No de

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

Date of Notification (1)			I Ma	(D. 11.11								
	10				ing Ov	ner/Operator		(12)21 (2)140				
				SE&G /		Job #	1905-5479	Check#	F2		-	
Agencies Notified ☐ EPA ☐ Initial ☐ DOLWD ☐ Amend				eet Address 000 Hadle		ad	ME	GEIV	E		PARTIES SECTION	
	ea ment #2		City	, State, Zip	Code		11531				NO.	
□ DCA □ Emerge	_	udina	S	outh Plair	nfield	, NJ	A STATE OF THE STA	JUN 1 1 201	9		1	
(NJAC 5:23-8) justifica	ation)	5	Nan	ne of Conta	ect		II UI	Telephone Nur		1	Pin A	
☐ Cancel	lation		A	ndrew Ya	ıssa			732-289-10	81-		Appropriate	
				ACILITY I	NFOF	RMATION	ASE	LICENSING		a várola sa ave		
Name of Facility Where Abatement is PSE&G- Former Exxon Station		lace (3))				Type-of-Facility					
Street Address	n						School (K-1	2) 8 (Other than K-1)	21			
468 Route 17 North							Other (i.e., p	private and comme	ercial b	uildin	gs,	
City (5)							homes, etc.	,			0.10.000	
Hasbrouck Heights, NJ							Square Feet	# of Floors	F	ldg. A	ge	
County (6)			Cor	unty Code (7)(STA	TE USE ONLY)	Current Use (P	rior if being demoli	shed)	-		
Bergen				7 1			Gas Station		0,100/			
Name of Monitoring Firm Hired by Bu	lding Owr	ner (8)	ASCN	ΛNo.	Nan	ne of Abateme	ent Contractor (9					
NA						bateTech, Ir	(500)	50				
Street Address					Stre	et Address				A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
					30	Maple Ave	. PO Box 25					
City, State, Zip Code					City,	State, Zip Co	ode					
					Lu	ımberton, N	IJ 08048					
Project Manager for Monitoring Firm		Te	elephone	No	The common	phone No. 🍦		License No.				
Stad Data (40)					11	9-265-2107		00529	F855 18			
Start Date (10)6 /3 /19	Schedule 6		letion D			e of OSHA M /ISL Analyti						
Occupancy Status During Abatement					Stree	et Address			-	-	14177	
☐ Facility Closed/Vacated During Ent	re Period	of Abat	ement		20	0 Route 130	North					
Abatement Performed Outside of N Time of Abatement:AM	ormal Fac	zility Ho	urs - De	scribe	City,	State, Zip Co	de					
ACCOUNTS AND THE PROPERTY OF T			VI=	_AIVI	Ci	nnaminson,	NJ 08077					
Scope of Work (Check all that apply)						□ Eull Conte	rinmont with No.					
≥3 sf or ≥3 lf	-	Renova				Mini-Enclo	ainment with Neg osure	gative Pressure				
≥160 sf or ≥260 lf		Demoli	tion			☐ Glovebag		n-Friable Procedu				
		Is Loca	ation	T		M Moli-Exell	ipted () and No	II-FIIable Procedu	1	-4	t T	
Location of		Norm	ally		1	Description of				_	ent T	
Asbestos-Containing Material (ACN TO BE ABATED		Jsed So Mainten			stos C	ontaining Mate	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility	0.000	ustodia	I Staff?	(i.e.		nal systems in facing, VAT,		(Specify SF or LF)	lova	air	squ	uso
(13)	-	(12	1	-		r miscellaneo		3. 3. 2. 2	-		ilate	e
Son Attack - J	Ye	- 100	-									
See Attached				See Atta	achec	l		See Attached				
						×				П	П	
Name of Registered Waste Hauler		- 1	NJDEP			Yards of	Name of Regis	tered Landfill	1-		_	-
Environmental Transport Grou	p, INC.	1	Hauler II 00069		Waste 40	9		rless Landfill				
City, State			00000			sal Date	City, State					
Flanders, NJ					6/1	4/19	Morrisville,	PA 19067				
Completed By (Print or Type)	Title				15	Signature	N	Da	te ,	1	Contr	
Gwendolyn Trumbetti	Opera	ations	Coord	inator		1 X	W		01-	7/1	G	
						F 10	Def Se	The state of the s		6 1 1	5	

ASB-41 MAY 11

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

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

Date of Notification (1)				-	Man	(D.111		in Trees I			CC SI A Princip		nue .
6/	7 /	1	9			SE&G /	ing Owner/Operator Job a	(2) #1905-5480	E G E L	\mathbb{V}_{-}	5	M	pagarant betriff the
Agencies Notified EPA	☐ Initial		1		1000000	et Address 000 Hadle		A)	JUN 11 2	019	And the state of the last	IJ	The state of the s
☑ DHSS			#2		City	, State, Zip	Code			0.10	1	name*3*	1
□ DCA				na	S	outh Plair	nfield, NJ		A Proposition of the contract		أــــا		THEODIS.
(NJAC 5:23-8)	justifica	ation)	moradi	9	Nan	ne of Conta	ct	- f - A	Telephone Num	ber	. 8		i
	☐ Cancell	lation			Al	lex Layso	n	or the off an employed regularization	484-370-319		lmaritte, de		,
No. of W. len					F	ACILITY I	NFORMATION						
			ng Plac	ce (3)				Type of Facility					
	e Substat	ion						School (K-1	2)				
1	ad							Other (i.e., phomes, etc.	8 (Other than K-12 private and comme	rcial b	uildin	gs,	
City (5)						The second second		Square Feet	# of Floors	Ip	ldg. A	ne	
Glendora											iug. r	ige	
County (6)					Cor	inty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolis	shed)			
								Substation					
	Jencies Notified EPA DOLWD DHSS DCA (NJAC 5:23-8) Thitial Amended Amendment #2 Emergency (including justification) Cancellation The of Facility Where Abatement is Taking Plant SE&G- Runnemede Substation The et Address See Address See Address See Address See Address O Box 365 State, Zip Code The erlin, NJ 08009 The erlin, NJ 08009 The company Status During Abatement (Check only section) The company Status During Abatement (Check only section) The of Abatement: AM- PM/ De of Work (Check all that apply) Assistance of Registered Waste Hauler The of Registered Waste Hauler Type Notification Initial Amended Amended Amended Amended Amended Amended Amended Amendment #2 Emergency (including isotification) Cancellation Taking Plant See Address O Box 365 State, Zip Code The Date (10) Scheduled (10) To Be ABATED IN Facility (13) Yes Attached						Name of Abateme	ent Contractor (9) ,		-777		
	encies Notified EPA DOLWD DHSS DCA (NJAC 5:23-8) me of Facility Where Abatement is Taking Plants SE&G-Runnemede Substation Det Address Se E. Evesham Road (5) lendora Inty (6) loucester The of Monitoring Firm Hired by Building Owner Det Address D Box 365 State, Zip Code Perlin, NJ 08009 The State (10) The Date (10) The Of Work (Check all that apply) The Of Work (Check all that apply) The Subston-Containing Material (ACM) TO BE ABATED IN Facility (13) Attached Type Notification Type Notification Thitial Amendment #2 Emergency (including planting Planti						AbateTech, I	nc.					
Street Address	te of Notification (1) 6 / 7 / 19 Pencies Notified EPA						Street Address						
PO Box 365	6						30 Maple Ave	e. PO Box 25					
City, State, Zip Code	encies Notified EPA DOLWD DHSS DCA NJAC 5:23-8) De of Facility Where Abatement is Taking Place EE&G- Runnemede Substation Et Address DE EE Evesham Road (5) Endora Enty (6) Endora Et Address DE BOX 365 State, Zip Code Fin, NJ 08009 Ct Manager for Monitoring Firm EE Proctor Date (10) ED Agancy Status During Abatement (Check only incility Closed/Vacated During Entire-Period of incident Performed Outside of Normal Facility and EE ABATED EO Work (Check all that apply) St or ≥3 If ED BE ABATED IN Facility (13) Performed Outside of Normal Facility ED BE ABATED IN Facility (13) Yes Attached DISTRICT TO THE NOTIFICATION AND TO BE ABATED IN Facility (13) Yes Attached DISTRICT TO THE NOTIFICATION AND TO BE ABATED IN Facility (13) To Registered Waste Hauler						City, State, Zip Co	ode					
Berlin, NJ 08009							Lumberton, N	J 08048					
Project Manager for Monito	oring Firm				ephone		Telephone No.		License No.				
James Proctor				- 6	09-704	4-8850	609-265-2107	12 9 0 0 m m m	00529				
Start Date (10)							Name of OSHA M	onitor					
5/20/_	19		6 /		3_ /	19/	EMSL Analyti	cal					
Occupancy Status During	Abatement ((Check	conly	one)			Street Address						
Facility Closed/Vacated	During Enti	ire-Per	riod of	Abate	ment		200 Route 13	0 North					
Lime of Abstances	Outside of N	lormal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	de					
		PI	vı/	PIVI		_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all t	hat apply)				7,000		_						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf				enovati emolitic			☐ Mini-Encl ☐ Glovebag	Procedure					
		-	le	Locat	ion	1	M Moll-Exel	Tipled () and No	n-Friable Procedur	1			
Location of	f		1	Vorma	lly		Description of				_	ent T	T
Asbestos-Containing Ma	aterial (ACN	1)		d Sole			stos Containing Mat	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
				todial		(i.e.	., thermal systems in		(Specify	Nova	air	aps	losu
				(12)			surfacing, VAT, other miscellaneo		SF or LF)	=		ulat	Гe
			Yes	No	N/A							e	
See Attached				\boxtimes		See Atta	ached		See Attached	×			
											П	П	
Name of Registered Waste	Hauler			N	JDEP I	Naste	Cubic Yards of	Name of Regis	tered Landfill	1-		_	_
	port Grou	p, IN	C.	0.000	auler II 00069		Waste 40		rless Landfille				
City, State							Disposal Date	City, State					
Flanders, NJ							6/28/19	Morrisville	, PA 19067				
Completed By (Print or Type	e)	Title					Signature	1	Date		1	_	
Gwendolyn Trumbett	i	Op	erati	ons (oordi	nator		MAK	1	91-	111	0	

