IN# 11710 PA	N	PTIFICA (Pursu	ATION OF ASBESTOS ABA ant to NJAC 8:60-7 and 12:	ATEMENT 120-7)	433	60) [
Date of Notification (1)			Name of Building HACKENSACK ME	Owner/Operator		C	E	0	/ E
6 / 5 /19			Street Address				territorio de carto		-
Agencies Notified Type Notificat	ion		30 PROSPECT AV	ENUE	Titologia Company Comp	PIFAI	4		TOTOGRAPH
	tification d Notifica tion	tion #3	City, State, Zip Cod HACKENSACK, NE		01	JUN	7 (201	9
X DOH On Hold EMERG		TIFICA	Name of Contact TION BRIAN O'NEIL		Telephone/Num 732-751-3384		OS CO CENS		OL&
			FACILITY INFORMATION				Address designations		A STATE OF THE PARTY OF THE PAR
Name of Facility Where Abatement is T	aking Pla	ice (3)		Type of Facili School (F					
JERSEY SHORE UNIVERSITY MEDICAL	CENTER	3		Subchap	ter 8 (Other than h . private & commo	(-12)	is ho	mes	etc)
Street Address				Square Feet	# of Floors	T		g. Age	
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City (5) County NEPTUNE OCEAN Name of Monitoring Firm Hired by Built		(0)	County Code (7) (STATE USE ONLY)	COMMERCIAL)		
ENVIRONMENTAL TACTICS INC.	aing Own	er (8)	ASCM No.		ement Contracto		ION		
Street Address			,	Street Address		311/11	IOIY	3 3 37 70	$\overline{}$
64 BROAD STREET City, State, Zip Code				313 SPOOK R					
	WAN. NJ			City, State, Zip SUFFERN, NF	Code W YORK 10901				
Project Manager for Monitoring Firm	T	elephon	e Number	Telephone Nur		ense N	lumbe	er	
THOMAS GEIGER		32-290-2		845-369-7500	110	1			
Expected State Date (10) 6 / 6 /19	Sched.	Compl	etion Date (11) 30 /19	Name of OSHA	A Monitor TRONMENTAL				
Month Day Year	Mont	h	Day Year	QUALITY ENV	INONWENTAL				
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: Monday	Entire Pe	riod of A	/ Hours - Describe:	Street Address 1376 ROUTE 9 City, State, Zip	Code	N NIV	40500		
Scope of Work (Check all that apply) Demolition 3SF OR LF X >160 SF OR 260 LF	Renova	ıtion	Mini-Encl Glovebag	ainment with Neg	APPINGER FALLS gative Pressure	o, IN Y	12590		
Location of		cation	Description of A			A	batem	ent T	
Asbestos-containing Material (ACM)		lly used ly by	Containing Mater (ie. Thermal sy		Amount	品	REPAIR	ENCAPS	ENCLOS
TO BE ABATED		ustodia			(Specify SF or LF)	REMOV	MA	CAF	STC
in Facility (13)		f (12)	or other miscella	100 100 00 00 00 00 00 00 00 00 00 00 00	,	A	سا	SUL	SUR
6TH FLOOR 1 B	Yes No	o N/A	VAT & MASTIC		2,820 SF	X			B
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6TH FLOOR 2B	+	X	VAT & MASTIC		3,050 SF 1,620 SF	X	\vdash		
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6TH FLOOR 3B	++	×	VAT & MASTIC			_		-	
6TH FLOOR 3	+				458 SF	X	-	\vdash	H
61H FLOOR 3	++	X	VAT & MASTIC		340 SF	X	-		\vdash
Name of Registered Waste Hauler	NUDER	Wests	Cobia Vanda af Mark	IN (D. :					
NEWARK CARTING	NJDEP Hauler I		Cubic Yards of Waste 40	Name of Regist GRAND CENT	tered Landfill RAL SANITARY L	ANDE	TLL		
369 RAYMOND BLVD.	O DANSON DESCRIPTION OF THE PARTY OF THE PAR	13							
City, State NEWARK, NEW JERSEY 07105			Disposal Date 05/13-12/30/19	City, State PLAINFIELD TO	OWNSHIP PA				
Completed by (Print or Type) Title		OE OBE	Signature RATIONS	2	Date	1	1	19	\neg

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X DOH X On H X DCA EME	lold RGENCY	NOT	IFICA	TION BRI	ne of Contact AN O'NEIL			Telephone No 732-751-3384		PRINCIPAL VILLAGO	153-221-3	200 62 4	7
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64 BROAD STREET						0.0000000000000000000000000000000000000	et Address SPOOK RO						1
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	TAWAN					SUF	FERN, NE	N YORK 1090	1				1
Project Manager for Monitoring Firm				e Number		Tele	phone Num	iber L	icense	Numb	er		1
THOMAS GEIGER Expected State Date (10)	Ical		-290-2		(44)		369-7500		101				
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TO BE ABATED			stodia	in:	sulation, surface			(Specify SF or LF)	8	PAI	Ω _A	15	
in Facility (13)		Staff (12)		or other miscel			0, 0, 2, 7	DVAL	Ī	PSUL	OSUR	l
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		+	X	VAT & MA				2,820 SF	X	+	+	+	-
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6TH FLOOR 2B		-	X	VAT & MA				1,620 SF	X	_	_		
6TH FLOOR 3A	_	-	X	VAT & MA	2007			888 SF	X	1	_		
6TH FLOOR 3B		-	X	VAT & MA	STIC			458 SF	X				
6TH FLOOR 3		-	X	VAT & MA	STIC			340 SF	X	-	-		
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Name of Registered Waste Hauler		EP W		Cubic Yard	ls of Waste	Nam	e of Registe	ered Landfill					
NEWARK CARTING 369 RAYMOND BLVD.	Hau	ler ID 913			40	GRA	ND CENTR	AL SANITARY	LAND	FILL			
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NEWARK, NEW JERSEY 07105	e			05/13-12/3	0/19	PLAI	NEILUO TO	WNSHIP, PA		1	j		
	Title DIRECTO	R OF	OPE	RATIONS	Signature	1/7	X-		ate 5	1/10	//	1	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) HACKENSACK MERIDIAN HEALTH /19 Street Address Agencies Notified Type Notification 30 PROSPECT AVENUE EPA Initial Notification City, State, Zip Code DEP Amended Notification HACKENSACK, NEW JERSEY 07601 DOL Cancellation DOH On Hold Name of Contact Telephone NumberSTOS CONTROL DCA **EMERGENCY NOTIFICATION** BRIAN O'NEIL LICENSING 732-751-3384 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) JERSEY SHORE UNIVERSITY MEDICAL CENTER Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 1945 STATE HWY. 33 1,000,000 City (5) County (6) County Code (7) Current Use (Prior if being demolished) NEPTUNE **OCEAN** (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. ENVIRONMENTAL TACTICS INC. PAR ENVIRONMENTAL CORPORATION 99 Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NJ SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 732-290-2217 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 5/ 13 /19 12 / 30 /19 QUALITY ENVIRONMENTAL Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY -FRIDAY 6:30 PM-2:30 AM Other - Describe: City, State, Zip Code WAPPINGER FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCLOSUR REMOVAL REPAIR ENCAPSUL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT. SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 6TH FLOOR 1B X VAT & MASTIC 2,820 SF 6TH FLOOR 2A X VAT & MASTIC 3,050 SF 6TH FLOOR 2B VAT & MASTIC 1,620 SF 6TH FLOOR 3A X VAT & MASTIC 888 SF X 6TH FLOOR 3B VAT & MASTIC 458 SF X 6TH FLOOR 3 X VAT & MASTIC X 340 SF NJDEP Waste Name of Registered Waste Hauler Name of Registered Landfill Cubic Yards of Waste **NEWARK CARTING** Hauler ID No. GRAND CENTRAL SANITARY LANDFILL 369 RAYMOND BLVD. 913 City, State Disposal Date City, State PLAINFIELD NEWARK, NEW JERSEY 07105 05/13-12/30/19 OWNSHIP, PA Completed by (Print or Type) Signature Date

DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

Print Form

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				250000000000000000000000000000000000000	ILITY INF					00	9-530	-54/2			
Name of Facility Where A	Abatement is Takir	ng Place	(3)					Тур	e of Facility	(4)					
Street Address	TIEN WOL IT	1170						H	School (K- Subchapter	12) - 8 (Oth	ner than	K-12)			
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Name of Monitoring Firm ENVIRONMENTAL	Hired by Building	Owner (8)	ASCI 0003	M No.				atement Cor			TINIC	INIC		
Street Address 120 NORTH WARR		1, 1110.		0000			Street	Addre	ess			IING,	INC.	,	74.5
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Project Manager for Moni DOMINICK DERCO				Telepho	one No. 62-3218	1	Teleph		No. 8700		Licens 0049				
Start Date (10)				F4262020 - 26	Date (11)				HA Monitor		0049	4			
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City, State TOTOWA, NJ						Dispos 6/21/2	al Date 2019		City, State MORRI		E. PA		1		
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State of NJ Notification of Asbestos Abatement Proj. #: 19-113 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) UUN 2019 10 6 /10 4 //1 19 Davis Realtors Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **EPA** ✓ Initial LICENSING Amended 288 Summerhill Rd. DEP Amendment #: City, State, Zip Code DOL Emergency East Brunswick, NJ 08816 (including DOH. Name of Contact Telephone Number justification) DCA Jonathan Adler Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet Bldg. Age # of Floors City (5) County (6) County Code (7) 1,400 (State use only) Current Use (Prior if being demolished) Highland Park, NJ 08904 Union Residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. KLOMAX, LLC Street Address Street Address 309 W. End Ave City, State, Zip Code City, State, Zip Code Hopatcong, NJ 07843 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 833-455-6629 02007 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) KLOMAX, LLC 06/14/19 06/18/2019 Street Address Occupancy Status During Abatement (Check only one) 309 W. End Ave Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Hopatcong, NJ 07843 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 lf Mini-enclosure
Glovebag proce M Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Ε Location of E by maintenance/custodial e e asbestos-containing n Description of asbestos-containing Amount staff(12) n m p C material (acm) to be (Specify SF or material (ACM) C 0 abated in facility (13) a a LF) Yes No N/A V p e Basement Pipe Insulation 171 LF X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill KLOMAX, LLC 038241 2 yd TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State Hopatcong, NJ 07843 TBD TULLYTOWN, PA Completed by (Print or Type) Signature Title Date Paige Boylan Owner 06/04/19

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Name of Facility Where Abatement is Taking Pl	ace (3)					e of Facilit									
Jefferson Health – CPD area			-		ᆜᄆ	School (K	2000								
Street Address 18 E. Laurel Road						Subchapt Other (i.e					nge h	ome	S 0	·	
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Name of Monitoring Firm Hired by Building Own	er (8)		ASC	M No.		me of Abate source Ma									
Criterion Laboratories, Inc. Street Address						eet Address	_	ment Gr	oup,	LLC	will be a second				
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City, State & Zip Code						, State & Z									\neg
Bensalem, Pa. 19020					Tre	enton, NJ	08619)							
Project Manager for Monitoring Firm	Teleph					ephone Nu				License					
Mr. Mike Panepresso	215-2			The same of the sa		9-977-615					0.	1185	5		
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C PE3 6099144651 May 23 19 02:02p Resource Management Group State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Bursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) TROUS Name of Building Owner / Operator (2) LICENSING 5-23-2019 Jefferson Health Agencies Notified Type Nothication Street Address KILIDO. EPA 18 E. Laurel Road DEP Initial City, State & Zip Code DOL. Amended (Strattore, NJ 08084 X MOG Emergency Name of Contact Telephone Number DCA Cancellation Mr. John Ferraina 856-340-6000 FACILITY INFORMATION Name of Facility Where Abatement is Taking Piace (3) Type of Facility (4) Jefferson Health - CPD area School (K-12) Street Address Subchapter 8 (Other than K-12) 18 E. Laurel Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bidg. Age City (5) County (6) County Code (7) 250,000 Stratford, NJ 02084 Camden Current Use (Prior if being demolished) Hospital Name of Moratoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Criterion Laboratories, Inc. Resource Management Group, LLC Street Address Street Address 3370 Progress Drive, Suite J 2115 Hamilton Ave. Ste 202 City, State & Zip Code City, State & Zip Code Bensalem, Pa. 19020 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Glephone Number License Number Mr. Mike Panepresso 215-244-1300 609-977-6169 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6-26-2019 08-5-2019 J&S Environmental Laboratories, Inc. Occupancy Status During Abstement (Check only one) Street Address Facility Closed/Vscaled During Entire Period of Abatement 2333 Route 22 West City, State & Zip Code Abatement Performed Outside of Normal Hours Describe: Weskdays & weekends 24 hrs Union, NJ 07083 Facility Occupied During Abstement Scope of Work (Check all that apply) Full Containment with Negative Pressure 23 of or 23 If Renovation Mini-Enclosure 2160 sf 2280 M Demolition Glove Bag Procedures Non-Exempted and Non-Frieble Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify SF or LF) Material (ACM) Solely by Maleriel (ACM) TO BE ABATED In Facility Encapsulate Maintenance or (l.e., thermal systems Enclooure EAGUEDA Custodial Staff? Insulation, surfacing, VAT (13)(12)or other miscelleneous) Yes No NIA Decking DOLL Soray on insulation 888 SF Nama of Registered Weste Heuler NJDEP Waste | Cubic Yards Name of Registered Landfill Hauler ID No. of Weste Robinson Waste Disposal Service, Inc. 17304 TBD Grows Landfill Chy. State Disposa! Date City, State Voorhees, NJ TED Mortisville, PA Completed By (Print or Type) Title Signatus Desira Wr. Brian Haney President 05/23/2019

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Date of Notification (1) 6/6/19				Building O			V6.11-5	it ער דו	8					- I	The state of the s
Agencies Notified Type Notification			Street A	ddress Hylton Ro	nad				ASB	ESTO	S CC ENS	NT	ROL	8	
EPA Initial Amended		-		ite, Zip Code				1			-			The same of the sa	
DOL Amendment #		-		sauken N	J 08	3110		and the same of th							
DOH justification) Cancellation	•		Name of Brian	Contact					1	ephone 6-767					
				LITY INFOR	RMA	TION									
Name of Facility Where Abatement is Taking Baldwin Elm School	Place (3	5)					Demokration (of Facility (4)							
Street Address							П	School (K-12) Subchapter 8	(Othe						
41st & Sharon Terrace								Other (i.e. pri etc.)	vate 8	k comm	ercial	build	ings,	home	s,
City (5)							Squa	are Feet	and linear	Floors		1983	dg. A	ge	
Pennsauken NJ 08110 County (6) Camden County Code (7) (STATE USE ONLY) County Code (7) (STATE USE ONLY) County Code (7) (STATE USE ONLY)															
County (6) Camden Camden Camden County Code (7) (STATE USE ONLY) Camden County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)															
Camden (STATE USE ONLY)															
lame of Monitoring Firm Hired by Building Owner (8) N/A ASCM No. Name of Abatement Contractor (9) Pernaco Inc. Street Address Street Address															
N/A Pernaco Inc. Street Address PO Box 329															
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph		lo. 9800		Licens					
Start Date (10)	Schedule	ed Com	pletion	Date (11)				HA Monitor		0072	.,				
	7/5/19					Sam	ie								
Occupancy Status During Abatement (Check	Only Or	ie)				Street	Addre	ess		8					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:					_	City, S	tate, Z	Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renovat Demoliti				×	Mi	ull Containmer ini-Enclosure ovebag Proce		Negativ	ve Pre	essur	е		
	1			r		×		on-Exempted		d Non-F	riable				
	7.55	Location			_								Abate Ty _l		
Location of Asbestos-Containing Material (ACM)	Use	d Solel	y by		s Co	escription entaining M	/lateria			mount				ш	m
<u>TO BE ABATED</u> In Facility	P LUCKISCO	todial S (12)		(i.e. th		al systems facing, VA		ation,		pecify or LF)		Remova	Repair	caps	Enclosure
(13)			T		othe	r miscellar	neous))				oval	ai.	Encapsulate	sure
Rms 1020/1021	Yes	No	N/A X		Floo	or Tile M	astic	-	38	34 SF		x	_		
Rms 1006 ,1007 ,1008 ,1010 ,1016			x		10000	Board A				01 SF	-	x	-		
Door Room 1013			×	0.110		Caulk				35 If	-	x			
Hallway Rear Ent.			×		Tra	ansite Pa	anel			0 SF	+			200	
Name of Registered Waste Hauler			JDEP W		Cub	ic Yards		Name of R		3 23	dfill				
United Roll Off		50000	auler ID 2459		TBI			G.R.O.V	V.S.						
City, State					Disp	osal Date		City, State Morrisvil	lo D	1000	37				
Elm NJ Completed by	Title				115	Signature)	IVIOITISVII	ic r	1900	Date			9	
Anthony T Perna		ident				(1				6/6	/19			

INT	11711											-	****		1	11111
CK.114	PA	ID	NOT	IFICATIO	N OF AS	New Jerse SBESTOS C 8:60 an	ABATE	EME 20)	NT		E			\mathbb{V}_{-}		
Date of Notification (1) 06/01/2019					of Buildir ert Fras	ng Owner/0	Operato	or (2)			JI	JN :	10 2	2019	Total Control of the	IJ
Agencies Notified	Type Notification	1		1	Address				- 1		9				-	
□ EPA	X Initial								and the second		ASBE	STOS	CON	TRO	نــــــ & L	
DEP	Amended			City, S	tate, Zip	Code					MODE	LIGE	NSIN	g _		- Anna Pari
Ø DOL	Amendmen		-		y N		-11	Ð	4.	and the second second						
Ø DOH	Emergency justification	(includin)	ig		of Contac						Telepho	one N	umber			
DCA	Cancellation			Robe	ert Frase	co					ď					
Name of Facility Witness Al			121	FAC	CILITY IN	FORMATI	ON									
Name of Facility Where All House	patement is Takir	ng Place	(3)					Ту	pe of Facilit	y (4)						
Street Address									School (F	(-12)						
Oli Cet Address								X	Subchap Other (i.e	ter 8 (Other th	an K-	12) piel bui	Idina		
City (5)									etc.)	. piiv	ate of COI	milei	Jiai Dui	idirigs	s, non	ies,
City (5) Nutley								Sq	uare Feet		# of Floo	ors	1	3ldg.	Age	
County (6)				C 1	0-1-											
Essex				(STATE	Code (7) USE ONL) .Y)		Cu	ırrent Use (F	Prior if	being de	emolis	shed)			
Name of Monitoring Firm F	lired by Ruilding	Owner /	3)		M No.	·	A1-									
	oc by building	Owner (C	-)	ASC	IVI IVO.		Name		batement C	ontra	ctor (9)					
Street Address							Street									2
									ston Ave.							
City, State, Zip Code									, Zip Code							
									NJ 07026	s						
Project Manager for Monito	oring Firm			Telepho	ne No.		Teleph				Llion	ense N	lo.			
			1						2-8006		Lice	51156 1	NO.			
Start Date (10)		Schedu	led Co	mpletion	Date (11)		Ī	SHA Monito	or						
06/11/2019		06/15	/2019		38 8	•	Rizo									
Occupancy Status During A	Abatement (Chec	k Only O	ne)				Street	Addi	ress				-			
Facility Closed/Vacate	ed During Entire F	Period of	Abater	nent			246	Gas	ston Ave.							
Abatement Performed Other – Describe:	Outside of Norm	nal Facilit	y Hour	S		-	City, S	tate,	Zip Code				7.07			-
A Company							Garfi	ield	NJ 07026	3						
Scope of Work (Check All T	That Apply)															
≥3 sf or ≥3 lf		promotogy.	Renova					F	ull Containr	nent v	with Nega	ative F	Pressu	re		
≥160 sf or ≥260 lf			Demoli	tion			×	N	/lini-Enclosu	re	- 20					
					2012a				Blovebag Pro Ion-Exempte	ocedu ed (*)	ire and Non	-Friah	le Pro	cedur	e	
		Is	s Locat	ion						T				95 S C 100	emen	
Location of			Norma	lfy		Desc	cription	of						Ту	ре	
Asbestos-Containing Ma TO BE ABATI			ed Sole		Asbes	stos Conta	ining M	ateri	ial (ACM)		Amoun	t			m	_
In Facility		Cus	todial S	Staff?	(1.e	. thermal s surfaci	ystems ng, VA1	inst For	ulation,		(Specify SF or LF		Removal	Re	Encapsulate	Enclosure
(13)			(12)			other mi	scellan	eous	5)		OI OI LI	,	nova	Repair	nsd	uso
		Yes	No	N/A									3		ate	Ге
Basemen	t		х			Pipe i	nsulat	ion			5 LF		х			
Basemen	t		х				aster			-		- ₊				
					_	1-1	u o l C I			4	25 Sq F	t	Х			
		-														
Name of Posistored Warring	Haular									-						
Name of Registered Waste	nauler			JDEP Wauler ID		Cubic Y			Name of	3355						
Rizov LLC			1.44	037825		TBD			Fairles	s Hil	ls Land	llift				
City, State						Disposa	I Date	-	City, Sta	te						-
Garfield NJ						TBD			Morisv		PA					
Completed by		Title				Sig	nature		1	-1	0.57.6%	Dat	te			
Aleksandra Rizova		Owne	er				>	110	1.1.				101/2	010		1

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(K 2009	ursu	uant	to I	N.J.A	<u>C.</u> 8:60 and	12:1	20)	lin)	E) E			
Date of Notification (1)					Owner / Operat	or (2)		II	- Control of the Cont				
05-23-2019 Agencies Notified Type Notification			t Ado	resity					ال	JN 10	201	9	la la
⊠ EPA					le Road				diam'r.				Economics
□ DEP □ Initial □ Amended (Scope ch	\	City,	State	& Zip	Code				ASBES	STOS CC	NTE	OL.	8
☐ DOH ☐ Emergency	ange)			lle, NJ 0 Contact	8648				7 1000000	LICENS	NG		
☐ DCA ☐ Cancellation				Eddy				0.0		Telepho 609-896			er
Nome of Facility Add.	2	F	ACIL	ITY INF	ORMATION								
Name of Facility Where Abatement is Taking F Rider University – Science Building – 2 nd floor	Place ((3)			Type of Faci								
Street Address							Other than	n K-12	2)				
2083 Lawrenceville Road					Other (i.	.e. priva	ate & com	mercia	al buildir	ngs, hom	es, e	tc.)	
City (5) County (6)	Ic	ounty	Codo	(7)	Square Feet		# of Floo	rs		Bldg. Ag	е		
Lawrenceville, NJ Mercer	100	Junty	Code	(7)	25,000 Current Use	(Prior i	f heina de	3 moliel	ned)		57		
					Campus Bui	lding	i being de	11101151	ieu)				
Name of Monitoring Firm Hired by Building Ow Pennoni & Associates	ner (8)	AS	CM No									
Street Address				-	Resource Ma Street Addre		nent Group	p, LLC	;				
515 Grove Street, Suite 1B					2115 Hamilto	on Ave	Suite 202	2					
City, State & Zip Code					City, State &		de						
Haddonfield, NJ 08035 Project Manager for Monitoring Firm	Tolo	phone	Nim	hor	Trenton, NJ			- 1.					
Mr. Brian Clark		547-0		ibei	Telephone N 609-977-615			L	icense N	Number 0118	5		
Scheduled Start Date (10) Scheduled Co.		on Da	te (1	1)	Name of OS					0110			
5-13-2019 6-22-20 Occupancy Status During Abatement (Check o					J&S Environ		Laborator	ies, In	C.				
☐ Facility Closed/Vacated During Entire F	Period	of Ab	atem	ent	Street Addre 2333 Route 2		st .						
Abatement Performed During 1st Shift					City, State &	Zip Co							
Describe: 7:00am to 6:30pm Week D Facility Occupied During Abatement	ay & \	Week	ends		Union, NJ 07	083							
Scope of Work (Check all that apply)			S-1										
≥3 sf or ≥3 lf		D					Full Conta	ainme	nt with N	Vegative	Pres	sure	
≥160 sf ≥260 lf	\boxtimes		novati nolitio				Mini-Enclo		eduros/	Cut 2 \A/	ron		
						\boxtimes	Non-Exen					edu	re
Location of Asbestos-Containing		Locat			Description			Ar	nount		teme		
Material (ACM)		mally lolely			Asbestos-Con Material (A		1		pecify or LF)			m	m
TO BE ABATED	Main	tenan	ce or		(i.e., thermal s	ystems		OI.	or Li j	Remova	R	Encapsulat	Encolsoure
in Facility (13)	Cust	odial (12)	Staff?		nsulation, surfactor or other miscell	cing, V	AT			nov	Repair	psu	Iso
, , ,	Yes	No	N/A		or other missen	ancouc	,			<u>a</u>	,	lat	lre
Rooms 201		\boxtimes			Floor tile & N	/lastic		20	00 SF				
216 and 216A 201-205, 220-219, 218a, 218 216 and 216A					Door cau				00 LF				
201-203, 220-219, 216a, 218 216 and 216A	H		H	-	Residual ma	astic		6	,000				
		一								$\dashv \exists \exists$	H	H	H
Name of Registered Waste Hauler						T							
Name of Registered Waste Hauter				VVaste D No.	Cubic Yards of Waste	Name	of Regist	ered L	.andfill				
Resource Management Group, LLC			35218		TBD	Grows	s Landfill						
City, State					Disposal Date	City, S							
Trenton, NJ					TBD /		ville, PA						
Completed By (Print or Type) Mr. Brian J. Haney		Titl	e esider	nt	Signaturé	Λ	M	1/2		Date 05-23-	2019		
					11/14	1	11/1/1	141					

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

			-	0.00 an	iou s∡me s	201	- X ().	1.40	1	annin n	
Date of Notification (1) 05-22-2019		Name	of Buildir	ng Owner / Open	ator (2)	III	TEC	FI	W	E	1
Agencies Notified Type Notification	1	Ikider	University t Address	,		- Indiana	150				7
☑ EPA			Lawrence	ville Road							
☐ DEP ☐ Initial ☐ Amended		City, S	State & Zir	Code		- 111	H JUN	V 10	2019		111
La suicided	(Scope- ic increase)	Lawren	nceville, NJ	08648			7 001	. 10	4010		Instanti
DOH Fmergen		Mama	of Contac	4					******		1
□ DCA □ Cancellat	ion		alter Eddy			designation	ASBEST				ber
							L	idenaza a	€ 50	00	- يتعدد الرحور
Name of Facility Where Abatement is	Taking Dlass (F/	ACILITY IN	FORMATION							-
relider University - Science Building -	2 nd floor	3)		Type of Fa	cility (4)			720			
Street Address				☐ Schoo	I (K-12)	Other than I	((0)				
2083 Lawrenceville Road				Other	(i.e. priva	ite & comm	(12) arcial build	inan har		\	
City (5)	mt (0)			Square Fee	et	# of Floors	Ci Ciai Dullu	Bldg. A	nes,	etc.)	
Lawrenceville, NJ Mer	inty (6) Co	ounty C	Ode (7)	25,00	00		3	Diag. 7	57		
				Current Use	e (Prior if	being dem	olished)	t			
Name of Monitoring Firm Hired by Bui	Iding Owner (8))	ASCM N	Campus Bu	uiding	^ · ·		-		Aconomic	
Pennoni & Associates Street Address) toom it	o. Name of At Resource N	Jatement Nananem	Contractor	(9)				
515 Grove Street, Suite 1B				Street Addr	ess		LLC				
City, State & Zip Code				2115 Hamil	ton Ave,	Suite 202					
Haddonfield, NJ 08035				City, State 8		de					
Project Manager for Monitoring Firm	Teler	shone i	Number	Trenton, NJ							
Mr. Brian Clark	856-5	547-05	Number 05	Telephone I 609-977-61			License	Number			
Scheduled Start Date (10) Sched	duled Completic	on Date	(11)	Name of OS		itor		0118	35	-	
0-10-2019	6-22-2010			J&S Enviror	mental L	aboratories	inc.				
Occupancy Status During Abatement Facility Closed/Vacated During	(Check only one	9)		Street Addre	ess		,				
Auditerit Performed During	1ct Shift			2333 Route	22 West						
Describe: 8:00am to 6:30nm	Week Day 2 W	Veeker	nds	City, State 8 Union, NJ 0	¿ Zip Coo	le					1
Facility Occupied During Abate Scope of Work (Check all that apply)	ement			Omon, 143 O	1003						
osope of work (check all that apply)											
≥3 sf or ≥3 lf		Reno	vation		⊠ F	-ull Contain	ment with I	Vegative	Pres	sure	9
≥160 sf ≥260 If	Ä		olition		1 1	viini-Enclosi	ire				
			3110011			Glove Bag F	rocedures	/Cut & W	/rap		
Location of Asbestos-Containing		ocatio		Descriptio		Non-Exemple	Amount				
Material (ACM)	Norm	ally Us	sed	Asbestos-Cor	ntaining		(Specify	ADS	ateme	ent i	уре
TO BE ABATED		lely by		Material (A	(CM)		SF or LF)	Z		m	m
in Facility		dial St		(i.e., thermal sinsulation, surfa	systems	-		en	Re	nca	nol
(13)		(12)		or other miscel	laneous)			етока	Repair	ncapsulat	Enclsoure
Rooms 201 & 203	Yes		W/A					<u> </u>	•	at	lre
Rooms 218 & 216		\boxtimes		Floor tile & I			4,500 SF		П	П	
Rooms 218 & 216		-		Pipe Elbo			15 Each	X	뉘	님	H
looms 218 & 216		8		Pipe Insula			300 LF		可		
ooms 201-205, 220, 219, 218A, 218,	216	百十		Door Cau Residual Ma	S.O.C.		100 LF	101			
ame of Posistered Mr. 1					20110		2,500 SF	닉님	井		
ame of Registered Waste Hauler	-	NJDE	EP Waste	Cubic Yards	Name o	of Registere	d Landfill			Ш	Ц
esource Management Group, LLC		Haule 0035	er ID No.	of Waste			MIIII				
ity, State		10000	410	TBD	Grows						
renton, NJ				Disposal Date	City, St						
ompleted By (Print or Type)		T:0-		TBD;	Morrisv	ille, PA					
r. Brian J. Haney		Title Presid	dent	Signature)	1 1		Date			
		1.001	-5.11	$+ \mathcal{X} + \mathcal{Y}$	J.	lo d	ř.	05-22-	2019		1
				111		11 1 1 1 1					-

CK33/00	o Pai	D	NOTIFIC (Pursi	ATION	te of New Jersey OF ASBESTOS ABA NJAC 8:60-7 and 12:	ATEMENT	ME	C			
Date of Notification (1	In	v#	331		Name of Building NJIND TALMADGE	Owner/Operator	(2)	JUN	9 (201	0
6 /	4 /19				Street Address		1411	0011	1 (LUI	-
Agencies Notified	Type Notification	on			2 TOWER CENTE	R BLDV., 20TH	FLOOR				701
EPA DEP X DOL	X Initial Not Amended Cancellat	d Notifi			City, State, Zip Cod EAST BRUNSWICE	le	AS	BEST LI	OS C CENS		OL 8
X DOH	On Hold				Name of Contact		Telephone Nur	nber			
DCA	EMERGE	NCY I	NOTIFICA	ATION	MOSHE STERN		732-509-8931				
N. C. III.				FACIL	TY INFORMATION						
Name of Facility When	e Abatement is Ta	iking F	Place (3)			Type of Facili					
						School (I					
							ter 8 (Other than				
Street Address						Square Feet	. private & comme # of Floors	J. Diag		mes, e g. Age	
145 TALMADGE ROAD						645,000	1			52	
City (5)	County (1 (County Code (7)	Current Use (F	Prior if being demo	olished	l) Pha	rm. La	b.
EDISON	MIDDLES			(S	TATE USE ONLY)	COMMERCIÁ					ı
Name of Monitoring Fi	rm Hired by Build	ing O	wner (8)		ASCM No.		ement Contracto				
Street Address					17		NMENTAL CORP	ORAT	ION		
55 LANE ROAD						Street Address 313 SPOOK R					
City, State, Zip Code			-			City, State, Zip					
	FAIRFIELD, NE	W JEF	RSEY 070	004			W YORK 10901				
Project Manager for Mor	nitoring Firm		Telepho	ne Numi	ber	Telephone Nui		ense N	Numbe	r	_
BEN SALLEMI	0000		973-774	-3311		845-369-7500	110	01			
Expected State Date (1	The second second	Sche		letion [Date (11)	Name of OSH	A Monitor	Notice .			
6 / /1 Month Day		1 14-	9 /		30 /19	QUALITY ENV	IRONMENTAL				
Occupancy Status Durin		Ck only		Da	ay Year	Street Address					
Facility Close	ed/Vacated During	Entire	Period of	Abatem	ent	1376 ROUTE					
Abatement P	erformed Outside of	of Norn	nal Facilit	y Hours	- Describe:	10701100121					
X Other - Desc	ribe: MONDAY	- FRI	DAY 7AN	N - 3:30	PM	City, State, Zip	Code				
Coops of 1M - 1, (O) - 1							IGERS FALLS, N	EW Y	ORK 1	2590	
Scope of Work (Check a	III that apply)	TRana	vation			with Negative Pre	essure				- 1
>3SF OR LF		Tireno	valion		Mini-Enc	Procedure					
X >160 SF OR	260 LF					ble Procedure					
Location	n of	Isl	Location		Description of A	sbestos-		I A	batem	ent Ty	/pe
Asbestos-co		norn	nally used	t l	Containing Mater	ial (ACM)	Amount				
Material (A			olely by		(ie. Thermal sy		(Specify	REMC	REPA	ENCAPSUL	ENCLOSUR
TO BE AB			t/Custodia	al	insulation, surfac		SF or LF)	OVAL	Ä	A	0
in Facility	(13)	Yes	aff (12)	_	or other miscella	aneous)		A		≧	<u> </u>
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1ST FLOOR SUITE 107		\vdash	X	FLOC	OR TILE & MASTIC		700 SF	X			
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										\Box	
Name of Registered Was	ste Hauler	NJDE	P Waste	Cubic	Yards of Waste	Name of Regis	tered Landfill			Ч	
NEWARK CARTING	-		er ID No.		20	GRAND CENT	RAL SANITARY I	ANDF	FILL	1	
City Ctata			913	<u> </u>		1					
City, State NEWARK, NJ 07105					sal Date	City, State	014/15/115			12	
Completed by (Print or T				16/13-9	9/30/2019	IPLAINFIELD T	OWNSHIP, PA			1	7
	vne) Title				Signatura	AV	10-4	0 /	. /		
BENJAMIN SANCHEZ		CTOF	R OF OPE	ERATIO	NS Signature		Dat	6/	4	1/9	1
		CTOF	R OF OPE	ERATIO			Dat	6/	4	//	1

arended State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT PATT) (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) JUN 2019 05-29-2019 Rider University Type Notification Agencies Notified Street Address \boxtimes **EPA** 2083 Lawrenceville Road DEP Initial City, State & Zip Code ASBESTOS CONTROL & \boxtimes Amended (Scope change) DOL LICENSING Lawrenceville, NJ 08648 X DOH Emergency Name of Contact Telephone Number DCA Cancellation Mr. Walter Eddy 609-896-5000 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Rider University - Science Building - 3rd Floor Offices ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) 2083 Lawrenceville Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 25,000 Lawrenceville, NJ Mercer Current Use (Prior if being demolished) Campus Building Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No Pennoni & Associates Resource Management Group, LLC Street Address Street Address 515 Grove Street, Suite 1B 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Haddonfield, NJ 08035 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Brian Clark 856-547-0505 609-977-6159 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5-14-2019 6-07-2019 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed During 1st Shift City, State & Zip Code Describe: 7:00am to 6:30pm Week Day & Weekends Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure X ≥160 sf ≥260 lf Demolition Glove Bag Procedures/Cut & Wrap Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsular Enclosoure TO BE ABATED Remova Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Rooms 216A, Selected areas of hallway & X Sheetrock & Joint Compound 800 SF X Interior walls of room 218, 218A & 219A Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill

Hauler ID No.

0035218

President

Title

Resource Management Group, LLC

Completed By (Print or Type)

City, State

Trenton, NJ

Mr. Brian J. Haney

of Waste

Signaturé

Disposal Date

Grows Landfill

Morrisville, PA

Date

05-29-2019

City, State

TBD

TBD

State of New Jersey

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

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Date of Notification (1	1)		Name	o of D	e cilalia a		(0)		المسا				- 11
	06-6-2019	l	Name Rider	Univ	oullaing ersity	Owner / Operate	or (2)		\bigcap	1			
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□ DCA	☐ Cancellation				ontact Eddy			L	н и пометом Мун учинанску стантацияли				rer
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Rider University – Sci	re Abatement is Taking Fience Building – 3 rd Floor	Offices	3)			Type of Faci							
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					. mortal coewy	Square Feet		# of Floors		Bldg. Ag		010.7	
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Lawrenceville, NJ	Mercer					Current Use	(Prior if	being demo	lished)			10-10-	Secondin
Name of Monitoring F	irm Hired by Building Ow	mer (8)		IAS	CM No	Campus Buil		011	(0)				
Pennoni & Associates	S Dunding Ow	1101 (0)		173	CIVI IVO	Name of Aba Resource Ma	anagem	ent Group I	(9)				
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City, State & Zip Code						City, State &		de					
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Project Manager for M Mr. Brian Clark	ionitoring Firm	Telep 856-5			ber	Telephone N			License 1				
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Resource Managemer	it Group, LLC		003	35218	}	TBD	Grows	Landfill					
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✓ DOH ju	mergency (i stification)		_	Name o	f Contact y Spitz	, 110 01				Te	lephone	e Numb	er			
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Street Address							Street 11 R		ess ngren Ave	enue						
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Project Manager for Monitoring F	irm			Telepho	ne No.		Teleph			-	Licen	se No.				_
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Street Address							Street 11 R		ess ngren Avenu	ie			2		
City, State, Zip Code							City, S	state,	Zip Code NJ 07512						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 9733				License 01311	No.			
Start Date (10) 06/18/2019		Schedul 06/19/2		mpletion I	Date (11)				SHA Monitor Itement, Inc.						
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City, State Totowa, NJ						Dispos	al Date		City, State Morrisville	e, PA	Α				
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Agencies Notified Type Notification			Street A	Address					L	CDEC	7700	200	17:5		1
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Emergency (justification) DCA Cancellation	•	1		of Contact eth Carl	ino				Telep	ohone	Numbe	Г	141-2		
DCA Cancellation				ILITY INFO		ON									
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Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 9733	none N 34586		1.00	Licens					
Start Date (10) 06/21/2019	Schedul 06/22/2		npletion	Date (11)				HA Monitor tement, In	ıc.						
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TO BE ABATED In Facility	Cus	todial (12)	Staff?	(i.e.	sur	al system facing, VA r miscellar	AT, or	ation,		Specify or LF)		Removal	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		oute	Hiscella	neous)					val	Ŧ	ılate	ure
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City, State Totowa, NJ				ŧ	Disp TBE	osal Date)	City, Stat Morrisv		A					
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Date of Notification (1) 6 - 7 - 1	9	Nam	e of Buildir	ng Owner	Operator (2)	Mav	JUNJE	2018 :	05	4	
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DOH Emergency (i justification) DCA Cancellation	nciuaing		e of Contact	UU	enKin	* 1	Telephone	Number		1/8	32
Name of Facility Where Abatement is Taking		17.	ACILITY IN	FORMATI		e of Facility	y (4)				
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County (6)		Coun	ty Code (7))	Cur	rent Use (P	nor if being demo	olished)	0	01	
Name of Monitoring Firm Hired by Building O	wner (8)	AS	CM No.	4	Name of At	patement Co	ontractor (9)	a io	2	7	
Street Address R.O. Box 33	37	<u> </u>	4-60		Street Addr	ess	chaple	gie	3	-	16
City, State, Zip Code	NJ	09	35.3	3	City State,	Zip Code	AL Al	71	04	E 2	2
Project Manager for Month rij gt Firm		1	hone No.	22/5	Telephone 609 75		Licens	No.	20	U	, =
	Scheduled	Completio	n Date (11)	Name of OS	SHA Monito	, ,	N	41	1	
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Scope of Work (Check All That Apply)					Ivew	Egypt	LU	08	53	3	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ren Dem	ovation olition	÷		□ M G	ini-Enclosus lovebag Pro	ocedure				
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi	nance/ al Staff? 2)		thermal s surfact	ining Materia systems insu- ing, VAT, or iscellaneous	ation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler EPC Technologies		NJDEP Hauler I		of Wast		E	Registered Land		t	e P	iAc
City, State	15			Disposa	Date 8-19	City, Stat	ie Lisuille	PA		·k	
Steve Schenker	Presi	dent			nature	Sel.		Date	7-	19	

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Date of Notification (1) 6/4/2019	MARI	,	Name o	of Building Owne				JUN 1	0 2	019	To make a maje dantan.	
Agencies Notified Type Notification	n		1.5	Address		1 600	Cont	83889286.00	-	0.0	- Lan	-
☐ EPA ☐ Initial ☐ Amended Amendmer ☐ Emergency		_	Newa	ate, Zip Code ark, NJ 07106	3	50 50 50 50 50 50 50 50 50 50 50 50 50 5	AS	BESTOS LICE!	CONT		8	A DE LA SERVICION DE LA SERVIC
□ DOH justification □ DCA □ Cancellation)		Rosly	of Contact n Williams			Te	lephone N	umber			
Name of Facility Where Abatement is Taki	ng Place	(3)	FAC	ILITY INFORMA	ATION	Type of Facility	(4)					
Private		, ,				School (K	90200Z					
Street Address						Subchapte Other (i.e.	er 8 (Oth	er than K- & commer	12) cial buil	dings	, home	es,
City (5)						etc.) Square Feet	# 0	f Floors	E	Bldg. A	Age	
Newark												
County (6) Essex			(STATE	Code (7) USE ONLY)		Current Use (P	rior if be	ing demolis	shed)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		of Abatement Co C Services C		(9)				
Street Address						Address 5 Route 23 Sc	outh, #	111				
City, State, Zip Code				8	100000000000000000000000000000000000000	State, Zip Code vne, NJ 07470)					
Project Manager for Monitoring Firm			Telepho	one No.		none No. -750-0752		License I	No.			
Start Date (10) 6/14/2019	Schedu 6/28/2		npletion	Date (11)		of OSHA Monito						
Occupancy Status During Abatement (Che	ck Only O	ne)			555000	Address	Janan					
Facility Closed/Vacated During Entire	Period of	Abaten	nent		20-2	1 Wagaraw F	Road					
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	mal Facilit	y Hours	3			tate, Zip Code Lawn, NJ 074	110					
Scope of Work (Check All That Apply)						•						
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	_	Renova Demolit			E	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				e.	
	Is	s Locati	on						1	Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole aintenar stodial S (12)	ly by nce/	Asbestos Co (i.e. therm sur		faterial (ACM) insulation, T, or	(S	mount Specify or LF)	Remova	Repair	e Encapsulate	Enclosure
4897. 37	Yes	No	N/A			•			<u>a</u>	7	late	ire
1st, 2nd, 3rd, FL			Х	А	CM plas	ter	2,	500sf	X			
1st FL Foyer			X	windov	v caulkin	g/glaze		50lf	X			
							1					
Name of Registered Waste Hauler		LNI	JDEP W	1								
G S C Services Corp		H	auler ID 036309	No. of W	ic Yards /aste	Name of TRRF	Registe	red Landfil	l			
City, State Wayne, NJ				Disp	osal Date	©ity, Sta		4				
Completed by Daniela Antic	Title				Signature	/		Da	ate			
Dameia Alitic	Own	ier				5/		6	/4/20	19		

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Invoice #114	19th		NOT				BESTOS ABAT AC 8:60 and 5:1)` ·	3	14	6
Date of Notification (1)	-				Name	e of Buildin	g Owner/Operator ((2)	IN EG		W		
	22 /	19			21:	25 Haddo	onfield LLC		K				-
Agencies Notified	Type Notific	ation			Stree	t Address			IIII JUN	10	201	n	
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(NJAC 5:23-8)	justificati	on)		5	Name	of Contac	t	į.	Telephone-Numb	NSI	VG.		O.C. Commission
	☐ Cancella	tion			Mr.	Joe Lieb	perman		215-806-2250				
					FA	CILITY IN	FORMATION						
Name of Facility Where A	batement is	Taking	Place	(3)	11-1-11-11-11-11-11-11-11-11-11-11-11-1			Type of Facility	(4)		-		-
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Street Address								Subchapter	8 (Other than K-12)	2002			
2125 Haddonfield F	Rd							homes, etc.	·	ial bu	uildin	js,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
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County (6)					Cou	nty Code (7)(STATE USE ONLY)	I was a part of the second of	rior if being demolish	ned)			
Atlantic County								Shed					
Name of Monitoring Firm	Hired by Build	ding C	wner	(8)	ASCM	No.	Name of Abateme	A STATE OF THE STA	N				
04								n Environmen	tal Service, LLC.				
Street Address							Street Address						
							958 Jackson						
City, State, Zip Code							City, State, Zip Co						
				,			Mays Landin	g, NJ 08330					
Project Manager for Monit	toring Firm			Tel	ephone	No.	Telephone No.		License No.				
Otest Data (40)	1.						609-561-1901		01158				
Start Date (10)			2		etion Da		Name of OSHA M						
				25.	5_/	<u> 19</u>	Graham-Tech	Environment	tal Services, LLC				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate							958 Jackson	Rd					
Abatement Performed Time of Abatement: 7/			Facility PM-		rs - Des AM	scribe	City, State, Zip Co	ode					
							Mays Landing	g, NJ 08330					
Scope of Work (Check all	that apply)						П-"-						
			☐ Re	novat	ion		☐ Full Cont	ainment with Ne	gative Pressure				
			□ De	moliti	on		Glovebac	Procedure					
		-		1	4!			mpted (*) and No	on-Friable Procedure				
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TO BE ABAT				intena	ance/ Staff?	(i.e	., thermal systems i		(Specify	Removal	Repair	cap	Enclosure
(13)	у			(12)			surfacing, VAT, other miscellane		SF or LF)	a		Encapsulate	ure
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Graham-Tech Enviro		ervic	е	4.3	JDEP I	O No.	Cubic Yards of Waste	Name of Regis					
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Completed By (Print or Ty	pe)	Title					Signature	1 / 1	Date	3			
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			Willia	m Malaz	ita									-4000		
			FA	CILITY	INFO	RMAT	TION					-				
Name of Facility Wher AtlantiCare Regional	e Abatement is Taki	ng Place (3)						ility (4)								
Street Address	Medical Center							(K-12)								
1925 Pacific Avenue								apter 8 (Other th					0.0403-00-0		10000400	
Tour Facility Avenue								(i.e., private &		nerci	al build				tc.)	
City (5)						Squar	e Feet	# of I	Floors			Bldg	. Age	e 20 Ye	are	
Atlantic City, NJ						Curre	nt Use	(Prior if being d	emolis	hed)			- '	.0 10	uis	
County (6)		County Cod	la (7)			Hospi	ital									
Atlantic		USE ONLY														
Name of Monitoring Fir Hillmann Consulting,	m Hired by Building	Owner (8)		ASCM		Name	of Aba	atement Contra	ctor (9)							
Street Address	inc.					Street	ech, Ir Addre	ic.								
1600 Route 22 East, S	ite 107						adio R									
City, State & Zip Code Union, NJ 07083								Zip Code								
Project Manager for Mo	onitoring Firm	ITe	elephone I	Number		Teleph	egg H	arbor, NJ 0808 umber	37	II i	cense l	Mumh	or			
Stephen Cherepany		90	8-688-78	00		609-29					ocnoc i	rvarrio	0081	7		
Scheduled Start Date (June 10, 20		uled Complet	ion Date (ber 19, 2					HA Monitor								
Occupancy Status Duri	ng Abatement (Che	ck only one)					Addres	ss								
	I/Vacated During En			nt	Į.	829 R										
Other – Descri		Normal Hour	S					Zip Code								
	ied During Abateme	nt				Little	=gg ⊓a	arbor, NJ 0808	57							
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≥160 sf or ≥260	IT	Ш	Demolitio	n			Ц	Glovebag Prod								
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	25					or othe	r misc	ellaneous)				- 1	êm	Repair	ncar	nclo
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Diane Aloia	Execu	tive Admini	strator	IAV	Mul	W	No		May							

Date of Notification (1)			INI	(D. ''					C	heck #	198	4	
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Agencies Notified	Type Notifi	cation			et Addres		· moundar	oentei .		E	-15	11 1	//	
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					ACILIT'	Y INFO	RMATIC	ON						
Name of Facility Whe AtlantiCare Regional	re Abatemen	t is Taking	g Place (3)					Facility (4)				-		
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Hillmann Consulting. Street Address	, Inc.						Synatech	n, Inc.						
1600 Route 22 East, S	Ste 107						Street Ad							
City, State & Zip Code			7.74.4-20.00				829 Radi City, Stat	e & Zip Code						_
Union, NJ 07083							Little Egg	g Harbor, NJ 08	087					
Project Manager for Mo Stephen Cherepany	onitoring Firn	n	100	elephone 08-688-7	Number		Telephon 609-296-6	e Number		License N				
Scheduled Start Date (Schedule	ed Comple					OSHA Monitor			008	17		
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Occupancy Status Dur Facility Closed	ing Abateme	nt (Check	only one)	F A hatam	4		Street Ad							
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Other – Descr		side of No	illiai Houi	S				e & Zip Code						
Facility Occup	ied During A	batement					Little Egg	Harbor, NJ 080	187					
Scope of Work (Check														
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≥160 sf or ≥260	lf			Demoliti	on			Glovebag Pro						
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iane Aloia		Executiv	e Adminis	strator	1 2	Uan	e la	01~	May 17.	2019				

Check # 1998 Date of Notification (1) May 28, 2019 Name of Building Owner / Operator (2) November 7, 2017 AtlantiCare Regional Medical Center - Mainland Division Agencies Notified Type Notification Street Address EPA 65 West Jimmie Leeds Road DEP DOL Initial City, State & Zip Code Amended Pomona, NJ 08240 **MDOH** Amendment # 3 ASBESTOS CONTROL & DCA Cancellation Name of Contact LICE Telephone Number Mike Turner - Aegis Property Group 609-652-1000 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) AtlantiCare Regional Medical Center - Mainland Division School (K-12) Street Address Subchapter 8 (Other than K-12) 65 West Jimmie Leeds Road Other (i.e., private & commercial buildings, home, etc.) # of Floors Bldg. Age City (5) 43 Years Pomona, NJ Current Use (Prior if being demolished) Hospital County (6) County Code (7) Atlantic USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Hillmann Consulting, Inc. Synatech, Inc. Street Address Street Address 1600 Route 22 East, Ste 107 829 Radio Road City, State & Zip Code City, State & Zip Code Union, NJ 07083 Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Stephen Cherepany 908-688-7800 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor November 18, 2017 August 23, 2019 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥ 50 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify TO BE ABATED Custodial Staff? (12) Material (ACM) SF or LF) IN Facility (i.e., thermal systems (13)Encapsulate insulation, surfacing, VAT Enclosure Remova Repair or other miscellaneous) N/A Yes No 1st Floor Nurses Station, Hallways, Patient X Floor Tile / Sheet Flooring 14.500 SF Rooms X 1st Floor Radiology Х Floor Tile 17,500 X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 Atlantic County Utilities Authority City, State Disposal Date City, State Little Egg Harbor, NJ 08087 August 26, 2019 Egg Harbor Township, NJ Completed By Title Signature May 28, 2019 Diane Aloia **Executive Administrator** November 7, 2017

Check # 1259

Date of Notification (1)							perator (2)		1	m	E (6	EI	M	E	
Agencies Notified	Type Notification			Care Re Address	gional Me	dic	cal Center	r – Mainlar	nd Divi	sion	<u> </u>	9	51	141	15	-111
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Name of Facility When AtlantiCare Regional	e Abatement is Takir Medical Center – M	ng Place (3) ainland Divi	sion		T		of Facility School (K	0.0000								
Street Address					—— F	_		er 8 (Other	than F	(-12)						
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City, State & Zip Code							State & Zi		0007							
Union, NJ 07083 Project Manager for Mo	onitoring Firm	Te	lephone N	lumber			ohone Num	bor, NJ 08	8087	IL	icense	Numi	ber			\neg
Stephen Cherepany		90	8-688-780	00	60	9-2	296-6916						00817			
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1st Floor Radiology	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Х			Floor Til	le			17,500		$ \hat{x} $			
Name of Registered W	aste Hauler	NJDEP I Hauler II		Cubic \	ards of W	/as	te	Name of F	Registe	red Lar	dfill					
Synatech, Inc.			429	80				Fairless F	lills							
City, State				Dispos	al Date			City, State								
Little Egg Harbor, NJ	08087			June 4	, 2019			Morrisville	e, PA							
Completed By	Title			Signatu			0.0			ate		2012027				
Diane Aloia	Fxec	utive Admini	strator	16	Bure	6	Una	*	M		ne 4, 2					

Date of Notification (1)	March 12,	2017			of Buildi							I E C	ek#1	722	W	5
Agencies Notified	Type Notifica		************		iCare Re Address		Med	ical Ce	enter –	Mainland I	Division					
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	T SECURE			Mike 7	urner –	Aegis F	Prope	erty Gr	roup			6	09-652-	1000		
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Name of Facility When AtlantiCare Regional	e Abatement i Medical Cent	s Taking ter – Mai	Place (3) inland Divi	sion			Тур		acility (4							
Street Address							16	Subc	hapter	8 (Other tha	n K-12)					
65 West Jimmie Leed	Is Road											rcial building	gs, hon	ne, e	c.)	
City (5)							Squ	are Fe	et	# of F	loors	BI	dg. Age	3 Yea	re	
Pomona, NJ								rent Us	se (Pric	or if being de	molishe	d)		J I Ca	13	
County (6) Atlantic			County Cod				nos	pitai								-
Name of Monitoring Fi	m Hired by Br		USE ONLY wner (8)		ASCM	No.	Nan	ne of A	batem	ent Contrac	tor (9)				_	-
Hillmann Consulting,	Inc.						Syn	atech,	Inc.							
Street Address 1600 Route 22 East, S	Ste 107						82000000	et Add Radio								
City, State & Zip Code							City	, State	& Zip		_					
Union, NJ 07083 Project Manager for Me	onitoring Firm		Te	elephone N	lumber				Harbo Numb	r, NJ 0808 er	7	License Nur	nber	-		
Stephen Cherepany	(40)	<u> </u>		8-688-780			609	296-69	916	*****			0081	7		
Scheduled Start Date (November 18,		Schedule	ed Complet Jur	ion Date (* ne 4, 2018	11)		2.500	ne of O atech,	SHA N	Monitor						
Occupancy Status Dur Facility Closed				Abatemer	it		Stre	et Add Radio	lress							
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Other – Descri		atement					Littl	e Egg	Harbo	r, NJ 0808	7					
Scope of Work (Check																_
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(*	13)								iurfacin iscellar	ig, VAT reous)			Re	R	nca	Enc
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Synatech, Inc.			2	7429	80 Dianas	al Dete				irless Hills					_	
City, State					Dispos	al Date			CI	ty, State						
Little Egg Harbor, NJ	08087	Tin-			June 5				M	orrisville, P						
Completed By		Title			Signatu	ire Anc	. /	1/-			Date	March 12, 20	18			
Diane Aloia		Executi	ive Admin	strator	1 A/	Ment	60	2011	~			her 7, 2017	S50			

