esti	imate	or				Signature	Scapio	Det	e /		a	-
		-axeron-	-					10 non	UNIVO	140	-(1-1	1	

Inv-13137 Ch37006

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

	C	E		\mathbb{V}	E	M.
M	 JUL	2	9	2019)	
	3	7	0	01		

Data of Notification (1)					Name	of Dividing	11		2)	111111111111111111111111111111111111111	JL 29	201	0-	111
Date of Notification (1) 07 /	24 /	19			1 100	of Building	2000	ner/Operator (2	2)			001	2	luca
			_				Ollu	On			and the same of th	nonement of	etwaniations	
Agencies Notified EPA	Type Notifica	ation				Address Box 9					STOS CO LICENS		OL 8	X.
☑ DOLWD	☐ Amended				City, S	State, Zip C	ode						000000	500.18.0
□ DCA	Amendme		Judine		Mai	nasquan,	NJ	08736						
(NJAC 5:23-8)	☐ Emergend		iuaing	3	Name	of Contac	t			Telephone Nu	umber			
,	☐ Cancellat				Lin	da				732-528-3	800			
		100000			FA	CILITY IN	FOR	RMATION		-				
Name of Facility Where	Abatement is T	aking	Place	(3)					Type of Facility	(4)				
Residence		2000 1000		3000					School (K-1	2)				
Street Address									Subchapter	8 (Other than K- private and comm	-12)	ildingo		
									homes, etc.		nerciai bu	liulings	1	
City (5)						100	m.	11/	Square Feet	# of Floors	Blo	dg. Age	е	
Point Pleasant						00	1/	13	1000 sf	1		35		
County (6)					Cour	ty Code (7)(STA	TE USE ONLY)	Current Use (P	rior if being dem	olished)			
Ocean									Residence					
Name of Monitoring Firm	n Hired by Build	ling O	wner ((8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)				
							G	Suardian Co	ntracting, Inc.					
Street Address							Stre	eet Address						
							1	889 Route 9	, Unit 61					
City, State, Zip Code							City	, State, Zip Co	ode					
							Т	oms River, I	New Jersey 0	8755				
Project Manager for Mon	nitoring Firm			Tel	ephone	No.	Tele	ephone No.		License No.	8			
						000100000000000000000000000000000000000	7	32-349-9932		00624				
Start Date (10)	3 033400				etion Da	According to the same	0.02.3778	me of OSHA M						
08 /05 /					6_ /	19	E	.M.S.L. Ana	lytical					
Occupancy Status Durin							Stre	eet Address						
☐ Facility Closed/Vacat	0.77					2000	1	056 Stelton						
Abatement Performed Time of Abatement:							3557 - 135 4	, State, Zip Co						
							Р	iscataway, I	New Jersey 08	3854				
Scope of Work (Check a	ill that apply)							□ Full Conf	ainment with Ne	gative Pressure				
≥3 sf or ≥3 lf			☐ Re	enova	tion			Mini-Enc		gative i ressure				
≥160 sf or ≥260 lf			⊠ De	molit	on				g Procedure	on-Friable Proce	dura			
			Is	Loca	tion			M MOII-EXE	impled () and 14	on-i nable i roce	-	ateme	nt Tv	me
Location	n of	5	1	Norm	ally			Description o	f		-	П	- 1	
Asbestos-Containing)			ely by ance/			Containing Ma		Amount	(em	Repair	nce	ncl
TO BE ABA					Staff?	(i.e		ermal systems surfacing, VAT		(Specify SF or LF)	Removal	#	Encapsulate	Enclosure
(13)		}	76948	(12		-		her miscellane					late	Ф
			Yes	No	N/A			- 0.2 P						
exterior						asbesto	os si	iding		1000 sf				
			П	П										П
				1									_	1
Name of Designation of Name	oto Haula-			ᄖ	UDED!	Maata	10.1	oio Varda -f	Norse of D	interest Law 1511		Ш	Ш	Ц
Name of Registered Was Guardian Contract					NJDEP I Hauler II		Wa	oic Yards of ste	T.R.R.F.	istered Landfill				
	ing, inc.				20223		3							
City, State	areau							posal Date	City, State	Donnaulus				
Toms River, New J								8/06/19	lullytown	, Pennsylvani				
Completed By (Print or T	[FW 18]	Title		. 11.4 -			-	Signature	/		Date		1	,,
Nicholas Fernicola		Pr	ojeci	ı ıvlar	nager			1			7/	24	119	1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NUAC/8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 07 24 19 The Gillespie Group ASBESTOS CONTROL & Agencies Notified Type Notification Street Address LICENSING ☐ Initial 5 Chris Court, Suite G □ DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Dayton, NJ 08810 □ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) Cancellation Melissa Senatore 973-906-1862 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Ellen T. Briggs Elementary School School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1 Jefferson Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Lake Hopatcong 100,000 1 60 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Karl & Associates Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 20 Lauck Road City, State, Zip Code City. State. Zip Code Mohnton, PA 19540 Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Ed Karl 610-856-7700 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __07__ / __25__ / __19 07 / 26 / 19 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM-PM/ Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation ☐ Mini-Enclosure ☐ >160 sf or >260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Removal Encapsulate Enclosure 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) Yes No N/A X 1 rooms \boxtimes glue dots from chalkboard 10 sf Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill

ASB-41 JAN 13

City, State

Guardian Contracting, Inc.

Toms River, New Jersey

Completed By (Print or Type)

Nicholas Fernicola

Waste

Disposal Date

Signature

7/26/19

T.R.R.F.

Tullytown, Pennsylvania

City. State

Hauler ID No.

20223

Title

Project Manager

INV13044	+
CK37700L	5
andur	

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

	EGEL	VEN
IIK		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO I
111	JUL 2 9	2019
	37000	1 1
	ASBESTOS CON	TROL &

Date of Notification (1)				Name of Building Owner/Operator (2)						12	9 2	110	- 11			
	24 /	19	_		14. 35	e Gillespi		Andreas de la company de la co	2)		3			713		
Agencies Notified EPA	Type Notifica	ation			13/5-3000	Address hris Cou	rt. S	uite G			ASBES	TOS (- &	
□ DOLWD	☐ Amended	ł				State, Zip C				Ale a Secondo Sec			W. 04-010-00		DOMENUMENT	
□ DOH	Amendm		2 0			ton, NJ		n								
DCA (NJAC 5:23-8)			luding]		of Contac				Tele	phone Num	her				
(140/10/3.20-0)	☐ Cancellat	0.23			111110000000000	lissa Sen	21	'e		II and	3-906-186					
A SAME										0,	0-500-100	,,,		-5-11/2		
Name of Facility Where	Ahatement is 7	Taking	Dlace	(3)	гА	CILITY	FUF	RMATION	Type of Facility	(4)						
Jefferson Twp. Mid		aking	i lace	(3)					Type of Facility ☐ School (K-12)	2)						
Street Address					11116				Subchapter 8				uilding	ie.		
1000 Weldon Road									homes, etc.)		and commit	roiai b	ununig	15,		
City (5)									Square Feet	# of	f Floors	В	ldg. A	ge		
Oak Ridge									100,000	2			60			
County (6)					Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (Pri	ior if be	eing demoli	shed)				
Morris									School							
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)							
Karl & Associates							0	Suardian Co	Contracting, Inc.							
Street Address							Stre	eet Address	3,							
20 Lauck Road																
City, State, Zip Code							City	, State, Zip Co	9, Unit 61 Code							
Mohnton, PA 19540	0						Т	oms River,	New Jersey 08	755						
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tel	ephone No.	22	Lice	ense No.					
Ed Karl				61	0-856	-7700	7	32-349-9932		0	0624					
Start Date (10)	and the second s	Schedu	ıled C	omple	tion Da	te (11)	Nar	me of OSHA N	lonitor							
/				John Harry	_ / .	19	E	.M.S.L. Ana	lytical							
Occupancy Status During								eet Address						an -		
☐ Facility Closed/Vacate							1	056 Stelton								
Abatement Performed Time of Abatement: _								, State, Zip Co								
Scope of Work (Check al						(-)1111	Р	iscataway, I	New Jersey 08	854						
⊠ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf				novati molitic				☐ Mini-Enc ☐ Glovebag	ainment with Neg losure g Procedure mpted (*) and No			ıro				
		T	Is	Locat	ion			EN HOII-EXC	inpica () and 140	II-I IIac	ne i rocedo	-	atem	ont T	vno	
Location	of		1	Norma	lly			Description o	f				-	0.50	288	
Asbestos-Containing		1)		d Sole intena				Containing Ma	terial (ACM)		Amount	Removal	Repair	Encapsulate	Enclosure	
TO BE ABA		- 1		todial		(I.e		rmal systems surfacing, VAT,			Specify F or LF)	ova	≝	psu	osui	
(13)	W.T.	-	202	(12)				her miscellane		· · · · · · · · · · · · · · · · · · ·		-		ilate	G,	
			Yes	No	N/A											
3 rooms						glue do	ts fr	om chalkbo	ard	3	24 sf					
Name of Registered Was	ste Hauler			10000	NJDEP Waste Cubic Yards o				of Name of Registered Landfill							
Guardian Contracti	ng, Inc.			Н	Hauler ID No. Waste 20223 1			T.R.R.F.								
City, State							Dis	posal Date	City, State							
Toms River, New Je	ersey						7.	/26/19	Tullytown,	Penn	sylvania			,		
Completed By (Print or T	ype)	Title						Signature	1		D	ate /		/		
Nicholas Fernicola		Pre	oject	Mana	ager					-		1/2	4/	19		

Proj. #: 19-155 19-155 19-155 19-155 Date of Notification (1) 10 17 / 2 2 / 1 9 Agencies Notified	129 ion is	Name of Bui Mara Wir Street Addre	(Pursi	part to NJA(besto	s Abatement and 12:120)	D	JUL 2	9 2 CON	IBO	019							
DOH (including justification)	l N	lame of Con					Teleph	one Numbe	r									
DCA Cancellation		Mara Wi			VIV. 14 S-1		_											
			FAC	ILITY INFORM	IATION	1												
Name of facility where abatement is Residential Street Address	s taking pla	ace (3)					Sub-	y (4) ool (K - 12) chapter 8 (C er (Private/C s./Homes, e	omme									
							Square Feet	# of Floo			Bldg. A	ge						
City (5)	Cour	nty (6)				inty Code (7) ite use only)	2,400 Current Use	O3	a den	90								
Montclair, NJ 07042	Ess					,,	Residential	(Filor II bell	ig den	101151	ieu)							
Name of Monitoring Firm Hired by 8	3ldg. Owne	er (8)		ASCM No.		Name of Abatement	Contractor (9)											
N/A Street Address						KLOMAX, LLC Street Address												
Street Address						309 W. End Ave	<u>.</u>											
City, State, Zip Code					_	City, State, Zip Code						(Communication Co.						
						Hopatcong, NJ	07843	6507										
Project Manager for Monitoring Firm		Pho	one Numb	per		Telephone Number 833-455-6629		License	Numl 2007	per								
Start Date (10)	ISchoo	I. Completio	n Date /1	1)		Name of OSHA Mon	itor		2007	_		_						
poor stands or and stands from the		18,	II Date (I	1)		KLOMAX, LLO	C											
08/06/19 Occupancy Status During Abatemen	08/13	_			_	Street Address												
Facility closed/vacated during Abatement performed outside Describe: NORMAL Ho	entire peri	od of abater			_	309 W. End Ave City, State, Zip Code Hopatcong, NJ												
Scope of Work (check all that apply							Full Containment Mini-enclosure Glovebag proced Non-Exempted (lure			cedure							
Location of asbestos-containing material (acm) to be abated in facility (13)		n normally usenance/custo		1		sbestos-containing	Amount (Specify LF)		R e m o v e	Repair	E n c a p	E n c L						
Attic		\square X		Vermiculat	е		638 SF		×									
									片	님	ዙ	H						
				1					H	片	ዙ	H						
Registered Waste Hauler KLOMAX, LLC		P Hauler II 8241		cubic Yards of V	Waste	Name of Registered TULLYTOWN,		RECOVER	Υ									
City, State Hopatcong, NJ 07843			Disposal D TBD	rate	1	City, State TULLYTOWN,	, PA											
Completed by (Print or Type) Paige Boylan	Title Owner			Signature	B			Date 07/22/	19									

ATTN: FRANK MAYER REQ. FOR GMEDGENCY WAIVE Date of Notification (1) JULY 24, 2019 Agencies Notified Type Notification Initial Amended Amendment # Emergency (in justification) DOH DOH DOA Name of Facility Where Abatement is Taking	R of 19	(Pursuant)	of Building	ANE de 08820	Perator	Description	ASBES L Telephone N 732-549-	2 9	ONTE	19	poli sponina nasigas VIII (n. normateminis)
BISHOP GEORGE AHR HIGH SČ Street Address 1 TINGLEY LANE City (5) EDISON County (6)	HOOL	County	Code (7)		(School (K- Subchapte Other (i.e. etc.) Square Feet 50,000		cial buil	dings Bldg. A 50 Y	\ge	es,
MIDDLESEX Name of Monitoring Firm Hired by Building O MCCABE ENVIRONMENTAL SER			USE ONLY) M No.		Name	HIGH SCHO of Abatement Co shing Touch Asb	DOL ntractor (9)		o., Inc).	
Street Address 464 VALLEY BROOK AVENUE City, State, Zip Code LYNDHURST, NJ 07071					17 7 City, S	treet Address 17 THOMPSON STREET ity, State, Zip Code WEST LONG BRANCH, NJ 07764					
Project Manager for Monitoring Firm JOHN CHEJALIER Start Date (10) 7 25 19	Scheduled C	ompletion	438-4839		732	one No. .222.8372 of OSHA Monitor	License 00040				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Scope of Work (Check All That Apply)	Only One) eriod of Abat	ement		_	Street	Address tate, Zip Code					
≥3 sf or ≥3 If x ≥160 sf or ≥260 If			ı		×	Mini-Enclosure Glovebag Pro					+
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Loc Norn Used So Mainter Custodia (12	naily olely by nance/ al Staff?	Asbesto (i.e. t	os Conta hermal:	systems ing, VA	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal		e Encapsulate	
CLASSROOM 235	Yes N	o N/A	Remo	in ol	VAT d	DECONTAM.	1100 SF	Х		Ф	
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., City, State	Inc.	NJDEP W Hauler ID 12058	00000	Cubic `of Was 5 CY	te al Date	FAIRL City, Stat					
WEST LONG BRANCH, NJ 07764 Completed by JOSEPH P. MILLER	Title PRESII	DENT		Si	ghature AM	. 611	RISVILLE, PA)ate .7/a	au l	19	

MILLIO		Г		ΛΠ		No.		In.	EC	0	E		V
Project #		NOTIFI (P	CATION	ate of New Jers I OF ASBESTO TO NJAC 8:60 a	ey S ABATE nd 12:12	MEN 0)	т	Check	# 4670 JU) L	2 9	20	019
Date of Notification (1)			Name o	f Building Owner	/Operator	(2)							
07/22/2019		15	Saint N	Mary,s Churc	ch			or a second second second		-	ракамина	utandersatu	Math project
Agencies Notified Type Notification			Street A			13-17-10-1		and the same of th	ASDES	TO	S CI ENS	TINC	HU
		1	19 Por	mpton Ave					L	10	CNS	il/ Ci	Williamore
EPA Initial DEP Amended			7005/47. 025	ate, Zip Code	*								
DOL Amendment	#	_	ompt	on Lakes, N	J 07442	>							
■ DOH Emergency justification)				f Contact		-		Telephon	e Numbe	er			
DCA Justilication		F	Phil Ep	ostain				(201)95					
				LITY INFORMA	TION			1(201)00	0 20+		_		
Name of Facility Where Abatement is Takin	g Place (3)			11	Тур	e of Facility	(4)					
Saint Mary's Church						П	School (K-	-12)					
Street Address						I	Subchapte	er 8 (Other than					
9 Pompton Ave								private & com	mercial b	ouilo	lings,	home	es,
City (5)						Sat	etc.) uare Feet	# of Floor	rs	ГВ	ldg. A	ge	_
Pompton Lakes						-4			5-75.		-		
County (6)			County	Code (7)		Cui	rrent Use (Pi	rior if being de	molished)			
Passaic County			(STATE	USE ONLY)		l ou	10111 000 (1 1	nor ii boing do	11101101100	2			
Name of Monitoring Firm Hired by Building	Owner (8		ASC	A No.	Name	of A	hatement Cr	ontractor (9)					
RAMM	Owner (o	,	ASCI	VI NO.									
0 11/11/1							toration L	LC					
Street Address					Street								
7 Nottingham Rd							side Rd						
City, State, Zip Code					300		Zip Code						
air Lawn				17 			n NJ 078						
Project Manager for Monitoring Firm			Telepho		Telep	phone No. License No.							
Rodger Headrick		(201)4	75-9880	973-9	933-	2550	013	58				
Start Date (10)	Schedu	led Con	npletion	Date (11)	Name	of O	SHA Monito	г					
8/01/2019	08/05/2	2019			Nick	Res	toration L	LC					
Occupancy Status During Abatement (Chec	k Only O	ne)			Street	Add	ress						
Facility Closed/Vacated During Entire	Period of	Abaten	nent		72 Br	ook	side Rd						
Abatement Performed Outside of Norm	nal Facilit	y Hours	3		City, S	State,	Zip Code		W =				
Other – Describe:					Rand	lolph	NJ 078	369					
Scope of Work (Check All That Apply)						77							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	PROPERTY.	Renova Demolit				N	Mini-Enclosu Glovebag Pro					е	
	1	s Locati						T	T			ment	
Location of		Normal									Ту	pe	
Asbestos-Containing Material (ACM)		ed Sole		Asbestos Co	escription intaining I		ial (ACM)	Amoun	t			m	
TO BE ABATED		aintenai stodial S		(i.e. therm				(Specify	y	Re	Z.	Encapsulate	Enciosure
In Facility (13)		(12)			facing, VA r miscella			SF or LF	-)	Remova	Repair	psu	ISO
V7	V	NI-	N1/A	1						<u>a</u>	70	late	Te
	Yes	No	N/A										
asement area		×		TSIwrap &	cut			450 LF		X			
+0													
Name of Registered Waste Hauler		I N	JDEP W	/aste Cub	ic Yards		Name o	f Registered La	andfill				
		Н	auler ID		aste		Assessment result		and mi				
lick Restoration LLC		3	3782	TBE)		G.R.O.	.vv.S					
City, State			700-1-1-1	Disp	osal Date		City, Sta					*	
Randolph, NJ 07869				TBD) /		Tullyto	wn, PA					
Completed by	Title				Signatur	е	// .	0.	Date			11 77 6	
Elvira Mrda	Presi	ident		25	411	,e	. ///	nok-1	07/22	2/2	019		

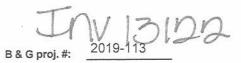
Inv 131	RN							.93			s and the state of	Pilonia III Apo	-			
2h5589	07	NC			ION	OF AS	ew Jersey BESTOS ABAT C 8 60 and 5:1		DE G	E] V	7 [
Date of Notification (1)				N	lame	of Buildin	g Owner/Operator (2)		29	20	19				
	23 /	19			Cat	holic Pa	rtnership Schoo	ls	best bank	0 170 70			lasse			
Agencies Notified	Type Notifica	ation		S		Address Market	Stroot		ASBEST	OS CO		OL	2			
⊠ DOLWD	☐ Amended	d		0		tate, Zip (L.	IOE140	IIVG	-	egumetents			
☑ DOH	Amendm					nden, NJ										
DCA	☐ Emergen justification		ling	_		of Contac			Telephone Nun	her						
(NJAC 5:23-8)	☐ Cancellat			'		n Niwore	53		856-338-09							
		5045-0.00				100 100 00 100 17000	FORMATION		000 000 00							
Name of Facility Where A	hatement is T	Faking Pla	nce (3)		ГАС	JILII T IIV	IFORIVIATION	Type of Facility ((4)							
Saint Joseph's Pro			acc (5)					School (K-12	2,50							
Street Address 2907 Federal Street		5011001						Subchapter 8 Other (i.e., pr	Other than K-1: ivate and comme		iilding	s,				
								homes, etc.)	# - 5 = 1	T DI	-l ^ -					
City (5) Camden								Square Feet	# of Floors		dg. Ag	je				
County (6)					Coun	ty Code /7)(STATE USE ONLY)	36,000 3 78 Current Use (Prior if being demolished)								
Camden					Couri	ty Code (/)(STATE USE ONLT)	School	or it being demoi	isnea)						
Name of Monitoring Firm	Hired by Build	dina Owne	er (8)	AS	CM I	No	Name of Abatement Contractor (9)									
MDG Environmenta		anig own	0. (0)	1,10			A 100-100-100-100-100-100-100-100-100-100	onmental, LLC								
Street Address	<u> </u>						Street Address	, , , , , , , , , , , , , , , , , , ,								
1000 Maplewood Di	rive						623 Cutler Av	venue								
City, State, Zip Code							City, State, Zip Co									
Maple Shade, NJ 08	052						Maple Shade									
Project Manager for Moni			T	eleph	one I	No.	Telephone No. License No.									
Chris Macri	170					-9300	856-755-0099 00842									
Start Date (10) 08 / 01 /		Scheduled 08	Com				Name of OSHA M	100000000000000000000000000000000000000								
					-			icai, iiic.								
Occupancy Status During Facility Closed/Vacate			5.0		nt		Street Address 200 Route 13	0 North								
☐ Abatement Performed						cribe	City, State, Zip Co									
Time of Abatement: _	AM	PM/	P	M		AM	Cinnaminsor									
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)		Renov Demo				☐ Mini-End	tainment with Neg losure g Procedure mpted (*) and Nor		ıre						
			Is Lo	cation	1						ateme	ent T	vne			
Location			Non Jsed S	mally			Description of				_		-			
Asbestos-Containing I TO BE ABA			Mainte				stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure			
IN Facilit		C	ustodi	al Sta 2)	ff?	8.0	surfacing, VAT	, or	SF or LF)	oval	=	lusc	sure			
(13)		Ye			N/A		other miscellane	ous)				ate	(U			
Boiler Room			-	-		Boiler I	nsualtion		20 SF		\boxtimes					
] [1	1			
											Ш	Ц	Ш			
Name of Registered Was Freehold Cartage	te Hauler			Hau		Vaste No.	Cubic Yards of Waste	Name of Regist Fairless La								
City, State						5	Disposal Date	City, State								
Freehold, NJ							08/02/2019	Morrisville,	PA							
Completed By (Print or Ty	rpe)	Title					Signature	Nonna	D	ate	0		0			
Margie Muller		Admi	inistr	ative	Mai	nager		101111/	a regard	1-2	3.	-16	1			