No of

ASB-41

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NIAC 8:50-7 AND 12:120.7

Data of Notification (41			(FUNSUA			AND 12:120-		T. C.	0	P I	\\//		10
Date of Notification (1	1) / 19				Name of	Building (Owner / Ope	rator (2)	1171 6	- 6	51	U	5	1
<u> </u>	/				Street A		TE OF TECH	HNOLOGY	111111				- 1	1
Agencies Notified	Type of N	otificati	ion				N HUDSON		11711			2210	1	
☑ EPA	V	Initial				te, Zip Coo				U12	1 1	2010	- 4	1
		Amen	ded			EN, NJ 070			1 1 1 1				ì	
☑ DOH	207007	Amend	dment	#		Contact			Telepho	ne Nun	ber		, D	_
☑ DOL				w/ justification		MAFFIA			201-216	3542	105 OU	NIHU	La	
		Cance	llation							1	ICENSI	NG	w *	
				F	ACILITY II	NFORMAT	ON							-
Name of Facility When	ro Abaton	nont io 7	Collina	Diago (2)		1=								
STEVENS INSTITUTE	OF TECH	HNOI OG	akiliy SY	Place (3)		Type of I	acility (4)							
HAYDEN HALL	0. 120.						School (K	_12\						
Street Address						1 🗀		er 8 (Other	than K-1	2)				
1 CASTLE POINT ON	HUDSON							, private &						
014 (5)				_			bldgs., ho	mes, etc.)						
	County (6	*		County Code	(7)	Square F		# Of Floo		Buildi	ng Age			24.5
HODOKEN	HUDSON						5,000		3		4	0+		
						DORM	Jse (Prior if	being den	nolished)					
Name of Monitoring F	irm Hired	by Blde	n Own	er (8)	IASCM NO		Abatement	Contracto	(0)					
HILLMANN ENVIRON			J. C	(0)	The same in the	Traine or	Abatement	Contractor	(9)					
						NORTHS	TAR CONTR	RACTING C	ROUP. IN	C				
Street Address						Street Ac								
1600 Route 22 East														
City, State, Zip Code Union, NJ 07038-1597						32 Willian	ns Parkway							
Project Mngr. For Mor	aitorina E	iem		ITalaahaa M		City, Stat	e, Zip Code							
MIKE NEHLSEN	illoring F	ırın		Telephone Nu 908-688-7800	mber	Foot Home	N.I.070	00						
Sheduled Start Date (1	10)	Sched	Comr	letetion Date (1	1)		over, NJ 079 e Number	36	II iaaaaa I					
06_ /05 /	19	0		30	19	releption	e Number		License I	vumbei				
/ / /			-/			973-8	84-8682				00860			
Occupancy Status Dur	ring Abat	ement (0	Check	Only 1)		Name of	OSHA Monit	or			-			_
	sed/Vaca	ted Duri	ng Ent	tire Period of		NORTHS'	TAR CONTR	ACTING G	ROUP, IN	С				
Abatement	Daufa	10.4-1				Street Ad	dress							
Abatement Hours - Des	renorme	a Outsi	de of N	lormal Facility		20 14/11/1	- D- I							
Other - Des		8:00AM	-6:00P	M			e, Zip Code							
		MON-FI		101		East Hand	ver, NJ 079	36						
Scope of Work (Check	All That	Apply)	-					,,						_
☐ Demolition ☐ >3sf or >3lf		4]	Renovation	V		ainment wit	n Negative	Pressure	ğ				
≥3sf or ≥3lf≥160 sf or >						Mini - End								
<u> ≥100 31 01 ≥</u>	200 11				Image: section of the content of the		Procedure	J Mara (5-13-1	la la Dana					
					U	NOII-EXCI	npted (*) and	і моп-ғпа	DIE Proced	ure				
Location of		Is	;		Descript	ion of			Abatemer	nt Type				\dashv
Asbestos Contair		Loca		As	bestos - C	ontaining			R	.,,,,,,	ĮΕ	E		
Material (ACM))	Norm	-		Material (1	Amount	Е	R	N	N		
TO BE ABATEI	<u> </u>	Use		25 500	e., thermal		_	(Specify	M	E	С	C		
in Facility (13)		Sole by M				acing, VA		SF or LF)	0	Р	A	L		
(10)		tenar		OF C	otner misc	ellaneous)			V	A	P	0		
		Custo					1		A L	I R	S	S		
		Staff	(12)					1	-	IX.	ľ	R		
		YES N	N/A								+-	+		\neg
4TH FLOOR				PIPE & FITTING				460 LF	V					\neg
4TH FLOOR			_	MIRROR MAST	IC			25 SF	V					
4TH FLOOR 3RD FLOOR				VAT/MASTIC				5,600 SF	V					
Name of Registered Wa	aste Harri			NJDEP Waste		May : 15		410 LF	V					
NORTHSTAR CONTRA			NC.		Yards		Registered L	andtill						
		, 11			of Waste	AIRLESS	LANDEILL							-
City, State					Disposal	City. State								\dashv
EAST HANOVER, NJ					Date	MORRISV								
S							11							1
Completed by (Print or STEVEN STILES	Type)			Title			Signature	11			Date			\neg
O L V L IN O I I L CO				PROJECT MAN	IAGER		DOE:	1 K	/ 1				10.5	
10D 44		-		The Problem of the Delth of Delth of the last of the l	-		Section benediction of	1 21 5				05	/20/1	19

Location of	T		Is	**********		Description of	\neg	Abateme	ent Type		
Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)		by te Cu	ocat orm Use Sole y Ma enan usto taff	ally d ly nin- ce/ dial		Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M	R E P A I R	E N C A P S U L	E N C L O S U R
	T	YES	NC	N/	Α						
3RD FLOOR			1			VAT/MASTIC	5,785 SF	7			
3RD FLOOR	T		V	T		MIRROR MASTIC	15 SF	V			
2ND FLOOR			1			PIPE & FITTING	460 LF	4			
2ND FLOOR	T		1			VAT/MASTIC	5,165 SF	1			
2ND FLOOR	T		V	TE		MIRROR MASTIC	60 SF	7	ПП		
1ST FLOOR	T		V			PIPE & FITTING	330 LF	V			
1ST FLOOR	\top		1	T		MIRROR MASTIC	30 SF	V			
THROUGHOUT	T		V	П		FIRE DOORS	90 EA	1			
EXTERIOR	T		V	I		WINDOW CAULK	2,450 LF	1			
EXTERIOR	T		1			COPING CAULK	1,000 LF	V			
ROOF	T		1			ROOFING	450 SF	V			
ROOF	T		1			FLASHING/TAR	645 SF	~			
	T			T				П			

K#4330 2019-141 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Date of Notification (1) L Name of Building Owner/Operator (2) 0 6 1/10 17 1/11 19 1 Barbara Novak Agencies Notified Type Notification Street Address ☐ EPA X Initial DEP City, State, Zip Code ASBESTOS CONTROL & DOL Amendment Glen Ridge, NJ 07028 LICENSING X DOH Name of Contact Telephone Number Cancellation DCA Barbara Novak **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Barbara Novak Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Glen Ridge, NJ 07028 Essex residential 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. 06/17/2019 06/18/2019 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 X Renovation Full Containment w/negative pressure >3 sf or >3 If Mini-enclosure ≥160 sf or ≥260 lf Non-friable procedure Is location normally used solely Location of E E by maintenance/custodial e e asbestos-containing n Amount Description of asbestos-containing staff(12) n m р material to be C (Specify SF or material (ACM) C abated in facility (13) a LF) Yes No N/A L boiler crawl space pipe insulation 3 If X boiler room pipe 15 lf X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Grand Central Landfill Disposal Date City, State City, State Lincoln Park, NJ 06/18/2019 Pen Argyl, PA Completed by (Print or Type) Signature Date Gordana Luna Gordana Luna Secretary/Treasurer 06/07/2019

B&G proj. #: 2019-133	755				esto	Abatement and 12:120-7)	D E C	E V	E	M	Proposition and the second
Date of Notification (1)	N	ame of Buil	ding Own	er/Operator (2)				1 1 2019	Valle		ACTION AND AND AND AND AND AND AND AND AND AN
0 5 / 3 1 / 1 9	.			nship School	ol Dis	strict	11 11 001	* * 4013	4	-	
Agencies Notified Type Notification EPA Initial	on S	PO Box		nool Street				S CONTRO	L&		
☑ DOL ☐ Amendm		ity, State, Z Woodbri		07095			The second secon		بالمناورة المحافظة المحافظة	************	,
₩ DOH	N	ame of Cont			· · ·		Telephone	Number			-
DCA Cancellat	tion	Brian W	olferma	n, B.S. / B.A			732-602	2-8536			
			FAC	ILITY INFORMA	ATION	I					
Name of facility where abatement is Woodbridge Middle School	taking pla	ace (3)					Type of Facility (4		han K	12)	
Street Address						19	1 111111 010111111111111	rivate/Comme		12)	
525 Barron Avenue								of Floors	Blo	dg. Ag	ie .
City (5)	Cour	nty (6)				nty Code (7)	50,000 + 3		50 +		
Woodbridge	Mic	dlesex			(Sta	te use only)	Current Use (Price school	or if being den	nolishe	ed)	
Name of Monitoring Firm Hired by B	ldg. Owne	er (8)	1	ASCM No.	T	Name of Abatement (
AHERA Consultants Inc,				0057	_	B & G Restorati	on, Inc.				
Street Address PO Box 385						105 Ryerson R	oad				
City, State, Zip Code Oceanville, NJ 08231-038	5					City, State, Zip Code Lincoln Park, I	NJ 07035				
Project Manager for Monitoring Firm			one Numb			Telephone Number (973)696-686	g	License Num 00378			
John Smoyer			9-652-1			Name of OSHA Moni					
Scheduled Start Date (10) 06/24/2019		I. Completio 21/2019	n Date (1	1)		B & G Restorat	ion, Inc.				
Occupancy Status During Abatemen	_				-	Street Address 105 Ryerson R	oad				
Facility closed/vacated during Abatement performed outside Describe: Occupied-2 Pha	entire peri	od of abater			_	City, State, Zip Code Lincoln Park, N				13	
Scope of Work (check all that apply)				- -	wrap & cut				- 1	-
☐ Demolition 🔀	Renovatio				₹ F	full Containment w/neg	gative pressure	Glovebag p			
>3 sf or >3 lf	160 sf or	>260 If n normally u			Пи	Mini-enclosure		Non-friable	Proce	aure E	т—
Location of asbestos-containing material to be abated in facility (13)		enance/cust				sbestos-containing	Amount (Specify SF LF)	e m o v	e p a i	ncap	E n c L
Phase 1- 1, 2, 3rd Floors		×		Wall plast	er Ra	ise Coat	21,872 sa	e ft 🔀	1	h	
и и и и и		X				e sink lab tops	7,918 sf, 1	90 sf 🔀			
		×		pipe insula			413 If	X	旧		12
Phase 2- 2, & 3rd Floors		×				se coat/joint comp	7,193 sf/		ዙ	#	#
		×	JIL 1			pe insulation Name of Registered		DZ II		14.	
Registered Waste Hauler	NJD	EP Hauler II	D# 1 C								
Registered Waste Hauler B & G Restoration, Inc.		19563		200		Grand Central	Landfill				
		19563	Disposal I	200	19	Grand Central City, State Pen Argyl, PA	Landfill				