Date of Notification (1)				100							heck :	+,122	29	-
	vember 7, 20	17		Name	of Build tiCare R	ing Owr egional	ner / Opera	tor (2) Center – Mai	nland Di			1 1		
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DOH		ndment#_	- 0	Pomo	ona, NJ	00240				ASBES	LICEN		42.12.	GL.
∐DCA	Canc	ellation		Name	of Conta	act	V 1-2-23-			The state of the Section of the Technology		none N	lumbe	er
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				FA	CILITY	INFO	RMATIC	N						
Name of Facility Where AtlantiCare Regional	Abatement i	s Taking I	Place (3)				Type of F	acility (4)						
Street Address	wedical Cent	er – Mair	liand Div	ISION				ool (K-12)						
65 West Jimmie Leed	s Road							chapter 8 (O		K-12) mmercial build	linaa b		-4-1	
							Square F		# of Floo		Bldg. A		etc.)	×
City (5)											Diag. A	43 Ye	ars	
Pomona, NJ							Current U Hospital	lse (Prior if b	eing dem	olished)				
County (6) Atlantic		U.	ounty Cod SE ONLY											
Name of Monitoring Fin	m Hired by Bu	ilding Ow	ner (8)		ASCM	No.		Abatement C	ontractor	(9)				
Hillmann Consulting, Street Address	inc.						Synatech Street Ad							
1600 Route 22 East, S	te 107						829 Radi							
City, State & Zip Code Union, NJ 07083								e & Zip Code						
Project Manager for Mo	nitoring Firm		ITe	elephone I	Number			g Harbor, N. e Number	08087	License N	lumbor			
Stephen Cherepany	10.		90	8-688-78	00		609-296-6			License		817		
Scheduled Start Date (** November 18, 2**		Scheduled	Complet Marc	ion Date (:h 19, 201			Name of (Synatech	OSHA Monite	or					
Occupancy Status Durin Facility Closed	ng Abatement	(Check o	only one)				Street Add	dress						
Abatement Per								& Zip Code						
Other - Descri								Harbor, NJ						
Facility Occupi		atement												
Scope of Work (Check	all that apply)							Annaga						
≥3 sf or ≥ 50 lf				D				5 7		with Negative Pr	ressure			
≥160 sf or >260 l	ıf		H	Renovation				Mini-End						
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							or other m	iscellaneous	5)		NGII OVA	Repair	aps	nclo
			Yes	No	N/A						2	ar ar	Encapsulate	Enclosure
1st Floor Nurses Statio Rooms	n, Hallways,	Patient			Х	F	loor Tile /	Sheet Floor	ing	14,500 SF		+		
ittomis											×			
Name of Registered Wa	ste Hauler		NJDEP \		Cubic \	ards of	Waste	Name o	of Registe	red Landfill				_
Synatech, Inc.				429	80			Fairles						
City, State					Dispos	al Date		City, St	ate					
Little Egg Harbor, NJ	08087				March	20, 201	8	Morris	/ille, PA					
Completed By		Title			Signatu		171			ate		Zolliov B		
Diane Aloia		Executiv	e Admini	strator	100	ane	lear	/	N	ovember 7, 201	7			

H	PY# 117	164 PAI			ICATION	te of New OF ASBE to NJAC 8	STOS	ABATE		Г	westers and the control of the contr	11		п	N. //	Lb.	ī
Date	of Notification (1)				Name of	Building (Owner/C	perator	(2)		m	EC			W		In
	-29-2019					eShepl			(-/		14	OCCUPANTA ADMINISTRATION AND ADM			(All Street, S		
Age	ncies Notified	Type Notification			Street Ad	Service Control Con				-	m	501	N1 1	_	0010		
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×	DOL	Amendment			Fort Le					Pathetin	ŧ	ASBES	TOS	COI	VTRO	B.JC	3
x	DOH	Emergency justification)		t	Name of	Contact				9	Te	lephone				-	
×	DCA	Cancellation			John D	eShepl	0			-							
					FACIL	ITY INFO	RMATI	ON									
	ne of Facility Where	Abatement is Takin	g Place (3	3)					Туре	of Facility (4)						
Pri	vate Dwelling									School (K-1							
Stre	et Address								×	Subchapter Other (i.e. p etc.)				build	ings,	home	es,
City	⁽⁵⁾ rt Lee NJ 07024									re Feet	# o N/	f Floors		100,000	dg. A /A	ge	
Cou	nty (6)				County C	Code (7)			Curre	nt Use (Prid	or if be	ing demo	olished	d)		100000000000000000000000000000000000000	
	rgen				(STATE U	ISE ONLY)				ate Dwell		2.T					
Nam	ne of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name	of Aba	tement Cor	tracto	r (9)					
Sta	andard Environm	ental						Ama	x Cor	ntracting I	LLC						
Stre	et Address							Street	Addres	ss							
210	08 Fulton Street	Suite 2A						PO E	30X 7	734							
City	, State, Zip Code				***			City, S	state, Z	ip Code							
Bro	ooklyn NY 11233	3						Woo	dland	Park NJ	0742	24					
Proj	ect Manager for Mon	itoring Firm			Telephor	ne No.		Teleph	none N	0.		Licens	e No.				
Ka	yode Adefisoye				347-24	1-7673		973-	692-6	8298		0126	6				
	t Date (10)				mpletion [Date (11)				HA Monitor						31500	*:DUL53
	-07-2019		12-07-	m-2, 3/15				Ama	x Cor	ntracting I	LLC				vanur-		Net -
Occ	upancy Status Durin	g Abatement (Chec	ck Only Or	ne)					Addres								
×	Facility Closed/Vac								30X 7								
Н	Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	/ Hour	s					ip Code							
ш	5			28.00			7.00	Woo	odland	d Park NJ	0742	24					
Sco ₁	pe of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ill That Apply)		Renova Demoli				2	Mir Glo	II Containmeni-Enclosure	e cedure					Э	
			lo	Loca	tion								T		Abate	95	
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	Asbestos-Containing			d Sol			tos Con	taining N	//ateria		A	Amount				Е	_
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			Yes	No	N/A				•					<u>a</u>	,	ate	Ге
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														-	V		
Nan	ne of Registered Was	ste Hauler			NJDEP W Hauler ID			Yards		Name of	Regist	ered Lan	ndfill				
Am	ax Contracting L	LC			036184		of Wa			Fairles	s Hills	3					
City	, State							sal Date		City, Stat	e						
	odland Park NJ (07424					100	5-2019		Morrisv		Α					
	pleted by		Title					Signature			W 0000		Date	:			
	ne Maslarkov		Proje	ect M	lanager		1	11					05-	29-2	2019	19	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

TW# 11705	PAID	(Pur	suant to	NJAC 8:6	0 and 12:	:120)				14	+;	36	4)	Salarina nu
Date of Notification (1)	And the second s	- 1		uilding Ow	mer/Opera	ator (2	2)			7 [1	W	
5/31/19			Shoprite								2 0) 15	1 []	U	-
Agencies Notified Type N	lotification	1	treet Add	50.00	DY				Since Since	11					
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D DEP D A	mended			, Zip Code					l but	M		• •	U	GU 10	
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™ DOH ju	stification) ancellation	N	ame of C	Contact					Helep	ho he N As	SBES	TOS	CO	VTRO IG	DL &
<u> </u>			FACILI	TY INFOR	MATION				+	- Value des completes seus		por character	WICH COMMISSION OF THE PERSON	WOOD WOOD IN	
Name of Facility Where Abateme	ent is Taking Place (3)		***************************************			Type	of Facility (4)							
Residential House								School (K-12)	16	72 22					
Street Address						1	X	Subchapter 8 Other (i.e. priv	Other	than K	(-12)	ouildir	ns h	omes	-
								other (i.e. priv etc.)	ale a	COMMINE	n siai i	Janan	90, 11	011100	
City (5)							Squa	re Feet	# of B	Floors		3	g. Ag	е	
Lincoln Park							200	0	2			50	÷		İ
County (6)			County Co			_	Curre	nt Use (Prior	f bein	g demo	lished	1)			
Morris		6	STATE US	SE ONLY)		-	Res	sidential Ho	use						
Name of Monitoring Firm Hired I	ov Building Owner (8)		ASCM	No.	N	lame c	of Aba	tement Contra	actor (9)					
n/a			n/a		1	Harm	nony	Contracting	Inc						
Street Address					S	treet A	Addre	SS							
n/a						360 F	alis	ade Ave							
City, State, Zip Code						City, St	ate, Z	ip Code							
n/a					1000			NJ 07026							
Project Manager for Monitoring	Firm		Telephon	e No.		elepho	one N	lo.	T	Licens	e No.				
n/a			n/a			9734	60.6	026	- 1	0125	5				
Start Date (10)	Schedu	ed Com	pletion D	ate (11)	N	lame o	of OS	HA Monitor							
6/9/19	6/15/1			100		Harm	nony	Contractin	g Inc						
Occupancy Status During Abate	ement (Check Only O	ne)			S	Street	Addre	ess							
Facility Closed/Vacated Di			ent			360	Palis	ade Ave							
Abatement Performed Out	side of Normal Facilit	y Hours	Cit		C	City, St	tate, 2	Zip Code							
Other - Describe: Schedu	led for Demo				-	Garf	ield,	NJ 07026							
Scope of Work (Check All That	Apply)														1
≥3 sf or ≥3 lf	7304	Renova	tion			L	F	ull Containmer	nt with	Negati	ive Pr	essur	9		
× ≥160 sf or ≥260 lf	X	Demolit	ion			Post		ini-Enclosure	d						
						X		lovebag Proce on-Exempted		d Non-f	riable	Proc	edure	2	
													Abate	ment	
		s Locati Normal			Daga	vintion	of						Ту	pe	_
Location of Asbestos-Containing Mater		ed Sole	ly by	Asbest	os Contai	ription inina N		al (ACM)	Α	mount				m	-
TO BE ABATED	IV.	aintena stodial ((i.e.	thermal sy	ystem	s insu	ilation,		Specify		Remova	R	Encapsulate	Enclosure
In Facility	00	(12)	Jugii:		surfacir other mis				Si	or LF)	}	VOU	Repair	risd	uso
(13)		1			Outer mis	aconai	10000	"				a	_	ate	16
	Yes	No	N/A												-
Exterior			×		Transite	e Shi	ingle	s	18	00 SF	=	K			
Name of Registered Waste Ha	uler	95.0	VUDEP V		Cubic Y			Name of F	Regist	ered La	andfill				
Harmony Contracting IN			Hauler ID 033085		of Wast	te		GROW	S La	ndfill					
City, State Garfield, NJ					Disposa	al Date	е	City, State Morrisy		PA					
Completed by	Title					gnatur	re				Da	te			
E. Cirovic		cretar	/		E	(C)	0) <i>2</i> _			5/	31/1	9		

W# 11707 OK 3133 P	ATT	NOTIF	CATION	V OF AS	New Jersey BESTOS A	ABATE	MENT	Г) E	GE		\mathbb{V}	Pr E	int
Date of Notification (1) 5-31-2019	ALLE			of Buildin	ng Owner/O	perator	(2)	A land		JUN 1	Λ	201		Table of the state
Agencies Notified Type Notification	1		Street A						tool 4	0011	U	401	J	-
□ EPA			City, Sta	ate, Zip	STATISTICS AND ADDRESS OF THE PARTY OF THE P	2		- register	ASB	ESTOS (LICEN			01.8	Agricultures
■ DOH)		Name of Contact Gerald Eglentowicz Telephone Number 732-991-1173											
Name of Facility Where Abatement is Taki	na Place /	2/	FACI	ILITY IN	FORMATIO	ON		(= 1); ()	I.				-110	
Commercial	ig Place (3)					Туре	e of Facility (4						20
Street Address 315 Marin Blvd							×	School (K-12 Subchapter 8 Other (i.e. pr	(Other th	ian K-12) mmercial l	ouilo	dings,	home	es,
City (5) Jersey City, NJ 07302							Squa 309	etc.) are Feet 127	# of Flo	ors		ldg. A	lge	
County (6) Hudson		T	County (Curr	ent Use (Prior	if being d	emolished	1)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	Λ No.				atement Cont						
Street Address						Gree		vironmenta	al Servic	es, LLC				
5000000000 10000000 5000 50 EG								ess nia Avenue						
City, State, Zip Code								Zip Code ty, NJ 0730	14					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201-3	one N	Vo.	License No. 01174					
Start Date (10) 6-10-2019	6-15-2	019	npletion l	Date (11)	Name of OSHA Monitor Green Environmental Services, LLC								
Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire						Street 235 \		ess nia Avenue					2-2	1000
 Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 	nal Facility	Abaten / Hours	nent S			City, S	tate, Z	Zip Code						_
Scope of Work (Check All That Apply)						Jerse	ey Ci	ty, NJ 0730)4					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×	Mi Gl	all Containmer ni-Enclosure ovebag Proce on-Exempted (dure				e	
		Locati	200										ment	Š
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole iintenar todial S (12)	ly by nce/		estos Conta e. thermal s	ystems ng, VA	ateria insul T, or	ation,	Amour (Speci SF or L	100	Remova	Repair	Encapsulate	Enclosure
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Roof		Х			Transite	Flue/	Roc	of	3 LF	X				
	-				place and the second									
Name of Registered Waste Hauler			JDEP W		Cubic Y			Name of Re	egistered L	_andfill				
Green Environmental Services, LLC	;	7 1/3/25/60	auler ID 034889		of Wast 20			Fairless I	_andfill					
City, State ersey City, NJ					Disposa 6-15-2			City, State Morrisvill	e PA					

Completed by

Liliana Serrano

Date

5-31-2019

Signature

Office Manager

NOTIFICATION OF ASBESTOS ABATEMENT Pursuant to NIAC 8:60 and 12:20/N.J.A.C. 7:26-2.12) Date of Notification (1): Name of Building Owner-Operator (2) Aspects Pool, Initial OEPA Asmender DOM Building Owner-Operator (2) Name of County Code Type of Facility: Oliver Street City. (5): County (6): County Code (7): Orlor's Season (6-12) Other City. State, 2 p. Code: Name of Monitoring Firm Hired by Building Owner: To Season (6-12) Name of Monitoring Firm Hired by Building Owner: To Street Address: Street Address: Street Address: Street Address: Street Address: City. State, 2 p. Code: Morrectown, NJ 08057 Project Manager for Monitoring Firm: Assentation (1): Scheduled Completion Date (11): Morrectown, NJ 08057 Project Manager for Monitoring Firm: Doubled Scheduled Completion Date (11): Assentation (2): Street Address: City. State, Zip Code: Morrectown, NJ 08057 Project Manager for Monitoring Firm: Double Scheduled Completion Date (11): Assentation of Scheduled Completion Date (11): Assentatio
Agencies Type Notification Notified Agencies Type Notification Type Notification Type Notification Type Notification Type Notification Type Notification Type of Facility (4):
Agencies Type Notification Notified Agencies Type Notification Type Notification Type Notification Type Notification Type Notification Type Notification Type of Facility (4):
Street Address: Street Add
OFFA DAmended DEP
Display
Mr. Benjamin Olagadeyo
Scheduled Completion Street Address: 253 North Church Street Scheduled Completion Date (II): Sche
Name of Facility: Oliver Street School
County (6):
City / (5)
City / (5) Newark
Name of Monitoring Firm Hired by Building Owner: ASCM No.: 0003 Name of Abatement Contractor (9): Apex Development, Inc.
Name of Monitoring Firm Hired by Building Owner: THE NOVIRONMENTAL, INC. Name of Abatement Contractor (9):
Name of Monitoring Firm Hired by Building Owner: TTH ENVIRONMENTAL, INC. ASCM No.: 0003 ASCM No.: 0003 Apex Development, Inc.
Street Address:
Street Address: 1253 North Church Street Street Address:
253 North Church Street
State, Zip Code: City, State, Zip Code: Newark, NJ 07104
City, State, Zip Code: Newark, NJ 07104
Project Manager for Monitoring Firm: James A. Guilardi Start Date (10): Scheduled Completion Date (11): Occupancy Status During Abatement (Check only one) Facility Closed/vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Describe: Scope of Work (Check all that apply): Scope of Score 2 260 If Cocation of Abstestos Containing Material (ACM) (ACM) TO BE ABATED IN Facility (13) BOILER ROOM X PIPE FITTING INSULATION To BE ABOURD Normally Yes No N/A PIPE INSULATION To BE ABOURD To BE ABOUR
Start Date (10): Scheduled Completion Date (11): Name of OSHA Monitor: Metro Analytical Laboratories
Start Date (10): 6/10/19 Scheduled Completion Date (11): 6/10/19 Occupancy Status During Abatement (Check only one) □ Facility Closed/vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours □ Describe: □ City, State, Zip Code: New York, New York, 10018 □ City, State, Zip Code: New York, New York, 10018 □ City, State, Zip Code: New York, New York, 10018 □ Full Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) □ Yes No N/A BOILER ROOM X PIPE FITTING INSULATION □ 1015 Name of OSHA Monitor: Metro Analytical Laboratories Street Address: 255 West 36th Street, Suite 203 City, State, Zip Code: New York, New York, 10018 □ Full Containment with Negative Pressure □ Mini-Enclosure □ Non-Exempted (*) and Non-Friable Procedure Abbestos-Containing Material (ACM) (i.e., thermal systems insulation, straff? (12) Yes No N/A PIPE FITTING INSULATION 100 LF * * * BOLER ROOM Scription of Asbestos Containing Material (Specify SF or LF) □ Description of Abatement Type □ Abatement Type □ Description of Asbestos Containing Material (Specify SF or LF) □ Description of Asbestos Containing Material (Specify SF or LF) □ Description of Asbestos Containing Material (Specify SF or LF) □ Description of Asbestos Containing Material (Specify SF or LF) □ Description of Asbestos Containing Material (Specify SF or LF) □ Description of Asbestos Containing Material (Specify SF or LF) □ Description of Asbestos Containing Material (Specify SF or LF) □ Description of Asbestos Containing Material (Specify SF or LF) □ Description of Asbestos Containing Material (Specify SF or LF) □ Description □ Description □ Description of Asbestos Containing Material (Specify SF or LF) □ Description □ Descripti
Occupancy Status During Abatement (Check only one) □ Facility Closed/vacated During Entire Period of Abatement □ Bescribe: 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) □ To BE ABATED □ IN Facility □ (13) □ To BE ABATED □ IN Facility □ (12) □ Yes No N/A BOLER ROOM □ Street Address: 255 West 36th Street, Suite 203 □ City, State, Zip Code: New York, New York, 10018 □ Full Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Staff? □ (12) □ Yes No N/A □ PIPE FITTING INSULATION □ Stock (Specify) □ Sto
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Describe: ☐ Other ☐ Other ☐ Other ☐ Describe: ☐ Other ☐ Other ☐ Other ☐ Other ☐ Other ☐ Describe: ☐ Other ☐ Non-Exempted (*) and Non-Friable Procedure ☐ Non-Exempted (*) a
□ Facility Closed/vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours □ Describe: □ Other □ Describe: □ Other □ Describe: □ Scope of Work (Check all that apply): □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf □ Demolition □ Demolition □ Description of □ Abatement With Negative Pressure □ Glovebag Procedure □ Glovebag Procedure □ Glovebag Procedure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Staff? □ (12) □ N Facility □ (13) □ N Facility □ (13) □ N Facility □ (12) □ Yes No N/A □ PIPE FITTING INSULATION □ Staft Street, Suite 203 □ City, State, Zip Code: New York, New York, 10018 □ Full Containment with Negative Pressure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Ron-Exempted (*) and Non-Fr
Describe: Other
Other Describe: Scope of Work (Check all that apply): □≥3 sf or ≥ 3 lf □≥160 sf or ≥ 260 lf □ Demolition □ Demolition □ Demolition □ Description of □ Description of □ Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) IN Facility (13) Ves No N/A BOILER ROOM X PIPE FITTING INSULATION Full Containment with Negative Pressure □ Mini-Enclosure □ Mini-Enclosure □ Mon-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Amount (Specify SF or LF) □ Signification Surfacing, VAT, or other miscellaneous) SF or LF) □ Signification Specify SF or LF) □ Signification Signification Specify SF or LF) □ Signification Signifi
Describe:
□≥3 sf or ≥ 3 lf □≥60 sf or ≥ 260 lf □ Demolition □ Secure □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (
Section Sec
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BOILER ROOM ASSESTING FOR MAINTENANCE VESTIGNATION IN FORM TO BE ABATED (12) Yes No N/A BOLER ROOM ASSESTING INSULATION IN FORM TO BE ABATED (12) Yes No N/A PIPE INSULATION IN FORM TO BE ABATED (12) Yes No N/A PIPE INSULATION IN FIRE I
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BOILER ROOM X PIPE FITTING INSULATION Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Type Type Amount (Specify SF or LF) Repair Type Type Amount (Specify SF or LF) Repair Repair Type Ty
Asbestos-Containing Material (ACM) (ACM) TO BE ABATED IN Facility (13) BOILER ROOM X PIPE FITTING INSULATION Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Repair Rep
TO BE ABATED IN Facility (13) Custodial/ Staff? (12) Yes No N/A BOILER ROOM X PIPE FITTING INSULATION BOLER ROOM X PIPE INSULATION Surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) POLICE ROOM X PIPE INSULATION 510 LF * *
BOILER ROOM X PIPE FITTING INSULATION 100 LF * BOLER ROOM X PIPE INSULATION 510 LF *
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BOILER ROOM X PIPE FITTING INSULATION 100 LF * * BOLER ROOM X PIPE INSULATION 510 LF * *
POULED BOOM
BOILER ROOM X BOILER BREECHING 500 LE * *
TO DO DE STEELE THE SOU DE
Name of Registered Waste Hauler: NUDEP Waste Hauler ID No.: Cubic Yards NEWARK CARTING, INC. NUMBER VARIABLE AND FILE NUMBER VARIABLE AND FILE OF Waste: 30
City, State: Disposal Date: City, State:
P.O. Box 5670 Newark, NJ 07105 Pen Argyl, PA 18072
Completed By: Title: Signature: Date: Chinyelu Oraegbunam Vice President 5/31/2019

TOV #	- 11708				State of N			I provide the Co	a [=	2 17	7.77	F2 F
VIN	WI P	AII					TOS ABATEME! D/N.J.A.C. 7:26-2.12	NO E		.	<u>W 1</u>	
Date of Noti	ification (1):			uilding (Owner/Operator (2)				UN	0 2	2019	Life and Arriva
Agencies	Type Notification		et Addi		501				0.1	0 .	.010	lano
	⊒.Initial				Avenue Room 209	9		ASBE	07/30		TOO	
- APA 2 K	☐ Amended Amendment#:			Zip Cod 1 07108	e:			ASBE	LICE			. Ct
E DOL (Emergency (including justification)	Nam	ne of Co		adeyo		Telephoi 973-733	ne Number: -7200	uzepro transien			
₫ DCA	Cancellation				EACH ITY IN	EODIA	A TRANS					
Name of Fac	cility: Avon Ave	nue Scho	ol		FACILITY IN		e of Facility (4):					
219 Avon A		inde Seno				1900	chool (K-12)					
	venue					₽'S	ubchapter 8 (Other than					
City/ (5) Newark		ounty (6): sex		Coun 07108	ty Code (7):		other (i.e., private & communer Feet:	mercial buildings, h # of Floo		etc.)		
						Blo	lg. Age					
	nitoring Firm H		uilding	Owner:	ASCM No.:		me of Abatement Con	tractor (9):				
TTI ENVIR	ONMENTAL, I	INC.			0003	Ap	ex Development, I	nc.				
Street Addre	001						eet Address:					
1253 North	Church Street					25	0 D I					
City, State, Z	'in Code:						8 Broadway y, State, Zip Code:					
57.0	3)						3300 PA.S. BA					
	n, NJ 08057 ager for Monitor	ring Firm			Telephone No.:		wark, NJ 07104 ephone No.:	License No.:		7		
James A. G		ing r iiii.			609-314-1683	0.00000	an a nn an a	01215				
Start Date (1	0):	Schedu	led Cor	npletion	Date (11):		3) 350-0101 ne of OSHA Monitor:	12/20/20/20/20/20/20/20/20/20/20/20/20/20				
6/10/19		08/10/	35			_	tro Analytical Laborat	ories				
	atus During Abate			terra a tr			et Address: West 36th Street, Su	ite 203				
	sed/vacated During Performed Outside				IT.	City	, State, Zip Code: v York, New York, 1	-00-99-9-00000				
☐ Other Describe:							, , , , , , , , , , , , , , , , , , , ,					
	(Check all that a	pply):								C 1600		
$\square \ge 3 \text{ sf or } \ge 160 \text{ sf or}$				□ Reno □ Demo			⊒-Mini- □-Glove	Containment with -Enclosure ebag Procedure Exempted (*) and I				
7	-t: c		Locat		n	escript	ion of				temen	it
	ation of ntaining Materia		Norma ed Sole	ily Iv bv	Asbestos Con	ntaining	Material (ACM)		-	T .	ype	T
(A	ACM)	Ma	aintena	nce/	(i.e., therm	al syste	ems insulation, VAT, or	Amount	Re	7	Enc	En
	ABATED Facility		Custodi Staff				llaneous)	(Specify	Removal	Repair	caps	Enclosure
	(13)		(12)					SF or LF)	val	H.	Encapsulat	sure
BOILER R	OOM	Yes	No X	N/A	PIPE FITTING	CINCI	HATION	250 I E	*	-	1 1 1	*
BOLER RO			X		PIPE INSULA		LATION	250 LF 280 LF	*		-	*
BOILER R		-	X		BOILER BRE		NC	800 LF	*			*
Name of Reg	istered Waste H ARTING, INC.		Λ	NJDE	P Waste Hauler ID 4509		Cubic Yards of Waste: 30	Name of Regi GRAND CEN	stered			
City, State:			Disp	osal Date):		City, State:		INAL	LAIN	DITLI	2
P.O. Box 567 Completed B	0 Newark, NJ 0	7105		Title:		Ciar	Pen Argyl, PA 1807	1000000000				
Chinyelu Ora					President	Signa		Date: 5/31/201	9			

NOUL	NOTIFIC	LACITAC	te of New Jersey OF ASBESTOS ABAT NJAC 8:60-7 and 12:12 Name of Building Ov			DE	C I	ĒΙ			(C.
			RIVERVIEW MEDICA	AL CEN	ITER	A construction of the cons	.111	10	201	4	1
Date of Notification (1)			Street Address			LA LA	9 0 1 .	0	20,	1	-manager /
6 / 6 /19 Agencies Notified Type Notification			1 RIVERVIEW PLAZ	A		1		5.6	0.170	-	
Agencies results	าท		City, State, Zip Code	-0051/	07701	ASE	ESTO	IS CO	UNTH ING	ULA	
Amended Notif	ication		RED BANK, NEW JE	HSEY			-			manufacture (1997)	outres.
X DOL Cancellation	#9		Name of Contact		Tel	ephone Number 2-450-2689					
X DOH X On Hold EMERGENCY	NOTIF	CATION	ERIC MATTSON		1758	2 400 2000	_			1	
		FAC	ILITY INFORMATION	Туре	of Facility (4)						
Name of Facility Where Abatement is Taking	Place ((3)			School (K-12)	(Other than K-12	2)				
RIVERVIEW MEDICAL CENTER				X	Other (ie. priv	rate & commci. D	uus., 1	ome	s, etc.	4	
				Sq	uare Feet	# of Floors	ы	dg. A 65	ige		
Street Address 1 RIVERVIEW PLAZA-1ST & 2ND FLOORS				2	250,000	if being demolish	ned) Ph	narm.	Lab.	\neg	
County (6)			County Code (7) (STATE USE ONLY)	11100	DITAL						
	Owner	(8)	ASCM No.	Nam	ne of Abateme	ent Contractor (ENTAL CORPOR	ATION	1			
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	0111101	\- <i>'</i>	17	Stro	et Address						
Street Address			80	313	SPOOK ROC	K ROAD					
64 BROAD STREET				SUI	, State, Zip Co FERN, NEW	YORK 10901		1		_	
City, State, Zip Code MATAWAN, NEW	JERSE	7 07747 ephone N	Jumber	Tele	ephone Numb	er Licen	se Nur	nber			
Project Manager for Monitoring Firm	732	-290-223	36	845	5-369-7500 me of OSHA N	1101	,				
THOMAS GEIGER Expected State Date (10)	ched.	Complet	ion Date (11) 30 /19	QU	ME OF USHAN	ONMENTAL					
1/ / 23/	Month	9 /	Day Yea	r	eet Address					\neg	
Month Day Year Check Occupancy Status During Abatement (Check	only on	9)	-tamont	13	76 ROUTE 9						
Occupancy Status During Abatement (Check Facility Closed/Vacated During En Abatement Performed Outside of	itire Per Normal	Facility I	Hours - Describe:	Cit	ty, State, Zip C	Code					
Abatement Performed Odiside of X Other - Describe: MONSAT.	7AM-1	2 AM			WAPPING	ERS FALLS, NE	W YO	RK 1	2590		
			Critica	ls with	Negative Pres	sure				1	
Scope of Work (Check all that apply) Demolition	Renova	tion	X Mini-E	bag Pro	ocedure						
>3SF OR LF			X Non-F	riable F	Procedure		Ab	atem	ent Ty	/ре	
X >160 SF OR 260 LF Location of	Is Lo	cation	Description of Containing Ma	of Asber eterial (ACM)	Amount	REMC	REPA	ENCA	ENCLO	
Asbestos-containing		lly used	(ie, Therma	al syste	ms	(Specify SF or LF)	MO	PAII	CAP	010	
Material (ACM) TO BE ABATED		Custodial	insulation, su	rfacing,	VAT,	SFOIL!	OVAL	Ħ	PSUL	SUR	
in Facility (13)	Sta	ff (12)	or other mis	Cellalle	.003)		-	+	11.	1	
	Yes IN	lo N/A	PIPE INSULATION	comple	ete	832 LF	X	\vdash	+	H	
2ND FL WEST -FAMILY HEALTH CNTR	++	X	VAT & MASTIC	comple	ete	1,352 SF	X	+	+	+	
2ND FL WEST -FAMILY HEALTH CNTR	++	×	WALL MASTIC	compl	ete	1,552 SF	X	+	+	+	
2ND FL WEST -FAMILY HEALTH CNTR	+	×	VAT & MASTIC	compl	ete	1,300 SF	X	+	+	+	
2ND FL MED SURG/OBSERVATION WAY	+	$-\uparrow_{x}$	WALL MASTIC	comp	lete	1,056 SF	X	+	+	+	12
2ND FL MED SURG/OBSERVATION WAY		-	PIPE INSULATION	comp	lete	478 LF	X	+	+	+	
2ND FL MED SURG/OBSERVATION WA		-	WINDOW CAULK	comp	lete	20 SF	X	+	+	+	
2ND FL MED SURG/OBSERVATION WA	+	×	PIPE INSULATION	comp	lete	40 LF	X	+	+	+	
2ND FL EAST CORRIDOR	-	×	WALL MASTIC	comp	olete	144 SF	X	+	+	+	1
2ND FL WEST CORRIDOR	+	X	WINDOW CAULK	comp	olete	2 SF	X	+	+	+-	1
2ND FL WEST CORRIDOR	NR.	X	COLUMN MASTIC	com	plete	960 SF	X	+	+	+	1
2ND FL CARDIAC RESPIRATORY REHA		X	DUCT INSULATION	V com	plete	1,260 SF	X	+	+	1	1
1ST FL KITCHEN	+	X	EXTERIOR WALL			420 SF	X	+	+	1	1
2ND FLOOR NORTHWALL	+	X	PIPE INSULATION		plete	14 LF	X		-	1	1
1st FL DINING ROOM	_	X	PIPE INSULATION		plete	79 LF	- X		+		1
1ST FL WEST DISH WASH AREA	_	1 X	TOTAL MATION		plete	158 LF	×		-		7
1ST FL KITCHEN FOOD AREA	+	1 ×	WALL ATION			66 LF	JX	+	+	1	
1ST FL KITCHEN FOOD PREP AREA		1						L			_

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NJ 07105 Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPE	1/11/2019-09/30/2019 Signature	City, State PLANIFIELD TOWNSHIP, PA Date	
			RECEIVE	Commence of the Commence of th

JUN 10 2019

ASBESTOS CONTROL &
LICENSING

1	NOTIF	ICATIO		JAC 8:60-7 and 12:120		FRA	E	7	VI E	I	7
	(Pu	rsuani	10 10	Name of Building OW	nerroperato. (=)	1111 5 9	_15_	11			-
(Neification (1)				RIVERVIEW MEDICA	L CENTER	1131			-	1	
Date of Notification (1) 5 / 28 /19				Street Address		JUN JUN	11) 2	019	1	ال
Agencies Notified Type Notification				1 RIVERVIEW PLAZA						The same of the sa	
Agencies Training	on .	"0		City, State, Zip Code RED BANK, NEW JE	RSEY 07701			SYNKE	TOOL	Ai	
DEP X Amended Notif	ication	#8		1	IT	ASRES	ICEN	SINC	3	1	to a control
IX JOOL I I On Hold			ON	Name of Contact ERIC MATTSON	73	32-450-2689	-		e - collected by	1	
X DOH DCA ON HOID EMERGENCY	NOTIF	FICAT	ACII	ITY INFORMATION						\dashv	
Taking	Place		ACIL	TIT IN CITIES	Type of Facility (4	4)					
Name of Facility Where Abatement is Taking					- I all and and	o (Other than K-12	2)		a oto)		
RIVIERVIEW MEDICAL CENTER					X Other (ie. pri	ivate & commcl. bl	uus., 1	dg. A	s, etc.)	-	
					Square Feet 250,000	6		65			
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS			_	County Code (7)	Current Use (Prio	r if being demolish	ed) Ph	narm	. Lab.	1	
City (5) County (6) MONMOUTH				(STATE USE ONLY)	LINCPITAL	nent Contractor (9		_		_	
RED BANK Name of Monitoring Firm Hired by Building	Owne	r (8)	1	ASCM No.	Name of Abatem	ENTAL CORPOR	ATION	1			
ENVIRONMENTAL TACTICS				17	Street Address						
Street Address					313 SPOOK ROO City, State, Zip C	CK HOAD					
64 BROAD STREET City, State, Zip Code		077	47		SUFFERN, NEW	YORK 10901	se Nur	nhar		\dashv	
MATAWAN, NET	JERSE	lephor	ne Ni	umber	Telephone Numb	ber Licens	se Mui	nuei			
Project Manager for Monitoring Firm	73	2-290	2236	3	845-369-7500 Name of OSHA						
THOMAS GEIGER Expected State Date (10)	ched.		letic	on Date (11) 30 /19	QUALITY ENVI	RONMENTAL					
1 / /23/	Month	9 / n		Day Year	Street Address						
Month	only o	ne)	E A be	atement	1376 ROUTE 9						
Occupancy Status During Abatement (Crieck Facility Closed/Vacated During En Abatement Performed Outside of	tire Pe Norma	l Facil	ity H	ours - Describe:	City, State, Zip	Code					
X Other - Describe: MONSAT.	7AM-	12 AM	10.75		WAPPIN	GERS FALLS, NE	W YO	RK 1	2590		
The state of the s					s with Negative Pre	ssure					1
Scope of Work (Check all that apply) Demolition	Renov	ation		X Mini-Er X Gloveb	ag Procedure						1
>3SF OR LF				X Non-Fr	iable Procedure	T	T Ab	atem	nent Ty	ре	1
X >160 SF OR 260 LF Location of	ls L	ocatio	n	Description of Containing Ma	Asbestos-	Amount	-		EN	EN	
Asbestos-containing		ally us		(ie. Thermal	l systems	(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR	
Material (ACM)		lely by /Custo		insulation, surf	facing, VAT,	SF or LF)	NA!	R	USG	US	
TO BE ABATED in Facility (13)	St	aff (12		or other misc	cellaneous)		<u> </u>	1	1	D	4
in admity (1.0)	Yes	-	1/A	PIPE INSULATION		832 LF	X	1	+	-	4
2ND FL WEST -FAMILY HEALTH CNTR	-	-				1,352 SF	X	1	+-	-	\dashv
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC		1,552 SF	_	1	+	+	\dashv
2ND FL WEST -FAMILY HEALTH CNTR	_	-	<u> </u>	WALL MASTIC	complete	1,300 SF	X	1	_	+	\dashv
2ND FL MED SURG/OBSERVATION WAY	4		X	VALGINICITE	complete	1,056 SF	X	_		+	\dashv
2ND FL MED SURG/OBSERVATION WA	4_	-	X	WALL MASTIC	complete	478 LF	X	1		+	-
2ND FL MED SURG/OBSERVATION WA	1		X	FII E INGGE	Complete	20 SF	X		-	+	-
2ND FL MED SURG/OBSERVATION WA	Y	-	X	WINDOW CAULK	complete	40 LF	X	-		+	\dashv
2ND FL EAST CORRIDOR		-	X	PIPE INSULATION	Complete	144 SF	X	1		+	-
2ND FL WEST CORRIDOR		1	X	WALL MASTIC		2 SF	X			1	\dashv
2ND FL WEST CORRIDOR		-	X	WINDOW CAULK	- amplata	960 SF	X			1	_
2ND FL CARDIAC RESPIRATORY REHA	AB	1	X	COLUMN MASTIC	complete	1,260 SF	X			1	\dashv
1ST FL KITCHEN		_	X	DUCT INSULATION		420 SF	X			1	_
2ND FLOOR NORTHWALL		-	X	EXTERIOR WALL N		14 LF	X			1	
1st FL DINING ROOM			X	PIPE INSULATION	\ ;	79 LF	x				
1ST FL WEST DISH WASH AREA		1	X	PIPE INSULATION		158 LF	×			_	
1ST FL KITCHEN FOOD AREA			X	PIPE INSULATION	1,000	66 LF	X				
1ST FL KITCHEN FOOD PREP AREA			X	PIPE INSULATION		150					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	NOTIF	ICATI	ON C	F ASB	ESTOS A	BATEN 12-120-	ЛЕN I -7)		. د. د.		Name of Street, or other		-
	(Pu	ursuan	it to N	Name o	of Buildin	g Owr	ner/Operator (2	2)	TEP	E	7		70 17
				RIVER\	VIEW ME	DICAL	CENTER		U E C	<u> </u>			=
Pate of Notification (1)			1	Street A	Address			11/4	以				
5 / 9 /19 Type Notification				1 RIVE	RVIEW P			1	111 111	NT	1 2	019	
Agencies Notification	on			City, St	tate, Zip C	ode	OEV 07701		11	4.5	e		ALCOHOL: N
X Amended Notif	ication	า #7		RED B	ANK, NE	M JEH	SEY 07701	5				TOO	R.
Cancellation				Name	of Contac	t		Telep	hone Numbe 50-2689	JIGEN	MIS MIS	3	- 1
X DOH ON HOID	NOTI	FICAT	NOIT		MATTSON			134	- Arena - miletane - miletane	LIOLI		4,147.1	
DOA		F	FACIL	ITY INF	ORMATI	ON T	Type of Facilit	y (4)					
Name of Facility Where Abatement is Taking	Place	e (3)				t	School (K	(-12)	What than Kat	12)			1
						1	Subchapt Other (ie	private	other than K-1	Diaus.,	home	es, etc	2.)
RIVIERVIEW MEDICAL CENTER							X Other (ie.	#	of Floors	В	ldg. 65	.9 -	
Street Address							250,000 Current Use (F	4	6	shed) P			$\overline{}$
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS County (5)			T	Count	ty Code (7)	LICCRITAL						
CITY (5)				(STATE	USE ON ASCM	No.	f Alani	tement	Contractor	(9)	NI.		
Name of Monitoring Firm Hired by building	Owne	er (8)			17		PAR ENVIRO	NMEN	TAL CORPO	HATIO	4		
ENVIRONMENTAL TACTICS							Street Addres 313 SPOOK F	ROCK	ROAD				
Street Address 64 BROAD STREET							City State 7	n Code	9				
City, State, Zip Code MATAWAN, NEW	JERSI	EY 07	747				SUFFERN, N	imber	Lice	nse Nu	mbe		
Project Manager for Monitoring Firm	116	elepno	ne ivi	umber			845-369-7500	0	110	1			
THOMAS GEIGER	73	32-290)-2236	n Date	(11)		Name of OS	HA Moi	nitor				
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STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT Date of Notification (1) Thy # 11664 Name of Building Owner/Operator (2) 05/24/2019 Gothic Tower Condominiums Agencies Notified Type of Notification Street Address JUN 1 0 2019 50 Glenwood Avenue) EPA (X) Initial Notification (X) NJDEP) Amended City, State, Zip Code Jersey City, NJ 07306 (X) NJ DOL Amendment # **ASBESTOS CONTROL &** (X) DOH) Emergency (including LICENSING) DCA justification) Name of Contact Tel. Number) Cancellation Johnny Super (201)725-8648 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) () School (K-12) Commercial building) Subchapter 8 (other than K-12) Street Address (X) Other (i.e. private & commercial bldgs., homes, etc. 50 Glenwood Avenue Sq. Feet: 15,000 # of Floors 10 Bldg. Age 80 City (5) County Code (7) County (6) Jersey City (State Use Only) Hudson Current Use (if being demolished): Name of Monitoring Firm Hired by Bldg. Owner ASCM No. Name of Contractor (9) N/A Industrial Safety & Environmental Solutions, Inc. Street Address Street Address 3300 Hudson Avenue City, State, Zip Code City State, Zip Code Union City, NJ 07087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number (201)325-0055 01124 Scheduled Start Date (10) Scheduled Completion Date Name of OSHA Monitor ISES, Inc. 06/03/19 06/14/2019 Occupancy Status During Abatement (Check only one) Street Address) Facility Closed/Vacated During Entire Period of Abatement 3300 Hudson Avenue) Abatement Performed Outside of Normal Facility Hours -(X) Other - Describe: unoccupied work area City, State, Zip Code Union City, NJ 07087 Source of Work (Check all that apply)) Demolition (X) Renovation) Minor Project (< 25 SF or < 10 LF ACM) (X) Full Containment with Negative Pressure) Small Project (>25 <160 SF or >10 <260 LF ACM)) Mini-Enclosure (X) Large Project (>160 SF or > 260 LF ACM X) Glove-bag Procedure and Wrap and Cut Procedure) Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Contain-Is Location Normally Used Description of ACM Amount (Specify SF Abatement Type ing Material (ACM) (i.e. thermal systems insulation, Solely by Maintenance or or LF) Encl Remo val To be Abated in Facility (13) Custodial Staff? (12) surfacing, VAT, or other miscella-Repair osur neous.) YES NO N/A X Boiler room TSI pipe 450 LFT X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Reg. Landfill Cubic Yards of Waste Grand Central Sanitation Newark Carting 04509 30

Disp. Date

Signature

06/14/20.19

369 Raymond Blvd, Newark, NJ 07105

Title

Project Supervisor

Completed by (Print or Type)

David Camacho

City, State

05/24/2019

Date

Pen Argyl, PA 18072

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Name of Monitoring Firm Hired by Building C	wner (8)		ASCI	M No.	Nam	e of Al	patement Contr	actor (9)					
Street Address		J.R. Contracting & Environmen								ons	ultin	g, In	C.
City, State, Zip Code							ute 23					S SETTION ISSUED	
					City, State, Zip Code Wayne, NJ 07470								
Project Manager for Monitoring Firm			Telepho	one No.	Telephone No. License No. 973-628-9200 00408								
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			Х		pipe	insulat	tion		1:	2 LF		x		COLUMN TO THE REAL PROPERTY.	
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A. Scott Higgins President 6/5/19															

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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 06 14 19 216 East State LLC Agencies Notified Type Notification Street Address 2019 **⊠** EPA 80 Hamilton Ave Suite 101 □ DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Trenton NJ **ASBESTOS CONTROL &** ☐ DCA ☐ Emergency (including ICENSING (NJAC 5:23-8) justification) Name of Contact Telephone Numbe ☐ Cancellation Michael Kennedy 609-656-8300 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Office Building School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 216 East State homes, etc.) City (5) Square Feet # of Floors Bldg. Age Trenton 10,000 10 1919 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Mercer Office Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Finog Environmental Inc. Graham-Tech Environmental Service, LLC. Street Address Street Address 617 Stokes Rd Suite 4-318 958 Jackson Rd City, State, Zip Code City, State, Zip Code Medford, NJ 08055 Mays Landing, NJ 08330 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 888-715-2211 609-561-1901 01158 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06 / 24 / 19 08 / 15 / 19 Graham-Tech Environmental Services, LLC. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 958 Jackson Rd Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-11:30PM/_ Mays Landing, NJ 08330 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure
 □ Mini-Enclosure $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation Mini-Enclosure Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Encapsulate Enclosure Asbestos-Containing Material (ACM) Remova 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 Whole Building Office Building \boxtimes 10,000SqFt X Ashastas Containanatad П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Graham-Tech Environmental Service Pioneern Crossing 0034500 30 City, State Disposal Date City, State Completed By (Print or Type) Title Signature Date Vernice Graham President

State of New Jersey

Name of Registered Waste Hauler NEWARK CARTING	Hauler ID No.	120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL City, State	<u> </u>
City, State NEWARK, NJ 07105 Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPER	1/11/2019-09/30/2019 Signature		119

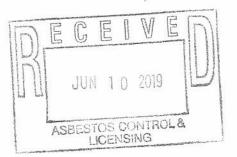


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Name of Building Owner(Operator (2)		N	OTIFIC	CATIO	State of New S	STOS ABAT	EMENT		3	3	2	18
1	Date of Notification (1)		(Purs	suant	Name of	Building O	wner/Operator (2	2)				
Agendies Notified					Street Ad	dress						
SEP Amended Notification Cacumity Code (7) Cacumity Code (1					A				-	
Mame of Contact					City, State RED BAN	e, Zip Code IK, NEW JE	RSEY 07701					
DCA		on			Name of	Contact		Telephone Numb	er			
Name of Facility Where Abatement is Taking Place (3) RIVIERVIEW MEDICAL CENTER RIVIERVIEW MEDICAL CENTER Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 8 (Ot		ICY N	OTIFIC	CATIO				732-450-2689				
School (K-12)					CILITY INFOR	RMATION	T 6 F : !!!	(4)	200-1/-20			
Street Address Square Feet Feet Feet Feet Feet Feet Feet	Name of Facility Where Abatement is Tal	ing Pl	ace (3	5)								
Street Address 250,000 6 65 65	RIVIERVIEW MEDICAL CENTER						Subchapte	er 8 (Other than K-		., hor	nes, e	tc.)
RIVERVIEW PLAZA-15 & ZUD FLOURS	Street Address	-					Square Feet	# of Floors		Bldg	. Age	
MCNNIOUTH (STATE USE ONLY) HOSPITAL					Countrie	odo (7)	The state of the s		shed)		252	D.
Name of Monitoring Firm Hired by Building Owner (8)	0.13 (1)						HOSPITAL			, riai	= 0	745 S
Street Address Stre	Name of Monitoring Firm Hired by Buildi		mer (8	3)		ASCM No.	Name of Abate	ment Contractor	(9)	ON		
State Zip Code						17		WILLIAM CONTO	VALIA	J.1		
MATAWAN, NEW JERSEY 07747 SUFFERN, NEW YORK 10901	64 BROAD STREET											
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THOMAS GEIGER								ber Lice		umbe	er	
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Scope of Work (Check all that apply)	Month Day Year		nth			Year	ICtor of Address					
Abatement Performed Outside of Normal Facility Hours - Describe: X	Occupancy Status During Abatement (Che	ck only Entire l	one) Period	of Al	patement							
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2ND FL WEST -FAMILY HEALTH CNTR					insula	ation, surfac	ing, VAT,	SF or LF)	18	 	PS	SO
2ND FL WEST -FAMILY HEALTH CNTR	in Facility (13)				or o	ther miscell	aneous)		15		=	R
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Date of Notification (1)				RIVERVIE	W MEDICA	L CEN	NTER			1111-1	71	2016	4111
				Street Add					U	UN I	U	2019	house
Agencies Notified Type Notification					IEW PLAZA				1			-	1
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DEP X Amended No	tification	on #8						<u> </u>	Numbo	LICE	NOW	G	***************************************
On Hold			0.	Name of C	Contact			Telephone 732-450-26		:1			
DCA EMERGENC	Y NO	TIFIC	ATIO	ILITY INFOR									
Name of Facility Where Abatement is Takin	o Plac	e (3)		ILITY INFOR	IIVIATION	Туре	of Facility						
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RIVIERVIEW MEDICAL CENTER						X	Other (ie. p	rivate & co	ommcl.	bldgs.,	home	es, etc	.)
Street Address							uare Feet 250.000	# of Flo	oors	t	3ldg. / 65		
1 RIVERVIEW PLAZA -1ST & 2ND FLOORS				County C	ada (7)	Curr	ent Use (Pri		demolis	shed) F	harm	. Lab.	
City (5) County (6) MONMOUT	a			(STATE US	E ONLY)	HOS	PITAL						_
RED BANK MONMOUT Name of Monitoring Firm Hired by Building	Own	er (8)	, A	ASCM No.	Nam	e of Abate	ment Cont	CORPO	(9) RATIO	N		
ENVIRONMENTAL TACTICS					17	Stre	et Address						
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Oit Ctate Zin Code	.==0	- 1/ 0	7747			SUF	, State, Zip FERN, NE\	W YORK 1	0901				
MATAWAN, NEW	JERS	eleph	none N	lumber		Tele	phone Num	ber	Lice	nse Nu	mber		
Project Manager for Monitoring Firm THOMAS GEIGER	17	32-29	90-223	16		845	-369-7500 ne of OSHA	Monitor	110	1			-
Expected State Date (10)	Sched	. Cor		on Date (11) 30	/19	QU.	ALITY ENV	RONMEN	TAL				
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Otatus During Abatement (Check	only	one)	of Ab	atament		137	et Address 6 ROUTE 9)					
Facility Closed/Vacated During E	Norm	al Fa	CIIILY F	lours - Descr	ibe:	07	y, State, Zip	Code					\dashv
X Other - Describe: MONSAT	. 7AM	-12 A	M			City	WAPPIN	IGERS FA	LLS, N	EW YO	RK 1	2590	
Scope of Work (Check all that apply)					Criticals	with N	Negative Pre	essure					
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in Facility (13)	St	aff (1	2)	or	other misce	llanec	ius)				1	7	Ä
	Yes	INO	X	PIPE INSUL	ATION			832 LF		X	_		\Box
2ND FL WEST -FAMILY HEALTH CNTR	\vdash	_	X	VAT & MAS				1,352 S	F	X	_	-	\vdash
2ND FL WEST -FAMILY HEALTH CNTR	-		x	WALL MAS				1,552 S	F		_	1	\vdash
2ND FL WEST -FAMILY HEALTH CNTR	-		X	VAT & MAS		mple	te	1,300 S	SF	X	_	_	\vdash
2ND FL MED SURG/OBSERVATION WAY		-	x	WALL MAS		omple	te	1,056 5	SF	Х	_	1	\perp
2ND FL MED SURG/OBSERVATION WAY		-	1	PIPE INSUL		omple		478 LF		Х		1	
2ND FL MED SURG/OBSERVATION WAY		-	X	WINDOW C				20 SF		X	_	_	\perp
2ND FL MED SURG/OBSERVATION WA	Y	-	X	PIPE INSUI	The Ukonasia	omple	ete	40 LF		X		_	\perp
2ND FL EAST CORRIDOR	+-	-	X	WALL MAS				144 SF		Х		_	\perp
2ND FL WEST CORRIDOR	+-	\vdash	X	WINDOW (2 SF		X			\Box
2ND FL WEST CORRIDOR		1	X	COLUMN N	Travelle a proposition of the	omple	ete	960 SF	=	X	1	-	-
2ND FL CARDIAC RESPIRATORY REHA	T B	+		DUCT INSI				1,260	SF	X		_	\perp
1ST FL KITCHEN	+	+	X		WALL MAS	STIC		420 SI	F	X		_	4
2ND FLOOR NORTHWALL	+	+		PIPE INSU	Constitution of the Consti			14 LF		х		-	-
1st FL DINING ROOM	+	+	X	PIPE INSU				79 LF		Х	1	_	1
1ST FL WEST DISH WASH AREA	+	+		PIPE INSU				158 L	F	X			\perp
1ST FL KITCHEN FOOD AREA	+	+	X	PIPE INSU				66 LF		X			\perp
1ST FL KITCHEN FOOD PREP AREA			X	ILILE INSC									

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY	/ LANDFILL
City, State NEWARK, NJ 07105		Disposal Date 1/11/2019-09/30/2019	PLAINFIELD TOWNSHIP, PA	Pate* 77/120
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPE	Signature Signature		5/28/19