1613507 -	State of N			eation of Asbestos		m E	BEIVE						
GAC Project # 060-19	11010)	177	2		n	Aller of Aller						
Date of Notification (1) July 22, 201	9		and but	RUTGERS, THE S	Operator (2)	VERSITY	JE 2,9 2019						
Agencies Notified EPA DCA	Notificatio ☑Initial ☐ Amen	Notifica ded Not	ification#	ENVIRONMENTAL 74 STREET 1603, E	HEALTH	& SAFETA	CREPT (REHS)						
X DOL		gency (cation)	including	City, State, Zip Code PISCATAWAY, NJ	08854		Manage and County of the Count						
☑ DEP- No Longer REQUIRED ☑ DOH	□Cance			Name of Contact MICHAEL F. SMITH HEALTH & SAFET	H, ENV.	Telephone 848-445-							
			FACILITY INF	ORMATION									
Name of Facility Where Abatement is HURTADO HEALTH CTR.,				Type of Facility (4) School (K-12) Subchapter 8 (other tha	n K-12\								
Street Address COLLEGE AVENUE CAMP	US			Other (i.e. private & co	mmercial build		etc.) e: 60+ years						
City (5) NEW BRUNSWICK MII	ODLESEX		Code (7) Use Only)	Current Use (prior if being	g demolished): ACADEM	IIC						
Name of Monitoring Firm Hired by Bld	g. Owner (8)	ASCM 0009		Name of Contractor (9)									
Street Address				GREENWOOD ABA Street Address	TEMENT C	ONSULTA	NTS, INC.						
3 TERRI LANE				511 MAIN STREET									
City, State, Zip Code BURLINGTON, NJ 0801				City State, ZipCode BUTLER, NJ 07405			11						
Project Manager for Monitoring Firm BRIAN R. KEARNEY	Telephone 609-386			Telephone Number License Number 973-492-0477 00840									
Scheduled Start Date (10) 08/02/19	Scheduled 08/05/19		on Date (11)	Name of OSHA Monitor ENVIROVISION, INC	G.								
Occupancy Status During Abateme Facility Closed/Vacated During E Abatement Performed Outside of	nt (Check only on the Period of A	<u>ne)</u> Abatemer	nt	Street Address 20-21 WARGARAW ROAD, BLDG# 35E									
Describe: Other- Describe: Schedule: 5P WEEKENDS AS NEEDED)			OURS &	City, State, Zip Code FAIRLAWN, NJ 07410									
Scope of Work (Check all that apply)													
□≥ 3 sf or >3 lf ⊠≥ 160 sf or ≥ 260 lf		I	XIRenovation Demolition	□ Full Containment with Negative Pressure □ Mini-Enclosure □ Glove bag Procedure / Wrap & Cut □ Non-Exempted (*) and Non-Friable Procedure									
Material (ACM) in Facility (13)	Location Norma olely by Maint./C taff? (12) (ES NO			pestos Containing Material lal systems insulation, surfaci cell.)	ing, (Special or LF)	fv SF	tement Type ove Repair Encap Enclose						
015 Corridor, 015D, 015E	X		VAT		1200	SF 🗵							
Name of Reg. Waste Hauler	NJDEP Wa	ste Haule	r ID #	Cubic Yards of Waste:	20 CY	Name of Re	gistered Landfill						
See Hauler Below #1 & 2	See Belov	121		Odbie Tards of Waste.	2001		S. North Landfill						
Hauler #1) Greenwood Abatement C NJDEP # 12561 Hauler #2) Newark Carting, Inc., Ne NJ DEP # 4509		- Butler, !	NJ 07405		08/05/201	 .	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700						
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR P MANAGEI		т	<u>Signature</u> Raymond C. Pe	Edalino	Date July 22,	2019						

				3	ate of Ne	w lore	01/		CHEC	07	RI		ת פ	5	1 /	/ 12
Ch3374	ρ	8	NOTIE	trsuant	OF ASB	ESTOS 8:60 a	ABATE id 12:12	0)	v			Jl		2.0	20	40
Date of Notification (1) 7/23/2019	11/13/	27			of Building my Corp				Y District	/ NJ (L L Civil W		3001500	ice	20	13
Agencies Notified	Type Notification			Street A	ddress Lincoln	Aven	ue				A			S CC		ROL 8
EPA DEP DOL	Initial Amended Amendment	#	t		ate, Zip Co esex, NJ		6	 		laur		of the latest and the	politinany			
DOH DCA	Emergency justification) Cancellation	(including		Name o	f Contact			stract	ing Office		ephone 32) 667					
					LITY INFO			oti aot	ing Office	1,,,	52) 00	1-12	_			
Name of Facility Where A Residentail Property		g Place (3)					Туре	of Facility (4	20						
Street Address								Ħ	School (K-1: Subchapter	8 (Oth						
								×	Other (i.e. p etc.)	rivate (& comm	ercial	build	lings,	home	es,
City (5) Middlesex								155.0	are Feet 0 SF	1 1	f Floors		BI 61	ldg. A O	ge	
County (6) Middlesex					Code (7) USE ONLY)	-			ent Use (Pric sidential	r if bei	ng demo	olishe	d)			
Name of Monitoring Firm TBD	Hired by Building	Owner (8)		ASCN	/I No.				atement Con racting, LL		(9)		3-17/			
Street Address							Street 1385		ess ey Road, S	Suite	K					
City, State, Zip Code							100000000000000000000000000000000000000		Zip Code lew Jersey	y 07470						
Project Manager for Monit	toring Firm			Telepho		Teleph (973		lo. -5040		Licens						
Start Date (10) 8/6/2019		Schedul 9/6/20		npletion	Date (11)		- 533 Same	Grant and Br	HA Monitor acting, LL				LATE OF			
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Addre	ss							
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire I d Outside of Norm	Period of an all Facility	Abatem / Hours	rs City, S					ey Road, S Zip Code				27.1 (2)	1,100,000		_
Scope of Work (Check All	That Apply)					_	Way	Wayne, New Jersey 07470								
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	477	X C	Renova Demolit	tion ion			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure									
		1	Locati			-	×	a No	n-Exempted	(*) and	d Non-F	riable		A STATE OF THE STA	ment	
Location	of		Normal	ly		De	escription	of						Ту	ре	
Asbestos-Containing N TO BE ABA In Facilit (13)	TED	Ma	ed Sole intenar todial S (12)	nce/		therma surfa	taining M I systems acing, VA miscellar	s insul T, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						1100-11-11					fe	
Bedroom Firs	st Floor	X				VAT			15	50 SF		х				
												-				
Name of Registered Wast			0.08	JDEP W auler ID		Cubic of Wa	Yards		Name of F							
Service Transport Gre	oup, Inc.			990	110.	10			Minerva		rprises	s, LL	0			
City, State New Castle, Delawar		Disposal D TBD			posal Date City, State D Waynesburg, Ohio											
Completed by Predrag Sarcev		Presi					ignature Date 7/23/2019									
							A CONTRACTOR OF THE PARTY OF TH									

							C	leck #	33	74					
Date of Notification (1)	٨	(P	CATION ursuant	ate of Ne OF ASB to NJAO f Building	ESTOS 8:60 an	ABATE d 12 12	MENT			E C		en-tem	50		INT EC
7/23/2019 TNV-13/2	26							Y District	/ NJ C	ivil Wo	rks C	Offic	ce		i in the same of
Agencies Notified Type Notification			Street A 225 S	ddress Lincoln	Avenu	ie				ASBES	TOS			ROL	&
X EPA X Initial Amended Amendment :	#			ate, Zip Co		 6							artimo yezhoù	and the second and	NAC AND DESCRIPTION
Emergency (i justification) DCA Cancellation	ncluding	1.0	Name of	f Contact			stracti	ng Office		ephone N 32) 667-					
Name of Facility Where Abatement is Taking	Dlace /3	\	FACI	LITY INFO	ORMATI	ION	Type	of Facility (4)						
Residentail Property	riace (3	,						School (K-1							
Street Address								Subchapter Other (i.e. petc.)	8 (Oth			uild	ings,	home	∋s,
City (5) Middlesex							Squar 2300	re Feet) SF	# of 2	Floors		BI 60	dg. A	ge	
County (6) Middlesex				Code (7) USE ONLY)			Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building CTBD	wner (8)		ASCM	1 No.				tement Cor acting, LI	t Contractor (9) J, LLC						
Street Address							Addres Valle	ss y Road,	Suite	K					
City, State, Zip Code								p Code ew Jerse	y 0747	70					
Project Manager for Monitoring Firm			Telephone No.				none No) 928-			License 00874	No.				
Start Date (10) 8/6/2019	Schedule 9/6/201							A Monitor	.C	7					
Occupancy Status During Abatement (Check	Only On	e)	Street Address					7777	Cuito						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:								p Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	_	enova emoliti				×	Min	Containme i-Enclosure vebag Prod n-Exempted	e cedure						
	Is	Locati	on				1 1401	I-Exemple	1 () ain	1 14011-1 11	able r		Abate	ment	
Location of Asbestos-Containing Material (ACM)		lormali d Solel		Achoo		scription taining N		(ACM)		mount		Т	Ту		
TO BE ABATED		ntenar odial S			thermal	system: cing, VA	s insula		(8	pecify or LF)	20	Don	Re	Encap	Encl
(13)	in Facility (1						neous)		O.	OI LI)	Kellioval	lava	Repair	Encapsulate	Enclosure
See Attached	1.00		N/A								+				
Name of Degistered Wests House		LN	IDED W	lanta	O. hin	Vasda		N	D = =:=1=		EII.				
Name of Registered Waste Hauler Service Transport Group, Inc.		Н	NJDEP Waste Hauler ID No. 20990 Cubic Yards of Waste 10			Santanana									
City, State New Castle, Delaware		Disposal Dat TBD			sal Date	City, State Waynesburg, Ohio									
Completed by Predrag Sarcev	Title Vice I	Presid	resident				Signature Date 7/23/2019								

3h5896	010	4	NOT	IFIC	ATION	VOF AS	ew Versey BESTOS ABAT C 8:60 and 5:10	EMENT 6)	DE	SE		\mathbb{V}	E		
Date of Notification (1)	24 /	40					g Owner/Operator (JL 2	9 2	2019	A Comment of the		
	24 / _	19			LIII	deriwoid	Board of Educa	uon					-		
Agencies Notified EPA	Type Notifica	ation			5-50 550 550	Address Eaa Hai	rbor Road		ASBE	STOS			L &		
☑ DOLWD	☐ Amended	i				State, Zip (Interestation and index of	profit venufictur-vill	PHINAL PRINCIPLE	on distangement	MARKET SERVICE		
⊠ DOH	Amendme	_			Section Sections		, NJ 08021								
DCA (NJAC 5:23-8)	☐ Emergene justification	cy (ind	cluding	3		of Contac			Telephone Num	ber			-		
(140/10/03.25-0)	☐ Cancellat				1 2 5	hleen Hu			856-783-02		102				
					FA	CILITY IN	IFORMATION								
Name of Facility Where A	batement is T	aking	Place	(3)				Type of Facility (4							
Lindenwold Middle	School							School (K-12)							
Street Address									(Other than K-12) vate and commercial buildings,						
40 White Horse Ave	enue							homes, etc.)	vate and comme	i Giai bu	i bullulligs,				
City (5)								Square Feet	# of Floors	Bl	Bldg. Age				
Lindenwold								20,000	2 80						
County (6)					Cour	nty Code (7	(STATE USE ONLY)	Current Use (Price	or if being demolished)						
Camden								School							
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCM	No.	Name of Abateme								
Horizon Environme	ntal Group,	Inc.					Shade Enviro								
Street Address							Street Address								
PO Box 316							623 Cutler Av								
City, State, Zip Code							City, State, Zip Co	ode							
Thorofare, NJ 0808	6						Maple Shade, NJ 08052								
Project Manager for Moni	toring Firm			Tele	ephone	No.	Telephone No.								
Steve Flanigan				8	56-848	-0800	856-755-0099								
Start Date (10)	S	Sched	uled C	omple	etion Da	te (11)	Name of OSHA Monitor								
08 /12 /	19	_ 0	8_ /	_1	4_ /	19	EMSL Analyt	ical, Inc.							
Occupancy Status During	Abatement (0	Check	only o	one)			Street Address								
☑ Facility Closed/Vacate	d During Entir	re Per	iod of	Abate	ment		200 Route 13	0 North					- 1		
Abatement Performed							City, State, Zip Co	ode							
Time of Abatement: _	AM	PN	1/	_PM		AM	Cinnaminson	, NJ 08077							
Scope of Work (Check all	that apply)														
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re	novat moliti			☐ Mini-Enc ☐ Glovebag	tainment with Nega losure g Procedure mpted (*) and Non		ıre					
			Is	Loca	tion	T	Z Non Zao	mptou () and item	111000		atem	ent Ty	vne		
Location				Norma			Description o				-				
Asbestos-Containing I TO BE ABA		1)		intena	ely by ance/		stos Containing Ma		Amount (Specify	Removal	Repair	Encapsulate	Enclosure		
IN Facilit				todial	Staff?	(1.6	surfacing, VAT,		SF or LF)	ova	= ·	psu	Sur		
(13)		-	Vaa	(12) No	The second second		other miscellane			-		late	(D)		
D N D440			Yes	-	N/A				242.05	57					
Room No. B110					$\perp \square$	Mastic			616 SF						
			Ц								Ш	Ш	Ш		
Name of Registered Was	te Hauler				NJDEP !	22220	Cubic Yards of	Name of Regist	ered Landfill						
Freehold Cartage				1	15939		Waste 1	Fairless La	ndfill						
City, State					1000	,	Disposal Date	City, State							
Freehold, NJ				08/14/2019 Morrisville, PA											
Completed By (Print or Ty	/pe)	Title					Signature	pature Date							
Margie Muller		A	dmini	strat	ive Ma	nager	YMAN	MINUXL	10-	7-2	4	-16	4		



State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) *** RESUME 07/25/2019 ***



Check # 9456

				01120	7					-			
Date of Notification (1)	Name o	f Building Owr	ner/Operator (2)		Francis	EGE	η Π	// [E				
10 17 1/12 14 1/11 19 1	Atlan	tic Health S	System	8			E G E			31			
Agencies Notified Type Notification	Street A	ddress								-			
EPA Initial	100	Madison Av	enue				JUL 2	9 20	19				
DEP	City, Sta	te, Zip Code											
DOL Amendme	ent Mori	ristown, NJ	07960				CRECTOC C	ONITI	001	0			
X DOH	Name of	Contact					NumbaceN:		1010				
DCA Cancellati	on Pete	er Palmer		88		(973)97	71-4194	provinter turns for the second	WANTED STATE				
		FAC	ILITY INFORM	MOITA									
Name of facility where abatement is	taking place (3)					Type of Facility (4							
Morristown Medical Center	/ Simon B						(K - 12) apter 8 (Other t	han K-	-12)				
Street Address						X Other (F	Private/Comme						
100 Madison Avenue							Homes, etc.	Blo	dg. Ag	je			
City (5)	County (6)			Cou	nty Code (7)								
7508 NES 2	Marria			100000000000000000000000000000000000000	te use only)	Current Use (Pri	ior if being der	nolishe	:d)				
Morristown	Morris					Hospital (non	sub 8)						
Name of Monitoring Firm Hired by BI	dg. Owner (8)		ASCM No.		Name of Abatement								
T&M Associates			0145		B & G Restorati	on, Inc.							
Street Address					Street Address 105 Ryerson R	nad							
11 Tindall Road					City, State, Zip Code			-	-	-			
City, State, Zip Code Middletown, NJ 07748					Lincoln Park, I	NJ 07035							
Project Manager for Monitoring Firm		Phone Num	ber		Telephone Number	•	License Num						
Kevin Burns		732-676-4	000		(973)696-686		00378						
Scheduled Start Date (10)	Sched. Com	oletion Date (1	1)		Name of OSHA Moni B & G Restorat								
05/21/2019	07/29/19				Street Address	ion, mc.		-	-	_			
Occupancy Status During Abatement	(Check only one	e)			105 Ryerson R	oad							
Facility closed/vacated during e					City, State, Zip Code								
Abatement performed outside of Describe:				_	Lineala Dark N	LincolnPark, NJ 07035							
Other-Describe: Work shift 4	:00 pm - 12:	30 am		-	Lincompark, No	07035							
Scope of Work (check all that apply)				_		7 <u>-</u>							
Demolition X	Renovation				full Containment w/neg	gative pressure	Glovebag p						
	160 sf or ≥260 l	f		X	Mini-enclosure		Non-friable	proced	arut				
	Is location norm		ly		- 		R	R	E n	E			
ashesins-containing	staff(12)	Custoulai			sbestos-containing	Amount (Specify S	F or m	р	c	n			
abated in facility (13)	Yes N	o N/A	- material	(ACIVI)		ĹF)	v o	i	a p	L			
			7 -1 1	1-4:		25.15	e EV	15	_	 			
Kitchen freezer rooms		×	pipe insu fittings	lation		35 lf 25 fittings	X	井	片	#			
Kitchen freezer rooms		×	Titungs			25 11111195	4	H	H	1			
			-					#	H	H			
			-				卅	H	計				
Registered Waste Hauler	NJDEP Ha	uler ID#	Cubic Yards of	Waste	Name of Registered			Ш,					
B & G Restoration, Inc.	19563	4101	4		Tullytown	Resource & Re	covery Cer	iter					
City, State Lincoln Park, NJ		Disposal 05/2	Date 1/19 - 07/30	/19	City, State Tullytown,	PA			V				
	Title		Signature CO Date										
	Secretary/Tre	easurer			Gordana Luna	07/24/2019							

Notification of Asbestos Abatement 2019-113 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: *** ON HOLD *** Date of Notification (1) Name of Building Owner/Operator (2) JUL 2 9 2019 10 16 1/10 17 1/11 19 1 Atlantic Health System Agencies Notified Type Notification Street Address ☐ EPA ASBESTOS CONTROL & 100 Madison Avenue LICENSING Initial ☐ DEP City, State, Zip Code Amendment X DOL Morristown, NJ 07960 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Peter Palmer (973)971-4194 **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Morristown Medical Center / Simon B Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 100 Madison Avenue Bldg. Age Square Feet # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Morristown Morris Hospital (non sub 8) Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. T&M Associates 0145 B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 11 Tindall Road City, State, Zip Code City, State, Zip Code Middletown, NJ 07748 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number License Number Phone Number (973)696-6869 00378 Kevin Burns 732-676-4000 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 05/21/2019 08/30/19 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Other-Describe: Work shift 3:30 pm - 12:00 am Scope of Work (check all that apply) Demolition X Renovation ☐ Full Containment w/negative pressure X >3 sf or >3 lf ≥160 sf or ≥260 lf X Mini-enclosure Non-friable procedure Is location normally used solely Location of E е by maintenance/custodial e n asbestos-containing Amount Description of asbestos-containing n m p staff(12) C (Specify SF or material to be material (ACM) C 0 a a abated in facility (13) Yes No N/A V e 40 lf X small & large pipe insulation X Kitchen freezer rooms fittings 50 fittings Kitchen freezer rooms X X Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# B & G Restoration, Inc. 19563 Tullytown Resource & Recovery Center Disposal Date City, State City, State Lincoln Park, NJ 05/21/19 - 08/30/19 Tullytown, PA Signature Completed by (Print or Type) Date Gordana Luna Gordana Luna 06/07/2019 Secretary/Treasurer

State of NJ

State of NJ

Notification of Asbestos Abatement 2019-113 B & G proj. #: (Pursuant to NJAC 8:60-7 and 12:120-7) Check# 9286 Date of Notification (1) Name of Building Owner/Operator (2) 10 15 1/11 10 1/11 19 1 Atlantic Health System JUL 2 9 2019 Agencies Notified Type Notification Street Address ☐ EPA X 100 Madison Avenue Initial ASBESTOS CONTROL & ☐ DEP City, State, Zip Code X DOL Amendment Morristown, NJ 07960 X DOH Name of Contact Telephone Number Cancellation □ DCA Peter Palmer (973)971-4194 **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Morristown Medical Center / Simon B Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 100 Madison Avenue Square Feet | # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Morristown Morris Hospital (non sub 8) Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. T&M Associates 0145 B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 11 Tindall Road City, State, Zip Code City, State, Zip Code Middletown, NJ 07748 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 Kevin Burns 732-676-4000 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 05/21/2019 08/30/19 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: work shift 3:30 pm - 12:00 am LincolnPark, NJ 07035 Scope of Work (check all that apply) Demolition ▼ Renovation Full Containment w/negative pressure Glovebag procedure >3 sf or >3 lf ≥160 sf or ≥260 if Mini-enclosure Non-friable procedure Is location normally used solely Location of by maintenance/custodial asbestos-containing e Amount п Description of asbestos-containing staff(12) m n material to be p (Specify SF or C material (ACM) C 0 abated in facility (13) a a Yes No N/A ν P Kitchen freezer rooms small & large pipe insulation 40 If X Kitchen freezer rooms X fittings 50 fittings X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Tullytown Resource & Recovery Center City, State Disposal Date Lincoln Park, NJ 05/21/19 - 08/30/19 Tullytown, PA Completed by (Print or Type) Signature Title Date Cordana Luna Gordana Luna Secretary/Treasurer 05/10/2019

Ch1103				PATION	OF ASE	ESTO\$	ABATE			-		17	7		
Date of Notification (1) 07/22/2019	11/12/1	7		Name of Delia	of Building	Owner/0	Operator	r (2)			TE C	E		<u> </u>	
Agencies Notified	Type Notification	V	-	Street A						Hñ	1			210	-
□ EPA	× Initial										J JU	L 2	9 21)19	lan
DEP X DOL	Amended Amendmen	±			ate, Zip C e, NJ 0							- Marie Market Parket	an Numer		
× DOH	Emergency justification)	(including	_ -	W. C. S.	f Contact					Te	ASBES lephone NU	TOS (SING	ROL	. &
DCA	Cancellation			Delia '	Vialat					lisergee					COLUMNICATION
Name of Facility Where	Abatement is Takir	ng Place (3)	FACI	ILITY INF	ORMATI	ION	Type	e of Facility (4)					
Residential Proper		.gaoo (-,					П	School (K-1	100E00					
Street Address								×	Subchapter Other (i.e. p	8 (Oth			dinas	home	29
City (5)								_	etc.)				- 3		
Hillside, NJ 07205								1,73	are Feet 33	2	f Floors	- 33	3ldg. <i>A</i> 1924	ige	
County (6) Union					Code (7) USE ONLY)		Curr	ent Use (Prid	or if be	ing demolis	hed)			
Name of Monitoring Firn	Hired by Building	Owner (8))	ASCN	II No.				atement Cor		(9)				
Street Address							Street	Addre	ess	LLC					
Oite Otata 7ia Oada									h 5th St.						
City, State, Zip Code									Zip Code , NJ 07206	6					
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph 908-				License N 01355	No.			
Start Date (10) 07/31/2019		Schedul 08/09/2		npletion	Date (11)				HA Monitor onmental L	abor	atories, li	nc.			
Occupancy Status Durin	g Abatement (Ched	k Only Or	ne)				Street	Addre	ess						
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norr					_	City, S	state, 2	ite 22 Wes Zip Code J 07083	st					
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				××	Mi Gl	ull Containme ini-Enclosure ovebag Prod	edure					
			1					J NO	on-Exempted	(*) an	d Non-Frial	ole Pro		e ement	
Location	n of	1	Locati Normal	ly		Des	scription	of					Ту	ре	
Asbestos-Containing TO BE AB		Ma	ed Sole intenar	nce/		tos Cont	aining M	/ateria			mount Specify	R	_	Enc	щ
In Facil (13)		Cus	todial S (12)	Staff?	(surfac	cing, VA	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		outer ii	insociiai	icous				/al	=	ilate	ıre
Basem	ent	100000000000000000000000000000000000000		X		Pipe	Insula	tion		8	0 LF	X			
Crawlsp	ace			Х		Pipe	Insula	tion		4	0 LF	X			
Name of Registered Was			3000	JDEP Wauler ID		Cubic of Was					red Landfil	I			
Danvic Contracting I	LC		1000000	7574		3			Fairless		Itill				
City, State Elizabeth, New Jerse	еу					Dispos TBD	sal Date		City, State Morrisvi		A				
Completed by Jeymy Donneys		Title Owne	er				ignature Lega		Danu		en l	ate 7/22/2	2019		
ASB-41 (R-06-08)						1	11/1	7	this form for	/	os licensur	e exer	npted	activit	ies.