State of NJ Notification of Aspestos Abatement Pursuant to NJAC 8 60-7 and 12 120-7

B & G proj. #:	2019-131	50	2	(Pursua	nt to NJAC	8:60-	7 and 12[120-7]	Check	# 9333				
Date of Notification	(1)		Name of Bu	ildina Owr	ner/Operator (2	2)							
10 16 1/10 14	J/ <u> 1 9</u>				School Dist								
Agencies Notified	Type Notifica	tion	Street Addre						of the section of the	VAIR-107/27			wy
K EPA	X Initial	-	125 Jac	ckson Av	enue			In E C		\mathbb{V}		m	The crossing wa
DEP DOL	☐ Amend		City, State,		, NJ 07080						Townson.	A Company	dium
₩ DOH		1	Name of Co		, 143 07000				ne Number			11/1	1
□ DCA	Cancell										earline patriary	l-	in religion (to
			THOMA	s Wiggin				Aspesi	17-2394		<u>i</u>		- Auto-
Name of Castle out		1- 4-1-1	1 (0)	FAC	ILITY INFORM	ATIO	· · · · · · · · · · · · · · · · · · ·	- The same of the	CENSING	ì	national area	materia.	-
Name of facility wh		656.0	15500					Type of Facility School	(4) of (K - 12)				
South Plainfie	ld Middle Sc	hool (S	ub-8)					Subch	apter 8 (Ot	her th	an K	-12)	
Street Address									(Private/Co /Homes, etc		rcial		
2201 Plainfield	d Ave							Square Feet	# of Floors		BI	dg. Ag	ge
City (5)		Cou	inty (6)				inty Code (7)	50,000 +			50 -	r	
South Plainfie	eld	Mi	iddlesex			(Sta	ite use only)	Current Use (P school	rior if being	dem	olish	ed)	
Name of Monitoring	Firm Hired by	Bldg. Owr	ner (8)		ASCM No.		Name of Abatement	-		-			
Westchester	Environmen	tal, LLC			0127		B & G Restora	tion, Inc.					
Street Address							Street Address						
1248 Wrights							105 Ryerson I						
City, State, Zip Code West Cheste							City, State, Zip Code Lincoln Park,						
Project Manager for	Monitoring Firm	1	Ph	one Numb	er		Telephone Number	20	License N		er		
Matthew Abra	AD 10-10-10-10-10-10-10-10-10-10-10-10-10-1			10) 431-	POPPLINONE.		(973)696-686 Name of OSHA Mor	war and the same of the same o	003	378			
Scheduled Start Date	e (10)	Sche	d. Completion	on Date (1	1)		B & G Restora						
06/21/2019			25/2019				Street Address						
Occupancy Status D							105 Ryerson F					- 0	
Abatement ne	/vacated during rformed outside						City, State, Zip Code						
Describe: Ur Other-Describ	occupied e: Start Frida	av @ 1.0	00 p.m. we	eekend w	vork	-	Lincoln Park, N	NJ 07035					
Scope of Work (che						\neg	vrap & cut					+-3	-
Demolition	X	Renovati	on			× F	ull Containment w/ne	gative pressure [Gloveba	g pro	cedu	ıre	
>3 sf or >3 lf		≥160 sf or	≥260 If				lini-enclosure]	Non-fria	ble p	roce	dure	
Location of	(2.1)		on normally u							R	R	E n	E
asbestos-cont material to be		staff(12)			Description material (sbestos-containing	Amount (Specify S	For	m o	р	С	n
abated in facil	ity (13)	Yes	No	N/A				LF)		٧	i	a p	L
Main office & Guid	dance office		×		ceiling tile	s		2500 saft		e			
										믜	Ц		片
Registered Waste Ha	uler	TALID	EP Hauler I	D# 1 C	ubic Yards of V	Vaste	Name of Registered	Landfill				Ц.	Ш
B & G Restorati			19563	U# C	8	-4310	Grand Central					84	
City, State Lincoln Park, N	J	,		Disposal D 06	ate /21-25/2019)	City, State Pen Argyl, PA					10	
Completed by (Print		Title Secreta	nv/Treasu		Signature		Gordana Luna		Date 06/04/	201	9		

	Invi	+ 11	JE	5 (1	C/								L		
CK# 1216	- N (N)	1 1	NOT	FICATIO	State of I	BESTOS	SARATE	MEN	Т			577.00		S BELOW WHEN	
	·			L	nt to NJA			11	(1)	7 E	G	5 1	\mathbb{V}		m
Date of Notification (1) 06/07/2019					of Buildir n Scanl		Operato	r(2)	And a family		101 (- I	
- Charles Alex Strands - Charles - C	ype Notification	1			Address	an ———					11111	4	17 1 1 1 th	Į.	Electronic Control of the Control of
EPA X	="			0.000	71001000						JUN	1 1	2019	- Allianada E.A	-
DEP	Amended			City, S	tate, Zip	Code								أسس	
⊠ DOL	Amendmen Emergency	t #	<u> </u>	27.70	koff, NJ				and the second s	A	SBESTO	S CON ENSIN	ITRC G	6	
DOH DCA	justification) Cancellation)	3	D. Carrier St. Connect.	of Contac	ct			i.,	Те	lephone N	Tumber	2007	-	
				Brian	I CILITY IN	CODMAT	TON								
Name of Facility Where Aba	tement is Takir	ng Place	(3)	IAC	JILIT IN	FORWIA	ION	Туре	e of Facility	(4)					
Private residence								П	School (K-						
Street Address									Subchapte	er 8 (Oth	er than K	-12)		no processor	
City (5)								×	Other (i.e. etc.)	private	& comme	rcial bui	ldings	s, hon	nes,
Wyckoff								Squa	are Feet	# 0	f Floors		Bldg.	Age	
County (6)				County	Code (7)			Curr	ent Use (Pr	ion if ha	in				
Bergen				(STATÉ	USE ONL	y)		Ouri	ent ose (Fi	ioi ii be	ing aemoi	isnea)			
Name of Monitoring Firm Hir	ed by Building	Owner (8)	ASC	M No.		Name	of Aba	atement Co	ntractor	(9)				
Street Address							-		Safety L	LC	30 30				
							Street		200						
City, State, Zip Code							8 Cr		Zip Code						
									NJ 0750)2					
Project Manager for Monitoria	ng Firm			Telepho	one No.		Teleph	one N	lo.		License	No.			
Start Date (10)		Cabada	1-10				973-				01332				
06/17/2019		06/20			Date (11)	The Allendary Control		HA Monitor						
Occupancy Status During Ab	atement (Chec). 			Sam								
Facility Closed/Vacated	During Entire F	Period of	Δhaten	nent			Ou cot /	naure.	33						
Abatement Performed C Other – Describe: 8:00	Outside of Norm	nal Facility	y Hours	S			City, St	ate, Z	ip Code						
Scope of Work (Check All The															
≥3 sf or ≥3 lf	at Apply)		_												
≥160 sf or ≥260 lf		Becomed	Renova Demolit				×	Ful Mir	I Containm	ent with	Negative	Pressu	re		
							H	Glo	vebag Prod	cedure					
		Is	Locati	ion				INO	n-Exempted	a (*) and	Non-Fria	ble Pro	WARRE OF	e emeni	-
Location of		1	Vormal	ly		Des	scription of	of	1					/ре	
Asbestos-Containing Mate	erial (ACM)	Ma	d Sole intena	nce/	Asbes	stos Conta	aining Ma	aterial	(ACM)		nount			m	
In Facility (13)	5 ,9	Cus	todial S (12)	Staff?	(1.6	surfac	ing, VAT	, or	luon,		pecify or LF)	Remova	Repair	Encapsulate	Enclosure
(10)			AL CAN			other m	iscellane	eous)				oval	pair	sula	sure
Decement		Yes	No	N/A										te	(D
Basement				X		TSI w	ap and	cut		20	2 LF	x			
First floor entr	У			Х			Tiles			30) SF	x		х	
Name of Registered Waste Ha	aulor		1	IDEE											
Removal Safety LLC	auler		179800	JDEP W auler ID	71737	Cubic \ of Was	(478) NF0 T.1		Name of F	Register	ed Landfil	1			
City, State			100000	037007		3			Fairless	8					
Paterson, NJ						Dispos	al Date		City, State						
Completed by		Title			<u> </u>	TBD	anatura		Morrisv	ille, PA					
asko Veskov		Presi	dent			3	gnature	/	asker		1,000	ate 6/07/2	2010		
						11	UN -		~ 10 G		1 0	21 4116	10		- 1