/	NOT	TIFIC <i>A</i>	MOITA	tate of New Jersey	EMENT	33	50	1		
1 1	(1	Pursu	ant to	NJAC 8:60-7 and 12:12 Name of Building Ov RIVERVIEW MEDICA	vner/Operator (2)	10)5	G	E		
Date of Notification (1)					L CENTER -	1151				\dashv
5 / 9 /19				Street Address 1 RIVERVIEW PLAZA	A	A quarter pro-	JUN	10	201	
Agencies Notified Type Notification				City, State, Zip Code		f but faul ?	9 011		1 -004	7
EPA Initial Notifica DEP X Amended No	tion tificatio	on #7		RED BANK, NEW JE	RSEY 07701	and the second second			-	
X DOL Cancellation				Name of Contact	T	Telephone Numbe	r 110	IF NS	ONTH UNIG	OL &
X DOH On Hold EMERGENC	Y NOT	TIFIC	ATIO	N ERIC MATTSON		732-450-2689	person of the Person	Paul VO	1140	MONARCH AND ADDRESS OF THE PARTY AND ADDRESS O
			FAC	CILITY INFORMATION	Te de la contraction	(4)				\dashv
Name of Facility Where Abatement is Takin	g Plac	ce (3)			Type of Facility School (K-1					
RIVIERVIEW MEDICAL CENTER					Subchapter	8 (Other than K-1	12)	home	os etc	
RIVIERVIEW MEDICAL CENTER					X Other (ie. p	rivate & commcl. # of Floors	blags.,	3ldg.	Age	-
Street Address					250,000	6		65		_
1 RIVERVIEW PLAZA -1ST & 2ND FLOORS City (5) County (6)			Т	County Code (7)		or if being demolis	shed) (harm	ı. Lab.	1
DED BANK MONMOUTH	1	(0)	\perp	(STATE USE ONLY) ASCM No.	HOSPITAL Name of Abater	nent Contractor	(9)			
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	JOwn	er (8)		17	PAR ENVIRON	MENTAL CORPOR	RATIO	N		_
Street Address					Street Address 313 SPOOK RO	CK BOAD				
64 BROAD STREET					City, State, Zip (Code				
City, State, Zip Code MATAWAN, NEW	JERS	EY 07	747		SUFFERN, NEV	V YORK 10901 her Licer	nse Nu	mber		
Project Manager for Monitoring Firm		eleph 32-29		Number	845-369-7500	1101				
THOMAS GEIGER Expected State Date (10)	Sched	. Con	pleti	ion Date (11)	Name of OSHA	Monitor				
1 / /23/ 19		9 /	-	30 /19 Day Year	QUALITY ENVI	HONMENTAL				
Month Day Year Occupancy Status During Abatement (Check	Mont	one)		Du)	Street Address					
F: Classed Vacated During Fr	nure P	enou	of Ab	atement	1376 ROUTE 9					
Abatement Performed Outside of X Other - Describe: MONDAY -	Norma FRIDA	arrac AY 7A	M-12	2 AM	City, State, Zip	Code GERS FALLS, NE	W VC	RK 1	2590	
SATURDA	Y 7AM	1-3:30	PM		with Negative Pre			THE	_000	
Scope of Work (Check all that apply) Demolition	Renov	ation		X Mini-End	do,					
>3SF OR LF				X Gloveba X Non-Fria	g Procedure able Procedure					
X >160 SF OR 260 LF	le l	ocatio	n T	Description of A	Asbestos-			atem	ent Ty	pe
Location of Asbestos-containing	norm	ally u	sed	Containing Mate	rial (ACM)	Amount (Specify	REMO	REPAII	ENCAP	ENCLO
Material (ACM)		lely b	10000000	(ie. Thermal s insulation, surfa		SF or LF)	NO NO	AIR	APS	50
TO BE ABATED in Facility (13)	Maint St	aff (12	S1000000000000000000000000000000000000	or other miscel	llaneous))VAL	100000	JUS	SUR
iii dointy (10)	Yes	No	N/A			832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR				PIPE INSULATION		1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC		1,552 SF	1			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC		1,300 SF	X	1		
2ND FL MED SURG/OBSERVATION WAY			X	V/ (1 & 1111 15 111	omplete	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL IN IC.	omplete	478 LF	X	+		
2ND FL MED SURG/OBSERVATION WAY			X	THE INCOLATION	omplete	20 SF	X	1		
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	parroque value	40 LF	X	1		
2ND FL EAST CORRIDOR	_	-	X	THE MOSE	omplete	144 SF	X	1		
2ND FL WEST CORRIDOR		-	X	WALL MASTIC		2 SF	X	1		
2ND FL WEST CORRIDOR		-	X	WINDOW CAULK	- malete	960 SF	X		1	
2ND FL CARDIAC RESPIRATORY REHA	В	-	X	0020	omplete	1,260 SF	X	1		
1ST FL KITCHEN	-	-	X	DUCT INSULATION	STIC	420 SF	X	1		\Box
2ND FLOOR NORTHWALL	-	-	X	EXTERIOR WALL MAS	5110	14 LF	X	1		
1st FL DINING ROOM	-	-	X	PIPE INSULATION		79 LF	X			
1ST FL WEST DISH WASH AREA	+	-	X	PIPE INSULATION		158 LF	X			
1ST FL KITCHEN FOOD AREA	-	-	X	PIPE INSULATION		66 LF	X	1		
1ST FL KITCHEN FOOD PREP AREA		1_	X	PIPE INSULATION		IOO LI				

te of Notification (1) 4 / 12 /19 encies Notified		(Pursua	int to	NJAC 8:60-7 and 12:12 Name of Building Ov	20-7)		- Hrall				and the same
encies Notified EPA DEP X DOL Type Notification Type Notification Type Notification Amended N Cancellatio				RIVERVIEW MEDICA				JUN	1 1	n 20)19
encies Notified EPA DEP X DOL Type Notification Type Notification Type Notification Type Notification Cancellation				Street Address				001		U CU	10
EPA Initial Notifit X Amended N Cancellatio			- 9	1 RIVERVIEW PLAZA	Ą		i line		race to deposit	o brasile some hugare	and contracts
X DOL Cancellatio	cation	tion #6		City, State, Zip Code RED BANK, NEW JE	RSE	Y 07701	- South Annual Company	SDLO: L	OS (SING	ROI
X DOHOn Hold				Name of Contact			Telephone Num	ber			
DCA EMERGEN	ICY NO			ERIC MATTSON ITY INFORMATION			132-430-2009				
ame of Facility Where Abatement is Tak	ing Pla		FACIL	ITY INFORMATION	Туре	of Facility					
VIERVIEW MEDICAL CENTER					X	School (K- Subchapte Other (ie. r	r 8 (Other than private & commo	K-12) cl. bldgs	., hom	nes, et	.c.)
reet Address						uare Feet 250,000	# of Floors	1	Bldg.	Age	
ty (5) County (6)			T	County Code (7)	Curr	ent Use (Pr	or if being demo	olished)	Phari	n. Lat).
D BANK MONMOU	TH	(0)	(STATE USE ONLY) ASCM No.		SPITAL	ment Contracto	or (9)			
ame of Monitoring Firm Hired by Buildin	ng Uw	ner (o)		17	PAF	RENVIRON	MENTAL CORP	ORATIO	NC		
reet Address						et Address SPOOK RC	OCK ROAD				
BROAD STREET ity, State, Zip Code			-		City	, State, Zip	Code		-		
MATAWAN, NEV		SEY 077 Telephor		mhor		FERN, NEV	V YORK 10901	ense N	umbe	r	
roject Manager for Monitoring Firm HOMAS GEIGER	- 1	732-290-		Tibei	1	-369-7500	1	01			
xpected State Date (10)		d. Comp		Date (11)		ne of OSHA	Monitor RONMENTAL				
1 / /23/ 19 Month Day Year	Mor	9 /	1	30 /19 Day Year	IQU/	ALITY ENVI	HOINMENTAL				
Iccupancy Status During Abatement (Chec	k only	one)				et Address 6 ROUTE 9					
Facility Closed/Vacated During E Abatement Performed Outside o	Entire F of Norm	Period of nal Facili	Abate tv Hou	ement urs - Describe:							
X Other - Describe: MONDAY SATURDA	-FRID	AY 7AN	1-12 A	M	City	, State, Zip	Code GERS FALLS, I	JEW YO	ORK 1	2590	
cope of Work (Check all that apply) Demolition >3SF OR LF]Reno		101	X Mini-Encl X Glovebag X Non-Friat	o , j Proc	legative Pre cedure					
X >160 SF OR 260 LF	1 101	ocation	1	Description of A				A	batem	nent Ty	уре
Location of Asbestos-containing	100000	nally use	d	Containing Mater	ial (A	CM)	Amount	REMO	REPAI	EN	ENCLC
Material (ACM)		olely by t/Custod	ial	(ie. Thermal sy insulation, surfac			(Specify SF or LF)	l S	All	ENCAPSUL	10
TO BE ABATED in Facility (13)		taff (12)	القا	or other miscell				OVAL	P	SUL	SUR
	Yes	No N/	-						+	1	1
END FL WEST -FAMILY HEALTH CNTR	-	X		PE INSULATION			832 LF	X	+	-	\vdash
END FL WEST -FAMILY HEALTH CNTR	-	X		T & MASTIC			1,352 SF +	- ^-	1	+	\vdash
ND FL WEST -FAMILY HEALTH CNTR	-	X		ALL MASTIC			1,552 SF	×	+		\vdash
2ND FL MED SURG/OBSERVATION WAY		X			nplete		1,300 SF 1,056 SF	×	+	1	T
2ND FL MED SURG/OBSERVATION WAY		X X			nplete		478 LF	×	1	1	1
2ND FL MED SURG/OBSERVATION WAY		HX.		PE INSULATION cor INDOW CAULK	mplete	0	20 SF	X		1	1
2ND FL MED SURG/OBSERVATION WAY	Υ	X			mplet	ρ	40 LF	X			
2ND FL EAST CORRIDOR	+	×		ALL MASTIC	ubiet	-	144 SF	X		T	T
2ND FL WEST CORRIDOR	+	X	-	INDOW CAULK	anke s		2 SF	X	1		
2ND FL WEST CORRIDOR		X			mplet	te	960 SF	X			T
2ND FL CARDIAC RESPIRATORY REHA		T x	-	UCT INSULATION			1,260 SF	X			
1ST FL KITCHEN 2ND FLOOR NORTHWALL	1	X	-i	XTERIOR WALL MAST	TIC		420 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		EP Was	te C	ubic Yards of Waste 120	INa	ame of Regi RAND CEN	stered Landfill TRAL SANITAR	Y LANE	FILL		L
City, State		913	D	isposal Date	Ci	ity, State	TOWNSHIP, PA	4	20		
NEWARK, NJ 07105 Completed by (Print or Type) Tit	le			/11/2019-05/1/2019 Signature	11	XX		Date	11		1

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	NOT	IFICA	TION	ate of New Jersey I OF ASBESTOS ABATE	MENT	DEC	9 15		<u>U</u> L	=
	(Pursu	ant to	NJAC 8:60-7 and 12:12 Name of Building Ov RIVERVIEW MEDICA	ner/Operator (2	Control of the Contro		0 2	019	
Date of Notification (1)					LOENTEN					-1
4 / 5 /19				Street Address 1 RIVERVIEW PLAZA			2012	event.	1001	SL.
Agencies Notified Type Notification Tepa Initial Notification	tion			City State, Zip Code		ASBE	LICEN			
EPA Initial Notifical Noti		on #5		RED BANK, NEW JE	RSEY 07701	Andrew Constitution of the	A STATE OF THE PARTY OF THE PAR	and of the Control of		
X DOL Cancellation				Name of Contact		Telephone Numb	er			
DCA On Hold EMERGENC	Y NOT	rific.	MOITA	ERIC MATTSON		732-450-2689				\dashv
		(0)	FAC	ILITY INFORMATION	Type of Facility	(4)				
Name of Facility Where Abatement is Takin	g Plac	e (3)			School (K-	12)				
RIVIERVIEW MEDICAL CENTER					Subchapte	r 8 (Other than K- private & commcl.	-12) . bldas	home	es, etc	:.)
AND THE PROPERTY OF THE PROPER					Square Feet	# of Floors	E	3ldg.	Age	
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS					250,000	6	ichod) E	65 Sharm		
City (5) County (6)	1			County Code (7) (STATE USE ONLY)	HOSPITAL	or if being demol		пат	i. Las.	
RED BANK MONMOUTI Name of Monitoring Firm Hired by Building	own	er (8)		ASCM No.	Name of Abate	ment Contractor	(9)	N		
ENVIRONMENTAL TACTICS	435.00	3 6		17	Street Address	MENTAL CORPO	RATIO	IN		-
Street Address					313 SPOOK RO	OCK ROAD				_
64 BROAD STREET City, State, Zip Code					City, State, Zip SUFFERN, NE	Code N YORK 10901				
MATAWAN, NEW	JERS IT	EY 07	7747	lumber	Telephone Num	ber Lice	ense Nu	mber		
Project Manager for Monitoring Firm THOMAS GEIGER	7	32-29	0-223	6	845-369-7500	110	1		_	
Expected State Date (10)	Sched	. Con	pleti	on Date (11) 30 /19	Name of OSHA QUALITY ENV	RONMENTAL				
1 / /23/ 19 Month Day Year	Mont	9 / th		Day Year						
Checker Chatus During Abatement (Checker)	only	one)	of Ab	atement	Street Address 1376 ROUTE 9					
Facility Closed/Vacated During El Abatement Performed Outside of	Norma	al Fac	ility 17	ours - Describe.	City, State, Zip	Code	72.			_
X Other - Describe: MONDAY -	FRIDA	Y 7A	M-12	AIVI	WAPPIN	IGERS FALLS, N	EW YO	RK 1	2590	
Scope of Work (Check all that apply)					with Negative Pre	essure				
Demolition	Renov	ration		X Mini-End X Gloveba	g Procedure					
>3SF OR LF X >160 SF OR 260 LF				X Non-Fria	ble Procedure		T AF	natom	ent Ty	me
Location of		ocatio		Description of A Containing Mate	sbestos- rial (ACM)	Amount	RE	RE		
Asbestos-containing Material (ACM)	norm	ally u lely b	CONTRACT OF	(ie. Thermal s	ystems	(Specify	MC	PAIR	ENCAPSUL	ENCLOSUR
TO BE ABATED	Maint	/Cust	odial	insulation, surface or other miscel	cing, VAT,	SF or LF)	MOVAL	B	JSc	USC
in Facility (13)	Sta Yes	aff (12 No	2) N/A	or other miscer	laileous)			_	_	D
2ND FL WEST -FAMILY HEALTH CNTR	100		_	PIPE INSULATION	-7	832 LF	X	-	+-	-
2ND FL WEST -FAMILY HEALTH CNTR				VAT & MASTIC		1,352 SF	X	+-	-	-
2ND FL WEST -FAMILY HEALTH CNTR				WALL MASTIC		1,552 SF	_	-	+-	\vdash
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC CO	mplete	1,300 SF	X	-	+-	+
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC CO	mplete	1,056 SF	X	+	+	+
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION CO	mplete	478 LF	X	-	+	+
2ND FL MED SURG/OBSERVATION WAY			Х	WINDOW CAULK		20 SF	X	+	+	+
2ND FL EAST CORRIDOR			x	PIPE INSULATION CO	omplete	40 LF	X	+	+	+
2ND FL WEST CORRIDOR			Х	WALL MASTIC		144 SF	X	+	+	+
2ND FL WEST CORRIDOR			Х	WINDOW CAULK		2 SF	X	+	+	+
2ND FL CARDIAC RESPIRATORY REHA	В		Х	COLUMN MASTIC C	omplete	960 SF	X	+	+	+
1ST FL KITCHEN	1		Х	DUCT INSULATION	Moma of Day	1,260 SF pistered Landfill	X			+
Name of Registered Waste Hauler		EP W		Cubic Yards of Waste 120	GRAND CEN	NTRAL SANITAR	Y LAND	FILL		
NEWARK CARTING	mau	913			City/State			_		
City, State				Disposal Date 1/11/2019	PLAINFLELD	TOWNSHIP, PA	,	1	-1	
NEWARK, NJ 07105 Completed by (Print or Type)	e			Signature/	18-1		Date /	10	, /	19
BENJAMIN SANCHEZ DIF	RECTO	OR OF	- OPE	RATIONS /	11		11	1	11	1

Communications of the Communication of the Communica		NO	OTIFI (Pur	CATI(ON OF	AC 8:60-7	TOS ABAT 7 and 12:12	20-7)	NT Operator (2	11111	E C		13		7.7.7
Date of Notification (1)							W MEDICA				JU	N I	0 2	1)19	and the state of
3 / 25 /19					Si	treet Add	ress			1 had tow					
Agencies Notified Type Notifica	ation				1	RIVERVI	EW PLAZ	Д		Mary Control	ASBES	STOS	CON	TRO	28
EPA Initial N	ed Not		tion #	‡4			, Zip Code K, NEW JE	RSE	y 07701	The second of		LICE	NSIN	<u>G</u>	and the same
X DOL Cancell					N	ame of C	ontact			Telephor		er			
DCA EMERC		YNC	OTIFI	CATIO		RIC MAT				732-450-	2689				
	T 1:		//		CILITY	Y INFORI	MATION	Type	of Facility	(4)					1
Name of Facility Where Abatement is	rakınç	g Pia	ace (3)				Турс	School (K-						
RIVIERVIEW MEDICAL CENTER									Subchapte				hon	205 0	tc.)
Street Address								X	Other (ie.		loors	Diags	Bldg		.(.)
1 RIVERVIEW PLAZA -1ST & 2ND FLO	ORS							1 2	250,000		3			5	
City (5) Count						ounty Co			ent Use (Pr	ior if bein	g demoli	shed)	Phar	m. Lat).
RED BANK MONM Name of Monitoring Firm Hired by Bu			ner (8)	(51)	ATE USE	SCM No.		ne of Abate	ment Co	ntractor	(9)			
ENVIRONMENTAL TACTICS	numg	Ow	1101 (٠,			17	PAF	RENVIRON	MENTAL	CORPO	RATIO	NC		
Street Address									et Address SPOOK RO	OCK BOA	ח				
64 BROAD STREET City, State, Zip Code		-						City	State, Zip	Code					
MATAWAN, I	NEW J								FERN, NE			nse N	umha	r	
Project Manager for Monitoring Firm		- 1		hone 90-22	Numbe	er			-369-7500	ibei	110		umbe		
THOMAS GEIGER Expected State Date (10)	Iso					ate (11)			ne of OSHA	Monitor	11.10	•		-155	
1 / /23/ 19			9			30	/19	QUA	ALITY ENV	RONMEN	NTAL				
Month Day Year Occupancy Status During Abatement (C		Mor			Day	/	Year	Stre	et Address					-	
Facility Closed/Vacated Duri	na Ent	ire F	erioc	of At	oateme	ent		137	6 ROUTE 9						
Abatement Performed Outsid X Other - Describe: MOND	de of N DAY - F	lorm RID	al Fa AY 2	cility I PM-	Hours 10:30 I	- Describ PM	e:	City	, State, Zip WAPPIN	Code GERS FA	ALLS, NE	EW YO	DRK 1	2590	
Scope of Work (Check all that apply) Demolition 3SF OR LF	K R	eno	vatior	1		X	Criticals v Mini-Encl Glovebag Non-Friat	o , Proc	egative Pre edure						
X >160 SF OR 260 LF	\neg	Ic I	ocati	ion		Descr	ription of As			T		A	batem	ent Ty	/ре
Location of Asbestos-containing	ı		nally u	230		Contai	ning Materi	ial (A	CM)		nount	R	RE	m Z	EZ
Material (ACM)			olely b				Thermal sy				ecify or LF)	EMOVAL	EPAIR	NCAPSUL	CLOSUR
TO BE ABATED in Facility (13)	IN.		Custaff (1	todial			ion, surfaci ner miscella			357	UI LI')	\X	l D	USc.	USC
III Facility (13)	Y	es	-	N/A					,			1	_	II-	R
2ND FL WEST -FAMILY HEALTH CNT	R			Х	PIPE	INSULAT	ION			832 LF		X	-	1	_
2ND FL WEST -FAMILY HEALTH CNT				Х	VAT 8	MASTIC	0			1,352 S	F	X	-	-	_
2ND FL WEST -FAMILY HEALTH CNT		- 4		Х	WALL	MASTIC				1,552 S	SF		1	-	_
2ND FL MED SURG/OBSERVATION V	200			Х	VAT 8	MASTIC	C con	nplete)	1,300 S	SF	Х	-	-	-
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2ND FL EAST CORRIDOR				X	PIPE	INSULA	TION cor	nplete	9	40 LF		Х			_
2ND FL WEST CORRIDOR				X	WALL	MASTIC				144 SF		X			_
2ND FL WEST CORRIDOR				X	WIND	OW CAL	JLK			2 SF		X			
2ND FL CARDIAC RESPIRATORY RE	EHAB			X		JMN MAS		nplete	е	960 SF		X			
1ST FL KITCHEN				X		T INSULA	The Market Control			1,260 \$		X			
Name of Registered Waste Hauler			EP W	aste		Yards o	f Waste		me of Regi	stered La	ndfill	LAND	CILI		
NEWARK CARTING	1	Haul	er ID 913			12	0	GF	RAND CEN	I HAL SAI	MITARY	LAND	TILL		
City, State			010			sal Date		Git	y, State	TO14/11/21	UD D1				
NEWARK, NJ 07105	T:41-				1/11/		nature /	/ IPL	ANFIEXD	IOWNSF	IIP, PA	te 🥽	120	- 1 ,	0.
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRE	сто	R OF	OPE	RATIO		nature /	7	1/2)			3	125	1/	7

	NC	TIFICATI	ON OF AS	ew Jersey BESTOS ABAT	EMENT					
		(Pursuan	Name	3:60-7 and 12:12 e of Building Ov RVIEW MEDICA	wner/Operator	(2)				
Date of Notification (1)				t Address			_		-	\neg
2 / 27 /19 Agencies Notified Type Notification				ERVIEW PLAZA	A					
PAGENTIAL INITIAL NOTIFICATION OF THE PAGENTAL NOTIFICATION OF THE PAGENTA	ation		City,	State, Zip Code						
DEP X Amended N		tion #3	RED	BANK, NEW JE	RSEY 07701					
X DOL Cancellation X DOH On Hold				e of Contact		Telephone Numb	er			
DCA EMERGENO	CY NC			MATTSON		732-450-2689				\dashv
Al-1io Toki	a Dia		ACILITY IN	FORMATION	Type of Facilit	ty (4)				\neg
Name of Facility Where Abatement is Takin	ig ric	100 (0)			School (k	(-12)				
RIVIERVIEW MEDICAL CENTER					Subchapt X Other (ie.	ter 8 (Other than K- . private & commcl.	·12) bldgs.	., hom	ies, e	tc.)
Street Address					Square Feet	# of Floors		Bldg.	Age	
1 RIVERVIEW PLAZA -1ST & 2ND FLOORS					250,000	Prior if being demoli	shad)	Phan	34	2
City (5) County (6) RED BANK MONMOUT	Н			ty Code (7) USE ONLY)	HOSPITAL			i nan		[
Name of Monitoring Firm Hired by Buildin		ner (8)	(017111	ASCM No.	Name of Abat	ement Contractor	(9)	201		
ENVIRONMENTAL TACTICS				17	Street Address	NMENTAL CORPO	HATIC	NIC		\neg
Street Address 64 BROAD STREET					313 SPOOK F	ROCK ROAD		10-5-20-2		_
City State Zip Code		251/077/	7		City, State, Zip	o Code EW YORK 10901				
MATAWAN, NEW Project Manager for Monitoring Firm	JERS	Telephone	Number		Telephone Nu		nse N	umbe	(
THOMAS GEIGER	17	732-290-2	236		845-369-7500		1			
Expected State Date (10)	Sche	d. Comple	etion Date		Name of OSH	IA Monitor VIRONMENTAL				
1 / /23/ 19 Month Day Year	Mor	nth	Day	Year						
Occupancy Status During Abatement (Chec	c only	one)	Shatament		Street Addres					
Facility Closed/Vacated During E Abatement Performed Outside of	Norm	nal Facility	Hours - De	escribe:						
X Other - Describe: MONDAY	FRID	AY 2 PM	- 10:30 PM		City, State, Zi WAPPI	NGERS FALLS, N	EW YC	DRK 1	2590	
Scope of Work (Check all that apply)					with Negative Pr					
Demolition	Reno	vation		X Mini-Enc	lo , procedure					1
>3SF OR LF X >160 SF OR 260 LF				X Non-Fria	ble Procedure		1			
Location of		Location	.1	Description of A Containing Mater	sbestos-	Amount		baten D	ent T	ype m
Asbestos-containing Material (ACM)		nally used olely by	1	(ie. Thermal s		(Specify	REMOV	REPAIR	ENCAP	ENCLO
TO BE ABATED	Main	t/Custodia	d i	nsulation, surfac	ing, VAT,	SF or LF)	DVAL	Ħ	PSUL	SOSI
in Facility (13)	Yes	taff (12) No N/A	-	or other miscell	aneous)		1		1	SUR
THE STANSON FAMILY LIE ALTH COUTE	163	X	1	SULATION		832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR		X	VAT & M			1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR		X	WALL M	V-2001 20012 N		1,552 SF				
2ND FL WEST -FAMILY HEALTH CNTR		X	VAT & N	7		1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY	1	X	WALL M			1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY 2ND FL MED SURG/OBSERVATION WAY		X		SULATION	/	478 LF	X			
	1	×		W CAULK		20 SF	X			
2ND FL MED SURG/OBSERVATION WAY		X		SULATION	V.	40 LF	Х			
2ND FL EAST CORRIDOR	1	X	WALL N	DANGER OF THE STATE OF THE STAT		144 SF	X			
2ND FL WEST CORRIDOR	1	X		W CAULK		2 SF	X			
2ND FL WEST CORRIDOR 2ND FL CARDIAC RESPIRATORY REHA		X		N MASTIC	φ=	960 SF	X			
	T	X		NSULATION		1,260 SF	X			
Name of Registered Waste Hauler		EP Waste	Cubic Y	ards of Waste	Name of Re	gistered Landfill NTRAL SANITARY	LAND	FILL		
NEWARK CARTING	Hau	ler ID No. 913		120		INTRAL SAINTART	LAIND	2 1 km km	27-27-11	
City, State		0.0	Disposa		City, State	TOWNSHIP PA			1-0.20	
NEWARK, NJ 07105	2		1/11/20	Signature/	A X X	D TOWNSHIP, PA	ate 🥎	/-	77	110
Completed by (Print or Type) Title BENJAMIN SANCHEZ DIF	ECTO	OR OF OF	ERATION		XX		9	17	-/	

	1	NOTIFIC	CATIO	State of New N OF ASBES o NJAC 8:60	STOS ABAT 0-7 and 12:1	20-7)	The second secon	C	E		7 6
Date of Notification (1)				Name of RIVERVI	Building O EW MEDIC	wner/Operator (AL CENTER	2)	JUN	1 () 201	9
1 / 22 /19				Street Ac			Service Servic				
Agencies Notified Type Notification	on			III PORTERO DE CONTR	VIEW PLAZ		ASE	EST	360	ONTE	BLOI
EPA Initial Not	l Notific			City, Sta	te, Zip Code NK, NEW Ji	ERSEY 07701	The section of the second displacements	LIC	DENS	SING	
X DOL Cancellat X DOH X On Hold DCA EMERGE		NOTIFIC	CATIO	Name of N ERIC MA			Telephone Numb 732-450-2689	er			
				CILITY INFO	RMATION		· · · · · · · · · · · · · · · · · · ·				-
Name of Facility Where Abatement is Ta	aking F	Place (3	3)			Type of Facilit School (K Subchapt		·12)	hom	nes. et	G.)
						X Other (ie. Square Feet		Diago	Bldg	. Age	
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOO	RS					250,000	6			35 Lab	
City (5) County	(6)			County (Current Use (P HOSPITAL	rior if being demoli	shed)	rhar	m. Lab	.
RED BANK MONMO Name of Monitoring Firm Hired by Build		wner /	3)		ASCM No.	Name of Abate	ement Contractor	(9)			
ENVIRONMENTAL TACTICS	unig O		-/		17	PAR ENVIRON	MENTAL CORPO	RATIO	N_		
Street Address						Street Address					
64 BROAD STREET City, State, Zip Code						City, State, Zip	Code				
MATAWAN, N	EW JE	RSEY (77747	T. a.b.a.		SUFFERN, NE	W YORK 10901	nse Ni	umbe	er	
Project Manager for Monitoring Firm			none 1 90-223	Number		845-369-7500	110				
THOMAS GEIGER Expected State Date (10)	ISch			on Date (11)	Name of OSH	A Monitor				
1 / /23/ 19		9		30 Day	/19 Year	QUALITY ENV	/IRONMENTAL				
Month Day Year Occupancy Status During Abatement (Chapter Status Closed/Vacated During Abatement Performed Outside X Other - Describe: MONDA	eck or g Entire	Period rmal Fa	cility F	atement lours - Desc	ribe:	Street Address 1376 ROUTE City, State, Zin WAPPII with Negative Pr	9 Code NGERS FALLS, NE	EW YO	ORK 1	12590	
Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF	Rei	novation	1	X X X	Mini-End Gloveba Non-Fria	olo , ag Procedure able Procedure	-1	1		T	
Location of		s Locat	100000000000000000000000000000000000000	Des	scription of a	Asbestos- arial (ACM)	Amount	RE		ment Ty	E N
Asbestos-containing Material (ACM)	no	rmally I solely I			e. Thermal s		(Specify	EM	EPAIR	NC.A	ST
TO BE ABATED	Ма	int/Cus	todial		ılation, surfa		SF or LF)	MOVAL	E	CAPSUL	CLOSUR
in Facility (13)	Va	Staff (1 s No	2) N/A	or	other misce	lianeous)				-	Ä
CAN SI MISCE FAMILY HEALTH CHTS		3 110	1	PIPE INSUL	ATION		832 LF	X			
2ND FL WEST FAMILY HEALTH CNTE				VAT & MAS			1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTF 2ND FL WEST -FAMILY HEALTH CNTF		\top		WALL MAS	0.820		1,552 SF				
2ND FL WEST -FAMILY HEALTH CNTT		1	-	VAT & MAS			1,300 SF	X	_		\sqcup
2ND FL MED SURG/OBSERVATION W			-1 1	WALL MAS			1,056 SF	X			
2ND FL MED SURG/OBSERVATION W			-	PIPE INSUL			478 LF	X			\Box
2ND FL MED SURG/OBSERVATION W		1	x	WINDOW C			20 SF	X			
		\top	x	PIPE INSUL			40 LF	Х			
2ND FL EAST CORRIDOR	+		1x	WALL MAS			144 SF	X			
2ND FL WEST CORRIDOR		1	X	WINDOW (2 SF	X			
2ND FL WEST CORRIDOR	 U A B	+	X	COLUMN N	6-1-1-100000000000000000000000000000000		960 SF	X			
2ND FL CARDIAC RESPIRATORY RE	IAU	+	x	DUCT INSL			1,260 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		JDEP V auler ID 913	Vaste No.	Cubic Yard	s of Waste 120	GRAND CE	gistered Landfill NTRAL SANITARY	LAND	FILL		
City, State NEWARK, NJ 07105	T:N			Disposal Da 1/11/2019	ate Signature /	City/State PLAINFIELD	TOWNSHIP, PA	ate /	/	1	110
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIREC	TOR O	F OPE	RATIONS	oignature/			/	10	11	11 7

					State of New Jersey								
		NO	OTIFI	CATIO	ON OF ASBESTOS to NJAC 8:60-7 and	ABATE	EMEN	IT	10000	E A	1	12	NO IE
			(Full	Suain	Name of Buildi			Operator (2)	E (9 E	- U	
Date of Notification (1)					RIVERVIEW MI	EDICA	L CEI	NTER					
1 / 11 /19					Street Address		5		P. 1919	J	UN	10 7	2019
Agencies Notified Type Notifica					1 RIVERVIEW		١		had last 1	10.7 11.0			
EPA X Initial N			tion		City, State, Zip RED BANK, NE	Code W JEF	RSEY	07701	and the Asian	and the con-	المعدد المدارية والمدارية	o cca	TROL 8
X DOL Cancell		инса	idon					20.000			LIC	FNSIM	G
X DOH On Hole	-	V NC	TIEI	CATIO	Name of Contact				Telephone Num 732-450-2689	ber	March Services	NA THE BUILDING	
DCA EMERC	3EINC	1 140	211111		CILITY INFORMATI				1.02			· * · · · · · · · · · · · · · · · · · ·	
Name of Facility Where Abatement is	Takin	g Pla	ace (3					of Facility					
DIVISION ASSIGNMENTED						}	_	School (K-	-12) er 8 (Other than I	(-12)			
RIVIERVIEW MEDICAL CENTER							X	Other (ie.	private & commo	l. bldgs			c.)
Street Address	ODE							are Feet 50,000	# of Floors 6		-	. Age 35	1
1 RIVERVIEW PLAZA -1ST & 2ND FLO City (5) County				_	County Code (7	7)			for if being demo	lished)	Phar	m. Lab	
RED BANK MONM	OUTH				(STATE USE ON	Y)	HOS	PITAL					
Name of Monitoring Firm Hired by Bu ENVIRONMENTAL TACTICS	ilding) Ow	ner (8	3)	ASCM 17	No.	PAR	e of Abate ENVIRON	ment Contracto	r (9) ORATI	ON		
Street Address							Stree	t Address					
64 BROAD STREET								SPOOK RO State, Zip	OCK ROAD		_		
City, State, Zip Code MATAWAN, N	NEW	JERS	SEY (7747			SUFI	FERN, NE	W YORK 10901				
Project Manager for Monitoring Firm		- 1			Number			hone Num		ense N	lumbe	er	
THOMAS GEIGER	Te.		732-2		36 ion Date (11)		0.000	369-7500 e of OSHA	Monitor 11)1			
Expected State Date (10) 1 / /23/ 19	13	crie	9		30 /19	2	100000000000000000000000000000000000000		RONMENTAL				
Month Day Year Occupancy Status During Abatement (C	hook	Mor		_	Day Y	'ear	Stree	et Address					
Facility Closed/Vacated Durin	na En	tire F	eriod	of Ab	patement			ROUTE 9	ľ				
Abatement Performed Outsic X Other - Describe: MOND	de of N	Norm	al Fa	cility I	Hours - Describe:		City	State, Zip	Code		-		
X Other - Describe: MOND	AT-	FRID	AT I	AIVI-3				WAPPIN	GERS FALLS, N	IEW Y	ORK 1	12590	
Scope of Work (Check all that apply)						icals w i-Enclo		egative Pre	ssure				
Demolition >3SF OR LF		keno	vation	1		vebag		edure					
X >160 SF OR 260 LF							30	cedure	T	1 ^	hatan	nent Ty	200
Location of Asbestos-containing			Locati nally u		Description Containing				Amount		Daten	m I	m n
Material (ACM)			olely b		(ie. Therr	nal sys	stems		(Specify	REMO	REPAI	ENCA	ENCLO
TO BE ABATED	1		t/Cust	SSESSO - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	insulation, s				SF or LF)	OVAL	2		OSUR
in Facility (13)	5	St Yes	aff (1:	2) N/A	or other m	iscella	neous	>)		-		-	늇
2ND FL WEST -FAMILY HEALTH CNT					PIPE INSULATION				832 LF	X			
2ND FL WEST -FAMILY HEALTH CNT				Х	VAT & MASTIC				1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNT				X	WALL MASTIC				1,552 SF				
2ND FL MED SURG/OBSERVATION V	-21-13-4-1			X	VAT & MASTIC				1,300 SF	X			
2ND FL MED SURG/OBSERVATION V				X	WALL MASTIC				1,056 SF	X			
2ND FL MED SURG/OBSERVATION V				X	PIPE INSULATION				478 LF	X			
2ND FL MED SURG/OBSERVATION V				X	WINDOW CAULK			2000	20 SF	X			
2ND FL EAST CORRIDOR				X	PIPE INSULATION				40 LF	X			
2ND FL WEST CORRIDOR				X	WALL MASTIC				144 SF	X			
2ND FL WEST CORRIDOR				X	WINDOW CAULK				2 SF	X			
2ND FL WEST CORRIDOR 2ND FL CARDIAC RESPIRATORY RE	HAR			X	COLUMN MASTIC				960 SF	X			
	1,7,0	-		X	DUCT INSULATION	V			1,260 SF	X			
1ST FL KITCHEN Name of Registered Waste Hauler			EP W	aste	Cubic Yards of Was		Nar	ne of Regi	stered Landfill	(L AND	CII I		\Box
NEWARK CARTING		Haul	er ID 913		120		GR.	AND CEN	TRAL SANITARY	LAND	ILIT	2	,
City, State			513		Discount Data	-	Cit	Ctotes			1	-	
					Disposal Date		City	, Sigle)			/	/	130
NEWARK, NJ 07105 Completed by (Print or Type)	Title				1/11/2019 Signatur	e /	PL	MYFIELD	TOWNSHIP, PA	ate /	/	H/	19

I	W#	117	14 NOT	IEIC		State of N		Jersey STOS AB		FEMELIT T				venotime T	7 -		
CK17121	I.A.		NOI					3:60 and 5)	EGL		//	/ [7 7 7	
Date of Notification (1)					Nam	e of Buildir	ng Ov	vner/Operat	or ((2)	7						
	31 /	19	_		Br	ightview	Han	nburg, LL0	С		- Constant	JUN	10	20	19	No. of Contrast	9
Agencies Notified	Type Notific	ation			Stree	t Address											
⊠ EPA					21	8 N. Chai	rles	St. Suite 2	220		L	ASBESTO	0.00	MTI	301	l	1
⊠ DOLWD	Amende				City,	State, Zip	Code	9				LICI	ENSI	VG	105	O.	
☑ DOH ☐ DCA	Amendm	-	100		Ва	Itimore, I	Md 2	21201		Lucas	-			- wastern	-	mad Historia	-
(NJAC 5:23-8)	☐ Emerger justificati		Cludin	g	Name	e of Contac	ct				T	elephone N	umbe	-			
	Cancella	333			Те	d Wies						443 324-4					
					FA	CILITY IN	NFO	RMATION									
Name of Facility Where A	batement is	Taking	Place	(3)						Type of Facilit	y (4)						
Former Cost Cutter	s (Vacant)									School (K-	12)						
Street Address										Subchapte	r 8 (C	Other than K	-12)	10.7			
1139 Hamburg Turr	npike									Other (i.e., homes, etc		ite and comi	mercia	al bu	ilding	js,	
City (5)										Square Feet		# of Floors		Blo	dg. A	ge	
Wayne										75,000		1			- 50		
County (6)					Cou	nty Code (7)(ST	ATE USE ONL	Y)	Current Use (F	Prior i	if being dem	olishe	d)			
Passaic										Former Co	st C	utters Sto	ore				
Name of Monitoring Firm	Hired by Build	ding C	wner	(8)	ASCM	No.	Na	me of Abate	eme	ent Contractor (9	9)						
Emilcott Environme	ental Health	& Sa	afety :	Ser.			1	Neuber En	vir	onmental Se	rvice	es, Inc.					
Street Address							St	eet Address	3								
190 Park Ave.								1100 Gros	ser	r Road							
City, State, Zip Code						· · · · · · · · · · · · · · · · · · ·	Cit	y, State, Zip	Co	ode							
Morristown, NJ 079	60									PA 19525							
Project Manager for Monit	toring Firm	=======================================		Tel	ephone	No.	_	lephone No.	100			License No.		-	-		
David Tomsey				1	73 538		1	10 933-43				00836					
Start Date (10)	5	Sched	uled C	omple	etion Da	ate (11)	Na	me of OSHA	A M	lonitor							
07 /15 /	19	_0	8_ /	_1	6_ /	19	1	Neuber En	vir	onmental Se	rvice	es					
Occupancy Status During	Abatement (Check	only	one)			Str	eet Address	;								
☐ Facility Closed/Vacate							1	100 Gross	ser	Road							
Abatement Performed							Cit	y, State, Zip	Co	ode							
Time of Abatement:	AM	PN	n/	_PM		_AM	(Gilbertsvill	le,	PA 19525							
Scope of Work (Check all	that apply)							M Eull C	ont	ainment with No	a a a til	io Decesion					
≥3 sf or ≥3 If			☐ Re	novat	ion			⊠ Full C		ainment with Ne losure	egativ	e Pressure					
≥160 sf or ≥260 lf			☑ De	moliti	on					Procedure							
			1-	1	A1			⊠ Non-E	xer	mpted (*) and N	lon-F	riable Proce	dure	-			
Location	of			Loca Norma				Descriptio	n 0	£			L	Aba	ateme	ent T	уре
Asbestos-Containing N		1)			ely by	Asbe	stos			terial (ACM)		Amount		Re	Repair	En	E
TO BE ABA				intena	ance/ Staff?		., the	ermal systen	ns i	nsulation,		(Specify		Removal	oair	cap	Enclosure
IN Facility (13)	y		Ous	(12)				surfacing, V/ her miscella				SF or LF)		<u>a</u>		Encapsulate	ure
(10)			Yes	No	N/A	1	Ol	nei miscena	iiiec	Jus)						te	
See Attached Spreads	sheet					See Att	ach	ed Spread	sh	eet	S	ee Attache	ed	\boxtimes			
														\boxtimes	П	П	П
			П										-	\boxtimes	$\overline{\Box}$	$\overline{\Box}$	
				П									-				
Name of Registered Wast	e Hauler		_		JDEP 1	Vaste	Cul	oic Yards of		Name of Reg	istere	ed Landfill		<u> </u>		Ч	
Service Transport G				1.53	lauler II	D No.	Wa	ste		Minerva L							
City, State	ore menon ■.VV				20990)		00 posal Date	_	City, State							
New Castle, DE								uly 2019		Waynesb	urg,	Ohio					
Completed By (Print or Ty	pe)	Title	Ę.				6	Signature	6		2.500	- 1	Date	_	7		
Pat Larney		Pr	oject	Man	ager			76	L	w the	~	-1		3	1-2	9	

7 11713	St	ate of N	lew Jersey		DEG	PINA	
TINI # 11/10 NOTI	FICATION	OF AS	BESTOS AE	BATEMEN	MEC		= In
			<u>C.</u> 8:60 and			5.1	The section of the se
Date of Notification (1)			Owner / Operato	or (2)	1111 11	N 1 0 2019	14
O5-29-2019 Agencies Notified Type Notification		University	*				
Agencies Notified Type Notification		Address awrencevil	lle Road		ASBES	TOS CONTROL &	i &
		tate & Zip			L	JOENSING	~
□ DEP □ Initial □ DOL □ Amended (Scope character)	ange) Lawren	ceville, NJ 0	8648				
☑ DOH ☐ Emergency ☑ DCA ☐ Cancellation		of Contact alter Eddy				Telephone Nun 609-896-5000	nber
<u> </u>	FA	CILITY INF	ORMATION			1	
Name of Facility Where Abatement is Taking F Rider University – Science Building – 3 rd Floor	Place (3)		Type of Facil				
Street Address	Offices		School (K-12) oter 8 (Other th	on V 12\		
2083 Lawrenceville Road						ings, homes, etc.)
			Square Feet		oors	Bldg. Age	7
City (5) County (6)	County C	ode (7)	25,000	are to the second secon	3	57	
Lawrenceville, NJ Mercer			Campus Buil				
Name of Monitoring Firm Hired by Building Own Pennoni & Associates	ner (8)	ASCM No	. Name of Aba	tement Contra	actor (9)		
Street Address			Street Addres	nagement Gro	oup, LLC		
515 Grove Street, Suite 1B				on Ave, Suite 2	.02		
City, State & Zip Code			City, State &			***************************************	
Haddonfield, NJ 08035			Trenton, NJ 0	08619			
Project Manager for Monitoring Firm Mr. Brian Clark	Telephone I		Telephone N		License	Number	
Scheduled Start Date (10) Scheduled Con	856-547-05		609-977-6159 Name of OSF	A ST. LEWIS CO., Name of Street, or other party of the Street, or		01185	
5-14-2019 6-07-20		= (11)		nental Laborat	tories, Inc.		
Occupancy Status During Abatement (Check o	nly one)		Street Addres	SS			
Facility Closed/Vacated During Entire F Abatement Performed During 1st Shift	Period of Aba	tement	2333 Route 2				
Abatement Performed During 1st Shift Describe: 7:00am to 6:30pm Week D	av & Weeke	nds	City, State & Union, NJ 07				
☐ Facility Occupied During Abatement	ay a vvocitor	103	Joinon, 143 07	003			
Scope of Work (Check all that apply)							
≥3 sf or ≥3 lf	⊠ D					Negative Pressu	re
≥ ≥ 160 sf ≥ 260 lf	The second secon	ovation olition		49 1	nclosure	2/Out 9 \Man	
<u> </u>	□ Dem	Olldon		Non-Ex	Bag Procedures	on-Friable Proced	dure
Location of	Is Location	n	Description		Amount	Abatement	
Asbestos-Containing	Normally U		Asbestos-Con		(Specify		7
Material (ACM) TO BE ABATED	Solely by Maintenance		Material (A((i.e., thermal s		SF or LF)	장기	1 E
in Facility	Custodial Si		insulation, surfac	ina VAT		Repair	Solos
(13)	(12)		or other miscella			Repair	Enclosoure
		N/A				- 2	4 0
Rooms 216A, Selected areas of hallway & Interior walls of room 218, 218A & 219A		Sh	eetrock & Joint	Compound	800 SF		
	님님						
	片片	H			-		
		H					+++
Name of Registered Waste Hauler			Cubic Yards	Name of Reg	istered Landfill		-1-
Resource Management Group, LLC		ler ID No.	of Waste	Carrier I am de			
City, State	003	5218	TBD	Grows Landf	T		
Trenton, NJ			Disposal Date	City, State / Morrisville, P.	A		
Completed By (Print or Type)	Title		Signature 1	1	11/1/1	Date	
Mr. Brian J. Haney	Pres	sident	PD//V	1 ///	11/1//	05-29-2019	
			11/1	1 / / /	/ W/		

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

Invoice #	5 LV O				N OF ASB		ABATE		r	1	K	4	21	2	7
	11681		١.								/ K	4	de	15	
Date of Notification (1)					of Building		Operator	(2)) E	(C)	122		# 1
5/29/19					oth Stree	t LLC						- Ci	Lin	<u> </u>	<u> </u>
Agencies Notified	Type Notification				Address					110					
EPA	X Initial		L	386 5							a positive a	HIN	1 (21	119
DEP X DOL	Amended	ш			ate, Zip Co					[4	ant.	0011	1 1	J L	210
	Amendment Emergency		[y City, N	J 073	05			Į	1				
DOH DCA	justification)			Name o	of Contact					Teleph	one Nu	mber	os c	ONT	ROL
DCA	Cancellation	<u> </u>								Landande	Name of the Association as a	Lic	DEN	ING	nuglear than 1
Name of Facility Where	Abstament in Takie	a Diago /S		FAC	ILITY INF	ORMAT	ION								
Auto Garage	Audienneni is Takin	g Place (3	2)					Тур	e of Facility (4)					
Street Address							4		School (K-12						
PAGE A 4585 & GO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								×	Subchapter 8 Other (i.e. pri				dinas	hom	96
386 5th St									etc.)	ivate a ce	zminero	iai buii	umga	non	
City (5)							22 =	Squ	are Feet	# of Flo	ors	E	Bldg. A	\ge	
Jersey City					2			400		1			50+		
County (6)					Code (7)	,			ent Use (Prior		demolis	hed)			
Hudson				STATE	USE ONLY,	,			sidential Ho						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.		Name	of Ab	atement Conti	ractor (9)					
n/a				n/a			Harr	nony	/ Contractin	ig Inc					
Street Address							Street	Addre	ess	-					
n/a	*						360	Palis	sade Ave						
City, State, Zip Code							City, S	tate,	Zip Code						
n/a							Garf	ield,	NJ 07026						
Project Manager for Mon	toring Firm			Telepho	ne No.		Teleph	one I	No.	Lie	cense N	lo.			
n/a				n/a			9734	160.6	6026	0	1255				
Start Date (10)		Schedule	ed Con	npletion	Date (11)		Name	of OS	HA Monitor						
5/30/19		6/10/1	9				Harn	nony	Contractin	g Inc					
Occupancy Status During	Abatement (Chec	k Only Or	ie)				Street								-
Facility Closed/Vaca	ited During Entire I	Period of A	haten	ent			360	Palis	ade Ave						
Abatement Perform	ed Outside of Norm	al Facility	Hours	iont			City, S	tate.	Zip Code						
X Other - Describe: S	Scheduled for Demo								NJ 07026						
Scope of Work (Check Al	That Apply)							,							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Market and American	tenova emolit				X	M	ull Containmer ini-Enclosure lovebag Proce on-Exempted (dure	•			e	
		ls	Locati	on						-		T		ement	
Location	of	N	Iormal	ly		De	scription	of					Ту	pe	
Asbestos-Containing			d Sole Intenar			tos Cont	taining M	lateria	al (ACM)	Amou	ınt			m	10000
TO BE ABA In Facili			odial S		(i.e.		systems cing, VA		lation,	(Spec		Rer	Re	Encapsulate	Enclosure
(13)	-,		(12)				niscellan)	or or	-1)	Remova	Repair	กรด	OSL
		Yes	No	N/A								<u>a</u>	7	late	10
Roof		1 1	110	×		Boofi	ng Mat	erial		3400	SF.	<			
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Name of Registered Was	e Hauler		N	JDEP W	/aste	Cubic	Yards		Name of Re	eaistered	Landfill				
Harmony Contracting			30000	auler ID 33085	No.	of Was	ste		GROWS	Š					
City, State							sal Date		City, State						
Garfield, NJ						TBD	.a zara		Morrisvil	e PA					
Completed by		Title					lignature		1.101113711	.5, 1 /	Da	ite			
E. Cirovic		Secr	etarv				@ 11				23	129/10	a		

TM #- Check#3360	IIIO17		тои		ATIO		BEST	rsey OS ABA 0 and 5:1		NT	med	2 E	1	$\overline{\mathbb{W}}$	EI
Date of Notification (1)			<i>D</i>										-		
06	01 /	10			Nam	e or Buildir	ig Owne	er/Operator	(2)			INI T	0 '	2010	
					-	erine Pav	lica					114 .	U	2019	
Agencies Notified EPA	Type Notific Initial	ation			Stree	et Address									
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⊠ DHSS	Amendm					State, Zip				į		LICEN	SIN	3	***************************************
☐ DCA	☐ Emergen		cluding	g		erford, N.)							
(NJAC 5:23-8)	justificati Cancella					e of Conta					Telephone N	umber			
	Cancella	LIQII				erine Pav					!				
					FA	CILITY	NFORM	MATION					e Alleged Table		
Name of Facility Where A	Abatement is	Taking	Place	(3)						of Facility					
Private house									Sc.	hool (K-1	2) 8 (Other than K-	1.2)			
Street Address								•			o (Other than K- private and com		build	linas.	
										mes, etc.				3-,	
City (5)	_								Squar	e Feet	# of Floors		Bldg	. Age	
Rutherford, NJ 07070															
County (6)					Cou	nty Code (7)	(STATE	USE ONLY)	Curre	nt Use (P	rior if being dem	olished)		
Bergen															
Name of Monitoring Firm	Hired by Build	ding O	wner	(8)	ASCM	No.	Name	of Abatem	ent Con	tractor (9)				
							Gr Te	ech LLC							
Street Address							Stree	t Address							
			U-P-SS-				576 V	alley Rd #	#283						
City, State, Zip Code							City,	State, Zip C	ode						F
							Wayn	ne, NJ 074	70						
Project Manager for Moni	toring Firm			Tel	ephone	No.	Telep	hone No.			License No.	ŝ			
							770000000000000000000000000000000000000	38-1777			01127				
Start Date (10) 06 / 11 /						ate (11) 19	Name	of OSHA N	Monitor						(
								ovision Co	onsultai	nts,Inc					
Occupancy Status During X Facility Closed/Vacate							257275	t Address							
Abatement Performed						scribe		Wagaraw		Bldg .#	35E				
Time of Abatement:	AM-	PN	1/	PM	- -	AM	Co-cotto	State, Zip C							
Scope of Work (Check all							Fair L	awn, NJ 0							
	triat apply)						-				hation with nega gative Pressure		essur	е	
>3 sf or >3 lf > 160 sf or >260 lf			X Re					Mini-End	closure						
		(3)	De	emoliti	on		×	Gloveba Non-Exe	g Proce	dure *) and No	Tent with Nega	tive Pre	ssur	е	
			ls.	Loca	tion	T		_ Non Exc	inpice (7 0.10 140	That is the control of the control o		hate	mont	Туре
Location				Norma				Description (of			-	$\overline{}$	-	<u> </u>
Asbestos-Containing N TO BE ABA		1)		ea Soi iintena	ely by ance/			ntaining Ma			Amount		Demou	Encapsulate	Enclosure
IN Facilit		.		todial	Staff?	(1.6		nal systems facing, VAT		n,	(Specify SIF or LF)	2	1 1	psu	nso
(13)		-		(12)	_	_		r miscellane			,	2	2	ale	. r
			Yes	No	N/A									,,,	
Basement					\boxtimes	Pipe ins	ulation				90 LF	D	3 [
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			Ц												
Name of Registered Wast	e Hauler			NJ	DEP Wast	e Hauler ID No	. Cubic	Yards of Wast	te Name	e of Regis	stered Landfill		-		
Gr Tech LLC					00337	85	T	BD	T.R.	R.F. Inc					
City, State							Dispo	sal Date		State					
Wayne, NJ 07470							TF	BD	Tully	town, P.	A				
Completed By (Print or Ty	pe)	Title					1	Signature	1			Date			
N.Jevtic		Own	er					*	entic	Wena	d	06/01/	19		
ACD 44												001011	**		

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CKILLES.	K WILL.		to NJAC 8:60						В			-
Date of Notification (1) 05.31.2019		Name of Pete I	f Building Own Byron	er/Operato	r (2)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Company of the Compan	JUN 1	0 8	2019	-	
Agencies Notified Type Notific	ation	Street A	8			1 1			V .	-0.0	NAME OF TAXABLE PARTY.	luotes-
× EPA × Initial	2.00	City St	ata Zia Cada				ASE	ESTOS			L&	
	dment #		ate, Zip Code Plains, NJ	07950			ia. Co yaji bir siyan Pa	LICE	VSIN	G		na dra majori.
▼ DOH		Name o	f Contact Byron				Telep	hone Nun	nber			
		-	LITY INFORM	ATION								
Name of Facility Where Abatement is Private House	Taking Place (3)				_	of Facility (4)						
Street Address						School (K-12) Subchapter 8	(Other	than K-12	?)			
						Other (i.e. privetc.)	vate & d	ommercia	al build	dings,	home	es,
City (5) Morris Plains					Squa 2329	re Feet	# of F	loors		ldg. A 933	ge	
County (6) Morris County		County (STATE	Code (7) USE ONLY)			ent Use (Prior ovations	if being	demolish	ed)			113
Name of Monitoring Firm Hired by Bui N/A	lding Owner (8)	ASC	√ No.			tement Contr tracting LL)				
Street Address					Addre	ss ne Ave, Un	it C					
City, State, Zip Code						ip Code	iii O					
						Park, NJ (07424					
Project Manager for Monitoring Firm		Telepho	ne No.		hone N 807-6		2.5	icense No 1383	0.			
Start Date (10) 06.10.2019	Scheduled 06.11.201		Date (11)	0.55.57		HA Monitor tracting LL	С					
Occupancy Status During Abatement	(Check Only One)			- Fig. 50	Addres	759 - mariane a constant	it C					
 Facility Closed/Vacated During E Abatement Performed Outside of 					E-XI-50000	ne Ave, Un ip Code	iii C					
Other – Describe:				1		Park, NJ (07424					
Scope of Work (Check All That Apply)	-				7			77				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation nolition		Ë	Mir	I Containmen ni-Enclosure ovebag Proce		egative P	ressu	re		
			1			n-Exempted (lon-Friabl	le Pro		- 12	
		cation mally								Abate Ty	ement pe	
Location of Asbestos-Containing Material (ACI	M) Used S	Solely by	Asbestos C		Material		Amo	ount				
TO BE ABATED In Facility	Custod	enance/ ial Staff?		mal system urfacing, VA		ation,	(Spe		Removal	Repair	ncap	Enclosure
(13)	(1	12)		er miscella					oval	bair	Encapsulate	sure
	Yes 1	No N/A			1.600						O .	
Basement- throughout		X	TSI -	pipes and	d tittin	gs	80	LF	X			
Name of Registered Waste Hauler		NJDEP W	laste C.	bic Yards		Name of Re	enietero	d Landfill				
Spes Contracting LLC		Hauler ID	No. of	Waste		Fearless						
Ga ==-		0038075	5 1.5)								

IN# 11	293)	NC	TIFI	CATI	State of ON OF A	Ne SB	w Jersey ESTOS ABA	TEMENT [1	Pe	g IS	п	D.II	F	
UK 5769	MA			(Pursu	ant to N	JAC	C 8:60 and 5:	16)	$ D _r$				\mathbb{V}	E	-11
Date of Notification (1) 05 /	30 /	1	19					Owner/Operator Franklin Publi			JI	JN 1	0	2010		
	Type Notif	ficatio	n			eet Addres				m m			U	2013)) 	Fases
The second of th					100000	228 Cole	200	ill Road		L						1
☑ DOH	☐ Amend					y, State, Zij			e-th-ga		ASBES	LICE)L&	
	Amend Emerge			_				NJ 08322	ř.	of the same of the same	Parties of Property and	LIVE	1011/	G		
(NJAC 5:23-8)	justifica	ation)	includ	ing		me of Cont				T	la ala a -		L S S			
	Cancell					homas R		bone			elephone 856-62			1210		
					F	ACILITY	INF	ORMATION			000-02	0-550	0 ^	1210		-
Name of Facility Where Aba	atement is	Taki	ng Pla	ce (3)			0.0100		Type of Facili	tv (4)					-	
Caroline L. Reutter El	lementa	ry Sc	hool						School (K	-12)						
Street Address									→ □ Subchapte	er 8 (Ot	her thar	n K-12)			
2150 Delsea Drive									Other (i.e. homes, et	, private c.)	e and co	ommer	cial b	uildir	igs,	
City (5)		3377-1							Square Feet	C. C. V. C.	of Floor	rs	E	Bldg. A	Age	
Franklinville									50,000	1	2			80	igo	
County (6)					Co	unty Code	(7)(S	STATE USE ONLY)	Current Use (Prior if	beina de	emolis	hed)			-
Gloucester			11						School				,			
Name of Monitoring Firm Hir				r (8)	ASC	M No.	N	Name of Abatem	ent Contractor (9)						-
Epic Environmental S	ervices,	LLC						Shade Enviro								
Street Address							S	Street Address	•		-					
1930 Brown Road								623 Cutler Av	/enue							
City, State, Zip Code			- 0				C	ity, State, Zip Co	ode							Life To I
Newfield, NJ 08344								Maple Shade								
Project Manager for Monitori	ng Firm			Te	lephon	e No.	T	elephone No.		Li	cense N	lo.	-			
Jim Eberts				8	356-20	5-1077		856-755-0099		1	00842	•0.				
Start Date (10)						ate (11)	N	ame of OSHA M	lonitor		00012					
	19				3 /	_19		EMSL Analyti	ical, Inc.							
Occupancy Status During Ab	atement (Chec	k only	one)			S	treet Address					-			
☐ Facility Closed/Vacated D	uring Enti	ire Pe	riod of	Abate	ement			200 Route 13	0 North							
Abatement Performed Ou Time of Abatement:	tside of N		l Facili M/				C	ity, State, Zip Co	de							
			VI/	PN		_AM		Cinnaminson	, NJ 08077							
Scope of Work (Check all tha	t apply)							_								_
≥3 sf or ≥3 if≥160 sf or ≥260 if			10000	enova				☐ Mini-Encl	ainment with Ne osure Procedure npted (*) and N							
				Loca						T			-1015	ateme	ent T	ivne
Location of Asbestos-Containing Mate	erial (ACM	1)		Norma ed Sol		0-1-		Description of								-
TO BE ABATED)	.,	Ma	intena	ince/	(i.e	stos	Containing Mate	erial (ACM)		Amount (Specify		em	Repair	nca	ncl
IN Facility (13)			Cus	todial (12)	Staff?			surfacing, VAT,	or		F or LF		Removal	=	psu	Enclosure
(10)			Yes	No	N/A	1	0	ther miscellaneo	us)				1777		Encapsulate	6
Gymnasium Office				\boxtimes		Floor T	ile a	and Mastic			77 SF		\boxtimes			
Gymnasium Storage						Floor T	ile a	and Mastic		-	200 SF		55.15			
			П	П				- I Muotio			200 31					
			$\overline{\Box}$											빌	Ш	Ш
lame of Registered Waste Ha	auler		Ц_		JDEP 1	Mosto	C	bis Vanta 6								
Freehold Cartage	adioi			5,120	auler II	O No.	Wa	bic Yards of aste	Name of Regis							
City, State		-			15939	1	Dis.	posal Date	City, State							
Freehold, NJ								7/03/2019	Morrisville	РΔ						
Completed By (Print or Type)		Title		-				Signature		, . ^		Di				
Christina Lynch			ce Pre	eside	nt of (Operation	15	Oignature				Date				
SB-41		5.55	10.00 M		01 (poration		Mostra		100		5	130	19	7	- 1