UNV 10120	, N	OTIFI	ICATION	ate of Nev	ESTOS A	BATEM	ÈNT			^	10		\sim		
10 20x 20 210 111	do	(P	ursuant	to NUAC 8	8:60 and	12:120)	j l	personal .	[::3	1	IX.	SEL	46	7	461
Date of Notification (1) July 23, 2019	4		Name of	f Building (Owner/Op	perator (DIVE	1290 L					ге		
Agencies Notified Type Notification	n		Street A	ddress			0/0 2			-					1
EPA Initial		2	20 Cor	mmerce	Drive 4	4th Flo	or		J	UL .	29	2019	j		
EPA Initial Amended		_		ite, Zip Co											+
DOL Amendme				hington,		934	İ		ASBE	STO	8.00	MTRO)i &		1
	(including			Contact	. , , , , ,	301		Marine and a		ephon			/ L- Ci.		1
DOH justification	- T	-	Project	Manage	r				201	- A COLUMN CONTRACTOR	IDFBOLISHEN SON	* NEEDOCHEROTER	with the party of	omentopes:	mi
		- 1		LITY INFO		N			201	-550	-047				
Name of Facility Where Abatement is Tak	ing Place (3))					Type of Fa	cility (4)						
Office Building						1	Scho	ol (K-12	2)						
Street Address								hapter 8							
1290 Wall St							Other etc.)	(i.e. pr	ivate 8	k com	merci	al build	ings,	nome	es,
City (5)							Square Fe	et	# of	Floor	'S	В	ldg. A	ge	
Lyndhurst, NJ							2600	0		5			19	80's	;
County (6)			County (Current Us	se (Prio	if bei	ng dei	molish	ned)			1107
Bergen			(STATE U	ISE ONLY)	(_				/aca	ted				
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASCM	1 No.		Name o	f Abateme	nt Cont	ractor	(9)					
A.E.S.L.					5	Super,	LLC								
Street Address						Street A	ddress								
2200 Paterson Plank rd #7					2	203 Be	lmont Av	e.							
City, State, Zip Code						City, Sta	ate, Zip Co	de							
North Bergen, NJ 07047					F	Haledo	n, NJ 07	508							
Project Manager for Monitoring Firm			Telephor	ne No.		Telepho	ne No.			Lice	nse N	0.			
Mr. Carmelo Altomonte		2	201-86	4-6583	(201) 6	73-5392			0119	95				
Start Date (10)	Schedule	d Com	npletion [Date (11)		Name o	f OSHA M	onitor							
8/5/19			9/31/19	9	5	Super,	LLC								
Occupancy Status During Abatement (Ch	eck Only One	e)				Street A	ddress								
Facility Closed/Vacated During Entire	Period of A	baten	nent		2	203 Be	lmont Av	re.							
Abatement Performed Outside of No Other - Describe:	mal Facility	Hours	\$			City, Sta	ate, Zip Co	de							
					- F	Haledo	n, NJ 07	508							
Scope of Work (Check All That Apply)							-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	COLUMNITY	enova emolit				- X	Full Con Mini-End Gloveba Non-Exe	closure ig Proce	edure	- 27					
	Is	Locati	ion											ement	ţ
Location of	N	ormal	İy		Desi	cription o	nf						Ту	ре	_
Asbestos-Containing Material (ACM)		d Sole ntenar			tos Conta	ining Ma	iterial (ACI		9.23	mount				ш	-
TO BE ABATED In Facility	5.0	odial S		(i.e.		systems na, VAT	insulation,			pecify or LF		Remova	Z	Encapsulate	Enclosure
(13)		(12)			other mi			1	01	OI L	,	von	Repair	Sul	nso
			21/0									<u>a</u>	_	ate	e
Roof	Yes	No	N/A		Fla	ashing			45	00 s	/f	X			
								-				$\langle \rangle$		-	
	$\rightarrow \Diamond$					n plywo				50 s	-	$\langle \rangle$			-
11	X		-		flash	ing car	ulk		7	00 l/f	f	X			
Name of Registered Waste Hauler		IN	J DEP W	/aste	Cubic Y	'ards	Na	me of R	egiste	red La	andfill	L			
		120	lauler ID	40.T.4000A9	of Wast						7.00				
Newark Carting Inc.			450)9		76.5		R.O.W.							
City, State					Disposa		1000000	y, State							
Newark, NJ 07105						31/19		RRIS	VILLE	E PA					
Completed by	Title				Sig	nature						ate			
Tailor Dominguez	Project	t Mar	nager		**************************************		- ~ - ~ .	7	Comme	90 200	7/2	3/19			

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

25490044978

Square Feet	Date of Notification (1)			Name of	Building	Owner/0	Operator	DIVE	90 Wall	Street O		Ē		and the same of th
Part Part								c/o Link	Industr	ial Prope	erties			
Dep	Agencies Notified Type Notifi	cation							111 .	IUL 29	2019	3		
DOL			1				4th Fl	oor 🖳	land)				Federation	- California
DOA				2000-00 0 1290-0000				<u></u>	remediate serve	USIN TANAS PORSON A CANA	refreshabilities	ion usual		-
DOH justification Project Manager 201-336-0477							0934			1100000000	16 157			
Name of Facility Where Abatement is Taking Place (3) Office Building Street Address Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subcha	DOH justific	cation)		Name of	Contact			ļ _{orana.}	Te	lephone N	umber_	ne orderació	ng COMPUTATIONS	mal
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)	DCA Cance	ellation							201	1-336-04	77			
Sirce Address Sirce Address Sirce Address Sirce Address Sirce Address Super Lect Sirce Address Sirce Address Super Lect Sirce Address Sirce Ad	Name of Equility Where Abstragent is	Takina Dlass //	21	FACI	LITY INF	ORMATI	ON	T. (F. 11						
Subshapter 8 (Other than K-12)	The state of the s	s raking Place (3	5)					Type of Facil	ity (4)					
City (5)											0.026			
Square Feet # of Floors Bidg. Age 26000 5 1980's	Street Address											dinas	hom	0.0
Lyndhurst, NJ	1290 Wall St								.c. private	a commen	ciai buii	umga	, 1101111	55,
County (6) County Code (7) Current Use (Prior if being demolished) Vacated	City (5)							Square Feet	# 0	f Floors	Е	Bldg.	Age	12.50
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)	Lyndhurst, NJ							26000		5		1	980's	3
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Super, LLC Street Address Super, LLC Street Address Super, LLC Street Address Super, LLC Street Address Super, LLC Street Address Super, LLC Street Address Super, LLC Street Address Super, LLC Street Address Super, LLC Street Address Super, LLC Street Address Super, LLC Street Address Super, LLC Street Address Super, LLC Street Address Super, LLC Street Address Super, LLC Street Address Super, LLC City, State, Zip Code Haledon, NJ 07508 Foliative Clear State (10) Steed Address Start Date (11) Steed Address Start Date (11) Steed Address Street Address Street Address Street Address Street Address Super, LLC City, State, Zip Code Haledon, NJ 07508 Super, LLC Could State (10) Street Address Start Date (11) Super, LLC City, State, Zip Code Haledon, NJ 07508 Super, LLC Could State (10) Street Address Super (10) Super, LLC City, State, Zip Code Haledon, NJ 07508 Super (10) Street Address Super (10) Super, LLC City, State, Zip Code Haledon, NJ 07508 Super (10) Street Address Super (10) Super, LLC City, State, Zip Code Haledon, NJ 07508 Super (10) Street Address Super (10) Super, LLC City, State, Zip Code Haledon, NJ 07508 Super (10) Street Address Super (10) Super, LLC City, State, Zip Code Haledon, NJ 07508 Super (10) Super (1	County (6)							Current Use	(Prior if be	ing demoli	shed)			
Name of Monitoring Firm Hired by Building Owner (8) A.E.S. L. Street Address 2200 Paterson Plank rd # 7 City, State, Zip Code City, State Completed by City, State Completed by City, State City, State Completed by City, State Completed by City, State City, State Completed by City, State City, State Completed by City, State City, State Completed by City, State City, State City, State City, State City, State City, State City, State City, State City, State City, State City, State City, State City, State City, State City, State City, State City, State City, State City,	Bergen			(STATE U	ISE ONLY)				Vacated				
A.E.S.L. Street Address Street Address 203 Belmont Ave. City, State, Zip Code North Bergen, N.J. 07647 Froject Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. License No. Mr. Carrnelo Altomonite 201-864-6583 (201) 673-5392 01195 Start Date (10) Start Date (10) Start Date (11) Name of OSHA Monitor Street Address 201 88-6583 (201) 673-5392 01195 Name of OSHA Monitor Street Address 202 Belmont Ave. License No. Name of OSHA Monitor Street Address 203 Belmont Ave. City, State, Zip Code Haledon, N.J 07508 Soppe of Work (Check All That Apply) 23 sf or 23 if 2160 sf or 2260 if Licenting Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) TO BE ABATED In Facility (13) Yes No N/A Roof Roof Flashing About (License No. About (License No. About (License No. About (License No. License No. And Manunt Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exemp		uilding Owner (8))	ASCM	No.		Name	of Abatement	Contracto					
Street Address 2200 Paterson Plank rd # 7 203 Belmont Ave. City, State, Zip Code North Bergen, NJ 07047 Project Manager for Monitoring Firm Project Manager Monitoring Firm Project Manager Monitoring Firm Project Manager Monitoring Firm Project Manager Monitoring Firm Project Manager Monitoring Firm Project Manager Monitoring Firm Project Manager Monitoring Firm Project Manager Monitoring Firm Project Manager Monitoring Firm Project Manager Monitoring Firm Project Manager Monitoring Firm Project Manager Monitoring Firm Project										A				
200 Paterson Plank rd # 7 City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Haledon, NJ 07508 Project Manager for Monitoring Firm Mr. Carmelo Altomonte 201-864-8583 201-873-5392 O1195 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/25/19 Scheduled Completion Date (11) 8/17/19 Super, LLC Occupancy Status During Abatement (Check Only One) Streat Address 203 Belmont Ave. Copyr, LLC Occupancy Status During Abatement (Check Only One) Streat Address 203 Belmont Ave. Copyr, LLC Occupancy Status During Abatement (Check Only One) Streat Address 203 Belmont Ave. Copyr, LLC Occupancy Status During Abatement (Check Only One) Streat Address 203 Belmont Ave. City, State, Zip Code Haledon, NJ 07508 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Abatement Abatement Type Asbestos-Containing Material (ACM) (In Facility (13) Yes No N/A Flashing Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT. or other miscellaneous) Project Manager for Monitoring Firm Abatement Type Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT. or other miscellaneous) For LF) Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT. or other miscellaneous) For LF) Type Abatement	1 Martine Port											1000000		
City, State, Zip Code North Bergen, NJ 07047 Project Manager for Monitoring Firm Telephone No. Mr. Carrmelo Altomonte 201-864-8583 (201) 673-5392 01195 Scheduled Completion Date (11) Name of OSHA Monitor 7/25/19 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥280 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Renovation Demolition Abestos Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A	2200 Paterson Plank rd # 7													
North Bergen, NJ 07047 Project Manager for Monitoring Firm Telephone No. 201-864-6583 (201) 673-5392 O1195 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/25/19 Stret Address Pacility Closed/Vacated During Entire Period of Abatement Abatement Qutside of Normal Facility Hours Other - Describe: Stope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13) Renovation In Facility (13) Renovation Project Manager for Monitoring Firm Telephone No. 1 relephone No. (201) 673-5392 O1195 Street Address 203 Belmont Ave. City, State, Zip Code Haledon, NJ 07508 Street Address 203 Belmont Ave. City, State, Zip Code Haledon, NJ 07508 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Roof Flashing A500 s/f -"- Tar on plywood A500 s/f Flashing 4500 s/f Tar on plywood A500 s/f Flashing caulik To University Pressure Find Containment with Negative Pressure Abatement Type Abatement Type Abatement Type Other miscellaneous For LF) Find Containment with Negative Pressure Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Find Containment with Negative Pressure Abatement Type Abatement Active Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Ty			0700000				-							
Telephone No. Telephone No. License No. Mr. Carmelo Altomonte 201-864-6583 (201) 673-6392 (20														
Mr. Carmelo Altomonte Start Date (10) Start Date (10) Scheduled Completion Date (11) Super, LLC Super, LLC Street Address 203 Belmont Ave. Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Renov Ves No N/A Roof -"- Roof Roof -"- Tar on plywood Asbestos-Containing caulk Normally Yes No N/A Flashing 4500 s/f Tar on plywood Asbestos - Carting Inc. Name of Registered Waste Hauler Nate of SHA Monitor Name of SHA Monitor Super, LLC Super, LLC 203 Belmont Ave. City, State, Zip Code Haledon, NJ 07508 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) an				Talaabaa	- N-				18	T 172222	NIA		HOUSE	
Start Date (10) 7/25/19 8/17/19 Super, LLC Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	ACTION SECTION OF AN ANALYSIS OF						Lancas St.				INO.			
T/25/19 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Renovation Demolition Secope of Work (Check All That Apply) Asbestos Containing Material (ACM) In Facility (12) Yes No N/A Roof Flashing A500 s/f Tar on plywood A500 s/f Tar on plywood A500 S/f A500 S/f		10111	-10				, ,			01195		-		
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) In Facility (13) Yes No N/A Roof Pacific State, Zip Code Haledon, NJ 07508 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Facility (12) Yes No N/A Flashing A500 s/f Tar on plywood 2450 s/f flashing caulk Nome of Registered Waste Hauler Nome of Registered Waste Hauler Nome of Registered Waste Hauler Nome of Registered Waste Hauler Nome of Registered Waste Hauler Nome of Registered Waste Hauler Nome of Registered Waste Hauler Nome of Registered Waste Hauler Nome of Registered Waste Hauler Nome of Registered Waste Hauler Nome of Registered Waste Hauler Nome of Registered Waste Hauler Nome of Registered Waste Hauler Nome of Registered Waste Hauler Nome of Registered Waste Hauler Nome of Registered Waste Hauler Nome of Registered Waste Hauler Nome of Registered Landfill Nome of Registered La		Schedul	ea Co						tor					
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Haledon, NJ 07508				8/17/19	9									
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Haledon, NJ 07508 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Renovation Demolition St. Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Roof Flashing Flashing Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Tar on plywood 2450 s/f -"- Flashing caulk Name of Registered Waste Hauler Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Waster Name of Registered Landfill Name of Registered Waster Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registe		t (Check Only Or	ne)				15000 BG							
Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Renovation Demolition S Location Normality Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Roof Flashing Asbestos Containing Material (ACM) Yes No N/A Flashing Asbestos Containing Material (ACM) To Be Abate Type To perform the procedure		Entire Period of	Abate	ment										
Renovation Demolition Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure No		of Normal Facility	y Hour	S			City, S	tate, Zip Code						
23 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Procedure Renovation Demolition Procedure Renovation Demolition Renovation Demolition Procedure Renovation Demolition Renovation Demolition Procedure Renovation Demolition Renovation Description of Asbestos Containing Material (ACM) (Specify Service State Parallel (ACM) (Specify Service State Parallel (ACM) (Specify Service State Parallel (ACM) (Specify Service State Parallel (ACM) (Specify Service State Parallel (ACM) (Specify Service State Parallel (ACM) (Specify Service Parallel (ACM) (Spe							Haled	on, NJ 0750	8					
≥160 sf or ≥260 lf Demolition	Scope of Work (Check All That Apply	()					::::::::::::::::::::::::::::::::::::::							
≥160 sf or ≥260 lf Demolition		F	Renov	ation				Full Contai	nment wit	h Negative	Pressu	re		
Second S	≥160 sf or ≥260 lf		Demoli	ition										
Secretarion of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Vest No N/A N/A											e Proce	dure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Roof Yes No N/A In Facility (12) Type No N/A Roof Type No N/A Name of Registered Waste Hauler NJ DEP Waste Hauler ID No. Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Name of Registered Waste Hauler NJ DEP Waste Hauler ID No. Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Figure Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type Type							A		1 / 4/1	, , , , , , , , , , , , , , , , , , , ,	1000		emen	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Roof -"- Tar on plywood -"- Tar on plywood -"- Tar on plywood Plashing caulk Number of Registered Waste Hauler NJ DEP Waste Hauler ID No. City, State Newark, NJ 07105 Completed by Title Used Solety by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Flashing About (Specify SF or LF) About (Specify SF or LF) About (Specify SF or LF) Flashing About (Specify SF or LF) About (Specify SF or LF) Flashing About (Specify SF or LF) About (Specify SF or LF) Flashing About (Specify SF or L						_	92 - X	. 12				Т	уре	
TO BE ABATED In Facility (13)		1 11			Ashes					Amount				
Roof Roof Tar on plywood -"- Tar on plywood -"- Flashing Tar on plywood About Strict Flashing caulk Tooll/f Flashing caulk Toull/f Flashing caulk		Ma									Z	7	Enc	E
Roof Roof Tar on plywood -"- Tar on plywood -"- Flashing Tar on plywood About Strict Flashing caulk Tooll/f Flashing caulk Toull/f Flashing caulk		Cus							S	F or LF)	ome	(ep	aps	clos
Roof Roof Tar on plywood -"- Tar on plywood -"- Flashing Tar on plywood About Strict Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Flashing caulk Toollyf Flashing caulk Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Toollyf Flashing caulk Tool	(13)					otheri	nisceiiai	ieous)			ova	air	ulat	ure
Roof -"- Tar on plywood 2450 s/f -"- flashing caulk Name of Registered Waste Hauler NJ DEP Waste Hauler ID No. Newark Carting Inc. City, State Newark, NJ 07105 Completed by Title Flashing 4500 s/f Tar on plywood 2450 s/f Cubic Yards of Waste Cubic Yards of Waste Cubic Yards of Waste Cubic Yards of Waste City, State Disposal Date Signature Date		Yes	No	N/A									0	
Name of Registered Waste Hauler NJ DEP Waste Hauler ID No. Newark Carting Inc. City, State Newark, NJ 07105 Completed by NJ DEP Waste Hauler ID No. 4509 Title Cubic Yards of Waste Cubic Yards of Waste Disposal Date Registered Landfill Cubic Yards of Waste Cubic Yards of Waste Cubic Yards of Waste Disposal Date Signature Date	Roof	X				F	lashin	3	4	500 s/f	X			
Name of Registered Waste Hauler NJ DEP Waste Hauler ID No. Newark Carting Inc. City, State Newark, NJ 07105 Completed by NJ DEP Waste Hauler ID No. 4509 Title Cubic Yards of Waste Cubic Yards of Waste Cubic Yards Of Waste City, State Disposal Date 8/17/19 MORRISVILLE PA Date	_"_	\times				Tar	vvla na	/ood	2	450 s/f	X			
Name of Registered Waste Hauler NJ DEP Waste Hauler ID No. City, State Newark, NJ 07105 Completed by NJ DEP Waste Hauler ID No. 4509 Title Oubic Yards of Waste Gubic Yards of Waste Of Waste Of Waste City, State City, State Signature Name of Registered Landfill Oubic Yards Of Waste City, State Signature Date	n												-	
Newark Carting Inc. Hauler ID No. Of Waste 4509 76.5 G.R.O.W.S						IIas	riing c			700 1/1	\rightarrow	-		-
Newark Carting Inc. Hauler ID No. Of Waste 4509 76.5 G.R.O.W.S	Name of Pagistared Wests Haules		L.,	NIDEDI	Inota	T Cuti-	Vand-		of Deliv	orad Letter	11	L		
Newark Carting Inc. 4509 76.5 G.R.O.W.S City, State Disposal Date City, State Newark, NJ 07105 8/17/19 MORRISVILLE PA Completed by Title Signature Date	manie or Registered waste nauler		1800					Name	or Regist	erea Landii	11			
City, State Disposal Date City, State Newark, NJ 07105 8/17/19 MORRISVILLE PA Completed by Title Signature Date	Newark Carting Inc.							GRO) W.S					
Newark, NJ 07105 Completed by Title 8/17/19 MORRISVILLE PA Date						Dispo								-
Completed by Title Signature Date	0									FΡΔ				
		Title				- Linear Control			P)ate			
	Tailor Dominguez	1 100000	~+ N/I~	nager			المالية المالية			- All Allen				

INCK		NO		CATIO	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1) E		\mathbb{V}
Date of Notification (1)		9				ng Owner/Operator		THE JU	L 2	9	20
Agencies Notified ☐ EPA ☑ DOLWD	Type Notification Initial Amended	1		100000000000000000000000000000000000000	et Address 01 Tremi	ey Point Road		ASBES	TOS	CON	ITF G
☑ DHSS ☐ DCA	Amendment			Li	State, Zip nden, NJ	07036	T)				
(NJAC 5:23-8)	justification) Cancellation				e of Conta bien Kul			Telephone Num 609-575-433			
					CILITY II	NFORMATION					
Name of Facility When Nustar Energy- L Street Address 4501 Tremley Poi	inden	ng Plac	e (3)				Type of Facility (4 School (K-12) Subchapter 8 Other (i.e., prinhomes, etc.)	(Other than K-12	2) rcial b	uildin	ıgs,
City (5) Linden							Square Feet	# of Floors	В	ldg. /	\ge
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Prio	or if being demolis	shed)	-	
Union	U: 2 ! . D	_	10:								
Name of Monitoring Fir Pennoni Associat		Owner	(8)	ASCM	No.		ent Contractor (9) VIRONMENTAL	, INC.			
Street Address						Street Address	2. 2007-2007-20				
515 Grove Street						1123 BEAVE					
City, State, Zip Code Haddon Heights,	N I 0803E			5.57		City, State, Zip C					
Project Manager for Mo			Т-	elenhone	No	BRISTOL, PA	19007	Tre			
Alan Lloyd	miching Fillil		1	elephone 856-54 7		Telephone No. 215-788-6040		License No.			1530
Start Date (10)	Sche	duled (oletion Da		Name of OSHA N		00509			
F 7 / 22				24_ /			VIRONMENTAL,	, INC.			
Occupancy Status Duri						Street Address		,			
☐ Facility Closed/Vaca	ited During Entire Pe	eriod of	Aba	tement		1123 BEAVE	R STREET				
☐ Abatement Performs	ed Outside of Norma	I Facili	ty Ho	urs - De	scribe	City, State, Zip Co			*********		
Time of Abatement:		F	PM	AM		BRISTOL, PA					
Scope of Work (Check	all that apply)	⊠ Re	enova			☐ Mini-Enc ☐ Glovebag	ainment with Nega losure g Procedure mpted (*) and Non-		re		
82 SX 1 82	2		s Loc Norm	ation					Ab	atem	ent
Locatio Ashestos-Containing	g Material (ACM)	Use Ma	ed So ainter	olely by nance/ al Staff?		Description of stos Containing Ma L, thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate
TO BE AE IN Fac (13)	ility	V	T								1
TO BE AE	ility	Yes	No		Pipe Ins	sulation		170 I F	M		Г
TO BE AB IN Fac (13)	ility		T	N/A	Pipe Ins	sulation		170 LF			+=
TO BE AB IN Fac (13)	ility		No		Pipe In:	sulation		170 LF			+=
TO BE AB IN Fac (13)	ility		No		Pipe In:	sulation		170 LF			
TO BE AB IN Fac (13) Exterior Pipeline	ility		No	NJDEP Hauler I	Waste D No.	Cubic Yards of Waste	Name of Registe	ered Landfill			+=
TO BE AB IN Fac (13) Exterior Pipeline Name of Registered Wa	ility		No	D NJDEP	Waste D No.	Cubic Yards of	M	ered Landfill			+=
TO BE AB IN Fac (13) Exterior Pipeline Name of Registered Wa Bristol Environme	ility		No	NJDEP Hauler I	Waste D No.	Cubic Yards of Waste 6 cu yd	Fairless Lan	ered Landfill			+=