OK# 4636

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

TOUR		NOTI	FICATION	N OF ASE	BESTOS	ABATE	MEN.	Т							
Date of Notification (1)				to NJAC					M	EC	F	I	W	E	
06/04/2019			745 E	of Building Bergen	Owner/ Manag	Operato Jement	r (2)	* CETATAGE CONTRACTOR	Kr	***************************************		Minnedu	U		Andreast and the second
Agencies Notified Type Notification			Street A	Address Box 359						JUN	1 1	1 2	010	The state of	
EPA Initial Amended			City, Sta	ate, Zip Co	ode				1				J1J	out of	
X DOL Amendment Emergency		g	Clost	ter, NJ 0	7624			Bryer Const.	AS	BEST	OS C	ONT	ROL	8	Contraction of the contraction o
DOH justification) Cancellation				f Contact ert Garip	ian	U		£31		201-89			-	-	
Name of Facility Where Abatement is Takin	a Diana	(2)	FACI	LITY INF	ORMAT	ION									
Former PNC Bank	y riace	(3)					Тур	e of Facility	5 25 50						
Street Address 745 Bergen Boulevard						9	×	School (R Subchapt Other (i.e etc.)	ter 8 (Ot	her than & com	n K-12 mercia) al buil	dings	, hom	nes,
City (5) Ridgefield			:=:::0		7-7-7-1			are Feet ,000	# 0	of Floors	s		3ldg. /	Age	
County (6) Bergen			County C	Code (7) USE ONLY)		Curr	ent Use (F ınk	rior if be	ing den	nolish	ed)			
Name of Monitoring Firm Hired by Building (TBD	Owner (8	3)	ASCM	No.		Name Bak	of Aba	atement C	ontracto	r (9) estora	ition,	Inc.			
Street Address						Street	Addre						-		
City, State, Zip Code						City, S	tate, Z	Zip Code NJ 0751							
Project Manager for Monitoring Firm		T	Telephon	ne No.		Teleph	one N	lo.		Licen	se No	·.			
Start Date (10)	Schedu	led Cor	npletion D	Date (11)				-7010 HA Monito		066	66				
06/20/2019	06/28	3/2019		()				nstructio		estora	tion,	Inc.			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P						Street /		ss oute 46 S	Suite 3	D					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	al Facility	y Hours	nent S		_	City, St	ate, Z	ip Code NJ 0751							
Scope of Work (Check All That Apply)						1010	wa,	10 0731		-					
≥3 sf or ≥3 If × ≥160 sf or ≥260 If		Renova Demolit		*)		×	Mir	ll Containn ni-Enclosu ovebag Pro n-Exempte	re ocedure					2	
	4	Locati	571500										Abate	ment	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole intenar	ly by	Asbesto	Des os Conta	cription	of aterial	(ACM)	Δ	mount			Ту		
TO BE ABATED In Facility (13)		todial S (12)		(i.e. t	hermal s surfac	systems ing, VAT iscellane	insula , or	ition,	(8	Specify or LF)		Remova	Repair	Encapsulate	Enclosure
_	Yes	No	N/A									a		late	Ire
Foyer		X				- Masti			12	20 SF		Х			
Teller Area Basement		X	-	Vi	inyl Flo			g		34 SF		Х			
Dasement		X			Vat-	-Masti	C		45	50 SF		Х			
Name of Registered Waste Hauler Bako Const. & Rest. Inc	ll	Ha	JDEP Was auler ID N 0889		Cubic Y of Wast 40			Name of Fairle	Registe ss Hills	red Lan S/ Was	dfill te M	ana	gem	ent	
City, State Totowa, NJ			***************************************		Disposa TBD	I Date		City, Stat Morris	e sville, F	PA					\dashv
Completed by Damir Valjevac	Title Proj	ect M	anager		Sig	nature TUU		Tain		_	Date 06		2019)	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification Name of Building Owner/Operator (2) 6 19 County of Union / Job #1905-5496 Check #11320 Agencies Notified Type Notification Street Address 2019 2 Broad Street ☑ DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # ASBESTOS CONTROL & Elizabeth, NJ 07202 □ DCA LICENSING Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Jackie Fagan 732-951-2101 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Union County Court House Annex ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 2 Cherry Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Elizabeth, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Union Court House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Connection** AbateTech, Inc. Street Address Street Address 120 North Warren Street 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Trenton, NJ 08608 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rollie Jones 609-392-4200 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>6</u> / <u>7</u> / 19 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-_ PM/5PM- AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) Yes No N/A 4th Floor Stairwell П X Pipe Insulation 6 LF X П П

П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 10 City, State Disposal Date City, State Lumberton, NJ 6/8/19 Tullytown, PA Completed By (Print or Type) Title Signature Date Gwendolyn Trumbetti Operations Coordinator

CATION OF ASBESTOS ABATEMENT o NIAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 6 19 NJ DOT / Job #1905-5491 Check #11322 Agencies Notified Type Notification Street Address **⊠** EPA PO Box 600 **⊠** DOLWD ☐ Amended City, State, Zip Code ASBESTOS CONTROL & **⊠** DHSS Amendment # Trenton, NJ 08625 ☐ DCA LICENSING ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Joe DeVito 609-647-1490 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJ DOT Concrete North School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Ethel Ave over Route 208 homes, etc.) City (5) Square Feet # of Floors Bldg. Age Hawthorne County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Passaic Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ATC Associates** AbateTech, Inc. Street Address Street Address 3 Terri Lane 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. John Lutz 609-571-7522 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 17 / 19 6 / 21 / 19 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/__ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If ☐ Mini-Enclosure □ Renovation ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) No Yes N/A Exterior П X Asbestos Roofing 20 SF \times П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. AbateTech, Inc. Waste Fairless Landfill 18750 20 City, State Disposal Date City, State Lumberton, NJ 6/21/19 Tullytown, PA Completed By (Print or Type) Title Signature Gwendolyn Trumbetti Operations Coordinator ASB-41

State of New Jersey

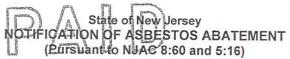
CK U5099 1474-02		NO	TIFIC	ursua	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1	16)	Inv#	- () E I	<u>7</u> ₩	<u>う</u> 同	5
Date of Notification (1)	/1	9	agenteral	3-1	Prompt Comment	ng Owner/Operator McBurney Real	2.1	LLC JUN	1	2019)	
☐ EPA ☐ Initi				Stre	et Address	Marlton Pike, Sui		ASBESTO	S CO	NTR		Transport .
	ergency (i		- na	CI	nerry Hill,	New Jersey 080	103				SCALE FLOOR SALE	apple diament, i e
(NJAC 5:23-8) just	fication) cellation	ioidan	19	2000	e of Conta	ct		Telephone Num				
				-		NEODMATION		030 409-000	1			
Name of Facility Where Abateme	nt is Takir	na Plac	e /31	F#	ACILITY	NFORMATION	T	43				
Yama Japanese Restaurar Street Address 1570 Route 38		ig i iac	(0)			3	Type of Facility (School (K-12) Subchapter 8 Other (i.e., pr homes, etc.)) (Other than K-12 ivate and comme	2) ercial b	uildin	gs,	
City (5) Lumberton							Square Feet	# of Floors	В	ldg. A	ge	
County (6)				10			>50,000	1				
Burlington				Cou	inty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demoli:	shed)			
Name of Monitoring Firm Hired by	Ruilding	Owner	(8)	ASCN	1 No	Nome of Abeter	10.1.1.10					
Vertex	Dallarig	OWNER	(0)	AGGIV	TNO.	Name of Abateme						
Street Address						Street Address	, INC		_	_	_	
700 Turner Way Suite 105						1345 INDUST	RIAI BI VD					
City, State, Zip Code						City, State, Zip Co						100
Aston Pa 19014							ON PA 18966					
Project Manager for Monitoring Fir	m		Tele	ephone	No.	Telephone No.		License No.				
Don Heim			6	10 558	3-8902	215 322-2900		00783				
Start Date (10)06 /21 /19	1			etion Da	ate (11) 19	Name of OSHA N	lonitor					
Occupancy Status During Abatem						Street Address						
□ Facility Closed/Vacated During	Entire Pe	riod of	Abate	ment		N/A						
Abatement Performed Outside Time of Abatement: 7AM-	of Norma	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	ode					
Scope of Work (Check all that app	y)					TOTAL						
☐ ≥3 sf or ≥3 If ☑ ≥160 sf or ≥260 If			enovati emolitic			☐ Mini-Encl	ainment with Nega losure g Procedure mpted (*) and Non-		re			
			Locat						1	atem	ent T	уре
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ely by	Ashe	Description of stos Containing Mat		Amount	100	_		_
TO BE ABATED			intena todial			., thermal systems i	nsulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	(12)	Stail:		surfacing, VAT, other miscellaned		SF or LF)	val	7	sula	sure
		Yes	No	N/A		outer impositance	,43)				ite	
Interior			\boxtimes		FLOOR	TILE		60 SF				
Interior			\boxtimes		Plaster	skim coat on Sh	eetrock	1250 SF				
Roof			\boxtimes		Roof Fie	eld		3700 SF				
Roof			\boxtimes		Roof Fla	ashing		400				
Name of Registered Waste Hauler SERVICE TRANSPORT GRO	OUP		1000	JDEP \auler II	O No.	Cubic Yards of Waste	Name of Registe					
City, State				20990)	Disposal Date	City, State					
58 PYLES LANE NEW CAST	LE DE						WAYNESBU	RG/OHIO				
Completed By (Print or Type) CHRISTINE DEL VISCIO	Title		ADMI	NISTR	ATOR	Signature	- 200:	Dat	te		>	O.