CK 15	505 P.	AIR		CATION	OF ASBE	STOS	ABATEMENT	Ţ	N#11	29	4))	
Date of Notification (1) 05/31/2019				Name of		Owner/C	Operator (2)		chell NG1	505		/	S
Agencies Notified	Type Notification Initial			Street Ac 400 Ce	ddress dar Avent	ue		The second secon		10	20	10	Transposing or a
⊠ DEP ⊠ DOL	☐ Amended Amendment # ☐ Emergency (in			West Lo			w Jersey 0776						AND LINE A PRESTA
⊠ DOH ⊠ DCA	justification) □ Cancellation		- 1	Timothy	F 525-075			73	eph 66e3N@ \\ 2-571-3424(ENS!	NTF	ROL	&
Name of Facility When	a Abatament is Takin	a Place (2)		FACI	LITY INFO	RMATI		4. (4)					
Monmouth University		g Flace (3)					Type of Facili	Net (1)(39/)					
Street Address 590 Ocean Avenue								ter 8 (Other than private & comm		, home	es, e	tc.)	
City (5) Long Branch, New .	Jersey 07740						Square Feet 60,000	# 0	f Floors	Bldg 50+	g. Ag	е	
County (6) Monmouth		56		County (Code (7) USE ONLY)	B.		Prior if being der ial-contains 2+ de		ccupar	nts p	erma	nent
Name of Monitoring Fi AHERA Consultants		Owner (8)		ASCN 0005			Name of Abat Lilich Corpor	ement Contractor ation	(9)				
Street Address P.O. Box 385				1			Street Address 246 Union B	76 h					
City, State, Zip Code Oceanville, New Jer	rsey 08231						City, State, Zip Totowa, Nev	o Code v Jersey 07512					
Project Manager for M Erick Clarkson	onitoring Firm			Telephor 609-65	ne No 32-1833		Telephone No 973-225-840		License No. 01104				
Start Date (10) 06/10/19		Schedule 06/12/20		npletion	Date (11)		Name of OSH Iris Environn	A Monitor nental Laborato	ries, LLC				
Occupancy Status Du				***			Street Addres 2333 Route						
□ Facility Closed/Vaca □ Abatement Perfor 図 Other – Describe:	med Outside of Norm			t			City, State, Zi Union, NJ 0		·				
Scope of Work (Check	(All That Apply)												
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		445-57	enova emolit				☐ Min ☐ Glo	Containment wit i-Enclosure ve Bag Procedur Exempted (*) an	e / Limited Cor	ntainme		Tent	
Locat	ion of		Locat				Description of		Amount (Specify SF of LF)		oater Typ		
Asbestos-Containi TO BE A	ing Material (ACM) ABATED acility	Mai	d Sole intena odial ((12)	nce/ Staff?	Asbes then	mal sys	ntaining Materia tems insulation, VAT, or er miscellaneou	surfacing,	3, 3, 1,	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								te	0
ntire walls & Celling /			X				npound & Assoc S		210 SF	X			
Vindow wall around A	.C Unit/Bedroom		X		Asbestos Jo	oint Com	npound & Assoc S	neetrock	30 F	X			
Name of Registered V	Vaste Hauler		1	NJDEP W	Vaste	Cubic	: Yards	Name of Regis	ered Landfill				
Lilich Corporation			ŀ	Hauler ID 18724	No.	of Wa	iste	Fairless Land	ffill				
City, State Totowa, New Jerse	у					Dispo 06/12	sal Date 2/19	City, State Morrisville, PA	4				
Completed by Adriana Olejarova		Title Pre	esider	nt			Signature	Con	Date 05	/31/19)		

Print Form

Inv# 11696			ä	C4-4 C41									246.244	J	rint
UK2639 PA		NOTI	FICATIO	State of N ON OF AS nt to NJA(BESTOS	ABATE	MEN (0)	п (1/2	4 -	142	20			
Date of Notification (1)			Name	of Building	g Owner	/Operator	r (2)		To	150	VO.	귿	TI	11//	IC
5/31/19				prite					A COLUMN TO A COLU	15	(b)	15	<u>ll</u>	A	<u>s</u>
Agencies Notified Type Notificatio	n			Address					In						
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DEP Amended Amendmen	nt#			itate, Zip C oln Park		mac			lad to	4			U	UIU	-
Emergency	(includin	9		of Contact	Sept. Service D.A.	035							****		exterior
DCA justification Cancellation			71						Tel	еріде	LIC	EN	SINC	TRO	L&
Name of Facility Where Abatement is Taki	ng Place	(3)	FAC	CILITY INF	ORMAT	ION	Typ	e of Facility (4)			_			
Residential House							200000								
Street Address					te professional and the second		M	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth	er than & comm	K-12) tercial	buil	dings	, hom	ies,
City (5) Lincoln Park								are Feet		Floors		3 L	Bldg.	Age	
County (6)			County	Code (7)			20		2	~			50+		
Morris		ĺ		USE ONLY	n			rent Use (Prio sidential H		ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		Name		atement Con		(9)					
n/a			n/a					/ Contracti							
Street Address						Street						-			
City, State, Zip Code								sade Ave							
n/a						The state of the s		Zip Code NJ 07026			(Nethern		-4000	- 2770000	
Project Manager for Monitoring Firm		1	Telepho	one No.		Teleph				Linana	- N-	_			
n/a			n/a			9734				Licens 0125	- 59				
Start Date (10)			npletion	Date (11)		Name	of OS	HA Monitor							
6/9/19	6/15/	10.00				Harm	nony	Contracti	ng Inc	Š.					
Occupancy Status During Abatement (Cher						Street									-
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Cother - Describe: Scheduled for Demo	Period of	Abeter	nent					ade Ave		~~~					
Other - Describe: Scheduled for Demo								čip Code NJ 07026							
Scope of Work (Check All That Apply)						Gain		100 07020				-			
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit	ition ion			X	Mi Gi	ill Containme ni-Enclosure ovebag Proci on-Exempted	edure					9	
	ls	Locati	on											men	
Location of		Normal ed Sols			Des	scription	of				_		Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/	Asbes	tos Cont	aining M: systems	ateria	I (ACM)		nount		71		E E	m
In Facility (13)	Cus	todial 8 (12)	statt?	,	surfac	ing, VAT	, or			or LF)		Remova	Repair	сара	ncio
(10)		T	T	-	otner n	niscellana	eous)					bva	air	Encapsulate	Enclosure
Exterior	Yes	No	N/A X		Transi	te Shin				0.05		4		(6)	
	+		_^	 	1141151	te Simi	gies		80	0 SF	<	4			
	+		 								-	-			
	1		 								+	-			
Name of Registered Waste Hauler		14 510	JDEP W	30700000000000000000000000000000000000	Cubic '			Name of R	egister	ed Land	ifili				
Harmony Contracting INc		1.0	33085	NO.	of Was	ie		GROWS	Land	dfill					
City, State						al Date		City, State							
Garfield, NJ					TBD			Morrisvi	le, PA	· ·					
Completed by E. Cirovic	Title	etary			G	gnature	,				Date 5/31				-

Pursuant to MAGe 368 and 12120 Date of Notification (1)	JW# 11498				The Book of Control of Control									
Date of Notificial (1) Selectification (2) Selectification	Project#	NO.		ATION	OF ASBESTOS	ABATE			heck#	∠ 463	Q ₁	7 П	\ //	ic .
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Street Address						50		Address								
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Project Manager for Mon	itoring Firm				hone N		-cmalife	hone No.				ense No.				
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] [] [
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Completed By (Print or	Tyne)	Title						Signature	_				Date			
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Name of Facility Where Abatemer	A in Table	Di	(0)	FACILITY I	NFORM	ATION					
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HUNTERDON DEVELOPMEN Street Address	VIAL CE	NTER,	, COTT	AGE 16			School (K-12)				
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40 PITTSTOWN ROAD City (5)							Other (i.e., priva				uildi
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CLINTON, NJ 08809				18719-20-00-00-00-00-00-00-00-00-00-00-00-00-				- 1			
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HUNTERDON										/	
Name of Monitoring Firm Hired by				ASCM No.	Name	of Abatement Co	ntractor (9)				-
ENVIRONMENTAL CONNEC	TIONS, II	VC.					IRONMENTAL INC.				
Street Address						Address	The state of the s				
120 NORTH WARREN STREE	T				15 BL	ACK FOREST	ROAD				
City (5)						tate, Zip Code					
TRENTON, NJ 08608					1	ILTON, NJ 086	91				
Project Manager for Monitoring Firr	n Tele	phone	No.			one No.		Lice	ense No	0	
Roland Jones	609-	392-42	200		Lanca Access	00-7110				0.	
Start Date (10)	Sche	eduled	Complet	tion Date (11)		of OSHA Monitor		006	/6		_
5/28/2019	6/2/2	2019		UM0 85	Company Comment		CONNECTIONS, INC				
Occupancy Status During Abateme	nt (Check	only on	e)		Street /	Address	CONNECTIONS, INC				_
Facility Closed/Vacated During	Entire Pe	riod of	Abateme	ent		ORTH WARRE	NSTREET				
Abatement performed outside of w	orking hou	rs 5PM	1-2 AM			ate, Zip Code	NSIKELI	_			
EXTERIOR WORK						TON, NJ 08608					
Scope of Work (Check all that apply	()				TRUIT	1011, 113 08008	☐ Full Containment	usith NI		D	
\geq 3 sf or \geq 3 If				Renova	tion		☐ Mini-Enclosure	WITH IN	egative	Pres	sur
≥ 160 sf or ≥ 260 lf				Demolit			☐ Glovebag Proced				
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RENTON		SIDEN	г				MORRISVILLE, PA	Date 5/24/			_

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

	A. Mac	Contr	acting		2012620		<u>C</u>	E PA	GE.	<u>y</u> <u>l</u>
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Agencies Notified Type Notification)rt		Address .	- 03	MANA	K: 1			1	
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DOH Justification Campailatte	h)	Name	of Contact	····		Talephone Nu		-		
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Project Manager for Monitoring Firm		I Teleph	one No.	Midle	one No.					
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May 24 2019 03:49PM NJ Asbestos Control 609.633.0664

D&S Proj. #: 19-105 CACUUGS Date of Notification (1) Description 1	tion	Michael Street Addre	(Purs	uant to NJA6 ner/Operator (2	best C 8:6	NJ os Abatement 60 and 12:120)	Country (Collegistry on the Control of Cont	M J ASBE	UN 1 () 20 ONT	119 ROL	200	The state of the s
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Westfield, NJ 07090 Name of Monitoring Firm Hired by	Un Bldg Own			ASCM No.	-	Name of Abatemer		Residential					
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Street Address						20 California A	A 1/0						
City, State, Zip Code Project Manager for Monitoring Firm		Pho	one Numb	per	-	City, State, Zip Cod Paterson, NJ 0 Telephone Number 973-345-802	le 07503	3	License 0	Numb	oer		
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Completed by (Print or Type)	Title PRESID	ENT		Signature /	POR	Mud	, - · · ·		Date 05/16/	19			

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						550 Rifle Ca	mn Rd						
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Project Manager for Moni	itoring Firm		Tele	phone	No.	Telephone No.	WILL IND	License N					_
				E		973-938-526	36	02003					
Start Date (10)	Sche	duled (omple	tion Da	te (11)	Name of OSHA M		02003					_
06 / 10 /				/ :		Arsenije Ad							
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Abatement Performed	Outside of Norma	l Facilit	y Hour	s - Des	cribe	City, State, Zip Co						-	_
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Street Address School (K-12) Subspace (Cite of the K-12) Su	Name of Fac	ility Where Abatement is Ta	king Place	e (3)	F/	CILITY	NFORMA	TION	Type of F	a silit. 11							
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City, State, Zip Code West Long Branch, NJ 07764 Project Manager for Monitoring Firm N/A Start Date (10) JUNE 6, 2019 Scheduled Completion Date (11) JUNE 13, 2019 Scheduled Completion Date (11) JUNE 13, 2019 Name of OSHA Monitor N/A Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Street Address City, State, Zip Code City, State, Zip Code Street Address City, State, Zip Code City, State, Zip Code Street Address City, State, Zip Code City, St	treet Address	5								n Asbes	stos	Abat	emer	nt Cor	p., Ir	nc.	
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Name of Registered Waste Hauler NIDER Waste	ne of Registe	rod Mosta Haula							<u> </u>						-		_
Finishing Touch Asbestos Abatement Corp., Inc. Hauler ID No. 12058 Name of Registered Landfill FAIRLESS LANDFILL	ishing Touch	Asbestos Abatement Corp.,	Inc.	H	auler ID	aste No.	of Waste		Name FAI	of Regi	stere	d Lar	ndfill = LL				
WEST LONG BRANCH, NJ 07764 Disposal Date 6/9/19 MORRISVILLE DA	ST LONG	BRANCH, NJ 07764					Disposa	l Date	City, S	State	/	= p	Δ		-	-	-
Completed by JOSEPH P. MILLER PRESIDENT Signature Date 5/3/	pleted by SEPH P. N	IILLER	Title PRE	SIDE	NT		Sig	nature /	ON 1			_, , ,	Date			12./	0
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IN# 111	287		Sta	te of New	Jersey	FRAFAIT	grade of provinced development and an analysis				
Check#3359	PAID				STOS ABAT 8:60 and 5:16		In ECI		\mathbb{V}	E	F
Date of Notification (1)			Name of	f Building C	wner/Operator (2	2)	1151				1
05 /	28 / 19)	21	امسسما			A C C C C C C C C C C C C C C C C C C C	1 n 2	019	Î	1
Agencies Notified	Type Notification		Street A	Shimmel			lead book	0 -	010	4	-
☐ EPA	✓ Initial		4,000				ASBESTOS	2.000	2.00	- 0	
■ DOLWD	☐ Amended	,	City, Sta	ate, Zip Coo	de			ENSING		LO	
DHSS	Amendment #		Pompto	n Lakes, l	NJ 07444		The state of the s	ne Armel Principals they also		emenced reprise	on a
DCA (NJAC 5:23-8)	justification)	noidding	Name o	f Contact			Telephone Numb	er			
	☐ Cancellation			Shimmel							
			FAC	ILITY INF	ORMATION						_
Name of Facility When	e Abatement is Takir	ng Place (3)				Type of Facilit					
Private house						School (K-	er 8 (Other than K-1 2))			
Street Address	_	28				Other (i.e.	, private and commer	cial build	dings		
						homes, et Square Feet	V2-12-	Blde	g. Age	e	_
City (5)	05444					oquare root					
Pompton Lakes, NJ County (6)	0 /444		County	Code (7) (S	TATE USE ONLY)	Current Use ((Prior if being demolis	hed)			
Passaic											
Name of Monitoring F	irm Hired by Building	Owner (8)	ASCM N	lo.	Name of Abatem	ent Contractor	(9)				
270					Gr Tech LLC		¥5				
Street Address					Street Address						
					576 Valley Rd						
City, State, Zip Code					City, State, Zip C						
					Wayne, NJ 074	70	License No.				327 207
Project Manager for N	Monitoring Firm	Į.Ti	elephone N		Telephone No.	(9)					
	T C a b	eduled Comp	alatian Dat		973-638-1777 Name of OSHA	Monitor	01127				-
Start Date (10) 06 / 07		06 /		10			_				
					Envirovision C Street Address	onsultants,inc	<u> </u>				
Occupancy Status Di					20-21 Wagarav	v Road Bldg	# 35E				
Abatement Perfor	med Outside of Norn	nal Facility H	ours - Des	cribe	City, State, Zip		332				
Time of Abateme	nt:AM	_PM/F	·M	AM	Fair Lawn, NJ	07410					
Scope of Work (Chec	ck all that apply)				Clean	up and deconta	amination with negative	re press	ure		
✓ >3 of or >3 if		⊠ Renov	vation		Mini Fr	ologuro	Negative Pressure	20			
>3 sf or >3 lf > 160 sf or >260 li	f	Demo	lition		Gloveb	ag Procedure	Tent with Negative Non-Friable Procedu	e Press	ure		
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Loca	ation of	Nor	cation mally		Description	of .			T-	T	T
Asbestos-Contain	ning Material (ACM)		Solely by enance/		stos Containing N		Amount (Specify	em	Repair	ncar	Eliciosale
	ABATED Facility		lial Staff?	(i.e	, thermal system surfacing, VA		SIF or LF)	Removal	ä.	Encapsulate	0010
	(13)		12)	4	other miscellar					ate	
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Basement				Pipe inst	ılation		110 LF		1	1	L
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Name of Registered	Waste Hauler		NJDEP Wasi	te Hauler ID No.	Cubic Yards of W	aste Name of F	Registered Landfill				
	vvaste Hautel				TBD	T.R.R.F.					
Gr Tech LLC			00337	0.0	עמו	I.R.R.F.	1110			-	-

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

Disposal Date

TBD

Signature

City, State

Tullytown, PA

Teute Wenad

Date

05/28/19

N.Jevtic

City, State

Wayne, NJ 07470

Completed By (Print or Type)

Title

Owner

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Date of Notification (1) 06/06/2019				Name State	of Building of New J	g Owner/ Jersey D	Operator (2) Department (of Transportation	on	U Che	ck No	9n16	18	
	e Notification				Address Parkway	Avenue)	hol	hand I		0			L
□ EPA □ ⊠ DEP ⊠ DOL	Initial Amended Amendment #			City, S	tate, Zip C	Code			ASBE	STOS LICEN)L &	3
☑ DOH ☐ DCA ☐	Emergency (in justification) Cancellation	ncluding			of Contac I M Quat				Telephon 609-530		er			
Name of Facility Where Aba	atement is Takin	n Place	31	FAC	CILITY INF	FORMAT		104 - (4)						
NJ DOT Lawrence Maint	enance Yard	ig i lace (3)				Type of F							
Street Address 2798 Brunswick Pike							☐ Subch	ol (K-12) napter 8 (Other ti (i.e. private & co	han K-12) ommercial	building	s, hon	nes,	etc.)	
City (5) Lawrenceville, New Jerse	ey 08648						Square Fe 10,000	eet	# of Floor 1	s	Bld 50	lg. A	ge	
County (6) Mercer					Code (7)		Current Us	se (Prior if being Maintenanc	demolishe e Yard	d)				
Name of Monitoring Firm Hir Environmental Connection	red by Building on Inc.	Owner (8)	ASC	M No.		Name of A Lilich Con	batement Contra poration	ector (9)					
Street Address 120 North Warren Street							Street Addi 246 Unior	ress n Boulevard						
City, State, Zip Code Trenton, New Jersey 086							City, State, Totowa, N	Zip Code lew Jersey 075	512					
Project Manager for Monitori Rollie Jones	ing Firm			Telepho 609-3	one No 92-4200		Telephone 973-225-8	No. 3400	Licer 0110	ise No.)4				
Start Date (10) 06/17/2019		06/29/2	019	mpletion	Date (11)			SHA Monitor nmental Labor	atories, L	LC				
Occupancy Status During Ab							Street Addr	ess te 22 West				-		
□ Facility Closed/Vacated I □ Abatement Performed O □ Other – Describe:	utside of Norma	eriod of A al Facility	batem Hours	ent			City, State, Union, NJ	Zip Code						
Scope of Work (Check All Th	nat Apply)						0111011, 110	07000						
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Building 1392 Mechani	cal Room	Х				Р	lumbers Past	re	25 S	F	х			
Exterior of Building	1382		Х			W	indow Caulki	ng	250 L	.F	Х			
Name of Registered Waste H Lilich Corporation	auler		Н	JDEP W auler ID 18724		Cubic of Was		Name of Reg		ndfill				
City, State Totowa, New Jersey						94950	al Date	City, State Morrisville, F						\dashv
Completed by Adriana Olejarova		Title Pre	siden	t		/	ghature	101		Date 06/06	/201	9		

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D EPA DEP DOL				City,	State, Zip Code				JUN	1 0	20	19
DOL	Amendment Emergency (#			INE HIL	1 N.). A	780363	. 7 (and a		
DOH	justification)	including	5	Name	of Contact	1 10	0. 0		ST	S C	THE	ROLE
1 DCA	Cancellation			Pas	A. (Sorto	91	Telephone N	umpga	にどら	INIC	2744
Name of Facility Where Abater	ment is Taking D	lace (2)		\FA	CILITY INFOR	MATION	U Sand		A MI A	a á de	444	480
	mone is raking r	iace (3)					Type of Facili	ty (4)				
Street Address .				-			☐ School (K-12)				
							Subchap Other (i.e	ter 8 (Other than K-12)			
City (5)			-				, ,	c. private & commerci	ai buil			, etc.)
MINE HILL	CO						Square Feet	# of Floors		Bldg.		
County (6)				County	Code (7)		2000			- 4	30	
N- ON I				(STATE	USE ONLY)		Current Use (P	rior if being demolish				
Name of Monitoring Firm Hired	by Building Ov	mer (8)		ASC	CM No.	Name	of Abatement Co	HOUSE				
Street Address						NO	OVATECT	1				
Succi Address							Address	,				
City, State, Zip Code						14.0). Youx ?	814				
y, - mie, zip code						City, S	tate, Zip Code					
Project Manager for Monitoring	Firm			Talasla		010	bild(E NJ.	08	28	7	
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Occupancy Status During Abaten	nent (Check Onl	y One)	1	1		Street A						
Facility Closed/Vacated Du Abatement Performed Outs	ring Entire Perio	d of Aba	tement			100		814				
Abatement Performed Outs	ide of Normal Fa	cility Ho	urs			City, St	ate, Zip Code,					
Scope of Work (Check All That A						010	Bridge	5 NO: 0	95	C.J.		
Work (Check All That A	Apply)	.f. e					0		600	<u> </u>		
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			emont	ion	81		Mini-Enclosu	re	Saurc			
							Non-Exempte	d (*) and Non-Friable	Proced	lure		
			Locati						1		ment	
Location of Asbestos-Containing Materia	al (ACM)	Use	lormall d Solel	y v bv		Description of	of			Ту	ре	
TO BE ABATED	(1.0111)	Ma	intenan	ce/	Asbestos C	ontaining Ma	terial (ACM) tion, surfacing,	Amount			m	
In Facility (13)		Cusi	odial S (12)	arr?		VAT, or		(Specify SF or LF)	Removal	Re	Encapsulate	Enclosure
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Novajeda			Ha	uler ID N	io. of V	aste	100	Registered Landfill				
City, State			1	250	9	3	6.10	20WS, _				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05-30-19 Agencies Notified Type Notification X EPA Initial			Nama											
				rs, The	Owner/0 State U			NJ						
I O FPA I I Initial			Street A 74 Str	ddress eet 160	3									
DEP X Amended Amendment	#_2	_		ate, Zip Co		4								
□ Emergency (-	Name o	f Contact el F Sm					10	ephone Nur 8-445-25				
Cancellation				ILITY INF		ON			04	0-440-20	00			
Name of Facility Where Abatement is Takin Richardson Apartments	g Place (3	3)	170	in in in in in in in in in in in in in i		014		of Facility (School (K-1						
Street Address 187 Bevier Road							×	Subchapter Other (i.e. p	8 (Oth	er than K-12 & commercia		dings	, hom	es,
City (5) Piscataway								etc.) re Feet	# of	Floors	E	Bldg. A	Age	
County (6) Middlesex				Code (7) USE ONLY	,			ent Use (Pri idential	or if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building (ATC Group Services	Owner (8)		ASCN	/ No.				tement Cor						
Street Address 3 Terri Ln							Addre	ss Street						
City, State, Zip Code Burlington NJ 08016								ip Code NJ 07072	2					
Project Manager for Monitoring Firm Brian Kearney			Telephoi	ne No. 36-8800		Teleph	none N 939-6	0.		License No).			
Start Date (10) 06-03-19(2)Project Postponed	Schedule		npletion I	Date (11)			of OSH	HA Monitor						
Occupancy Status During Abatement (Check	Only On	e)				1	Addres							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	al Facility	Hours	3					kson Ave	nue					
Other – Describe: 8am - 8am, 24hr acc	ess unocc	cupied			_	Long	Islan	d City, N	Y 111	01				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Mir	i-Enclosure	edure	Negative P			e	
Location of	l N	Locati Iormall	ly		Doo	scription			5000			Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai Custo	d Sole ntenar odial S (12)	nce/ Staff?	Asbes (i.e.	tos Conta thermal surfac	aining N	faterial s insula T, or	(ACM) tion,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
2nd Floor	Yes	No	N/A	Vin	ul Char	t Flac	rin ~ ∧	/AT	4.0	0005				
3rd Floor			X		yl Shee			C.200	500000	00SF	x			
	t													
Name of Registered Waste Hauler		0.123	JDEP Waller ID		Cubic of Was			Name of F	Register	red Landfill				
ATC, Inc. / Newark Carting, Inc. (048)	509)	2 mar (2000)	1310	NO.	TBD	ite		Minerva	Enter	prises				
City, State Shirley, NY / Newark, NJ					Dispos TBD	al Date		City, State Waynes		OH 4468	3		111	
Completed by Richard Doran	Title		nager		Si	gnature		117	7	Date	e 30-1	0		

NIA CHECK				OF ASBESTO to NJAC 8:60				liver and an analysis	m.	E	C	E		V [
Date of Notification (1) 06/05/19				f Building Own		(2)			M		JUN	4 /	1 2	140
	Notification Initial		Street A	ddress exington Ave	enue	500 (1111-11)		The second second			JUN		J	019
DEP X	Amended Amendment #_01			ite, Zip Code 'ork, NY 110	065			200		ASB	ESTC LIC	S C ENS	ONT	ROL
ĭ DOH	Emergency (including justification) Cancellation			f Contact ic Albanese				M. 5000000	phone 3-300-					
			FACI	LITY INFORM	ATION									
Name of Facility Where Abater Residential	nent is Taking Place (3)				Туре	of Facility (4) School (K-12)							
Street Address						×	Subchapter 8 Other (i.e. prietc.)					ings,	home	es,
City (5) Jersey City						300	are Feet 000 +	# of 6 +	Floors		1 1 1 1 2 3 3	dg. A	ge	
County (6) Hudson	and the second s			Code (7) USE ONLY)		Curr	ent Use (Prior	if beir	ng dem	olish	ed)			
Name of Monitoring Firm Hired	by Building Owner (8)	ASCN	1 No.			atement Contr racting & E			tal (Cons	ulting	g, In	C.
Street Address			1			Addre	ess ite 23				220001170			
City, State, Zip Code							Zip Code NJ 07470							
Project Manager for Monitoring	Firm	1	Telepho	ne No.	Telep	hone N	No.		Licens 0040).			
Start Date (10) 04/08/19	Schedu 08/31/		pletion I	Date (11)			SHA Monitor racting & E	nviro	nmen	tal (Consi	ulting	g, In	c.
Occupancy Status During Abat	ement (Check Only O	ne)	-			Addre								
Facility Closed/Vacated D Abatement Performed Ou						21342000	rte 23 Zip Code							
Other – Describe: Occupi	ed				D 200		NJ 07470							
Scope of Work (Check All That ≥3 sf or ≥3 If x ≥160 sf or ≥260 If	×	Renova Demoliti			2	M G	ull Containmer ini-Enclosure lovebag Proce on-Exempted	dure	-				Э	
Location of	100	s Locati Normall	JE 2006 A		Description	n of							ment pe	
Asbestos-Containing Mater TO BE ABATED In Facility (13)	M Cus	ed Sole aintenar stodial S (12)	nce/ Staff?	SI		Materia is insu AT, or	lation,	(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
D 004	Yes	No	N/A		T:1 0			0.0	00.05					
Room 301			X	Floo	or Tile &	Mast	IC	3,2	00 SF		X			
Name of Registered Waste Ha	uler	I N	JDEP W	/aste Ci	ubic Yards		Name of R	egiste	red I ar	ndfill		-		
J.R. Contracting & Enviro		Inc H	auler ID 7819		Waste		Grand C							
City, State Wayne, New Jersey				Dis	sposal Date)	City, State Pen Argy	yl, Pe	ennsyl	van	ia			
Completed by Jerry Bijelonic	Title Proj	ect Ma	nager		Signatur	е				Dat 06	te /05/1	9		

		NOTI	EICA			ew Jersey BESTOS ABA	TENTENT	Check N	lo. 👱	2//	7_	
In Objects						8:60 and 12-		IN E	PE	П	ПЛ	F
Date of Notification (1)									GE	1	M	E
May 16, 2019						ng Owner/Operator		115				-
Agency Notified	Type Notification				Address	y Transit Corp	oration		UN 1	0 0	2010	_
Agency Notified	Type Notification					Plaza East			011	U	UIJ	
EPA DEP Not required per State Reg. 10/2004	☐ Initial			100000000000000000000000000000000000000	State, Zip				(Personal Professor	A Table Street Company		- [
☑ DOT Musimente zaskeit III-1114	Amended Amendment # 2			6590	33. 59	J 07105-2246		ASBE	STOS	CON	TROL	. &
E pour	☐ Emergency (included)	ding			of Conta			Tolonkon M.	LICEN	SING	è	
☑ DOH ☑ DCA	justification) Cancellation			i de contrato de contrato		Goetchius		Telephone Nu				
	_ ouncentation			The Carlot Provide				973-491-83	047			
Name of Facility Where A	hatament is Taking D	200 (2)		FAC	ILIIY INI	FORMATION		4.41				
)				Type of Facility	(4)				
Hoboken Terminal Street Address	- Puliman Bullai	ng					☐ School (K-12					
								3 (Other than K-1 ivate & commerc		nas		
1 Hudson Place							homes, etc.)		iai ballali	190,		
City (5)							Square Feet	# of Floors	Bldg	. Age		
Hoboken, NJ 07030							8,645	2	111			
County (6)	102					7) (STATE USE	Current Use (Pr	or if being demo	lished)	111.21		
Hudson				ONLY)	10.		Train Statio	n/Office				
Name of Monitoring Firm I			ASCN	No.		Name of Abatem	nent Contractor (9))				
Pris Labs of Union NJ	/ TTI Environmen	tal	0000	03 (TT	1)	B&N&K Res	toration Co.,	Inc.				
Street Address						Street Address						
333 Highway 22 / 12	253 North Churc	h St				223 Randolp	h Avenue /					
City, State, Zip Code						City, State, Zip C	ode					
West Union, NJ 070		n, NJ	0805	7		Clifton, NJ 0	7011					
Project Manager for Monit	oring Firm	T	elepho	ne No.		Telephone No.		License No.				
Rick Eustaquio / Jir	n Guilardi	9	73-494-3	762 / 856-	840-8800	973-494-468	1	0120				
Start Date (10)	Scheduled C	omplet	ion Da	te (11)		Name of OSHA	Monitor					
May 29, 2019	August 3					The Saban E	Engineering C	Group, Inc.				
Occupancy Status During	Abatement (Check or	ly one)				Street Address						
☑ Facility Closed/Vacated	During Entire Period	of Aba	tement			201 Stuyves	ant Avenue					
□ Abatement Performed C	utside of Normal Fac	ility Ho	urs			City, State, Zip C	ode					
Other - Describe:						Lyndhurst, N	NJ 07071-170	4				
Scope of Work (Check all t	hat apply)					M Eull (Containment with	Negative Pressu	**			
≥ 3 sf or ≥ 3 lf					ovation		Enclosure	Negative Pressu	re			
≥ 160 sf or ≥ 260 If				□ Dem	olition		ebag Procedure	Non Friehle Dec				
				VANE 2		NOII-	Exempted (*) and	Non-Friable Pro	ceaure	Δh	atem	ent
		100	Locati Normal								Туре	
Location Asbestos-Containing		Use	d Sole	ly by		Description of		0.27792430-9000				
TO BE ABA		0.0000000	intena Custodi			stos Containing Ma ., thermal systems		Amount (Specify		고.	Enc	E
IN Facili	ty	,	Staff?	(57.7)	,	surfacing, VAT	, or	SF or LF)		ema	Repair	Enclosure
(13)			(12)			other miscellane	ous)			Removal	Encapsulate Repair	ure
		Yes	No	N/A							0	
2nd Floor Rear RT Room	& Locker Room	163	X	INA	Floor	r Tiles & Masti	r:	112	0 sq ft		+	
2nd Floor Middle Ro	oom		\Diamond			eum Flooring			1 sq ft	1 7	+	-
2nd Floor Middle Ro			\Diamond			s Cleanup of co	llanced wall			1	+	+
1st Floor Wall Plast			\Diamond				napseu wan		0 sq ft	-	-	-
Name of Registered Waste		N	DFP W	Vaste H		Cubic Yards of	Name of Regist		sq. ft.			
B&N&K Restoration		100000	No.	1451011	uuioi	Waste						
Jimmy Byrne Truck		12	2695	/ 195	51	15	Inc.	County Landfill /	wiinerva	ı Ent	erpris	es,
City, State						Disposal Date	City, State		XC 1			
Clifton, NJ 07011 / E	Bronx, NY					05/30/2019 to 08/31/2019	Newburg / \	Waynesburg				
Completed by	Title					Signature	1 1201	2	Date			
G. Roger Woodman	Project M	anag	er			11/10	11/1/201		6/5/2	019		

State of New Jersey

NO Check

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

MULI					to NJAC			E C	厅匠	133	П	517	Tra .
Date of Notification (1) 06/03/2019 PROJ	ECT PUT ON I	HOLD			f Building bia Care		Operator (2)		Check No. 149		11_	<u>U</u>	15
Agencies Notified	Type Notification			Street A 321 Bil	ddress Ierica Ro	ad, Sui	te 204		N JU	N 1	0	2019	
□ EPA ☑ DEP ☑ DOL	☐ Initial ☑ Amended Amendment #_	-ja			ate, Zip Co sford, MA				led land	4	atamater#01	etuar tata-din	erilge Ne
☑ DOH ☐ DCA	☐ Emergency (incomposition) ☐ Cancellation				f Contact ian Gran	t c/o Mi	dAtlantic Eng	Partners 6	ASBES Telephone Num 309-337-3946	ber	JON ISIN	II hu	L Čt
2 00/	L Carlochation			FAC	ILITY INFO	ORMATI	ON					-	-
Name of Facility Where Private Property	e Abatement is Taking	Place (3	3)				Type of Fac	cility (4)					
Street Address 1560 North West Bo	oulevard							(K-12) pter 8 (Other tha i.e. private & con		gs, hon	nes,	etc.)	
City (5) Vineland, New Jerse	эy						Square Fee 10,000	t #	of Floors	Bld 50	lg. A	ge	
County (6) Cumberland					Code (7) USE ONLY)	Current Use	e (Prior if being d Offices	emolished)				2453.00
Name of Monitoring Fit Garden State Enviro	rm Hired by Building O onmental	wner (8)	5	ASC	И No.		Name of Aba	atement Contrac oration	tor (9)				
Street Address 500 South Broad Str	reet						Street Addre						
City, State, Zip Code Glen Rock, New Jer	sey 07452		-312				City, State, Z Totowa, Ne	Zip Code ew Jersey 0751	2				
Project Manager for Me Bruce Wolf	onitoring Firm			Telepho 201-65			Telephone N 973-225-84		License No 01104	•			
Start Date (10) 06/03/2019 ON HC				oletion Da			Name of OS Iris Environ	HA Monitor Imental Labora	tories, LLC				
Occupancy Status Dur	ing Abatement (Check	Only Or	ne)				Street Addre						
□ Facility Closed/Vac □ Abatement Perform							2333 Route City, State, 2						
□ Other – Describe:							Union, NJ	07083				- 1545c	
Scope of Work (Check □ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf			Renova Demolit				☐ Mi	I Containment w ni-Enclosure ove Bag Procedi n-Exempted (*) a	ure / Limited Co	ntainm		&Teni	t
Locati	on of	10000	Locat				Description of	8	Amount (Specify SF of LF)	А	bate Ty	ment oe	
Asbestos-Containin TO BE A In Fa (13	ng Material (ACM) BATED cility	Ma	d Sole intena todial ((12)	nce/ Staff?		stos Cor mal sys	ntaining Materi tems insulation VAT, or er miscellaneo	ial (ACM) (i.e. n, surfacing,	SI OLLI /	Removal	Repair	Encapsulate	Enclosure
5		Yes	No	N/A								· O	
Exte		V		X			/indow Caulk/0		1980 LF	X			
Boiler I	NOOM	X					Grey Flue Ven		3-6 SF	Х			
1st F			X			,	/inyl Floor Tile	2	120 SF	Х			
1st F			Х				Plaster		1000 SF	Х			
Name of Registered W Lilich Corporation	aste Hauler		H	JDEP W lauler ID 18724		Cubic of Wa 40	Yards ste	Name of Regi	stered Landfill				
City, State Totowa, New Jersey							sal Date /2019	City, State Morrisville, F	PA				
Completed by Adriana Olejarova		Title Pre	esiden	nt			Signature	UG	Date 06	e 03/20	19	11-237	

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

Date of Notification (1) 05/23/2019		1	Name of B Columbia	uilding O	wner/Op		-	Check No. 1492	-W/	E	1	
Agencies Notified Type Notification		5	Street Add	iress	**************************************			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7			
		4	321 Biller			204		JUN 1	201	9	1	2
☑ DEP ☐ Amended ☐ Amendment #_			City, State Chelmsfo				1.gl >		ONTE	OL 8	1	
☐ Emergency (incline justification) ☐ DCA ☐ Cancellation	uaing		Name of C Sabastia	Contact n Grant (c/o Mid	Atlantic Eng P		Telephone Numbe 609-337-3946	SING	an under th	and the second	
			FACILI	TY INFO	RMATIC	N						-
Name of Facility Where Abatement is Taking Private Property	Place (3)					Type of Facility ☐ School (K-	12)					
Street Address 1560 North West Boulevard						☐ Subchapte ☑ Other (i.e.	private & cor	mmercial buildings				
City (5) Vineland, New Jersey						Square Feet 10,000		# of Floors 2	Bldg. 50+	Age		
County (6) Cumberland			County Co	ode (7) SE ONLY)		Current Use (F	Prior if being of Offices	demolished)				
Name of Monitoring Firm Hired by Building O Garden State Environmental	wner (8)		ASCM	No.		Name of Abate Lilich Corpora		ctor (9)				
Street Address 500 South Broad Street						Street Address 246 Union Bo						
City, State, Zip Code Glen Rock, New Jersey 07452						City, State, Zip Totowa, New	Code Jersey 075	512				
Project Manager for Monitoring Firm Bruce Wolf			Telephon 201-652			Telephone No. 973-225-840		License No. 01104				
	Scheduled 0 06/24/20		pletion Dat	e (11)		Name of OSHA Iris Environm		ratories, LLC				
Occupancy Status During Abatement (Check						Street Address 2333 Route 2	s 22 West					
 ☑ Facility Closed/Vacated During Entire Pe ☐ Abatement Performed Outside of Norma ☐ Other – Describe: 	riod of Aba al Facility H	ours	ent			City, State, Zip Union, NJ 07	Code 7083					
Scope of Work (Check All That Apply)												
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		enova	ation ition			☐ Min	i-Enclosure	with Negative Pre- edure / <u>Limited Co</u> *) and Non-Friable	ntainm	ent &	Tent	Ė.
		-				E NOI	-Exempled (Amount		oaten	nent	
Location of	N	Loca orma d Sol		Acha	etos Co	Description of ntaining Materia	ei (ACM) (i.e.	(Specify SF of LF)		Тур		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)			ance/ Staff? 	the	rmal sys	stems insulation, VAT, or ner miscellaneou	, surfacing,		Removal	Repair	Encapsulate	Enclosure
1,	Yes	No			Crowl	Window Caulk/G	lazing	1980 LF	X	-		1
Exterior			X		Grey \			1	1000000			
Boiler Room-	X					Grey Flue Vent		3-6 SF	X			-
1st Floor		X				Viny! Floor Tile			8000	_		-
1st Floor		X				Plaster		1000 SF	X			
Name of Registered Waste Hauler			NJDEP V Hauler ID		of W	c Yards aste		Registered Landfill				
Lilich Corporation			18724		40	and Data	Fairless				_	-
City, State Totowa, New Jersey			37.11			osal Date 14/2019	City, State Morrisville	e, PA	te.		N. 20 (2000)	
Completed by Adriana Olejarova	Title Pre	eside	ent			Signature			5/23/20)19		

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

Mo Check Check No. N/A

Date of Notification (1)					10 0.00 and 12		(produced to) F	(G			W	F	7 7
May 24, 2019					ilding Owner/Opera	tor (2)	1			minute minute	oranton anno	-	-	-
	ype Notification		- 1	PATH										
			55,000	treet Addre	1.71.7				JUN	1	0	201	9	
	Initial		_		TH Plaza		f hash	hain)						
DOT Writingle 2924ed 1970e	Amended Amendment # 1		1 100	ity, State, 2				10		enerones O O O	and to make the	NAME OF THE PARTY OF	mounties	maga
	Emergency (includ	ing			ity, NJ 07306		and the same of th	ASI	BEST(OS (CEN			DL.	8
☑ DOH ☐ DCA □	justification) Cancellation		Na	ame of Cor	ntact		Tele	phone	e Numb	jer	numerous succession	DATE NAME OF	distance	
	Cancenation						20	1-216	6-620	3				
Name of Facility 140			F	ACILITY	NFORMATION									
Name of Facility Where Aba		ice (3)				Type of Facili	ity (4)							-
Exchange Place Stat	ion					☐ School (K-	12)							
Street Address						☐ Subchapte	r 8 (Othe	r than	K-12)					
68 Christopher Colur	nbus Drive					Other (i.e.	private 8	comm	nercial	build	ings			
City (5)						homes, etc Square Feet		Floors		DIA	- ^ -			_
Jersey City, NJ 07302	2					10.091	100	FIUUIS		Bla	g. Ag	je		
County (6)			Co	unty Code	(7) (STATE USE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1							
Hudson			ON	ILY)	(. / (O.A.L USE	Current Use (ned)				
Name of Monitoring Firm Hir	ed by Building Owne	r I AS	CM No.		Name of Abote	Business/	Train S	Static	n					
PA of NY & NJ	,	N.				ment Contractor								
Street Address		IN.	A			storation Co	. Inc.							
241 Erie Street, Room	236				Street Address									
City, State, Zip Code	1 230				223 Randol									
Jersey City, NJ 07310					City, State, Zip									
Project Manager for Monitorin	na Firm	Tele	L 11		Clifton, NJ	07011								
Uday Mehta	9 1 11111	100000000000000000000000000000000000000	hone N		Telephone No.		Licen	se No.	85					
Start Date (10)	Schedulad Co		-595-4		973-478-468		001	20						
June 10, 2019	Scheduled Co July 10, 20		Date (1	1)	Name of OSHA									
Occupancy Status During Aba	stement (Chack only	119			EMSL Analy	ytical, Inc.								
					Street Address					-next				
☐ Facility Closed/Vacated Du	ring Entire Period of	Abateme	ent		200 Route 1									
Abatement Performed Outs Other - Describe:	aide of Normal Facili	ty Hours			City, State, Zip									
Scope of Work (Check all that	annly)				Cinnaminso	on, NJ 08077-	-2892							
≥ 3 sf or ≥ 3 lf	~pp.y/		<u> </u>		□ Full	Containment with	n Negativ	o Proc	euro	- Port				
≥ 25 s or ≥ 25 ii ≥ 160 sf or ≥ 260 lf				enovation	☐ Mini-	Enclosure	rregun	01103	Suit					
				emolition	☐ Glov	ebag Procedure Exempted (*) and	d Non Er	iabla E)rood.					
		Is Loc	ation		23		a Woll-11	anie r	Toceut	ne	Δ	bate	me	nt.
Location of		Norm	ally									Typ		
Asbestos-Containing Mat	erial (ACM)	Used So Mainter		Ashe	Description of estos Containing Market	of		•						
TO BE ABATE	D	Custo		(i.e	e., thermal systems	insulation,		Amou (Speci			Z	_	Enc	п
IN Facility (13)		Stat			surfacing, VAT		;	SF or L			Removal	Repair	Encapsulate	Enclosure
		(12	:)		other miscellane	eous)					avo	air	ulat	sure
		Yes No	N/A									1	D	
Roof		\times		Roof	Material			1.	126 s	n ft		+	\dashv	-
									120 3	9 11	\cap	+	\dashv	-
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											-		+	
ame of Registered Waste Ha	uler	NJDEP	Waste	Hauler	Cubic Yards of	Name of Regist	tered I an	dfill						_
limmy Byrne Trucking		ID No.			Waste	-								
		19551	ŀ		12	Minerva En	terpris	es, I	nc.					
ity, State					Disposal Date	City, State							-	-
Bronx, NY / Newark, NJ					To be Determined	Waynesbur	g, OH							
ompleted by	Title				Signature	111			Date	e	10000		- 1	-
3. Roger Woodman	Project Man	ager				1//				1/20	40			

State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-111 (Pursuant to NJAC 8:60 and 12:120) Invoice# 11665 Date of Notification (1) Name of Building Owner/Operator (2) 0 5 / 3 1 / 1 9 Charles Rose Agencies Notified Type Notification Street Address ASBESTOS CONTROL & LICENSING] EPA X Initial Amended DEP City, State, Zip Code Amendment #: DOL Roselle Park, NJ 07204 DOH (including Name of Contact Telephone Number justification) ☐ DCA Charles Rose Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet County (6) City (5) County Code (7) 1,300 02 60 (State use only) Current Use (Prior if being demolished) Roselle Park, NJ 07204 Union Residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. KLOMAX, LLC Street Address Street Address 309 W. End Ave City, State, Zip Code City, State, Zip Code Hopatcong, NJ 07843 Project Manager for Monitoring Firm Telephone Number Phone Number License Number 833-455-6629 02007 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) KLOMAX, LLC 06/11/19 06/14/2019 Street Address Occupancy Status During Abatement (Check only one) 309 W. End Ave Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Hopatcong, NJ 07843 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 If Mini-enclosure Glovebag proce Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Ε Location of E e by maintenance/custodial n asbestos-containing Amount Description of asbestos-containing n staff(12) m p C material (acm) to be (Specify SF or material (ACM) C 0 a abated in facility (13) a LF) Yes No N/A p е Basement Pipe Insulation 65 LF X Basement Re-clean Pipe 35LF X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill KLOMAX, LLC 038241 2 yd TULLYTOWN, RESOURCE RECOVERY City. State Disposal Date City, State Hopatcong, NJ 07843 **TBD** TULLYTOWN, PA Completed by (Print or Type) Signature Title Date Paige Boylan Owner

05/31/19

nvoice # 1426	1		ICATION	ate of Nev OF ASBI to NJAC	ESTOS	ABATE		ſ		F 6) IF	ı n	5.7	F-2	-
Date of Notification (1) 05-23-19			Name of	f Building (Owner	/Operator			3	EC			<u> </u>	IS	
Agencies Notified Type Notification			Street A	ddress forest Av	/e					JU	N 1	0	2019		
EPA Initial DEP Amended Amendment	#		City, Sta	ite, Zip Co lanover	de	7936		100		ASBES	TOS			L &	- COLUMN OF
Emergency (justification) DCA Cancellation				f Contact Caravella				ł.		ephone 73) 884	Num	ber			
Name of the second			FACI	LITY INFO	RMA	TION									
Name of Facility Where Abatement is Taking Private Residence Street Address	g Place (3	3)						of Facility (School (K-1 Subchapter Other (i.e. p tc.)	12) 8 (Oth				dings,	home	:
City (5) Orange								e Feet	# 0	f Floors		В	ldg. A	ge	
County (6) Essex			County (Code (7) USE ONLY)			Currer	nt Use (Pri	or if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	1 No.				ement Cor racting L		(9)	1 - 1				
Street Address		0					Addres 7th St.								
City, State, Zip Code							state, Zi	Code NJ 0708	87						
Project Manager for Monitoring Firm			Telephor	ne No.	C	Teleph	none No 216-96	,		Licens					
Start Date (10) 05-23-19	Schedul 05-29-		mpletion I	Date (11)		Name	of OSH	A Monitor racting L	LC	0120					
Occupancy Status During Abatement (Chec						Street	Addres 7th St.	s							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:						City, S	tate, Zi	o Code	7			-	-2.00		
Scope of Work (Check All That Apply)						Unio	n City	NJ 0708	57				-150		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli					Min Glo	Containm i-Enclosure vebag Pro-	e cedure					e	
	100	s Locat Norma	0.000										Abate Ty		No.
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole aintena todial (12)	ely by ince/ Staff?		tos Co therm surf	escription ntaining Nal system facing, VA miscellar	Material s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		-									te	
Entire Property		Х		Dem	olitio	n Asbes	tos De	ebris		_		X			
	+		1		- INTERNE							-			
Name of Registered Waste Hauler Caravella Demolition Inc			NJDEP W Hauler ID 3568	No.	V0046476	ic Yards /aste 200		Name of	Registe ESI	ered Lan	ndfill				
City, State E. Hanover, NJ 07936						osal Date 27-19		City, Stat Bethleh		A				-2	
Completed by Jaime Delgado	Title Proj.	Man	ager.			Signature	HA				Date	e 23-1	19		

Invoice# 11	800					State of N									
Moved to	06		NOT					STOS ABAT		ME	G		W		70
LINUCKT DI				(1-	ursua	III LO NJA	40 0	3:60 and 5:1	0)	1))	y		Ü		
Date of Notification (1)					Name	e of Buildin	g Ov	vner/Operator (2)	In I					
	30 /	19			То	wnship o	f Fr	anklin Public	Schools	J	UN	10	20	19	
Agencies Notified	Type Notific	ation			Stree	t Address			2			-	120000) bossis
⊠ EPA					32	28 Coles	Mill	Road	en.		on or o		element property		nud-sus
☑ DOLWD	Amende Amendm	31) 			City,	State, Zip (Code			ASBE		ENSI			<u> </u>
□ DCA	☐ Emerger				Fra	anklinville	e, N.	J 08322	I.	- Оттонно световно на постан ия	the parametris	enterent to be	omini-brigado	uniceture	anguettar
(NJAC 5:23-8)	justificat			5	Name	of Contac	t			Telephone I	Vumb	er			•
	☐ Cancella	tion			Th	omas Rai	mbo	ne		856-629-	950	0 x 1	210		
		10.422.0.210			FA	CILITY IN	IFO	RMATION		1					
Name of Facility Where Al	batement is	Taking	g Place	(3)					Type of Facility	(4)					
Main Road Elementa	ary School	I							School (K-12						
Street Address					2000-00-				Subchapter 8				ulding	10	
1452 Main Road									homes, etc.)		iiiici	oidi be	and m	, ,	
City (5)									Square Feet	# of Floors		BI	dg. A	ge	
Newfield									50,000	2			80		
County (6)					Cou	nty Code (7	7)(STA	ATE USE ONLY)	Current Use (Pri	or if being der	nolis	hed)			
Gloucester									School						
Name of Monitoring Firm I		District Control	Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)						
Epic Environmental	Services,	LLC					5	Shade Enviro	onmental, LLC						
Street Address							1000	eet Address							
1930 Brown Road							100	323 Cutler Av							
City, State, Zip Code							1 00	y, State, Zip Co							
Newfield, NJ 08344				T= .			-	/laple Shade	, NJ 08052						
Project Manager for Monitor Jim Eberts	oring Firm				ephone			ephone No.		License No	0.				
Start Date (10)		Cahad	ulad C			5-1077 ite (11)	-	356-755-0099 me of OSHA M		00842					-
	20080V				3_ /	AND THE PARTY OF T	100000	EMSL Analyti	SAVE POTA						
Occupancy Status During	Abatement (Check	only o	one)			Str	eet Address	****		10-70-0	-			
□ Facility Closed/Vacated							2	00 Route 13	0 North						
Abatement Performed (City	y, State, Zip Co	ode						
Time of Abatement:		PI	///	_PIVI		AM	C	innaminson	, NJ 08077						
Scope of Work (Check all t	that apply)							☐ Full Cont	ainment with Neg	ative Pressure	9				
≥3 sf or ≥3 lf ≥160 sf or >260 lf			⊠ Re	novat				☐ Mini-Encl							
				month	JII				mpted (*) and Nor	n-Friable Proc	edure	9			
			9000	Loca								Ab	ateme	ent Ty	уре
Location o Asbestos-Containing M		4)		Norma d Sole		Acho	otoo	Description of Containing Mat		A		Z,	R	щ	щ
TO BE ABAT		1)	Ma	intena	ince/			ermal systems i		Amount (Specify		Removal	Repair	cap	iclos
IN Facility			Cust	todial (12)	Staff?		S	surfacing, VAT,	or	SF or LF)		<u>val</u>	7.	Encapsulate	Enclosure
(13)			Yes	No	N/A		oti	her miscellaned	ous)					ate	
Custodial Closet			\boxtimes			Floor Ti	ile a	nd Mastic		60 SF					
			П									П		П	
										-					
Name of Registered Waste	Hauler				JDEP \	Naste	Cut	oic Yards of	Name of Regist	tered Landfill			Ш		
Freehold Cartage				1132	lauler II	O No.	Was		Fairless La						
City, State					15939	9	1 Disp	posal Date	City, State						
Freehold, NJ								7/03/2019	Morrisville,	PA					
Completed By (Print or Typ	e)	Title		10000	-			Signature			Date	е			
Christina Lynch		Vi	ce Pr	eside	nt of (Operation	าร	Chart	C.C.C.		5	130.	19		
									The same of the sa			-	- 1		

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

1 44	v 10 1-00 00 00000		(Fuls	uant to i	NJAC 0.0	J-7 a	and 12:120-	1)	XC	20	
Invoice.#	116	77									1 W F
Date of Notification Ty	5/30/19 pe Notifica		\$1 - S		of Building O	wner	/ Operator (2)		1112	James State Anna	U 50 501
Agencies Notified EPA	<u> </u>		u Natificati	Street	Address					JUN 1	0 2019
DEP		ial Notif	y Notificati	5400	toto 9 7in Co	40			14 L	-	0 20.0
X DOL			Notification		State & Zip Cover, NJ 078					page and the contract of the	
X DOH		ncellatio			of Contact	21			AS	BESTOS	CONTROL &
DCA	Out	ioonaac	211	100000000000000000000000000000000000000	Scelba				-	releption	ne Number
		7									
Name of Early Add					CILITY INFO						
Name of Facility Wh		nent is Reside		ce (3)		Тур	e of Facility (4) School (K-12)				
Street Address		100141				1	Subchapter 8 (Other than I	(-12)		
						X	Other (i.e., priva			nas home	es etc
								# of Floors		Bldg. Age	
City (5)		Cour	nty (6)	County C	ode (7)	1 "	3,000	THE SHARE STREET			70+
Hackettsto	own	War	ren		, ,	Cur	rent Use (Prior in	-			70.
	senting the second						sidential		,		
Name of Monitoring	Firm Hired	by Build	ding Owne	r (8)	ASCM No.	Nan	ne of Abatement	Contractor	(9)		
Eikon Planning a	nd Desig	n		10.00		Glo	bal Abatemer	nt Service	s, LLC		
Street Address							et Address	1928 8			
221 High Street City, State & Zip Coo	40						Schoolhouse	5 1,000 9 100 000 000			
Hackettstown, NJ							, State & Zip Co		14		
Project Manager for		Firm	17	Telephone I	Number		nroe Townshi ephone Number	ρ, Νυ υσο	License 1	dumbor	
John Scelba	170			08-813-2			-605-9062		Licerise	0071	4
Scheduled Start Date	e (10)	Sched	luled Comp	oletion Date	e (11)	Nan	ne of OSHA Mor	nitor			
6/12/19				6/15/19		Glo	bal Abatemen	t Services	s, LĻC	08	*
Occupancy Status D X Facility Close	uring Abate ed∕Vacated	ement (During	Check only Entire Per	one) riod of Abat	tement		et Address Schoolhouse	Road			
Abatement P						_	State & Zip Coo				
Describe:							nroe Townshi		1		
Other - Desc								.,	50. 5 0		
Scope of Work (Ched	ck all that a										
Demolition		X	Renovation	n					h Negative I	Pressure	
Large Projec			190717				X Mini-Encl				
X Quantity is ≥								g Procedur			
Quantity is ≥	cation of	2 200 [LF ACIVI	la Lagadia	_			Non-friabl		T	
	s-Containi	na	١,	Is Location Normally Use			escription of stos-Containing		Amount (Specify		ement Type fy: Removal,
	rial (ACM)	9		Solely by	(2.75 P. (2.75 P.)		aterial (ACM)	Sa	uare Feet o		Repair,
	E ABATED		N	/laintenanc			hermal systems		near Feet)		osulation or
in	Facility		0	Custodial St	taff? ins	ulatio	on, surfacing, VA	AT T	,		closure)
	(13)			(12)	O	othe	er miscellaneous	5)			
Bas	sement			N/A		1	TSI pipe		60 LF	Re	emoval
Bas	sement			N/A			SI fittings		25 ea.		emoval
Bas	sement			N/A			oiler patch		3 SF		emoval
Name of Registered		ler	N	JDEP Was	te Hauler ID #		Cu. Yds. of Wa	ste Na	ne of Regis		
Freehold Cart	ing				18693		8		rless Land	dfill	
City, State Trenton, NJ							Disposal Date 6/15/19		, State rless Hills	РΔ	
Completed By (Print	or Type)	1	Title	-			Signature	1. 01		, , , , ,	Date
Dominick Tring		- 1	Manager				Dominick Ti	rinaali			5/30/19
								0			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

invoice t	1167	9	(1)	arsuarre	10 113AC 0.00 al	Id 12.120	9	1000	16	7 1	n E	No. of Street, or other Persons
Date of Notification (1)	May 29, 201	9			Name of Building		rator (2) Rema, LLC			U V		And the second
Agencies Notified [X] EPA [] DEP	[] Ame	l Notifi nded No	otification		Street Address City, State, Zip Co		iegelsville Road	JUI	V 1 (20	19	
[X] DOL [X] DOH	[] Emer	ndment gency (ication)	#including		Name of Contact		d, NJ 08848	ASBEST Li Telephone Number	OS CO	ING	OL &	d-was own
[] ben	[] Canc	ellation				. MacInt		908-99	5-692	2		
Name of Facility Where	Abotomont in Tol	in Dir	- (2)	FACIL	ITY INFORMA	TION	E					
Street Address		Power		erner C	Generating Static	n	Type of Facility (4 [] [] [X]	School (k-12) Subchapter 8 (of Other (i.e., priva				
City			ity (6)	Т	County Code (7)		Square feet	# of Floors		g. Age		
South Am	boy	Mid	dlesex		(STATE USE ONL	Y)		f being demolished d Steam Plant (p			(A	
Name of Monitoring Fir	m Hired by Buildi				ASCM No. 0045	Name of	Abatement Contracto				sneu)	
Street Address	4 Broad Street					Street Ac	idress	choolhouse Road				
City, State, Zip Code	latawan, NJ 07	N-400000000-0				City, Sta	te, Zip Code	ne Township, NJ		1		
Project Manager for Mo Thomas P.			Telephone 1 732-290-				ne Number 5-9062	License N 00714	_			
Scheduled Start Date (10 06/17/2	019		12/30/20		on Date (11)	Name of	OSHA Monitor Enviro	onmental Tactics	s, Inc.			
/E2771-51	ig Abatement (Che acility Closed/Vac batement Perform	ated Du	ring Entire Pe			Street Ac	64 Bro	oad Street				
D	ther – escribe				79.049.449.447 (E.S.47)	City, Sta	te, Zip Code Mataw	van, NJ 07747				
1	all that apply) sf or ≥3 lf sf or ≥260 lf		[] [X]	Renovat Demoliti		[] [] [X]	Mini-Enclosu Glovebag Pro		ressure			
									Abate	ement '	Гуре	
Locatio Asbestos-Contain (ACM) TO BE AB in facil (13)	ning Material SATED ity		Is Location Normally us Solely by htenance/Cu Staff (12)	ed	Ast N (i.e inst	Description bestos-Cor Material (A ,, thermal sulation, sur VAT, of er miscella	ntaining CM) systems rfacing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior Soil				X	Misc. (contam	inated so	il debris)	65,000 sf	X			