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

Data of Natification (1)							,	III				
Date of Notification (1) 6 /	7 /	10				ing Owner/Operator N TERMINAL LLC		J	UL	2 9	20	119
							;					0.000
Agencies Notified ☐ EPA	Type Notification	n	72		et Address			ACDI	CTO	0.00	Property of	TEDROTOPY,
⊠ DOLWD	⊠ Initial ⊠ Amended			_		ley Point Road		ASBE	LIC	S CL ENSI	MHI MA	HOL
⊠ DHSS	Amendment	#2-7/1	7/19		, State, Zip						2 4 44	
☐ DCA	☐ Emergency	(includi		and the same in	nden, NJ							
(NJAC 5:23-8)	justification)			Nan	ne of Conta	act		Telephone Num	ber			
	☐ Cancellation	8		Fa	abien Kul	lynych		609-575-433				
				F	ACILITY	NFORMATION			-		W-97.11	_
Name of Facility Where A	batement is Tak	ng Plac	e (3)				Type of Facility	(4)				
Nustar Energy- Line	den						School (K-12	2)				
Street Address							Subchapter :	8 (Other than K-12	2)			
4501 Tremley Point	Road						homes, etc.)	rivate and comme	rcial b	ouildir	igs,	
City (5)							Square Feet	# of Floors		Bldg. /	100	
Linden							-	- 01110015		olug. /	4ge	
County (6)				Cou	inty Code ((7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	- h a al\	•		
Union						(·)(- · · · · = 002 0/12/)	Current osc (i i	or it being demois	snea)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCN	1 No.	Name of Abateme	ent Contractor (9)					
Pennoni Associates	The second of th		. ,			A CONTRACTOR OF THE CONTRACTOR	VIRONMENTAI					
Street Address						Street Address	AUGUSTE LA L'AL	L, INC.				
515 Grove Street						1123 BEAVE	POTDEET					
City, State, Zip Code						City, State, Zip Co						
Haddon Heights, NJ	08035											
Project Manager for Monit			Tol	ephone	No	BRISTOL, PA	19007				0.0	2-11
Alan Lloyd	oring r iiiii				7-0505	Telephone No.		License No.				
Start Date (10)	Scho	dulad (ate (11)	215-788-6040		00509				
7 /15 /				oL)		Name of OSHA M	ionitor VIRONMENTAL	INC				
Occupancy Status During							AUCHAINEMAN	., INC.				
☐ Facility Closed/Vacated				ment		Street Address						
☐ Abatement Performed (Outside of Norma	l Facilit	v Hou	rs - De	scribe	1123 BEAVER						
Time of Abatement: 7:0	00AM-3:30PM/_	P	M	AM		City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all t	hat apply)										1011	-
≥3 sf or ≥3 lf		⊠ Re	novat	ion		☐ Full Cont	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf		De	molitic	on		☐ Mini-Encl☑ Glovebag						
				3/772		☐ Non-Exer	npted (*) and Non	-Friable Procedure	е			
			Loca						_	atem	ent T	vne
Location of Asbestos-Containing M	Contract of the state of the st		Norma			Description of			-	_	_	1
TO BE ABAT		100000000	intena		Asbe	stos Containing Mat	erial (ACM)	Amount	em	Repair	nce	ncl
IN Facility		Cus		Staff?	(,,,0	surfacing, VAT,	or	(Specify SF or LF)	Removal	₩.	psu	Enclosure
(13)		Yes	(12) No	N/A		other miscellaned	ous)	,	-		Encapsulate	ē
Exterior Pipeline		-	001300		Di . I							_
-xterior ripellile					Pipe ins	sulation		170 LF				
						~~~						
											П	П
										П		
lame of Registered Waste	Hauler		IN	JDEP \	Vaste	Cubic Yards of	Name of Registe	ered I andfill			Ц	
Bristol Environmenta	I Inc.		Н	auler II	Commence 15	Waste	Fairless Lar					
City, State				18706		6 cu yd Disposal Date						
Bristol, PA						7/19/19	City, State	o DA				
Completed By (Print or Type	o)   T:::						Fairless Hill	s, PA				2000
Gino Pizzigoni						Signature	2	j Date	e /	1/.	C	
		stimat	Uľ			Ginz to	Mzegoni	1-1/2 1	1/11	///	7	
B-41							1111 11	1		1		

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

MAY 11 G-I 19 050

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

The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				1					11 2	9	201	0
Date of Notification (1)  6 / 7	/	19		1		ng Owner/Operator TERMINAL LLC	3.05					9
Agencies Notified Type	Notificatio	n		Stre	et Address			ASBE	STOS	001	VIII.	OL &
☐ EPA ☐ Init	tial			45	01 Tremi	ey Point Road			LICE	NSIN	iG.	
	nended				State, Zip	( T)						200
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	endment				nden, NJ							
	nergency ( tification)	includir	ng		e of Contac			Tolonhama				
	ncellation			1	bien Kuly			Telephone Num				
				1				609-575-433	5			
Name of Facility 1876 and Abote	=		(0)	FA	CILITY II	NFORMATION						
Name of Facility Where Abateme	ent is Taki	ng Plac	e (3)				Type of Facility (	, f				
Nustar Energy- Linden						14	School (K-12)	) (Other than K-12				
Street Address 4501 Tremley Point Road							Other (i.e., pri	ivate and comme	) rcial br	uildin	gs,	
City (5)					7		Square Feet	# of Floors	B	ldg. A	ge	-
Linden							-	1 -			90	
County (6)	-			Cou	nty Code (7	(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)			-
Union								and administration	ilou)			
Name of Monitoring Firm Hired by	y Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Pennoni Associates							VIRONMENTAL	INC				
Street Address						Street Address		,				
515 Grove Street						1123 BEAVE	RSTREET					
City, State, Zip Code			-	1		City, State, Zip Co						
Haddon Heights, NJ 08035	i					BRISTOL, PA						
Project Manager for Monitoring Fi			Tele	phone	No	Telephone No.	19007	10000				
Alan Lloyd					'-0505	215-788-6040		License No.				
Start Date (10)	Sche	duled C			te (11)	Name of OSHA M		00509				
		7 /					VIRONMENTAL	, INC.				
Occupancy Status During Abatem	ent (Ched	ck only	one)			Street Address						
☐ Facility Closed/Vacated During				ment		1123 BEAVER	STREET					
☐ Abatement Performed Outside	of Norma	l Facilit	y Hou	s - Des	scribe	City, State, Zip Co						
Time of Abatement: 7:00AM-3	3:30PM/_	P	M	AM		BRISTOL, PA						
Scope of Work (Check all that app	ılv)					Ditiol OL, 1 A	10001					
		2				☐ Full Conta	ainment with Nega	tive Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			novati				osure					
≥ 100 St 01 ≥200 II			HIOHUC	)11		☐ Glovebag	npted (*) and Non-	Friable Procedur	•			
		Is	Locat	ion			The Cyalla Hall	1 Habie 1 Todeduli	-			_
Location of		1	Vorma	lly		Description of					ent T	-
Asbestos-Containing Material (	ACM)		d Sole intena			stos Containing Mat	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility			todial		(i.e.	<ul> <li>thermal systems in surfacing, VAT,</li> </ul>		(Specify	Von	air	aps	dos
(13)			(12)			other miscellaned		SF or LF)	<u>a</u>		ula	ure
		Yes	No	N/A							te	
Exterior Pipeline					Pipe Ins	ulation		170 LF	×			
										П	П	
											-	
Name of Registered Waste Hauler			1000	JDEP V	Maste	Cubic Yards of	Name of Registe	red to addit		Ш	Ш	Ш
Bristol Environmental Inc.			H	auler II 18706	No.	Waste 6 cu yd	Fairless Lan					
City, State				.0.00		Disposal Date	City, State					
Bristol, PA						7/19/19	Fairless Hills	s, PA				
Completed By (Print or Type)	Title					Signature	0 .	_ / Dat	е	77.77	72	
Gino Pizzigoni	E	stimat	or			1 / 100 00	Pinaron	1/04/	7-1	1	10	1

ASB-41 GI 19050

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

### State of New Jersey

		IA.				SBESTOS ABA JAC 8:60 and 5:		Dist	併2	0591	7/0	10
Date of Notification (1)				Na	me of Build	ling Owner/Operator	(2)	101010 41		المال	40	43
6 / 7	. 1	19				ergy - Linden	. V	- The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	Nanacas e	MATTER ATTER		
Agencies Notified Type	Notification	on		Str	eet Address			ASBE	STO	S CO	NTR	OL &
□ EPA 🛛 Ir		011				ley Point Road		-	LICE	MSII	A(C)	thus an
☑ DOLWD 5319 ☐ A	mended				, State, Zip							
DHSS 6217 A	mendmen	t #		- 1								
	mergency		ling		inden, NJ							
	stification) ancellation				ne of Conta	N. T. C.		Telephone Nur				
	ancenation	1			abien Kul			609-575-43	35			
				. F.	ACILITY I	NFORMATION						
Name of Facility Where Abatem	ent is Tak	ing Pla	ice (3)				Type of Facility (				-	
Nustar Energy- Linden							School (K-12)	)	ι			
Street Address							Subchapter 8	(Other than K-1	2)			
4501 Tremley Point Road							Other (i.e., pr homes, etc.)	ivate and comme	ercial	buildi	ngs,	
City (5)							Square Feet	# of Floors		Dida	۸	
Linden							-	# 01 1 1001S	1	Bldg.	Age	
County (6)				Col	untv Code (	(7)(STATE USE ONLY)	Current Use (Price	or if boing days I		-		
Union						i No 2 doz dile i	Canena ose (F)	il being demol	ished)			
Name of Monitoring Firm Hired b	v Building	Owne	r (8)	ASCI	/ No	Name of Abatam	ent Contractor (9)					
Pennoni Associates	, Danaing	Owne	. (0)	ACCI	1110.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s						
Street Address							VIRONMENTAL	, INC.				
515 Grove Street					*	Street Address	- i					
City, State, Zip Code						1123 BEAVE						
Haddon Heights, NJ 0803	-					City, State, Zip Co						
						BRISTOL, PA	19007					
Project Manager for Monitoring F	irm			ephone		Telephone No.		License No.				
Alan Lloyd					7-0505	215-788-6040		00509				
Start Date (10)			B		ate (11)	Name of OSHA M						
7/15/19			P-1 1000	9_ /	19	BRISTOL EN	/IRONMENTAL,	INC.				
Occupancy Status During Abaten	nent (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated During	g Entire Pe	eriod o	f Abate	ment		1123 BEAVER	STREET					
Abatement Performed Outside	of Norma	I Facil	ty Hou	rs - Des	scribe	City, State, Zip Co						
Time of Abatement: 7:00AM-	3:30PM/_	F	PM	AM		BRISTOL, PA						
Scope of Work (Check all that app	oly)											
7.2.4			100			☐ Full Conta	ainment with Negat	tive Pressure				
≥3 sf or ≥3 if     ≥160 sf or >260 if			enovati emolitic				osure					
⊴ <u>-</u> 100 01 01 <u>-</u> 200 11			ernonne	213		☑ Glovebag	Procedure opted (*) and Non-	Eriable December			*	
		1:	Locat	ion	T	- I Hell Exci	ipica ( / and itali-	Friable Procedur	1			
Location of			Norma	lly		Description of			At	atem	ent T	ype
Asbestos-Containing Material	(ACM)		ed Sole intena		Asbes	stos Containing Mate	erial (ACM)	Amount	Re	Re	四	E
TO BE ABATED IN Facility		Cus	todial	Staff?	(i.e.	, thermal systems in	sulation.	(Specify	Removal	Repair	cap	Clos
(13)			(12)	2550550		surfacing, VAT, other miscellaneo		SF or LF)	la la	1	Encapsulate	Enclosure
, T		Yes	No	N/A		outer interestance	40)				ate	"
xterior Pipeline			×		Pipe Ins	ulation	-		-	_		_
			-		ripe ins	ulation		170 LF				
									П	П	П	П
									1	-		=
										П	Ш	Ш
ame of Registered Waste Hauler		Ц	Ц.									
=			85888	IDEP V Juler ID		Cubic Yards of Waste	Name of Register	ed Landfill				
Bristol Environmental Inc.			1000000	18706	CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE	6 cu yd	Fairless Land	dfill				
ty, State						Disposal Date	City, State			- 1		
Bristol, PA						7/19/19	Fairless Hills	. PA				
ompleted By (Print or Type)	Title					Signature						
Gino Pizzigoni	2000/08/200	timat	OF			Min 1		10 Date		, ,	0	
3-41 GTIGACA						LUNU !	Mal shild	14/1 6	7-1	7-[	1	

* Do not use this form for asbestos licensure exempted activities

ASB-41 GI 19050

Inv 13038 P		NOT	CATIO	N OF ASE	BESTOS	ABATE	MEI (0)	NT C	k	井	112	6			and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
Date of Notification (1) 07/23/2019	bal	6.00		of Building n Szeles		Operator	r (2)		ipon 1	A E	G C	E	1	V	E
Agencies Notified Type Notification				Address	•							- Charles	- page to an in the	and the same of	
			Oll eet 7	Address					1		1111	-	9	201	a
EPA   X Initial   Amended		ŀ	City, St	ate, Zip C	ode				- 11	1 77	JUL	_ (	Ų	201	3
X DOL Amendment				nne, NJ									-	and the second States	الوطانية المارة المارية
➤ DOH				of Contact					T TA	lonhonip	Numb	er)S	CO	NTA	OL &
DCA Cancellation				n Szeles					35.00				NSI	NG	оны пренцияна
Name of Facility Where Abatement is Takin	a Diago /	2)	FAC	ILITY INF	ORMAT	ION									
Residential Property	y riace (.	)					Ту	pe of Facility	7 (0)						
Street Address							H	School (K-		er than	K-12)				
							×	Other (i.e.	private	& comm	ercial l	uild	ings,	home	es,
City (5)		-11-1-1-2-2					Sa	etc.) uare Feet	# 0	f Floors		Blo	dg. A	ae	
Bayonne							13000	485	2				20	3-	
County (6) Hudson				Code (7) USE ONLY	)	_	Cu	rrent Use (Pri	or if be	ing dem	olished	)			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCI	M No.				batement Cor Contracting		(9)					
Street Address						Street		_	LLO						_
							24	ith 5th St.							
City, State, Zip Code								, Zip Code h, NJ 0720	6						
Project Manager for Monitoring Firm			Telepho	ne No		Teleph				Licens	o No				-
								-4123		0135					
Start Date (10) 07/24/2019	Schedule 07/27/2		npletion	Date (11)				SHA Monitor ronmental l	abora	atories	Inc				
Occupancy Status During Abatement (Check	Only Or	ie)				Street	200				, 1110.	-			-
➤ Facility Closed/Vacated During Entire F			nent			2333	Ro	ute 22 Wes	st						
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours						, Zip Code NJ 07083							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	N	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure						
	le	Locati	on					VOII Excilipted	/ / arm	11011-1	- I		No. of Contract of	ment	
Location of	1	lormal	y		De	scription	of						Ту	oe ,	
Asbestos-Containing Material (ACM)		d Sole intenar		Asbes	tos Cont	aining M	later	ial (ACM)		mount				ш	m
TO BE ABATED In Facility		odial S		(i.e.	thermal surface	systems cing, VA				pecify or LF)	1	Domous	Repair	Encapsulate	Enclosure
(13)		(12)	·		other n	niscellan	eous	s)			1		pair	sula	Sur
	Yes	No	N/A											te	to
Basement			Х		Pipe	Insula	tion		3	0 LF	Σ				
										(8)					
												-			
Name of Registered Waste Hauler		NI NI	JDEP W	laste	Cubic	Varde		Nome of	Doniet-	rod l as	4611				
Danvic Contracting LLC		Н	auler ID '574		of Was			Name of Fairless			ulifl				
City, State						al Date		City, State				119,6 =-			
Elizabeth, New Jersey					TBD			Morrisvi	lle, P	4					
Completed by	Title				S	ignature					Date				
Jeymy Donneys	Owne	er				Jega	sep.	Leun	10		07/23	3/20	119		
ASB-41 (R-06-08)					0	011		e this form for	asbest	os licens	sure ex	emp	ted a	activit	ies.

JNV-131	115					State of N	lew Jersey						
Ch5891			тои		ATIO	N OF AS	BESTOS ABATAC 8:60 and 5:1		MEC			W	EI
Date of Notification (1)					Nam	e of Buildin	g Owner/Operator	(2)	112/				
/	24 /	19	-		Th	e College	of New Jersey	`	JU JU	L 2 !	9 2	019	The state of the state of
Agencies Notified	Type Notific	cation			Stree	t Address							
☑ EPA ☑ DOLWD	☐ Initial	4			20	00 Pennir	ngton Road		1007	an servicing war	and the same	indis construction	
☑ DOH	☐ Amende Amendm				City,	State, Zip (	Code		ASDES	<del>IOS C</del> JGEN:	CINC	HOL	. &
□ DCA	☐ Emerger		dudin	- a	Ew	ing, NJ 0	8628	-	la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constitution de la constituti	al Committee	J113( )	-	Million and the second
(NJAC 5:23-8)	justificat		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9	Name	e of Contac	et		Telephone Nun	nber			
	☐ Cancella	ition			An	nanda Ra	dosti		609-771-28	81			
					FA	CILITY IN	FORMATION						
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility (4	4)				
The College of New	Jersey - T	ravers	Hal	I				School (K-12)					
Street Address	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa				IIIV E			Subchapter 8					
2000 Pennington Ro	oad							Other (i.e., pri homes, etc.)	vate and comme	ercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ae	
Ewing								50,000	10	- 1	60	3-	
County (6)					Cou	nty Code (7	()(STATE USE ONLY)	Current Use (Price	or if being demoli	shed)			3,473
Mercer								Residence H					
Name of Monitoring Firm I	Hired by Buil	ding O	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				-	
USA Environmental	Managem	ent, In	ic.					onmental, LLC					
Street Address							Street Address						
344 West State Stree	et						623 Cutler Av	/enue					
City, State, Zip Code							City, State, Zip Co	ode			750/3-11		
Trenton, NJ 08608							Maple Shade	, NJ 08052					
Project Manager for Monito	oring Firm			Tele	ephone	No.	Telephone No.		License No.				
Jim Duggan				6	09-656	8-8101	856-755-0099	)	00842				
Start Date (10)	15	Schedu	iled C	omple	etion Da	ate (11)	Name of OSHA M	lonitor					
08/05/_	19	_ 08	3_ /	_0	8_ /	19	EMSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (	Check	only	one)	7.192		Street Address						
☑ Facility Closed/Vacated							200 Route 13	0 North					
Abatement Performed	Outside of N	ormal F	acilit	y Hou	rs - Des		City, State, Zip Co	ode					
Time of Abatement:	AM	PM		PM		_AM	Cinnaminson						
Scope of Work (Check all t	that apply)								No. 1985		1000	-	
		ī	∇I De	novat	ion		☐ Full Cont ☐ Mini-Enc	ainment with Nega	tive Pressure				
☐ ≥160 sf or ≥260 lf		ľ		moliti			Glovebag						
							Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe	mpted (*) and Non-	-Friable Procedu	re			
Location o	.e			Loca Norma			5			Ab	atem	ent T	уре
Asbestos-Containing M		1)	Use	d Sol	ely by	Ashe	Description o stos Containing Ma		Amount	Re	Re	m	m
TO BE ABAT	(ED	1	33.23	intena			., thermal systems i		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	(12)	Staff?		surfacing, VAT, other miscellane		SF or LF)	Va.	~	Sula	sure
(13)			Yes	No	N/A		other miscellane	ous)				ate	,,,
3 rd Floor, Room No. 31	12					Floor Ti	ile		1 SF				
5th Floor, Elevator Lob	by		П	$\boxtimes$		Floor Ti	ile		2 SF			П	П
9th Floor, Room No. 92	26					Floor Ti			8 SF	-			
7 11001, 110011 110. 02		-			+=-	1100111			0 31				
Name of Registered Waste	Haulas			Ц.		0/	0 11 1/4 1 1	100				Ш	Ш
Freehold Cartage	naulei			1.1	IJDEP I lauler II		Cubic Yards of Waste	Name of Registe					
					15939	9	3	Fairless Lan	iulili				
City, State Freehold, NJ							Disposal Date	City, State	D.4				
Manager Strong Parage Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong Strong S		1-					08/08/2019	Morrisville,	PA			#	
Completed By (Print or Typ	oe)	Title					Signature	1.0 111	Da	ite	1 1	: [	2
Margie Muller		Ad	mini	strati	ive Ma	nager	INIV	111111	_	1-	Hf.	11	No.