State of New Jersey

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

CK#1062

In #11	760)	NO.	TIFIC (F	ATIC ursua	ON/OF AS	BESTOS ABA AC 8 60 and 5:	ATEMENT 16)	CK	二十	10	6	2
Date of Notification (1)				1	Nan	ne of Buildi	ng Owner/Operato	r (2)					
	07 /	19				erizon	ng a memopolato		E G E	I W	E	m	- Americanics
Agencies Notified	Type Notif	ication			Stre	et Address			<u> </u>	11 17		1 1 1	14
☑ EPA ☑ DOLWD	☐ Initial				1	Verizon V	Vay				Consideration and	-	AND THE PERSON NAMED IN COLUMN
☑ DOLWD	Amend Amend				City,	State, Zip	Code	1111	JUNI	2019		1 1000	1
☐ DCA	☐ Emerge	ency (in		g g		asking Ri			001-	- 2013		L	A COMPANY
(NJAC 5:23-8)	justifica				Nam	e of Conta	ct		Telephone-	Number			8
	☐ Cancell	ation			Br	rian Tiltor	1	į A	215 578	2936	ال الد		
					FA	ACILITY II	NFORMATION	i come on whe	LACES	SING		******	. 1
Name of Facility Where A	batement is	Taking	Place	e (3)	10011			Type of Facility	(4)				
Verizon								School (K-12					
Street Address								Subchapter 8		<-12)			
2117 Route 50	21	7	1					Other (i.e., pr	rivate and con	nmercial	buildir	ngs,	
City (5)	001	/_	1-					homes, etc.)					
Tuckahoe, NJ 08250)							Square Feet	# of Floors		3ldg.	Age	
County (6)					10-	-1-0-1-7	7) (0 7) 7	10,000	3		50		
Cape May					Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being der	nolished)			
	r 11 5 .												
Name of Monitoring Firm I				(8)	ASCN	l No.	Name of Abatem	nent Contractor (9)					
USA Environmental	Managae	ment I	nc.				JVN Restora	ation Inc					
Street Address				d			Street Address						
8436 Enterprise Ave	nue						47 Foster Ro	oad					
City, State, Zip Code							City, State, Zip C	ode					
Philadelphia, PA 191							Staten Island	d NY 10309					
Project Manager for Monitor	oring Firm			Tele	phone	No.	Telephone No.		License No	0			_
Mark Jenkins				2	15-365	5-5810	718-605-6256	6	00774				
Start Date (10)		Schedu	led C	omple	tion Da	ate (11)	Name of OSHA N		00774				
06 /19 /	19					19	Testor Tech	wormtor					
Occupancy Status During	Abatement /												
☐ Facility Closed/Vacated					mont		Street Address						
	Outside of N	ormal F	acility	Hour	s - Des	cribe	10 59 Jackso						
Time of Abatement: 8:0	00AM-4:30	PM/	P	M	AN		City, State, Zip C						
Scope of Work (Check all t	hat annly	IK CC-1		2			LIC NY 11101	1					
Coope of work (Check all t	пас арріу)						□ Eull Con	tainment with No.					
≥3 sf or ≥3 lf				novati			☐ Mini-End	tainment with Nega	itive Pressure				
≥160 sf or ≥260 If		[_ Der	molitio	n		☐ Gloveba	a Procedure					
			la.	1 1				mpted (*) and Non-	-Friable Proce	dure			
Location of	F			Locat lormal						Al	atem	ent T	уре
Asbestos-Containing M		1)		d Sole		Ashes	Description of tos Containing Ma		A 1	Z)	Z	ш	т
TO BE ABAT	ED			ntena odial S		(i.e.	, thermal systems	insulation,	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cust	(12)	otair?		surfacing, VAT,	, or	SF or LF)	ova	=	psu	Sur
(10)			Yes	No	N/A	1	other miscellane	ous)				late	е
Roof		_			5.075.55	D						1	
		- [Built up	roof field		25 SF				
		[П	П	
E.		Г	7 1		П						1		
			\exists] [Ш	Ш	Ш
Name of Desire					Ш								
Name of Registered Waste	Hauler				IDEP V	20 00 00 mm	Cubic Yards of	Name of Registe	red Landfill				
Newark Carting					uler ID NJ-56		Waste 5	G.R.O.W.S.,	Inc.				
City, State					50		Disposal Date	City, State					-
Hackettstown, NJ							06/25/2019	Morrisville,P	Α				
Completed By (Print or Type	e)	Title					Signature /	177	Comp.	-			
Ralph Barnhardt		No.	niect	Mana	ner		Signature	111	1	Date		2.2	,,,
SB-41			-1001		-yei		SHALL Y	(Land		D6 0	1-	101	1



CK #1042

Tav# 117	122	Control		(Å	ursua	nt to NJA	8:60 and 5:1	6)	CK=	<i>‡104</i>	2		
Date of Notification (1)					Name	e of Building	g Owner/Operator ((2)					
	10 /	19	_		Sa	ntander E	Bank, N.A.	ME	CEI	WE		7	
Agencies Notified	Type Notific	ation			Stree	t Address			W La U	U L	4	Titlen	
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☑ DOLWD	Amende					State, Zip C			JUN 11 2	019	11	Service Services	
□ DCA	☐ Emerger		uding		Во	ston, MA				VIJ	Lames	J. L.	
(NJAC 5:23-8)	justificati	ion)				e of Contact		ASD	Telephone Nu	ımber	J	The William	
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Santander Bank	Daternericis	laking r	lace	(3)				Type of Facility (4 ☐ School (K-12))				
Street Address								Subchapter 8 (Other than K-	12)			
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Belleville, NJ 07109	4							Square Feet 2,500	# of Floors		ldg. A	ge	
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1600 Route 22 East							47 Foster Roa	ad					
City, State, Zip Code							City, State, Zip Co	ode					
Union NJ 07083							Staten Island	NY 10309					
Project Manager for Monit	oring Firm			Tele	ephone	No.	Telephone No.		License No.				
Tammy Lomax					08-577		718-605-6256		00774				
Start Date (10)		Schedule				13 G 01	Name of OSHA M	onitor					
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Basement HVAC Roor	n	2	A			Viberati	ion Cloth		5 SF	. 🛛			
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Name of Registered Waste	e Hauler			19200	IJDEP V lauler ID		Cubic Yards of Waste	Name of Register					
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City, State							Disposal Date	City, State					
Newark, NJ							06/28 /19	Pen Argyl, Pa	a				
Completed By (Print or Typ	oe)	Title					Signature	1		Date	1	1	
Ignatius Marraccino	1	Proj	ject l	Vlana	ager		10-1	-m.		21	100	lic	3

State of New Jersey

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

Check # 2046

Dete statute ii iii													i
Date of Notification (1)					Name of Bu	uilding O	wner/Operator (2)		111	v: 1	1 0	010	-
6/7/2019					EWING T	OWNSE	HIP BOARD OF	EDUCATION	JU	M I	1 2	019	***
Agencies Notified	Type Notific	cation			STREET AL								100
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□ DOH	justifica				Name of Co		3			1			
□ DCA	☐ Cancel				DEBBIE W		r						
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Name of Facility Where A	batement is T	aking	Place	(3)	ACILITI	IFORIVI.	ATION	IT					
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MERCER					County Code	e(7)(S7	TATE USE ONLY) Current Use (Prior if be	ing de	emolis	hed)	
	F 11 5 11												
Name of Monitoring Firm F		ing Ov	vner (8)	ASCM No.	Name	of Abatement Co	ntractor (9)					
PENNONI ASSOCIATE	ES, INC.					CREA	M RIDGE ENV	IRONMENTA	L INC.				
Street Address						Street .	Address						
516 GROVE STREET, S	SUITE 18					15 BL	ACK FOREST	ROAD					
City, State, Zip Code							tate, Zip Code						
HADDON HEIGHTS, N	J 08035					Hamil	ton, NJ 08691						
Project Manager for Monito	oring Firm	Tele	phone	No.			one No.			Lice	nse N	1	
		856-	547-05	505			0-7110			0067		٠.	
Start Date (10)		Sche	duled	Complet	tion Date (11)	The state of the s	of OSHA Monitor			10007			
6/24/2019		7/10	2019			MECS							
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X / Facility Closed/Vacate					ent		OX 341						
Abatement Performed	Outside of N	lormal	Facility	/ Hours			ate, Zip Code						
EXTERIOR WORK							SWICKS, NJ 08	0515					
Scope of Work (Check all t	hat apply)					CROS	5 WICKS, NJ 0		innant	245 A.L.		-	
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HORIZON DISPOSAL S					NJ-10416		40	GROWS					
HORIZON DISPOSAL S						-	40 Disposal Date	GROWS City, State					
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HORIZON DISPOSAL S	ERVICES	Title	SIDEN		NJ-10416	Signatur	Disposal Date 7/12/2019	City, State		Date			

State of New Jersey

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

11/4#3586 Date of Notification (1) Name of Building Owner/Operator (2) 7 19 Nustar Energy - Linden Agencies Notified Type Notification Street Address ☐ EPA 4501 Tremley Point Road **⊠** DOLWD ☐ Amended City, State, Zip Code □ DHSS Amendment # JUN Linden, NJ 07036 ☐ Emergency (including ☐ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number 609=575-4335 ☐ Cancellation Fabien Kulynych **FACILITY INFORMATION** LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Nustar Energy- Linden School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 4501 Tremley Point Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Linden County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni Associates BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 515 Grove Street 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Haddon Heights, NJ 08035 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Alan Lloyd 856-547-0505 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __7__ / __15__ / __19 7 / 19 / 19 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/ PM- AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Glovebag Procedure Demolition ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Removal Encapsulate Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) Yes No N/A Exterior Pipeline X Pipe Insulation 170 LF \boxtimes П Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards of Hauler ID No. Waste Bristol Environmental Inc. Fairless Landfill 18706 6 cu yd City, State Disposal Date City, State Bristol, PA 7/19/19 Fairless Hills, PA Completed By (Print or Type)

Signature

MI

Date

WOW

Title

Estimator

Gino Pizzigoni

ASB-41 MAY 11 (7

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

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Project Manager for Monitor	ring Firm					Telepho	one No.		Licer	nse No).	
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^{*} Do not use this form for asbestos licensure exempted activities

NOTIFICATION OF ASBESTOS ABATEMENT CK #1041 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 06 19 Bank of America Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 84 Parkl Avenue □ DOLWD City, State, Zip Code **⊠** DHSS Amendment #2 Hillside, NJ 07642 □ DCA ☐ Emergency (including ASSESTOS CONTROL (NJAC 5:23-8) justification) Name of Contact Telephone: Number ENSING ☐ Cancellation Dino Nappi 516-972-8809 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bank of America School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 84 Park Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Hillside, NJ 07642 5,000 1 45 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) ARCADIS U.S Inc. JVN Restoration Inc. Street Address Street Address 44 South Broadway 47 Foster Road City, State, Zip Code City, State, Zip Code White Plains, NY 10601 Staten Island NY 10309 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Dino Nappi 516-972-8809 718-605-6256 00774 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06 / 15 / 19 06 / 23 / 19 **Testor Tech** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 10-59 Jackson Avenue Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM-2:00PM/11:30 PM-Saturday, LIC NY 11101 Sunday 9:00 am to 3: 00 pm. AM Scope of Work (Check all that apply) ≥3 sf or ≥3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Repair Encapsulate 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 1st Floor M Floor Tile and Mastic

П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Newark Carting Grand Central Sanitary Landfill NJ-566 15 City, State Disposal Date City, State Newark, NJ 06/23/2018 Pen Argyl, PA Completed By (Print or Type) Title Signature/ Ralph Barnhardt 26-26-15 **Project Manager**