Name of Registered Was United Tru			NJDEP Waste	e Hauler I	D No. Cubic Ya	rds of Wast		 ered Landfill County Landfil				
City, State Marlton, N				Disposa 06/28/		City, Sta			V			
Completed by (Print or T	ype)	Title Proje	ect Manage		Signature	10	Tringali		Date 05/2	9/201	9	

May	28	2019	03:51PM	NJ	Asbestos	Control	609,633,0664
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28 2019 03:51PM NJ Asbestos	Control	609.63	33,06	54	1	page	1					
7.05.2019 11:46 AM A	. Mac	Cont	trac	ting		201	26203	21 DOL	- 1	04	冰	2/
Invoice# 1168	2	NOTIFICA (Fun	ation	ets of New Jers: OF ASSESTOS to HJAC 5:50 at	AMAY	ement 20)		ic.	Shi	ek)	190	w.Y
Date of Notificialism (A) 5/8-7/19		N		RISTINI	Operato	(2) 2000	25000	WAIVER	API	PI	วัน วัน	
Agencies Notified Type Notification		St	rest A			_	F Branch		<1		275	
EPA Initial Amended Amended Amended		CI	tv. or	(e. Zip Cods						41	IAI_	1-0-201
The section is an	(Including	-	FR	be Hurp	1	5	0)	72/	land.	000	200	. 0-101
DOH Justification)		INI		Contact	16-6	2		Telephone No	mber	AD IO	m	WITH TR
Name of Facility Where Abatement is Takin			· .	in Aid Claudi				109.0	20)/	I OF	NSIN 3
G-OCOUPEEL	g Place (3	1)				Type	of Facility	(4)				
Breat Address							School (K Subchapu Other (I.a,	-12) or 6 (Other than K- private & commerce	(2) dal bu	liel iron	a han	
PRESHULP	-						eto.) re Fast	# of Flagra		Bidg.		
County (B)		- 0-	i min Pi			1	320	2			O C	
MURIMUNTIT		[8]	TATE U	ods (7) SE ONLY)		Cutra	M Usb (P	per if being demails	hed)		Tinia.	
Name of Monkoring Firm Hired by Building	Owner (8)	T'	ASOM	No,	Nama	of Abs	tement Co	Officerior (B)				
Street Address	-		-		J A. M	Addres	intracting	g inc.				
Planta de la companya dela companya dela companya dela companya dela companya de la companya de la companya dela comp							end Ave					
Dity, State, Zip Code				170	City, 8	itale, Z	P Code					
Project Manager for Monitoring Firm		Tal	aphon	o No.	STREET, SQUARE, and Pi	ark, NJ (-				
Start Date (10)	Salva F				201-	262-5	841	DO156	40.			
_ 5/28/17	Schedule	141	1/9	ste (11)	Name	of OSH	A Monitor	ental Servicer In	_	-		
Occupancy Status During Abatement (Chec		0)			Bireet	Addres	8	ultal dalAlcal It	0.		decement of the same	_
Facility Classif/Vectical During Entire F Absternent Performed Outside of Norm	eried of A	batement House	(Street				9	1
		110010				tate, Zi	ck, NJ 0	7808				
Scape of Work (Check All That Apply)	-		n-carallel-fr		-							
≥3 of or ≥3 if ≥ 190 of or ≥290 if		enoveton emolition	l 			Mini Cata	Enclosur	ent with Negative f cadure d (*) and Non-Frist				
Labelton of	l N	Legation			555 68			17 17 17 17 17 17 17 17 17 17 17 17 17 1	1	Abel	anten	
As bestos-Containing Meterial (ACM) TO BE ABATED	Uand	Solely by	7	Alberias Cont	empton alning M	interfal :	(ADM)	Amount	-	T -	pe	
In Pacify	Custo	dial Staff (12)	7		有Yets 的作品	(Makilat	len,	(Specify SF or LF)	3	20	Encapsobi	2
(13)				often m	ing, VA'	99US)	1	er ar Lr)	Supplement of the supplement o	Repair	Death A	Enchesus
MAIN FLOUR	Yea	No N	HA		===				_		1	
	-		×	VA	. /-			865	×			
		-	\dashv			- Annual Control			-			
		-	+			-			-	_		
fame of Registered Waste Hauter		NJDE	PWas		erds	T	Name of	Registered Landill	1		_	
lewerk Certing Inc.		0450	B IIII M	of Was	2	- 1		Central Sanitary	Lan	dilli		
ity, State ewark, NJ 07105				Diepos	u Date		City, Stat	•	********			
Completed by				572	8/19	PIN	Pen An	yl, PA 08072				3

Completed by R. McDonald

Title President

Signature

	27			•	4-45 N									L	TH	IILF
nvoice# 11		I		ICATIO	tate of Nev N OF ASBI t to NJAC	ESTOS	ABATE		-	-) [E	G		7	VI I	El
Date of Notification (1)				Name o	of Building	Owner/C	Operator	(2)			1	-	and recomme	- U		
05/31/2019				YOS	SI GAL							SEPAI	4	0 0	040	Albacer's
Agencies Notified	Type Notification			Street A	Address			277		13	Li	JUN		UZ	019	1746
₩ EPA	☐ Initial															1
DEP	Amended	.,			ate, Zip Co		00			i	AS	BEST				&
X DOL	Amendment Emergency (SSKILL	IJ.076	26			L	-	MARKATHON PARKET	day to be seen	SING		tuliyateke
DOH	justification)				of Contact					Tole	nnhan	a Nium	hor			
☐ DCA	Cancellation				SI GAL	DILLET	ON			١,						
Name of Facility Where	Abatement is Taking	a Place (3	3)	FAC	ILITY INFO	ORMAII	ION	Type	e of Facility (4	1)					-	-
PRIVATE	r batomont lo Takin	g / 1000 (c	-1					.,,,,								
Street Address								H	School (K-1: Subchapter		er thar	K-12)			
ou out had out								×	Other (i.e. p	rivate 8	com	mercia	l build	lings,	home	38,
City (5)								Sau	etc.) are Feet	# of	Floor	s	ТВ	ldg. A	ae	P
CRESSKILL NJ.07	7626								2,280 SF.	0.	2	~	-	98		
Causty (6)				County	Code (7)				ent Use (Pric	or if bein		nolish	ed)			-
County (6) Barge	er e			(STATE	USE ONLY)			2311	N/A		3 301		,			
Name of Monitoring Fire	m Hired by Building (Owner (8)		ASC	M No.		Name	of Ab	atement Con	tractor	(9)					_
N/A	g y Danamig	· · · · · · · · · · · · · · · · · · ·	8	1.00					EAST EN\			NTAL	LLC	.		
Street Address							Street	Addre	ess		-		t			
							4919	BE	RGENLIN	E AVE	Ξ.					
City, State, Zip Code	·						City, S	State, 2	Zip Code							
************							WES	ST N	EW YORK	NJ. C	0709	3				
Project Manager for Mo	nitoring Firm			Telepho	one No.		Teleph	none N	No.		Lice	nse No).			
	9.7						201-	776	0642		013	00				
Start Date (10)		Schedul	ed Co	mpletion	Date (11)				SHA Monitor							
05/31/2019		06/01/	2019)			EMS	SL AN	VALITYCA	L LAE	3					
Occupancy Status Duri	ng Abatement (Chec	k Only O	ne)				Street				47					
▼ Facility Closed/Value	cated During Entire I	Period of	Abate	ment					BTH, ST.		ulti-				200	
	med Outside of Norn	nal Facility	y Hou	rs			1		Zip Code							
Other – Describe:							NEV	V YC	PK N.Y.							
Scope of Work (Check	All That Apply)						_	_								
≥3 sf or ≥3 lf		Contractor	Renov				X		ull Containme		Nega	tive P	ressu	re		
≥160 sf or ≥260 lf			Demol	ition			5		lini-Enclosure lovebag Prod							
								JN	on-Exempted	(*) and	d Non	-Friabl	e Pro	cedur	е	
		Is	Loca	tion										Abate	200000000000000000000000000000000000000	t
Location	on of		Norma			De	scription	n of						1 3	ре	
Asbestos-Containin			ed Sol ainten	ely by ance/					al (ACM)		moun	500	71		g	0
TO BE A		2000	todial	Staff?	(i.e.		systems				Specify or LF		Remova	Repair	Encapsulate	Enclosure
(13	·)		(12))			miscellar						ova	air	sula	Suite
		Yes	No	N/A									_		te	
LIVING I	ROOM	+	X		4	\Λ/ΔΙΙ	L PLAS	STEE	2	20	00 SF	-	Х			T
LIVINO	TOO!	+	-		-	***						-		-	-	
				-									-		-30-2	-
Name of Registered Wa	aste Hauler		130	NJDEP 1			Yards		Name of	Registe	ered L	andfill				
TRI STATE ASSO				Hauler II	O No.	of Wa			MINER	VA EI	NTE	RPRI	SE II	NC		
		1 100000		19951		TBD				and the same of th						
City, State BRONX N.Y						TBD	sal Date		City, State		RG (OHIO				
		Title					Signature		4	A	777	Da		-		-
Completed by CARLOS ESQUIVI	EI.		ETV	MANA	GER	3	Jigriature	1/6	Farment	mfl	10	10000		2019		
	<u></u>	JAI	-11	WALK				_/	7	1/			., 55/			

Invoice* 11185		(Pu	ırsuant	to NJAC 8:60 a	nd 12:120	0)		CI	HECK # 2	6281	6		
Date of Notification (1) 05-30-19		100		Building Owne One Servic									
Agencies Notified Type Notification			Street A		us Buildi	ing :	5 15050 Cap	ital C	one Drive				V
EPA Initial Amended Amendment	-		200.00	te, Zip Code ond, Virginia	23238					detail detail	N 1	n :	2010
□ DOH justification) □ DCA □ Cancellation	50	1.5	Name of Mel Ru	Contact ushing				1,100,000	ephone Nur 2.229.457			-0 :	.010
Name of Facility Where Abatement is Takin Capital One	g Place (3)	FACI	LITY INFORMA	TION	Тур	oe of Facility (4))	AS			CON	TROL G
Street Address 1291 Paterson Plank Road						×	School (K-12 Subchapter 8 Other (i.e. pri	(Othe			dings,	home	s,
City (5) Secaucus, NJ 07094							etc.) uare Feet ,000	# of	Floors	100	ldg. A	ge x 40	yrs
County (6) Hudson			County (Code (7) USE ONLY)			rrent Use (Prior ommercial	if bei	ng demolish	ned)			
Name of Monitoring Firm Hired by Building LiRo Engineers, Inc	Owner (8)		ASCM NA	1 No.			batement Control						
Street Address 3 Aerial Way		,			Street 200		ress ad Street						
City, State, Zip Code Syosset NY 11791							, Zip Code It, NJ 07072						
Project Manager for Monitoring Firm Christopher Zanoni		10	Telephoi 516.93	ne No. 38.5476	Telepi 201-		No. -6565		License N 00756	0.			
Start Date (10) 06-10-19	Schedule 06-29-		pletion I	Date (11)	F-10-20-00-00-00-00-00-00-00-00-00-00-00-00		SHA Monitor r Inc.						
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire			nent		Street 10-5		ress ackson Aven	ue					
Abatement Performed Outside of Norr Other – Describe:					100000000000000000000000000000000000000		, Zip Code and City, NY	111	01				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	enova emolit)	× !	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure	MARKE CENTRO M			e	
Location of	1	Locati Normal	ly		Description	n of						ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	d Sole intenar todial S (12)	nce/ Staff?	` su	ontaining I nal system facing, VA er miscella	ns ins AT, o	sulation,	(S	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A X	Pi	oe Insula	atior	n		IOLF	x			
	-									-			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		H	 IJDEP W lauler ID 4310	A CONTRACTOR AND A STREET AND A	oic Yards Vaste D		Name of R Minerva		ered Landfill erprises	1			
City, State Shirley, NY / Bronx, NY				Dis TB	posal Date	e 77	City, State Waynes		OH 4468	38			
Completed by Richard Doran	Title Proje	ct Ma	anager		Signatur	ré	MA	^		ite 5-30-	19		

								h and a second discount of	organistic de la constanta de		Pri	nt F
Invoice# 11686	1	3-2-2	CATION	of New Je OF ASBESTO TO NJAC 8:60	OS ABATE		т	R	I.C		M	EJ.
Date of Notification (1) 05/29/2019			Name of Reside	Building Own	er/Operator	(2)			JUN	10	201	9
Agencies Notified Type Notification			Street A	ddress				AS	BESTO	is co	NTRO	11 2
X EPA X Initial Amended Amendment				te, Zip Code		*		letter and the contract	LIC	EHOH	10	
Emergency	(including		100000000000000000000000000000000000000	utherford N	J 07073			Telephone				11
DOH justification) Cancellation			Father	Joe Astarit	1717							
Name of Facility Where Abatement is Takin	ng Place (3	3)	FACI	LITY INFORM	ATION	Тур	e of Facility (4)				
Residence						F	School (K-12 Subchapter 8		K-12)			
Street Address						×	Other (i.e. pri			ildings	, home	es,
City (5) East Rutherford						Squ 8,0	uare Feet	# of Floors		Bldg. 199	Age	
County (6) Bergen			County (Code (7) USE ONLY)		Cur	rent Use (Prior	r if being dem	nolished)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)		ASCN	1 No.			oatement Cont ank Service					
Street Address PO Box 354			1			6 Lib	erty Avenue)				
City, State, Zip Code South Orange, NJ 07079					100000000000000000000000000000000000000		Zip Code NJ 07205					
Project Manager for Monitoring Firm Sarah Calandra			Telephor 201-34	ne No. 19-2666	Telep 844-		No. -7465	Licen 0131	se No.			
Start Date (10) 06/10/2019	Schedule 07/02/2		mpletion (Date (11)			SHA Monitor Lighthouse	Solutions				
Occupancy Status During Abatement (Che					Street		(T/2.7)					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:					City, S	State,	Zip Code range, NJ 0	7079				
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolif				×	full Containment Mini-Enclosure Glovebag Proce	edure				
Leasting of	1/35	Locati Normal	2000000		Description		Non-Exempted	() and Non-	riiable P	Aba	temen ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial ((12)	nce/ Staff?	(i.e. ther	Containing of the containing o	Mater ns ins AT, or	ulation,	Amount (Specify SF or LF)	1 2	Repair	Encapsulate	Enclosure
	Yes	No	N/A								ite	CD
Rear of Church		X		9	9"x9" floo	r tile		475 SF	X	+	-	
N (B.)			IIDED.	/aata 10	uhio Vanda		Name of F	Pogistored 1 -	undfill			
Name of Registered Waste Hauler Newark Carting		H	NJDEP W Hauler ID 4509		ubic Yards Waste			Registered La Manageme		dfill		
City, State East Orange, NJ				Di	sposal Date	е	City, State	gyle, PA				
Completed by Alison Lamers	Title Offic	e Mai	nager		Signatur		Mille	A. Control	Date 05/29	9/201	9	

Invoice#11688

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

WOON# QUAR	,			to NJAC 8				1	party [P	G	[] []	7 15	3 100
Date of Notification (1) 05/29/2019		1,000	Name of Reside	Building C)wner/O	perator	(2)		12)=	10			/ L	7
Agencies Notified Type Notification			Street Ac	ddress						JUN	1 () 20)19	11
X	#		City, Stat	te, Zip Coo	de	(1)=====						areas of Andr	Supports Asso	0
Emergency (_	Name of						Telephor	BESTO)S C	ONI	HUL	či.
DOH justification) DCA Justification			Tom Jo) de	during or or	
No. of Facility IAM and Abote and in Table	Dlass /2		FACIL	LITY INFO	RMATI	NC	Tyn	e of Facility (4	`					
Name of Facility Where Abatement is Taking Residence	g Place (3)					Г	School (K-12	···					
Street Address			100				×	Subchapter 8 Other (i.e. pr	Other tha	n K-12) nmercial	buildi	ings, l	nome	3,
City (5)				K M. OT			Squ	etc.) are Feet	# of Floo	rs	10000	dg. Aq	je	
Metuchen			County C	088	40		1,7	rent Use (Prior	3 r if being de	molishe	88	,		-
County (6) Middlesex				ISE ONLY)	-				(378)	monsile	u)			
Name of Monitoring Firm Hired by Building (A. Seine Lighthouse Solutions	Owner (8)		ASCM	l No.				ank Service	Secure of the second sections of the second					
Street Address PO Box 354						Street 1256		ess erty Avenue	Э					
City, State, Zip Code South Orange, NJ 07079								Zip Code NJ 07205						
Project Manager for Monitoring Firm Sarah Calandra			Telephor 201-34	ne No. 19-2666		Teleph 844-		No. -7465		ense No. 316				
Start Date (10) 06/10/2019	Schedule 07/05/2		npletion [Date (11)				SHA Monitor Lighthouse	Solution	s				
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street								
Facility Closed/Vacated During Entire If Abatement Performed Outside of Norm Other – Describe:						200	State,	354 Zip Code range, NJ 0	7079					-
Scope of Work (Check All That Apply)						0001		range, ive e	7070					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				>	4	Full Containme Mini-Enclosure Blovebag Proc Mon-Exempted	edure				e	
	Is	Locati	on									Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole intenar todial S (12)	ly by nce/		tos Cont thermal surfa		Mater is ins AT, or		Amou (Speci SF or L	fy	Removal	Repair	_	Enclosure
	Yes	No	N/A										o o	
Basement		X			Pi	pe wra	ар		80 LI	F	X			
	-													
	+													
Name of Registered Waste Hauler Newark Carting		F	IJDEP W lauler ID 4509		Cubic of Wa	Yards ste			Registered Managem		ndfil	ı		
City, State East Orange, NJ					Dispo	sal Date	2	City, State	rgyle, PA					
Completed by Alison Lamers	Title Offic	e Mar	nager			Signatur	-	MUM		Date 05/		2019		

Invoice#	11100		(Purs	suant to	NJAC 8:60 ar	d 12:120	1)		KŦ	F d6	4	_		
Date of Notification (1)	1100				uilding Owner/		(2)		Paralle Co.	NE	G E		W	
5/21/19			E	Ishiek	h Enterprise	LLC			41		Colonia de la co			-
Agencies Notified	Type Notification		100000	reet Add					117	1)			2040	
□ EPA	X Initial		1	2 Via '					-111	<u> </u>	UN ·	10	2019	\dashv
DEP	Amended			-	, Zip Code				i Lei	lock				
X DOL	Amendment #		_ K	Cenilwo	orth, NJ 070	33						-	and the same	NI S
X DOH	Emergency (in justification)	cluaing	N	ame of C	Contact				Tele	phone Nu	nber(): LIGE	S GU ENSII	NIAC IG	1-0
DOH DCA	Cancellation			FAOUL	TY INFORMA	TION			-	amic report and a section of			44. pastra and	
Name of Facility Where A	hatement is Taking	Place (3)		FACIL	IIY INFORMA	HON	Туре о	f Facility (4)						
Residential House	abatomont to running						l s	chool (K-12))					
Street Address							S	ubchanter 8	Othe	r than K-1	2)	inac i	omas	
Oli Col / Ida. Goo								ther (i.e. pri	vate &	commerc	iai buliu	ings, i	lomes	
City (5)							Square		# of	Floors	BI	dg. Ag	je	
Berkely Heights					079	36)	2000		2			0+		
County (6)				ounty C	ode (7)		1	nt Use (Prior		ig demolis	hed)		35050378	
Union			(5	STATE U	SE ONLY)			dential Ho						
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	No.			ement Cont						
n/a	¥.			n/a		The second second		Contractin	ig Inc					
Street Address						10.000 St. 55.000	t Addres			77.42				
n/a								de Ave						
City, State, Zip Code							State, Zi							
n/a								J 07026			VI.a.			
Project Manager for Mor	nitoring Firm			elephon	e No.	27.53900	hone No			License I	NO.			
n/a			1	n/a			3460.60			01255				
Start Date (10)		Schedule	d Com	pletion D	Date (11)			IA Monitor Contractir	a Inc					
5/30/19		6/5/19	,				t Addres		ig inte					
Occupancy Status Durin								ade Ave						
Facility Closed/Vac Abatement Perform	ated During Entire P	eriod of A	batem	ent			State, Zi						-	e de la composição de l
Abatement Perform Other – Describe:	ned Outside of Norm Scheduled for Demo	ai raciity	Hours			(# J.C.)		NJ 07026						
Scope of Work (Check A						1	,							
	All That Apply)	[50] C					I Ful	I Containme	ent with	Negative	Pressu	re		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		SAMPLE	enovat emoliti				Mir Mir	ni-Enclosure						
2,000,0,020,0		Dejani					Glo No	ovebag Proc n-Exempted	edure (*) an	d Non-Fria	able Pro	cedur	е	
		T					manes 110		1				ement	
			Locati			5						Ty	pe	
Locatio		Use	d Sole	ly by	Ashestos C	Description	Materia	I (ACM)	F	kmount			匝	m
Asbestos-Containing TO BE AB	BATED		intenar todial S		(i.e. then	mal syste	ms insula	ation,		Specify F or LF)	Remova	Re	Encapsulate	Enclosure
In Fac		Cus	(12)	Julii .		urfacing, \ er miscel			3	l of Li)	SVOL	Repair	Sula	osur
(13)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Na	N/A							=		ate	0
	<u> </u>	Yes	No	INIA			1-11		. 11	200 SF		+		
Exter	rior			X	l ra	insite S	ningles	5	14	200 31	<	+		
											_	-	-	-
		1					A CONTRACTOR							
Name of Registered Wa	aste Hauler		I	JDEP V	10010	bic Yard	S	Name of	Regis	tered Land	fill			A DOMAN
			1000	lauler IC	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Waste		GROV	IS La	ndfill				
Harmony Contract	ing nac		0	33085		BD	ate.	City, Sta						
City, State	53769					sposal Da	210	Morris		PA				
Garfield, NJ		1 20011					ture			T	Date			
Completed by		Title	rotan	,		Signal	lure, Circo	י- מ ^ו			5/21/	19		
E. Cirovic		Sec	retary	4		10.	wal				never econoc			_

NOICE# 1160	ENEW JERSEY	DEPARTMENT	OF LABOR NOTIFICATION OF ASS			IVE	
Date of Notification (1)			Name of Building Owner/Operator (111 111	UN 10	2019	
03/08/2019			410 Clermont Terrace Cor	. -	0700.00	ONTROL	8
Agencies Notified () EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA		lotification ed ment # ency (including ation)	Street Address 410 Clermont Terrace, City. State. Zip Code Union, NJ 07083 Name of Contact Rick Francis	Tel. Numb 973-32	EICENS	ING	A conquestion and other second
		F	ACILITY INFORMATION	970-02	.5-0010		
Name of Facility Where Abatem Commercial Building Street Address 410 Clermont Terrace	ent is Taking Place		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-1: (X) Other (i.e. private & commer Entire Building: Sq. Feet: ~73000	cial bldgs., homes		80	
City (5) Union	County (6) Union	County Code (7 (State Use Only	Current Use (if being demolished)		bidg. Age		50
Name of Monitoring Firm Hired I Sky Environmental Ser		ASCM No. N/A	Name of Contractor (9) Industrial Safety & Environ	mental Solution	ns, Inc.		
Street Address 140 Boulevard			Street Address 3300 Hudson Avenue				
City. State. Zip Code Mt. Lakes, NJ 07046			City State, Zip Code Union City, NJ 07087				
Project Manager for Monitoring Leonid Shereshevsky	Firm Telephone N 973 588-4		Telephone Number ; (201)325-0055		Licen 011	se Number 24	
Scheduled Start Date (10) 03/18/2019	Scheduled Co 03/25/20	ompletion Date (11)	Name of OSHA Monitor ISES, Inc.				
Occupancy Status During Abate () Facility Closed/Vacated D () Abatement Performed Ou (X) Other - Describe: Work	uring Entire Period tside of Normal Fac	of Abatement ility Hours -	Street Address 3300 Hudson Avenue				
(X) Outer - Describe. Work	m unoccupied ou	nung me	City. State. Zip Code Union City, NJ 07087		0		
Source of Work (Check all that (X) Minor Project (< 25 \$ (X) Small Project (>25 \$ (X) Large Project (>160 \$	SF or < 10 LF AC 160 SF or >10 <2	260 LF ACM)	(X) Renovation (X) Full Containment w () Mini-Enclosure (X) Glove-bag Procedu (X) Non-Exempted (*)	ure			
Location of Asbestos-	Is Location No		Description of ACM	Amount (Specify	Aba	itement Typ	ie
Containing Material (ACM) To be Abated in Facility (13)	Solely by Mair Custodial S YES NO	taff? (12)	(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	SF or LF)		Rep Enca psula te	
1st floor	X		VAT and mastic	~ 2500 SF	X		
1st floor	X		TSI on pipe	~ 5 elbows	X		
1st floor	X		VAT	~ 200 SF	X		

10ice#11695 OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT Name of Building Owner/Operator (2) Date of Notification (1) 475 Division St Company 04/19/2019 Type of Notification Street Address Agencies Notified 475 Division Street X) Initial Notification) EPA ASBESTOS CONTROL & City, State, Zip Code) Amended (X) NJDEP LICENSING (X) NJ DOL Amendment # Elizabeth, New Jersey (X) DOH) Emergency (including Name of Contact Tel. Number justification)) DCA 973-325-0010 Rick Francis) Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) () School (K-12) Commercial Building) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc. Street Address 475 Division Street Entire Building: Sq. Feet: ~40000 # of Floors 1 Bldg. Age 80 Current Use (if being demolished): County (6) County Code (7) City (5) (State Use Only) Union Elizabeth Name of Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) N/A Sky Environmental Services, Inc. Industrial Safety & Environmental Solutions, Inc. Street Address Street Address 475 Division Street 3300 Hudson Avenue City State, Zip Code City, State, Zip Code Elizabeth, New Jersey Union City, NJ 07087 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 01124 Leonid Shereshevsky 973 588-4821 (201)325-0055 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) Industrial Safety & Environmental Solutions, Inc. 05/01/2019 06/07/2019 Street Address Occupancy Status During Abatement (Check only one)) Facility Closed/Vacated During Entire Period of Abatement 3300 Hudson Avenue) Abatement Performed Outside of Normal Facility Hours City, State, Zip Code (X) Other - Describe: unoccupied building Union City, NJ 07087) Demolition X) Renovation Source of Work (Check all that apply)) Full Containment with Negative Pressure) Minor Project (< 25 SF or < 10 LF ACM)) Small Project (>25 <160 SF or >10 <260 LF ACM)) Mini-Enclosure () Non-Exempted (*) and Non-Friable Procedure (X) Glove-bag Procedure (X) Large Project (>160 SF or > 260 LF ACM Abatement Type Description of ACM Amount (Specify Is Location Normally Used Location of Asbestos-Solely by Maintenance or (i.e. thermal systems insulation, SF or LF) Containing Material (ACM) Enca Rem Rep En surfacing, VAT, or other miscellaneous.) To be Abated in Facility (13) Custodial Staff? (12) psula clo oval air te sur YES NO N/A e X Thermal system pipe insulation ~ 400 LF Warehouse 5-7 X Cubic Yards of Waste Name of Reg. Landfill Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Grand Central Sanitation 04509 Newark Carting City. State Disp. Date Pen Argyl, PA 18072 06/07/2019 369 Raymond Blvd, Newark, NJ 07105 Signature Completed by (Print or Type) 04/19/2019 David Camacho Project Supervisor

Invoice#	11,000	State of N	ew J	ersey - Noti	ificatio	on of Asbestos	Abateme	nt \	EGE	N//	EF
Invoice #1	1070								L W L	UU	느儿
Choca# 3	PLK		(Pur	suant to N.J.A	A.C. 8:60	0-7 and 12:120-7)		M			
Date of Notification (1)	AII				Nan	ne of Building Owner/	Operator (2)	1111	JUN 1	0 2019	9 11-
May 29, 2019						e Valley Hospita		Steel Sand			5-6-10
Agencies Notified		Notification	Type			et Address			and the state of t	Todayana, inc. inc. inc. inc. inc.	atrice and another
ĭ EPA		Initial I		ation	223	3 North Van Dier	n Avenue		ASBESTOS		JL&
□ DCA		X Amei	ndmer	nt #1	City	. State, Zip Code		Ball of taxon Transic	LICEN	ISING	CONTRACTOR OF THE
x DOL		Emerge	ncv (ii	ncluding	Ri	dgewood, NJ 0	7450-273	6			
⊠ DEP			cation			ne of Contact			hone Number		
x DOH		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Iliam Stasiak			-447-8141		
				FACILITY	The second second						
Name of Facility Where Abate	ement is Ta	king Place (3)			Тур	e of Facility (4)					
The Valley Hospital-I	Blood Ba	ank Room	1			School (K-12)					
Street Address					— □s	ubchapter 8 (other that	n K-12)				
223 N. Van Dien Ave	nue		~	10011000	X	Other (i.e. private &					
W-COURSE CONTROL OF CO	140			1450_	Sq.	Feet: Unknown	# of Floo	rs: 4	Bldg. Age:	50÷ yea	ırs
<u>City (5)</u>	County (6	T- 1		nty Code (7)							
Ridgewood	Berger	1	(Stat	e Use Only)	Cur	rent Use (prior if being	g demolished): Hos	pital		
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASC	M No.	Nam	ne of Contractor (9)				****	7
Colden Corporatio	n				GR	EENWOOD ABA	TEMENT C	ONSU	ILTANTS, II	4C.	
Street Address			-		Stre	et Address					
28 Washington Stree	t				511	MAIN STREET					
City, State, Zip Code	Alberta a				City	State, ZipCode					
Ballston Spa, NY 12					Bu	tler, NJ 07405					
Project Manager for Monitorin	g Firm	Telephone				phone Number			se Number		
Jim Miades		347.435				3-492-0477		0084	10		
Scheduled Start Date (10)			ACCORDING TO SECURE	tion Date (11)	-	ne of OSHA Monitor					
June 7, 2019		June 10)		SL inc.					
Occupancy Status During A			7777000-000		Stre	et Address					
Facility Closed/Vacat Abatement Performed					10	56 Stelton Road					
Describe	i Outside C	n Normai Fa	Jilly 110	urs -		, State, Zip Code					
Other – Describe:						cataway, NJ 088	54				
Source of Work (Check all that	at apply)		(C=1)								
							x Full Contai	nment v	vith Negative I	ressure	
≥ 3 sf or ≥ 3 l	f			Renovati	ion		Mini-Enclo	sure			
$\square \ge 160 \text{ sf or } \ge 2$	260			Demolitic	ion		Glovebag P	rocedur	e		
				and the second second					and Non-Friab		ure
Location of Asbestos-Contain Material (ACM) in Facility (13)				ly Used Solely		tion of Asbestos ing Material (ACM) (i.e	Amou		Abatement T	ype	
Waterial (ACW) III Facility (13		YES YES	NO	I Staff? (12) NA		systems insulation,	e. (Spec or LF)		Remove Repa	air Encap	Enclose
		1				ng, VAT, or other misce					
Disad Bank Basm	-	-			VAT 8	Mastic	400 s	F	X		
Blood Bank Room			X		VATO	Wastic	400 5		LEI		
			1								
Name of Reg. Waste Hauler		NJDEP Wa	ste Hau	ler ID #	Cub	ic Yards of Waste:		Name	of Registered	Landfill	
See Hauler Below # 1 &	2	See Belov					5	Mead	dowfill Landf	II/GROV	VS
Hauler #1) Greenwood	Abateme	nt Consult	ants. I	nc. – Butler. N.	J 07405		Disposal D	ate	City, S		
NJ DEP # 12			, 1				June 7,	2019		2, Box 68	
Hauler #2) Newark Cart		Newark N	J 0450	9. NJ DEP # 195	551					eport, WV <i>F</i> 42-2784	4
Completed by (Print or Type)		Title	0 100.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ature		Date	304-0	12-2104	
Marin Graure		SENIOR F	ROJE	ECT					29, 2019		
	1	MANAGE		243) S	100	arin Graure					

Invoice#11	100 100	N		CATION	OF ASBE to NJAC 8	STOS	ABATE			1	NE	C			V	E
Date of Notification (1) 05-30-19	~ 1				Building (on Build		perator	(2)				JUN	1	n	2019	
Agencies Notified	Type Notification			Street A	ddress ers Ct.	Suite 1	1Α			l la	had a	0011			2010	
EPA DEP	Initial Amended			City, Sta	te, Zip Co	de .				jo neros	ASE	BEST	08	CON	ITAC)L &
DOL	Amendment Emergency (A SOUTH OF SOUR	ck, NJ 0	7666				L	and the same of th	ugudite/verr	elicinate (g)	A-011.)	_1	Out Deliver
DOH DCA	justification) Cancellation				Contact Solomo	on				1	phone N 11) 308-					
				FACII	LITY INFO	RMATI	ON									
Name of Facility Where Commercial Prope		g Place (3)						of Facility (
Street Address 1204 Broad St.									School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe			uildi	ngs,	home	s,
City (5) Clifton				r. 7	01:3			Squa	re Feet	# of	Floors		Blo	lg. A	ge	
County (6)				County C	0(2 Code (7)	>		Curre	ent Use (Pri	or if bei	ng demoli	ished)	-			
Passaic					JSE ONLY)											
Name of Monitoring Firm N/A	n Hired by Building (Owner (8)		ASCN	1 No.		Delfa	a Cor	atement Cor atracting L		(9)					
Street Address								Addre 7th S								
City, State, Zip Code							0.000		Zip Code y NJ 0708	37						
Project Manager for Mon	nitoring Firm			Telephor	ne No.			hone N 216-9			License 01206	No.				
Start Date (10) 06-10-19		Schedule 06-20-		npletion I	Date (11)				HA Monitor	LC						
Occupancy Status Durin							100000000000000000000000000000000000000	Addre 7th S					1			
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire I ned Outside of Norm	Period of Anal Facility	Abaten Hours	nent 3			City, S	State, 2	Zip Code	.7						
Scope of Work (Check A							Unic	on Cit	y NJ 0708	37				-11112		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		F	Renova Demolit					Mi Gl	ill Containm ni-Enclosure ovebag Pro on-Exempte	e cedure					9	
		100	Locat										1	Abate Ty	ment be	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Use Ma	Normal ed Sole iintena todial ((12)	ely by nce/		tos Con thermal surfa		Materians insu AT, or		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											Ф	
Ground			Х				VAT				000 SF	x	-			
Roo	of		Х	-		Roo	f Mate	rials		8,5	500 SF	X	-			
												-	-			
Name of Registered Wa	ste Hauler		I	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered Land	fill		1-54		
Delfa Contracting L				dauler ID 356240			20		1		source	Reco	ove	ry F	acilit	ty
City, State Union City, NJ						Dispo 06-10	sal Date 0-19	Э	City, Star		Ą					
Completed by Jaime Delgado		Title Proj.	Mana	ager.		3	Signatur	re //	4			Date 05-3	0-1	9		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Agencies Notified Type Notification Street Address 0 2019 **EPA** 508 Initial 0.0 DEP City, Ştate, Zip Çode Amended DOL Amendment # Emergency (including ASBESTOS CONTRO Ø. DOH Name of/Contact justification) Telephone Number DCA Cancellation MR 20 06X FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age N.J. 2,000 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) NOVALE Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 30 MOVALECT Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure DAY O ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Location of Type Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Amount TO BE ABATED (i.e. thermal systems insulation, surfacing, Encapsulate Custodial Staff? (Specify In Facility Remova VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A SIDING 4400 SF HOUSE Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste, 850 City, State Disposal Date City, State 010 Completed by Tigle Signature Date PARILUS 5

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification Name of Building Owner/Operator (2) 6/4/19 Leonel Adames Agencies Notified Type Notification Street Address **EPA** Initial DEP City, State, Zip Code Amended × DOL Amendment # Elizabeth, NJ 07202 Emergency (including Name of Contact Telephone Number DOH justification) ITROL DCA Leonel Adames Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) home School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, X etc.) City (5) # of Floors Square Feet Bldg. Age Elizabeth 1500 2 73 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Union home Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6/13/19 6/20/19 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: basement Scope of Work (Check All That Apply) \geq 3 sf or \geq 3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes N/A No basement X pipe insulation 40 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting Grand Central Sanitary Landfill 04509 TBD City, State Disposal Date City, State Newark NJ TBD Pen Argyl, PA Completed by Title Signature Date A. Scott Higgins President 6/4/19

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

nvoice# 11629		(P	ursuant	to NJAC 8:60	and 12:12	0)	CR	call	18	9-	96)	
Date of Notification (1) 6/5/19				of Building Own essive Maint				Im	E	C	E	II.	TV/ 17
Agencies Notified Type Notification			Street A		lenance,	IIIC.				U	La	<u>U</u>	VE
				Bordentown	Avenue			In					
EPA X Initial DEP Amended		-		ate, Zip Code						JUN	1	0 3	mig
X DOL Amendment				, NJ 08859				bull had				0 4	010
X Emergency (justification)	including		Name o	of Contact				Telephone	Numi	oer-	Table Training of	Linkrangowan	Territoria de la composicione de
DCA Cancellation			Chris	Ondecker				732-715	-254	OST	OS C	ONT	ROL 8
			FAC	ILITY INFORM	ATION				-	hal S	31-14	211/11 -	
Name of Facility Where Abatement is Taking home	g Place (3	3)					of Facility (4) School (K-12)						
Street Address							Subchapter 8 Other (i.e. pri			build	inac	home	
			2				etc.)	vate & Comm	ierciai	Dullu	ings,	ПОПТЕ	:5,
City (5)							re Feet	# of Floors		3500	dg. A	ge	
Newark						2000	7/	2		7	6		
County (6) Essex				Code (7) USE ONLY)		Curre	ent Use (Prior	if being dem	olishe	d)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCN	d No	Name	2.40.200.00	tement Contr	actor (9)					_
,g	(0)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ronmental	Control of the Control	LLC				
Street Address						Addres							-
					POI	Box 4	83, 4 E Ga	te Drive					
City, State, Zip Code					100077		ip Code	19					
			non içem e				l, NJ 0741	8					
Project Manager for Monitoring Firm			Telepho	ne No.	1 20	none No 764-2		Licen:	se No.				
Start Date (10)	Schedul	ed Con	noletion	Date (11)			HA Monitor	703					
6/17/19	7/1/19		ipiedori	Date (11)	Name	01 031	1A IVIONILOI						
Occupancy Status During Abatement (Chec	k Only Or	ne)			Street	Addres	ss						_
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: basement west side	Period of A	Abatem / Hours	nent		City, S	State, Z	ip Code						-
Scope of Work (Check All That Apply)													
	[57] _	2			Γ.	٦							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				Mir Glo	I Containmen ni-Enclosure ovebag Proce	dure					
	1			1		→ Noi	n-Exempted (*) and Non-F	riable		850 177	e ment	$\overline{}$
2 02 0		Locati Vormal										pe	
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbestos C	Description ontaining A		(ACM)	Amount	İ				
TO BE ABATED		iintenar todial S		(i.e. therr	nal system	s insula		(Specify		Re	Ŗ	Encapsulate	Enc
In Facility (13)		(12)			rfacing, VA er miscellar			SF or LF)		Remova	Repair	psu	Enclosure
	Yes	No	N/A							<u>a</u>	7	late	re
basement west side			×	ni	pe insula	tion		30 LF		Х			
				P.	po modio			00 Li	-	-			
ė.				112	2 * 20 * S. III								
Name of Registered Waste Hauler	,	500	JDEP W	1400000 DOM:	bic Yards		Name of Re	egistered Lar	ndfill				
Newark Carting		1 1 919	auler ID 4509	No. of \	Waste D		Grand Co	entral San	itary	Lan	dfill		
City, State			V. P.C.		posal Date		City, State	e) = 511/162					
Newark NJ				TB			Pen Argy	I, PA					
Completed by A. Scott Higgins	Title	idant			Signature	9	1.		Date				
A. Ocott riiggiris	Fres	ident					1/2		6/5	119			

Name of Monitoring Firm Fired by Building Owner (8) ASCM No. Name of Abstement Complete by Building Owner (9) ASCM No. Name of Monitoring Firm Telephone No. ASCM No. Telephone No. Teleph	Invoice* 111010	,			to NJAC 8				Cleal	2189	()	9			
Agencies Notified Type Notification Af67-468 Bloomfield Avenue Amended Amend				Name o 469 B	f Building C loomfield	Owner/O	perator & GaR	(2) E Ver		Land Flags	mfiel	GLI.	E C		7 fi
Table City State City	Agencies Notified Type Notification	X-12-1-X-10-1-1-1		Street A	ddress					TIM					
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DOH	DEP Amended	±		52-12		de				brak look			1 9	ØU	10
	Emergency (Telephon	o Nium	hor -	Mineral Control		Contribution to
Name of Facility Where Abatement is Taking Place (3)			11 170%							917-54	ASSE 5-563	3010	DS C	DMT/ ING	ROL.
School (K-12) School (K-12				FACI	LITY INFO	RMATI	ON			- water and desired	National Control	- Carlotte			
Subblisher County (Color than K-12)		Place (3	3)					_	5.03	(2)					
Square Feet # of Floors Bidg. Age 78	Street Address								Subchapter	8 (Other than					
Square Feet	467 Bloomfield Avenue									rivate & comr	mercia	l build	dings,	home	es,
County (6) County Code (7) Code (7)	75.15.15Z							Squar	re Feet	10 300 530	s -		150	ge	
Street Address Stre			Τ,	County	Code (7)						nolisha		0		-
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Absternent Contractor (9) ABS Environmental Services, LLC												su/			
Street Address	Name of Monitoring Firm Hired by Building C)wner (8)		ASCN	Л No.					50.05	HC				
City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418	Street Address						Street	Addres	ss		LLO				
Clenwood, NJ 07418							100 00000			ate Drive					
Start Date (10)	City, State, Zip Code						and the second			18					
Start Date (10) 6/26/19 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State, Zip	Project Manager for Monitoring Firm			Telepho	ne No.							î.			
Cocupancy Status During Abatement (Check Only One)	Start Data (40)	C-b1:1	-10	-1-4:	D-4- (44)					703					
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) 23 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Abatement Period of Abatement 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 Non-Exempted (*) and Non-Friable Procedure Abbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Value Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Dispersion of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Procedure Abatement Type 1 2 2			pietion	Date (11)		Name	or USF	1A Monitor							
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addres	SS			-			
≥3 sf or ≥3 lf	Abatement Performed Outside of Norm	eriod of a al Facility	Abatem / Hours	ent			City, S	tate, Zi	p Code						
	Scope of Work (Check All That Apply)	** ****						-							
Location of Asbestos-Containing Materiai (ACM) TO BE ABATED In Facility (13) Per No N/A No N/A		and the same of th					×	Min Glo	i-Enclosure vebag Proc	edure				e	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Dasement X floor tile 2500 SF X Second floor X floor tile 250 SF X Name of Registered Waste Hauler Newark Carting Normally Used Solely by Maintenance / Custodial Staff? (12) Normally Used Solely by Maintenance / Custodial Staff? (12) Yes No N/A Facility (13) Normally Used Solely by Maintenance / Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Page 1 Received Facility SF or LF) Normally Used Solely by Maintenance / Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Page 2 Received Facility SF or LF) Page 3 Received Facility SF or LF) Page 4 Page 4 Received Facility SF or LF Page 4 Received Facility SF or LF Page 4 Received Facility SF or LF Page 4 Received Facility SF or LF Page 4 Received Facility SF or LF Received Facility SF or LF Received Facility SF or LF Received Facility SF or LF Received Facility SF or LF Received Faction Security SF or LF Received Facility SF or LF Received Fac		Is	Location	on					1	3.7			Abate	ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A basement X floor tile Second floor X plaster ceiling Second floor X floor tile Second floor Second floor X floor tile Second floor X floor tile Second floor Second floor X floor tile Second floor X floor tile Second floor Second floor X floor tile Second floor Second floor X floor tile Second floor Second floor X floor tile Second floor Second floor Second floor Second floor X floor tile Second floor Second floor Second floor Second floor Second floor Second floor X floor tile Second floor Second	Location of	1000		*		Des	scription	of					T	pe	
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boiler room x plaster ceiling 300 SF x second floor x floor tile 250 SF x second floor x floor tile 250 SF x second floor x floor tile 250 SF x second floor x floor tile 250 SF x second floor x floor tile 250 SF x second floor x floor tile 250 SF x second floor x floor tile 250 SF x second	basement			x		fle	oor tile			2500 SI	F	x			
Second floor X floor tile 250 SF X Name of Registered Waste Hauler Newark Carting NJDEP Waste Hauler ID No. Of Waste TBD City, State Newark NJ Completed by Title Disposal Date TBD City, State Pen Argyl, PA Date						- 11/2	Action Action								
Name of Registered Waste Hauler Newark Carting NJDEP Waste Hauler ID No. 04509 City, State Newark NJ Completed by NJDEP Waste Hauler ID No. 04509 Disposal Date TBD Cubic Yards of Waste Grand Central Sanitary Landfill City, State Pen Argyl, PA Date											_	x			
Newark Carting Hauler ID No.								<u> </u>							
Newark Carting Hauler ID No.	Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic	Yards		Name of F	Registered La	andfill			110	
Newark NJ TBD Pen Argyl, PA Completed by Title Signature Date	2				No.		ste			272		Lar	ndfill		
Completed by Title Signature Date	[] (1.50) 10 (1.50) 11 (1.50) 12 (1.50)						sal Date								
	Completed by A. Scott Higgins	100000000000000000000000000000000000000	ident			S	ignature		1						

Chat#13544

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ May 28, 2019 Street Address Notification Type Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☑Initial Notification 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS ■ Amended Notification # ☐ EPA ASBESTOS CONTROL & LICENSING City, State, Zip Code ☐ DCA ■ Emergency (including PISCATAWAY, NJ 08854 X DOL iustification) Telephone Number Name of Contact DEP- No Longer REQUIRED □Cancelled 848-445-2550 MICHAEL F. SMITH, ENV. X DOH **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) ALEXANDER LIBRARY, BLDG# 3107 ☐Subchapter 8 (other than K-12) ■ Other (i.e. private & commercial buildings, homes, etc.) Street Address # of Floors: 4 Bldg. Age: 80+ years **COLLEGE AVENUE CAMPUS** Sq. Feet: N/A County Code (7) County (6) Current Use (prior if being demolished): ACADEMIC City (5) (State Use Only) **NEW BRUNSWICK MIDDLESEX** 18901 Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. ATC Street Address Street Address 3 TERRI LANE 511 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 08016 BURLINGTON, NJ License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 609-386-8800 BRIAN R. KEARNEY 00840 973-492-0477 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) ENVIROVISION, INC. 06/10/19 06/07/19 Street Address Occupancy Status During Abatement (Check only one) 20-21 WARGARAW ROAD, BLDG# 35E ☐ Facility Closed/Vacated During Entire Period of Abatement ■Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 Other- Describe: Schedule: 5PM − 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure ■ Mini-Enclosure **X**Renovation ≥ 3 sf or >3 If ☐ Glove bag Procedure / Wrap & Cut Demolition ≥ 160 sf or ≥ 260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material Amount Is Location Normally Used Location of Asbestos-Containing (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial Remove Repair Encap Enclose Material (ACM) in Facility (13) or LF) VAT, or other miscell.) Staff? (12) YES NO NA X 100 SF VAT Room 036 X Name of Registered Landfill 5 CY NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Reg. Waste Hauler G.R.O.W.S. North Landfill See Below See Hauler Below #1 & 2 City, State Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill Rd. Morrisville, Pa N.IDEP # 12561 06/10/2019 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 19067 215-736-1700 NJ DEP # 4509 Date Signature Completed by (Print or Type) May 28, 2019 Raymond C. Pedalino SENIOR PROJECT RAYMOND C. PEDALINO MANAGER

Check# 13545

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60.7 and 12:120.7)

GAC Project # 060-19							111		19 L	n /	J L		
Date of Notification (1)					Name of Building Owner			31		S 21 28 11 12 12			
May 28	, 2019				RUTGERS, THE ST	TATE UNI	VERS	TY OF	NJ				
Agencies Notified EPA DCA			Notificated Not	ification#	Street Address ENVIRONMENTAL 74 STREET 1603, E			ETY D	EPT. (F ON CAM	/IPUS	S)		
X DOL			gency (cation)	including	City, State, Zip Code PISCATAWAY, NJ	08854		ASBE	STOS (ROL &		
DEP- No Longer REQUIR	RED	□Cance			Name of Contact MICHAEL F. SMITH	I FNV		hone Nu 445-25					
Commission CA Address St. P.					HEALTH & SAFET		0.0	110 20	00				
				FACILITY INF									
Name of Facility Where Abatem	nent is Tak	king Place (3)			Type of Facility (4)		12000						
RU STUDENT CENTER	R, BLD	G# 3133			School (K-12)	o K 12)							
Street Address					□Subchapter 8 (other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)								
COLLEGE AVENUE CA	AMPUS	5			Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years								
	County (6)			Code (7)	Current Lice (prior if being demolished): ACADEMIC								
NEW BRUNSWICK	MIDD	LESEX	(State I	Jse Only)	Current Use (prior if being demolished): ACADEMIC								
Name of Monitoring Firm Hired	by Blda. C	Owner (8)	ASCM	No.	Name of Contractor (9)								
ATC			0009		GREENWOOD ABA	CEMENT C	ONSII	LTANT	SINC				
Street Address	_				Street Address	LINILINI	ONSO	LIANI	o, 1140.				
3 TERRI LANE					511 MAIN STREET								
City, State, Zip Code					City State, ZipCode								
BURLINGTON, NJ (BUTLER, NJ 07405								
Project Manager for Monitoring BRIAN R. KEARNEY	<u>Firm</u>	Telephone 1 609-386			Telephone Number		West control	e Numbe	ī				
					973-492-0477 00840								
Scheduled Start Date (10) 06/07/19		Scheduled 0 06/10/19		on Date (11)	Name of OSHA Monitor ENVIROVISION, INC	.							
Occupancy Status During Aba Facility Closed/Vacated Du	ring Entir	e Period of A	batemen	it	Street Address 20-21 WARGARAW	ROAD, BL	DG# 3	5E					
☐Abatement Performed Outs Describe:					City, State, Zip Code								
☑ Other- Describe: Schedul WEEKENDS AS NEEDED		- 5AM Daily	/ (24 HC	OURS &	FAIRLAWN, NJ 0741	10							
Scope of Work (Check all that a	(vlggi												
					□Full Containment with Negative Pressure								
X ≥ 3 sf or >3 lf				Renovation		Mini-Enclos							
$\square \ge 160 \text{ sf or } \ge 26$	30 If			Demolition		Glove bag I	Procedu	re / Wrap	& Cut				
						☑Non-Exemp	oted (*) a	and Non-	Friable P	rocedu	ure		
Location of Asbestos-Containing Material (ACM) in Facility (13)	- 10000 Mag	cation Normal y by Maint./Cu			pestos Containing Material al systems insulation, surfaci	Amour	CONTRACTOR IN	Abateme	ent Type				
Material (AOM) III Facility (13)	2307 000	? (12)	IStotiai	VAT, or other mis		ng, (Speci or LF)		Remove	Repair Er	cap Er	nclose		
	YES	NO	NA	The second transfer and the second second									
Room 418 SUITE		X		VAT		80 8	SF	X					
	_					_				_			
Name of Reg. Waste Hauler		NJDEP Was	ste Haule	r ID #	Cubic Yards of Waste:	5 CY	Name	of Registe	ered Land	fill			
See Hauler Below #1 & 2 See Below					Cubic Tards of Waste.	301			North La		I		
Hauler #1) Greenwood Abaten	nent Cons	ultants, Inc	Butler,	NJ 07405		Disposal Da	<u>te</u>		ity, State	ord M			
NJDEP # 12561 Hauler #2) Newark Carting, In	c Newar	k. NJ 04500				00140100	40		00 New F d. Morris		0000		
NJ DEP # 4509						06/10/20	19	1	9067		04.554		
(CONTRACTORIO) POPER DE								2	15-736-17	700			
Completed by (Print or Type) <u>Title</u>					Signature		Date		VS-2				
RAYMOND C. PEDALINO SENIOR PROJECT MANAGER					Raymond C. Pe	dalino	May	28, 201	19				

													Pi	rint F		
nvoice# 11718			ICATIO	tate of Nev N OF ASBE t to NJAC 8	ESTOS	ABATE				E (C ₃					
Date of Notification (1) 06/05/2019				of Building (ng Pharm				LLC		J	UN	1 () 2	019		
Agencies Notified Type Notification EPA Initial				Address Crystal Av	e.				ASSESTOS CONTROL							
DEP Amended Amendment		_		ate, Zip Coand, NJ 0					LICENSING							
■ DOH Emergency justification DCA Cancellation				of Contact aMastro					Telephone Number 856 692-3600							
Name of Facility Where Abatement is Takin	n Place (3)	FACILITY INFORMATION Type of Facility (4)											z sline		
Corning Pharmaceutical Glass, LL		3)					Туре									
Street Address 563 Crystal Avenue							×	School (K-12 Subchapter 8 Other (i.e. pr etc.)	g (Other that			dings,	hom	es,		
City (5) Vineland			08360 Squa					are Feet	# of Floors Bldg. Age (1) ~ 50							
County (6) Cumberland			County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Maintenance Shop									
Name of Monitoring Firm Hired by Building Atlas Environmental	Owner (8)	ASCM No. Name of Abatement Con Neuber Environmen					•								
Street Address PO Box 11645		Street Address 1100 Grosser Road					Suite C									
City, State, Zip Code Philadelphia, PA							Zip Code IIe, PA 195	25								
Project Manager for Monitoring Firm Jason Dua				84-4693		Teleph 610	none N 933-4		Lice 008	nse No. 36						
Start Date (10) 06/17/2019	Schedul 07/05/		Sompletion Date (11) Name of OSHA Monitor Neuber Environmen					tal Service	es, Ind	Э.						
Occupancy Status During Abatement (Chec	k Only O	ne)	Street Address					0 11 0								
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of nal Facilit	Abaten y Hours	ment rs 1100 Grosser Road, City, State, Zip Code Gilbertsville, PA 195													
Scope of Work (Check All That Apply)						Olloc	511341	110, 17, 100	20							
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mi Gl	II Containmer ni-Enclosure ovebag Proce on-Exempted	edure				0			
Location of		Locati Normal			De	escription		W Exempted	() and Hon	THADIC	110	Abate Ty	emen	t		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial s (12)	nce/		os Con herma surfa	taining N I systems cing, VA miscellar	Materia s insui T, or	ation,	Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure		
Plda 9 Maintananae Chan	Yes	No	N/A										ate	Ге		
Bldg 8. Maintenance Shop	X		-	PI		ting Ins		on	120 LF		X					
					VIDE	auon C	ioui		10 SF		X					
Name of Registered Waste Hauler			JDEP W		Cubic	Yards		Name of R	egistered La	indfill						
leuber Environmental Services, Inc	Hauler ID No. of Waste ~ 2 Cu. Yds. Cumb			Cumberl	berland County Improv. Auth.											
City, State Cilbertsville, PA						NJ	= 20, ===			124,22						
ompleted by ichael Creamer Asbestos Ops Manager 07/05/2019 Millville, NJ Oddown Date 06/04/2019																