Proj. #: 19-139    19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   19-139   1	#:	Joseph I Street Add	(Pursal Building Ow Laversa	State isation of As uant to NJA	besto C 8 6	ps Abatement 0 and 12 120)		JUL 2	named to the other	019	E. C.	
DOH Emergence (including	117	Kenilw Name of Co	orth, NJ 0	7033			Telepho	ne Numbe	r			
DCA justification	· 11	losenh	Laversa				Telephie	me radinbe	•			
Cancellati	on II	эозерп		CILITY INFORM	IATIO	N.	_ '					-
Name of facility where abatemen	t ie takina n	200 (3)	FAC	JILITY INFORM	IATIO	N T	Tune of Facility	(4)				
Residential	t is taking p	ace (3)					Type of Facility Scho	ol (K - 12)				
Street Address							223 1423	hapter 8 (C (Private/C			100	
							Bldgs	./Homes, e	tc.			
City (5)	Cou	nty (6)			Col	unty Code (7)	Square Feet 2,400	# of Floor	rs	90	lldg. A	ge
						ate use only)	Current Use (F		g der		ed)	_
Kenilworth, NJ 07033  Name of Monitoring Firm Hired by	Un Un			ACCM No.	L,	Name of Abstance	Residential					
N/A	y Blug. Own	ei (o)		ASCM No.		Name of Abatement						
Street Address					=	KLOMAX, LLO Street Address						_
		00				309 W. End Ave	•					
City, State, Zip Code						City, State, Zip Code	•		-	-		
Project Manager for Monitoring Fir	m	Ιp	hone Numb	nor.	_	Hopatcong, NJ Telephone Number	07843	Hissan	Misses	h		
. reject manager for monitoring 1 ii			none Num	)ei		833-455-6629		License 0	2007			
Start Date (10)	Sched	d. Complet	ion Date (1	1)	-	Name of OSHA Mor						
07/26/19	07/3	1/19				KLOMAX, LL Street Address	C					
Occupancy Status During Abateme  Facility closed/vacated durin  Abatement performed outsid  Describe:  Other-Describe: NORMAL	ent (Check of g entire peri e of normal	only one) od of abate				309 W. End Ave City, State, Zip Code Hopatcong, NJ						
Scope of Work (check all that app    >3 sf or >3  f	Renovation	ı					Full Containment v Mini-enclosure Glovebag procedu Non-Exempted (*)	ire			edure	
Location of asbestos-containing material (acm) to be abated in facility (13)		n normally enance/cus	used solely stodial N/A			sbestos-containing	Amount (Specify S LF)	SF or	R e m o v e	Repai	E n c a p	E n c L
Basement		X		VAT			300 SF		×			
House Exterior		X		Siding Shin			2,000 SF		X			
Garage Exterior		X		Siding Shin	gles		1,000 SF		X			
											屵	
Registered Waste Hauler KLOMAX, LLC		EP Hauler 8241	2	ubic Yards of V 2 yds	Vaste	Name of Registered TULLYTOWN,		ECOVER	Y		Ш	Ш
City, State Hopatcong, NJ 07843			Disposal D TBD	ate	1	City, State TULLYTOWN,	РΔ	7) e 6 (42 11) 4 (2)				
Completed by (Print or Type) Paige Boylan	Title Owner			Signature	危	1 1000110 1111		Date 07/25/	19			
ACD 44	* Do not us	thic form	for anheate	a linanaura aura		d a ski dki s a						

	T	NIC	) [ [ ]	STATE OF	NEW JERSEY			MI			$\mathbb{W}$	
16 Onn	2	2 S	NOT	CATION OF AS	I I many	EMENT		K				
(11)	1		1	usuant to N.J.A	4 8 8 9 9				JUL	29	2019	
Date of Notification (1)			il il		Name of Build	ing Owner/	Operator (2)	land lesso;			L010	- I have
	7/17/	19			Glen Ridge	Board o	f Education			totalenstroning	Mindrated to company	
Agencies Notified		Notification	Туре		Street Address	s		A	BBESTC LIC	ENSI	<del>NTROI</del> VG	-8
X EPA		X Initial			12 High St		las			Marine Sulpere	DISCONDING TO	CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE
DEP		_	ed #		City, State, Zip	o Code						
X DOL			ncy (includ	ing	Glen Ridge	, NJ 070	28	~~~				
X DOH		justificat	50		Name of Cont				umber			
DCA		Cancella	auon	FACILITY IN	Barbara Mu FORMATION	ırphy		973 4	429 830	4		
Name of Facility Where Al	patement is Ta	aking Place (3	3)	TACIETTIN	Type of Facilit	y (4)						
Ridgewood Ave Eler	mentary Sc	hool	<del></del>		School (H	 <-12\						
Street Address												
235 Ridgewood Ave					Subchap	ter 8 (Other	r than K-12)					
City (5)	County (6)		County C		1-11-11-11-11-11-11-11-11-11-11-11-11-1		commercial b	ouildings				
Glen Ridge	Essex		(State Us	se Only)	homes, e	B(C.)						
Name of Monitoring Firm I	Hired by Bldg.	Owner (8)	ASCM N	0.	Name of Contr	actor (9)						
T&M Associates			00145		MTM Metro	Corpora	tion					
Street Address					Street Address	S						
11 Tindall Road					135-137 Mc	Bride Av	e					
City, State, Zip Code					City State, Zip	Code						
Middletown, NJ 0774	8				Paterson, N	IJ 07501						
Project Manager for Monit	oring Firm	Telephone I	Number		Telephone Nu	mber		Licens	e Number			
Kevin Burns		732 671 6	400		973-742-50	30		00809	9			
Scheduled Start Date (10)		Scheduled (	Completion	Date (11)	Name of OSH		5.89					
7/30/2019		8/9/2019			MTM Metro	Corpora	ition					
Occupancy Status During	Abatement (C	heck only one	<u>e)</u>		Street Address	-						
					135-137 Mo	Bride A	/enue					
▼ Facility Closed/Vacat	ted During En	tire Period of	Abatement		City, State, Zip	Code						
X Abatement Performe	d Outside of N	Normal Facility	/ Hours		Determen N	11.07504						
Other-Describe:					Paterson, N	J 0/501						
Source of Work (Check all	that apply)											
× > 3 sf or > 3 lf	×	Renovation	E	Full	Containment wit	th Negative	Pressure	× Mir	ni-Enclosu	ıre		
> 160 sf or > 260 lf		Demolition		X Non	-Exempted(*) &	Non-Friable	e Procedure	X Glo	ovebag Pro	ocedure	9	
Location of Asbestos-	I Is Loca	tion Normally	Used	Description of	ACM (i.e.	Amount (	Specify SF or	LF)	Abateme	ent Typ	e	
Containing Material (ACM)	) in Solely	by Maint./Cus		thermal system	ns insulation,						_	
Facility (13)	Staff? YES	(12) NO	N/A	surfacing, VAT miscell.)	, or other				Rem.	Rep.	Encap E	Enclose
Hallway		X		plaster		25 SF				X	X	
Mechanical Room Basement	X		×	Fittings pipe insulation		30 LF 180 LF				X	X	
								L NO.				
Name of Reg. Waste Haul	<u>er</u>	NJDEP Was	ste Hauler I	U#	Cubic Yards of	r vvaste		C Sol /2-	of Reg. La	Inatill		
MTM Metro Corporation		26552			20		I B: 5 -	Tullytow		Ct-1		
City, State							Disp. Date 8/11/19		Sec. 150.75	ty, State lytown,		
Paterson, NJ 07501		711			Canat			Det-		, town,		
Completed by (Print or Type	pe)	Title			Signature	N ₂ 000		Date				
Mike Damevski		Proi Manage	r		Mike Dan	nevski		7/17/19	í			

Check 10	- # 67	1	In NOT					BES	Jersey TOS ABA			DE	G			$\mathbb{V}$	E
Date of Notification (1)	22 /	19			N	ame	of Building	g Ow	iner/Operator Medical Ce	(2)	)		JUL	2	9	201	9
Agencies Notified	Type Notifica		_		St	reet	Address Old Shor					AS	JUI BEST		COI		OL &
☑ DOLWD ☑ DHSS ☐ DCA	Amended Amendment	ent #1	-		Ci	ty, S	State, Zip Cingston,	Code					les i	MARIE A	desertation and the	rungudinglish	and Sugar Page to
(NJAC 5:23-8)	justification   Cancellat	on)	Jiudini	ď			of Contac		s agent			Telephone N					
						FAC	CILITY IN	FOF	RMATION								
Name of Facility Where A Saint Barnabas Med Street Address			Place	(3)						-	Type of Facility (⁴ ☐ School (K-12) ☐ Subchapter 8	(Other than K		20,702			
94 Old Short Hills R	ld.										Other (i.e., printing homes, etc.)	vate and com	mercia	l bu	ilding	IS,	
City (5) Livingston										,	Square Feet 500,000	# of Floors			ig. A	ge yrs.	
County (6)					To	our	ity Code (7	VSTA	TE USE ONLY)	) (	Current Use (Prio		nolishe			y. o.	
Essex							ity 0000 (i	//01/	TE OOL ONET		Hospital	in being den	TOTISTIC	4)			
Name of Monitoring Firm	All the committee of the control of the	ding C	wner	(8)	AS	CM	No.	Na	me of Abatem	nen	nt Contractor (9)						
Environmental Tact	ics, Inc.				N	I/A		V	/IAK-B Pro,	In	c.						
Street Address								0.60000	eet Address								
64 Broad Street						Ė.,			04 Market	-							
City, State, Zip Code Matawan, NJ 07747								1 3	y, State, Zip C								
Project Manager for Monit	toring Firm			Te	elepho	ne	No		ephone No.	U	7026	License No					
Tom Geiger	.o.mg r mm			1			-2217		73-931-329	13		01365	¥33				
Start Date (10)	Is	Sched	uled C				te (11)		me of OSHA		nitor	01303	1116 1150			-	
06/15/							20	100000	Same as abo								
Occupancy Status During  Facility Closed/Vacate  Abatement Performed	d During Entir Outside of No	e Per irmal l	iod of acility	Aba / Ho	temer		cribe Time		eet Address	Cod	le						
of Abatement:/		PN	I- <u>12</u> AI	VI						2000-000	XP00						
Scope of Work (Check all	that apply)		⊠ Re □ De		ation ition				<ul><li>☑ Mini-En</li><li>☑ Gloveba</li></ul>	iclo ag l							
					ation									Aba	atem	ent T	уре
Location of Asbestos-Containing Management   TO BE ABA IN Facility (13)	Material (ACM TED	)	Use Ma	d So	nally olely b nance al Stat 2)	ĺ		., the	Description Containing M ermal systems surfacing, VAT her miscelland	late s in: T, c	sulation, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Grd. Floor Lab Chase			Yes	N	0 1	I/A a	Pipe fitt	ina			-	0.1.5		_			
1 st Fl ED Expansion						_	Pipe ins			-		8 LF 20 LF	-			౼	
. The ED Expansion	Alea						ripe ilis	bula	LIOII			20 LF	- 1			$\exists$	
						1								4		౼	
Name of Registered Wast	e Hauler			닉		_	Vaste	Cuk	oic Yards of	-	Name of Registe	arod Landfill		_	Ц	Ш	Ш
Newark Carting, Inc.					Haul		No.	Wa 1	ste		G.R.O.W.S.,						
City, State							•	Dis	posal Date		City, State						
Newark, NJ								V	arious		Morrisville,	PA					
Completed By (Print or Ty Kiril Nestorov	pe)	Title Pr	oject	Ma	nage	r			Signature /	S	Martan		Date	12	2-	19	7

C. heck #

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

n_	EC		] W	EF
N	JUL	2 9	2019	1000
	- Professional Case			- Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control o

Date of Notification (1)  05 / 31 /	19					n Owner/Operator (: Das Medical Cer			JUL	2 0	201	n
	-					Jas Medical Cel			001	2 3	201	3
Agencies Notified Type Noti	fication				Address		8		MARCH SHEW SALES	SERVICE AND ADDRESS.		
☐ EPA ☐ Initial ☐ Amend	PARAMETER STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF			94 (	old Short	t Hills Road		AS	BESTO	SCC	NTR	OL 8
	led lment #			City, S	tate, Zip C	ode		Lucian	LIC	ENS	NG	CHOCHE
□ DCA □ Emerg	www.comercial			Livi	ngston, i	NJ 07039						
(NJAC 5:23-8) justific	ation)	Juding		Name	of Contact			Telephone N	umber			-
☐ Cance				Ron	Carvalh	o as agent		908-208-3				
						FORMATION						-
Name of Facility Where Abatement i	s Taking	Place	(3)	FAC	>ILIII IIN	FORWATION	Type of Facility (	(4)				
Saint Barnabas Medical Cen		1 1400	(0)				School (K-12					
Street Address	-						Subchapter 8		-12)			
94 Old Short Hills Rd.							Other (i.e., pr		mercial b	uildin	gs,	
City (5)							homes, etc.)					
Livingston							Square Feet	# of Floors	E	Bldg. A		
County (6)	_					VOT. TT (105 01 11 10	500,000	4			yrs.	
				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being dem	iolished)			
Essex						1	Hospital					
Name of Monitoring Firm Hired by B	uilding C	wner (	3)	ASCM	No.	Name of Abateme						
Environmental Tactics, Inc.				N/A		MAK-B Pro, I	nc.					
Street Address						Street Address				-		
64 Broad Street						104 Market S	treet					
City, State, Zip Code						City, State, Zip Co	ode			VIII - 1/2		
Matawan, NJ 07747						Garfield, NJ	07026					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				
Tom Geiger			7	32-290	-2217	973-931-3293		01365				
Start Date (10)	Sched	uled Co	omple	tion Da	te (11)	Name of OSHA M	lonitor			V/-5/11-5/4		
06 /15 _ / _ 19	Toronto and the same			) /		Same as abo	ve					
Occupancy Status During Abatemer		7. OT - 10 - 2. U	- 10/6			Street Address						_
☐ Facility Closed/Vacated During E				ment		Otteet Address						
Abatement Performed Outside of	Normal	Facility	Hour	s - Desc	ribe Time	City, State, Zip Co	200					
of Abatement: 12AMPM/	P	M- <u>8</u> AN	1			Oity, State, Zip Of	ode					
Scope of Work (Check all that apply	)											
≥3 sf or ≥3 lf		⊠ Re	novoi	ion		☐ Full Con  ☐ Mini-End	tainment with Neg	gative Pressure	1			
☐ ≥160 sf or ≥260 lf		☐ Dei					g Procedure					
2001					The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		mpted (*) and No	n-Friable Proce	edure			
		1 223	Loca						А	baten	nent T	уре
Location of Asbestos-Containing Material (A	CDA		lorma d Sol	ally ely by	01	Description of			Z	B	Щ	Ш
TO BE ABATED	CIVI)			ance/		stos Containing Ma		Amount (Specify	Kemova	Repair	lcap	clo
IN Facility		Cust		Staff?		surfacing, VAT	, or	SF or LF)	val	.   ¬	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A		other miscellane	ous)		20		ate	100
Grd Floor Lab Chart				100000	Di Ci	4:		0.1.00	K-	1	-	
Grd. Floor Lab Chase		Ш	Ш		Pipe fit	tings		8 LF			Ш	Ш
			П						T	T	П	П
			] [							1		
Newsoff		10_	Ц			Tall	112					Ш
Name of Registered Waste Hauler				NJDEP \ Hauler II		Cubic Yards of Waste	Name of Regis					
Newark Carting, Inc.				11222		1	G.R.O.W.S	i., Inc.				
City, State						Disposal Date	City, State	-				
Newark, NJ						6-20-19	Morrisville	, PA				
Completed By (Print or Type)	Title	9				Signature	0 1		Date			
Kiril Nestorov	1000000	roject	Mar	nager		Ka. M	State.		5-	-31	-1	9
ASR.41						1 meg	y wirey			-/	_/_	/

1619088		NOTIFI (P	CATIO	tate of Ne N OF ASB I to NJAC	ESTO	ABATE	MENT D)		) 6-A	<b>J</b> re	1	9.C	186	5	
Date of Notification (1) 7/22/19				of Building paters	Owner	Operator	(2)		D	15	6	E		<u> </u>	
Agencies Notified Type Notification				Address ox 643						1	JUL	29	3 20	119	
EPA X Initial Amended		-		ate, Zip Co	ode				had bu				-		- Bran
X DOL Amendment #		_		esex, N.	088	46			- mawacasa	ASBI				ROL	8
DOH justification)  DCA Cancellation				of Contact ael Rodr	iaues			L	none de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya d	ephone			SING	tan merebasaka	returnace that the
				ILITY INFO	-										
Name of Facility Where Abatement is Taking home	Place (	3)					Туре	of Facility (4	1)						
Street Address								School (K-12 Subchapter Other (i.e. pretc.)	8 (Oth	er than & comm	K-12 nercia	) al build	dings,	home	es,
City (5) Somerville								are Feet		f Floors	;		ldg. A	ge	
County (6)			County	Code (7)			250	U ent Use (Prio	1 r if bei	na dem	nolish		5		
Somerset				USE ONLY			hon		111 001	ng den	1011011	cuj			
Name of Monitoring Firm Hired by Building O	wner (8	)	ASC	M No.		11.000000000000000000000000000000000000		atement Control			LLC				
Street Address						Street PO E		ss 83, 4 E Ga	ate D	rive					
City, State, Zip Code								Zip Code d, NJ 074	18						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-	one N	lo.	1.7	Licen:	se No	),			
	Schedul 8/12/1		pletion	Date (11)		0.000.000	1.070.01	HA Monitor							
Occupancy Status During Abatement (Check	7. A. C. C. C. C. C. C. C. C. C. C. C. C. C.					Street	Addre	SS							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma  Other – Describe:	eriod of a	Abatem / Hours	ent			City, S	tate, Z	ip Code							
Scope of Work (Check All That Apply)															_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	December 1	Renova Demoliti				×	Min	II Containmenti-Enclosure ovebag Procentes	edure	ă				3	
	100	Location								7				ment	
Location of Asbestos-Containing Material (ACM)	Use	Normall ed Solel	y by	Ashasi		escription Itaining M		I (ACM)	٨	mount			ıy	pe	
TO BE ABATED In Facility (13)		intenar todial S (12)			therma surfa	l systems acing, VA miscellan	insula T, or		(S	pecify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									_		te	Ф
basement			Х		pipe	insula	tion		11	10 LF		х			
Name of Registered Waste Hauler		3978	JDEP W	100000000000000000000000000000000000000	Cubic of Wa	Yards		Name of R	egiste	red Lar	ndfill				
Newark Carting		150,5517	1509		TBD			Grand C		al San	itary	Lan	dfill		
City, State Newark NJ					Dispo TBD	sal Date		City, State Pen Arg		A					
Completed by A. Scott Higgins	Title Pres	ident		A 1	3	Signature		1	_		Date 7/2	e 2/19	)		

E POSTPONED X	-			22		- Annative Pr	ME				M		**
NO CK	ИĊ		CATION	ate of New Je OF ASBEST to NJAC 8:60	OS ABA		11 111	JL 2	9 2019	Chec	<b>L</b> #	לב ו	3
Date of Notification (1)	97-20-20-20-20-20-20-20-20-20-20-20-20-20-		Name of	Building Own	er/Opera	ator (2)	URBAN		es		1	'n	
Agencies Notified Type Notification		1	Strant A	ddroop				511.65	CONTRO	Ct.		th characters y	
X EPA	# 1	-	City, Sta	te, Zip Code			0705						a a comment
Emergency justification)  DCA  Emergency justification Cancellation	, -		Name of	Contact U RAS M				Tel	ephone Num	ber	41	114	
			FACI	LITY INFORM	ATION			1,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Name of Facility Where Abatement is Takin						Ty	pe of Facility (4						
Street Address 34 BANK STREE						×	School (K-12 Subchapter & Other (i.e. pr	(Oth			ings,	home	es,
City (5) NETCONG-					(4)		etc.) uare Feet	# of	Floors	BI	dg. A		
County (6)  MORRIS			County C	Code (7) ISE ONLY)		Cu	rrent Use (Prior	if bei	ng demolishe	ed)/	DEV		
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.		me of A	batement Cont	ractor		1			
Street Address			L		Stre	eet Add							
City, State, Zip Code					City	y, State,	, Zip Code Park, NJ 07	432					
Project Manager for Monitoring Firm		T	Telephor	ne No.	Tele	ephone	No.	102	License No				
Start Date (10) POST	Scheduled	Com	pletřon [	Date (11)	Nar	me of O	SHA Monitor Environment	tal Sa					
Occupancy Status During Abatement (Chec			<del>,</del>		Stre	eet Add	ress						_
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of Aba nal Facility H	atem ours	ent		City	, State,	Zip Code	200		-	<del>(1000)</del>		
Scope of Work (Check All That Apply)					Па	ackens	sack, NJ 076	000					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	ovati				H	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	dure	T. 200				
	400000000000000000000000000000000000000	catio	10.70				VOIT-EXEMPLE	) ain	1 TON-1 Habit		Abate	ement pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Used S Maint Custod	Solely	y by ce/	Asbestos C (i.e. therr	Descript ontaining mal system of acing, in or misce	g Mater ems ins VAT, or	ulation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	•						al		ate	ē
OUTSINE			×	R	oofi.	UE-		4,	800 SF	X			
Name of Registered Waste Hauler		l N	IDEP W	asta I Cui	bic Yard		Name of D	onists	red Landfill				
Newark Carting Inc.		Ha	suler ID I 509	7,77	Naste 60		1 .		I Sanitary	Lan	dfill		
City, State Newark, NJ 07105	and the state of the state of the state of	(A. A			posal Da		City, State Pen Argy		08072		9	Ti.	
Completed by R. McDonald	Title Preside	ent		1 7	Signat		P.My	mel	Date of	e/i	0/1	9	

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

$\overline{\mathbb{n}}$	E C	E	VE	M
	JUL	2 9	Check #	223

		(		t to NJA					JU	IL 29;	Cne 2019	CK #	10	1
Date of Notification (1) 7/10/19			Name	of Building	g Owner/	Operato 5786	(2) 67	URBA		ENEWA		1	C	and administration of the same
Agencies Notified Type Notifica	tion .									ICENSING		- Ĉi		and otherwise.
X DEP Amende Amende	nent#		City, St	ate, Zip C	Code			0705					_	•
DOH justificati				of Contact		5501	U		Tel 9	lephone Nur	nber	4	114	ć
Name of Facility Where Abatement is To	okina Dlago (	21	FAC	ILITY INF	ORMAT	ION								
COMMERCIAL BAIL		3)					Туре	of Facility						
Street Address 34 BANK STRE	ET						×	Other (I.e.	r 8 (Oth	er than K-12 & commerci	2) al buil	dings	, hom	es,
City (5) WETCONG-			3011					etc.) are Feet O OCO	# 0	f Floors	E	Bldg.	100000	
County (6)  MORRIS			County (STATE	Code (7) USE ONL	0		Curre	ent Use (Pr	ior if bei	ng demolish	ed)/	DEI		
Name of Monitoring Firm Hired by Buildi	ng Owner (8)	)	ASCI	M No.			of Aba	atement Co	ntractor					
Street Address	***************************************					Street	Addre							
City, State, Zip Code						City, S	state, Z	Park, NJ C						
Project Manager for Monitoring Firm	4	Т	Telepho	ne No.		Teleph 201-2	none N	lo.	77452	License No	D.			
Start Date (10)	Schedul	ed/Cor	npletion	Date (11)				HA Monitor		00130				
7/22/19	9	123	2/19			and the second				ervicer Inc	<b>.</b>			
Occupancy Status During Abatement (C			(b)			Street 280 H		ss r Street						
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:	ormal Facility	Abaten / Hours	nent S			City, S	tate, Z	ip Code ck, NJ 07	7606					
Scope of Work (Check All That Apply)						11001			000					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	SPRINTS.	Renova Demolit				X	Mir Glo	ni-Enclosure ovebag Pro	e cedure	Negative Pr				
	Is	Locati	ion				2 1101	II-EXEMPLE	1 ( ) 8110	Non-Friadi	-		emeni	
Location of		Normal d Sole				cription		-				Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/	Asbes (i.e.	tos Conta thermal surfac other m	aining M systems sing, VAT siscelland	insula T, or	(ACM) itlon,	(5)	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								_		ite	0
OUTSIDE			×		Roo	FINE	٤		4,	800 SF	X			
Name of Registered Waste Hauler		l NI	JDEP W	note	Cubic	/aud-		No.	5					
Newark Carting Inc.		Н	auler ID 4509		of Was	137007070	,			ed Landfill Sanitary	Lan	dfill		
City, State Newark, NJ 07105	***************************************					al Date	N	City, State		08072				-
Completed by R. McDonald	Title Presi	dent			Si	gnature	/c	me	Soul	Date	1,	di	9	

IN#1316	13		Natif	State								
Proj. #: 19-157	- Parising	'ATD				os Abatement 60 and 12:120)	DE		$\mathbb{V}$			And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
Date of Notification (1)    0     7     2   5     1   9    Agencies Notified   Type Notificat		Elizabeth	Thatche	ner/Operator (2	2)			JL Z 9	2019	·}		
☐ EPA ☐ Initial ☐ Amended		Street Addre					ASBE	STOS COI LICENSIN	NTR IG	OL &	٤	Bibligary, house pass - 1
DOL Amendment #:  DOH Emergency (including	$-\ $	Montcla Name of Cor	ir, NJ 07	042			LTalanha	ne Number				
justification)  DCA Cancellation		Elizabet		er			1	L.				
	87.8	8	FAC	CILITY INFORM	IATIO	N	<del>unione unio de la constant</del>					
Name of facility where abatement is Residential	s taking p	lace (3)					=	(4) ol (K - 12) napter 8 (Ot	her t	han k	(-12)	
Street Address							Other Bldgs.	(Private/Co /Homes, et	mme	ercial		
City (5)	Cou	nty (6)			V. 17.55	unty Code (7)	1,800 SF	# of Floors		70	ldg. A	ge
Montclair, NJ 07042  Name of Monitoring Firm Hired by E	Ess	1000			(5)	ate use only)	Current Use (F Residential	Prior if being	den	nolish	ed)	
N/A	olag. Own	ei (o)		ASCM No.		Name of Abatemen	505					
Street Address					-	KLOMAX, LLO Street Address	<u> </u>		_			
						309 W. End Av	e					
City, State, Zip Code						City, State, Zip Code						
Project Manager for Monitoring Firm		Loh	one Numb	205	_	Hopatcong, NJ Telephone Number	07843	Tr:	1			
. rojoc manager for wormoring i init		lene	one Numi	Jei		833-455-6629		License 1	007	per		
Start Date (10)	Sched	d. Completio	n Date (1	1)	-	Name of OSHA Mon						
08/08/19	08/13	2/19				KLOMAX, LL Street Address	.C					
Occupancy Status During Abatemen						309 W. End Av	e					
Facility closed/vacated during  Abatement performed outside  Describe:	of normal					City, State, Zip Code						
Other-Describe: NORMAL HO	La Davido				_	Hopatcong, NJ	07843					
	) Renovatio Demolition						Full Containment w Mini-enclosure Glovebag procedu Non-Exempted (*)	re			edure	
Location of asbestos-containing material (acm) to be		n normally u enance/custo				asbestos-containing	Amount (Specify S		R e m o	R e p a	E n c	E n c
abated in facility (13)	Yes	No	N/A		9 8		LF)		v e	i r	a p	L
Basement		LX		Pipe Insulat	ion -	Wrap & Cut	150 LF					H
									님		ዙ	H
									屵	片	H	H
									H	Ħ	一	
Registered Waste Hauler KLOMAX, LLC		EP Hauler ID 8241	100000	ubic Yards of W	Vaste	Name of Registered	Landfill RESOURCE RE	COVERY	<u> </u>			
City, State Hopatcong, NJ 07843			Disposal D TBD			City, State TÜLLYTOWN		JC , DIC				
D ' D '	Title Owner			Signature		B	<u> </u>	Date 07/25/1	9			