Cove Base Mastic

X

П

П

650 SF

75 LF

X

 \boxtimes

1st Floor

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

Date of Notification (1)		-		Mar	mo of Duildi	na O	175			100	$\parallel \parallel$	Settler o
05/30	/ _1	9			Bank of An	ng Owner/Operator nerica	(2)	JUN - 7	2019	and the same of		Section of the second
Agencies Notified Type No ☐ EPA ☐ Initial		1		1 38	eet Address 4 Parkl Av			SECTION CO.		-		Hodenspay
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	ndment #						Transference amountain	A CALL COST	Name of the Party	MARKON,	رسزا واسام	į
DCA Emer		ncludii	ng		illside, NJ							
(NJAC 5:23-8) justifi	cation)				ne of Contac			Telephone Nu	mber			
Cano	eliation				ino Nappi			516-972-88	309			
No. 65				F	ACILITY II	NFORMATION						
Name of Facility Where Abatement Bank of America	is Takin	ig Plac	e (3)			Type of Facility					
Street Address		-					School (K-12	(Other then K. 1	2)			
84 Park Avenue							Other (i.e., pr	ivate and comm	ercial b	uildir	igs,	
City (5)							Square Feet	# of Floors	Te	Ildg. /	100	
Hillside, NJ 07642							5,000	1		45	nge	
County (6)				Co	unty Code (7	7)(STATE USE ONLY)	Current Use (Pri		lished)	5.5		
Bergen												
Name of Monitoring Firm Hired by B	uilding (Owner	(8)	ASC	Л No.	Name of Abateme	ent Contractor (9)		_	T		
ARCADIS U.S Inc.				1		JVN Restora						
Street Address						Street Address						
44 South Broadway						47 Foster Ro	ad					
City, State, Zip Code						City, State, Zip Co	ode					
White Plains, NY 10601						Staten Island						
Project Manager for Monitoring Firm			Te	elephone	No.	Telephone No.		License No.				
Dino Nappi				516-97	2-8809	718-605-6256		00774				
Start Date (10)	Sched	luled C	omp	letion D	ate (11)	Name of OSHA M	lonitor	30.74	-			
06 /08 /19				23 /	19	Testor Tech						
Occupancy Status During Abatemen	t (Check	only	one)			Street Address			-			
Facility Closed/Vacated During E	ntire Per	riod of	Aba	tement		10- 59 Jackso	n Avenue					
Abatement Performed Outside of Time of Abatement:AM-2	Normal •00 DNA/	Facilit	y Ho	urs - De	scribe	City, State, Zip Co	de					
Sunday 9:00 am to 3: 00 pm Scope of Work (Check all that apply)	AM	11.50	- IVI-	Saturu	ay.	LIC NY 11101						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re				☐ Mini-Encl	Procedure					
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1st Floor		\boxtimes				se Mastic		75 LF				
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City, State						Disposal Date	City, State		34			
Newark, NJ						06/23/2018	Pen Argyl, P	Α				
Completed By (Print or Type)	Title					Signature//	1/7	Da	te			
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DEP Amended Amendment		[ate, Zip Code ГН PLAINFIEL	D, NJ 7	7080			· Contraction	-	
DOH justification) DCA Cancellation			N	of Contact	ESCA	millA	Telephone	Number 4/7-	. 0	46	4
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CLIFTON			÷)			Square Feet 18248	# of Floors		Bldg. A	-	YRS
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64 BROAD STREET				,	396	WHITEHEAD	D AVE.				
City, State, Zip Code MATAWAN, NJ 07747						state, Zip Code TH RIVER, I	NJ 08882				
Project Manager for Monitoring Firm TOM GEIGER		- 1	Telepho 732-29	ne No. 90 - 2217	77 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	none No. 432-8350	Licens 0111				
Start Date (10) 6/21/19			npletion	Date (11)		of OSHA Monit	or MS OF AMER	ICA INC			
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Scope of Work (Check All That Apply)	7				300	TH RIVER, I	NJ U8882				
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CONTROL ROOM		×		Floor T.	165 W	MAST: C	27005	FX			
		×		TRANS:T				FX			
								_			
Name of Registered Waste Hauler		7 0000	JDEP W		Yards	Name o	of Registered Land	dfill /			
VEOLIA		U 100 00 00	auler ID 806313	1900 P. S.	0	FA	IRLES	S			
City, State FLANDERS, NJ				Dispo TBI	sal Date	City, St	ate RISVILLE, PA				
Completed by CAROL RAIMO	Title OFFI	CE M	GR.		Signature		The state of the s	Date 6/	/7/	19	3

ch = 2156									P	econ-orde	rum metabo			Р	rint F
TOV# 1178	Y	NOTIF (F	ICATIO	State of No NOF ASI It to NUA	BESTOS	ABATE	MEN 0)	IT			C	E		V	
Date of Notification (1) 6/7/19				of Building		Operato	r (2)		The same of the sa		JUN	1	1 2	019	- Constitution of the Cons
Agencies Notified Type Notifica	tion			Address					and the same of th				O 1 (*D.C	
EPA Initial Amende		ł		tate, Zip C						ASE	BEST	CEN			L CL
× Emerge	ncy (including	-		rson, NJ of Contact	Sec. 2012				I T-	b	- 11				
DOH justificat			Felici	a Scheu	ıttig				-	lephon	ie ivun	nber			
Name of Facility Where Abatement is T	aking Place (3	3)	FAC	ILITY INF	ORMAT	ION	Typ	e of Facility	(4)						7
Residential Home								School (K-	12)						
Street Address							×	Subchapter Other (i.e. petc.)	r 8 (Oth private	er thar & com	n K-12 mercia) al build	lings,	hom	es,
City (5) Emerson							Squ 21	iare Feet 00	# o 2	f Floor	'S		dg. A 5 +/-	-	
County (6) Bergen				Code (7) USE ONLY)			rent Use (Pri sidential F		ng der	nolish	ed)		Libertos	
Name of Monitoring Firm Hired by Build Project Manager	ing Owner (8)		ASCI	M No.				atement Cor es Abatem		(9)					
Street Address						Street 280		ess lidland Av	 е.			N 113			
City, State, Zip Code						061-06 611		Zip Code Brook, NJ (17663						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one I	No.	37 000	Licer	nse No).			
Start Date (10) 6/11/19	7117777		npletion	Date (11)))			3184 SHA Monitor		013	05				
Occupancy Status During Abatement (C	6/15/19 heck Only On	-				Street	Addre	ess							
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	ire Period of A lormal Facility	Abaten	nent			City, S	tate,	Zip Code							
Scope of Work (Check All That Apply)													10.2		
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		lenova emolit				×	M	ull Containme ini-Enclosure lovebag Proc on-Exempted	e cedure						
	13/20	Locati Iormal												men	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Sole intenar odial S (12)	ly by nce/		tos Cont thermal surfa		ateria insu T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Decement	Yes	No	N/A		7									ate	6
Basement		X				VAT			33	2 SF		X	-		
													100		
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Registe	red La	ndfill				
All Stages Abatement		H	auler ID 036592	No.	of Was 3 yd	ste		Grand (Land	dfill		8
City, State Saddle Brook, NJ					Dispos TBD	al Date		City, State		١					
Completed by Richard Cristofol	Title Presi	dent			S	ignature			1	5	Date				

UF # 2153			T	PAT	ID								Γ	P	rint F
177164		NOTI	FICATIO	State of N	ew Jer	sey	-88-1	17		7 [3 (E	I	W	E
Inv# 11/44		(1	Pursuar	nt to NJA	C 8:60	and 12:12	20)	41			<u> </u>		IJ		
Date of Notification (1) 6/7/19				of Building	g Owne	r/Operato	r (2)				251	N 1	1	2026	Δ.
Agencies Notified Type Notification	1		270000	el Frau Address					14	니	ปป	1/1 1	1	2019)
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Emergency	(includin	g		of Contact		07662			-	************		************			
DOH justification Cancellation				or Contact					Te	lephor	ne Nur	nber			
Name of Facility Where Abatement is Takin	na Plana	(2)	FAC	CILITY INF	ORMA	TION									
Residential Home	iy Place	(3)					Тур	be of Facility							
Street Address							H	School (K- Subchapte	r 8 (Oth	er tha	n K-12	2)			
Oly (5)							×	Other (i.e. etc.)	private	& com	mercia	al build	dings	hom	es,
City (5) Rochelle Park							Squ 20	uare Feet 00	# 0	f Floor	S	11 20	ldg. <i>A</i> 5 +/	_	
County (6) Bergen			County (STATE	Code (7)	n		Cur	rent Use (Pri	or if be	ng der	molish	ed)			
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)	ASC	M No.			of At	patement Cor	ntractor	(9)					
Street Address						All S Street	250	es Abatem	ent						
						1000		lidland Av	е.						
City, State, Zip Code								Zip Code Brook, NJ (7663						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	none l	No.	7, 000		nse No).			
Start Date (10)	Schedul	ed Con	npletion	Date (11)				3184 SHA Monitor		013	05				
6/17/19	6/21/1														
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire R	P.	200	nont.			Street	Addre	ess							
Abatement Performed Outside of Norm Other – Describe: 8 A.M to 4 P.M	nal Facility	y Hours	6			City, S	tate, i	Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	× F	Renova Demolit	tion ion			×	M	ull Containme ini-Enclosure lovebag Prod	edure						
			V2.52	T			No	on-Exempted	(*) and	Non-	Friable			ment	_
Location of	1	Locati Normali	ly		De	escription	of						Ty		
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Sole	nce/	Asbes (i.e.	tos Cor	ntaining M I systems	ateria	al (ACM)		nount		_	-	Ш	ш
In Facility (13)	Cus	todial S (12)	Staff?	(surfa	acing, VAT miscellan	T, or		SF	pecify or LF))	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		outer	IIIISCEIIAIII	eous)	'				val	air	ulate	sure
Basement		х				VAT			71	2 SF		x			\dashv
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Pogiate	od I c	ode"				
All Stages Abatement								Name of F	PERSONAL PROPERTY.			Land	dfill		
City, State Saddle Brook, NJ					4 yd Dispo TBD	sal Date		City, State			100		- massi		
Completed by	Title				-	Signature	/	Pen Arg	yı, PA		Date				
Richard Cristofol	Presi	dent				fle.				>	6/7				