														Prii	nt Fo			
nvoice# 1143	olo B	N		CATION	ate of New OF ASBES to NJAC 8:	STOS A	ABATE					相	G	13	3			
Date of Notification (1)			- 1		Building O			(2)			113							
5/24/2019	- N-464				ew M Digi	iovani	nı ———					J	UN-	10	20			
	e Notification		li	Street Ad	uuress	Ī					id Li			, ,	~ -			
EPA X	Initial Amended			City, Sta	te, Zip Cod	e						ACCC	elección de la companya de la compan	erregelers	ANITE			
Ĭ DOL	Amendment #		_	Cranfo	ord NJ 07	016						ASBE		S OL ENSI				
DOH DCA	Emergency (i justification) Cancellation	riciualing	10.7		Contact w M Digi	iovani	ni			Tele	phone Nu	mber						
	Cancellation				LITY INFOR		926)			1					_			
Name of Facility Where Abate	ment is Taking	Place (3))					Туре	of Facility (4)								
Private property									chool (K-12			-:						
Street Address								X	Subchapter 8 Other (i.e. pr tc.)				lings,	home	s,			
City (5)	one the	2 2 1	15						e Feet	# of 2	Floors		ldg. A	ge				
	CRANFO	14	JŚ	County C	Codo (7)				nt Use (Prior		a domolic		50					
County (6) Union County					JSE ONLY)	-	_	Curre	it Ose (Filoi	n ben	ig demoils	neu)						
Name of Monitoring Firm Hire N/A	d by Building C	wner (8)	,						ement Contractor (9)									
Street Address	Street Address N/A							Street Addres										
City, State, Zip Code		City, State, Zip Code																
N/A						en NJ 07	047											
Project Manager for Monitorin N/A	g Firm			Telephor	ne No.		12 D. S. S. S. S. S. S. S. S. S. S. S. S. S.	none No 552-9			License N 01384	10.						
Start Date (10) 6/3/2019		Schedule 6/8/201		ompletion Date (11) Name of OSHA Monitor Iris Environmental L						abora	tories							
Occupancy Status During Aba	atement (Check	Only On	e)	Street Address														
Facility Closed/Vacated I Abatement Performed Or Other – Describe: 7:00 A	utside of Norm					_	City, S	State, Zi	e 22 Wes p Code 07803	t	-							
Scope of Work (Check All Tha	at Apply)						01110	11110	77 000									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	0.000 · • • • • • •	Constraint of the last of the	enovat emoliti				>	Min Glo	Containme i-Enclosure vebag Proce	edure	_			e.				
		3.00	Locatio				576967	500			3103233333300		Abate	ement pe				
Location of Asbestos-Containing Mate TO BE ABATED In Facility (13)		Use Mai	d Solel intenar odial S (12)	ly by nce/		os Cont hermal surfac	scription aining N system cing, VA niscellar	Material s insula T, or		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure			
		Yes	No	N/A		AK.								ite	Ф			
1st FL bedroom,bathroo				X			and w			1997) SF	X						
2nd floor bedro	om			Х			and wi	***) SF	X						
basement		Х		chim	ney p	atch		3	SF	X								
basement		Х		-0.070	rmiculi	ite) SF	X								
Name of Registered Waste Ha Newark Carting Inc	auler		Н	JDEP W auler ID 1509	CENTRAL CONTRACTOR	Cubic Yards of Waste Name of Registered Landfill ISES Bethlehem Rd Landfill												
City, State Po Box 5670						Dispos	sal Date		City, State 2385 Ap		ittefr-Roll	Schle	ehem	PA				
Completed by Galo Zumba		Title Princ	ipal			S	Signature			un		age) /24/2	019	_				

WAS TONOR	719	NOT	FIC			ew Jersey		-							
Check#3366		NOI				BESTOS ABAT C 8:60 and 5:10		MEC		VI	E i				
Date of Notification (1)				Name	of Building	Owner/Operator (2)		and the second		-7				
	03 / 19			Valle	Mal auak	.1:	3.5		IAI a O	2010	1				
Agencies Notified	Type Notification				McLaugh Address	liin		JU JU	JN 10	2019					
□ EPA	Initial			011001	11001000		2								
□ DOLWD	☐ Amended			City. S	State, Zip C	Code		ASBES	STOS CO	NTRO!	L &				
☑ DHSS	Amendment #				wood, N.				LICENSI	4G	romanum m				
DCA (NJAC 5:23-8)	Emergency (in justification)	cluding		-	of Contac		nber								
(Cancellation			Kelly	McLaugh	ılin									
						IFORMATION			-						
Name of Facility Where A	Abatement is Taking	Place	(3)			TO THE PART OF	Type of Facility ((4)			-				
Private house	•						School (K-12								
Street Address							Subchapter 8	(Other than K-1							
							homes, etc.)	rivate and comme	rcial buildi	ngs,					
City (5)							Square Feet	# of Floors	Bldg.	Age					
Maplewood, NJ 07040															
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	ior if being demoli	ished)						
Essex Name of Monitoring Firm	Hired by Ruilding (Juner 1	8) 1	ASCM	No	None -5 At	10-1-1-1								
Traine or monitoring Firm	Timed by building (JWIIC! (0)	ASCIVI	NO.		of Abatement Contractor (9)								
Street Address						Gr Tech LLC Street Address									
						576 Valley Rd #283									
City, State, Zip Code						City, State, Zip Code									
						Wayne, NJ 0747			٠.						
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.							
						973-638-1777 01127									
Start Date (10)				tion Da	te (11) 19	Name of OSHA M Envirovision Co									
Occupancy Status During	Abatement (Check	conly c	ne)			Street Address	11041110,1110								
Facility Closed/Vacate						20-21 Wagaraw	Road, Bldg .# 3	35E							
Abatement Performed Time of Abatement: _	Outside of Normal AM-	Facility M/	/ Hour PM	s - Des	AM	City, State, Zip Co	ode								
					,,	Fair Lawn, NJ 0									
Scope of Work (Check all	that apply)					(manual)	and decontamin tainment with Neo	이 마일이 있는 아이는 어린다면 되었는데, 말면 선생님이 아르고 다	re pressure	÷					
>3 sf or >3 If 2 160 sf or 260 If		⊠ Re				Mini-End	losure	5							
☐ ≥ 160 St 01 ≥260 II		∐ De	molitio	n		Gloveba Non-Exe	g Procedure In mpted (*) and No	n-Friable Procedu	e Pressure ure)					
		Is	Locat	ion	T					ment T	vpe				
Location			Normal d Sole			Description of	200				T				
Asbestos-Containing TO BE ABA			intena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Encapsulate	Enclosure				
IN Facili		Cust	todial 3	Staff?	(surfacing, VAT	, or	SIF or LF)	ova	. psul	Sur				
(13)			(12)	Т	-	other miscellane	ous)		-	ate	(D				
Daniel Control		Yes	No	N/A					R-7 -	1-	-				
Basement					Pipe insu	ulation		11 LF							
Name of Registered Was	te Hauler		NJE	EP Waste	Hauler ID No.	Cubic Yards of Wast	e Name of Regis	tered Landfill							
Gr Tech LLC			0	03378	35	TBD	T.R.R.F. Inc								
City, State						Disposal Date	City, State	е							
Wayne, NJ 07470						TBD	Tullytown, PA	n, PA							
Completed By (Print or T	ype) Title	9				Signature	1		ate						
N.Jevtic Owner						H	who wenas	00	6/03/19						
ASB-41							-,,-16								

Invoice # 11721

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

Date of Notification (1) 06/01/2019	Ť.	Name of Building Owner/Operator (2) State of New Jersey Department of Transportation Check No. 1507									Ē,				
Agencies Notified	Type Notification		+	Street Ac				Z.		111				240	
□ EPA 図 DEP 図 DOL	☑ Initial☐ AmendedAmendment #		ŀ	City, Stat	arkway A te, Zip Co , New Je	de	8625			1000	JUN	1 () 2	019	and the state of t
⊠ DOH □ DCA	Emergency (ir justification) Cancellation		ŀ	Name of	N3111407-3000000-3500					phone 1 -530-5		OS C SENS	ONT	ROI	8,
				FACIL	LITY INFO	RMATI	ON								
Name of Facility When NJ DOT Glassboro	re Abatement is Takin Maintenance Yard	g Place (3)	į	ş			Type of F ☐ Scho	Facility (4)							
Street Address 126 Grove Street								chapter 8 (Other the critical control of the critical control of the critical control of the critical critical control of the critical cri			ildings	, hom	es, e	tc.)	
City (5) Glassboro, New Jer	rsey 08026						Square F 10,000	eet	# of 1	Floors		Bldg 50+	. Age	9	
County (6) Gloucester				County C (STATE U	Code (7) ISE ONLY)		Current U	Jse (Prior if being Maintenand			1				
Name of Monitoring F USA Environmenta				ASCM 00057		Abatement Contra rporation	actor (9)							
Street Address 344 West State Stre	eet						Street Add 246 Unio	dress on Boulevard							
City, State, Zip Code Trenton, New Jerse				-		e, Zip Code New Jersey 07	512								
Project Manager for M William Weisgarber		Telephor 609-39			Telephone 973-225			License 01104							
Start Date (10) 06/12/2019		Scheduled 06/19/201		ompletion Date (11) Name of OSHA Monitor Iris Environmental Laborator							С				
Occupancy Status Du	ring Abatement (Che	k Only One)				Street Ad	dress ute 22 West							
☒ Facility Closed/Va☐ Abatement Perfor☐ Other - Describe:	med Outside of Norm			ment											
Scope of Work (Chec	k All That Apply)								800 0						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			nova molii				 ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glove Bag Procedure / Limited Containment ☐ Non-Exempted (*) and Non-Friable Procedure 								
		ls I	.oca	tion		1		Ton Exemples (, and	Amour	nt		aten		
	tion of ing Material (ACM)	No	rma	PO DESCRIPTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRE	Asha		Description	of terial (ACM) (i.e.		(Special SF of L			Тур		
TO BE /	ABATED acility	Main Custo		Staff?		mai syst	ems insula VAT, or	tion, surfacing,				Removal	Repair	Encapsulate	Enclosure
, (1	13)	Yes	No	N/A		otne	er miscellar	leous)				val	air .	ulate	ure
Entrand	ce Room					Floor	Tile (Non	Friable)		769 S	F	X			
Room attached t	o Entrance Room				Fitt	ing/Join	t Insulation	(Wrap & Cut)		16 LF		Х			
Mechanical Room					D	ebris (Cl	ean & Dec	ontaminate)		40 SF					
Name of Registered V		NJDEP W		Cubic of Was	Yards ste	Name of Re	egiste	red Lan	dfill						
Lilich Corporation City, State					18724 20 Fairless Landf Disposal Date City, State					_andfill					
Totowa, New Jersey						06/19	/2019	Morrisville	, PA						
Completed by Adriana Olejarova Title Preside							signature 	707			Date 06/0	1/20	19		

Invoico.# 11527			CATION	ate of New NOF ASB to NJAC	ESTOS	ABATE		d	20		18	391	19		
Date of Notification (1) 6/3/19				f Building Propertie		Operator	r (2)			E C			V		In
Agencies Notified Type Notification			Street A					1	14		a parameter of	0-00270	auto m. in Land		
X EPA X Initial			PO Bo	ox 384						811	IM	4 0	201	10	
DEP Amended DOL Amendment #				ate, Zip Co		7000			II LI	JU	34	1 0	LU	1-9	Lemma
Emergency (ir		-		Hanover f Contact	NJ U	7936			I Tal	ephone	Kerness			m 1 /	1
DOH justification) DCA Cancellation				Neuma	n			ſ	- Ter	ebuune (KIII	0.515		ROL 8	<u>4</u>
			FACI	LITY INFO	DRMAT	ION									udidustrivasi
Name of Facility Where Abatement is Taking Home	Place (3	3)					Туре	of Facility (4)					5	
Street Address	=							School (K-1 Subchapter		or than k	(10)				
- Cuddi Addiedd								Other (i.e. p					lings,	home	es,
City (5)								etc.) re Feet	# 01	f Floors		В	ldg. A	ae	
West Caldwell							1500		2			12.50	0	5-	
County (6)			County	Code (7) USE ONLY	ı.		1000	nt Use (Pri	or if bei	ng demo	olishe	d)			
Essex Name of Monitoring Firm Hired by Building O	unor (0)		ASCN			None	hom		4	(0)					
Name of Monitoring Firm Fined by Building O	wrier (o)	M	ASCI	/I NO.		1	of Abatement Contractor (9) Environmental Services, LLC								
Street Address			7.00	et Address Box 483, 4 E Gate Drive											
City, State, Zip Code			City, S	State, Zi	p Code			1000		100					
								, NJ 074	18						
Project Manager for Monitoring Firm			Telepho	ne No.			hone No -764-2			License 703	e No				
Start Date (10)	Schedul	ed Com	nletion	Date (11)				A Monitor		703					
U	6/25/1		Fire	()			0, 00,								
Occupancy Status During Abatement (Check	Only Or	ne)		100		Street	Addres	S							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: 2nd Floor	eriod of a I Facility	Abatem / Hours	ent			City, S	State, Zi	p Code							
Scope of Work (Check All That Apply)															
23 sf or ≥3 lf	X F	Renovat	ion			T	K. Eul	Containme	ant with	Negativ	o Pr	secur	· a		
≥160 sf or ≥260 lf	and the same of th	Demoliti				7	Min	i-Enclosure)	ivegativ	e FII	sssui	C		
								vebag Prod n-Exempted		d Non-Fr	riable	Prod	cedur	е	
	1125	Location												ement	
Location of	1 1 1 1 1 1 1	Normall ed Solel	4			escription							ТУ	pe	_
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ма	intenar	ice/			itaining N I system:				mount Specify		Z.	71	Enc	m m
In Facility (13)	Cus	todial S (12)	tait?			acing, VA miscellar			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
Ç. 57)	Yes	No	N/A		outor	moona	icous					/al	=i	ılate	ure
2nd floor			х		f	loor tile	9		70	00 SF		x			
										-0.0					
			0 //												
Name of Registered Waste Hauler		7270	JDEP W		100000000000000000000000000000000000000	Yards		Name of I	Registe	red Land	dfill			-	
Tonys Cleanup & Hauling		100000	7787	140.	of Wa			Chrin B	rother	rs Sani	itary	Lar	ndfill		
City, State Bridgewater, NJ					Disposal Date City, State TBD Easton PA										
Completed by Title							Signature Date								
A. Scott Higgins	Mark 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							6/3/19							

nvoice# 117a	26 71	NO		OITA	OF AS	BESTOS ABAT AC 8:60 and 5:1		DE	CE		V [
Date of Notification (1)	11			Name	of Buildir	ng Owner/Operator ((2)								
05/31	/	19		5.081		t Mary Academy		ا ا ا	IUN 1	0 2	019	diameter (m			
Agencies Notified Typ	e Notificat	tion		Stree	t Address							+			
	Initial			164	45 Route	22 West at Terri	II Road	ASBESTOS CONTROL &							
	Amended	- 1. 11		City,	State, Zip	Code		LICENSING							
	Amendmer		-	Wa	tchung,	NJ 07069	In case and use contents and time or one-majority date quantification in our workers, who care to the contents and the conten								
	Emergency justification		ig	Name	of Contac	ct		Telephone Nu	umber	-512					
	Cancellatio			Lis	a Gamba	acorto		908-757-0							
				FA	CILITY II	NFORMATION									
Name of Facility Where Abate	ment is Ta	aking Plac	e (3)				Type of Facility	(4)							
Mount Saint Mary Acad	lemy						School (K-12	2)							
Street Address							Subchapter 8								
1645 Route 22 West at	Terrill Ro	oad					Other (i.e., p homes, etc.)		nerciai b	ullaing	js,				
City (5)			7		2 27577	7-2	Square Feet	# of Floors	В	ldg. A	ge				
Watchung						07069	20,000	3	1000	80					
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished)	-	300				
Somerset					1973)		School	J							
Name of Monitoring Firm Hired	d by Buildir	ng Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)								
TTI Environmental, Inc.							onmental, LLC								
Street Address		-			21. 3	Street Address	H-10				-				
1253 North Church Stre	et					623 Cutler Av	venue								
City, State, Zip Code						City, State, Zip Co	ode		-						
Moorestown, NJ 08057						Maple Shade									
Project Manager for Monitoring	g Firm		Te	lephone	No.	Telephone No.		License No.							
Mike Stocku				09-304		856-755-0099)	00842							
Start Date (10)	Sc	cheduled (Comp	etion Da	ite (11)	Name of OSHA N	Monitor								
06 /10 /19	9	06	/ _1	4_ /		EMSL Analyt	ical, Inc.					Live III.			
Occupancy Status During Aba		53	- 63			Street Address									
Facility Closed/Vacated Du	33733					200 Route 13									
Abatement Performed Outs Time of Abatement:					AM	City, State, Zip Co									
	NI 403-1.					Cinnaminsor	n, NJ 08077								
Scope of Work (Check all that	apply)					☐ Full Cont	tainment with Neg	ative Pressure							
≥3 sf or ≥3 lf			enova			☐ Mini-Enc	losure	,							
≥160 sf or ≥260 lf		□D	emolit	ion			g Procedure mpted (*) and No	n Friable Droce	dure						
			s Loca	ation	T	⊠ IAOII-Exe	Impled () and No	II-I Hable Floce			t T.				
Location of			Norm	ally		Description of	of			atem					
Asbestos-Containing Mater	rial (ACM)	11. 400,000,000		lely by ance/		estos Containing Ma	terial (ACM)	Amount	₹em	Repair	nc	nc			
TO BE ABATED IN Facility		2000		Staff?	(1.6	e., thermal systems surfacing, VAT,		(Specify SF or LF)	Removal	ar	aps	Enclosure			
(13)			(12)		other miscellane		SI OLLI)	<u>n</u>		Encapsulate	е			
		Yes	No	N/A							ro				
Auditorium Rooms			\boxtimes		Floor T	ile and Mastic		455 SF							
Auditorium Stage			\boxtimes		Mastic			529 SF							
Name of Registered Waste Ha	uler		1.23	NJDEP		Cubic Yards of	Name of Regis	tered Landfill							
Freehold Cartage				Hauler II 15939		Waste 3	Fairless La	ındfill							
City, State				.0000		Disposal Date	City, State					97.E351			
Freehold, NJ						06/14/2019	Morrisville	, PA							
Completed By (Print or Type)	15	Title		************		Signature —			Date						
Christina Lynch	7	Vice P	resid	ent of	Operatio	7 \ 6	9		5/3	11	9				

CK# 4839

n) [. (C			<u>V/</u>	E	
3						
	JUN	1	0	2019		

Invoice# 11728	(Pursua	nt to NJAC	8:60 and 12:120	0)	U JUN 1	0 2	019				
Date of Notification (1) 5-30-19	Na	me of Buildin	ng Owner/Operator	(2) 1550 RF	ASB <u>LOTOS (</u>	COM	RO	8	=		
Agencies Notified Type Notification I BPA DBP Amended Amendment # Emergency (including justification) Cancellation Type Notification I limital Amended Amendment # Emergency (including justification) Cancellation	Cit	me of Conta	SETA I	W., M.	TYBLVP, S T 0823 Telephone Numb	30	E	0			
	· -		ORMATION								
Name of Facility Where Abatement is Taking Place RESIDENCE Street Address City (5)	ce (3)			Type of Facility School (K-1 Subchapter Other (i.e., phomes, etc) Square Feet	2) 8 (Other than K-12) private & commercia	Blo	ings, ig. Aç				
AVALON	TC	ounty Code (6208_ 7) (STATE		rior if being demolis	-		_	\dashv		
County (6) CAPE MAY	ŭ	SE ONLY)			CANIT				_		
Name of Monitoring Firm Hired by Building Owner (8) Street Address	ASC	CM No.									
City, State, Zip Code			City, State, Zip C	LE SHAPE WIJ 080) 2							
Project Manager for Monitoring Firm	Telepho	ne No.	Telephone No.	79-0472	License No.	37			_		
Start Date (10) Scheduled 6-6	Completion 20-19	Date (11)	Name of OSHA	Monitor N/A	<u> </u>			_	_		
Occupancy Status During Abatement (Check onl Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility	y one) of Abatemen	t	Street Address City, State Zip C	ode				_	=		
Other - Describe:			د نیب					_	=		
	enovation emolition		☐ Mini-End	an Procedure	egative Pressure on-Friable Procedur	e _					
	Location		N. Ten Ex	Citiplios () Fire			bater Typ				
Location of Use	Normally ed Solely by intenance/ Custodial Staff? (12)	(i.e.	Description of tos Containing Mat , thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
Yes	No N		TRANSI	TE	1750 SF	V					
5 IDING	×	+	TICVAL AT								
				I Name of Pag	jistered Landfill				\dashv		
Name of Registered Waste Hauler	Haule	P Waste ID No.	Cubic Yards of Waste	C. W	u.C.M.	U_ 1	4		_		
City State	U.J		Disposal Date-	City, State	OD BINE		N	. 5			
Completed By VI CAM V PI	4		Signature .	lu C	5-	30	-10	<u></u>	_		

B & G proj. #:

2018-225

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Resume 06/04/2019 @ 7:00 am

1	Invoi	ce# 1172	-
1	Check#	9344	. 25.5

Date of Notification (1) Name of Building Owner/Operator (2) 0 16 / 0 3 / 191 Northwest Bergen County Utilities Authority Agencies Notified Type Notification Street Address ☐ EPA JUN 1 0 2019 30 Wyckoff Avenue Initial □ DEP City, State, Zip Code X DOL Amendment Waldwick, NJ 07463 ASBESTOS CONTROL X DOH Name of Contact Telephone Number Cancellation □ DCA James Rotundo 201-447-2660 **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K-12) Sludge Handler Building WWTP Subchapter 8 (Other than K-12) Street Address X Other (Private/Commercial Bldgs./Homes, etc. 30 Authority Drive Square Feet | # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Waldwick Bergen Waste water treatment plant Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 06/04/2019 06/05/2019 *** Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: 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 lf Mini-enclosure Non-friable procedure is location normally used solely E Location of Ε by maintenance/custodial asbestos-containing П Amount Description of asbestos-containing staff(12) n m p material to be C material (ACM) (Specify SF or C 0 a abated in facility (13) 2 Ves No N/A v p area across sludge pumps elbows/fittings (wrap & cut) quantity: 13 X Registered Waste Hauler NJDEP Hauler ID# 19563 Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. Grand Central Landfill City, State Disposal Date City, State Lincoln Park, NJ 06/05/2019 Pen Argyle, PA Completed by (Print or Type) Signature Title Gordana Luna Gordana Luna Secretary/Treasurer 06/03/2019

B & G proj. #: 2018-225

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) ON HOLD until further notice Check # N/A

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Date of Notification (1)	Name o	f Building Ow	ner/Operator (2	2)		INEC	EIV	Ei	pro-	
0 14 / 3 0 / 119	11		en County L		Authority		ta U U		١.	
Agencies Notified Type Notification			on ording c		- Additioney			- 1		_
☐ EPA ☐ Initial		Vyckoff Ave	inile			JUN	1 0 2019	1		
DEP C		ate, Zip Code								
DOL X Amendm		dwick, NJ 0	7463			ASBEST	OS CONTRO	L.8		
₩ DOH	11	Contact				1	e Number		-	_
□ DCA □ Cancellat	ion lar	nes Rotunde	^							
	Jan					_201-42	17-2660			
			CILITY INFORM	MATION	l					
Name of facility where abatement is	taking place (3)				of the beat of the same	Type of Facility (4) l (K - 12)			
Sludge Handler Building W	NTP				and the second		apter 8 (Other i	han K.	171	
Street Address							Private/Commi		12)	
30 Authority Drive						Bldgs./	Homes, etc.			
City (5)	County (6)			T Cou	nty Code (7)	Square Feet	# of Floors	Bit	ig. A	ge
					te use only)	Current Use (P	rior if being der	nolishe	d)	
Waldwick	Bergen				Vianas Const	Waste water	1000		-,	
Name of Monitoring Firm Hired by B	ldg. Owner (8)		ASCM No.		Name of Abatement	Contractor (9)				
N/A					B & G Restorat	ion, Inc.				
Street Address					Street Address 105 Ryerson F	lood				
City, State, Zip Code						toau			w	
Oity, State, Zip Odde					City, State, Zip Code Lincoln Park,	N.I 07035				
Project Manager for Monitoring Firm		Phone Num	ber		Telephone Number		License Num	ber		
			Account.		(973)696-686	9	00378	i.		
Scheduled Start Date (10)	Sched. Com	pletion Date (11) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Name of OSHA Mon					
11/13/2018 (on hold)	08/31/2	2019 ***			B & G Restora	tion, Inc.				
Occupancy Status During Abatement			191		105 Ryerson R	nad				
Facility closed/vacated during					City, State, Zip Code					
Abatement performed outside Describe:	of normal facility	hours-			Only, State, E.p. 3000					
Other-Describe:					Lincoln Park, N	IJ 07035				α
Scope of Work (check all that apply)				£					
Demolition	Renovation				full Containment w/ne	gative pressure	Glovebag p	rocedu	ire	
	160 sf or ≥260	f		X I	Mini-enclosure		Non-friable	proce	dure	
Location of	Is location nom		ely				R	R	E	TE
asbestos-containing material to be	staff(12)	- Islooisi			sbestos-containing	Amount (Specify \$	SE or	e p	n	n
abated in facility (13)	Yes N	o N/A	- materia	(AUM)		LF)	o v	а	а	CL
Orog corose alvalas avenue			- II (6				е	1	р	4_
area across sludge pumps		×	elbows/fi	ttings	(wrap & cut)	quantity:	13	14	빝	1
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Registered Waste Hauler B & G Restoration, Inc.	NJDEP Ha 1956		Cubic Yards of	Waste	1	I Landfill Intral Landfill	1	1	1 10000	4=
City, State Lincoln Park, NJ		Disposal	Date N HOLD		City, State Pen Argyle					
Completed by (Print or Type) Gordana Luna	Title Secretary/Tr	easurer	Signature		Gordana Luna		Date 04/30/2	010		V





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Invoice# 11	608 817	ı		CATION	ate of New Je OF ASBEST to NJAC 8:60	OS ABATE		ID) E	C [G 0	\mathbb{V}	E
Date of Notification (1)					f Building Owr		r (2)		AS USCHAGE			
6-5-19			6	MA	XIME	KiY:	ER		JUN	10	201	19
Agencies Notified	Type Notification			Street A		100	-/)					
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DEP	Amended			City, Sta	ite, Zip Code			ASE	ESTO		NTR	OL &
DOL	Amendment			1231	ODBU	3811	ルナ		LIU	ENSI	11/0	
П рои	Emergency (including		-	f Contact	719	, -)	Telephone Nu	mher		-	-
DOH DCA	justification) Cancellation			1411	VIRO.							-
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Name of Facility Where A	batement is Taking	Place (3	3)	FACI	LITTINFORM	IATION	Type of Facility	(4)				-
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Street Address							School (K	-12) er 8 (Other than K-1	2)			
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							etc.)			3-,		,
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
WOODBU	R						1200	2		R)	7	
County (6)					Code (7)		Current Use (P	rior if being demolis	hed)			
900 000000			(STATE	USE ONLY) _							
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCN	A No.	Name	of Abatement Co	ontractor (9)				
ATTAS EN	1 1146	2077	2000			EK	YMAR	C.COSTR.		-12	م	
Street Address	. 60 01	00//		1		Street	Address.	C. CO 3/ / (10/	100		
PO BOX 116	Vr					/	0 BOX	11587				
City, State, Zip Code	/)					City	State, Zip Code	11307		-		
Plate La Pis	1011					2	i i	10111			340	
7/7//\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	19/16			T-11-		1//		-18/16		ģe,		_
Project Manager for Moni	toring Firm		2	Telepho	24-469 3	- 11 - 62	hone No. 7-784-46	License N				
Start Date (10)		Schedul	ed Com	pletion	Date (11)	Name	of OSHA Monito	or				
1.4-19		6-6	-/	>								
Occupancy Status During	Abatement (Chec	k Only Or	ne)			Street	Address					
Facility Closed/Vaca	ted During Entire F	Period of	Δhatem	ent								
Abatement Performe Other – Describe:						City, S	State, Zip Code	1/201-1/201-1/201-1				
			/									
Scope of Work (Check Al	That Apply)	/				_	_					
≥3 sf or ≥3 lf			Renovat			-		ment with Negative	Pressu	re		- 1
≥160 sf or ≥260 lf			Demoliti	on		-	Mini-Enclosu					
						17	Glovebag Pr	ed (*) and Non-Frial	ble Pro	cedure		- 1
		Τ.		2000						Abate		
	von.	1000	Location Normall			200	0 000			Ту		
Location Asbestos-Containing			ed Solel		Achaetae	Description	n of Material (ACM)	Amount				
TO BE ABA			intenar				ns insulation,	(Specify	Z.	_	Enc	m l
In Facili		Cus	todial S (12)	tatt?	S	urfacing, VA	AT, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)		ot	ner miscella	neous)		ova	air	sula	sura
		Yes	No	N/A					1.7		te	CD
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BEDROOM			İ		15/00/	7/1/	-	1105F	in		- 1	
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News (C)	E III I			IDEE:	Landa F.	12.52		(D)				
Name of Registered Was	te Hauler			JDEP Wauler ID		ubic Yards Waste	Name o	of Registered Landfil	II			
LRVMAR 1	MUETA	. رسید د		03/	750	vvasic		STER!	Bisto	de		
City State	000/100	CTIVE	-10	000	/) 7 D	isposal Date	City, St	ate	1300	1	>	
Marie All	1. 20					9 1 -5		OVA A.		12	7.8	
Completed by	A 1/4	Tin		1	0	76-/>	10/19	13011 U	a ke	8	7-	
Completed by		Title	1	h.		Signatur		11.700	ate	-	1500	
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nvoice#11	100	ľ	1011				BESTOS ABAT C 8:60 and 5:10		(coo)) E C) E	1	7\//	E	10-1500
700(T.O.I.				,						<u> </u>	7 1	, U	U	G	11
Date of Notification (1)							Owner/Operator ((MORE)	S					
	/	19	_		Per	nnsauker	Public Schools	-			N 1	0	201	9	
Agencies Notified	Type Notifica	ation			Stree	t Address		and the second	Seed In	ual l		U	L 0 0	e)	-
⊠ EPA	☐ Initial	ari			169	35 Hylton	Road	1		- balancaman-wom	(AMINISTRA)		in to Proposition on the last of	***************************************	1
⊠ DOLWD	Amended Amendme				City, S	State, Zip C	Code			ASBES				DL &	
☑ DOH ☐ DCA	☐ Emergen	_	ludina		Per	nnsauker	i, NJ 08110	L	in/Absorpticas	L	ICE!	APIL	16	***********	
(NJAC 5:23-8)	justification	on)	idaiiig		Name	of Contac	t		Tel	ephone Nu	ımbe	r			
	☐ Cancellat	tion			Jac	k Killion			8	56-662-8	505	x 65	19		
					FA	CILITY IN	FORMATION		3010-10						
Name of Facility Where	Abatement is T	Taking	Place	(3)				Type of Facility	(4)						
Baldwin Elementar	y School							School (K-12							
Street Address								Subchapter 8	8 (Oth	her than K-	-12)	al hui	ldina		
3901 Sharon Terra	ce							homes, etc.)		and Com	Hercia	ai Dui	liuling	٥,	
City (5)								Square Feet	#	of Floors		Blo	lg. Ag	je	
Pennsauken						08	110	67,000		2		8	30		
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if	being dem	olishe	ed)			300000
Camden						,		School							
Name of Monitoring Firm	Hired by Build	dina Ov	wner (8)	ASCM	No.	Name of Abatem	Lent Contractor (9))						
Arcadis U.S., Inc.			,		5944		Shade Enviro	onmental, LLC							
Street Address	11 11 11 11 11 11 11 11 11 11 11 11 11						Street Address		-						
10 Friends Lane, S	uite 100						623 Cutler A	venue							
City, State, Zip Code				-			City, State, Zip C	ode							
Newtown, PA 1894	0						Maple Shade								
Project Manager for Mor				Tele	ephone	No.	Telephone No.		L	icense No.					
David Hilinski				100000000000000000000000000000000000000		5-4069	856-755-0099	9		00842					
Start Date (10)		Schedu	iled C	omple	etion Da	ate (11)	Name of OSHA N	Monitor							
06 / 26 /						19	EMSL Analyt	tical, Inc.							
Occupancy Status Durin							Street Address		A			00101011			
□ Facility Closed/Vacat					ment		200 Route 13	80 North							
☐ Abatement Performed						scribe	City, State, Zip C								_
Time of Abatement:							Cinnaminsor								
Scope of Work (Check a	Il that apply)								-						
20 20 Company				=,				tainment with Neg	gative	e Pressure					
≥3 sf or ≥3 lf≥160 sf or >260 lf			⊠ Re □ De	novat moliti			☐ Mini-End	closure g Procedure							
☑ ≥ 100 Si 0i ≥200 li		1		mont	011			empted (*) and No	n-Fri	able Proce	edure				
				Loca								Ab	ateme	ent Ty	уре
Location		.		Norma	ally ely by		Description of stos Containing Ma			Amount		Re	Re	ш	E
Asbestos-Containing TO BE AB		^{/1)}		inten			e, thermal systems			(Specify		Removal	Repair	cap	clos
IN Facil			Cus		Staff?		surfacing, VAT	, or		SF or LF)		va	7	Encapsulate	Enclosure
(13)		-	Yes	(12) No	N/A	1	other miscellane	eous)						ate	
		-	_							0.070.15		N7			
Exterior						Windov	w Caulking			2,370 LF				Ц	Ш
			П	П											
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Name of Registered Was	ste Hauler			110	NJDEP Hauler I	Waste D No	Cubic Yards of Waste	Name of Regis							
Freehold Cartage				'	1593		30	Fairless L	andt	111					
City, State							Disposal Date	City, State							
Freehold, NJ							07/19/2019	Morrisville	e, PA						
Completed By (Print or T	ype)	Title					Signature	\			Date	9			
Christina Lynch	Service Service	Vio	ce Pr	esid	ent of	Operatio	ns Male	V ()			80	K	Ma		

State of New Jersey - Notification of Asbestos Abatement Chart 1354 (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) MEGELVE

GAC Project # 060-19	NOIC	1 # 1	173	31		A sub-describe the second		<u> </u>	EL	<u>V</u> L	
Date of Notification (1) May 31, 2					Name of Building Owner/ RUTGERS, THE ST	Operator (2 TATE UN	IVERS	SITYO	FND	2019	
Agencies Notified EPA DCA			Notificated Noti	tion ification #1 – npletion Dates	Street Address ENVIRONMENTAL 74 STREET 1603, B City, State, Zip Code	HEALTH	& SA	FETY	DEPT.		
⊠ DOL				including	PISCATAWAY, NJ	08854	NATIONAL PROPERTY.				
☑ DEP- No Longer REQUIRED ☑ DOH)		cation)		Name of Contact MICHAEL F. SMITH	l, ENV.		ohone N -445-2			
				FACILITY INF	HEALTH & SAFETY	<u> </u>					
Name of Facility Where Abatemen	t is Taking	Place (3)		PACILITY INF	Type of Facility (4)		And the second				_
NICHOLAS HALL, BLDG					School (K-12)						
Street Address					Subchapter 8 (other than						
DOUGLASS CAMPUS					Other (i.e. private & cor	nmercial buil of Floors:				ears	
NEW BRUNSWICK	inty (6) MIDDLE		County (State I	Code (7) Jse Only)	Current Use (prior if being	g demolishe	d): AC	ADEMi	С		
Name of Monitoring Firm Hired by ATC	Bldg. Own	ner (8)	0009		Name of Contractor (9) GREENWOOD ABAT	TEMENT (:ONSI	II TAN	ITS INC		
Street Address					Street Address		,0,100		10, 110		
3 TERRI LANE					511 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ 080					City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring Fire BRIAN R. KEARNEY		elephone l 609-386			<u>Telephone Number</u> 973-492-0477		0084	se Numi 10	<u>oer</u>		
Scheduled Start Date (10) 06/07/2019	<u>s</u>	o6/10		on Date (11)	Name of OSHA Monitor ENVIROVISION, INC).	1 000				
Occupancy Status During Abater Facility Closed/Vacated During	Entire P	eriod of A	batemen	t	Street Address 20-21 WARGARAW I	ROAD, BL	DG# 3	35E			
□ Abatement Performed Outside Describe: ☑ Other- Describe: Schedule: 4		=		&	City, State, Zip Code FAIRLAWN, NJ 0741	0					
WEEKENDS AS NEEDED)		0.78									
Scope of Work (Check all that appl	y)										
						Full Contair		ith Neg	ative Pres	sure	
⊠ ≥ 3 sf or >3 lf				Renovation	120.00	Mini-Enclo					
$\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$				Demolition		Glove bag I Non-Exemp				Drocodi	uro.
Location of Asbestos-Containing	Is Locati	ion Normal	ly Used	Description of Ast	pestos Containing Material	Amou			ment Type		ii c
Material (ACM) in Facility (13)	Solely by Staff? (1 YES	y Maint./Ci I2) NO	ustodial NA	(ACM) (i.e. therm VAT, or other mise	al systems insulation, surfacir cell.)	ng, (Spec or LF)	ify SF	Remov	ve Repair I	Encap E	nclose
B022		X	100	Boiler Gaske	tina	-25	CE	X			
5022		<u> </u>		Boller Gaske	eung	<23	SF	IAI		\vdash	
						_			+	\vdash	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		JDEP Was		r ID#	Cubic Yards of Waste:	10 CY			stered Lar		li.
Hauler #1) Greenwood Abatemen	t Consulta	ants, Inc	Butler, N	NJ 07405		Disposal Da	ate .		City, State	e	
NJDEP # 12561 Hauler #2) Newark Carting, Inc., NJ DEP # 4509	Newark, N	NJ 04509			Ç	6/10/20	19		100 New Rd. Morr 19067 215-736-	isville, l	20.000
Completed by (Print or Type)	Title				Signature		Date				
RAYMOND C. PEDALING	SE	NIOR P		т	Raymond C. Pet	dalino		31, 20	019		
			500								

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-19

JUN 1 0 2019 Date of Notification (1) Name of Building Owner/Operator (2) May 20, 2019 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type **ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS)** ☑Initial Notification ☐ EPA ■Amended Notification # 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS ☐ DCA ■ Emergency (including City, State, Zip Code X DOL PISCATAWAY, NJ 08854 justification) ☑ DEP- No Longer REQUIRED Name of Contact □Cancelled Telephone Number X DOH MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NICHOLAS HALL, BLDG# 8330 School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) DOUGLASS CAMPUS # of Floors: 4 Bldg. Age: 60+ years Sq. Feet: N/A City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC **NEW BRUNSWICK** (State Use Only) MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/31/2019 06/03/19 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 4PM – 5AM (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure **X**Renovation **⊠**≥ 3 sf or >3 lf Mini-Enclosure □≥ 160 sf or ≥ 260 lf ■ Demolition ☐ Glove bag Procedure / Wrap & Cut ■Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) NO YES NA B022 X X **Boiler Gasketing** <25 SF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 10 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 City, State 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 6/3/2019 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Date SENIOR PROJECT May 20, 2019 RAYMOND C. PEDALINO Raymond C. Pedalino MANAGER

880 - 441 - 861 100 - 14 1														Pr	rint Fo
nvoice # 11734			ICATIO	tate of Ne N OF ASB to NJAC	ESTOS	ABATE		NT)_E		E		V	
Date of Notification (1) 06.05.2019			Name of John	of Building Fleck	Owner/C	Operator	(2)				JU	N 1	0	2019	
Agencies Notified Type Notification EPA Initial			Street A		-de				s werter miles	AS	BES	TOS	COI	VTRC)L &
X EPA X Initial Amended Amendment Emergency		<u>, </u>	West	ate, Zip Co Caldwel		7006			Luciona	tertpalanojus teta	nd-opposite the	LIUE	NOIN	i Ci	
□ DOH justification □ DCA □ Cancellation		,	Name of John	of Contact Fleck					Tele	phon	e Nur	nher			
Name of Facility Where Abatement is Takir	ng Place (3)	FAC	ILITY INF	ORMATI	ON	Tv	rpe of Facility (4)						
Private House	9	~/ 						School (K-1	(165))) (165))						
Street Address							×	Subchapter Other (i.e. p etc.)					dings	, hom	es,
City (5) West Caldwell, NJ 07006							12	uare Feet 248	2	Floor		1	3ldg. 930	-	
County (6) Essex			(STATE	Code (7) USE ONLY)			irrent Use (Prid esidence	or if beir	ng der	nolish	ned)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.				batement Con ontracting L		(9)					
Street Address						Street 164 I		tress riline Ave Ur	nit C						
City, State, Zip Code								, Zip Code nd Park, NJ	0742	4					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-8		No. '-6330		Licer 0138	nse No	0.			
Start Date (10) 06.14.2019	Schedul 06.16.		npletion	Date (11)			1986	SHA Monitor Ontracting LI	LC						
Occupancy Status During Abatement (Chec	855	35%				Street		ress riline Ave	-						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nom Other – Describe:	Period of nal Facility	Abaten y Hours	nent			City, S	tate	, Zip Code nd Park, NJ	07424	4	- ecyyy				
Scope of Work (Check All That Apply)							_		0, 12						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	;	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure	_				-0	
Location of		Locati Normal			Dee	scription		VOIT-EXCHIPTED	() and	IVOIT	Habi	110	Abat	emen /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole sintenar todial S (12)	nce/		tos Conta thermal surfac	aining M	later s ins T, o	r	(Sp	nount pecify or LF		Remova	Repair	Encapsulate	Enclosure
A44:a	Yes	No	N/A			l'1 1								ate	e)
Attic			X	V	ermicu	lite Ins	ula	tion	500	0 SF		X			
Name of Registered Waste Hauler		Н	JDEP Wauler ID	No.	Cubic Yof Was	N. 1005		Name of F		stered Landfill					
City, State Voodland Park, NJ			333073		Dispos TBD	al Date	-	City, State Morrisvil		<u> </u>					-
Completed by	Title .					gnature		WIOTTISVII			Dat				
ranislav Pavlov	proje	ct ma	nager				,	30			100	05 3	010		- 1

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

chaf# 1354 NOICO# 11732

GAC Project # 060-19		C. Harrison				,		IVO	6 F	n 5	
Date of Notification (1)	TO SHEET WATER TO SHEET				Name of Building Owne	r/Operator (2		TE.	C E		y E
May 31,	2019				RUTGERS, THE S	STATE UN	IVER	SITY (OF NJ	- mary and a second second	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Agencies Notified EPA DCA DOL		New wor	Notifica ded No rk area,	ation tification # 1 – Additional nal Quantity,&	Street Address ENVIRONMENTAI 74 STREET 1603, City, State, Zip Code PISCATAWAY, NJ	L HEALTH BLDG 411	& SA	FETY	DEPT TON C	AMP	US
DEP- No Longer REQUIR	ED	Complet			Name of Contact	00004	Tele		ESTOS Number		ROL &
⊠ DOH	Manage	☐ Emer	gency ication	(including	MICHAEL F. SMIT HEALTH & SAFET			3-445-		et produce and the second	
		_		FACILITY IN	IFORMATION						
Name of Facility Where Abatem	ent is Ta	aking Place (3)			Type of Facility (4)						
SCHOOL OF DENTAL	MEDIC	CINE, BLD	G# 72	53	School (K-12)						
Street Address					Subchapter 8 (other that	an K-12)					
RBHS NEWARK CAMP	US				Other (i.e. private & co	ommercial bui # of Floors:				years	
NEWARK		SSEX		y Code (7) Use Only)	Current Use (prior if beir	ng demolishe	d): AC	ADEM	С		
Name of Monitoring Firm Hired b	y Bldg.	Owner (8)	ASCM		Name of Contractor (9)						
ATC			0009	98	GREENWOOD ABA	TEMENT (CONSU	ULTAN	NTS, IN	IC.	
Street Address					Street Address				,		
3 TERRI LANE					511 MAIN STREET						
	8016				City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring F	irm	Telephone			Telephone Number		Licen	se Num	ber		
BRIAN R. KEARNEY		609-386			973-492-0477		0084	40			
Scheduled Start Date (10) 05/24/2019				on Date (11)	Name of OSHA Monitor	_					
Occupancy Status During Abat	lamont /		5/2019	DDP	ENVIROVISION, IN	C.					
□ Facility Closed/Vacated Duri □ Abatement Performed Outsi	ing Entir	re Period of A	batemer	nt	Street Address 20-21 WARGARAW	ROAD, BL	.DG# 3	35E			
Describe:					City, State, Zip Code						
☑ Other- Describe: Schedule WEEKENDS AS NEEDED)	: 5PM -	– 5AM (24 l	HOURS	&	FAIRLAWN, NJ 074	10					
,											
Scope of Work (Check all that ap	ply)				Г	Full Contain	montw	ith Noa	ativa De		
□≥ 3 sf or >3 If			1	Renovation		Mini-Enclos		illi iveg	auve Fit	essure	
⊠ ≥ 160 sf or ≥ 26	O If			□ Demolition		Glove bag		ure / W	rap & Cu	ut	
					E	Non-Exem					dure
Location of Asbestos-Containing Material (ACM) in Facility (13)		cation Normal ly by Maint./Cu		Description of Asl	bestos Containing Material nal systems insulation, surfac	Amou	nt		ment Ty		
		? (12)	istoulai	VAT, or other mis	iai systems insulation, surfac	ing, (Spec or LF)		Remov	e Repair	Encap	Enclose
	YES	NO NO	NA	50-50-50-50-50-50-50-50-50-50-50-50-50-5		0, 2, 7					
D-LEVEL 721 SUITE	1	X		VAT		520	0 SF	X			Т-
C-LEVEL 730		X	C-07/4-11/11	VAT	A STATE OF THE STA		0 SF	X	960	+-	+
					A STATE OF THE PARTY OF THE PAR	The State of the S	0 01	IDI	-0	+	-
Name of Reg. Waste Hauler	_	NJDEP Was	te Haule	r ID #	Cubic Yards of Waste:	80 CY	Name	of Regi	stered La	andfill	
See Hauler Below #1 & 2		See Below	7	-	Cubic Farus of Waste.	00 C 1			North		fill
Hauler #1) Greenwood Abateme	nt Cons	ultants, Inc. –	Butler, !	NJ 07405		Disposal Da	te		City, Sta		
NJDEP # 12561 Hauler #2) Newark Carting, Inc.	Newar	k N104500						100	100 Nev		
NJ DEP # 4509	,	, 110 04507				06/06/2	019	100	Rd. Moi 19067	iisviiie	, га
					1	Market Constitution			215-736	-1700	
Completed by (Print or Type)	_	itle		-	Signature		Date				
RAYMOND C. PEDALIN		SENIOR PI		31	Raymond C. Pe	dalina	May	31, 20	119		
		MANAGER									

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-19			(I dis	Mant to 11.0.71.C	. 0.00-7 and 12.120-7)	<u>.</u> 				. 1111	0 0	nan
Date of Notification (1) May 1	3, 2019				Name of Building Owner				and i	IUN 1	UZ	019
Agencies Notified EPA DCA DDCA DEP- No Longer REQU DOH			Notificated Notingency (cation)	ification (including	RUTGERS, THE S Street Address ENVIRONMENTAL 74 STREET 1603, I City. State, Zip Code PISCATAWAY, NJ Name of Contact MICHAEL F. SMITI	HEA BLDG	LTH 6 4116 4	& SAI	ETY	ON C		
207 000 (270) 48 (0.0)					HEALTH & SAFET		v.	040	-445-23	000		
Name of Facility Where Abate	mont is To	king Place (2)		FACILITY INF								
SCHOOL OF DENTA	L MEDIC	CINE, BLD	G# 725	53	Type of Facility (4) School (K-12)							
Street Address RBHS NEWARK CAN	/IPUS				Subchapter 8 (other that Other (i.e. private & co	ommerci	ial build		omes, etc		ears	
City (5) NEWARK	County (6	SSEX		/ Code (7) Use Only)	Current Use (prior if bein							
Name of Monitoring Firm Hire ATC	d by Bldg. (Owner (8)	ASCM 0009		Name of Contractor (9)							
Street Address					GREENWOOD ABA Street Address	TEME	NT C	ONSU	LTAN	rs, inc)	
3 TERRI LANE					511 MAIN STREET							
City, State, Zip Code BURLINGTON, NJ					City State, ZipCode BUTLER, NJ 07405							
Project Manager for Monitorin BRIAN R. KEARNEY	g Firm	Telephone 609-386	FINANCIA IN BUILDING		Telephone Number				se Numbe	<u>er</u>		
Scheduled Start Date (10)				on Date (11)	973-492-0477 Name of OSHA Monitor	_		0084	.0			
05.24/2019 Occupancy Status During Al	hatement (THE PERSON NAMED AND THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	3/2019		ENVIROVISION, INC Street Address	C.						
□ Facility Closed/Vacated D □ Abatement Performed Ou	uring Entir	e Period of A	batemer	nt	20-21 WARGARAW	ROAL	D, BLI	DG# 3	5E			
Describe: Other- Describe: Schedu WEEKENDS AS NEEDE	ule: 5PM · D)	– 5AM (24 F	IOURS	&	City, State, Zip Code FAIRLAWN, NJ 074	10						
Scope of Work (Check all that	apply)											
□≥ 3 sf or >3 If ☑≥ 160 sf or ≥ Location of Asbestos-Containi Material (ACM) in Facility (13)	ng Is Lo	cation Normal	ly Used		1	Mini-l Glove Non-l	Enclosi e bag F	ure Procedu ted (*) a	th Negature / Wra and Non Abatem	p & Cut	Proce	dure
		? (12)	NA	VAT, or other misc			or LF)	, .,	Remove	Repair	Encap	<u>Enclose</u>
D-LEVEL 721 SUITE		X		VAT			5200	SF	X	a laboration		
						-					-	
Name of Reg. Waste Hauler See Hauler Below #1 &	2	NJDEP Was		r ID#	Cubic Yards of Waste:	80 C	Y		of Regist			ill
Hauler #1) Greenwood Abate NJDEP # 12561 Hauler #2) Newark Carting, I NJ DEP # 4509			Butler, N	NJ 07405			sal Date		1 F	City, Stat 00 New Rd. Morr 9067 215-736-	Ford Nisville,	57555
Completed by (Print or Type) RAYMOND C. PEDAL	INO S	<u>itle</u> Senior Pi Manager		т	<u>Signature</u> Raymond C. Pe	Edaline	a	Date May	13, 20	19		

	nvoice,# 11738	NC			ESTOS A	BATEMENT				10	701	9	
	Date of Notification (1) 6-5-1	9	Name o	of Building	Owner/Op	perator (2)	Lom	FORT	1 1	RU) c	-3/	E
	Agencies Notified Type Notification	7.	Street A	Address	71-	1 120	RRE	THE	MI	5			
	☐ EPA Initial ☐ Amended		City, Sta	ate, Zip Co	$\propto 1c$	<u> </u>	الحروك	A V	170	W.	1.0	201	ĝ
	DOL Amendment #		-		Mag	moli	a i	LVI	00	90	49		
	DOH justification) DCA Cancellation		Name o	f Contact	. \).		Telep Q5	ASB	nber 1727	20	MA	048
		DI (0)	FAC	ILITY INFO	ORMATIC				0	O	N.C.	(<u>P</u>)	<u>)</u>
	Name of Facility Where Abatement is Taking Toy Community		lowsh	in			of Facility						
	Street Address	10,	C	10			School (K- Subchapter	r & (Other				•	
	1101 Sycamo	re	Street	+3		6.	Other (i.e. etc.)	private & d	commerci				es,
	City (5) Haddon Heic	4	NIT	08	035	Squa	re Feet	# of F	loors	В	ldg. A		
	County (6)	1113		Code (7)	X/	Curre	ent Use (Pri	or if being	demolish	ned)	6	7	
	Name of Monitoring Firm Hired by Building O	humas (9)	ASCA	USE ONLY		<u> </u>	1				•		
	EPC Technolo	Sies	ASCI	NA		Name of Aba	600 Maria Brasil	tho	- 6	10.5		To	b R
3	Ro. Box 33	37	- lie			Street Addre	Box	-	- 6)		900	6
Ran	City, State, Zip Code	NJ	08	53	3	City, State, Z	ip Code	. A &	ALT	0	26	7.2	2
1-	Project Manager for Movif ri g Firm	/10	Telepho			Telephone N		L	icense N	0.	10	4 4	
1	Start Date (10)	Cabadulad	609 Completion	758-		609 758 Name of OSI		5		25	7	7	
. 5	6-7-19		12-1				- Tec	hnok	baies	I	20		
-	Occupancy Status During Abatement (Check					Street Addre	SS	payments and	~				,
-	Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	eriod of Aba al Facility H	atement ours			City, State, Z	Box ip Code	331	<u> </u>			10.	., 2. 2.,
Se	Other – Describe:				_		Egypt	N	JO	285	53	3	Š a
5	Scope of Work (Check All That Apply)	\				~ -	- (1	•				9	
	23 sf or ≥3 if ≥160 sf or ≥260 if		novation nolition			✓ □ Mir	Il Containm ni-Enclosure	е	legative P	ressur	е		
							n-Exempte		Non-Friab	le Prod	cedure	9	
		100000000000000000000000000000000000000	cation mally								Abate Ty	ment pe	
ĺ	Location of Asbestos-Curitaining Material (ACM)	Used S	Solely by enance/	Asbes	tos Conta	cription of ining Material	(ACM)		ount			Ш	
ĺ	TO BE ABATED In Facility	Custod	ial Staff? 12)	(i.e.		ystems insula ng, VAT, or	ation,		ecify r LF)	Remova	Repair	ncap	Enclosure
	(13)				other mi	scellaneous)				oval	air	Encapsulate	sure
-	0. 10.1	Yes 1	A/N, ON	0.		- , ,				1.			
L	Basement Boiler 2m	X		Pip	<u>د ا</u>	<u>nsulat</u>		70		X			
-	. under Metal Jo	cht	-	70	ect.	Insula		100		X			
-	Boiler Fire box	-	-	PUSD	ect b	ine Bo	^_	4	SF	χ			
	Name of Registered Waste Hauler		NJDEP W		Cubic Y		Name of	Registere	d Landfill				
	EPC Technologies	•	Hauler ID		of Wast	• 2	Wast	eMa	nagen	nent	L 0 F	P	A
-	City, State				Disposa	Il Date	City, Stat	e .		Α.	-		