Proj. #: 19-156  Date of Notification (1)  0   7   / 2   5   / 1   9    Agencies Notified Type Notification Initial Amended Amendment #  DEP Amendment #  DOL Emergency (including justification DCA Cancellation)	ation ::	Name of B Donna S Street Addr	uilding Ow Birinides ress Zip Code d Park, Nontact	uant to NJA	best C 8:6	NJ os Abatement 60 and 12:120)	ASR	JUL 2 ESTOS ( LICEN  ne Numbe	9 2( 20A)7 SING	וחם	Communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communica	TENDERALIZAÇI ÜTALINGE KAMBA MADDING ÇIZINDAN İVANDIN
				ILITY INFORM	IATIO	N		A N		-		
Name of facility where abatement  Residential  Street Address	is taking p	place (3)	PAC	ILITY INFORM	IATIO	N .	Subch Other Bldgs.	napter 8 (0 (Private/0 (/Homes, e	Other to Comme etc.	ercial		
City (5)	Cou	unty (6)			Coi	unty Code (7)	Square Feet 2,000 SF	# of Floo	rs	70	ldg. A	.ge
Haledon, NJ 07508  Name of Monitoring Firm Hired by		ssaic			100000	ate use only)	Current Use (F Residential	Prior if beir	ng den		ed)	
N/A	Biag. Owr	ier (8)		ASCM No.		Name of Abatement						
Street Address					-	KLOMAX, LLC	<u> </u>					
						309 W. End Ave	<u> </u>					
City, State, Zip Code					_	City, State, Zip Code		-				-
						Hopatcong, NJ	07843					
Project Manager for Monitoring Firm	1 *	Ph	one Numb	er		Telephone Number		License		er		
						833-455-6629		0	2007			
Start Date (10)	Sche	d. Completio	on Date (1	1)		Name of OSHA Mon KLOMAX, LLO						
08/05/19	08/0				21/08/09	Street Address						
Occupancy Status During Abateme		10702				309 W. End Ave						
Facility closed/vacated during Abatement performed outside	of normal	iod of abate	ment.			City, State, Zip Code						
Describe: NORMAL F					_	II	70.12					
Scope of Work (check all that apply						Hopatcong, NJ (						
	Renovation	าก				Reason .	Full Containment w Mini-enclosure	//negative	press	ure		
□ ≥160 sf or ≥260 lf	Demolitio					⊠ ·	Glovebag procedu					
Location of		n normally u	used solely	1			Non-Exempted (*)	and Non-	friable	proce	edure E	
asbestos-containing		enance/cust		1	n of a	sbestos-containing	Amount		е	e	n	E n
material (acm) to be abated in facility (13)		T	T	material (A		operate containing	(Specify S LF)	F or	m o	p a	c a	c
	Yes	No	N/A				Lr,		v e	i	р	L .
Basement		X		Pipe Insulat			155 LF		X			
Garage		LX		Pipe Insulati	ion		15 LF					
									回			
									빌		ᆜ	
Registered Waste Hauler	L	EP Hauler II	]	ubic Yards of W	laste	Name of Registered	Landfill		Ш	Ш	Ш	Ш
KLOMAX, LLC		88241	4	yds		TULLYTOWN,		COVER	Y			
City, State Hopatcong, NJ 07843			Disposal D TBD	ate		City, State			-			-
Completed by (Print or Type)	Title		IBD	Signature	711	TULLYTOWN,	PA	I D-4				
Paige Boylan	Owner			2.3.70.070	1/2	>		Date 07/25/1	19			

IN #1	0717 PAT		МОТ	TFICATI	State of I	SBESTO	SABATI	EMEN	NT		\ E	G		7	_	Print	Form
Date of Notification (1) 07/12/2019	Check #3414			Name	e of Buildir rancis )	ng Owner						JUL	2	9 20	019	Minimum diament	
Agencies Notified  EPA  DEP  DOL	Type Notification  Initial Amended Amendme			94 N City, \$	t Address I 7th St State, Zip					Top commercial property and the second	ASI	BEST(	OS (	CONT	ROL	. &	
DOH DCA	Emergency justification Cancellation	y (includi	ng	Name Ms.	ark, NJ of Contac Perez	ct			10 mm		Telepho			ſ			
Name of Facility Where A St. Francis Xavier Street Address	Abatement is Tak	ing Place	(3)	FA	CILITY IN	FORMAT	TION	Typ	oe of Facility School (K-	-12)							
94 N 7th St City (5) Newark									Subchapte Other (i.e. etc.) uare Feet	privat	e & cor	nmerci	al bu	ilding: Bldg.		mes,	
County (6) Essex		-			Code (7)			Cur	000+ rent Use (Pr	rior if b		emolish		50+	cuesi		-
Name of Monitoring Firm N/A Street Address	Hired by Building	Owner (	8)	ASC N/A	M No.		EA S	of Ab	patement Co ces	ontracti	or (9)						
N/A City, State, Zip Code N/A								9th tate,	st Zip Code								
Project Manager for Monito N/A	oring Firm			Telepho N/A	one No.		Teleph 201-2	one N		093	Lice 010	ense No	).	10.00			
Start Date (10) 07/23/19		07/25	/19	mpletion	Date (11)				HA Monitor above		1-1-						1
Occupancy Status During  Facility Closed/Vacate Abatement Performed Other – Describe: 94	ed During Entire I	Period of	Abatan	nent s					ess Zip Code								
Scope of Work (Check All ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	That Apply)		Renova Demolit				N/A	Mir	II Containme	9		tive Pr	essu	re			
			s Locati				×	Glo No	ovebag Prod n-Exempted	edure d (*) ar	d Non-	-Friable	Pro	cedur Abate		t	
Location of Asbestos-Containing M TO BE ABAT In Facility	aterial (ACM) ED	Use Ma	Normali ed Sole aintenar stodial S	ly by nce/	Asbest (i.e.	tos Conta thermal s	systems i	iterial insula	I (ACM) ation,	(5	mount Specify		Re		pe Enc	Ē	
(13)		Yes	(12) No	N/A		other m	ing, VAT, iscellane	, or ous)		SF	or LF	)	Removal	Repair	Encapsulate	Enclosure	
4th Floor Hal	lway		X			ACN	1 Ceilin	g		4	4 SF			X			
Name of Registered Waste	Haulas											1					
Tri-State transfer Associate, State			Ha	JDEP Wauler ID I 551	20.574.0.374	Oubic Y of Waste TBD	е		Name of R Minerva	Entre							
Bronx, NY Completed by		Title				Disposa TBD	7 70750		City, State Waynesh		ОН						
Michael Fajardo		Title Office	e Clerk	(		Sig	nature	1	not			Date 07/1	2/1	9			

TOV #131	41						ew Jersey		2-1-0-0		n n.o			
OK 5892	A P	AT	OTIF				BESTOS ABAT C 8:60 and 5:16	1		EGE		E	7	·
Date of Notification (1)	شك	4 21.61			Name	of Building	Owner/Operator (	2)	m					111
07 /	24 /	19	-				of New Jersey	SHERWALIST		JUL 29	2019	}		
Agencies Notified	Type Notific	ation			Street	Address						221200	-	
					200	0 Pennin	gton Road	LACT LAPTON		ASBESTOS CO	)NTR	31.8	ة.	1
□ DOLWD	☐ Amende			1	City, S	tate, Zip C	ode	1	- V-ivearan	LICENS				
☑ DOH	Amendm				Ewi	ng, NJ 08	8628							
☐ DCA (NJAC 5:23-8)	☐ Emerger justificati		laing		Name	of Contact				Telephone Numb	er			
(110/10/0.20/0)	☐ Cancella				Ama	anda Rad	dosti			609-771-288	ı			
					FAC	ILITY IN	FORMATION							
Name of Facility Where A	batement is	Taking P	lace (	3)				Type of Fa		-)				
The College of New	Jersey - D	ecker F	lall					School		(Other than V 12)				
Street Address										(Other than K-12) vate and commen		ldings	S,	
2000 Pennington R	oad							homes,						
City (5)								Square Fee	et	# of Floors	Blo	lg. Ag	e	
Ewing								50,000		10	(	0		
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Us	e (Prio	r if being demolis	ned)			
Mercer								Resider	nce H	all				
Name of Monitoring Firm	Hired by Buil	lding Ow	ner (8	)	ASCM	No.	Name of Abateme	ent Contracto	or (9)					
USA Environmenta	l Managem	ent, Inc	<b>:</b> .				Shade Enviro	onmental,	LLC					
Street Address							Street Address							
344 West State Stre	eet						623 Cutler Av	venue						
City, State, Zip Code							City, State, Zip Co	ode						
Trenton, NJ 08608							Maple Shade	, NJ 08052	!					
Project Manager for Mon	itoring Firm			Tele	phone I	No.	Telephone No.			License No.				
Jim Duggan				60	9-656	-8101	856-755-0099	)		00842				
Start Date (10)		Schedule	ed Co	mple	tion Dat	te (11)	Name of OSHA N	Monitor						
08/05/	19	08	_ / .	08	_ / _	19	EMSL Analyt	ical, Inc.				~		
Occupancy Status During							Street Address							
☐ Facility Closed/Vacate						22.00	200 Route 13	0 North						
Abatement Performed			acility	Hour PM-		cribe AM	City, State, Zip Co							
Time of Abatement: _	AM	PM/_		-PIVI-		- IVI	Cinnaminsor	n, NJ 08077	7			9		
Scope of Work (Check al	I that apply)						□ Full Con	tainment wit	h Neas	ative Pressure				
≥3 sf or ≥3 lf		$\triangleright$	Ren	ovati	on		☐ Mini-End		ii ivega	live r lessure				
☐ ≥160 sf or ≥260 lf			] Den	nolitic	on			g Procedure		Edulu Davida	2			
					•		⊠ Non-Exe	empted (*) ar	id Non	-Friable Procedur	_	ateme	T	
Lacation	-6			ocat orma			Description of	of			-			
Location Asbestos-Containing		M)	Used	Sole	ely by	Asbe	stos Containing Ma			Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA	ATED				nce/ Staff?	(i.e	., thermal systems			(Specify	SVOL	air	apsi	uso
IN Facili	ity		Ousto	(12)	Otan:		surfacing, VAT other miscellane			SF or LF)	<u>=</u>		ulat	Гe
(10)		,	Yes	No	N/A	1							O	
Dorm Rooms Throug	hout	1	1	$\boxtimes$		Floor T	ile			12 SF				
·				$\overline{\Box}$	1				$\neg$		П	П		
			= +						-			П	П	
				<u> </u>					-		10			
						Manha	Cubic Yards of	Nama of	Pogist	ered Landfill		Ш	ш	
Name of Registered Was Freehold Cartage	sie nauler			111 22	IJDEP \ lauler II	O No.	Waste	Fairles						
					15939	)	3 Disposal Date	City, Stat						
City, State Freehold, NJ							08/08/2019	Morris		PA				
And the two waterways to the statement		770					/-	1 1101118	7	**************************************	to			
Completed By (Print or T	ype)	Title	minie	trat	ive Ma	nager	Signature	MIIM	-	De	te	L.	10	1

TON# 131	40	NO.	TIFIC	СΔ.			w Jersey BESTOS ABAT	EMENT	MEGE	3 1	W	E	lane.
V.5890	PAII			Pur	suant	to NJA	C 8:60 and 5:16	5)		ا د	<u>U</u>	브	Parameter and a second
Date of Notification (1)							Owner/Operator (2	2)	JUL 2	2 a	2010		
	24 /	19			The	College	of New Jersey		TI TI OUL	- J	2013		1200
Agencies Notified	Type Notificati	on			Street A	Address			Land and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same				4
⊠ EPA					2000	Penning	gton Road	Į.	ASBESTOS			)L &	
□ DOLWD	Amended				City, St	ate, Zip C	ode		LIVE	MSM	iù.	mentin dan katalogia	-
□ DOH	Amendmen				Ewir	ng, NJ 08	8628						
☐ DCA (NJAC 5:23-8)	☐ Emergency justification		ng	r	Name o	of Contact			Telephone Number	r			
(140/10/05.25-0)	☐ Cancellatio				Ama	nda Rad	losti		609-771-2881				
					FAC	ILITY INI	FORMATION						
Name of Facility Where	Abatement is Ta	king Plac	ce (3)	1		12776164 - 117164 m. 1		Type of Facility	(4)				
The College of New								School (K-12					
Street Address									8 (Other than K-12)	al buil	ldinas		
2000 Pennington R	nad							homes, etc.)	rivate and commerci	ai Duii	uniga	19	
City (5)				-				Square Feet	# of Floors	Bld	g. Ag	e	
Ewing								50,000	10	6	0		
				_	Count	v Code (7)	(STATE USE ONLY)		ior if being demolish	ed)			
County (6)					Count	y 0000 (1)	((07/112 002 01121)	Residence		-3.63 <b>8</b> 73			
Mercer	Title of Lee Decilation	0	= (0)		ASCM N	lo	Name of Abateme			_			
Name of Monitoring Firm			1 (0)	1	43CIVI I	NO.	The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	onmental, LLC					
USA Environmenta	II Managemer	nt, Inc.						Jillientai, LLO					-
Street Address						, .	Street Address						
344 West State Str	eet						623 Cutler Av						-
City, State, Zip Code							City, State, Zip Co						
Trenton, NJ 08608							Maple Shade	, NJ 08052					
Project Manager for Mor	itoring Firm		Т	1000	ohone N		Telephone No.		License No.				
Jim Duggan				- 500	9-656-	25.35(1).05(0	856-755-0099		00842				
Start Date (10) 08 / 05 /		cheduled			ion Dat		Name of OSHA N  EMSL Analyt						
			2.77			10	Street Address						-
Occupancy Status Durin					nent		200 Route 13	80 North					
☐ Abatement Performe	d Outside of No	rmal Fac	ility H	lour	s - Desc	cribe	City, State, Zip C						
Time of Abatement:							Cinnaminsor						
Scope of Work (Check a	Il that apply)						_						
		57	Reno				☐ Full Con	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf		Bernardi	Reno Demo		70 W			g Procedure					
							Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe     Non-Exe	empted (*) and No	on-Friable Procedure	1			_
			Is Lo							Aba	ateme	ent Ty	/pe
Location		.   ,	Noi Sed :	rmal Sole		Aaba	Description of stos Containing Ma		Amount	Re	Repair	ᄪ	Ē
Asbestos-Containing TO BE AB		'   1	Maint	ena	nce/		thermal systems		(Specify	Removal	pair	Encapsulate	Enclosure
IN Faci		0			Staff?		surfacing, VAT	r, or	SF or LF)	/a		sula	ure
(13)		V		(12) No	N/A		other miscellane	eous)				te	
6 th Floor, Room No.	622			NO X		Floor T	ile		4 SF				
				<u>~</u> X		Floor T			88 SF		П		
7 th Floor, High Side			-	<u>~</u> X		Floor T	189.32		24 SF		П		П
10 th Floor, Outside I	_adies Room					1 1001 1	iic .					П	
N	ata Haulas		1   L		JDEP \	Maste	Cubic Yards of	Name of Reg	istered Landfill	1-			_
Name of Registered Wa	iste naulei			100	lauler II		Waste	Fairless L					
Freehold Cartage					15939	)	3 Disposal Date	City, State			2027		
City, State							Disposal Date	Morrisvill	o PA				
Freehold, NJ							08/08/2019	MOLLIZALLI		to.			
Completed By (Print or	Type)	Title Adm	inist	traf	ive Ma	nager	Signature	MITTO	Da	te [	24	1	9

Ta . 11 . 2 2112		50			> [	TE'M	A/1	M	R
Inv#13040	)	State	of Ne	w Jersey		n E C	<u>R</u> 1,	V	
K 5173 MWA	HOTIFICA (Puri	ATION OF Suant to I	ase Uac	ESTOS ABAT 8:60 and 12:1	EMEN		)OL -	10 I	DAY
Diete of Notification (1)				g Owner/Operator		JHJ WUL	237	2019	
7/22/19		Street Ad	- 4 1	nie bro	MYR	7 R	18:11 Market		Z
		O0991 A	N, ess		Ī	t and BTO	OS GON	TRO	28.
D DEP D Amended	i.	City, Stat			. 20	121033		<del>/</del>	000
Emergency includ	ing	Name of		rance.	NJ.	O 70 S I	sber	1 11	1 1
DOH (usification) DICA Canceseiton				Dung-	JIL				
		FACILI	TY INF	ORMATION	T = 1 T = 1 T = 1	76			
Harne of Facility Valuere Abatement is Taking Pi JoHNN AS BROWN		0	•		Type of Facility	783650			
Speet Address  JOHNNIE DIOM	- <u></u>				D Subchapter	B (Other than K-12	<b>3</b> .		
					homes, etc.			-	
Oly (5)	<u> </u>	•		200	Square Foot	# of Floors	Bldg. Ag	* 40	5
OLAKES		County C	ode (7	(STATE USE	ZOOF	rior if being domoi	2		
PSSEX		ONLY)		A-201	1	85100N	65		
tarne of Monitoring Firm Hired by Building Own 8)	mar ASC	Mai No.			ment Contractor				
Street Accresc	!_	iši <u>nė</u> v		Street Address	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	10			
					th River	St			
City; State, Zip Code				City, State, Zip	ack, N.J	. 07601			
Project Manager for Monitoring Fam	Telep	hone No.		Telephone No.		License No.	<del></del>	11.00	
	1	D (64)		201-329 Name of OSHA		00388			-
Start Date (10)   Scheduled (17)   7/23   19   7/25	79	Date (11)		Section 19 to the second section of the second section 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to 19 to	Environm	ental			
Occupancy Status During Abatement (Check or	ny one)	18 E		Speet Address	uyler St				
Facility Closed/Vacated During Entire Period     Assessment Performed Outside of Normal Fac	of Abatem July House	ent		City, State, Zip	Code				
Appending of Performed Outside of Normal Fer E Other - Describe: 名: ジェムド て	: no Pl	и .		S. Ha	ckensack	,N.J. 07	606		
Scope of Work (Check ell that apply)		Ja Reno	ration.		Containment wit -Enclosure	h Negative Pressur	9		
D 28 ấ ơ ≥ 250 g E ≥ 150 g ơ ≥ 250 g		C Demo		O Gion	mban Procedure	ni Non-Friable Prox	ecture		
Andrew Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the		cetion						Abatot Typ	
Location of	Used S	nally olely by		Description ares Containing M		Amount		$\prod$	खा _
Anthropic Containing Motorial (ACM)  TO BE ABATED	Cust	menos/ bdial	(i.e	_ mennal system outladgg, VA	instanton,	(Specify SF or LF)	A CALLED A	Repair	Enclosure
(13)	3	2)		other miscegan		,	· Van	=	ST ST
	Yes 8	io NVA	-						1
BEDROOM SECOND FLOOR			_	MASTE	2	200	SF	×	+
Mary many many many many many many many man			*.					++	+
	11	++						廿	I
Harre of Registered Waste Hauler	NJDE ED No	P Waste Ha	ular	Cubic Yards of Wastes	Name of Rog	istered Landill			100
Best Removal Inc	1	7109		31/00	5 1	AND COUNT	Y LANC	FIL	Ľ
City, State	7601			Disposal Date	City, State	ROOH, PA.	172.	40	
Hackensack , N.J. 0	POT			Signature (	New 00	LADEL ) NO.	Date /	- 1	0
J.Maiorano Est	imato				20,000	<u> </u>	7/3	22/	17
ASB41 Don	ot use this!	form for exb	estos i	consure d'emper	sections.		•		

CANCELLATION State of New Jersey IOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) MS TRUNK 23 Street Addres Type Notification CONTROL & Agency Notified ISING ☐ Initial Q EPA City, State, Zip Code ☐ Amended DEP NJ. 07628 DUMONT Amendment # DOL ☐ Emergency (including Telephone Number Name of Contact justification) E DOH KiOT ancellation D DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) IRINA KLIOT ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Differ (i.e. private & commercial buildings, homes, etc.) # of Floors Square Feet City (5) 1940 JUMONT 1800 Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) RESIDEN CE ONLY) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 201-329-7444 00388 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 125119 Omega Environmental Street Address Occupancy Status During Abatement (Check only one) 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours S. Hackensack , N.J. 07606 a Other - Describe: Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Mini-Enclosure Renovation El≥3sfor≥3lf @ Glovebag Procedure □ Demolition D ≥ 160 sf or ≥ 260 lf

# 1 100 of 01 or 220 in					☐ Non-	Exempted (*) an	nd Non-Friable Pro	cedure				
. Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility . (13)	Use Ma	Locati Normal ed Sole intena Custodi Staff? (12)	ly ly by nce/ ial	Asbe (i.e	Description of stos Containing Months in thermal systems surfacing, VAT other miscellane	of aterial (ACM) insulation, , or	Amount (Specify SF or LF)			Тур	ment e Encapsulate	
	Yes	No	N/A			0-					1	_
BASEMENT			1	THELM	L SYSTEM IN	NOTANLE	75 L	- =	×		+	_
				1				4 13	1		+	
								`	+	H	+	
					Cubic Vocale of	Name of Pos	istered Landfill					_
Name of Registered Waste Hauler Best Removal Inc	1	No.	Naste	Hauler	Cubic Yards of Waste,		LAND COUNT	ry LA	NV.	FIC	Ľ	
City State					Disposal Date	City, State						

Do not use this form for asbestos licensure exempted activities.