Pr	int	For	m

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UC 4076	_	NOTI	CATIO	tate of Ne N OF ASE	ESTO	SABATE	MENT			C		N		-	5
TOV# 11(0)	3	(1	oursuan	t to NJAC	8:60 a	ind 12:12	0)			<u> </u>	ا كا	- 1	J 15	-	Section 1
Date of Notification (1)		107		of Building			(2)	IM						Tana ta	
06/07/2019				Townsl	nip Sc	hool			U	IUN	11	20	19	- Alberta	9
Agencies Notified Type Notification				Address ohnson	hura [24								in the second	and the same
EPA Initial Amended		1		ate, Zip C		xu.			ASBE	STO	S CO	VII	OL		
DOL Amendment				, NJ 078						LICE	ENSI	IG	The same of	F3003-14+	
DOH Emergency justification)		9		of Contact					Teler	hone	Numb	er			
DCA Cancellation			Kevin	Newma	an				1						
Name of Facility Where Abatement is Takin	a Place	31	FAC	ILITY INF	ORMA	TION	T(F-	7174 (4)							
Hope Township School	g r lace (3)					Type of Fa								
Street Address		700						l (K-12) apter 8		than h	<-12)				
320 Johnsonburg Rd.								(i.e. priv				uild	ings, I	nome	es,
City (5)							Square Fee	et	# of F	loors		Ble	dg. Ag	e	
Hope, NJ 07844							32,500		2			40)		
County (6) Warren				Code (7) USE ONLY)		Current Use School	e (Prior	if being	g demo	olished)			
Name of Monitoring Firm Hired by Building (Owner (8	1	ASCI			Name	of Abatemer	t Contr	notor (C	2)					
RK Occupational & Environmental				W 140.			C Corp.	it Coriu	actor (8	7)					
Street Address							Address	10		7 - 12/2					
401 St James Avenue						431	North Midl	and A	ve.						
City, State, Zip Code Phillipsburg, NJ 08856							tate, Zip Coo lle Brook,		663						
Project Manager for Monitoring Firm			Telepho			100000000000000000000000000000000000000	one No.			icense					
Pat McGuinness Start Date (10)	0 1 1			54-6316			791-6777		(01110)				
06/24/2019	09/20/		npletion	Date (11)			of OSHA Mo L Analytic								
Occupancy Status During Abatement (Chec							Address	ai, 1110.							-
Facility Closed/Vacated During Entire F	eriod of	Abaten	nent			1056	Shelton A	ve.							
Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hours	3				tate, Zip Cod ataway, N.		4				-,0,=		
Scope of Work (Check All That Apply)			000			1	ataway, ite		•			-			-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Full Conta Mini-Encl Glovebag	osure Proced	lure	-					
	1					X	Non-Exer	npted (*) and N	Non-Fr	iable F			-	
Location of		Locati Normal										P	baten Typ		
Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbes		escription ntaining M	of aterial (ACM)	Amo	ount		T		m	
TO BE ABATED In Facility	55	todial S		(i.e.		al systems acing, VA	insulation,		(Spe	ecify	3	0	Re	nca	Encl
(13)		(12)				miscellan			31 0	, Lr)	1	Domous	Repair	Encapsulate	Enclosure
	Yes	No	N/A								1	-		ate	e
Rooms 20,21,22,23,34,35,36		X		Vinyl Fl	loor T	ile & Ma	stic Adhes	siv	650	0 sf	Х	1	T		
Hallway walls by rooms 30 to 33		X		Т	ransi	e Wall F	Panels		600) sf	X				
													T		
													T		
Name of Registered Waste Hauler		0.00	JDEP W		200000000000000000000000000000000000000	Yards	Nam	e of Reg	gistere	d Land	Ifill				
SMAC Corp.		270	auler ID 8590	NO.	of Wa	iste	Gro	ws La	ndfill						
City, State Saddle Brook, NJ 07663			A 18		200	osal Date 0/2019		State risville				-			
Completed by	Title					Signature		Haville	, r A		Date				_
Borce Gjorsoski		ident					us Ge		1	100	06/0	7/0/	110		- 1

State of N.I. Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 6 / 0 5 / 1 9 JUN 11 2019 Patty Grammar Agencies Notified Type Notification Street Address EPA Initial ASBESTOS CONTROL & Amended DEP City, State, Zip Code Amendment #: DOL L Emergency Glen Rock, NJ 07452 (including DOH. Name of Contact Telephone Number justification) DCA Patty Grammar 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) 1,500 02 60 (State use only) Current Use (Prior if being demolished) Glen Rock, NJ 07452 Bergen Residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. N/A 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 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E Е by maintenance/custodial asbestos-containing e n Description of asbestos-containing Amount staff(12) n m material (acm) to be p (Specify SF or C material (ACM) C 0 abated in facility (13) a a Yes No N/A LF) ٧ p P Basement Pipe Insulation 13 LF X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill KLOMAX, LLC 038241 1/2 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 00/00/10

OKA	10	32		Stat	e of I	N.I					
<i>VI</i> Proj. #: 19-107		~		fication of A	sbest	tos Abatement	In	EGE	3 1	W IS	EIN
100.11	- 11	711	(Pui:			30 and 12:120)			, <u>U</u>	U E	
Date of Notification (1)	- 11	Name of) Building Ov	vner/Operator				- JUN 1	1 71)19	
0 6 / 0 5 / 1 9 Agencies Notified Type Notified		Camill	e Spigler							/13	
☐ EPA ☐ Initial		Street Ad	dress				A	SBESTOS (LICEN	CONTI	ROL &	=
DEP Amended	1.4	City, State	e, Zip Code				To a service Constitution	LIVEN	SING	Manager State of the State of t	Selfigland
DOL ☐ Emergend	cy		ston, NJ (
DOH (including justification		Name of C	Contact				Telepho	ne Number			
DCA Cancellat	ion	Camil	le Spigler								
			FA	CILITY INFORM	MATIC	N					
Name of facility where abatemer	nt is taking p	place (3)					Type of Facility	(4) ol (K - 12)			
Residential							1 =	hapter 8 (Oth	er thar	ı K-12)	
Street Address							☐ Other	(Private/Cor./Homes, etc	mmercia		
City (5)	LCo	unti (C)			_		Square Feet	# of Floors		Bldg. A	Age
City (5)	000	unty (6)				unty Code (7) ate use only)	1,500 Current Use (F	02 Prior if being	demolis		
Livingston, NJ 07039 Name of Monitoring Firm Hired b		sex		T	<u>L</u> ,		Residential	nor it being	acmon	siled)	
N/A	y blag. Owl	iei (o)		ASCM No.		Name of Abatemen					
Street Address					-	KLOMAX, LLO Street Address					
City, State, Zip Code						309 W. End Ave					
Oity, State, Zip Code						City, State, Zip Code Hopatcong, NJ					
Project Manager for Monitoring Fir	rm	F	hone Num	ber	-	Telephone Number	07843	License N	umber		
						833-455-6629		020	07		
Start Date (10)			tion Date (1	1)		Name of OSHA Mor KLOMAX, LL					
06/20/19 Occupancy Status During Abateme		3/2019		and between the same of the same		Street Address					
Facility closed/vacated during	ng entire per	iod of abat	ement.			309 W. End Ave City, State, Zip Code					
Abatement performed outside Describe:		I facility ho	urs-		_						
Other-Describe: NORMAL Scope of Work (check all that app					-	Hopatcong, NJ					
□ >3 sf or >3 if	370	on					Full Containment v Mini-enclosure	v/negative pr	essure		
≥160 sf or ≥260 lf] Demolitio	n				R	Glovebag procedu Non-Exempted (*)		hle pro	codure	3
Location of		on normally enance/cu	used solely	у			Tron-Exempled ()		R	E	E
asbestos-containing material (acm) to be	staff(12)	T	1	Description material (sbestos-containing	Amount (Specify S	SF or	m p	n c	n
abated in facility (13)	Yes	No	N/A				LF)	,	~	a p	Ĺ
Attic		X		Vermiculate	е		1350 SF				
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									#	붐	一
Registered Waste Hauler					X/						
KLOMAX, LLC		EP Hauler 8241	1	ubic Yards of V 5 yds	vaste	Name of Registered TULLYTOWN,		COVERY			
City, State Hopatcong, NJ 07843			Disposal D	Pate		City, State					
Completed by (Print or Type)	Title		100	Signature		TULLYTOWN,	PA	Date			
Paige Boylan	Owner	a this f	for call of	na licanaura ava		12		06/05/19			
	1101 116	e mm	annanti								

CK#1012		NOTII	FICATIO	State of New J N OF ASBES t to NJAC 8:6	TOS ABATE	EMEN	т		E	G		P	int Fou
Date of Notification (1) 06/05/2019			Name	of Building Ow ville Public L	ner/Operato	4			J	UN		129	19
Agencies Notified Type Notification Fig. 1. Type Notification I DEP I DEP I DOL I Amended Amendmen	1		100 8	Address South 10th A	Ave.				ASBE	STC LIG	E S	NG NG	30L 8
DOH Emergency justification	(including	-	Mane o	eville, NJ 08 of Contact			-	Telephone					
	40			Lo Medico				732-803	3-552	6			
Name of Facility Where Abatement is Takin Manville Public Library Street Address 100 South 10th Ave.	ng Place (3	3)				Typ	School (K-12) Subchapter 8 Other (i.e. prietc.)) (Other than			dings,	, hom	es,
City (5) Manville, NJ 08835						Squ 500	are Feet	# of Floors	S	1000	oyea	10-20-00	
County (6) Somerset			(STATE	Code (7) USE ONLY)		Lib	ent Use (Prior rary		nolishe	ed)			
Name of Monitoring Firm Hired by Building EnviroVision Consultants, Inc. Street Address	Owner (8)		ASCI 000	M No. 79	Vel	Cons	atement Contra truction LLC						
20-21 Wagaraw Rd, Building 35E City, State, Zip Code					(1)	Mark	ess cet Street Zip Code						
Fair Lawn, NJ 07410 Project Manager for Monitoring Firm			Talanha	N-	Garf	ield,	NJ 07026						
Fred Larson				36-9145		747-	6313	0137	ise No. 77				
Start Date (10) 06/20/2019	07/05/2	2019	npletion	Date (11)	200000000000000000000000000000000000000		HA Monitor ion Consult	ants, Inc.					
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: Facility Occupied du	Period of A	Abaten	nent		City, S	1 Watate, 2	ess agaraw Rd, l Zip Code n, NJ 07410		35E				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit			×	Fu Mi Gl	ill Containment ni-Enclosure ovebag Proced n-Exempted (*	with Negati				e	
Location of	N	Locati	ly		Description						Abate	ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntena odial S (12)	nce/	(i.e. then	Containing M mal systems urfacing, VA er miscellan	lateria insul T, or	ation,	Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
Roof	Yes	No X	N/A	No	n -Friable	A C 8		2000 - 6				ate	œ
1001				NOI	1-Friable	ACIV	1	2000 sf	12	K			
Name of Registered Waste Hauler Atlantic Carting, LLC		Н	JDEP W auler ID 6085	7977	bic Yards Waste		Name of Re		ndfill				
City, State Vayne, NJ					posal Date /05/2019		City, State Morrisville	e, PA					
Completed by Krste Veljanoski	Title Owne	er			Signature	te.	Velicia		Date 06/0)5/2	2019		