Signature

Completed by

Mornisville

PA

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Invoice#	1114U	NA NO	OTIFICATIO Pursuan	N OF AS	lew Jerse BESTOS C 8:60 an	ABATE	MENT	7) <u>E</u>	G		V	E
Date of Notification (1) 05/31/2019				of Buildin	g Owner/	Operator	(2)			ili J	IUN	10	201	9
Agencies Notified	Type Notification	1		Address	00117 (3 00)				1			500		
EPA DEP DOL	Initial Amended Amendmen			tate, Zip mit, NJ			00.7-00.000		l.	ASBI	LIC	S CC ENSI	NTR NG	OL
DOH DCA	Emergency justification Cancellation)		of Contac yl McNa					1	 Bi				
Name of Facility Where A	batement is Takir	ng Place (3)	FAC	CILITY IN	FORMAT	ION	Type	of Facility	(4)					
House Street Address				-			×	School (K-1 Subchapter Other (i.e. p	12) r 8 (Othe	er than K-1	I2) cial bui	ldings	, hom	es,
City (5) Summit, NJ 07901								are Feet	# of N/A	Floors	1000	Bldg. /	Age	
County (6) Bergen		-		Code (7)			Curre	ent Use (Pri ISE	or if beir	ng demolis	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	ASC	M No.		100000000000000000000000000000000000000		atement Cor tement, In		(9)				
Street Address						Street	Addre		1000					
City, State, Zip Code						City, S	tate, Z	Zip Code						
Project Manager for Moni	toring Firm		Telepho	one No.		Teleph 9733	one N	lo.		License N	No.			
Start Date (10) 06/11/2019		Scheduled 06/12/20	Completion	Date (11)			HA Monitor ement, In	l					
Occupancy Status During Facility Closed/Vaca		50 100				Street .		ss gren Aver	nue					
Facility Closed/Vaca Abatement Performe Other – Describe: 00	ed Outside of Norr	nal Facility H	lours			City, St	tate, Z	ip Code				, w ₂ - y310	-0. 200	
Scope of Work (Check All	That Apply)					1	,,,,,							-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novation molition			×	Mir Glo	ll Containme ni-Enclosure ovebag Prod n-Exempted	e cedure				-	
Location	of	Nor	ocation mally		De	scription		T Exemples	z () and	NOII-I Hat	JIE FTC	Abate	ement pe	
Asbestos-Containing I TO BE ABA In Facilit (13)	TED `	Maint Custod	Solely by enance/ lial Staff? 12)		stos Cont e. thermal surfa	taining M	aterial insula T, or		(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Garage	2		No N/A		Duct	Insulat	tion		00) CF			ate	œ .
Garage			^		DUCT	ınsulat	uon		90) SF	X			
Name of Registered Wast D&S Abatement, Inc.	e Hauler		NJDEP V Hauler ID 20996		Cubic of Was			Name of F						
City, State					Dispos	sal Date		City, State					v sur so	

Title Project Manager

Ned Joksimovic

Completed by

Signature

Date 05/31/2019

Invoice#	1521	NO		CATION	ite of New OF ASBE O NJAC 8	STOS	ABATE				EG		0 2	7 Pm	nt Fo
Date of Notification (1) 05/31/2019	1				Building 0		perator	(2)		had h	1 301	4 1	U	010	
Agencies Notified	Type Notification Initial			Street Ac		J-×					ASBES	TOS (IGEN	SING	HOL	. &i
X DEP X DOL	Amended Amendment Emergency		-	Tenafly	te, Zip Coo /, NJ 07									(element)	
DOH DCA	justification) Cancellation			Name of Marjori	Contact e Yaffee	9				Ta'	30.1	<u> </u>	Υ.		
Name of Facility Where	Abatement is Takin	g Place (3)		FACIL	LITY INFO	RMATI	ON	Туре	of Facility (4)					
House Street Address		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~								8 (Oth	er than K-12 & commerci		dings,	home	es,
City (5) Tenafly								Squar N/A	e Feet	# 0 N//	f Floors A	1	Bldg. A I/A	ge	
County (6) Bergen				County C	Code (7) ISE ONLY)			Curre		or if be	ing demolish	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				ement Cor ement, In		(9)				
Street Address								Addres	s ren Aver	nue	-H10				
City, State, Zip Code		777-2		-			City, S	State, Zi							
Project Manager for Mon	itoring Firm			Telephor	ne No.		V. 1000	hone No 345868			License N 01311	lo.			
Start Date (10) 06/11/2019		Scheduled 06/12/20		mpletion [Date (11)				IA Monitor ement, In	ıc.					
Occupancy Status Durin	g Abatement (Ched	ck Only One	e)				5.6	Addres		2110					
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of Al nal Facility I	baten Hour:	ment s			City, S	State, Zi	ren Aver p Code J 07512	nue					
Scope of Work (Check A	II That Apply)	88					1010	wa, N	3 07312						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli					Min Glo	i-Enclosure vebag Pro	e cedure	n Negative F			e	
		119.50	Locat	500									Abate	ement pe	t
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED ity	Used Mair Custo	ntena odial : (12)	ely by ince/ Staff?		tos Cont thermal surfa	scriptior taining M I system cing, VA miscellar	Material is insula AT, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Dailor	nom	Yes	No X	N/A		Tro	nsit Pa	nol			50SF	X			
Boiler re	JUIII	-	^	-		IId	HOIL P	101			0001		-		
	——————————————————————————————————————														
Name of Registered Wa			1.0	NJDEP W Hauler ID		Cubic of Wa	Yards				ered Landfil	ı			
D&S Abatement, Inc).			0996		TBD			Fairless	s Lan	uilli				

Project Manager

Disposal Date TBD

Signature

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

Date

City, State Morrisville, PA

Ned Joksimovic

City, State

Totowa, NJ Completed by

^{05/31/2019}

1 4-117110											Р	rint Fo	
1000102# 11749	0401	NOTII	FICATIO	tate of New Je N OF ASBEST t to NJAC 8:60	OS ABATE	EMEN 20)	IT		E	E		VI	
Date of Notification (1) 05/31/2019	4 1 11			of Building Own Varrell	er/Operato	r (2)			JU	N 1	0 7	2019	
Agencies Notified Type Notification Initial Amended Amendmer	n			Address ate, Zip Code				tool bed	ASBES	t. I med had	~~~	A P. L. Car. Sec.	
Emergency justification	(includin	g	West!	field, NJ 070 of Contact	90			T		LICE	ASIN	3	
DCA Cancellatio	n			Varrell	ATION								
Name of Facility Where Abatement is Taki House	ng Place	(3)	170	ILITI INI OKNI	ATION	Тур	oe of Facility (4)						
Street Address						×	Subchapter 8) (Other than I vate & commo	K-12) ercial bu	ildings	s, hom	ies,	
City (5) Westfield)709C)	Squ N/A	uare Feet A	# of Floors N/A		Bldg. N/A	Age		
County (6) Union	-		(STATE	Code (7) USE ONLY)			rent Use (Prior use	if being demo	olished)				
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASCI	M No.			patement Contr atement, Inc						
Street Address					Street 11 R		ess ngren Avent	ıe					
City, State, Zip Code							Zip Code NJ 07512			100			
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph 9733			License 01311					
Start Date (10) 06/13/2019	06/14/	2019	mpletion	Date (11)			SHA Monitor atement, Inc.						
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: occupied	Period of	Abater	ment s			oser	ess ngren Avenu Zip Code	ie					
Scope of Work (Check All That Apply)					5,000		NJ 07512						
≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demoli			×	M G	ull Containmen lini-Enclosure llovebag Proce on-Exempted (dure			re		
Location of		s Locat Normal	1.71.0		Description			,		Abat	emen ype	t	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial s (12)	nce/	Asbestos Co (i.e. therm		Materia s insu T, or	lation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure	
Carago	Yes	No	N/A								ate	re	
Garage		X		Du	ict Insula	ition		50 SF	X				
Name of Registered Waste Hauler D&S Abatement, Inc.		Н	JDEP W lauler ID 0996		oic Yards Vaste		Name of Re	gistered Land					
City, State otowa, NJ					osal Date		City, State Morrisville	 e, PA	ΡΔ				
Completed by Ned Joksimovic	Title Proje	ect Ma	nager		Signature	7	71/		Date 05/31/	2010			

											Pri	int F
nvoice#1	1743		FICATION	ate of New Jerse OF ASBESTOS to NJAC 8:60 an	ABATE			DE	C			<u> </u>
Date of Notification (1)			Name o	f Building Owner/	Operator	(2)		Mi				
05/31/2019			Russ	Ferrara					IUN	1 (20	119
Agencies Notified	Type Notification		Street A	ddress				lead hask?				
X EPA	× Initial						-			donament	ONT	001
× EPA × DEP × DOL	Amended			ate, Zip Code			1	ASB		JENS JENS	100 1 1 1 1	1121
x DOL	Amendment		Living	ston, NJ 0703	9		Ł	Applies - Oracle Design of State Sta	during comme	-	-	need to
X DOH	Emergency (including	Name o	f Contact			Te	lephone Num	nber_			
DCA	Cancellation		Russ	Ferrara						1		
	1—		FACI	LITY INFORMAT	ION		_	_				_
Name of Facility Where	Abatement is Taking	g Place (3)				Type of Facility	(4)					
House						School (K	-12)					
Street Address						Subchapt	er 8 (Oth	er than K-12				
							. private	& commercia	ıl build	dings,	, home	es,
City (5)						etc.) Square Feet	1#0	f Floors	B	Bldg. A	Age	
Livingston				120		N/A	N/A			I/A	190	
County (6)			County	Code (7)		Current Use (F	rior if he	ing demolish	ed)			
Essex				USE ONLY)		House	noi ii be	ing demonstr	eu)			
Name of Monitoring Firr	n Hired by Building (Twner (8)	ASCN	A No.	Name	of Abatement C	ontractor	- (0)				_
N/A	in timed by banding c	owner (o)	AGGI	i No.		Abatement,		(9)				
Street Address						Address						
Street Address					100000000000000000000000000000000000000	losengren Av	enue					
City State 7in Code					9		criue					
City, State, Zip Code						State, Zip Code wa, NJ 07512						
Desired Manager for Ma			T = 1									
Project Manager for Mo	nitoring Firm		Telepho	ne No.	100000000000000000000000000000000000000	none No.		License No).			
						3458685		01311				
Start Date (10)		Scheduled Co		Date (11)	1.0000000000000000000000000000000000000	of OSHA Monito						
06/12/2019		06/13/2019	1		D&S	Abatement,	inc.					
Occupancy Status Durin	ng Abatement (Check	k Only One)				Address	2004-14-20-20-04	· · · · · · · · · · · · · · · · · · ·				-
Facility Closed/Vac	cated During Entire P	Period of Abate	ement		11 R	osengren Av	enue					
Abatement Perform	ned Outside of Norm	al Facility Hou	irs			state, Zip Code	8					
Other – Describe:	occupied				Toto	wa, NJ 07512	2					
Scope of Work (Check /	All That Apply)				-							
x ≥3 sf or ≥3 lf		× Renov	vation			Full Contains	ment with	Negative P	ressu	re		
≥160 sf or ≥260 lf		☐ Demo			>	Mini-Enclosu	ire	rrogativori	0000			
					<u> </u>							
					<u>£</u>		ed (*) an	a Non-Friabl	e Pro	11.000		
		Is Loca									ement /pe	i.
Locatio		Norm Used So			scription				-	1	1	
Asbestos-Containing TO BE AB		Mainten	ance/	Asbestos Con		Material (ACM) s insulation,	500	mount Specify	л		En	П
In Fac		Custodia			cing, VA			Specify F or LF)	èm.	Repair	cap	nck
(13))	(12	.)		miscellar				Remova	pair	Encapsula	Enclosure
		-		1			1		J.L	1	1 00	1 6

Other – Describe: occupied	nai Facility	y Hours				, Zip Code , NJ 07512					
Scope of Work (Check All That Apply)	NO SANIE										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×	Mini-Enclosure Glovebag Prod	50			e	
Location of		Locati Normal			Description of				Abate Ty	men pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar todial S (12)	nce/	(i.e. tl	os Containing Mate hermal systems ins surfacing, VAT, o other miscellaneou	sulation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					_		te	е
Basement		X			Pipe Insulation	n	30 LF	Х			
Name of Registered Waste Hauler D&S Abatement, Inc.	Н	IJDEP Wa lauler ID N 0996	lo.	Cubic Yards of Waste TBD		Registered Land Landfill	ifill	1			
City, State Totowa, NJ				1.0	Disposal Date TBD	City, State Morrisv					
Completed by Title Ned Joksimovic Project			anager		Signature	FU		Date 05/31/2	2019		



Date of Notification (1) 06/05/2019				Name Union	of Building Congrega	Owner/ ation C	Operator (2) hurch		(m)	Che	k#	151	3 /	/ E
Agencies Notified EPA	Type Notification				Address cooper Ave	enue						<u></u>	u L	J L
☑ DEP ☑ DOL	Amended Amendmen Emergency		_		tate, Zip Co clair, New		07043		No.	Jl		10		
☑ DOH ☑ DCA		stification)		Name Ann A	of Contact yre				Telephone 973-744	e Numb 7424	er LIC	S CO	ONTF ING	ROL &
Name of Facility Where	Abatement is Takir	ng Place (3	5)	FAC	CILITY INFO	ORMAT	Type of Fa	cility (4)	Dratecisco cada minerale	Carrier and Astron				
Union Congregation C Street Address 176 Cooper Avenue	nurch						☐ School ☐ Subchi	apter 8 (Othe	er than K-12) commercial b	ouilding	s, ho	omes	, etc.)	
City (5) Montclair, New Jersey	07043						Square Fee 30,000	et	# of Floors	5		8ldg. /	\ge	
County (6) Essex				County (STATE	Code (7) USE ONLY		Current Use	e (Prior if bei Chur	ng demolished ch	d)				
Name of Monitoring Firm Detail Associates Inc	Hired by Building	Owner (8)		ASC	M No.		Name of Ab Lilich Corp	atement Con oration	tractor (9)					
Street Address 560 Sylvan Avenue, S	uite 3065						Street Addre	2007						
City, State, Zip Code Englewood, New Jerse	ey 07632						City, State, 2 Totowa, Ne	Zip Code ew Jersey 0	7512					
Project Manager for Mon Anthony Valentine		Telepho 201-56	one No 39-6708		Telephone N 973-225-84		Licen 0110	se No. 14						
Start Date (10) 07/01/2019		Schedule 07/10/19		mpletion	Date (11)		Name of OS Iris Environ		oratories, Ll	LC				
Occupancy Status During	Abatement (Chec	k Only On	e)				Street Addre							
Facility Closed/Vacat Abatement Performe Other – Describe:	ted During Entire F ed Outside of Norn	Period of Al nal Facility	oatem Hours	ent			City, State, Z Union, NJ (Zip Code			-DH 2-9			
Scope of Work (Check Al	l That Apply)						1							
□≥3 sf or ≥3 lf ☑≥160 sf or ≥260 lf	N - 0200540		enova emolit				☐ Min	ni-Enclosure vebag Proce	nt with Negati edure / Limited and Non-Friab	d Conta	inm	ent T	ent	
Location	of	N	Locat orma	ily	Ashast		scription of aining Materia					St. 100 Table	ment pe	
PRO100				nce/	(i.e.	thermal surfac	systems insula cing, VAT, or niscellaneous)	ation,	Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
alles Deess		Yes	No	N/A									ate	е
oiler Room		X			Boiler In	12.55.000000			30	0 SF X				
reeching		X			Surface I	Insulat	tion Materia	al	7.	5 SF X				
oiler Room		X			Pipe Insu	ulation	1		30	0 LF X				
Name of Registered Wast	e Hauler		N	JDEP W	/aste	Cubic '	Yards	Name of R	egistered Lan	dfill				
Lilich Corporation				auler ID 18724	No.	of Was		Fairless L						
City, State Totowa, New Jersey						Dispos 07/10/	al Date /2019	City, State Morrisvill						
Completed by Adriana Olejarova		Title Presio	ent			Si	ignature /	10		Date 06/0	5/20	019		

Invoice#11751

Date of Notification (1) 06/05/2019							perator (2) ublic Schools	The second section of the second	Ch	eck No 15	12		
Agencies Notified	Type Notification		1 62	Street Ad						11111 1 2	004	0	* 1
⊠ EPA ⊠ DEP ⊠ DOL	☐ Initial ☑ Amended Amendment #	1		City, Stat	e, Zip Co ood, New	de / Jersey	08012			JUN 10	201	9	
⊠ DOH	☐ Emergency (inc iustification)	luding			Contact			T	elephone N	Number CC 400 LNSI	NTR NG	OL 8	£.
IXI DCA	☐ Cancellation			John Bil	odeau LITY INFO	DMATI	N.	J0	30-227-14	400	April 100 March	no de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la	ranger-train
Name of Facility When	e Abatement is Taking	Place (3)		FACIL	LITT HAT C	MINATI	Type of Facilit	tv (4)					\neg
Blackwood Element	tary School						1.5.52						
Street Address 260 Blenheim Erial	Pood							(-12) er 8 (Other than . private & comi		Idinas hom	00.01	c)	
City (5)	- Toda						Square Feet		of Floors		g. Age		-
Blackwood, New Je County (6)	ersey 08012			County C	ode (7)		20,000 Current Use (Prior if being de	emolished)	50+	-		_
Gloucester				STATÉ U	SE ONLY)		. 1	Elementary S	chool				
Name of Monitoring F Pennoni	irm Hired by Building O	wner (8)		ASCM			Name of Abate Lilich Corpor	ement Contract ation	or (9)				
Street Address 515 Grove Street, S	Suite 1B						Street Address 246 Union B						
City, State, Zip Code Haddon Heights, No	ew Jersey 08035						City, State, Zip Totowa, New	Code V Jersey 0751	2				
Project Manager for M Thomas Leisse	lonitoring Firm			Telephor 856-54			Telephone No 973-225-840		License 01104				
Start Date (10) 06/18/2019							Name of OSH. Iris Environm	A Monitor nental Laborat	tories, LL	С			
							Street Address 2333 Route		7.11.11.11				
	cated During Entire Per med Outside of Norma : Occupied			nt			City, State, Zip Union, NJ 07						
Scope of Work (Chec	k All That Apply)												
□ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	novat moliti	77.75			☐ Mini	Containment w i-Enclosure ve Bag Procedu Exempted (*) a	ıre / Limite	d Containm		Tent	8
		lel	ocati	on			2 11011	Znomptou () a	Amour	nt A	bater	nent	
	tion of	103390	rmal	1			Description of		(Specif		Тур	е	
Asbestos-Contain TO BE	tion of ing Material (ACM) ABATED acility 13)	Custo	tenar	nce/	Asbe the	stos Cor mal sys	ntaining Materia tems insulation, VAT, or er miscellaneou	surfacing,	0. 0. 2	Removal	Repair	Encapsulate	Enclosure
y 1 8		Yes	No	N/A							_	Œ	
Boiler	Room	X				Boiler	1, Interior Insul	ation	6'x4'x	51 X			
Boiler	Room	Х				Boiler	2, Interior Insul	ation	6'x4'x	5' X			
Boiler	Room	Х					Breeching		100 S	F X			
Boiler	Room	Х			F	lue pate	ching on brick c	himney	4 SF				
Boiler	Room	X			Fittin	g assoc	w/fiberglass pip	e insulation	25 ea	a X			
Name of Registered V	Waste Hauler		Н	JDEP W lauler ID 18724		of Wa	/)	Name of Regi Fairless Lar		dfill			
City, State Totowa, New Jerse	ey .					06/28	sal Date 3/2019	City, State Morrisville, F	PA				
Completed by Adriana Olejarova		Title Pres	siden	t			Signature	10		Date 06/05/20	19		

	(Purs	suant to N	IJAC 8:60	and 1	2:120)	1 1000 00 100		11/1	[22	1	7
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							JUN 10	2019)	La constitution	/
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ding	Na	ame of Co	ntact			Tele	phone Number	NG _	raccount (III	war property	
	Jo					856	-227-1400	and the second			\dashv
(2)		FACILIT	Y INFORM	ATIO	N Type of Facility (4)					٦
lace (3)				_	School (K-12) (Other than K	-12)				
		· · · · · · · · · · · · · · · · · · ·			☐ Other (i.e. pri	vate & comme	rcial buildings,				_
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		STATE USE	ONLY) _	4	Ele	mentary Sch	001				-
ner (8)		00057	0.		Lilich Corporation	on					
					246 Union Boul						
					City, State, Zip C Totowa, New J	ode ersey 07512					
roject Manager for Monitoring Firm homas Leisse 856-547-050							License No. 01104				
Scheduled	I Com	pletion Da	ate (11)		Name of OSHA I	Monitor ntal Laborato	ries, LLC				
					Street Address 2333 Route 22	West					
iod of Aba	temer	nt			City, State, Zip C Union, NJ 070	Code 83					
			×								
					☐ Mini-E	nclosure Ban Procedu	re / Limited Co.	ntainme	ent &	Tent	
					□ Non-E	xempled () al	Amount	Al	oaten		
					Description of		(Specify SF of LF)		Тур	3	
Use	d Sole intena todial	ely by ince/ Staff?	Asbest therm	nal sys	entaining Material (stems insulation, s VAT, or	urfacing,		Removal	Repair	Encapsulate	Enclosure
Yes	No	N/A					ChaluE1	X			
X				Boiler	1, Interior Insula	tion	6'x4'x5'		1 1		+
×					r 1, Interior Insula r 2, Interior Insula		6'x4'x5'	X	-		
X											
X				Boiler	r 2, Interior Insula	tion	6'x4'x5'	X			
X X			FI	Boiler	r 2, Interior Insula Breeching	imney	6'x4'x5' 100 SF	X			
X		NIDERW	Fitting	Boiler	Breeching tching on brick ch	tion limney e insulation	6'x4'x5' 100 SF 4 SF	X X X			
X X		NJDEP W Hauler ID 18724	Fitting //aste	Boiler lue pa	Breeching tching on brick ch	imney e insulation Name of Reg	6'x4'x5' 100 SF 4 SF 25 ea istered Landfill	X X X			
X X		Hauler ID	Fitting //aste	Boiler lue pa g associ of W 2	Breeching tching on brick ch w/fiberglass pipe ic Yards //aste	imney e insulation Name of Reg	6'x4'x5' 100 SF 4 SF 25 ea istered Landfill	X X X			
	Scheduled 06/28/20 Only One iod of Aba Facility H	Scheduled Compo/28/2019 Only One) iod of Abatemel Facility Hours Is Local Normal Used Sole Maintena Custodial (12)	Renovation Scheduled Completion Date of Abatement Facility Hours	Name of Building Own-Gloucester Townsh Street Address 17 Erial Road City, State, Zip Code Blackwood, New Je Name of Contact John Bilodeau FACILITY INFORM lace (3) County Code (7) (STATE USE ONLY) ASCM No. 00057 Telephone No 856-547-0505 Scheduled Completion Date (11) 06/28/2019 Only One) iod of Abatement Facility Hours Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Asbest them	Name of Building Owner/Ope Gloucester Township Put Street Address 17 Erial Road City, State, Zip Code Blackwood, New Jersey (Indian Parish Put Indian Put	Name of Building Owner/Operator (2) Gloucester Township Public Schools	Name of Building Owner/Operator (2) Gloucester Township Public Schools Street Address 17 Erial Road City, State, Zip Code Blackwood, New Jersey 08012 Name of Contact John Bilodeau FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K Other (i.e. private & comme Square Feet # of 20,000 1	Name of Building Owner/Operator (2) Gloucester Township Public Schools Check-No	Name of Building Owner/Operator (2) Gloucester Township Public Schools Check No 1509	Name of Suiding Owner/Operator (2) Gloucester Township Public Schools Check No 1599	Street Address 17 Erial Road 19 JUN 1 0 2019 Street Address 17 Erial Road 2019 JUN 1 0 2019 JUN 1 0 2019

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

moion#11752		NOTIF	CATIO	N OF ASBESTO	S ABATEME	NT	71 10	8	1	4	
Date of Notification (1)				of Building Owne			· Freeze		E	1	M
6-5-1	4			Summ	50 g	1 / /	ures	<u> </u>		U	UL
Agencies Notified Type Notification			Street	Address .7/	10			11.11			2010
□ EPA Initial		:	City S	tate, Zip Code,	1 (0	oper	Kond	JUI	V 1	0 2	2019
DOL Amendment			Oity, O	1 /	oo Rhe	es 1	UT 08	OY	3	College of the Association of th	
DOH Emergency (justification)	including	1	Name	of Contact	is 1		Telephone N	SDES	ios.	CON	TROL
□ DCA □ Cancellation			H	Kos	/Vag	У				10	
Name of Facility Where Abatement is Taking	Place (3)		ILITY INFORMA		pe of Facility	(4)			-	
Old Variant	Fo	LRM	7	Residen							
Street Address SIRC:	01/	D	oa	il		Subchapte	er & (Other than K- private & commer	·12)	Idinas	hom	96
City-(5) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NY	- 1	, Ud	<u> </u>		etc.)					cs,
Woolwich	1	VĪ		0808	15 100	uare Feet	# of Floors		Bldg.	Age 20 m	_
County (6)	-			Code (7)	CL	rrent Use (P	rior if being demoli	shed)	10	01	-
Name of Monitoring Firm Hired by Building C	(2)		•	USE ONLY))ld t	-arm	1			
EPC Technolo	Ci C		ASCI	M No.	Name of A	batement Co	A 8	200	e	7	
Street Address	3-		1	1.10.0	Street Add	Iress	chnole	318	9	In	16
City, State, Zip Code	27				P.0	. Box	337			4	
News F	N.	7	08	5.33	City State	, Zip Code '	71A 44.	TA	04	72	2
Project Manager for Month in Ig Firm	4 4		Telepho	one No.	Telephone		License	No.	9	10	
Steve Schenken	4		609	758-3365		8-33	5	0.	39	4	1
Start Date (10)	Schedul	ed Corr	pletion	Date (11)		SHA Monitor					
Occupancy Status During Abatement (Check	Only Or	(ne)	U 1	7	Street Add	ress	hnologies	SI	nc		_
Facility Closed/Vacated During Entire Po	eriod of	Abatem	ent			Box	337				
☐ Abatement Performed Outside of Norma ☐ Other – Describe:	al Facility	/ Hours			City, State,	, Zip Code					
Scope of Work (Check All That Apply)					Ivew	Egypt	NJ	08	53	3	
≥3 sf or ≥3 lf		Renovat	ion			Full Containm	ent with Negative	Droccu	••		Ì
≥160 sf or ≥260 if	1	Demoliti	2	•		Mini-Enclosur	е	riessu	re		
				,		Glovebag Pro Non-Exempte	cedure d (*) and Non-Fria	ble Pro	cedur	e	
	10	Locatio			•					ement pe	
Location of Asbestos-Containing Material (ACM)	Use	Normally d Solely	y by		escription of ntaining Mater	ial (ACM)	Amount	-	, ,		\neg
TO BE ABATED In Facility	10	intenan todial S	77.7	(i.e. therma	al systems ins	ulation,	(Specify	Re	R	Ence	Enc
(13)		(12)			acing, VAT, or miscellaneous		SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					<u>a</u>	•	ate	re
Farm Held House			X	Siding	Shine	iles	400 SF	X		'	\neg
Barn Shed			X	Siding	Shins	les l	1000 SF	X			
Large + Small Chicken coops			X	Cornuga	ted Tran	site Pare		-			
Gaeage Sted			X	Consugate	1 -	1	2500 55	X			
Name of Registered Waste Hauler			IDEP W	aste Cubic	c Yards	Name or	Registered Landfil				
EPC Technologies			700		24	Wast	e Manage	ment	- 06	P	A
City, State				Dispo	psal Date مکنی	City, State	e ,				
Completed by	Title	- 1			Signature	Morn		PA			-
Steve Schenker		side	nt		ST	Sel.		ete 6	5	19	
	1010		• •		- Care	No.	-				

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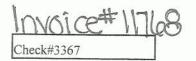
Date of Notificewer (1)	24	нот	fi. di men	State of New Jer ION OF ASBESTO IN to NJAC 8:50 a	6 ABAT	10)		DOL - 1	01	10V		56	EIV
5/31/19			Son	s of Building Owner	n/Operato	r (2)	17	DOL I	VI	7/1			Н
Agencies Notified Type Notification	n		Marine Marine	t Address			1				,	IUN	1 0 2019
EPA Initial		54				(*)		MATA	1.5	119			
DOL Amendmen	nt #		City,	State, Zip Code ItClair, NJ 0704;					#	1	YOUR	CTC	CONTRO
DOH: Emergency justification	/ (Includi	18		of Contact			. M	WER AF	br.	mi		LIG	ENSING
DCA Cancellation	'7)N			y Ogden				Thienes Jales		CO Y	-		7
Name of Facility Where Abstement is Tak	na Plane	791	FA	GENYINGAMA	TION								
Masicial de	. A ∟ impă	(9)			0	_	Fee Illy (4)		The same of		-		7
Street Address		-				80	hool (K-12)) (Other than K-	151				
City (5)							har (l.e. pri	vate & commerc	ie) biel bi	uliding	p, họ	mes,	
Montclair, NJ 07042 County (6)						Square 2500		# of Figore		Bldg.	Age		-
Easex			County	Code (7)		Current	Use (Prior	If being demotis	hedi				4
Name of Monitoring Firm Hired by Building	Owner (1)		M No.	1 4/4-5	R	೩೦						
		- 4	1,404		A M	of Abeter	ment Contri tracting in	ictor (B)					1
Street Address					Street	Address		10					
City, State, Zip Code						/reelan							
					Midle	nd Pari	Code k, NJ 074	32					
Project Manager for Monitoring Firm			Teleph	one No.	Teleph	one No.		License N	Ю.	-			-
Start Date (70)	Schedu	ed Co	noistion	Date (11)		62-584		00156					
5/31/19	6	7/19	7		Ome	OSHA	Maniter Tähmenta	I Services in	ln.				1
Occupancy Status During Abatement (Chac					Street	Address		0 60111000 11	iu.				
Facility Closed/Vacated During Entire Abatemant Parlormed Outside of Norm Other - Describs:	Period of rai Facilit	Abeten y Houri	nent B			luyler S							
Ecope of Work (Check All That Apply)					Hack	enaook	NJ 0780	Ą					ļ
23 s(or ≥3 V	1021	B	41										
□ \$150 of or \$260 if		Renova Demokt			N N	Glove;	ncioaure 200 Procesi	with Negative P ure and Non-Fried					
Location of	1	Locati	w							Abat	-	t	
Location of Asbestos-Containing Material (ACM) IO BE ABATED	Use	intenar	A PA	Astresion Cont	Cription of	Periet /A/	3M)	Amount	-	T'	/pe	T	
In Facility (13)		odlei 6 (12)		(l.e. theimal	systems ing. VAT	rue, doline	. 1	(Specify	20	an an	Encapoulate	g	
(13)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		~	other m	iscellans	oue)		SF or LF)	Remova	Repair	and and	Englosuse	
Basement	Yes	Ng	N/A						BL.		1	8	
- Aracialda il			X	Pipe	Insulati	חס		BALF	x	-			
	-												
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Name of Registered Waste Hauler		TN.	DEP W	sate Cubic Y	raest-								
Newark Carting Inc.		Ha	uler ID 509	No. of West	arets			Stated Landfill	1	data			
City, State Newark, NJ 07105		44		DIRAPE	Cate	-	y, State	trai Sanitary	Lan	OTIII			
Completed by				5/3	1900	PE		PA 08702					
Rendall McDonald	President	ieni			natural	/ na	0//	Date	_	1	1	_	
	rtodi	401 IL			1/5	19	jould		.5	131	117		

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Date of Notification (1) 06 /	04 / _	19				g Angstn		er/Operator (2	2)		UN	0	21)19	
Agencies Notified	Type Notifical	tion			Street	Address				The second secon	ESTOS	10	ONT	ROL	8.
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(NJAC 5:23-8)	justificatio					of Contact				Telephone Nu	imber				
	☐ Cancellati	on 			Gre	g Angstn	nan			_					
					FAC	CILITY IN	FOR	MATION							
Name of Facility Where A		aking Pla	ce (3)					Type of Facility (
Angstman Residen	ce		eamais						School (K-12		12)				
Street Address									Other (i.e., pr homes, etc.)			buil	ding	3,	
City (5)				777				_	Square Feet	# of Floors		Bldg	g. Ag	е	
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County (6)				-	Coun	ty Code (7)	(STA	TE USE ONLY)	Current Use (Pri	or if being dem	olished)			
Camden									Residence						
Name of Monitoring Firm	Hired by Build	ing Owne	er (8)	1	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)			SHEET.	7.1		
Management & Env	riro. Consult	ing Ser	vices	s			S	hade Enviro	onmental, LLC						
Street Address		_		-			Stre	et Address	70-10-00-00-00-01-00-00-00-00-00-00-00-00						
PO Box 341							62	23 Cutler Av	venue						
City, State, Zip Code							City	, State, Zip Co	ode						
Chesterfield, NJ 08	515						M	aple Shade	, NJ 08052						
Project Manager for Mon	itoring Firm		T	Tele	phone	No.	Tele	phone No.		License No.					
Bill Weisgarber				60	9-298	-4070	8	56-755-0099)	00842					
Start Date (10)	S	cheduled	Con	nplet	tion Da	te (11)	Nan	ne of OSHA M	Monitor						
06 /13 /	19	06	1_	14	_ / -	19	Ε	MSL Analyt	ical, Inc.						
Occupancy Status During							30.4	et Address							
☐ Facility Closed/Vacate							7.00	00 Route 13							
Abatement Performed Time of Abatement: _								, State, Zip Co							
							С	innaminsor	n, NJ 08077						
Scope of Work (Check al	I that apply)							⊠ Full Con	tainment with Neg	ative Pressure					
≥3 sf or ≥3 lf		\boxtimes	Reno	vatio	on			☐ Mini-End	closure						
≥160 sf or ≥260 lf			Dem	olitio	n				g Procedure empted (*) and No	n Eriable Proce	dura				
			Is Lo	ncati	ion			☐ NOII-EXC	inpled () and 140	II-I Habic I Tooc		Aha	tems	ent T	vne.
Location	of		No	rmal	lly			Description of	of				-		
Asbestos-Containing	Material (ACM		Jsed Maint		ly by			Containing Ma		Amount	6	Demoval	Repair	Encapsulate	Enclosure
TO BE ABA		11 2			Staff?	(i.e		rmal systems urfacing, VAT		(Specify SF or LF)	1	200	Ħ.	nsd	unsc
(13)	cy		(12)	_	1		ner miscellane						late	(D)
		Ye	es	No	N/A							-			
Basement			0	X		Pipe W	rap			15 LF	-				
														Ш	Ш
			[
Name of Registered Was	ste Hauler			100	JDEP			oic Yards of	Name of Regis	tered Landfill					
Freehold Cartage				Н	15939		Was		Fairless La	ındfill		10105			
City, State								oosal Date 6/14/2019	City, State Morrisville	ΡΔ					
Freehold, NJ							U		liiomistile	, , , ,	Data			-	
Completed By (Print or T	ype)	Title	_			0		Signature			Date				
Christina Lynch		Vice	Pres	side	nt of	Operation	IIS	(hoole	2		6/	4	19		



Date of N	Votification	6/1/19											11
	Tv	pe Notific				e of Buildin		r / Operator (2)		JU JU	JN 10	2019	
gencies	s Notified	po recuire				t Address	10			1 64 121			i la
	EPA	E	mergeno	y Notificat		11441000							
	DEP	X In	itial Noti	fication	City,	State & Zip	Code				ITOS CO LICENS	DNTROL	2
X	DOL	Α	mended	Notificatio	2000	land Park		8904		les and a management of the same of the sa	LIOLIVO	NEW SOURCE STATE	and the last of th
X	DOH	C	ancellation	on		of Contac					Telenho	ne Num	hor
	DCA		2011-00-00-00-00-00-00-00-00-00-00-00-00-		Aime	e Larivie	re			2			
					0.00000	CILITY IN	VFORM	TATION	*				
lame of	Facility Wh	ere Abate	ement is		ace (3)		Ту	pe of Facility (4) School (K-12)					
Street Ad	ddress		reside	ince				Subchapter 8	(Other then	V 12\			
	241000						v				aa ham	oo oto	
								Other (i.e., privuare Feet					_
City (5)			Cour	nty (6)	County (Codo (7)	— ³⁴		# of Floor	S E	Bldg. Ag		
CONTRACTOR OF	liabland E	ark		dlesex	County	500e (7)	0	2,500	:61 : 1	2		70+	
-	lighland F	air	IVIIC	ulesex	1080	104		rrent Use (Prior	ii being der	nolisned)			
lame of	Monitoring	Firm Hire	d by Buil	ding Own	er (8)	ASCM N		me of Abatemen	nt Contracto	or (9)			_
nviron	mental Ta	ctics, Ir	ıc.	Ü				obal Abateme					
treet Ad	ldress					1		eet Address					
	d Street						0.00000	3 Schoolhous	e Road				
	e & Zip Coo						Cit	y, State & Zip Co	ode				
	n, NJ 0701							nroe Townsh		331			
roject M	lanager for	Monitorin	g Firm		Telephone 732-290-2		Tel	ephone Number		License N			
	d Start Date	(10)	School		pletion Dat			2-605-9062 me of OSHA Mo			0071	4	-
Criedule	6/14/19	(10)	Scried	iulea Coll	6/15/19	e (11)		obal Abateme		00 110			
ccupano	cy Status D	ırina Aha	tement (Check on				eet Address	iii Service	es, LLC			
X Fa	acility Close	d/Vacate	d During	Entire Pe	eriod of Aba	tement		3 Schoolhous	a Poad				
	batement P							y, State & Zip Co					_
	escribe:			0111011110	r r dointy r it	7010		nroe Townshi		224			
0	ther - Desc	ribe:					"""	moc rownsii	ip, 140 000	,,,,			
cope of	Work (Ched	k all that	apply)										
	emolition			Renovation	on			Full Con	tainment w	rith Negative P	raccura		
La	arge Project							Mini-End		illi ivegalive i	1033410		
	uantity is ≥		3 LF A	CM				X Glove-ba		ire			
	uantity is ≥								Non-friab				
		ation of			Is Location	on		Description of		Amount	Abat	ement T	vpe
		s-Contair			Normally L		Asbe	estos-Containing		(Specify		ify: Rem	
		ial (ACM			Solely b			laterial (ACM)	S	quare Feet or		Repair,	
		ABATE	<u>D</u>		Maintenand			thermal systems		Linear Feet)		psulatio	
		Facility		- 1	Custodial S	taff?		ion, surfacing, V			E	nclosure)
		(13)			(12)	-	or oth	er miscellaneous	S)				
Basement			N/A			TSI pipe		80 LF	R	emova	1		
	Registered \		uler	N	JDEP Was	ste Hauler	ID#	Cu. Yds. of Wa	aste Na	ame of Registe	L ered Lar	ndfill	
	hold Cart	ng				18693		5	Fa	airless Land			
ty, State								Disposal Date		ty, State			
	on, NJ							6/17/19	Fa	airless Hills,	PA		
	d By (Print o		- 1	Title				Signature				Date	
Ilomin	nick Tringa	ali		Manager	•			Dominick, I	rinaali			6/1/	19



Date of Notification (1)				Name	of Buildin	g Ow	ner/Operator	(2)	position.	E @		7).77	F	Person.
		19		Benia	amin Lee					EG	El	W	臣	
Agencies Notified	Type Notifica	ation		-	t Address				113					11
⊠ EPA	✓ Initial									JUN	10	201	0	
⊠ DOLWD	Amended			City.	State, Zip	Code			had book	JUN	10	201	J	1
DHSS DCA	Amendme		_		field, NJ (2							
(NJAC 5:23-8)	Emergen justification		ng.		of Contac				Teler	hone Nun	ABER CO	NTR	OL 8	i.
	Cancellat	ion		Benia	min Lee				11		WE/IIC	WIC	secondonate	
			· · · · · · · · · · · · · · · · · · ·		CILITY II	NFOF	MATION							-
Name of Facility Where A	batement is T	aking Plac	e (3)					Type of Facility	v (4)			_		-
Private house								School (K-						- 1
Street Address		-						Subchapter	8 (Other					
								Other (i.e., homes, etc		and comme	ercial bu	ilding	s,	
City (5)		- NE 921110						Square Feet		Floors	В	ldg. Ag	16	
Plainfield, NJ 07062										, , , , , , , , , , , , , , , , , , , ,		-9	,-	
County (6)				Cour	nty Code (7)	(STAT	E USE ONLY)	Current Use (F	Prior if be	ina demol	ished)			
Union					30.5		*		2000 N - 2000 N					
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Nai	me of Abatem	I ent Contractor (9	9)					
			5				Tech LLC		2)					
Street Address							eet Address						-	
						576	Valley Rd #	£283						
City, State, Zip Code						- Commence	, State, Zip C							
						War	yne, NJ 074	70						
Project Manager for Monit	toring Firm		Tele	ephone	No.	-	ephone No.		Lice	ense No.				
						973	-638-1777		011	27				
Start Date (10)	S	Scheduled	Comple	tion Da	ite (11)	-	ne of OSHA N	Monitor		<i>a.</i> /				-
	19	06	/16	5_/	19	Env	irovision Co	nsultants,Inc						
Occupancy Status During							et Address	nisuitants, nic						-
□ Facility Closed/Vacate	d During Entir	e Period o	f Abate			20-2	1 Wagaraw	Road, Bldg .#	35E					
Abatement Performed	Outside of No	rmal Facil	ity Hou	rs - Des	scribe		, State, Zip C		331					
Time of Abatement:	Alvi-	PM/	PIVI_		_AM		Lawn, NJ 0							
Scope of Work (Check all	that apply)					12 444		and decontami	ination w	ith negativ	re press	sure		-
M >3 ef or >3 If		⊠ n					Full Con	tainment with Ne			•			
>3 sf or >3 If > 160 sf or >260 If			enovati				Mini-End Gloveba	g Procedure	Tent wi	th Negativ	e Press	sure		
						*		mpted (*) and N				1		
			Is Local					***************************************			Ab	ateme	nt Ty	pe
Location of Asbestos-Containing M		Us	Norma ed Sole	-	Anha	oto = (Description o				Z	D	ш	ш
TO BE ABA	TED	M	aintena				Containing Ma rmal systems		100000	mount Specify	Remova	Repair	Car	Clo
IN Facility (13)	У	Cu	stodial (12)	Staff?	-		urfacing, VAT			F or LF)	ova	=	Encapsulate	Enclosure
(10)		Voc	T	h1/0		otr	er miscellane	ous)					ate	
A		Yes	No	N/A					-		-		_	=
Attic		ᆜᆜ		\boxtimes	Vermicu	lite i	nsulation		500 SF			Ш		Ш
											П	П	П	П
		Th	In											
Name of Registered Waste	e Hauler			EP Waste	Hauler ID No.	Cubi	Yards of Mast	e Name of Regi	sterod L	andfill				Ц
								150		anunin				
Gr Tech LLC City, State] (003378	55	-	rBD	T.R.R.F. Inc						
							osal Date	City, State						
Wayne, NJ 07470 Completed By (Print or Ty)	20)	Title					TBD	Tullytown, P	A					
	ue)	Title					Signature	who wena	0	Da	ate			
N.Jevtic		Owner					//	which wend	ad	06	/04/19	,		

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IIMOI	Ce# 1171	24
Ched	C# 1451	

			Prir	nt Fo	orm
E C			\mathbb{V}	E	
JUN	1	0	2019		الا

Date of Notification (1) 06/03/2019		12 22	Name of Stever	f Building (n Dai	Owner/0	Operator	(2)		The state of the s		J	JN	1 0	201	9
				ddress ete, Zip Co rest, NJ		·			- Control	war general con	ASBE	STOS LICE	G CO	NTR(OL &
DOH just	ergency (including ification) ncellation	N	Name of Stever	Contact Dai					Tol	onhor	No Niur	nher			
Name of Facility Where Abatemen House Street Address	is Taking Place (3)		FACI	LITY INFO	ORMATI	ION		of Facility (4 School (K-1: Subchapter	2)	ar tha	n K-11	D)			
City (5)			00	îı O	<u> </u>		Squar	Other (i.e. petc.)	rivate 8	& com	merci	al build	ldg. A	A****************	es,
Demarest County (6) Bergen				Code (7) USE ONLY)	-		N/A Curre Hous	nt Use (Pric	N/A	_	molish		/A		
Name of Monitoring Firm Hired by N/A	Building Owner (8)		ASCM	No.		D&S	Abate	ement Con ement, In		(9)					
Street Address City, State, Zip Code					,	-	oseng	ren Aver	nue				W-2-11		
Project Manager for Monitoring Fire	n	T	elephor	ne No.		Totov Teleph 9733	one No			Lice	nse N	0.		- 24 11 11 11	
Start Date (10) 06/14/2019	Scheduled 06/18/20		pletion I	Date (11)		Name	of OSF	IA Monitor ement, In	c.	013	111				
Occupancy Status During Abateme Facility Closed/Vacated Durin Abatement Performed Outside Other – Describe:	g Entire Period of Ab	ateme	ent			City, St	oseng tate, Zi	ren Aver p Code J 07512	iue						
Scope of Work (Check All That App ≥3 sf or ≥3 if x ≥160 sf or ≥260 if	× Re	novati molitic				×	Min Glo	Containme i-Enclosure vebag Proc	edure					e	
	10 1000000	ocatio	525											ement	
Location of Asbestos-Containing Material (TO BE ABATED In Facility (13)	ACM) Used Main Custo	tenan	y by ce/		tos Cont thermal surfa	scription taining M systems cing, VA niscellan	laterial s insula T, or		(8	moun Specif or Li	у	Removal	Repair	Encapsulate	Enclosure
D	Yes	No	N/A			VAT			45	00.0		-		ю	
Basement & Lower Lev	/el	X				VAT			15	00 S	F	X			
Name of Registered Waste Hauler		100000	IDEP W		10-14-25-02-	Yards		Name of F	Registe	red L	andfill				
D&S Abatement, Inc.		1000000	auler ID 996	No.	of Wa TBD			Fairless		lfill					
City, State Totowa, NJ					Dispo: TBD	sal Date		City, State Morrisvi		A					
Completed by Ned Joksimovic	Title Projec	t Mai	nager		8	Signature	7	FN	/		Da 06	te 5/03/2	2019		

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

Check No.

5920

1 4		1					BESTOS ABAT		OHOOKIY	0. 2			_	_
Invoice#	115	72	(1	Pursu	ant to	NJAC	8:60 and 12-1	20)	FR	FI	7\//	F	Tr	1
Date of Notification (1)				T	Name	of Buildir	ng Owner/Operator	(2)	T) E U		71		7	11
May 16, 2019					New	Jersey	Transit Corp	oration						
Agency Notified	Type N	lotification			Street	Address			JUN	1.0	2019)		Jj
□ EPA	☐ Initia	al		1	One	Penn F	Plaza East	Å	U L 0011	1 0	2016		Sunt	ments.
Stephied per Saie Reg. 10/2014	⊠ Ame	ended			City, S	tate, Zip	Code			number of the contract of the	puntarundeamin	arguares	nobrana	punipen
⊠ DOL		endment # 1 ergency (includi	ina		Newa	ark, NJ	07105-2246		ASBESTO	OS CO	NTR()L &	l.	
⊠ DOH		ification)	ing		Name	of Contac	ct	and the second	Telephone Nu		The second second	diam'r.	(CONTRACT)	HERONA
☑ DCA	☐ Can	cellation			Willia	am R. (Goetchius		973-491-83	47				
					FACI	LITY INF	ORMATION							
Name of Facility Where	Abateme	nt is Taking Pla	ace (3)					Type of Facility	(4)					
Hoboken Terminal	- Pull	man Buildir	ng					☐ School (K-12	2)					
Street Address							91		8 (Other than K-1)					
1 Hudson Place								homes, etc.	rivate & commerci)	ai bullo	ings,			
City (5)								Square Feet	# of Floors	Bld	g. Age			
Hoboken, NJ 0703	0							8,645	2	11	1			
County (6)) (STATE USE	Current Use (P	r or if being demo	ished)				
Hudson					ONLY)		li e	Train Statio	on/Office					
Name of Monitoring Firm			PC100	ASCM	No.		Name of Abatem	ent Contractor (9)					
iris Labs of Union N	J / TTI E	Environment	al	0000	3 (TT	I)	B&N&K Res	toration Co.,	Inc.					
Street Address							Street Address							
333 Highway 22 / 1	253 N	orth Church	n St				223 Randolp							
City, State, Zip Code			VIII. 101				City, State, Zip C							
West Union, NJ 07			ı, NJ	0805	7		Clifton, NJ 0	7011						
Project Manager for Mon				elephor			Telephone No.		License No.					
Rick Eustaquio / J	im Gui				762 / 856-	840-8800	973-494-468		0120					
Start Date (10)		Scheduled C			te (11)		Name of OSHA							
May 29, 2019	A l 1	August 3	100				Iris Labs of	Union NJ						
Occupancy Status During	Abaten	nent (Check on	y one,				Street Address	. 00						
☑ Facility Closed/Vacate							333 Highway City, State, Zip C							_
☐ Abatement Performed ☐ Other - Describe:	Outside	of Normal Faci	lity Ho	urs			West Union,							
Scope of Work (Check all	I that app	oly)					west omon,	140 07000						\dashv
500 800 80		,,,			☐ Reno	ovation			Negative Pressu	re				
$\square \ge 3 \text{ sf or } \ge 3 \text{ If}$ $\boxtimes \ge 160 \text{ sf or } \ge 260 \text{ If}$					□ Rend □ Dem			Enclosure ebag Procedure						
									d Non-Friable Pro	cedure			6000000	
			N 500	Locati	(57.5%)						At	Typ		It
Locatio	n of			Normal ed Sole			Description	of					T	
Asbestos-Containin	_	al (ACM)		intena			stos Containing Ma		Amount		71	<u></u>	E	ш
TO BE AE			(Custodi Staff?	3.1	(I.e.	., thermal systems surfacing, VAT		(Specify SF or LF)		Rem	Rep	ne n	nclo
(13)				(12)			other miscellane		J. J. L.,		Removal	Repair		Enclosure
					Г						=	1	6	
2nd Floor Rear RT Roo	0 l a s	les Deser	Yes	No	N/A	Floor	r Tiles & Masti		112	0 sq	4	+	+	-
2nd Floor Middle F		Kei Kooiii				ALC: NO.				1 sq	-	-	+	-
				$ \Diamond $	-	1000 100 100	eum Flooring	Hannand wall		-		+	+	-
2nd Floor Middle F	7.			\Diamond			s Cleanup of co	niapsed wan		0 sq		+	+	\dashv
1st Floor Wall Plas Name of Registered Was			N	IDED	Vaste H		plaster Cubic Yards of	Name of Regis		sq. f				
B&N&K Restoration			4 (2/3)	No.	vaste n	autei	Waste	2007 C 19 91 93			-			
Jimmy Byrne Truc		1110.7	1	2695	/ 195	51	15	Inc.	County Landfill /	wiiner	va Ent	erpr	ise	s,
City, State	- 3						Disposal Date	City, State				-	_	
Clifton, NJ 07011 /	Bronx	, NY					05/30/2019 to 08/31/2019	Newburg /	Waynesburg					1320
Completed by		Title					Signature	//		Date				
Aleksandar Kuridz	a	President					Mil			6/3/	2019			

State of New Jersey

+ 11778	NOT	TIFICA (Purs	TION O	f asbesto NJAC 8:60 (IS ABATI and 12:1	emen i 20)	E C	heck#	8	叶 (37	
10/0102# 11/10				uilding Owne				ME	G		W	T
Date of Notification (1) 06-03-2019		Pec.	Han	nests	and '	Ventu	ives	山地	W.W.T. T. COMM-111			
Agencies Notified Type Notification		Str	reet Add		-73		D		IUN	1 0	201	9
T EPA Initial		1	10	184 7-Code	Lar	·liste	7,00	01111		1 0		-
DEP Amended Amendment #	ž)	Cit	15	, Zip Code	20	Neu	Jer	S49 NO	do	- distribution of the	NITO	71/8
Emergency (in	gribut		ame of C	Contact	<u> </u>	1 Section Section		Telenhone Numb	ion		10	3
DOH Justification Justification Cancellation		M	W. E	brad I	rra	der		L		Ř	. 15	
Name of Facility Where Abatement is Taking	Place (3)		FACILI	TY INFORM	ATION	Type of	Facility (4)					1
	ling					☐ Sci	hool (K-12)					Appletoners
Street Address	J						bchapter 8 her (Le. pri	(Other than K-12) vate & commercial	buildin	gs, h	mes,	
		, i.e.		. :		Square	:)	# of Floors		g. Age		-
City (5)			100	010		160		2			105	-
Audubon		10	ounty C	ode (7)		Current	Use (Prior	if being demolishe	ed)		+	
County (6) Camden		l (S	STATE US	SE ONLY) _		Vac	cant	-Fliph	omi			-
Name of Monitoring Firm Hired by Building O	wner (8)	operation of	ASCM		Na	me of Abate	ment Cont ironment	ractor (9) ral Concepts				anii raciii a
Quality Environmental Concepts		- 1	None		Str	eet Address						\neg
Street Address 1053 North Tuckahoe Road					10	53 North	Tuckaho	e Road				_
City, State, Zip Code			-		Cit	y, State, Zip	Code	Jersey 08094				ch-levaco-union ser
Williamstown, New Jersey 08094				- 51-	1	lephone No.		License No).			\dashv
Project Manager for Monitoring Firm Edward Knorr			elephon	9-1166		56-629-11		01086				Account of the
	Schedule	- 3			Na	me of OSH	A Monitor					V-Marine de La Company de La C
06-13-2019	06	- 14			-	70 (10)		tal Concepts				
Occupancy Status During Abatement (Check					10	reet Address 053 North	: Tuckah	oe Road				1
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of A	batem Hours	ent 🗸		Ci	ly, State, Zip	Code					
Other - Describe:					. V	√illiamstov	vn, New	Jersey 08094				_
Scope of Work (Check All That Apply)					\$4 54	[]				_		- Contraction
≥3 sf or ≥3 if ✓	CONTRACTOR OF THE PARTY OF THE	enovat emoliti				Mini	-Enclosure	ent with Negative F	162201	E .		To Control of the
2160 sf or ≥260 if	<u>.</u>	0,,,,,,,,,				Li Glön	vebag Pro Exemple	edure i (°) and Non-Friab	ile Proc	edur	3	
	1 10	Location	00	and the same of th		-	Administra				ment	- Inches
Location of	1	ionnali	ly	A postal de la constante de la	Descri	ption of			-	.3		
Asbestos-Containing Material (ACM)	Mai	d Solei intenar	nce/	Asbestos (i.e. th	contain contain	ing Material stems insula	(ACM) tion,	Amount (Specify	Re	고	Encapsulate	Enc
TO BE ABATED In Facility	Cust	odial S (12)	Staff?		surfacing	g, VAT, or cellaneous)		SF or LF)	Remova	Repair	psul	Enclosure
(13)	-	No	l N/A	9	MIGGI THE				<u>m</u>	,	ate	6
	Yes		TIWA .	 	13		_ 1 +					
Basement				AIT C	ellp	<u>10em</u>	<u>sulatu</u>	COLF.	\forall			
	1		Cheek Cheek	Fi	ning	<u>strarc</u>	7 .	00 FL	1	1		
	-		an and an an an an an an an an an an an an an	et page	- 2				+-	-		
13 CD 11 5107 12 11 Jan		1 1	JUDEP V	Maste I	Cubic Ya	ırds	Name of	Registered Landfi	II.	all a		<u></u>
Name of Registered Waste Hauler Quality Environmental Concepts		- P	lauler iE	No.	of Waste		Sale	m County	Sali	91	7707	خاد
		[1	9710		4cy Disposal	Date	City, Sta	LPIEX				
City, State Williamstown, New Jersey				LANCETHURS	p.wed		2. (ioway. N	J			
Completed by	Title				Sign	nature	1/20		ate	, ,) ^ (19
Edward Knort	Vice	Pres	ident			CARD	المحال	+ Torum	6-1	> ($ \cup$	11

25									222		and the same of th	-	0.7	-Pr	int Fo
nvoice#1	1427	N		ICATION	ate of New OF ASB to NJAC	ESTOS	ABATE		T The second state of the	Dr	E C		\mathbb{V}	L	
Date of Notification (1)				Name of	Building	Owner/0	Operator	(2)			JUN	10	201	9	1
5/24/19	Ckeck#3386			St Mic	hael's C	Church			- Transfer	had had	3 7 0333663				
Agencies Notified	Type Notification	1		Street A	3000				- A		ASBESTO	SCC	NTR	OL 8	-d
EPA	Initial		-		ith Stre	742					ASSESTO	ENS	NG		
DEP DOL	Amended Amendmen	t #		1200 m	te, Zip Co eth, NJ				L						
		(including	-		Contact	07201				Tel	lephone Nu	mber			
DOH DCA	justification Cancellation			Nassa	r Shabo					10.00	3-497-41				
				FACI	LITY INFO	ORMAT	ION					VI 0.11			
Name of Facility Where		ng Place (3))					Тур	e of Facility ((4)					10
Parish Hall: St Mid	chaer's Church								School (K-1			0.1			
Street Address 899 East Jersey S	Stroot							×	Subchapter Other (i.e. p				dings,	home	es,
City (5)	ou eet								etc.)				3		
Elizabeth								200	iare Feet 000	1	f Floors	1000	lldg. A 50+	ige	
County (6)			Т	County (Code (7)			0.000	rent Use (Pri		ina demolis				
UNION					JSE ONLY		_	l	urch		3	,			
Name of Monitoring Fir	m Hired by Building	Owner (8)		ASCN	l No.				patement Corpo		1.00				
Street Address							Street	Addr	ess	ration	•				
							1.5000.00	VE 100 100 100 100 100 100 100 100 100 10	Street						
City, State, Zip Code							1000		Zip Code erg, NJ 07	093					
Project Manager for Mo	onitoring Firm			Telephor	ne No.		Teleph 201		No. -1700		License N	lo.			
Start Date (10)		Schedule	d Cor	mpletion [Date (11)			-	SHA Monitor		01074				
5/29/19		6/1/19					Sam	e as	above						
Occupancy Status Duri	ng Abatement (Che	ck Only One	e)	4			Street	Addr	ess						
	cated During Entire med Outside of Nor 3 PM					_	City, S	State,	Zip Code			-			
Scope of Work (Check	All That Apply)													-112-12	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				X	N G	ull Containm fini-Enclosure Blovebag Pro	e cedure					
		Τ.						1 1/	Ion-Exempte	a (*) an	d Non-Friat	le Pro		ement	
Location	on of		Locat ormal	0.000		Do	aarintian	of						ре	
Asbestos-Containin	g Material (ACM)		d Sole			tos Con		/lateri	ial (ACM)		mount			ш	
TO BE AI		5-49-715760-	odial S	Staff?	(i.e.		system cing, VA				Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(13			(12)				niscellar				/	lova	pair	sula	Sur
		Yes	No	N/A										te	Ф
Crawl Sp	ace #1		Х			Pipe	Insula	ation		4	00 LF	х			
Crawl Sp	ace #2		Х			Pipe	Insula	ation		2	00 LF	х			
Boiler F	Room		Х			Pipe	Insula	tion		2:	20 LF	Х			
Name of Registered Wa			8.70	IJDEP W lauler ID		Cubic of Wa	Yards ste				ered Landfill				
Tri-State Transfer	Assoc		10.00	9551		tbd			Minerv	a Ente	erprises In	10			
City, State						2007	sal Date		City, Stat		00000000				
Bronx, NY						tbd			Wayne	sburg					
Completed by Gina Betances		Title	Ma	nager		S	Signature	6	Blunk			ate /29/1	9		

 $[\]ensuremath{^{\star}}$ Do not use this form for asbestos licensure exempted activities.