Signature

N.J. 07601

Estimator

Title

Hackensack ,

J.Maiorano

Completed by

ASB-41

OliGINAL

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

		11.	ui Suc	HIE EU	INDAO	0.00 and 12.1	11 100	31			
Date of Notification (1)			1			g Owner/Operator		111 .1111 2	9 201	9	U
7/12/19						ININA	Kuot	77 005			1
Agency Notified	Type Notification		1	Street /	Address					101	٦
□ EPA	Initial							SAESTOS	SCONTE	IUL	я
DEP ZDOL	☐ Amended		1		ate, Zip		_ L		21131110	-	SCHOOL SHOWS
TADOL	Amendment #  □ Emergency (include	ng					. NJ.	7628	shor		
рибон	justification)	-		The second second	of Contac			relephone num		_	
D DCA	☐ Cancellation				-	KUST		1			_
	41 (	- (2)		FACII	JTY INF	ORMATION	Type of Facility	(1)			
Name of Facility Where					•						
	ININA KL	100					School (K-12	2) 8 (Other than K-12	n -		
Street Address	1			**			Other (i.e. pr	ivate & commercia	v al buildings	5.	
				"			homes, etc.		Bldg. A	<b>7</b> 0	
City (5)						* + 2	Square Feet	# of Floors	19		1
DJH.	CONT				20		.1800.		1	4 -	
County (6)				County ONLY)		(STATE USE		rior if being demol			
AND THE RESIDENCE OF THE PARTY HAS DECIDED AND ADDRESS.	SEEN					N		ESI DEN	100		
Name of Monitoring Firm (8)	n Hired by Building Own	FT 1	ASCM	No.		•	nent Contractor (	4.5			
						Street Address	moval In	C			
Street Address							-L D:	2.5			
63. St. 7- C. 4-						City, State, Zip C	th River	St			
City, State, Zip Code								07601			
Project Manager for Mon	· >	I To	lephon	a Na		Telephone No.	ack, N.J	License No.			
Project Mariages for Mon	inning rain	16	schiou	e No.		201-329	-7444 -	00388			
Start Date (10)	Scheduled,C	omoleti	on Dat	e (11)		Name of OSHA		1 00000			
7/24/1		25/		~ (,		1	Environm	ental			
Occupancy Status Durin		- "				Street Address					
	over 1840 - 5			*		280 Hi	uyler St	100			
☐ Facility Closed/Vacate ☐ Abatement Performed	Outside of Normal Faci	Ety Hou	TS.			City, State, Zip C				1335	
D'Other - Describe:	8:00 HA 00:	5:00	PH	1 -		S. Had	ckensack	,N.J. 07	606		
Scope of Work (Check a						n 5.4.4	Containment with	Negative Pressur	<b>P</b>		
-EI≥3sfor≥3lf					ovation		Enclosure	regaute riessa			
□ ≥ 160 sf or ≥ 260 lf			1	□ Dem	olition	Glov	ebag Procedure	d Non-Friable Proc	sedute		
		-				G HOIL	Exemples () an	2 HOIL HOUSE ! IO		Abate	ment
			Locationall						-	Ty	pe
. Location . Location . Asbestos-Containin		Use	d Solel	у Бу	Acho	Description of stos Containing Ma	Color and the second second second second	Amount	ŀ		m _
TO BE A	BATED	112232.5.3	ntenar ustodi:	000000		, thermal systems	insulation,	(Specify		2	noal
IN Fac			S=#?			surfacing. VAT		SF or LF)		Repair	Encapsulat
(13	>)	•	(12)			one inscendin	sous)		15	-	ate 70
		Yes	No	N/A							
BASEME	ENJ,			i	THECH	AL SYSTEM	MOITALUZA	751	-F 7	-	
									t is		
									٠,		
	:										
Name of Registered Wa	ste Hauler	1 5 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO		laste H	lauler	Cubic Yards of	Name of Regi	stered Landfill			
Best Remo	val Inc	ID	No.	100		Waste	PUMPER	AND COUNT	V / A41/	\F/	, :
		1	1/.	109				HNES COUPT	1 -HNE	2110	_
City, State	Je NT T O 7	601				Disposal Date	City, State	ROH, PA.	170	40	
	k, N.J. 07	001				Signature	I WEN DO	197, 171	Date	1	
Completed by	1	imot	~~			Signature A	1 Japa	ا	7/	1.21	19
J.Maiorano				for e	hastne Fir	ensure exempted	activities			1:	, ,
700-41	סוו טע	Case III	es IUIII	ועו מט	ecotto et	wind evaluation	7		. 2		

INV#13138 CK3032 PAI	TW)	NOTIF	SICATIO	tate of Ne N OF ASB	w Jerse	ey S ABATE	MEN	ΝΤ	5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				L		
Date of Notification (1)			ursuan	t to NJAC	8:60 ar	nd 12:12	0)			EC	0 [	<u> </u>	$\mathbb{V}$	E	
07/22/19				New Yo	rk Sch	nool Dis	stric	t .	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA		.,	7 0	204		
Agencies Notified Type Notification  EPA	1		6028	Address Broadw ate, Zip Co		Э.		(e)	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	JU	1[_ '	2 9	2015		Lind
X DOL Amendmen				New Yo		07093				ASBES		S CO		DL &	
X DOH Emergency justification Cancellation	)			of Contact Solares						lephone 01-553	Nun	ber			
Name of Facility Where Abeternet is Takin	DI (	0)	FAC	ILITY INFO	ORMAT	ION									
Name of Facility Where Abatement is Takin Saint Joes School / Memorial Hig Street Address		10.5	X				Ty	School (K- Subchapte	-12) er 8 (Oth				d:		
5400 Broadway								Other (i.e. etc.)	15-14/11/12/15/15		ercia	N 11 - 11 17 2	<del></del>		es,
City (5) West New York							01 .	uare Feet		f Floors			ldg. A	ige	
County (6) Hudson			(STATE	Code (7) USE ONLY				rrent Use (Pr		- <del></del>	olish	ed)			
Name of Monitoring Firm Hired by Building TTI Environmental Inc.	Owner (8)	)	ASCN 0000					batement Co ny Constru							
Street Address 1253 North Church St.						Street 205		ress ute 46 Suit	0 1/						
City, State, Zip Code								Zip Code	.0 14	-					
Moorestown, NJ 08057						Toto	wa	NJ 07512							
Project Manager for Monitoring Firm Mike Stocku				40-8800		Teleph 973		No. 4244		Licens 0137	7.0.00				
Start Date (10) 08/05/19	Schedul 09/05/		npletion	Date (11)				SHA Monitor s above							
Occupancy Status During Abatement (Chec						Street	7.5					1011			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of nal Facility	Abatem / Hours	nent			City, S	tate,	Zip Code			-				
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	portion and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	Renova Demolit				X	N C	full Containm Mini-Enclosur Glovebag Pro Ion-Exempte	e cedure					9	
Location of	4	Locati											Abate Ty	ment	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/		os Cont thermal surfa	scription taining M systems cing, VA niscellan	lateri insu T, or		(8	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									10000		te	
Boiler room			Х	V	ater ta	ank ins	ulat	ion	2	00sf		х		х	
Boiler room			X		Pipe	insulat	tion		1	50lf		Х		Х	
									-	-					
Name of Registered Waste Hauler			JDEP W	lasta	Cubic	Vorda		Name of	Dogiata	rad Land	aen				
Academy Construction Inc		Н	auler ID 34422	707073	of Was			Fairles			JIIII				
City, State Totowa NJ					Dispos	sal Date		City, Stat		Α					
Completed by John Geleski	Title					ignature	-	1/1/	1/		Date	22/	19		
						ilar	7.	1/10			-,,				

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 7/22/209 LONG BRANCH BOARD OF EDUCATION Agencies Notified Type Notification Street Address 540 BROADWAY **EPA** Initial × City, State, Zip Code DEP Amended ASSESTOS CONTROL & X DOL Amendment # 1 LONG BRANCH, NJ 07740 Emergency (including LICENSING Name of Contact DOH Telephone Number justification) X DCA ANN DEGNAN Cancellation 732-571-2868 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) AUDREY CLARK ELEMENTARY SCHOOL School (K-12) Street Address Subchapter 8 (Other than K-12) 192 GARFIELD AVENUE Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age LONG BRANCH County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) MONMOUTH Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMENTAL CONNECTION, INC. 00030 TWO BROTHERS CONTRACTING, INC. Street Address Street Address 120 NORTH WARREN STREET 11 VREELAND AVENUE City, State, Zip Code City, State, Zip Code TRENTON, NJ 08608 TOTOWA, NJ 07512 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. JORDAN REED 609-392-4200 973-956-8700 00494 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/15/2019 7/26/2019 SAME AS (9) 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 City, State, Zip Code Other - Describe: OCCUPIED Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodiai Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A SEE ATTACHED Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste TWO BROTHERS CONTRACTING 30 WASTE MANAGEMENT G.R.O.W.S. 18743 City, State Disposal Date City, State TOTOWA, NJ 7/26/2019 MORRISVILLE, PA Completed by Signature Date VIVECA RAMOS PROJECT COORDINATOR 7/22/2019

State of New Jersey

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

			(Pursua	nt to NJAC 8:60	and 12:1	20)	In E	G	EI	W	7 15
Date of Notification (1) 7/2/2019				of Building Own		or (2) OF EDUCATIO	THE	<u>U</u>	<u> </u>	14/	15
Agencies Notified Type Notification	1	- V	Street	Address		OF EDUCATION	111 111 m	jĻ	<del>2 g</del>	2019	)
EPA Initial Amended				BROADWAY State, Zip Code						~ 010	
DOL Amendmen				G BRANCH,	NJ 0774	10	ASBES	TOS	CON	TAC	L &
DOH justification Cancellation	)	ig	A CONTRACTOR	of Contact DEGNAN			Telephone N	umbe	41.421.14		-
				CILITY INFORM	ATION		732-571-2	868			
Name of Facility Where Abatement is Takin AUDREY CLARK ELEMENTARY	ng Place SCHO	(3) OL			111111111111111111111111111111111111111	Type of Facility (4	5 <b>5</b> 00				
Street Address 192 GARFIELD AVENUE						School (K-12 Subchapter of Other (i.e. pretc.)	2) 8 (Other than K- ivate & commer	12) cial b	uildings	, hon	nes,
City (5) LONG BRANCH						Square Feet	# of Floors		Bldg.	Age	10.10
County (6) MONMOUTH				Code (7) USE ONLY)		Current Use (Prior	r if being demolis	shed)			
Name of Monitoring Firm Hired by Building ENVIRONMENTAL CONNECTION	Owner (8	3)	ASC 000	M No. 30		of Abatement Cont BROTHERS C		1G. I	NC.		
Street Address 120 NORTH WARREN STREET	50				Stree	t Address 'REELAND AVE	,				- 77
City, State, Zip Code TRENTON, NJ 08608					City,	State, Zip Code OWA, NJ 07512	1 -				
Project Manager for Monitoring Firm JORDAN REED			Telepho	one No. 92-4200	Telep	hone No. -956-8700	License N	No.			
Start Date (10) 7/15/2019	Schedu 7/23/2		mpletion	Date (11)	Name	of OSHA Monitor ME AS (9) ABOV					
Occupancy Status During Abatement (Chec	k Only O	ne)				Address				-	- 15
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: OCCUPIED	eriod of al Facilit	Abater y Hour	nent s		City, S	tate, Zip Code		14			
Scope of Work (Check All That Apply)			VI. 19								
≥3 sf or ≥3 lf    ≥160 sf or ≥260 lf		Renova Demolii			×	Full Containment Mini-Enclosure Glovebag Proced Non-Exempted (**)	dure			2.1	
		Locati				Tron Examples (	) and Ivon-i hab	Te ric	Abate	ment	t
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by		escription	of laterial (ACM)	Amount	-	Ту	ре	
TO BE ABATED In Facility (13)		todial S (12)		(i.e. therma surf		insulation, T, or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
055 (55)	Yes	No	N/A					<u> </u>		ate	Te
SEE ATTACHED											
Name of Registered Waste Hauler		1									
TWO BROTHERS CONTRACTING		H	JDEP Wauler ID I 3743		: Yards iste		gistered Landfill MANAGEMEN	NT G	.R.O	.W.S	3.
City, State OTOWA, NJ				Dispo	sal Date 2019	City, State MORRIS\	/IIIF PA				
Completed by VIVECA RAMOS	Title PRO.	JECT	COOR	1/	Signature	ee Kan	Dat	e 2/201	9		

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Tou #12	1310		NOTI	FICATIO	ON OF AS	C 8:60 a	S ABATI	EMEN	Т				-			
Date of Notification (1)	100							70		IFS	1 E	C	F		W	E
7/23/2019				US A	of Buildin	orps of E	Operato Engine	or (2) ers/ N	NY Distric	t/NJ	Civil	Worl	s O	ffice		
Agencies Notified	Type Notification	1		Street	Address					100000			1 2		2019	-
EPA DEP	× Initial				S Lincol tate, Zip (		ue			LI	4	00		J	7013	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th
Ĭ DOL	Amended Amendmen			Midd	lesex, N	Code 1J 0884	6			december of the second	Las	BEC	TOS	CON	ITRO	1 0
ĭ DOH	Emergency justification	)	g		of Contac					L Te	lephor				_	L Ct
DCA	Cancellation	n				-		stract	ting Office	(7:	32) 6	67-7	274			
Name of Facility Where	Abatement is Takir	ng Place	(3)	FAC	CILITY IN	FORMAT	TION	Туре	e of Facility	(4)						
Residentail Propert Street Address	У								School (K-	12)						
Street Address								×	Subchapte Other (i.e.	r 8 (Oth private	er tha & com	n K-1. merci	2) al bui	Idinas	. hom	ies.
City (5)									etc.) are Feet	-	f Floor			Bldg.		18
Middlesex								2000.750	0 SF	2				30 30	ige	
County (6) Middlesex					Code (7) USE ONL				ent Use (Pr sidential	or if bei	ng dei	molish	ned)			
Name of Monitoring Firm TBD	Hired by Building	Owner (8	3)	ASC	M No.				atement Co racting, L		(9)					
Street Address								Addre		0 :						
City, State, Zip Code			,						ey Road, Zip Code	Suite	K					
570.0 (A) 1- 16 (S-000)(B)									ew Jerse	y 0747	70					
Project Manager for Moni	itoring Firm			Telepho	ne No.		Teleph					ise N	0.			
Start Date (10)		Schedu	led Cor	mpletion	Date (11)	) i			-5040 HA Monitor		008	74				
8/6/2019		9/6/20	19						acting, LL	.C						
Occupancy Status During		200	1/8				Street		5.7	0	,					
Facility Closed/Vaca Abatement Performs	ited During Entire F ad Outside of Norm	Period of nal Facilit	Abaten y Hours	nent					ey Road,	Suite	`					
Other - Describe: _									ew Jerse	y 0747	0					
Scope of Work (Check All	That Apply)							,								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demolit				×	Ful Mir	l Containme ni-Enclosure	ent with	Negat	ive P	ressu	re		
							×	Glo	ovebag Prod n-Exempted	edure	Non-	Friahl	e Pro	cedur	<u> </u>	
		220	Locati							( ) and	11011	nabi		Abate	ement	
Location Asbestos-Containing I		Use	Normal ed Sole	ly by	Achoo		scription		/4010		2003-7008/25			Ту	ре	
TO BE ABA In Facilit	TED		intenar			tos Cont thermal	systems	insula		(S	nount pecify		Re	_{ZD}	Enca	Ē
(13)	y		(12)			other n	cing, VA	eous)		SF	or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					1				<u>a</u>		ate	re
Baseme	ent		×				VAT	3 - 3 - 2		40	0 SF		х			
Hallway 2nd	l Floor		X			Joint	Compo	und		90	0 SF		х			
Name of Registered Wast				JDEP W auler ID		Cubic of Was			Name of F							
Service Transport Gro	oup, inc.			990	1076	10			Minerva		prise	s, Ll	.C			
City, State New Castle, Delaware	е	×40	No.			Dispos TBD_	al Date		City, State Waynes		Ohio					
Completed by Predrag Sarcev		Title	Drasi	dort		Si	gnature	$\geq$				Date		1242		$\neg$
. redray darcev		vice	Presid	ent		1900	1:			بستسست سريبي	-	7/2	3/20	19		

TOVA	12039									7					TO SALE ALLE
UK 150	18 P	AII		FICATIO	tate of Ne N OF ASE It to NJAC	BESTOS	ABATE					GE		V	
Date of Notification (1) 07/23/2019				Name	of Building swn Boar	Owner/C	Operator	(2)	nal	110	DAY	Hecken	. 159	180	
	Type Notification				Address Fair Law	n Avenu	ie	-	<del>-994</del>	<u>- IT</u>	1	7			
図 DEP 図 DOL	Initial Amended Amendment			City, S	ate, Zip C awn, New	ods	-		itt	_	ASBES	TOS EL LICENS	NT NG	70L	č.
图 DOH	<ul> <li>Emergency ( justification)</li> <li>Cancellation</li> </ul>	including		Name of Tom S	of Contact enko				·anira	20	lephone 1 1-794-5				
Name of Facility Where	Abatement is Taki	ng Place (	3)	FAC	ILITY INF	ORMATI			141 11	7					
Memorial Middle Sch	ool							ichool (							
Street Address 12-00 1st Street							□ Si	ubchap	oter 8 (Othe e private &	r than comm	K-12) iercial buil	dings, no	nes.	etc.)	
City (5) Fair Lawn, New Jarse	ey 07410						Squar 20,00	re Feet 20		2	of Floors	BI 50	dg. A	je	
County (6) Bergen					Code (7) USE ONLY	)	Currer	nt Use	(Prior if bein Middle Scho	ng den	nolished)				
Name of Monitoring Fim Garden State Environ		Owner (8	)	ASCI	VI No.		Name :		tement Con ration	tractor	(9)				$\neg$
Street Address 500 South Broad Stre	eet						Street 2 246 U		s Soulevard						
City, State, Zip Code Glen Rock, New Jers	ey 07452						City, Si	tate, Zi a, Nev	p Code n Jersey 0	7512					
Project Manager for Mor Bruce Wolf	nitoring Firm			Telepho 201-65	ne No 2-1119		Telephi 973-22				License 01104	No.			
Stan Date (10) 07/23/2019		Schedule 07/26/2		pletion Da	ite (11)				iA Monitor nental Lab	orato	ries, LLC		-		$\neg$
Occupancy Status Durin	g Abstement (Che	ck Only O	ne)				Street A		s 22 West						$\dashv$
☐ Facility Closed/Vaca ☐ Abatement Performs ☐ Other – Describe:	ed Outside of Norm 4:30 p.m. start							ate, Zi	p Code					-	$\dashv$
Scope of Work (Check A	All That Apply)														
<ul><li>≥3 sf or ≥3 if</li><li>≥160 sf or ≥260 if</li></ul>	#	700000	Renova Demoli				امم	Min	Containment i-Enclosure ve Bag Prod	edure	/ Limited	Containn		Tent	
		15	Locat	ion				TYDE	-Exempted	( ) ZINC	Amount	A	sted	ment	$\dashv$
Location Asbestos-Containing		Use	Norma ed Sole	ely by	Asbe		Description		I (ACM) (i.e.		(Specify SF of LF		Тур		$\overline{}$
TO BE A8 In Facil (13)	ATED lity	100000000000000000000000000000000000000	intena todial: (12)	Staff?		mai syste		itation, or	surfacing,			Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					002			al		late	Jí e
Fan Ro	om	×			HVAC D		necters		Friable In	tact	8" x 2"	X	· ·		
, Fan Ro	om	X	3 40 1152 400 2 10	1000	HVAC D			(Non	Friable In	tact	8" x 2'	×			
Fan Ro	om	×			HVAC D	ouct Con		(Non	Friable Int	act	6" x 5'	х			
Fan Ro	om	X		and the second	HVAC D	uct Con	nacters Remov		Friable In	act	6" x 5'	X			
Name of Registered Was Lilich Corporation	ste Hauler		1	JDEP W lauler ID 18724		Cubic Y of Wast	ards		Name of R			ili			
City, State Tofowa, New Jersey						Disposa 07/26/			City, State	. PA					$\dashv$
Completed by Adriana Olejarova		Title Pre	siden	ŧ		1	gnatura	-K	10	1		)ate 07/2320	19		
ASB 41 (P.06.09)		-1					1	-			_		_		

Do not use this form for aspestos licensure exempted activities.

Print Form

InV#1312U PA	MO	TON (	TFICATI (Pursua	ON OF A	SEEST	OS ABATI and 12:13	EMENT 20)	(E)		F	ПП	ПГ	) p
Date of Notification (1) 7/15/2019			Name	of Buildi	ng Owne	er/Operato	r (2) servation U		E C	The same			7
Agencies Notified  Type Notification  EPA  DEP  Amended  Amendmen	1		Stree 200	t Address Vesey S	Street				JU	<u>-2-9</u>	20	19	
Emergency	t #		New	State, Zip York, N	NY 102	81			ASBEST	OS CO		ROL	3
DOH justification;	200		Mr.	of Conta Jason B	ordaini				elephone 917) 39	Numbe			er and a second
Name of Facility Where Abatement is Takir Pilgrim Baptist Village II	ng Place	(3)	FA	CILITY IN	IFORMA	TION	Type of Fac	ility (4)					
Street Address 143-171 Avon Avenue	-						Subcha	(K-12) anter 8 (Ot i.e. private	her than i	K-12) ercial bu	grabliu	s, hor	nes,
City (5) Newark							etc.) Square Feel 115,000	# 2	of Floors		Bldg. 50	Age	
County (6) Essex			County (STATE	Code (7)	) .Y)		Current Use Housing	(Prior if be	eing demo	lished)			
Name of Monitoring Firm Hired by Building TBD	Owner (8	)	ASC	M No.		Name Sky (	of Abatement Contracting	Contracto , LLC	г (9)				
Street Address						Street	Address Valley Roa						
City, State, Zip Code						City, S	tate, Zip Code	:					
Project Manager for Monitoring Firm			Teleph	one No.		Teleph	one No. 928-5040		License				PS S S S S S S S S S S S S S S S S S S
Start Date (10) 07/30/2019	Schedul 07/30/		mpletion	Date (11)	)	Name o	of OSHA Moni		J.	ý			
Cccupancy Status During Abatement (Check  Facility Closed/Vacated During Entire P		183		Unk-para zven		Street /	Address Valley Roa		ĸ				
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours	s			City, St	ate, Zip Code ie, New Jer						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if	protesses	Renova Pemolit				×	Full Contair Mini-Enclos Glovebag P Non-Exemp	nment with	Negative			re	
Location of	N	Locati	ly		De	scription (			-		Abate	emeni pe	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mai	d Sole intenar odial S (12)	rice/	Asbes (i.e.	tos Con thermal surfa	taining Ma	iterial (ACM) insulation, , or	! (S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
See attached	Yes	No	N/A							+		te	е
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic	Yards	l Name (	of Register	ad Landfi				
Service Transport Group, Inc.			auler ID 1990	No.	of Was		1	va Enter					
City, State New Castle, Delaware					Dispos	al Date	City, St Wayn	ate esburg,	Ohio				-
Completed by Predrag Sarcev	Title Vice F	resic	lent		S	ignature.	<u> </u>		TD	ate /16/20	119		-

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 7 / 19 ST-LINDEN TERMINAL LLC JUL 2 9 2019 Agencies Notified Type Notification Street Address ☐ EPA □ Initial 4501 Tremley Point Road ☑ DOLWD □ Amended ASBESTOS CONTROL & City, State, Zip Code □ DHSS Amendment #4-7/23/19 LICENSING Linden, NJ 07036 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Fabien Kulynych 609-575-4335 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Nustar Energy- Linden School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) 4501 Tremley Point Road Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Linden County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni Associates BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 515 Grove Street 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Haddon Heights, NJ 08035 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Alan Lloyd 856-547-0505 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>7</u> / <u>22</u> / <u>19</u> 7 / 26 / 19 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 5:00AM-1:30PM/____PM-___AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☒ Renovation☒ Demolition ☐ Mini-Enclosure ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Encapsulate Enclosure Asbestos Containing Material (ACM) Removal Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify IN Facility Custodial Staff? surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A **Exterior Pipeline** X Pipe Insulation 170 LF X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Bristol Environmental Inc. Hauler ID No. Waste Fairless Landfill 18706 6 cu yd City, State Disposal Date City, State Bristol, PA 7/19/19 Fairless Hills, PA Completed By (Print or Type) Title Signature Date Gino Pizzigoni Estimator