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check # 25894

JAV# 11748		(F	ursuant	to NJAC	8:60 ar	nd 12:12	0)					-ances	-		mara .
Date of Notification (1) 6/7/2019			Name o	of Building	Owner/	Operator		ealty		E	G			<u>V</u>	
Agencies Notified Type Notification	1		Street A	Address					,	1					
X EPA X Initial		-	0''. 0'	. 7: 0		5 She	ller [Orive		1	JUN	11	20)19	
DEP Amended X DOL Amendmer	ıt#		City, Sta	ate, Zip Co		nroe T	wn	NJ 08831							
□ Emergency justification			Name o	f Contact				110 00001		ephone	Num	ber	ON?	110-	. 0.
DCA Gancellatio			Ma	ark - Sc	heidel	er Exca	av.			(732) 51	3-22	75IG		ete punte
Name of Facility Where Abatement is Taki	na Diana (2/	FAC	ILITY INF	ORMAT	ION	-								
Barn - Storage	ng Place (3)					Тур	e of Facility	1000						
Street Address							H	School (K- Subchapte		er than	K-12				
5 Sheller Drive							×	Other (i.e. etc.)					lings,	home	es,
City (5)					10-			are Feet	# 0	f Floors		BI	ldg. A	ge	
Monroe Twp., NJ 0883	1						300			1			75 +	/-	
County (6) Middlesex				Code (7) USE ONLY)		Curi	rent Use (Pri	or if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Building	Owner (8))	ASCN	л No.		Name	of Ab	atement Co	ntractor	(9)					
NA								Environme			es, Ir	ıc.			
Street Address						Street								1-0	
City, State, Zip Code						POE									
City, State, Zip Code						1		Zip Code n, NJ 0850)1						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph		seator con consistence		Licen	se No				\dashv
2/						609 2				0049	3				
Start Date (10) 6/18/2019	Schedul		npletion 28/201	Date (11)		Name MEC		SHA Monitor							
Occupancy Status During Abatement (Che	ck Only Or		20/201	9 		Street	. Ž.,,,,,,,	200				= = = =	200		
Facility Closed/Vacated During Entire	COURSE (100)		nent			POE									
Abatement Performed Outside of Nor	mal Facility	/ Hours	5					Zip Code							
Other – Describe:						Ches	sterfi	eld, NJ 08	3515						
Scope of Work (Check All That Apply)						г	1								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				E		ull Containm ini-Enclosure		Negati	ve Pr	essur	е		
						×		lovebag Pro		d Non E	Friable	Dros	odus		
	le	Locati	on		=======	house	2 14	on-Exemple	u () and	I NOII-	Habie		ME TO	ment	
Location of	1	Vormal	ly		De	scription	of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED		d Sole intenar				taining M		al (ACM)		mount Specify		71		En	ш
In Facility	Cus	todial S (12)	Staff?	(1.0.	surfa	cing, VA	T, or			or LF)		Removal	Repair	caps	Enclosure
(13)	-	4.00-70	T		other r	niscellan	eous)				val	air	Encapsulate	sure
Doof	Yes	No	N/A		_										
Roof		X				ite Shir	_			000 sf		Х			
Gable Ends		X			Iran	site Pa	nels		8	00 sf		Х			
Name of Designators d Wester Haules			IDEDIA		0.11										
Name of Registered Waste Hauler Stevens Environmental Services		200	JDEP W auler ID	No.	of Wa			Name of Fairless			natill				
			18292	2	6:	20			1	rui					
City, State Allentown, NJ						sal Date 3/2019		City, Stat Morrisv		4					
Completed by	Title					Signature	1.	1-7	/ /		Date				
Mahlon E. Stevens	Proje	ct Ma	nager			1	H		2		6	7/2	019		

Check # 25895

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

MI# 11/00		(F	ursuani	t to NJAC	8:60 an	d 12:12	0)		1 77.4		-	-	town organ to spring		
Date of Notification (1) 6/7/2019			Name o	of Building	Owner/0	Operator Russe	55			E (G				
Agencies Notified Type Notification			Street A	Address						Do	***				A CONTRACTOR
X EPA X Initial Amended Amendment Emergency	(including	_		ate, Zip C		nington	ı, NJ	08534		- Children on the	JN	7	-01	J	Share Market Care (1)
DCA justification) Cancellation				Tara Rus	ssell			1.	10	hàh dae	Numi	er .	अस्त	OL 8	
Nome of Facility Miles - Alexander - Till			FAC	ILITY INF	ORMAT	ION				-				-	NOVEMBER OF STREET
Name of Facility Where Abatement is Takir Residential	g Place (3)					Тур	e of Facility School (K-							
Street Address							×	Subchapte Other (i.e. etc.)				build	ings,	home	es,
City (5) Pennington, NJ 08534							- XX	are Feet 100	# 0	f Floors 2			dg. A	-	
County (6) Mercer				Code (7) USE ONLY)		Curi	rent Use (Pri	or if be	ing dem	olishe	d)			
Name of Monitoring Firm Hired by Building MECS	Owner (8))	ASC	M No.				atement Co Environme			es, In	С.			
Street Address PO Box341						Street PO E									
City, State, Zip Code Chesterfield, NJ 08515								Zip Code n, NJ 0850)1						
Project Manager for Monitoring Firm Bill Weisgarber			Telepho 609 29	ne No. 98-4070		Teleph 609 2				Licens 0049					
Start Date (10) 6/25/2019	Schedul		npletion 1/2019	Date (11)		Name MEC		SHA Monitor							
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street									
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A	Abaten / Hours	nent				tate,	341 Zip Code eld, NJ 08	3515	-					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ATTENDED TO	Renova Demolit				×	Fi	ull Containm ini-Enclosure lovebag Pro	ent with	Negativ	ve Pre	ssur	e		
	1							on-Exempte		d Non-F	riable				
Location of	1	Locati Normal ed Sole	ly			scription							Abate Ty	ment pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/		thermal surfac		insu T, or	200000000	(5	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement	100	X	1975	Th	ermal l	Pine In	sula	tion	1	60 If	-	х	-	-	
				- 10	Cimari	i ipe iii	Suia	don		00 11		^			
Name of Registered Waste Hauler		200	JDEP W		Cubic	Yards		Name of	Registe	red Lan	dfill				
Stevens Environmental Services		Н	auler ID 18292			2		Fairless	Lanc						
City, State Allentown, NJ					7/1/2	and the second		City, State Morrisv		Д					
Completed by Mahlon E. Stevens	Title Proje	ct Ma	nager		S	ignature	1/	1	y 100 t		Date 6	7/2	019		

Wo



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

Date of Notification (1)				I Na	me of Build	ding Owner/Operator	(2)					
6 /	7 /	19			PSE&G /		(2) # 1903-5447			an minera		
Agencies Notified	Type Notif						# 1303-5446	Check	F	F		
⊠ EPA	☐ Initial	lication			reet Addres	(A)					AND SECTION	
☑ DOLWD		led			30 Park A	mala contrational.	limil			-	PERSONAL PROPERTY.	
☑ DHSS	Amend	lment #3			y, State, Zi			UN 1 201	9		11	
DCA	☐ Emerge	ency (incl	uding		Newark, N		1 20 100			incorporate	N. Carlotte	
(NJAC 5:23-8)	justifica			100000	me of Cont			Telephone Nu			200	
	L Cancell	lation			Chris Cas	tronova	ASBE	908-412-2	206 ^{&}		ž Š	
No. of the same				F	ACILITY	INFORMATION				ON THE WAY A PROPERTY.		
Name of Facility Where A		Taking F	lace (3)			Type of Facility	(4)				
PSE&G- Bay Way R	Refinery						School (K-12	2)				
Street Address							Subchapter 8	(Other than K-1	(2)	huildir	200	
1400 Park Avenue							homes, etc.)	ivate and comm	erciai	Dunan	igs,	
City (5)					1152		Square Feet	# of Floors	1	Bldg. /	Age	
Linden, NJ 07036												
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished))		
Union						9 78 saut	Refinery					
Name of Monitoring Firm I		lding Owr	ner (8)	ASC	M No.	Name of Abateme	ent Contractor (9)					
Health & Safety Serv	vices					AbateTech, I						
Street Address						Street Address						
PO Box 365						30 Maple Ave	PO Box 25					
City, State, Zip Code						City, State, Zip Co						1000
Berlin, NJ 08009						Lumberton, N						
Project Manager for Monito	oring Firm		Te	elephone	e No	Telephone No.		Lianna Ma				
James Proctor		10 10 10			4-8850	609-265-2107		License No. 00529				
Start Date (10)	15	Schedule				Name of OSHA M		00529	4 -		_	
5/13/	19			28 /		EMSL Analyti						
Occupancy Status During A	Abatement (Street Address						
☐ Facility Closed/Vacated	During Entir	re Period	of Ahat	ement			N 11					
Abatement Performed C	Outside of No	ormal Fac	ility Ho	urs - De	scribe	200 Route 130					- 170	
Time of Abatement:	AM	PM/	PN	A	_AM	City, State, Zip Co						
Scope of Work (Check all the	hat apply)		_			Cinnaminson,	NJ 08077					
		1000000				☐ Full Conta	inment with Nega	tive Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				osure					
			Jemoni	ION		☐ Glovebag	Procedure opted (*) and Non-	Erioblo Dropodu				
			Is Loca	ation	1	23 Hon Exch	ipted () and Non-	Tiable Flocedu	T			
Location of		1	Norm			Description of				1	ent T	T
Asbestos-Containing Ma TO BE ABATE	aterial (ACM)) 0	sed So lainten	lely by	Asbe	stos Containing Mate	erial (ACM)	Amount	Ren	Repair	Enc	Enc
IN Facility	<u>-U</u>		stodial		(i.e	., thermal systems in surfacing, VAT, of		(Specify	Removal	ai.	aps	Enclosure
(13)			(12))	1	other miscellaneo		SF or LF)	<u>a</u>		Encapsulate	иге
		Yes	s No	N/A							6	
xterior				\boxtimes	Coal Ta	r Wrap		285 SF		П	П	П
			П			•		200 01	-	12	ᆜ	
			-	-								
										П	П	П
ame of Registered Waste I	Hauler		I	JDEP I	Vaste	Cubic Yards of	Name of Register	red Landfill				
Environmental Transp	ort Group	, INC.		lauler II	No.	Waste	Grows- Fairle					
ty, State		84		00069	2061	8 Disposal Date						
Flanders, NJ						6/28/19	City, State	A 4000				
ompleted By (Print or Type	1	Title		X			Morrisville, F	'A 19067				
Gwendolyn Trumbetti		Title	4i a	^- ·		Signature.	1/1/	Da		7	, _	
3-41		Opera	uons (oordi	nator	$\perp \cup \vee \vee$	VI	4	?	1-	19	
1						7 %					- 2	

MAY 11

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