Invoice# 11776

Date of Notification (1 06/03/2019)		Ì	Name o	f Building	Owner/0	Operator (2) Public Schoo	ls		heck N	o 15	09-		in the same
Agencies Notified	Type Notification		+	Street A					n E	M		1		
⊠ EPA	☑ Initial			17 Eria	l Road				KI	AND DESCRIPTION OF THE PERSON		drawn and	de Karafinko	
⊠ DEP ⊠ DOL	☐ Amended Amendment #				ite, Zip Cood, Ne		y 08012			JUN	1 0	20	19	-
☑ DOH	☐ Emergency (ir justification)	ncluding	Ī		f Contact				Telephone	Numbe	r			
IXI DCA	☐ Cancellation			John B	LITY INF	ORMATI	ON		356-227 AS	BESTO	9 G(ONT	ROL	8
Name of Facility When Blackwood Elemen		g Place (3)					Type of Fac	ility (4)		LIU	ENO	MG	ALCO AND THE REAL PROPERTY.	annesta et es
Street Address	tary concer						⊠ School		9					
260 Blenheim Erial	Road							pter 8 (Other tha e. private & com		uildings,	hom	es, e	tc.)	
City (5) Blackwood, New Je	ersey 08012						Square Fee 20,000	11	f of Floors		Bldg 50+	g. Ag	е	
County (6) Gloucester				County (Code (7) USE ONLY)	Current Use	(Prior if being d Elementary S		d)				
Name of Monitoring F Pennoni	irm Hired by Building	Owner (8)		ASCN 0005			Name of Aba Lilich Corpo	atement Contrac oration	tor (9)					
Street Address 515 Grove Street, S	Suite 1B						Street Addre 246 Union	7-74						
City, State, Zip Code Haddon Heights, No	ew Jersey 08035						City, State, 2 Totowa, Ne	ip Code W Jersey 0751	12					
Project Manager for M Thomas Leisse	Ionitoring Firm			Telepho 856-54	ne No 7-0505		Telephone N 973-225-84		Licen 0110	se No.)4				
Start Date (10) 06/17/2019		Scheduled 06/28/201	Cor 19	npletion	Date (11)		Name of OS Iris Environ	HA Monitor mental Labora	tories, L	LC				
Occupancy Status Du	ring Abatement (Chec	k Only One)				Street Addre							
☐ Facility Closed/Vac ☐ Abatement Perfor	med Outside of Norm			nt			City, State, 2	ip Code	A mark a					_
							Union, NJ (07083						\dashv
≥3 sf or ≥3 lf	And a state of the	⊠ Re	nova	tion			⊠ Fu	I Containment w	ith Negat	ive Press	sure			
≥160 sf or ≥260 lf		□ De	molit	ion				ni-Enclosure ove Bag Procedi	ure / Limit	ed Conta	ainme	ent &	Tent	
			-				□ Nor	n-Exempted (*) a	and Non-F		- 5			
		27.71	ocat rma				5		(Spec	cify	A	Typ		
	tion of ing Material (ACM)	Used Main	Sole	ly by	Asbe		Description of ntaining Materi	al (ACM) (i.e.	SF of	LF)			ш	
	ABATED acility	Custo	dial S		the	rmal sys	tems insulation VAT, or	n, surfacing,			Ren	Re	Encapsulate	Enclosure
	3)		(12)			oth	er miscellaneo	us)			Removal	Repair	sula	osun
10		Yes	No	N/A							1011000		te	(D)
Boiler	Room	X				Boiler	1, Interior Insu	ulation	6'x4'	x5'	Х			
Boiler	Room	Х				Boiler	2, Interior Insu	ulation	6'x4'	x5'	Х			
Boiler	Room	Х					Breeching		100	SF	Х			
Boiler	Room	Х			1	Flue pato	thing on brick	chimney	4 SI	F	Х			
Boiler	Room	X			Fittin	g assoc v	w/fiberglass pi	pe insulation	25 e	a	Х			
Name of Registered V	Vaste Hauler			IJDEP W			Yards	Name of Regi	stered La	ndfill				
Lilich Corporation	å.			lauler ID 18724	NO.	of Wa		Fairless Lar	ndfill					
City, State Totowa, New Jerse	у						sal Date /2019	City, State Morrisville, F	PA	2.1				
Completed by Adriana Olejarova		Title Pres	iden	t		S	ignature	(2		Date 06/03	3/201	19		

# 11555	5			8	late of Na	yw Jersey		OL - 10 I	THE OWNER OF THE OWNER, WHEN	N	1 0	20
5772		NOT		TION	OF ASE	BESTOS ABA C 8:60 and 5:	TEMENT	P	ODES	TDS LIDE	S CC NS	NT
Date of Notification (1)						Owner/Operator		WE-11	7			
06 /	03 / 19					Imerica Comm	unides Berrym	an's Branch	6			
Agencies Notified EPA BOOLVO	Type Notification Initial Amended			161		vivania Avenue	W.A.	AES APPE	? 07/		-1000	
№ ВОН	Amendment #			1.000	State, Zip C		,					
DGA (NJAC 5:23-8)	Emergency (in justification)	roluding)	The second second second	eland, NJ			Telephone Num	n loan	-	-	
Committee and of	☐ Cancellation			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	stal Bonr			I resource lent	nuei			
		110		Danisana		FORMATION		-				
Name of Facility Where A	batement is Taking	g Piece	(3)				Type of Facility					-
House No. 8 Streat Address							School (K-1)	2) 8 (Other than K-1	21			
1616 Pennsylvania	Armeria						Ma Otuel (re" b	riable sub colul	araiel bi	vila ing	5,	
City (5)	WARLINE						homes, etc.				_	
Vinciand	•						Square Feet 1.500	# of Floors		ldg. A 80	90	
County (6) Cumberland			10-	Cour	ty Code (7	(STATE USE ONLY	Current Use (P.	rior If being demoi				
Name of Monitoring Firm	Hired by Building C	Dwner	(8)	ASCM	No.	Name of Aboten	ment Contractor (9					_
Coastal Environme	ntal Compilance	a, LLC				Shade Envi	ronmental, LLC					
Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Street Address	***************************************				× ====	
PO-Box 167 City, State, Zip Code						\$23 Cutler A						
Hammonton, NJ 08	037					City, State, Zip (-				
Project Manager for Moni			Trale	phone	Ne	Maple Shad Telephone No.	e, NJ 08052	License No.				-
Cathy Loddon			60	9-920	-9312	858-755-008	7	90842				
Stort Date (10) 		101ed C 16 /			to (11) 19	Name of OSHA EMSL Analy						
Occupancy Status During	Abstement (Checi	k only (ine)			Street Address						
☐ Abatement Performed	d During Entire Pe	riod of	Abste	ment		200 Route 1						
Time of Abatement:	ANF	M/	_PM-	2 - 1384	AM	City, State, Zip (Cinnaminso						
Scope of Work (Check all	that apply)				W	Pettigetif 190	11, 140, 00077			-		4
전 23 af or 23 if 전 2160 sf or 2280 if		☐ Re	movati molitic	on n		☐ Mini-En	ntsimment with Ne closure sg Procedure empted (*) and No		ure			,
			Locat							elom	ent T	ура
Asbestos-Conteining I YO BE ABA IN Facilit	Meterial (ACtVI) TED	Use Ma	Verma d Sole intens todkal	ly by	Asba: (i.e.	Description stes Containing M thomas systems surfacing, VA	sterial (AGM) insulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclusare
(13)		Yes	(12) No	N/A	}	other miscellan	edus)	0.0127	-		Hale	8
Exterior Roof			×		Flashing	9		920 \$F	X			
										0		
	10										_	
Name of Registered Wast Freehold Cartage	e Hauter		N	JDEP I	No.	Cubic Yards of Weste	Name of Regis			-	_	
City, State				1593		Disposal Date	City, State			_		
Freehold, NJ						06/06/2019	Morriaville	. PA				
Completed By (Print or Ty	pu) Title	3				Signatura		-	ate		-	
		-				I MANAGEMENT IN	All The same of th		610			

Invoice#11778

Date of Notification (1) 06/03/2019						Operator (2) Public School	nls II	Check	(No 1)	510/	7 [5	2 [
Agencies Notified Type Notification			Street	Address al Road		- 42110 00110		7 500	LE U	3100	IC	7
☑ EPA ☑ Initial ☑ DEP ☐ Amended ☑ DOL ☐ Amendment ☐ Emergency (City, S	tate, Zip C vood, Ne		y 08012	and the second s	JUN	10	20	19	
☐ Emergency (☐ DOH justification) ☐ Cancellation	including			of Contact Bilodeau			1 8	elephone Nun 56-227-1400	ber oc	NTF	IOL.	&
			FAC	ILITY INF	ORMAT	ON	Japonopos	EII	SENSI	NG	- Charleston	On the second
Name of Facility Where Abatement is Tak Chews ELementary School	ing Place (3	3)				Type of Fa	cility (4)					
Street Address 600 Elementary Landing/Somerdale F	Road		12			☐ Subch	apter 8 (Other tha i.e. private & com	n K-12) mercial buildin	gs, hon	nes, e	etc.)	
City (5) Blackwood, New Jersey 08012 County (6)			0 .	0 1 (7)		Square Fee 20,000	1	of Floors	50	lg. Ag +	je	
Gloucester			(STATE	Code (7) USE ONLY	0	-	e (Prior if being de Elementary S	chool				
Name of Monitoring Firm Hired by Building Pennoni	Owner (8)		000s	M No. 57		Name of Ab Lilich Corp	patement Contract poration	or (9)		1100015		
Street Address 515 Grove Street, Suite 1B						Street Addre 246 Union	ess Boulevard					
City, State, Zip Code Haddon Heights, New Jersey 08035						City, State, Totowa, N	Zip Code ew Jersey 0751	2				
Project Manager for Monitoring Firm Thomas Leisse			Telepho 856-5	one No 47-0505		Telephone 1 973-225-8		License No 01104),			
Start Date (10) 07/08/2019	Schedule 07/19/20		mpletion	Date (11)			SHA Monitor nmental Laborat	ories, LLC				
Occupancy Status During Abatement (Che			ent			Street Addre 2333 Route						
☐ Abatement Performed Outside of Norm ☐ Other – Describe: Occupied Scope of Work (Check All That Apply)	nal Facility I	Hours				City, State, 2 Union, NJ	Zip Code 07083					
□ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		enova emolit				□ M □ G	III Containment wit ini-Enclosure love Bag Procedu n-Exempted (*) ar	e / Limited Co	ntainm	ent &	Tent	t
Location of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Locat						Amount (Specify	100	baten Typ		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntena odial s (12)	nce/ Staff?	Asbe the	stos Con rmal syst	Description of taining Mater ems insulation VAT, or er miscellaned	ial (ACM) (i.e. n, surfacing,	SF of LF)	Removal	Repair	Encapsulate	Enclosure
Boiler Room	Yes	No	N/A	Roiler 1	Interior	Insulation (br	rick platform 3 ft	161-101-101			e e	
Boiler Room	X					high)	ick platform 3 ft	16'x10'x10'	X			
				Boller 2,	interior	high)	ick platform 3 ft	16'x10'x10'	Х			
Boiler Room	X					Breeching		380 SF	Х			
Boiler Room	X			Trans	site Ceilir	ng Mounted A	Above Ceiling	125 SF	Х			
Boiler Room	X			Fitting	g assoc w	/fiberglass pi	pe insulation	75 ea	Х			
Name of Registered Waste Hauler Lilich Corporation		Н	JDEP W auler ID 18724	151121515151	Cubic of Was		Name of Regist					
City, State Totowa, New Jersey					Dispos 07/19/	al Date 2019	City, State Morrisville, PA	10				
Completed by Adriana Olejarova	Title Pres	sident	t	1 1	Si	ghature	1 (0,	Date 06/	03/201	19		

Date of Notification (1)	10ice# 117	180	1	NOTII		MOITA	OF AS	lew Jersey BESTOS ABA AC 8:60 and 5:1		BE	GE		V	-
Agencies Notified Paul		03 /	19						(2)		JUN 1	0	201	9
												00000000		Nego-
Amended Amended Paulisboro, N.J. 08066 Name of Contact Arvin Sabillena School (K-12) School (K-1			ation			Street	Address			ASB				0
Amendment # Paulsboro, N.J. 98066		A STATE OF THE PARTY OF THE PAR	d			City	State 7in	Code		L	LICE	MOII	10	ores
	□ DOH	Amendm	nent#_			colling more								
Cancellation	[10] 			luding						Tolophono	Numbo	-		
Table Tabl	(NJAC 5:23-8)									relebitorie	Numbe	La:		
Name of Facility Where Abatement is Taking Place (3)					-	FΔ	CILITYII	NEORMATION		<u> </u>			×-	-
School (K-12)	Name of Facility Where	Abatement is	Taking	Place	(3)	1.70	OILII I II	VI ORMATION	Type of Facility	(4)			-	-
Subapter 8 (Other rike, nk. 12)	The second secon													
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Shade Environmental, LLC Street Address Street Addres	Street Address								☐ Subchapter	8 (Other than		al lavor		
Cauty (6)											mmercia	ai bu	liaing	S
Paulsboro	City (5)		10			_	0 - 1				rs	Bk	dg. Ag	je
Single Single	Paulsboro						KOL.	nla	1,262	2		1		
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services Street Address Street A	County (6)					Cour	ity Code (7)(STATE USE ONLY)	Current Use (P	rior if being de	emolishe	ed)		-
Management & Enviro. Consulting Services Shade Environmental, LLC	Gloucester								Residence					
Street Address PO Box 341 Street Address 623 Cutter Avenue	Name of Monitoring Fin	m Hired by Buil	Iding O	wner (8	3)	ASCM	No.	Name of Abatem	ent Contractor (9)				_
City, State, Zip Code	Management & Er	nviro. Consul	Iting S	Servic	es			Shade Envir	onmental, LLC	;				
City, State, Zip Code	Street Address							Street Address				2		
Chesterfield, NJ 08515	PO Box 341							623 Cutler A	venue					
Telephone No. Bill Weisgarber	City, State, Zip Code							City, State, Zip C	ode					_
Sill Weisgarber	Chesterfield, NJ 0	8515						Maple Shade	e, NJ 08052					
Start Date (10)	Project Manager for Mo	nitoring Firm			Tele	ephone	No.	Telephone No.		License 1	No.			
D6	Bill Weisgarber				60	09-298	-4070	856-755-009	9	00842	Ē			
Occupancy Status During Abatement (Check only one) Sequence Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM PM- AM Scope of Work (Check all that apply) Sequence Facility Abatement: Abatement: AM- PM PM- AM Sequence Firme of Abatement: AM- PM PM- AM Sequence Firme of Abatement: AM- PM PM- AM Sequence Firme of Abatement: AM- PM PM- AM Sequence Firme of Abatement: AM- PM PM- AM Sequence Firme of Abatement: AM- PM PM- AM Sequence Firme of Abatement: AM- PM PM- AM Sequence Firme of Abatement: AM- PM PM- AM Sequence Firme of Abatement: AM- PM PM- AM Sequence Firme of Abatement: AM- PM PM- AM Sequence Firme of Abatement: AM- PM PM- AM Sequence Firme of Abatement: AM- PM PM- AM Sequence Firme of Abatement: AM- PM PM- AM Sequence Firme of Abatement: AM- PM PM- AM Sequence Firme of Abatement: By Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Abatement Abatement Abatement Abatement By By By Ababestos Containing Material (ACM) Amount Abatement Abatement Abatement Abatement Custodial Staff? (i.e., thermal systems insulation, (Specify Stafe) Sequence Firme of Abatement with Negative Pressure Abatement Abatement Abatement Abatement Abatement Abatement Abatement Abatement City, Stafe, Zip Code Cinnaminson, NJ 08077 Abatement A		TO 100 TO						Name of OSHA	Monitor	2)				
Secility Closed/Vacated During Entire Period of Abatement	06 /14	/ _19_	06	<u>3</u> /	17	7_ / .	19	EMSL Analy	tical, Inc.					
Time of Abatement:AMPM/PMAM		100 to 10	20	53	50	ment	9		30 North					
Scope of Work (Check all that apply) Scope of Work (Check all that apply)				0.0				City, State, Zip C	ode	W-1-0				_
≥3 sf or ≥3 lf	Time of Abatement:	AM	PM	/	_PM-		AM	Cinnaminso	n, NJ 08077					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Crawlspace Description of Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A Pipe Insulation	≥3 sf or ≥3 lf	all that apply)						☐ Mini-End☐ Gloveba	closure ng Procedure					500
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Crawlspace Quick Solely by Maintenance/Custodial Staff? (12) Yes No N/A								31				Aba	ateme	er
Crawlspace Custodial Stall Surfacing, VAT, or other miscellaneous SF or LF SF or LF			(4)				Ashe			Amour	nt	Re	Re	
CrawIspace Pipe Insulation 100 LF	TO BE AE	BATED	53Z					e., thermal systems	insulation,			vom	pair	1
CrawIspace Pipe Insulation 100 LF				Cust						SF or L	.F)	<u>a</u>		
Name of Registered Waste Hauler Freehold Cartage NJDEP Waste Hauler ID No. 15939 City, State Disposal Date City, State City, City, City, City, City, City, City, City, City, City, City, City, City, City	(10)	5		Yes	No	N/A		other micronan	, , , , , , , , , , , , , , , , , , , ,					
Name of Registered Waste Hauler Freehold Cartage City, State Cubic Yards of Waste Hauler Fairless Landfill Waste Standfill Pairless Landfill Pairless Landfill City, State	Crawlspace				\boxtimes		Pipe In	sulation		100 L	.F	\boxtimes		
Name of Registered Waste Hauler Freehold Cartage NJDEP Waste Hauler ID No. 15939 City, State Cubic Yards of Waste Fairless Landfill Fairless Landfill Disposal Date City, State					П	I_{Π}								1
Name of Registered Waste Hauler Freehold Cartage NJDEP Waste Hauler ID No. 15939 City, State NJDEP Waste Hauler ID No. 2 Disposal Date City, State			-	=	=	1							П	-
Name of Registered Waste Hauler Freehold Cartage City, State NJDEP Waste Hauler ID No. 15939 Disposal Date Cubic Yards of Waste Fairless Landfill City, State Cubic Yards of Waste Fairless Landfill City, State					_	+=	<u> </u>				-			1
Freehold Cartage Hauler ID No. 15939 Waste 2 Fairless Landfill City, State Disposal Date City, State	Name of Registered Wa	aste Hauler				JJDEP I	Vaste	Cubic Yards of	Name of Regi	stered Landfi	l	ш		38
City, State Disposal Date City, State					110000	Hauler II	O No.							
Freehold, NJ 06/17/2019 Morrisville, PA	City, State					1000								
	Freehold, NJ							06/17/2019	Morrisville	e, PA				
	Christina Lynch		Vi	ce Pre	side	ent of	Operatio	ns / land	1	\	10	12	10	

. A.	122		Sta	te of New Jersey	r Bed a williage	ENT	In E C	1 15		W	E
Invoice # 11788)	OTIFIC (Pu	CATION Irsuant t	OF ASBESTOS A to NJAC 8:60 and	112:120)	TE-9 S			- Li	manus annual	
Date of Notification (1)	E	1	Name of	Building Owner/O			JU	N 4	0 2	2019	1
10419			Street Ac		11 (10)	U	13 6	* 1	0 1	.010	
Agencies Notified Type Notification		4	Street At	Iuless	(0)		ASBES	TOS	CON	TRO	
EPA Initial Amended			City, Stat	te, Zip Code				LICEN			
DOL Amendmen		-	Name of	K. Vil	760	Sly	Tet-				
DOH justification)			Comaci Co			,1				
				LITY INFORMATI	ON	- C= 11:-	-				
Name of Facility Where Abatement is Taki	ng Place (3)			F	Type of Facility School (K-					
Street Address						Subchante	er 8 (Other than K-1	2)	liano	home	
a promote the same of the same						etc.)	private & commerc				,ی,
City (5)		0	87	24	The state of the s	Square Feet	# of Floors	B	ldg. A	ge) j	
County (6)		T	County C	Code (7) USE ONLY)			rior if being demolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN		Name o	f Abatement Co	ontractor (9)				
Marie of Monitoring First Fined by Building	y Ourier (o)		710011		A	(Ins.	Jation 1	(:3]	ai	war.	
Street Address					Street A		-0.01				
City, State, Zip Code					City, Sta	nte, Zip Code	esc Rd				
Oily, State, 219 Gode					()		K, N.5.53		9-9		
Project Manager for Monitoring Firm		and the training of the	Telephor	ne No.	Telepho	ne No. 10/3/1/12-1	License i				
Start Date (10)	Schedule	ed Con	npletion I	Date (11)	Name of	f OSHA Monito	1	- 1			
(0/13/19	16010		9		Street A	dienn					
Occupancy Status During Abatement (Ch					2aesr v	duless					
Facility Closed/Vacated During Entire Abatement Performed Outside of No	rmal Facility	Hours	ient S		City, Sta	ate, Zip Code					
Other - Describe:	pm	-						100			
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf	П	Renova	tion			Full Contains	nent with Negative	Pressu	re		
25 \$1 01 25 11 ≥160 sf or ≥260 lf	T Charge of)emolit			H	Mini-Enclosu Glovebag Pn	re				
				I	区	Non-Exempt	ed (*) and Non-Fria	ble Pro	Waster Co.		
		Locati Normal								ement /pe	
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbestos Con		aterial (ACM)	Amount			H	- E
TO BE ABATED In Facility	4	todial 3			cing, VAT	, or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	-		1	other i	miscellane	ous)		wal	air	ulate	eme
	Yes	No	N/A	. v:			0. 0	-	-	<u> </u>	
6x4000	-		12	Digin	<i></i>	K-1W-10-1	120012	N	-	-	
			1)							
	-		1					-		-	
Name of Registered Waste Hauler			JUDEP W		Yards	Name o	I of Registered Landf	1	1		L
Ace Tosolation C.	·, 工(1	fauler ID ファック		iste/	1 (1/	(125				
City, State			/ 5	Dispo	sal Date	City, St.	20				
Completed by	Title				Signature	100	100, 10+	ate	- 1		
Bree mc Gire	1,	Hor	VI/cc	ster t	De	<u> </u>		Ol	41	19	
ASB-41 (R-06-08)			1		* Do not	use this form for	orasbestos licensu	re exer	npted	activi	ties.
100-11 (11-00-00)							1		\$		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

11 NOICO# 1121	X	(P	ursua	nt to NJ	AC 8	3:60 and 5:1	6)	FO	P	ПГ	ЛГ	= r
Date of Notification (1)			Nam	e of Buildin	g Ov	vner/Operator ((2)	HAEG	E	<u> </u>	<u> </u>	5
06/04/	19		CS	SE Corp.			10.50	1 3	66-	7 8	1	
Agencies Notified Type Notified	cation		Stree	t Address					¥ U)19	
☑ EPA ☐ Initial			61	7 Union A	ver	ue, Bldg. 3,	Suite 3		, 11) = (110	l lawy
☑ DOLWD ☑ Amende				State, Zip				Access of the Parket State	Mathematica de la composition de la composition de la composition de la composition de la composition de la co			
☑ DOH Amenda ☐ DCA ☐ Emerge	nent # ncy (includin	-	1	ielle, NJ (ASBEST			ROL	8
(NJAC 5:23-8) justificat	ion)	g	Name	e of Contac	t			Telephone Ni.	ICENS	HNG		-
☐ Cancella			Ch	ris Wilco	x			1				
			FA	CILITY IN	IFO	RMATION		0.00				
Name of Facility Where Abatement is	Taking Place	e (3)					Type of Facil	ity (4)				
Residence							School (K					
Street Address							Subchapte Other (i.e.	er 8 (Other than K-1), private and comme	2) ercial bi	uilding	10	
27. (5)							homes, et		oroidi b	anding	,,,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Wall Twp.							750 sf	1 1		65		
County (6)			Cou	nty Code (7)(STA	ATE USE ONLY)	Current Use ((Prior if being demol	ished)			
Monmouth							Residenc	B				
Name of Monitoring Firm Hired by Buil	ding Owner	(8)	ASCM	No.	100000	me of Abateme						
Street Address						Guardian Co	ntracting, In	c.				
Street Address						eet Address		. XI				
City, State, Zip Code						889 Route 9						
City, State, Zip Code						y, State, Zip Co						
Project Manager for Monitoring Firm		1				oms River,	New Jersey	TO COMPANY THE PARTY OF THE PAR				
Project Manager for Monitoring Firm		I el	ephone	No.	1	ephone No.		License No.				
Start Date (10)	Scheduled C	ample	otion De	4- /44)		32-349-9932		00624				
06 /04 /19	06 /				125505	me of OSHA M						
			<u> </u>	15		.M.S.L. Anal	lytical					
Occupancy Status During Abatement (Facility Closed/Vacated During Enti					2,000	eet Address						
☐ Abatement Performed Outside of N	ormal Facilit	v Hou	rs - Des	cribe		056 Stelton						
Time of Abatement:AM	PM/	PM		AM		, State, Zip Co						
Scope of Work (Check all that apply)	- In the second					iscataway, N	vew Jersey (08854				
						☐ Full Cont	ainment with N	legative Pressure				
\supseteq 3 sf or \ge 3 lf \supseteq 160 sf or \ge 260 lf	☐ Re 図 De	novat	tion			☐ Mini-Encl	losure					
	₩ 50	inonti	OII				Procedure mpted (*) and I	Non-Friable Procedu	ıre			
P3 88 99		Loca						T		ateme	ent T	vpe
Location of		Norma	ally ely by		W 77	Description of			100	1		
Asbestos-Containing Material (ACN TO BE ABATED	" Ma	intena	ance/			Containing Mar rmal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	Cus	todial (12)	Staff?	(S	urfacing, VAT,	or	SF or LF)	oval	=	psul	Sur
(13)	Yes	No	N/A		oti	ner miscellaned	ous)				ate	(b)
exterior		×		asbesto) C FO	ofina		400 -5				
exterior				window				400 sf				
interior			-	asbesto	_			8 windows				
monor		7.0 0		aspesto	STIC	oor tile		500 sf		Ш		Ш
Name of Registered Waste Hauler			LIDEDA	N/	0.1		T.,				Ш	
Guardian Contracting, Inc.		1000	\JDEP \ lauler I[Cub Was	oic Yards of ste		gistered Landfill				
City, State			20223		3	NO. 201	T.R.R.F.					
Toms River, New Jersey						oosal Date	City, State					
	T ====				0	6/05/19	Tullytow	n, Pennsylvania		J.		
Completed By (Print or Type)	Title		200.000.000			Signature		// Da	ate	-	1 1	
Nicholas Fernicola	Project	Man	ager			\ \	711	at I	61	41	17	

invoice#	1784	N	ОТІІ		MOITA	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:10		DEC	E		\mathbb{V}	E
Date of Notification (1)	000		-	-	Name	of Buildin	g Owner/Operator (2)	1131				- 11
	04 /	19				Iters Res		2)	Jb	N A	0 2	2019	3
Agencies Notified	Type Notifica	ation			Street	Address			Sad herb	- 4			-
⊠ EPA	☐ Initial	auon			Otrect	Address					2011	TDO	t O.
☑ DOLWD	☐ Amended	i			City	tota 7in (Code		ASBES	HOS			L Ot
☑ DOH	Amendme	ent #				State, Zip C				and Control	about the same	numerome d	
☐ DCA	☐ Emergen		ding			negat, N							
(NJAC 5:23-8)	justification	3.500				of Contac	t		Telephone Numi	oer			
	☐ Cancellat	tion			Vic	tor					v. um		
					FA	CILITY IN	IFORMATION						
Name of Facility Where A	Abatement is T	Taking P	lace	(3)				Type of Facility (4)				
Residence								School (K-12)				
Street Address								☐ Subchapter 8	(Other than K-12)	420122000		
								homes, etc.)	ivate and commer	cial bu	ilding	js,	
City (5)							1	Square Feet	# of Floors	BI	dg. A	ne .	
LB Twp.						UXU	178	1600 sf	1		39. A	ge	
County (6)					Cour	ty Code (7	VOTATE LISE ONLY				55		
Ocean					Cour	ity Code (/)(STATE USE ONLY)		or if being demolis	nea)			
	5			. т				Residence				V	
Name of Monitoring Firm	Hired by Build	ding Owr	ner (8	3)	ASCM	No.	Name of Abateme						
N/A							Guardian Co	ntracting, Inc.	//				
Street Address							Street Address						
							1889 Route 9	, Unit 61					
City, State, Zip Code							City, State, Zip Co	ode					
							Toms River,	New Jersey 087	755				
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.	1000	License No.				_
543							732-349-9932	!	00624				
Start Date (10)	S	Schedule	ed Co	mple	tion Da	te (11)	Name of OSHA M	Ionitor		100		7.00	
06 / 14 /				1850	1	33 Table 100	E.M.S.L. Ana	lytical					
Occupancy Status During	Abstement (Street Address						
☐ Facility Closed/Vacate	TO 10.79			0.57	mont								
☐ Abatement Performed						crihe	1056 Stelton						
Time of Abatement:							City, State, Zip Co						
							Piscataway, I	New Jersey 088	354				
Scope of Work (Check al	I that apply)						□ Full Cont	tainment with Neg	ativo Proseuro				
≥3 sf or ≥3 lf			Ren	ovati	on		☐ Mini-Enc		alive Flessule				
≥160 sf or ≥260 lf		\boxtimes	Den	nolitio	n		☐ Glovebag	g Procedure	2200000000 2200 AV				
						1	⊠ Non-Exe	mpted (*) and Nor	n-Friable Procedu	1			
1				Locat orma						Ab	atem	ent T	уре
Location Asbestos-Containing		n			ely by	Ashe	Description of stos Containing Ma		Amount	Re	Re	ᄪ	E
TO BE ABA	TED	*		ntena			., thermal systems		(Specify	Removal	Repair	cap	clos
IN Facili	ty	Ι,	Custo	(12)	Staff?		surfacing, VAT	, or	SF or LF)	la la		Encapsulate	Enclosure
(13)			'es	No	N/A	1	other miscellane	ous)				ate	
exterior-house			-						4550 5	E 7			
			-				os siding		1550 sf				Ц
exterior-transite skirt	i.	_ L		\boxtimes		asbesto	os siding		600 sf		Ш	Ш	Ш
Name of Registered Was	te Hauler			200	JDEP \		Cubic Yards of	Name of Regist	tered Landfill				
Guardian Contracti	ng, Inc.			-	20223		Waste 3	T.R.R.F.					
City, State					20220		Disposal Date	City, State				-	
Toms River, New Je	ersey						06/17/19		Pennsylvania				
Completed By (Print or T	ype)	Title				72112	Signature		Da	te /	1	-	_
Nicholas Fernicola	******	1100000	iect	Man	ager			/	1	1/,	1/1	0	

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nvoice #	970			FICATIO		EST	rsey OS ABATE and 12:12		г	B	E	<u>1</u>	E		V [
Date of Notification (1) 06/05/19							er/Operato partments			1 1 1 1	J	IN	1 () 21	019
Agencies Notified EPA	Type Notification				Address Highway	/ 33				a Particular de la companya del companya de la companya del companya de la compan	ASBES	STO	SC	ONT	ROL
DEP X DOL	Amended Amendmen				ate, Zip Co ine City,		07753			least temporary	Páshiparuunstulistu	LIO	ENC	DAK	innohemista
DOH DCA	Emergency justification) Cancellation	,	3		of Contact ing Broo	k Ap	artments	5		Telephon 732-92					
Name of Facility Where	Abatement is Takir	ng Place (3)	FAC	ILITY INF	ORM	ATION	Typ	e of Facility (4	1					
3633 Highway 33 Street Address		19 1 1400 (School (K-12 Subchapter	2)	n K 12\				
3633 Highway 33							Ε	×	Other (i.e. pr etc.)			ouild	ings,	hom	es,
City (5) Neptune			(095	153)		Squ	are Feet	# of Floor	'S	BI	dg. A	ige	
County (6) Neptune					Code (7) USE ONLY	_	_	100000000000000000000000000000000000000	ent Use (Prio Iding	r if being der	molished)			
Name of Monitoring Fir	m Hired by Building	Owner (8)	ASCI	M No.				atement Cont		 S				
Street Address							Street	Addre							
City, State, Zip Code							City, S	State, 2	Zip Code OD, NJ 08						
Project Manager for Mo	onitoring Firm			Telepho	one No.		Telepl	hone N	No.	Licer	nse No.				
Start Date (10)				mpletion	Date (11)		732- Name		9078 HA Monitor	120	0				
06/16/19 Occupancy Status Duri	ng Abatamant (Char	06/18/							D PROFES	SSIONALS	S 				
Facility Closed/Va	cated During Entire med Outside of Norn	Period of	Abaten	ment s			City, S	HITE	DOVE CO Zip Code	0.5900000					
Scope of Work (Check	All That Apply)						LAN		OD, NJ 08	701			_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolii				×	M GI	Ill Containmer ini-Enclosure ovebag Proce on-Exempted	edure					
Locatio	on of		Locat Normal				Description		JI-Exempted	() and ivon-	1 Hable I			ment	
Asbestos-Containin <u>TO BE AB</u> In Fac (13	g Material (ACM) BATED cility	Ma	ed Sole intena todial 3 (12)	nce/		tos C thern su	ontaining National systems ontaining National systems offacing, VA or miscellar	Materia s insul T, or	ation,	Amount (Specify SF or LF		Remova	Repair	Encapsulate	Enclosure
INITED	NOD.	Yes	No	N/A								_		ate	'è
INTER	IOR					CEN	MENT BO	DARE)	150SF	x	-			
							Acres Code No.			ī.		1			
Name of Registered Wa	aste Hauler		IN	JDEP W	/aste	Cut	oic Yards		Name of P	egistered La	ndfill				
EWARK CARTIN			Н	lauler ID 4509		1000000000	Vaste		IESI	ogiotoreu La					
City, State IEWARK, NJ						10 - CONT.	posal Date 18/19		City, State BETHLE	HEM PA					
Completed by OSEPH PERLSTE	EIN	Title OWN	IER				Signature)			Date 06/05	5/19	9		

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"C/VOCK # 505	工			State of New Jerse	Dt/		IN E	6	3 1	W	F
X Medericy Unicite	/ st :	NOT	FICATIO	ON OF ASBESTOS	ABATE	MENT		emu täidudinissa	U	-	
(Invoic	2 1	10	al I	nt to NJAC 8:60 an				141		001	
Date of Notification (1)			Name	of Building Owner/	Operator	(2)		UN	10	201	3
Agencies Notified Type Notificati	nn		Strong	PAR 1(0+1)	<u> </u>						
	OIL		Sueer	The Docal	. A . n		ASBES	STOS	CO	VTRO	5 JC
EPA L Initial DEP Amended	ı		City, S	State, Zip Code	XVX	<u> </u>	ROYAL THE SELECTION OF THE SELECTION	LICE			The case
DOL Amendm	ent #		()c	Knunt, A	UC1-2	1000	1077	5			
DOH Justification	cy (includir on)	ng	Name	of Contact	- 00	1	Telephone No	umber			
DCA Cancellat	ion)se							ř.
Name of Facility Where Abatement is Ta	king Place	(3)	FA	CILITY INFORMAT	ION	T					
Role Prophty	mig r iaco	(0)				Type of Facility	7.00				
Street Address						School (K	(-12) er 8 (Other than K-1	12)			
1 231 Park Acc						Other (i.e	. private & commerc	ial bu	ildings	, hom	es,
City (5)						Square Feet	# of Floors		Bldg.	Age	
Dakhost					Contractor	2000		1	75.	-	
County (6)				Code (7)		Current Use (P	rior if being demolis	hed)			
Name of Monitoring Firm Hired by Buildir	- 0 - 1	-				Cassica	house recro	1-1)1	ruge	~-j	1
Traine or Monitoring First Filed by Buildir	ig Owner (i	8)	ASC	M No.	Name	of Abatement C	/ /	,	- 1	ć	7
Street Address					Stront	Address	ジェルトラー	11	71(
					95	M6740	so ad				
City, State, Zip Code					City, St	ate, Zip Code	Je II C				-
				reading day	1 =	15 Ma	KNJJ)	70.)		
Project Manager for Monitoring Firm		The state of the s	Telepho	one No.	Telepho	one No.	// License N	lo.			
Start Date (10)	Cobodu	lad Ca		D-11-100	(792)	144175		129			
(2/3/16	Scriedo	17	npietion	Date (11)	Name o	of OSHA Monito	г				
Occupancy Status During Abatement (Ch	eck Only C	II C Ine)	111		Street A	Address					
Facility Closed/Vacated During Entire	e Period of	Abater	nent	7							
Abatement Performed Outside of No Other – Describe:	rmal Facilit	ty Hour	s	Ī	City, Sta	ate, Zip Code					
	17:	J									
Scope of Work (Check All That Apply)	_				(persy)						
23 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit			M	Full Containn Mini-Enclosu	nent with Negative F	ressu	re		
	1				X	Glovebag Pro	cedure				
	Т.	7.		1	,00	Non-Exempte	ed (*) and Non-Friab	-		~~~	
Location of	Į	s Locati Normal	ly				money province	1		ement pe	
Asbestos-Containing Material (ACM)		ed Sole		Asbestos Conta	scription o aining Ma	iterial (ACM)	Amount				
TO BE ABATED In Facility		stodial S		(i.e. thermal s	systems ing, VAT	insulation,	(Specify	Re	R	Encapsulate	Enclosure
(13)	1	(12)		other m	iscellane	ous)	SF or LF)	Remova	Repair	psul	losu
Site Clean up	Yes	No	N/A					a.		ate	l'e
Luindows			1	0.197	4		306.10005			-	\neg
inkno-			X	47005	3		4017	X		-	\dashv
171070			TX.	1		in l	90.7	X			-
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Name of Registered Waste Hauler		I N	JDEP W	/aste Cubic Y	ards		Registered Landfill	1X			_
An Toler Br			auler ID	No. of Wast		reams of	1 Fair US	700			- Contract of the Contract of
City, State	170		120)	Dienosa	1 U	(hy.n		· lie,	21	1	-
() HO NOCK, NT				Disposa	7 11 G	City, Stat					And of Street
Completed by	Title				gnature	18/05/0	Dat	e /	-		\dashv
Dreem 6.116	Sect	Clea	Tre	85 Mec =	13	. /		5 3	, 1	9	The Control
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State of New Jersey

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Date of Notification (1) 4/11/201	9			Name of Building Owner/Operator (2) ETS								<i>y</i> 15	<u> </u>				
Agencies Notified Ty	pe Notification		-	Street Address							Jl	IN ·	10	2019	\vdash		
X EPA □	EPA Initial						00	,,,,	U	2014	1						
DEP	Amended			City, Sta	ate, Zip Co	de					lance and rate				e-lossues tr G		
X DOL	Amendment #					Pi	rinceto	n, NJ	08541		ASBES	STOS	COL	NTRO)L&		
X DOH	Emergency (in justification)	nciuaing		Name of Contact							Telephone Number						
X DCA	Cancellation			E	Eric Borr	as				(6	309) 73	4-10	05				
Name of Facility Where Abot	tis Tables	Dl //	2)	FACI	ILITY INFO	ORMATI	ON	_									
Name of Facility Where Abat Conant		Place (3)					Туре	of Facility (4	4)							
Street Address									School (K-1 Subchapter		han V 12	١					
660 Rose	dale Rd.								Other (i.e. p				dings,	home	s,		
City (5)									etc.)	4 -5 -		10	1-1- A				
Princeton,	NJ 08541								re Feet 1000	# of Flo	oors 2		ldg. A 60 +				
County (6) Mercer				County (Code (7) USE ONLY)			Curre	ent Use (Pric	or if being	demolish	ed)					
Name of Monitoring Firm Hire MECS	ed by Building O	wner (8)		ASCN	ИNo.				tement Con Invironme	ental Services, Inc.							
Street Address			-	Street Address													
PO Box 341				PO Box 322													
City, State, Zip Code Chesterfield, NJ 08515				City, State, Zip Code Allentown, NJ 0850						11							
	Project Manager for Monitoring Firm							phone No. License No. 259-9688 00493									
Bill Weisgarbe Start Date (10)		Schodul		609 298-4070 609 259-9688					00493								
4/13/2019		Scriedui		d Completion Date (11) Name of OSHA Monitor MECS													
Occupancy Status During Ab	atement (Check	Only Or	ne)				Street						1				
Facility Closed/Vacated Abatement Performed C	During Entire Pe outside of Norma	eriod of all Facility	Abatem / Hours	ent			PO B		ip Code								
Other – Describe:						_	Ches	sterfie	eld, NJ 08	515							
Scope of Work (Check All The ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ат Арріу)	_	Renova Demoliti				×	Mir	Il Containme ni-Enclosure ovebag Proc		egative Pr	ressu	re				
							×	0.000	n-Exempted		on-Friable	e Pro	cedur	е			
		100	Location	1000										ement pe			
Location of			Normall d Solel				scription			32.0			1 9	pe			
Asbestos-Containing Mate <u>TO BE ABATED</u> In Facility (13)		Ma	intenar todial S (12)	ice/ staff?	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)				Removal	Repair	Encapsulate	Enclosure					
1		Yes	No	N/A	71		D			100				(D			
Lounge C			X		The		Duct In		ion	120	st	Х			_		
<u> </u>						(vvra	p andC	Jul)							_		
						_									-		
Name of Registered Waste H	auler		N.	JDEP W	/aste	Cubic	Yards		Name of F	Registered	Landfill						
Stevens Environmental			H	auler ID 18292		of Was	ste 2		Fairless	-							
City, State Allentown, NJ							al Date 5/2019		City,/State Morrisvi								
Completed by Mahlon E. Stevens		Title Proje	ct Ma	nager	3	S	ignature		V		Dat		/201	9			
							101	7 8	y			CHARLES AND	ENGINE CO				

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-	11 171	NOTIEIA	State of	New Jersey		JUN 10	2015) land		
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Date of Notification (1)		,,			NA C	BESTOWNON	110	LANA	-	
06 /	03 / 19	ì	Manue or bolic	ling Owner/Operator ((2)	LICENSIN	<i>क्प</i>	וווט		
Agencies Notified	Type Notification		Minjie Song		besonder australie quantité					
EPA	M Initial		Street Addres	5			,	7	1	
DOLWD	Amended					1	1			
₩ DHSS	Amendment #		City, State, Zi	o Code		1 / 1	/			
□ DCA	Emergency (in	cluding	Glan Rock, N			Maria Treat	ACE	3947. J	7	
(NJAC 5:23-8)	justification)		Name of Cont	act		Telephone Numb	ar		-	
	Cancellation		Minjie Song				_			
			FACILITY	NFORMATION	-		-		-	
Name of Facility Where	Abalement is Taking	Place (3)			Type of Facility (4)	_			
Private house				School (K-12)						
Street Address				Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings,						
C-101/E3					homes, etc.)	ASC BLID COMMISSIO	ANI DU	Maitige,		
City (5)		50 V. I. I. 1842		· · · · · · · · · · · · · · · · · · ·	Square Feet	# of Floors	B	dg. Age		
Glen Rock, NJ 07452 County (8)										
0-10-10-10-10-10-10-10-10-10-10-10-10-10			County Code (7) (STATE USE ONLY)	Current Use (Pric	or if being demolish	hed)		-	
Bergen Name of Manitoring Firm	Hired by Building (Tunor (B)	1001111	-						
	Threa by Donottig C	Suitet (6)	ASCM No.		ent Contractor (9)					
Street Address				Gr Tech LLC						
				Street Address						
City, State, Zip Code				576 Valley Rd #						
233 19				Wayne, NJ 0747						
Project Manager for Mon	iltoring Firm	Tele	phone No.	Telephone No.	70	License No.				
			,	973-638-1777		01127				
Start Date (10)	Sched	iuled Comple	tion Date (11)	Name of OSHA N	tonitor	Tolife,				
_06 / 04 /			5 / 19	Envirovision Co	mariftoner Inc					
	g Abatement (Chack	(only one)		Street Address	mountains,IIIC					
Occupancy Status Durin		riod of Abate	ment	20-21 Wagaraw	Road Blds #2	STP		25.0		
Facility Closed/Vacat	ed During Entire Pa	at reading				of their		72.79		
Facility Closed/Vacat Abatement Performer	d Outside of Normal	Facility House		City State, Zip Co						
Excility Closed/Vacat Abatement Performent Time of Abatement:	d Outside of Normal	Facility House	ra - Déscribe	City State, Zip Co	ode					
Facility Closed/Vacat Abatement Performer	d Outside of Normal	Facility House		Fair Lawn, NJ 0	oda 7410 o and decontemina	tion with negative	Disse	thtp.		
Facility Closed/Vacat Abatement Performer Time of Abatement: Scope of Work (Check at 3 afor >3 if	d Outside of Normal	Facility Hour	AM	Fair Lawn, NJ 0	7410 p and decontemina Lainment with Nega	tion with negative	ргазо	شرب		
Facility Closed/Vacat Abatement Performer Time of Abatement: Scope of Work (Check a)	d Outside of Normal	Facility House	AM	City State, Zip Ci Fair Lawn, NJ (*) Clean up Full Cont Mini-Enc Gioveber	7410 p and decontemina usinment with Nega toxure g Procedure	ation with negative active Pressure ant with Negative	Press			
Facility Closed/Vacat Abatement Performer Time of Abatement: Scope of Work (Check at 3 afor >3 if	d Outside of Normal	Facility Hours MI PM Renovati Demolition	AM	City State, Zip Ci Fair Lawn, NJ (*) Clean up Full Cont Mini-Enc Gioveber	7410 p and decontemina tainment with Nega fosure	ation with negative active Pressure ant with Negative	Press	ure		
Facility Closed/Vacat Abatement Performer Time of Abatement: Scope of Work (Check at 3 afor >3 if	Dutside of Normal AMP	Facility Hour	AM AM	City State, Zip Ci Fair Lawn, NJ (*) Clean up Full Cont Mini-Enc Gioveber	7410 p and decontemina calinment with Negatiosure g Procedura T mpted (*) and Non	ation with negative active Pressure ant with Negative	Press		Тур	

NOTIFICATION OF ASBESTOS ABATEMENT Check#3365 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 06 03 / 19 Minjie Song JUN 1 N 2019 Agencies Notified Type Notification Street Address X EPA ✓ Initial **⋈** DOLWD ☐ Amended City, State, Zip Code ASBESTOS CONTROL & X DHSS Amendment # LICENSING □ DCA Glen Rock, NJ 07452 Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Minjie Song FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Glen Rock, NJ 07452 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06 / 06 / __06__/__04__/__19__ Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-___PM/__PM___AM City, State, Zip Code Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf > 160 sf or >260 lf Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Remova Repair 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 SIF or LF) (12)(13)other miscellaneous) Yes No N/A \times Basement Pipe insulation 30 LF X Basement VAT floor tiles X 320 SF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date ewic Wenas N.Jevtic 06/03/19 Owner ASB-41

State of New Jersey

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

Date of Notification (1) Name of Building Owner/Operator (2) 06/05/2019 State of New Jersey Department of Transportation Check No. 1507 Agencies Notified Type Notification Street Address 1035 Parkway Avenue ☐ EPA Initial City, State, Zip Code 2019 X DEP X 10 Amended Trenton, New Jersey 08625 X DOL Amendment #_ Emergency (including Name of Contact Telephone Number ☑ DOH justification) 609-530-5472 TOS CONTROL & ShervI M Quatermas □ DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJ DOT Glassboro Maintenance Yard School (K-12) Street Address Subchapter 8 (Other than K-12) 126 Grove Street ☑ Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Glassboro, New Jersey 08026 10,000 50+ County (6) County Code (7) Current Use (Prior if being demolished) Gloucester (STATE USE ONLY) Maintenance Yard Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Management, Inc. 00112 Lilich Corporation Street Address Street Address 344 West State Street 246 Union Boulevard City, State, Zip Code City, State, Zip Code Trenton, New Jersey 08618 Totowa, New Jersey 07512 Project Manager for Monitoring Firm Telephone No Telephone No. License No. William Weisgarber, Jr. 609-656-8101 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Iris Environmental Laboratories, LLC 06/12/2019 06/19/2019 Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083 ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Full Containment with Negative Pressure Renovation □ ≥160 sf or ≥260 lf П Demolition Mini-Enclosure Glove Bag Procedure / Limited Containment & Tent Non-Exempted (*) and Non-Friable Procedure Amount Abatement Is Location (Specify Type Normally Location of SF of LF) Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) (i.e. Maintenance/ Encapsulate TO BE ABATED Enclosure thermal systems insulation, surfacing, Remova Repair Custodial Staff? In Facility VAT, or (12)(13)other miscellaneous) Yes No N/A Room attached to Entrance Room Fitting/Joint Insulation (Wrap & Cut) X 16 LF Mechanical Room Debris (Clean & Decontaminate) 40 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Lilich Corporation 18724 20 Fairless Landfill Disposal Date City, State City, State Totowa, New Jersey 06/19/2019 Morrisville, PA Completed by Signature Title Date Adriana Olejarova President 06/05/2019 U

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

06/01/2019)			State of	New Jers	ey De	partment of	Transportation	Ch	neck No.	/5	0,		
Agencies Notified	Type Notification			Street Ac 1035 Pa	idress arkway Av	1.1								
□ EPA ☑ DEP ☑ DOL	☑ Initial☐ AmendedAmendment #_			City, State, Zip Code Trenton, New Jersey 0			3625		JL	JN 10	20	19	1	
⊠ DOH □ DCA	☐ Emergency (in justification) ☐ Cancellation	cluding		Name of Contact Sheryl M Quatermas			Telephone Number 609-530-5472 OS CONTRO					OL	8	
				FACII	LITY INFOR	RMATIC	ON	Exercises and Ex		unid-recommendation	-	nevitationi	Annan Aprillian	
Name of Facility When NJ DOT Glassboro	re Abatement is Takin Maintenance Yard	g Place (3)					Type of Facility (4) School (K-12)							
Street Address 126 Grove Street							⊠ Other (i	pter 8 (Other than i.e. private & comm	nercial build					
City (5) Glassboro, New Je	rsey 08026						Square Fee 10,000	1	of Floors	50+	g. Age	•		
County (6) Gloucester				County C (STATE L	Code (7) ISE ONLY)		Current Use	e (Prior if being der Maintenance Y						
Name of Monitoring F USA Environmenta	irm Hired by Building (I Management, Inc.	Owner (8)		ASCN 0005			Name of Aba Lilich Corpo	atement Contracto oration	r (9)					
Street Address 344 West State Street				Street Address 246 Union Boulev					vard					
City, State, Zip Code Trenton, New Jersey 08618							City, State, Zip Code Totowa, New Jersey 07512							
	Project Manager for Monitoring Firm William Weisgarber, Jr.			Telephone No 609-392-4200			Telephone No. License No. 973-225-8400 01104							
Start Date (10) 06/12/2019		Scheduled Completion Date (11 06/19/2019			Date (11)		Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One)				ent			Street Addre 2333 Route	et Address 3 Route 22 West						
☐ Abatement Perfo☐ Other – Describe:	 ☐ Facility Closed/Vacated During Entire Period of Abate ☐ Abatement Performed Outside of Normal Facility Ho ☐ Other – Describe: 													
Scope of Work (Chec	k All That Apply)													
□ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 l	f	12 miles	enova emoli				□ M □ G	II Containment with ini-Enclosure love Bag Procedure on-Exempted (*) ar	re / Limited	Containme	ent &	Tent	t	
		Τ.			I		L 140	m-Exempted () at	Amount	Al	baten	nent		
		1	Loca: Iorma				D	£	(Specify SF of LF)		Тур	е		
Asbestos-Contain TO BE In F	ation of hing Material (ACM) ABATED facility 13)	Use Ma	d Sol	ely by ance/ Staff?		tos Cor nal syst	Description of ntaining Mater tems insulatio VAT, or er miscellane	rial (ACM) (i.e. n, surfacing,	OI OILI)	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A								ω		
Entran	ce Room				Floor Tile (Non Friable)			0000-000f	769 SF	X				
	to Entrance Room					0836	t Insulation (\	## 27	16 LF 40 SF	X			_	
Mechan	ical Room				De	ebris (C	lean & Decon	itaminate)	40 SF		-		-	
3														
Name of Registered Lilich Corporation	Waste Hauler		1000	NJDEP V Hauler ID 18724		Cubic of Wa 20		Name of Regis		ill				
City, State Totowa, New Jerse	еу					Dispo 06/19	sal Date 9/2019	City, State Morrisville, P	A					
Completed by Adriana Olejarova	1	Title Pre					Signature	1 Os		Date 06/01/20	19			

New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369 Telephone: 609-826-4950

Fax: 609-826-4975

JUN 1 0 2019

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. F	Please type or print legibly. ASBESTOS CONTROL
I. NOTIFICATION INFORMATION	
	nversation w/ Paul Horner
II. BUILDING INFORMATION	
Name of Building Owner/Operator: Street Address: 1035 Parkway Avenue Name of Contact: Sheryl M Quantermas State of New Jersey Department of New	partment of Transportion State: NJ Zip: 08625 ephone No.: 609-530-5472
III. FACILITY INFORMATION	
Name of Facility Where Work Activity is to Take Place: Maintenance Y	Glassboro Maintence Yard
Describe Facility Use: Street Address: 126 Grove Street City: Glassboro	
County Name: Gloucester County Code (State Scheduled Start Date: 06 / 12 / 2019 Scheduled Compocupancy Status During Activity (check only one): Facility Closed/Vacated During Entire Activity Activity Performed Outside Normal Facility Hours—Describe:	pletion Date: 00 _/ 10
Scope of Work (check all that apply):	
☐ Floor Tile☐ Mastic☐ Square Footage:☐ Square Footage:	Percentage Asbestos: % Percentage Asbestos: %
IV. CONTRACTOR INFORMATI	ION
Company Name: Lilich Corporation Street Address: 246 Union Boulevard City: Totowa New Jersey Asbestos License Number (if applicable): 01104 Monitoring Firm (if applicable): USA Environmental Management Inc	Telephone No.: 973-225-8400
V. SIGNATURE	
	President Date: 06/05/2019