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

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

Date of Notification (1)		200				ing Owner/Operator				A		
		9		ST	T-LINDEI	N TERMINAL LL	C		JUL	29	20	19
Agencies Notified Type Noti	ification			Stree	et Address	S		E Des Can'			_	-
☐ EPA ☐ Initial				45	01 Trem	ley Point Road			C) E) E (C) E/	NO (N)	75175	000
☑ DOLWD ☑ Amend	ded dment #	2714	0/40	_	State, Zip			P	SBEST(	JO U. JENS		21
DCA Emerg	unent #	ocludir	9/19	Lin	nden, NJ	J 07036		E-mary of the section and	OF WY DE ADMINISTRATION OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE			-
(NJAC 5:23-8) justific	ation)	icidali	19	Nam	e of Conta	act		Telenh	one Num	hor		
☐ Cance	llation			Fa	bien Kul	lynych			-575 <b>-</b> 433			
				FA	CILITY	NFORMATION						
Name of Facility Where Abatement is	s Takin	g Plac	e (3)				Type of Facility	(4)		-		_
Nustar Energy- Linden							School (K-1	2)				
Street Address							Subchapter	8 (Other t	than K-12	)		
4501 Tremley Point Road							Other (i.e., phomes, etc.	nivate and )	a commer	rcial bi	niidin	gs
City (5)							Square Feet	# of F	loors	В	dg. A	VO.
Linden							-	_			-	5
County (6)				Cou	nty Code	(7)(STATE USE ONLY)	Current Use (Pi	rior if bein	a demolis	hed)	_	-
Union									34	5		
Name of Monitoring Firm Hired by Bu	uilding (	Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)	)			-	-
Pennoni Associates						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						
515 Grove Street						1123 BEAVE	R STREET					
City, State, Zip Code				-67		City, State, Zip C	ode			11 57 57 57	100 (11)	-
Haddon Heights, NJ 08035						BRISTOL, PA	A 19007					
Project Manager for Monitoring Firm	2015-11-3-1		Tele	ephone	No.	Telephone No.		Licens	se No.			_
Alan Lloyd			8	56-547	-0505	215-788-604	0	005	509			
Start Date (10)					ite (11)	Name of OSHA	Monitor					_
7 / 22 / 19		7	_ 24	4/	19	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During Abatement						Street Address						100
Facility Closed/Vacated During En	ntire Pe	riod of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed Outside of Time of Abatement: 5:00AM-1:30	Normal	Facili	ty Hou	rs - Des	scribe	City, State, Zip C	ode					-
				AIVI		BRISTOL, PA	19007					
Scope of Work (Check all that apply)												
≥3 sf or ≥3 if		⊠ Re	enovat	ion				gative Pre	ssure			
≥160 sf or ≥260 If			emoliti	on			g Procedure	_				
		1	s Loca	tion	T	□ Non-Exe	empted (*) and No	n-Friable	Procedur	1		
Location of		277	Norma			Description of	-f			Ab	atem	er
Asbestos-Containing Material (AC	CM)		ed Sole		Asbe	estos Containing Ma		Am	ount	Rei	Repair	Timbo and
TO BE ABATED IN Facility		Cus	aintena stodial	ince/ Staff?	(i.e	e., thermal systems	insulation,		ecify	Removal	oair	1
(13)			(12)			surfacing, VAT other miscellane	or eous)	SF c	or LF)	<u>a</u>		
		Yes	No	N/A			,					1
Exterior Pipeline					Pipe In	sulation		170	) LF			]
												1
			П							+		1
(a)			H	-								L
Name of Registered Waste Hauler				IJDEP \	Masta	Cubic Vasta of	IN-				П	
Bristol Environmental Inc.			19 988	lauler I		Cubic Yards of Waste	Name of Regis		dfill			
		n kwajeti i		18706	;	6 cu yd	Fairless La	muilli				
City State						Disposal Date 7/19/19	City, State Fairless Hi	lle DA				
City, State Bristol, PA						1113113	rainess HI	iis, PA				
Bristol, PA	Title	-				Cianal						
	Title	stima	to-			Signature	0.	- CO.	Dat	e,	1	

TIM	11901					State of	New Jersey						
VEQQQI	PAM	1	NO.				SBESTOS ABA AC 8:60 and 5:1		MEG	E	7 1	V/ [	G I
Date of Notification (1)	x x xx x x x x x x x x x x x x x x x x							100.40	11) 5 6	15	<u> </u>	<u>y</u> [	5
07 /	23 /	1	9			ennifer M	ng Owner/Operator azzoni	(2)		0.		. 4 . 44	Andreas and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st
Agencies Notified	Type Notific	cation			Street	et Address			<u>                                     </u>	. 2	20	119	112
⊠ EPA	☐ Initial	Janon			Oties	et Address			Transport				percent
□ DOLWD	☐ Amende	30-30			City	State, Zip	Code		ASBEST	030	ONT	RO)	A.
⊠ DOH	Amenda			-	1	ving, NJ				CENS			٠,
☐ DCA (NJAC 5:23-8)	☐ Emerge justificat		ncludir	ng	_	e of Conta			Tolonhaus No.				840.074,00
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	☐ Cancella	State and the			1	nnifer Ma	(7.5)		Telephone Nun	nber			
					FA	CILITY	NFORMATION		1				
Name of Facility Where At	patement is	Takin	g Plac	e (3)				Type of Facility	(4)				
Mazzoni Residence								School (K-12	2)				
Street Address								Subchapter 8	Other than K-12 (Other and comme	2)	wildin	<b>ac</b>	
								homes, etc.)		i Ciai u	anan	ys,	
City (5)								Square Feet	# of Floors	В	lldg. A	ge	
Ewing								1,820	2		39		
County (6)					Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)		1.	
Mercer								Residence					
Name of Monitoring Firm H	12.54	_			ASCM	No.	Name of Abateme	ent Contractor (9)					
Management & Envir	ro. Consu	lting	Servi	ces			Shade Enviro	onmental, LLC					
Street Address							Street Address					100000	_
PO Box 341							623 Cutler Av	venue					
City, State, Zip Code							City, State, Zip Co	ode					
Chesterfield, NJ 085							Maple Shade	, NJ 08052					
Project Manager for Monito	ring Firm			Tel	ephone	No.	Telephone No.		License No.				
Bill Weisgarber					77.5	3-4070	856-755-0099		00842				
Start Date (10) 08	1			177		ate (11)	Name of OSHA M						
					/	19	EMSL Analyt	ical, Inc.					
Occupancy Status During A							Street Address						
<ul><li>☐ Facility Closed/Vacated</li><li>☐ Abatement Performed C</li></ul>	During Enti Jutside of N	re Pe	riod of	Abate	ment	acriba	200 Route 13						
Time of Abatement:	AM-	PI	// //	PM	- -	AM	City, State, Zip Co						
Scope of Work (Check all ti							Cinnaminson	, NJ 08077	<u> </u>				
Scope of Work (Check all to	пат арріу)						☐ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			1000					losure	ative i ressure				
☐ ≥160 sf or ≥260 lf			∐ De	emoliti	on				Crieble December				
			Is	Loca	tion	1	△ NOII-EXE	inpled ( ) and Non	-Friable Procedu	1			
							Description of	f		-	_	_	1
Asbestos-Containing Ma	aterial (ACN	1)							Amount	Rem	(ep	inc	encl
IN Facility	<u> </u>		0.235	todial	Staff?	(1.6				3701	ai-	apsı	uso
(13)						-			01 01 21 )	=		ulat	re
Vitaban		_		100000	22.000.00					-	_	(D)	
Kitchen						Floor T	ile		155 SF				
			Ц	Ш	Ш								
	Hauler			10.39			Cubic Yards of	Name of Registe	ered Landfill				
Freehold Cartage	f or ≥260 If												
City, State	Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen   Chen												
Freehold, NJ							08/02/2019	Morrisville,	PA				
Completed By (Print or Type	e)	Title			-		Signature	1. 11.	Da	te		2000 2000	
Margie Muller		A	dmini	strati	ve Ma	nager	MIN	MILL		-2:	7) -	10	

IN # 13149

2 11 6		1	M	# 13	150				1_	Pric	nt For
CK#5310 PAII	) 1		CATION	ate of New Jers OF ASBESTO to NJAC 8:60 a	S ABATE		DEC	E			1 1 1 1
Date of Notification (1)		1	Vame of	Building Owner	r/Operator	(2)	JU JU		20	19	
7by119			del	n Am	a de		ind fact				II
Agencies Notified Type Notification		3	Street A	ddress		***			CSITI	201	
M. EPA M Initial		1					ASBES	TOS C	UN I	HUL	Čt
DEP Amended		(	City, Sta	te, Zip Code				IOE IVE	7	on management of	
DOL Amendment		-	1)	600by	+, 1	new Jer	36.40 T	ナノー	<i></i>		
DOH justification)	nobung	1	1 .	*Contact			Telephone Nu	mber	20-		
DCA Cancellation			YCC.				<i>5</i> 2				į.
	DI /2		FACI	LITY INFORMA	TION	Tong of Facility	/A\				-
Name of Facility Where Abatement is Taking		77				Type of Facility	10000				ĺ
11100	<del>/</del>					School (K-	12) r 8 (Other than K-1	121			
Street Address						Other (i.e.	private & commerc	ial build	lings, l	home	s,
						etc.)	1 11 - 5 171		lala Da		$\dashv$
City (5)						Square Feet	# of Floors	B	ldg. Ag	经十	4
Loop Orcoch		- 1	Zavet : 1	Code (7)		1 HOU	ios if boing dom-	hod	10	1 1	
County (6)				JSE ONLY)		Current Use (Pr	for if being demolis	ineu)			
1 10 (1) (0) (1)	Semon (0)		ASCN	1 100	Nome	of Abatement Co	notracios (9)				
Name of Monitoring Firm Hired by Building C	witter (o)		ASUN	NU.	A	n of Abatement Co	1 a dia 1	1 -	- 0		-
			<u> </u>		Stroot	Address	147.31(	21		*	
Street Address					1/1-		ere a d				ĺ
Other Ottate Tie Ondo						State, Zip Code	13611G			- 100	-
City, State, Zip Code					Ony,	LS A 10	KITT	723	CL		1
Project Manager for Monitoring Firm		1 7	elepho	ne Nin	Teleni	none No.	License	J / C	1.		-
Project Manager for Monitoring Firms			cichito	16 140.	(173)	Daction	$\rightarrow 1/0.00$	199			1
Start Date (10)	Schedule	ed Cdm	nletion I	Date (11)	1	of OSHA Monitor	<del></del>	01 1			$\dashv$
C/2/19	52	1	9	Jato (11)	1101110	01 001 11 11110111101					1
Occupancy Status During Abatement (Check	Only Or	re)			Street	Address				*********	-
170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N 170 N											100
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	enod of / al Facility	Abatem Hours	ent		City, S	State, Zip Code					$\neg$
Other - Describe:	-70/	n									-
Scope of Work (Check All That Apply)											
⊠ ≥3 sf or ≥3 lf		Renovat	ion		can:	Full Contains	nent with Negative	Pressu	re		-Budbug
23 st 01 23 ff ≥160 sf or ≥260 lf	Comment	Demoliti			is a	→ Mini-Enclosus	ге	, , , , , , , , , , , , , , , , , , , ,			1
					74	Glovebag Pro	ocedure ed (*) and Non-Fria	hia Dm	casiure	2	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	T	-			150	1401-Exemple	l janu reon-rina	J.E -10	Abate		$\neg$
	CO 101 2007	Location Vormall						1	Ту		1
Location of		ed Solei			Description	n of Material (ACM)	Amount			m	
Asbestos-Containing Material (ACM) TO BE ABATED		intenan todial S		(i.e. therm	al system	s insulation,	(Specify	Re	20	Encapsulate	Enc
In Facility	Cus	(12)	tall!		facing, VA r miscella		SF or LF)	Removal	Repair	psc	Enclosure
(13)	-			Oale	i iiiibusiia	116005)	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	l a	=	llate	JI.6
	Yes	No	N/A								
10403-			4	Floor.	2/:4		しかめ	W			
interior				Kachera	NULA	ctions	15,0K	4			-
1110			3	4 - 4 had have 3 19	1 , ( )						
	-		-					1	1-1		
	1		L	feets 10.1	io Varda	1 01	Dogistared Land	31			
Name of Registered Waste Hauler			JDEP Wauler ID	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ic Yards Vaste	Name of	f Registered Landfi	5ŧ			
DO ITOS IKHON (ST	``(		798		2	Ch	(-~S				1
City, State	130		1 1		ogsal Date	City, Sta	ite				
GHS NOW, NS				8	1711	" Mart	27/12				
Completed by	Title		22000000	Y	Signatur	9 ,	D	ate	1	1.	
memobile	1500	etary	TAK	S120 1	13	$\Delta$	49. 10. 14.	7/0	)-{}	14	

INV#1	315	1	NO.		ATIO		BEST	sey OS ABAT and 5:10		MEC		Π/I	尼	
Date of Notification (1)								/Operator (	1		15 1	A	L	1
07	23	19	)					roperator (	-/	IMI				The same
Agencies Notified	Type Notifi					e Hughes			and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		29	2019		
□ EPA	Initial				01.01	21 1 1441 655			4	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				-
☑ DOLWD	Amende				City,	State, Zip	Code			ASBEST	US CON	ITRO	1 2	*
DHSS	Amendr			- -	Glen	Rock, NJ	07452		L	LI(	CENSIN	G		P/chico
(NJAC 5:23-8)	justifica	tion)	ioi a a ii	9		e of Contac				Telephone No	umber		200	
	Cancella Cancella	ation			Mari	e Hughes				1.				
					F.A	CILITY II	NFORM	ATION						
Name of Facility Where A	batement is	Taking	g Plac	e (3)					Type of Facility					
Private house Street Address		5		-301-3-2						8 (Other than K- private and comm		uilding	js,	
City (5)				-					Square Feet	# of Floors	В	ldg. A	ge	
Glen Rock, NJ 07452														
County (6)					Cou	nty Code (7)	(STATE (	JSE ONLY)	Current Use (F	rior if being dem	olished)			
Bergen Name of Monitoring Firm	Uland by D.	(di== 7		(0)	1.000								5211115	
Name of Monitoring Firm	nired by Bui	naing (	Jwner	(8)	ASCM	l No.			ent Contractor (	9)				
Street Address								Address						
								alley Rd#	283					
City, State, Zip Code								tate, Zip Co						-
							Wayne	e, NJ 0747	0					
Project Manager for Moni-	toring Firm			Tel	ephone	No.	Teleph	one No.		License No.				
Start Data (10)		0.1	1 1 - 1 1					8-1777		01127				
Start Date (10) 08 / 01 /	19				etion Da	ate (11)	1000000000	of OSHA M						
Occupancy Status During								vision Cor Address	nsultants,Inc					
Facility Closed/Vacate					ement		100000000000000000000000000000000000000		Dood Dida #	250				
Abatement Performed	Outside of N	Normal	Facili	ty Hou	rs - De			tate, Zip Co	Road, Bldg .#	33E				- 0.200
Time of Abatement:	AIVI	PI	M/	PM		_AM	- 100 Page 1	wn, NJ 07						
Scope of Work (Check all	that apply)			***************************************			Т			ination with negal	tive press	sure		
>3 sf or >3 lf > 160 sf or >260 lf				enova emoliti			X	Mini-Encl Glovebag	osure Procedure	egative Pressure  Tent with Negat on-Friable Proce	ive Press dure	sure		
				s Loca Norma			2 :				Ab	atem	ent T	ype
Location Asbestos-Containing M TO BE ABA IN Facilit	Material (ACI TED	M)	Us Ma	ed Sol ainten	ely by		stos Con e., therma	al systems i	erial (ACM) nsulation,	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
(13)	у			(12				acing, VAT, miscellaneo		SIF or LF)	/al		ulat	life
			Yes	No	N/A								Ф	
Basement					$\boxtimes$	Pipe insi	ulation			95 LF	$\boxtimes$			
											$\boxtimes$		П	
												П	П	П
														F
Name of Registered Wast	e Hauler			N.	DEP Wasi	te Hauler ID No.	Cubic Y:	ards of Waste	Name of Regi	stered Landfill				
Gr Tech LLC					00337		ТВ		T.R.R.F. Inc					
City, State					00337	0.5	Disposa		City, State				45.75	
Wayne, NJ 07470							ТВ		Tullytown, F	PA				
Completed By (Print or Ty	rpe)	Title	9					anature 1	1, 22, 700 1111, 1		Date			

Owner

07/23/19

wner fewic Wenad

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

19 2019 03:44PM NJ	J Asbest	tos Contro	1 609,63	33,0664	pa	ige 1				8
07/19/2019 14:25	973	37425035			MTM METRO	CORP		) EAG	E E	04 V [
87/19/2819 14:25  JW 20 28  Date of Notification (1)		100	725	)				小一		0 0 1
IM	#	10	10-					HEAV		0000
1	H	A TOTAL	NOTE	STATE OF N	ew jerbey Iestos abaten	ICNT	DOL HI	MUATU	UL 21	9 2019
V 2028	Z L	AIT	(Pura	went to N.J.A.C.	8:50 AND 12:120	3. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1			1
Date of Notification (1)	<u>U</u>	400				Owner/Operator (2)		ASBE	STOS	CONTROL
	7/19/1	9			Glen Ridge B	oard of Education	1.		LICEN	SING
gendes Notified	7	Notification 1	ypa"		Street Address		L-		- ::d	$\Box$
EPA	I	Initial			12 High St		×12.55-16.55	mpilli	(17-1)	
DEP	1	Amended	10.00		City, State, Zip C		THE PARTY OF		712444	
X por	1	Instanti	ey (includin on)	8	Glen Ridge, I		Tel. Number			=
DCA	l	Cancela	tion		Barbara Mur		973 429 8			
ame of Facility Where Abste	- ANTIO TO	UNA Ploce (W		FACILITY IN	Type of Facility	4)			-	
inden Ave Elementary		mig . Mood to	•							
Treet Address					12.0					
205 Linden Ave						r 8 (Other than K-12)	s 10 W			
A PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	ounty (6)		County Co	de (7)	Other (I.e.	, privale & commercial a.)	buldings,			
	Sacx		(State Use	<u> </u>						
Name of Monitoring Firm Hire	d by Bldg.	Owner (5)	ASCM No		Name of Contrac					
T&M Associates			00145		MTM Metro C	orbotation				-
Street Address 11 Tindell Road					135-137 McE	Bride Ave			64	
City, State, Zip Code					City State, 4thu	ode		-		_
Middletown, NJ 07748					Paterson, N.	30 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO				
Project Manager for Mondonin	ng Firm	Telephone I	THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY		Teléphone Num	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	License Nu	វិម៌ជីវា		
Kevin Bums		732 871 8			973-742-503		00809			_
Scheduled Start Date (10)		Scheduled I		Date (11)	Name of OSPA MTM Matro					
7/23/2019	222222222	8/10/2019	100000000000000000000000000000000000000		Street Address	a project of total			NAME OF TAXABLE PARTY.	=
Occupancy Status During Ab	albillati (C	HICKER THINK OUT	<u> </u>			Bride Avenue				
Facility Closed/Vaceted	Duding En	fire Period of	Abatement		City, State, Zip	Code				
Abatement Performed 0					Paterson, N.	1.07504				
Other-Describe:					Paterson, N.	101201				
Source of Work (Check all th	st apply)						[ IAIN] E	ndosura		
> 3 m or > 3 if	2	Renovatio				Negative Pressura		ag Procedu	1 <b>7</b> D	
≥ 160 sf or > 260 lf		Demolition	lî	☐ Na	n-Exempted(*) & I	Non-Prizable Procedure				
Location of Asbestos- Containing Material (ACM) is		ation Normali by Maint /Cu	y Used stodiel	Shormal system	ns insulation,	Amount (Spacety SF	or LF) Ab	stement T	Da	
Facility (13)	Staff?	(12)		surfacing, VA	T, or other		Re	m. Rep.	Encar 5	indosa
Original Brog. Wing Damini, Tat & And	FIX.	NO X	N/A	pinmer pinmer		1.610 55		X	X	
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s									+	

ASB-41

City, State Paterson, NJ 07501

Mike Demevski

Mame of Reg. Waste Hauler

Completed by (Print of Type)

MTM Metro Corporation

NUDEP Waste Hauter D #

Title

Proj. Manager

Cubic Yarda of Waste

Mike Damevski

40

Signature

Name of Reg. Landfill

City, State Tullytown, PA

Tullytown, PA

Date

7/18/19

Digg. Date 5/11/19

Do not use this form for espectos licensura exmpted activities.

#### STATE OF NEW JERSEY

#### NOTIFICATION OF ASBESTOS ABATEMENT

		EW JERSEY ESTOS ABATEN	MENT	10,	E C	; [							
	8:60 AND 12:12						-						
Date of Notification (1)	Name of Building Owner/Operator (2) JUL 2 9 2019												
	Glen Ridge Board of Education												
Agencies Notified	Notification T	уре		Street Address ASBESTOS CONTROL &									
∑ EPA [		Initial			12 High St LICENSING								
DEP I		Amended	#		City, State, Zip Code								
X DOL			cy (includin	g	Glen Ridge, NJ 07028								
X DON		journousery			Name of Contact Tel. Number								
X DCA	Cancellation FACILITY IN			Barbara Murphy 973 429 8304									
Name of Facility Where Aba	Type of Facility (4)												
Linden Ave Elementa													
Street Address													
205 Linden Ave					Subchapter 8 (Other than K-12)								
City (5)   County (6)			County Co	ode (7)	Other (i.e., private & commercial buildings, homes, etc.)								
	Essex	(State Use Only)			nomes, ee	o.,							
Oleminage	ame of Monitoring Firm Hired by Bldg. Owner (8)				Name of Contractor (9)								
T&M Associates			00145		MTM Metro Corporation								
Street Address					Street Address								
11 Tindall Road	135-137 McBride Ave												
City, State, Zip Code	City State, ZipCode												
Middletown, NJ 07748	Paterson, NJ 07501												
Project Manager for Monitoring Firm Telephone			lumber		Telephone Number License Number								
Kevin Burns		732 671 6400			973-742-5030				00809				
Scheduled Start Date (10)	Scheduled (	Completion	Date (11)	Name of OSHA Monitor									
7/23/2019	8/10/2019			MTM Metro Corporation									
Occupancy Status During Abatement (Check only one)					Street Address								
					135-137 McBride Avenue								
Facility Closed/Vacated During Entire Period of Abatement					City, State, Zip Code								
X Abatement Performed Outside of Normal Facility Hours					Betaran NI 07501								
Other-Describe:					Paterson, NJ 07501								
Source of Work (Check all	that apply)								carero or				
> 3 sf or > 3 lf	all Containment with Negative Pressure Mini-Enclosure												
> 160 sf or > 260 lf	on-Exempted(*) & Non-Friable Procedure Glovebag Procedure												
					ACM (i.e.	LF) Abatement Type							
Containing Material (ACM) in Solely by Maint / Custodial thermal syste					ns insulation,	CONTROL SERVICE PROPERTY OF ANGELOS							
Facility (13)	(12) NO				I, or other					Encap	Enclose		
Original Bldg. Wing bsmnt, 1st & 2	nd Flr.	I X	1	plaster		1,410 SF				X	X		
Oligina 113									_	-			
			-				16.5255555						
Name of Reg. Waste Hauler		NJDEP Waste Hauler ID #			Cubic Yards of Waste			Name of Reg. Landfill					
MTM Metro Corporation		26552			40			Tullytown,PA					
City, State					Disp. Date			1	City, State				
Paterson, NJ 07501			8/11/19		8/11/19	<u>Tul</u>		ullytown	ullytown, PA				
Completed by (Print or Type)		Title			Signature			Date					
Mike Damevski		Proi. Manage	er		Mike Damevski			7/19/19					